second regional report

Indigenous Regional Platform against COVID-19

Communities at Risk and Good Practices

FILAC

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FORO INDÍGENA DEL ABYA YALA

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INDIGENOUS PEOPLES FACING THE COVID-19 PANDEMIC.
SECOND REGIONAL REPORT. COMMUNITIES AT RISK AND GOOD PRACTICES
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ACRONYM

AIDESEP	Interethnic Association for the Development of the Peruvian Jungle
ALMG	Academy of Mayan Languages of Guatemala
AMICAM	Alliance of Indigenous Women of Central America and Mexico
APIB	Articulação dos Povos Indígenas do Brasil
CAAAP	Amazon Center for Anthropology and Practical Application. Peru
CAOI	Andean Coordinator of Indigenous Organizations
CCNIS	Salvadoran National Indigenous Coordinating Council
CEJIS	Center for Legal Studies and Social Research. Bolivia
ECLAC	Economic Commission for Latin America and the Caribbean
CHM	Mapuche History Community. Ngulu Mapu. Chile
CIAP-PERÚ	Andean Indigenous Council of Peru
CICA	Indigenous Council of Central America
CIMA	Indigenous Council of Mesoamerica
CIPCA	Peasant Research and Promotion Center. Bolivia
CODEHCOM	Collective for the Human Right to Communication. Argentina
COICA	Coordinator of the Indigenous Organizations of the Amazon Basin
CONAIE	Confederation of Indigenous Nationalities of Ecuador
CONABIO	National Commission for the Knowledge and Use of Biodiversity. Mexico
CONEVAL	The National Council for the Evaluation of Social Development Policy. Mexico
CONFENIAE	Confederation of Indigenous Nationalities of the Ecuadorian Amazon
COONAPIP	National Coordinator of indigenous peoples of Panama
DANE	National Administrative Department of Statistics. Colombia
DGEEC	General Directorate for Statistics, Surveys and Censuses. Paraguay
DIGESTYC	General Directorate of Statistics and Censuses. El Salvador
ECMIA	Continental Link of Indigenous Women of the Americas
FAPI	Federation for the Self-determination of indigenous peoples. Paraguay
FEDIQUEP	Quechua Indigenous Federation of Pastaza
FIAY	Abya Yala Indigenous Forum
FILAC	Fund for the Development of the Peoples indigenous peoples of Latin America and the Caribbean.
IBGE	Brazilian Institute of Geography and Statistics
IEII-UFRO	Institute of Indigenous and Intercultural Studies, University of La Frontera. Chile
INAI	National Institute of Indigenous Affairs. Argentina
INDEC	National Institute of Statistics and Censuses. Argentina
INE	National Statistics Institute. Bolivia
INEC	National Institute of Statistics and Censuses. Costa Rica

INEI	National Institute of Statistics and Informatics. Peru
INIDE	National Development Information Institute. Nicaragua
INPI	Instituto Nacional of the Peoples Indigenous. Mexico
INRA	National Institute of Agrarian Reform. Bolivia
IRFA	Fe y Alegría Radio Institute. Bolivia
IUCN	International Union for the Conservation of Natural Resources
MOCICC	Citizen Movement against Climate Change
OMIUBP	Organization of Indigenous Women United for the Biodiversity of Panama
ONAMIAP	National Organization of Andean and Amazon Indigenous Women of Peru
ONIC	National Indigenous Organization of Colombia
UN	UN United Nations Organization
ORPIO	Regional Organization of indigenous peoples of the East. Peru
WHO	Organization World of the Health
PAHO	Pan American Health Organization
RAISG	Amazon Network of Georeferenced Socio-environmental Information
REPAM	Red Ecclesial Pan - Amazonian
RMIB	Network of Indigenous Women on Biodiversity of Latin America and the Caribbean
SESAI	Special Secretary for Indigenous Health. Brazil
SIIC	Colombian Indigenous Information System

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“More than vulnerability, indigenous peoples have shown resilience throughout several centuries of pandemics and this will not be the last time”

Introduction

The Regional Indigenous Platform facing COVID-19 "For Life and People" promotes the exchange of information, analysis and operational coordination to generate and enhance capacities, as well as dialogue with governments and international organizations, to promote adequate responses and actions for support and mitigation of problems caused by the COVID-19 pandemic in the indigenous peoples of the continent.

