

KEY CONSIDERATIONS: INDIGENOUS PEOPLES IN COVID-19 RESPONSE AND RECOVERY

Indigenous peoples have experienced heightened vulnerability during the COVID-19 pandemic and face disproportionately high COVID-19 mortality. To better address these vulnerabilities, it is critical to adapt COVID-19 programmes to the particular needs of indigenous peoples, as articulated by indigenous voices. It is also vital to link up with responses already ongoing and led by indigenous peoples to mitigate this crisis. This SSHAP brief discusses key considerations for COVID-19 response and recovery, with a particular focus on the Amazon region of South America. The considerations in this brief are drawn from a review of evidence and insights provided by indigenous leaders and researchers from several different continents. The considerations are rooted in key principles for indigenous community engagement, as articulated by indigenous peoples and organisations. This brief may be of interest to health and development policymakers and practitioners working in indigenous communities and territories and can be read in conjunction with the SSHAP background report on 'Indigenous Peoples and COVID-19.'

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BACKGROUND

The world has an estimated 476 million indigenous people.¹ Many live in areas critical to global biodiversity and planetary health, although a growing number live in urban areas. Although indigenous peoples account for only 6% of total global population, they include some 15% of the world's extremely poor people.¹ Information on the specific health impacts of COVID-19 on indigenous populations remains scarce due to limitations in testing coverage and a lack of disaggregated data on infections and deaths, but there are initial indications of morbidity and mortality rates that are significantly higher than those for majority populations.

Preliminary data from Brazil suggests a fatality rate of 9.1% among indigenous people contracting COVID-19 as compared to 5.2% for the population as a whole,² with some indication that rates of child death from COVID-19 are significantly higher than those for non-indigenous children.³ A New Zealand study estimated an infection fatality rate for Māori that was 50% higher than that of non-Māori⁴ and in the US as of March 2021 the reported death rate of 256.0 per 100,000 Indigenous people was almost double the rate of 150.2 deaths per 100,000 reported for White Americans.⁵

Indeed, the disastrous impact of the second wave of the pandemic (exacerbated by the emergence of the P.1 coronavirus lineage) in the Amazonian city of Manaus may have been intensified by enhanced vulnerability among its large number of indigenous inhabitants, but its effects were felt across all segments of the population – demonstrating that optimism around the acquisition of ‘herd immunity’ as a result of the city’s extremely high levels of COVID-19 infection during the first wave was unfounded.⁶⁻⁸

Despite these challenges, self-organised community responses to the pandemic have included a wide range of measures to close off or at least limit access to indigenous territories and villages to prevent the spread of COVID-19 infection from urban areas. In addition to blockades, checkpoints and the enforcement of quarantine for visiting outsiders and returning migrants, indigenous peoples have implemented collective social protection strategies to ensure that those who are quarantining or in isolation are fed and cared for, including the construction of community food banks. Indigenous communities and civil society have also established information platforms, translating and disseminating COVID-19 related information to communities. These community-led responses can be better supported by national governments, although any response and recovery programme should consider key principles articulated below.

KEY PRINCIPLES FOR COVID-19 RESPONSE AND RECOVERY

Indigenous peoples’ organisations from around the world have articulated specific demands along with general principles for action on health, livelihoods, voice and territory, among other issues. We draw on over 40 public statements and other documents from indigenous organisations and allied civil society networks to distil a set of principles that should guide different aspects of the response to and recovery from the COVID-19 pandemic for indigenous peoples. In the last section, we use these principles for considerations for public health and development policy and practice.

Identify and monitor the specific epidemiological, demographic and social dimensions of indigenous vulnerability to COVID-19: COVID-19 information and early warning systems should disaggregate data by ethnicity and track impacts on indigenous people, as well as monitor increases in violence against indigenous women and girls.^{9–12} Collecting specific information is a key aspect of designing and monitoring effective COVID-19 prevention and control.

