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Considerations on Indigenous Peoples, Afro-Descendants, and Other Ethnic Groups during the COVID-19 Pandemic

PAHO/WHO Incident Management System

Office of Equity, Gender and Cultural Diversity

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Introduction

In March 2020, the World Health Organization (WHO) declared that the outbreak of COVID-19, the disease caused by a new coronavirus, constituted a pandemic, given the speed and scale of its transmission.

The Region of the Americas is characterized by its rich multi-ethnic and multicultural heritage. Nonetheless, indigenous peoples, Afro-descendants, and other ethnic groups are often subject to discrimination and exclusion, resulting in health inequities. COVID-19 may have a greater impact on certain populations, such as indigenous peoples and Afro-descendants.

In 2017, the Member States of the Pan American Health Organization (PAHO) approved the first [Policy on Ethnicity and Health](#) (document CSP29/7, Rev.1), which is based on recognition of the differences among ethnic groups, as well as their respective challenges, needs, and historical contexts. It also underscores the need for an intercultural approach grounded in equality and mutual respect to improve health outcomes and advance toward universal health.

PAHO has prioritized ethnicity as a cross-cutting issue in emergency and disaster management. This is reflected in a series of mandates such as the [Plan of Action for Disaster Risk Reduction 2016-2021](#) and various manuals, guidelines, and initiatives.

Why is it important to address ethnicity in the context of COVID-19?

The indigenous peoples and Afro-descendants of the Region of the Americas have historically faced many inequalities. These include their access to services and the quality of services. It is important to bear in mind that structural racism and historical discrimination against these populations, which continues today, makes them more vulnerable than the general population to the effects of the pandemic. These populations, moreover, have lower incomes, complicated living conditions, and lower levels of schooling, among other social determinants of health.

Despite the lack of precise data, the available information shows the coexistence of a series of conditions and factors related to the vulnerability of certain territories and social groups, including indigenous peoples and the Afro-descendant population, which face singular challenges, such as higher poverty levels, lack of access to some basic services such as water and sanitation, and lower literacy levels.

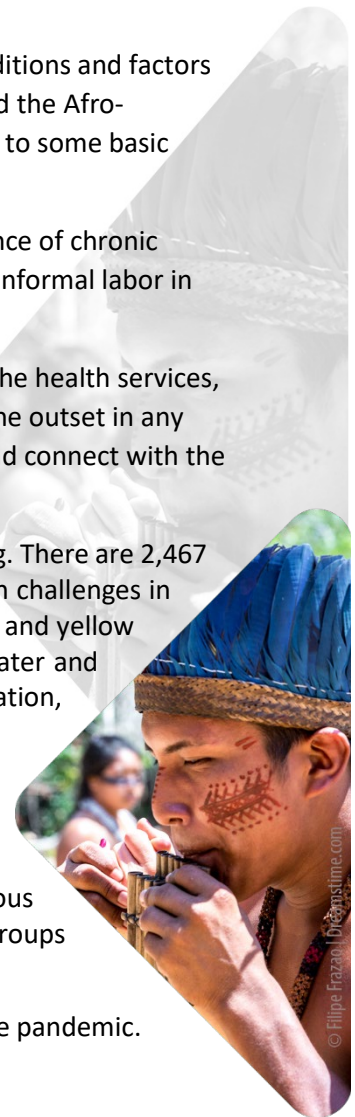
Factors that can increase their vulnerability include health service access barriers, a higher prevalence of chronic diseases, less access to social safety nets, mistrust caused by a history of racism, and high levels of informal labor in these groups.

The challenges confronting indigenous peoples and Afro-descendants, who generally live far from the health services, make them vulnerable populations. This impact can be mitigated if these groups participate from the outset in any decision that affects their health and, with health sector support, embrace prevention measures and connect with the health services network if COVID-19 impacts their territories.