It brings together the regional, sub-regional and national indigenous organizations of indigenous women, men and youth, respecting their traditional forms of organization, worldview and cultural diversity.

As part of their work, it has built a registration and information system on the pandemic's effects on the indigenous peoples of the continent. This first report is part of the work started by this Platform. Periodically, new reports will be issued emphasizing some of the most relevant issues detected in the process of collection, systematization and analysis of information.

The work team is arranged by the Observatory Regional on Rights of indigenous peoples of FILAC, in collaboration with the various organizations within the platform by the designated delegates.

The information has been compiled through various national and international official and institutional sources, but the information and analysis provided by the organizations and Indigenous communities themselves should be highlighted, as they have made a huge effort by communicating their realities and needs in the context of the pandemic.

We perform this task with the deep conviction that we are providing data and analysis to improve people's understanding of the current reality of indigenous peoples and to provide useful inputs on the actions implemented by governments and indigenous organizations and communities to face COVID-19 throughout the region.

At the time, the **Regional Indigenous Platform Facing COVID-19 "For the Life and Peoples"** is made up of the following organizations:

1. Fund for the Development of indigenous peoples of Latin America and the Caribbean - FILAC
2. Abya Yala Indigenous Forum - FIAY

3. Coordinator of Indigenous Organizations of Mexico
4. Indigenous Council of Central America - CICA
5. Coordinator of the Indigenous Organizations of the Amazon Basin - IOC-CA
6. Andean Coordinator of Indigenous Organizations - CAOI
7. Andean Indigenous Council of Peru CIAP-PERU
8. National Indigenous Organization of Colombia- ONIC
9. Confederation of Indigenous Nationalities of Ecuador - CONAIE
10. National Coordinator of indigenous peoples of Panama - COONAPIP
11. Alliance of Indigenous Women of Central America and Mexico -AMICAM
12. Wangky Tangni Indigenous Women's Organization
13. Government of the Sumu Mayangna Nation
14. National Indigenous Board of Costa Rica
15. Network of Indigenous Women on Biodiversity in Latin America and the Caribbean -RMIB
16. Association of Indigenous Women of Paraguay
17. Salvadoran National Indigenous Coordinating Council - CCNIS
18. Continental Link of Indigenous Women (ECMIA) for Central America
19. Continental Link of Indigenous Women of Mexico
20. National Organization of Andean and Amazon Indigenous Women of Peru - ONAMIAP
21. Continental Liaison of Indigenous Women (ECMIA) for South America
22. National coordinator of indigenous women in Mexico
23. Network of Indigenous Women for Biodiversity
24. Global Indigenous Youth Caucus
25. Argentine Indigenous Youth
26. Network of Indigenous Youth in Latin America and the Caribbean
27. Indigenous Council of Mesoamerica -CIMA
28. Organization of Indigenous Women United for the Biodiversity of Panama - OMIUBP
29. Indigenous Body - Naleb '.

Objectives, conceptual and methodological framework

OBJECTIVES AND SCOPE OF THE REPORT

The Registry and Information System (SRI) on the effects of COVID-19 in territories and communities of indigenous peoples in the region, has designed and installed tools for the collection and dissemination of information and analysis whose essential objective is to help save lives and protect communities, from a perspective of rights, interculturality, self-determination, and governance of the territories[1].

The SRI has recorded the information systematically and prepared an analysis on the following five fields of research:

- Evolution of trends in the regional and global environment
- People, communities and indigenous peoples affected by COVID-19
- Communities and indigenous peoples with potentially serious social and economic risks
- Prevention, support, mitigation and recovery actions implemented by indigenous peoples
- Actions of prevention, support, mitigation and recovery of the health services and social programs of the State

Considering the large number of factors involved, the volume of information collected, and especially the importance of identifying urgent actions that can save lives and protect communities, this report has emphasized two issues:

- The indigenous communities and peoples at potentially serious risk before COVID-19
- The effective responses that can be described as good practices that are underway by communities and indigenous organizations to protect themselves against the pandemic and its effects.