Target economic and social protection responses to address the particular vulnerability of indigenous livelihoods: Indigenous people living in urban and peri-urban areas face vulnerability derived from work in the informal sector and are often precariously housed. Indigenous peoples' organisations and their allies have called for initiatives to support people's return from urban centres to their communities of origin in ways that minimise health risks associated with vulnerability.^{13–15} Indigenous people should be included in social protection schemes under principles of equality and non-discrimination.^{16–19}

Incorporate indigenous knowledge, expertise and cultural understandings into COVID-19 prevention and treatment strategies: The concept of health for indigenous people transcends the World Health Organisation's definition and incorporates elements of spirituality, a sense of the collective and a close relationship with ecosystems.^{17,20} Health care systems should be culturally relevant and can draw on traditional curative practices and medicines^{10,11,21,22} and promote respect for burial traditions.⁹ Indigenous authorities and community health promoters¹⁴ have a key role to play, as do traditional midwives.²³ Building trust with indigenous communities will require communication strategies that are both linguistically and culturally adapted.^{21,24}

Respect indigenous territorial rights, including the right to isolation: Indigenous communities across the globe have implemented protective isolation measures.^{25–27} Indigenous peoples' organisations have called for respect for their quarantine measures and for self-isolation,^{28,29} which has been shown to work and can be seen in the emerging evidence on these strategies.^{30,31} Governments should also end projects such as mining or logging in areas where indigenous peoples are not in support of those projects or unable to monitor them.

Listen to indigenous communities and organisations: Indigenous peoples should be included in the design and implementation of action plans for the response to COVID-19. The response must include indigenous leaders and institutions – including representatives of indigenous women's and youth organisations – both in tackling the crisis and in guiding the recovery phase.^{10,11,13,21,32–34}

CONTEXT AND VULNERABILITIES

Indigenous peoples around the world have historically had lower immunity to many infectious diseases, although this is likely not a factor with COVID-19. Importantly, indigenous peoples generally face heightened vulnerability to infectious disease due to histories of colonisation, discrimination, marginalisation, and other structural inequities. Indigenous peoples are also affected by health inequalities and often lack access to health services, thereby increasing vulnerability to chronic diseases which may increase susceptibility to severe COVID-19. Long histories of marginalisation and discrimination, and the persistence of racist attitudes and behaviours among non-indigenous people particularly in regions with significant indigenous populations, have not only marginalised indigenous communities, but have bred deep-rooted mistrust of the state that often extends to perceptions of the health system. This limits indigenous peoples' willingness to seek testing or treatment for COVID-19, as well as influencing other trends such as vaccine anxiety. As indigenous peoples live in a variety of contexts, they face vulnerabilities specific to rural, border, and urban settings.

Remote and border communities. Many indigenous territories are located in very remote areas where transport infrastructure is often precarious. This can leave health systems vulnerable to collapse when key supply chains fail, as happened when the hospitals serving huge and sparsely-populated Amazonian regions in Peru and Brazil ran out of oxygen during the first and second waves of the pandemic.^{35,36} Remote indigenous territories are disproportionately affected by extractive industries, with impact on general health status and vulnerabilities to COVID-19.³⁷ Border closures during lockdown periods have also intensified the vulnerability of communities who rely on trading or accessing natural resources across the frontiers that often divide the territory of a single ethnic group between different nation states.^{27,38,39}

Urban and peri-urban communities. Already precarious indigenous livelihoods have suffered a disproportionately severe impact from the economic consequences of the COVID-19 pandemic, including the imposition of lockdown measures.⁴⁰ The most vulnerable indigenous populations are those that have left their traditional territories as a result of forced displacement or economic migration. On moving into urban areas, they are likely to be employed in the informal economy, whether as street traders, as workers in crowded factories or as domestic servants. This makes them acutely vulnerable to the economic impact of lockdown measures. A much higher proportion of indigenous women than non-indigenous women work in the informal sector, and indigenous women are also disproportionately more likely to suffer from gender-based violence.^{9,12,33}

KEY CONSIDERATIONS FOR COVID-19 RESPONSE AND RECOVERY

We have described some of the vulnerabilities facing indigenous peoples and the principles that they have raised in order to inform COVID-19 response and recovery that is more context-adapted and localised. Key considerations listed below should be tailored to local context, but broadly speaking, indigenous peoples should be better engaged and served in COVID-19 policy and practice in the following ways.