The challenges facing indigenous populations in the Amazon basin present an example worth noting. There are 2,467 territories and 826 communities, some 200 of which live in voluntary isolation. Documented health challenges in these populations include tuberculosis, malaria, and vaccine preventable diseases such as measles and yellow fever. This is compounded by food insecurity, which affects 85% of the population, and lack of water and sanitation services. Other intermediary determinants, such as lack of access to health, communication, and transportation services further increase their vulnerability and exposure to SARS-CoV-2.

This differential vulnerability and exposure to COVID-19 will not affect all communities in the same way, due to the differences among them. Differentiated approaches should therefore be adopted that take their unique ways of living into account; for example, the peculiarities of indigenous peoples living in voluntary isolation who do not have sustained contact with the non-indigenous majority population. Consideration should also be given to the different ways of living among these groups in rural or urban areas, where specific approaches are required.

Moreover, culturally relevant gender roles should be taken into account in all matters related to the pandemic.



Specific measures that should be considered during the COVID-19 pandemic

Elimination of barriers to prevention

Indigenous populations, Afro-descendants, and members of other ethnic groups may run a greater risk of contracting COVID-19 for different reasons, which include but are not limited to:

- Barriers to adopting certain basic hygiene practices, such as handwashing (for example, if there is no soap and water);
- Difficulty practicing social distancing due to their way of life, because doing so may not be culturally acceptable or the socioeconomic conditions in which they live may prevent it, or a combination of the two, since there is a positive correlation between COVID-19 incidence and population density. Furthermore, the diet of many of these populations is based on hunting and fishing, making quarantine very difficult or impossible.
- Lack of access to culturally appropriate, good-quality basic services capable of managing potential COVID-19 cases in these populations.

These problems must be solved through measures promoted from the perspective of indigenous peoples or Afro-descendants, with support from the health sector and/or other sectors involved in meeting priority needs such as soap for handwashing



Recommendations for indigenous peoples, Afro-descendants, and members of other ethnic groups

Health personnel should work hand-in-hand with indigenous peoples, Afro-descendants, and other ethnic groups to develop recommendations acceptable to these groups to protect their health. Communication methods include intercultural dialogues, exchanges, and councils. These recommendations are reviewed with the community leader, who, based on his or her understanding of the situation, will distribute the work among members of the community.

It is important to encourage social participation and strategic partnerships with indigenous peoples, Afro descendants, and members of other ethnic groups, as appropriate to the national context, ensuring the representation of both women and men in COVID-19 activities. The aim is to foster effective participation, joint efforts, engagement, and strategic partnerships among health authorities, other government institutions, local organizations, and the general public to promote activities to increase inclusion, equity, and equality in the pandemic response.

Governments will promote opportunities for participation and dialogue, not only to deal with the effects of COVID-19 specifically but to manage the post-emergency response phase, in which activities to promote economic and social recovery will be necessary.

Insofar as possible, efforts should be made to encourage and facilitate the sharing of good practices among indigenous peoples, communities, and organizations in the Region in terms of measures to prevent the spread of the pandemic and provide care to families and territories.

Following are some specific recommendations for indigenous persons, Afro-descendants, and members of other ethnic groups.

Reduce exposure COVID-19

All members of the community and individual households should follow the guidance of health services personnel (based on the basic protective measures recommended by PAHO for the COVID-19 outbreak). If they have difficulty adopting these measures (for example, if they do not have access to a sink or a source of clean water and soap to wash hands regularly), they should discuss with health workers how to solve this problem, which impacts the community as a whole.

Insofar as possible, it is important to avoid settings involving more than 10 people and physical contact with others.

Consider stocking up on essential items, such as food, cleaning products, drugs, or medical supplies to avoid going out in public very often.



Prepare members of the household

Coordinate with health sector authorities, leaders, and health promoters to hold meetings and dialogues to inform the community about COVID-19. Likewise, coordinate information on the steps that families should take to prevent the infection. Ensure that all members of the household know what to do if someone in the family comes down with COVID-19 and the specific support they should provide. It should be borne in mind that in some communities, the Western concept of “household” is often not applicable, with “households” consisting of the extended family, which represents the community as a whole.