At the same time, keeping one eye systemic on the set of factors analyzed the report contains other sections where it gives account of the state current of the fields related to the environment overall, the prevalence in people and com- munities and responses from institutions State organizations are taking action to protect indigenous peoples from the pandemic.

Within this framework and to help reduce and mitigate the impact of COVID-19 on indigenous communities and regional peoples, this report aims to collaborate with indigenous peoples and government authorities to provide them rigorous and timely information to guide their strategies and measures for prevention, support, mitigation and recovery from the pandemic's effects.

1 Other aspects of the SRI were explained in FILAC - FIAY, "Indigenous Peoples in the face of the COVID-19 pandemic, first regional report", May 2020, available at https://indigenascovid19.red/wp-content/ uploads / 2020/05 / FILAC_FIAY_primer-informe-PI_COVID19.pdf

CONCEPTUAL AND METHODOLOGICAL FRAMEWORK

Analysis and theory of change

The registration, analysis and information (Registration and Information System - SRI) carried out by FILAC along with the Regional Indigenous Platform, is based on an analytical description of the context and a proposal for a theory of change. The impact of COVID-19 on different domains of human societies is being object of many interpretations, from the most varied perspectives: environment, health, economy, culture, society, geopolitical, to name a few.

One of the most evocative interpretations proposed that the size of the impact is producing or will soon produce a "acceleration of history"[2], which does not mean necessarily a "turning point" in the course of the events but increased speed, inertia and exacerbation of the dominant systemic conflicts in the world.

From this perspective, it can be said that among the main critical points of the societies and states in Latin America and the Caribbean is the precarious development and welfare of the indigenous peoples. In spite of being the first communities that have inhabited this vast continent, the states that have subsequently settled down in their territory have denied them adequate basic services and the use of the rich biodiversity of their natural systems in a way that affects their own material and spiritual well-being[3].

The hypothesis of the SRI analysis model maintains that given this structural condition and unless a significant change urgently takes place in the behavior of states and other agents - the impact of COVID-19 on the indigenous peoples could acquire extremely critical levels, both regarding loss of lives and the magnitude of the damage in the way of life and resilience of their communities.

Applying the concept of "history acceleration", one can say that this pandemic has the power to deepen and increase the speed of life deterioration of these peoples, including, among other risks: hunger, high mortality rates and even the extinction of entire communities and cultures.

Based on the systemic approach and ancestral native thought, the SRI model of observation and analysis suggests that the probability and severity of COVID-19 are determined by a set of factors articulated in four large causality networks, which are related and strengthen each other, forming a grid, which in turn is influenced by regional and global environmental, geopolitical and economic factors.

Based on the existing knowledge on this matter and the contributions collected by SRI, these causality networks of can be understood formed as follows:

> **Causality Network 1:** Communities affected by social risk factors. Among others: limited access to basic social services, nutritional food insecurity, prevalence of previous contagious and chronic diseases, houses and habitats without drinking water and basic sanitation.
>
> **Network of causality 2:** Communities affected by economic risk factors. Among others: poverty, limited financial means; limited access to land and other productive means of their land; expansion of extractive activities with

2 To expand on this concept, see Maturana, H. y Varela, F., De máquinas y seres vivos. Santiago, 1994

3 We have explained these topics in the mentioned report, specifically on pages 11 and following. Please refer to the following additional study: Economic Commission for Latin America and the Caribbean (ECLAC) / Fund for the Development of Indigenous Peoples of Latin America and the Caribbean (FILAC), "Los pueblos indígenas de América Latina - Abya Yala y la Agenda 2030 para el Desarrollo Sostenible: tensiones y desafíos desde una perspectiva territorial", Documentos de Proyectos (LC/TS.2020/47), Santiago, 2020.