IMMEDIATE CONSIDERATIONS FOR COVID-19 RESPONSE

1. **Support indigenous-led processes** in order to strengthen COVID-19 response and recovery further, rather than seeking to create parallel initiatives.
2. **Work with shamanic practitioners and other indigenous experts** to support and/or provide home-based care for COVID-19.
3. **Involve indigenous women's organisations** in the design of pandemic response measures, given indigenous women's particular vulnerabilities.
4. **Work with indigenous youth** as intercultural mediators to combat misinformation, because of their ability to translate materials from national to indigenous languages and because of their social media skills.
5. **Prioritise indigenous peoples** for COVID-19 vaccination programmes, particularly indigenous elders. Where vaccination programmes are not yet in place, support shielding and other measures to protect indigenous elders, who are guardians of memory and knowledge in indigenous cultures.
6. **Build information strategies** using indigenous cultural forms of expression, from poetry and song to visual arts. Creatively combine indigenous-language social media messaging and radio broadcasts with communication resources such as two-way radio networks or satellite phone systems in areas with no mobile phone coverage.
7. **Provide emergency water, sanitation and hygiene (WASH) access** to prevent and protect human health during the COVID-19 pandemic.
8. **Establish emergency referral systems and services, including field treatment centres** equipped with oxygen compressors and similar resources within indigenous territories to avoid the need for long journeys to be hospitalised. This should also include referral services for critical patients depending on the level of care needed.

9. **Allow indigenous people to access their farming sites** or areas where they harvest natural resources even when lockdown measures are in place, including in border communities.
10. **Ensure emergency cash transfers** build in flexible benefit-collection options, avoiding the need for movement of vulnerable indigenous people into urban areas to collect benefits.

LONGER-TERM CONSIDERATIONS FOR COVID-19 RECOVERY

1. **Proactively (re)build trust** with indigenous communities, including through the provision of cultural sensitisation training for non-indigenous health staff.
2. **Recognise the essential role played by indigenous collective care provision** and food security strategies in supporting quarantine and isolation, and work with and through these practices rather than trying to replace them.
3. **Address health inequalities and bolster funding for indigenous health services** with indigenous community health workers, modelled on efforts in countries that have specific service with designated responsibility for indigenous health.
4. **Work with shamanic practitioners and other indigenous experts** to build understanding of the disease ecology of the rainforest and other biodiverse environments where many indigenous territories are located, thereby mitigating the risk of future zoonotic disease outbreaks. This is particularly important given the concentration of potential zoonosis hosts in the areas where many indigenous territories are located.
5. **Scale-up investment in WASH** and other basic infrastructure to reduce vulnerability to future infectious disease threats as well as to improve wellbeing.
6. **Implement and scale up social protection** with flexible residence requirements, as many indigenous people migrate circularly between urban centres and rural areas.
7. **Provide stable internet access** for remote indigenous communities to maintain livelihoods and educational opportunities and facilitate the use of telehealth when possible.

CONCLUSION

The vibrant array of diverse initiatives emerging across the world in response to the impacts of COVID-19 on indigenous peoples and their territories represents a resource that holds tremendous promise for contributing to effective pandemic response. The principles proposed by indigenous organisations and summarised at the start of this brief

should be used to guide engagement with indigenous leaders, organisations and communities in designing strategies that fulfil this promise, as outlined in the final key considerations above. Adequate resourcing for dialogue with indigenous peoples and leaders will be critical to ensure connections between state-run COVID-19 response and recovery and indigenous-led responses.

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