Make sure that the community, especially households with elderly people and certain indigenous populations with councils of elders, have all the pertinent information they need if a member of the family falls ill; for example, what medications the person is taking (information that should be shared with health workers).

Guarantee care and protection for the most vulnerable people against COVID-19, including the elderly and members of the community with chronic diseases.

Given the importance of traditional medicine, practices, and customs, traditional healers should work with health personnel to verify whether the use of certain traditional plants as potential antiseptics and other practices in handwashing is relevant.

Specific recommendations for community leaders and health workers

Forge agreements between the indigenous or Afro-descendant population and the integrated health services network, through its leaders (both men and women), on the actions that these leaders will take with respect to COVID-19 in their communities and the actions for which the health services are responsible, based on PAHO recommendations;

Organize and participate in intercultural dialogues to inform members of the community about the measures to be adopted with respect to COVID-19. All information should be discussed to prevent the dissemination of messages that are not understood by indigenous communities.

It is necessary to know whether the population can read its mother tongue in order to broadcast radio messages prepared by the community.

The programmed activities should be part of a specific plan agreed on by the health system and the indigenous or Afro-descendant populations.

Protocols and recommendations should contain information that is easily understood, so that the ideas can be conveyed to the community



Specific recommendations for governments

Include the ethnicity variable in health registries

Include the ethnicity variable in health registries to produce important information for tailoring COVID 19 interventions to the needs of the different populations.

As a rule, information systems do not collect enough data on either the factors associated with the vulnerability of social groups or the ethnicity variable. Thus, one of the principal constraints is the lack of disaggregated data for an in-depth health situation analysis. Data gathering methods continue to render certain population groups invisible, because they are excluded from civil registries due to the failure to record ethnic identification/origin or other obstacles. Data collection is therefore essential.

A lack of quantitative and qualitative data remains an obstacle to understanding and adequately addressing the social determinants and health situation of indigenous peoples, Afro-descendants, and other ethnic groups.

Ensure that public health information and communication are accessible through culturally appropriate, quality communication campaigns

The communication component is especially important when reaching out to ethnic groups about COVID 19. Specific steps must be taken to ensure that these populations have access to information about practices for preventing and managing COVID-19 in their communities, including household practices. A direct connection needs to be developed with the health services and those responsible for managing the public health information generated during the COVID-19 pandemic.

While translation into local indigenous languages is particularly important, other aspects of communication with these groups are also very important in the context of COVID-19. Messages must be culturally appropriate, bearing in mind the customs and lifestyles of the population in question. Whenever possible, symbols and images should also be used to make the message more understandable. Such images should be suited to the cultural context, and technical and inappropriate language should be avoided.

Relations between the health sector and indigenous and Afro-descendant leaders need to be strengthened, taking into account their different world views and their understanding of health and disease, among other things, to jointly develop effective prevention and protection measures for families and communities in the face of the pandemic.

The information should also be culturally aligned with the different world views of indigenous peoples: although a message may have the same prevention objective for the population as a whole, it will differ in form. These forms should be validated by the indigenous populations themselves. The images used in documents or social media should be inclusive and never stigmatize or stereotype indigenous peoples, Afro descendants, or others.

It is important for the information to be accessible to the community. Thus, it is necessary to know whether the majority of the community communicates orally and whether radio spots or other communications media are used, to ensure that messages effectively reach the population.

Take steps to address the needs of the different ethnic groups

Intersectoral activities should be promoted, since responding to the needs of different ethnic groups will require the engagement of multiple actors. Each measure promoted by the government should take the cultural realities of its peoples into account and be developed with the participation of the various groups, coordinating with suitable spokespersons from every community.