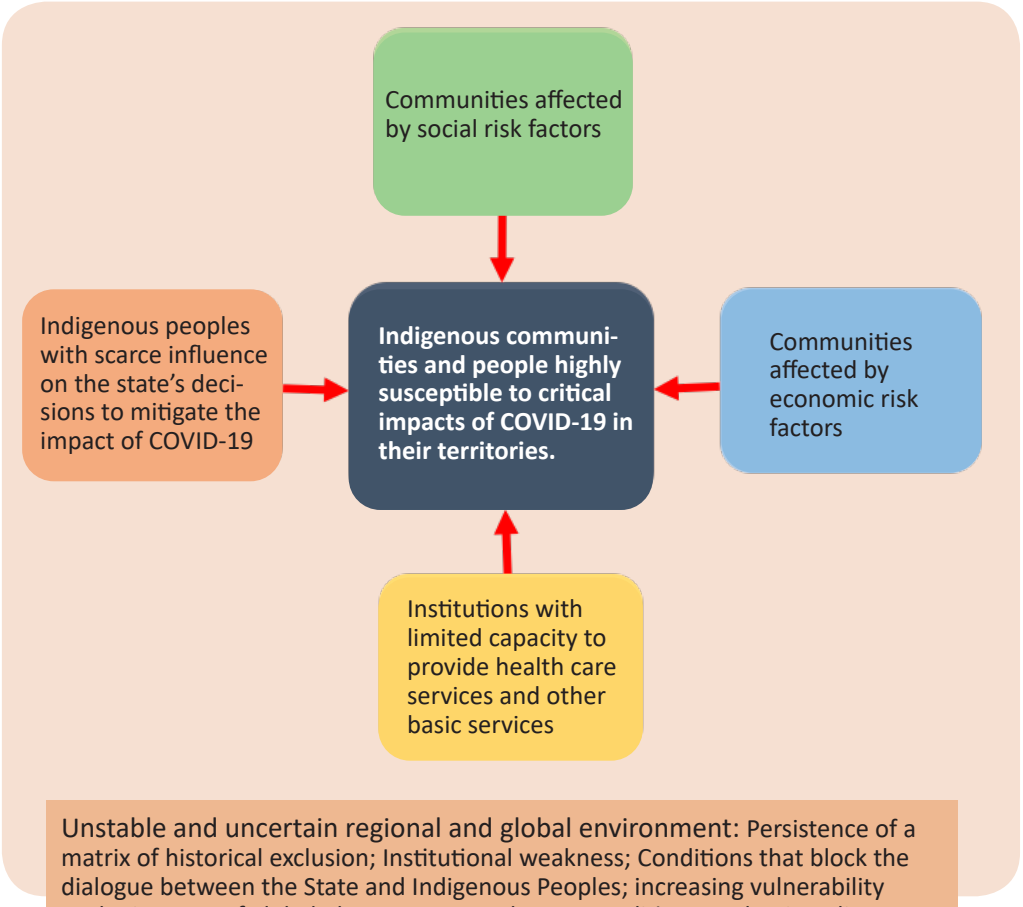
adverse impacts on their environment, biodiversity and the ways of life of the communities.

Network of causality 3: Public Institutions with limited resources, capacities and decision-making authority for the provision of health services and other basic services under the current legal framework and intercultural parameters. One of the clear effects of this condition, especially noticeable in the midst of the health crisis, is the nearly complete absence of disaggregated official data on the cases of infected indigenous people and communities.

Network of causality 4: Indigenous organizations with limited influence on the decisions of the State regarding their rights and especially the impact of COVID-19.

As an effect of exclusion and discrimination, indigenous peoples have had limited participation and influence on decisions regarding public issues that affect them. The platform is trying to change this situation through providing reliable, evidence-based information on the impact of the pandemic.