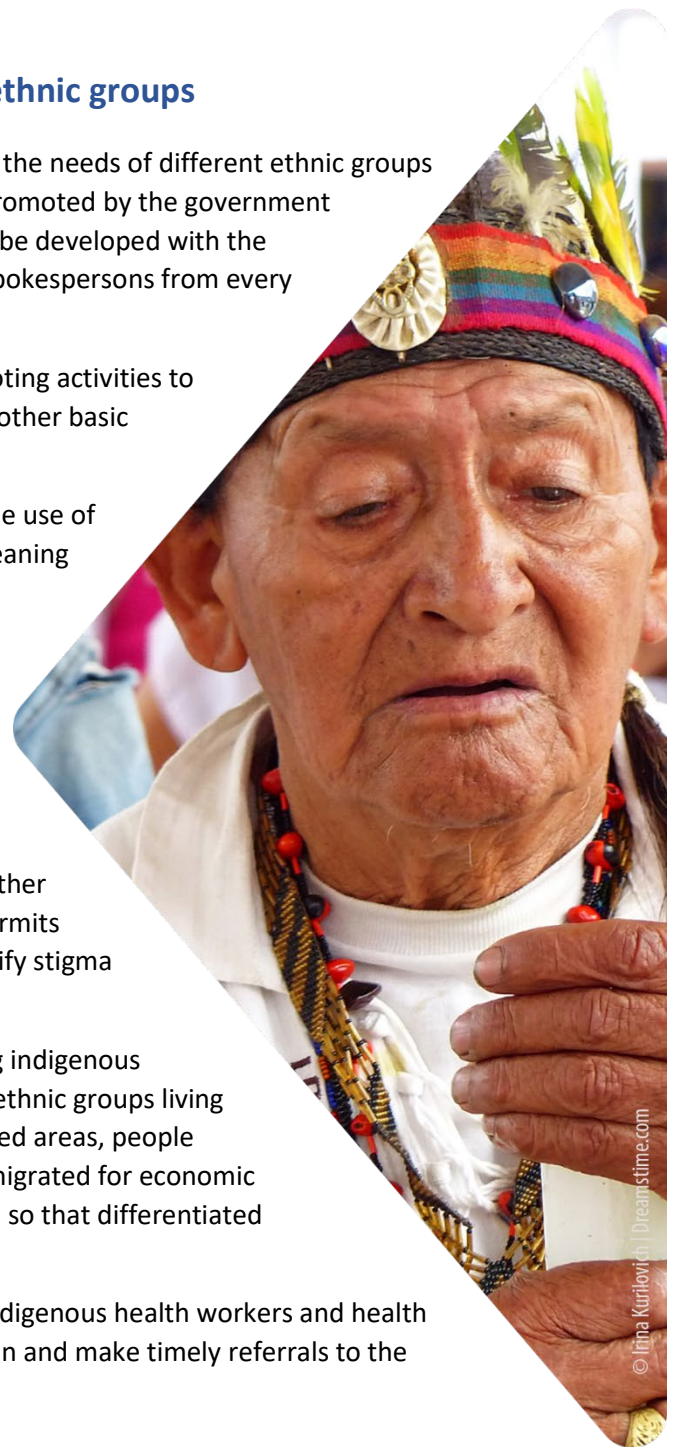
It is also important to take action to protect territories by promoting activities to provide food and clean water, soap, and disinfectant, as well as other basic supplies.

Respect for traditional medicine should be promoted through the use of traditional plants, practices, and customs, understanding the meaning they hold for indigenous peoples, as well as their potential contribution to Western medicine; governments should adopt strategies to take advantage of this knowledge.

Actions and policies should focus on eradicating racism and discrimination against these groups, making it important to have information for decision-making. However, when considering whether to divulge microdata on health issues that include indigenous peoples, Afro-descendants, or members of other ethnic groups, it is important not to provide information that permits individual or collective identification that could result in or amplify stigma and lead to discrimination against these populations.

Consideration should also be given to action aimed at protecting indigenous peoples, Afro-descendant communities, and members of other ethnic groups living outside their territories. This includes people living in marginalized areas, people displaced by violence, and migrants, including those who have migrated for economic reasons. These situations should be reviewed and borne in mind so that differentiated approaches can be taken.

Ongoing epidemiological surveillance should be conducted by indigenous health workers and health promoters, who will report on the health status of the population and make timely referrals to the health services.