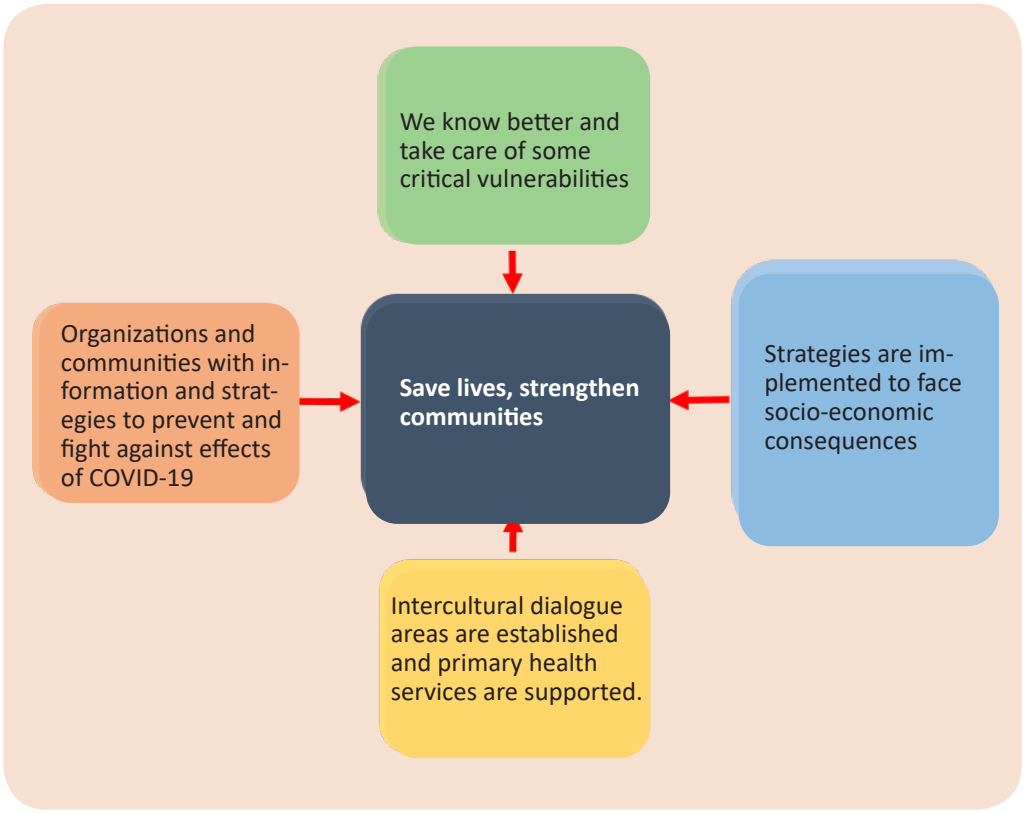
The SRI observation and analysis model aims to make a connection between the risk factors described and the way they manifest themselves in the evolution of COVID-19 in indigenous communities and towns, as summarized in the following graph:



Based on these assumptions, the theory of change adopted aims to modify the situation of each of the causal network, contributing whatever is within the reach of FILAC and the Regional Indigenous Platform.

It aims to generate processes and mechanisms where decision makers and the organizations worldwide can contribute to the change proposed, which should work along the legal framework and rights of indigenous peoples as well as on agreed platforms, such as from the Ibero-American action plan for the implementation of the rights of indigenous peoples.

If the task performed is succesful, we will have generated the following changes, through networks and in the main objective:



METHODOLOGY USED

In order to achieve the objectives, the SRI should make a prompt and solid contribution, in virtue of the urgent situation determined by the pandemic.

This is why the SRI has been assembled based on the following epistemological and operational principles:

Epistemologically, it considers that intercultural action must be nurtured from knowledge stemming from an intercultural vision, sponsoring and specifying the dialogue between knowledge and perspectives, because exploring a path implies denying other ways of knowing.

It also aims at easing the understanding between the different ways of seeing and building reality, promoting the translation work as a process capable of creating mutual intelligibility between possible and available experiences without destroying their identity.[4]

For this understanding to be possible, different perspectives need to be known and exchanged. That is why the methodology seeks to make the deficiencies visible and value the cognitive practice of indigenous peoples, their contributions, reflections and concrete actions on the problems they face daily, without neglecting the construction of future alternatives. As a natural consequence, this is about the effort of generating knowledge that seeks to transcend contemplation in order to become a tool of social transformation.

In operational terms, the SRI has a relevant participation from the Network of Monitors made up of delegates from the member organizations of the Regional Indigenous Platform, which allows branching the sources of information and analysis whilst contributing with an experiential vision of the facts that are considered in research and information exchange among those who make up the network.

The work was carried out by reconciling a critical reality -that has urgent demands - with the strategic direction required by research in order to contribute to the deep changes needed to progress towards the transformational goals proposed. For this, it operates with a systemic approach in the tasks of observation, analysis and reporting, applying the criteria of usefulness and timeliness of the information produced and disclosed.

Applying the aforementioned principles mentioned, the data contained in this report has been collected from primary and secondary sources, which have been contrasted by the team of FILAC in order to achieve greater objectivity regarding the facts and findings reported.

The instruments used for data collection and analysis were the online questionnaire, interviews with qualified informants, information provided by state institutions, information provided by international organizations, secondary sources such as studies, essays or academic articles, articles in the media.

- **On-line survey:** the main instrument of data collection has been an online survey completed by the leaders of indigenous organizations that make up the regional monitoring network set up for this purpose. In turn, the network members have directly consulted authorities and leaders of indigenous communities and peoples, as well as official sources in the health services of each country.

4 De Sousa Santos Boaventura, Una Epistemología del Sur, Siglo XXI - CLACSO Ediciones, Buenos Aires, 2015, page 98 onwards.

- **Interviews with qualified informants:** with the aim of completing, delving into and detailing the data recorded in the online survey, the SRI team conducted semi-structured interviews with members of the monitoring network, as well as leaders of indigenous organizations and members of indigenous communities. This allowed describing cases and collecting testimonies from indigenous communities and peoples with risk of serious impact from COVID-19.

- **Review and analysis of state information:** the SRI, through the governance areas of FILAC, sent questionnaires specific to the state authorities to have their information and perspective on the different variables considered in this report. Several States shared information in written form or in oral presentations. Additionally, the SRI carried out a search for complementary state information through the institutional portals available for enquiry.

- **Review and analysis of reports from international organizations:** Complementary to the information collected from primary sources, the team in charge of the report has systematically reviewed and analyzed notes, reports and documents from international organizations on the effect of the pandemic on regional indigenous peoples.

- **Review and analysis of studies and specialized trials:** the team in charge of the report has also continuously monitored and analyzed studies and tests of emerging scholars dealing with the COVID-19 in different domains of global society and the countries of Latin America and the Caribbean.

- **Collection and analysis of other sources:** the SRI also has used notes and articles published in the media and has followed national and regional presentations and debates that have taken place across the different virtual platforms.

Regarding preparation and presentation of the findings, the SRI has made an effort to map the analyzes carried out, and part of these results can be seen in the maps included in the document.

The successive findings that have been obtained, in general terms, were shared with state authorities and with the organizations that make up the Regional Indigenous Platform, who shared valuable comments and suggestions to improve the final version of this document.

Main findings

I.- Evolution of the global and regional environment

At the beginning of the month of June of 2020, the impact of the pandemic continues to be the most important event in the world, although its evolution shows very dissimilar situations throughout the regions and countries.

As of June 10, the global data is as follows:

World prevalence	
Total cases of Coronavirus COVID-19	7.306.007
Deceased	414.430
Recovered	3,629,494

Source: https://www.worldometers.info/coronavirus/
Updated on June 10, 13:28 GMT

In our continent, the updated data is:

Prevalence in the Americas	
North America, Central America, Caribbean	2,333,869
South America	1,219,723
Total in America	3.553.592

Source: https://www.worldometers.info/coronavirus/
Updated on June 10, 13:28 GMT

From its inception, the course of the pandemic has meant that, while in New Zealand there have been no new infected people and that in Europe the prevalence of the virus is decreasing as the restrictions are gradually being released, the reality of the American continent is quite different.

The World Health Organization (WHO) stated on May 22 that the center of the pandemic its located in our region, especially in South America.

The pandemic is still on the rise in the region, which is impacting several countries unevenly.