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Promote intersectoral action to tackle the social determinants of health that affect COVID-19 prevention among groups in conditions of vulnerability, especially indigenous peoples

Specific measures should be considered to protect populations living inside and outside their home territory, including people living in marginalized areas, people displaced by violence, and migrants. When adopting protective measures for populations living in their home territory, their housing and sanitation conditions, movements, means of transportation, commercial practices, and food security should be taken into account.

Consider the traditions and customs of indigenous peoples, Afro-descendants, and members of other ethnic groups for dead body management in the context of COVID-19

For proper dead body management in the context of COVID-19, it is important for national protocols and guidelines to contain specific responses tailored to the traditions and customs of indigenous peoples, Afro-descendants, and other ethnic groups, taking into account the PAHO/WHO [recommendations on dead body management](#).

These responses must respect the world view and cultural diversity of these groups. They should include the development of relationships with families, communities, and the population, employing communication strategies and intercultural dialogue to develop guidance and support activities, considering the context and the community and family situation. Different situations must also be taken into account; for example, whether the death occurs in a hospital setting, at home, in a situation of forced displacement, migration, deportation, etc.

Specific recommendations for health workers

It is important to ensure that care for COVID-19 is inclusive. To do so, the following aspects should be considered.

All clinics that provide COVID-19 testing and services must be accessible. It is important to work jointly to remove linguistic and cultural differences, economic obstacles, and stigma. Furthermore, the cultural adaptations promoted by health workers should be extended to everything related to diagnostic testing and treatment, as well as isolation measures and quarantine, taking people's way of life into account.

It is important to have a directory (telephone or another medium) containing contact information on the chiefs and leaders (both men and women) of indigenous and Afro-descendant communities to establish seamless relations during the pandemic. This will enable the health services that provide coverage in these communities to have a clear picture of their situation and needs.

It is necessary to promote the participation of indigenous and Afro-descendant networks and leaders in any decision affecting COVID-19 measures. This includes the use of existing tools and measures (including intercultural dialogues) adapted to the emergency circumstances of the COVID-19 response, to ensure community involvement in all health-related decisions. It is also important to ensure the participation of key members (older persons, youth, women) in these forums.

Information must be prepared and disseminated to community leaders so that they are aware of the potential social and health implications of COVID-19 and can convey them to the community.

It is necessary to use a range of communication platforms, such as phone calls, texting, local radio, and social networks, and to adapt existing information to accessible and culturally appropriate formats, if necessary.

Specific information on COVID-19 must be provided, stressing all aspects relevant to the community and its networks; for example, information on continuity plans, telehealth, phone numbers for emergency assistance, the location of accessible health services, and places where people can obtain hand sanitizer or sterilization equipment when supplies are limited or people must remain in isolation.

Culturally appropriate training should be offered to health promoters and other key members of the community, based on community needs.

It is important to ensure that health service providers working in indigenous and Afro-descendant communities coordinate their activities with community leaders so that all necessary information is conveyed to the community.

Health service providers should participate in knowledge dialogues to inform the community about all aspects of COVID-19 to ensure that households take effective action.

Plans should be made for potential cutbacks in personnel, action should be taken to hire more administrative and technical staff, as appropriate, and the necessary steps should be taken with the government to reduce bureaucratic roadblocks to hiring.

Health service providers must have personal protective equipment (masks, gloves, etc.) appropriate to their degree of exposure, and the possibility of increasing procurement of these products should be considered.

It is important to take an intercultural approach to the COVID-19 response. This includes reviewing traditional community health practices, including traditional medicine and practices to address certain aspects of health and well-being that may or may not conflict with COVID-19 prevention measures.

Cultural norms and practices in these communities should be studied in order to develop suitable approaches when diagnostic and treatment strategies and quarantine and isolation measures are adopted, based on mutual respect.

Traditional healers and other members of the community should be involved in order to guarantee effective prevention mechanisms and access to good information, as well as effective diagnostic testing and isolation measures.

It is necessary to review culturally accepted living practices in the community in order to ensure a sound approach to preventing the spread of the virus. For example, in communities where it is culturally acceptable to live in very close quarters, it can be hard to accept specific recommendations on social distancing.

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