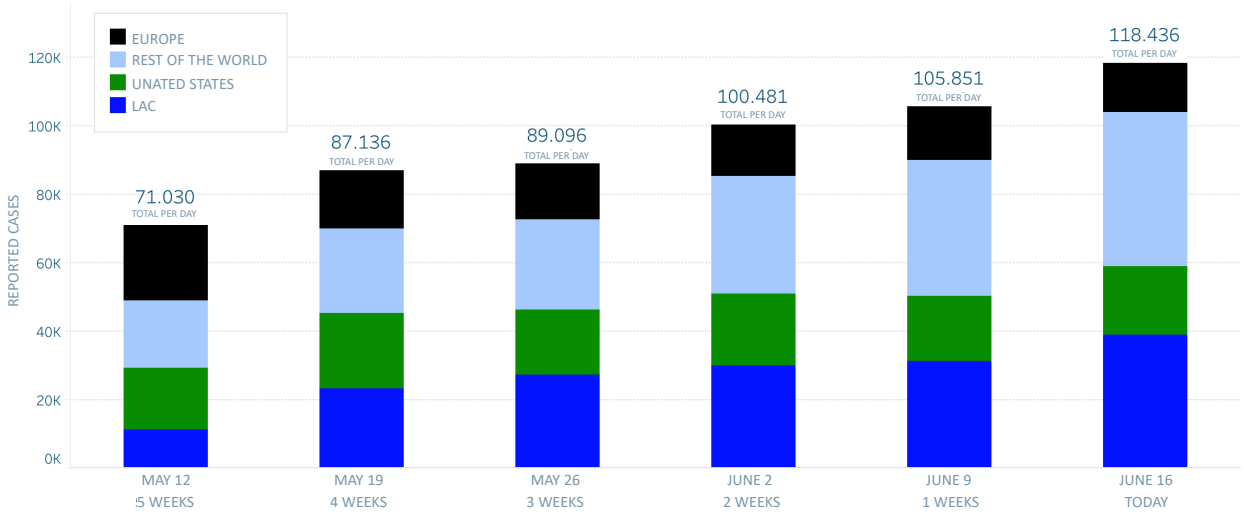
Contrary to what has happened in the rest of the world, in Latin America the cases of contagion have increased by 129 % compared to the cases registered a week ago.

Prevalence in Latin-America and the Caribbean	
Registered cases	1.403.556
Diseased	69.131
Cases registered last week	49.955
	Growth of 129%
	(there is a global decrease in prevalence rates)

Source https://www.iadb.org/es/coronavirus/situacion-actual-de-la-pandemia
Updated on June 10, 12.30 pm

The following graph shows the growth rate of infections that is increasing more steadily in Latin America than in the rest of the world.

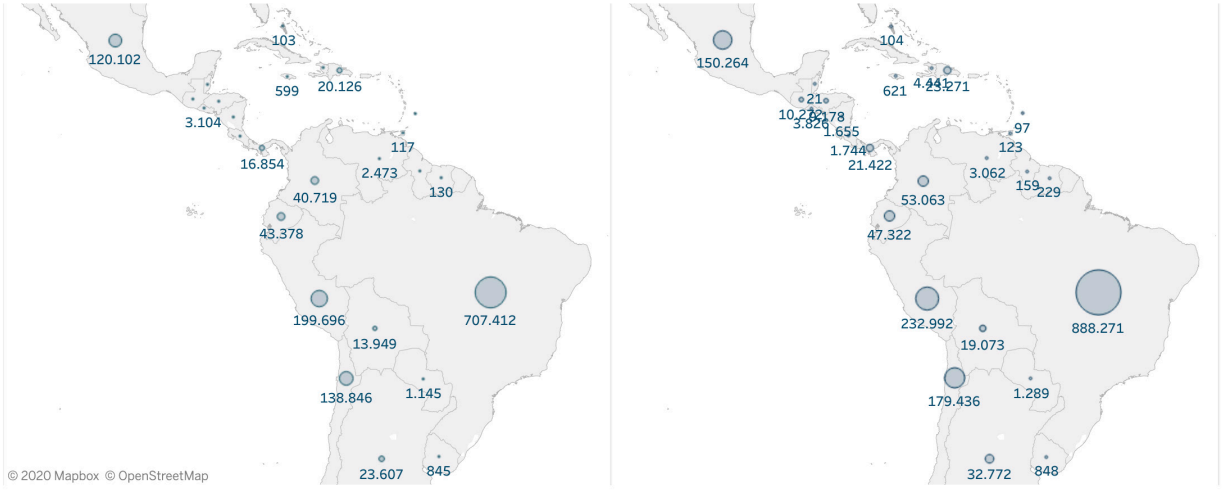
TOTAL NEW CASES REPORTED IN THE WORLD BY REGION



Brazil is in the world's second place of registered cases, with a daily growth rate well above the US, which is the country with the most cases in the world. Within the country, one of the regions that has the greatest increase in positive analyzes is the Amazon, where most of the country's indigenous peoples live.

Chile, Mexico and Peru are among the countries that maintain an upward curve of COVID-19 infections.

GEOGRAPHICAL DISTRIBUTION OF REPORTED CASES IN LAC – ACCUMULATED CASES



Pandemics affect the different groups of population differently, exacerbating existing inequalities in society. Among these sectors, without a doubt, are indigenous peoples.[1]

1 FILAC, Statement of the Board of Directors, March 2020

At the same time, it is increasingly clearer that beyond the positive effects of the safeguarding measures, the economic and social consequences will be devastating. ECLAC has said it as well as other international organizations: the near future will be extremely hard, especially for the poorest and vulnerable. [2]

The Special Rapporteur on the rights of indigenous peoples has expressed his concern that COVID-19 is highlighting and exacerbating the current and ongoing human rights situations faced by many indigenous peoples. He argues that "indigenous peoples are excessively represented amongst the poor and suffer higher rates of malnutrition, are affected by environmental pollution and, in many cases, lack of access to adequate healthcare services. As a consequence, many have weak immune systems, respiratory conditions and other health problems, making them particularly vulnerable to the spread of disease." [3]

For its part, the Pan-American Health Organization (PAHO) has released a guide with recommendations to reduce the transmission of COVID-19 among indigenous, Afro-descendant and other ethnic groups, considering that these groups face unique challenges, such as higher levels of poverty, lack of access to some basic services such as water and sanitation, and cultural barriers, including linguistic ... higher prevalence of chronic diseases, less access to social safety nets ... ".[4]

The guide lists some specific measures to consider during the COVID-19 pandemic. These include the eliminating prevention barriers which obstruct basic hygiene measures; difficulties in maintaining physical distance or lack of access to basic services of quality and that are culturally appropriate.

It also prepares recommendations for indigenous peoples, Afro-descendants and other ethnic groups, and suggest analyzing them with the head of the community so that he can assign the tasks to its members. It also establishes that governments should foster opportunities for participation and dialogue to address the phase following the emergency response, which will affect economic and social recovery.

In this context, recommendations are also presented for community leaders and the staff of health, as well as specific recommendations to the governments. Among others, it suggests including the ethnicity variable in health records; culturally appropriate information; promote inter-sector actions to address the social health determinants; and consider traditions and customs of indigenous peoples, to manage corpses in the context of COVID-19.

Regarding the foreseeable socio-economic impacts for indigenous peoples, the Director of the International Labor Organization's (ILO) Regional Office for Latin America and the Caribbean, has stated that "the most disastrous aspect of this pandemic is inequality, because the disease and its social and economic consequences affect those who have the least, such as indigenous and tribal peoples who often lack of social protection and have limited access to any type of health care. "

The ILO published a document alerting on the serious consequences of the pandemic on indigenous peoples, particularly in terms of employment and income. "With the decrease in demand and the limited possibilities of offering their goods and services due to closures, disruptions in the supply chain and general economic crisis, the

2 Verbigracia, ECLAC, Latin America and the Caribbean in the face of the COVID-19 pandemic: economic and social effects, April 2020 https://www.cepal.org/es/publicaciones/45337-america-latina-caribe-la-pande-

3 Special Rapporteur on the rights of Indigenous Peoples, The Impact of COVID-19 on Indigenous Peoples call for contributions, https://www.ohchr.org/SP/Issues/IPeoples/SRIndigenousPeoples/Pages/Callforinput_COVID19. aspx

4 PAHO / WHO, Considerations related to Indigenous Peoples, Afro-descendants and other ethnic groups during the COVID-19 pandemic, June 2020, https://iris.paho.org/handle/10665.2/52252

capacity of the indigenous peoples to purchase basic products, including the food, is decreasing and famine is looming over many men and women indigenous ".

Given that economic inequalities are exacerbated by health and environmental vulnerabilities, the ILO proposes the preparation of an inclusive socio-economic response and recovery, seeking a recovery that responds to the needs of indigenous peoples, promoting their access to decent work and social protection, with social dialogue as an indispensable tool to promote solutions.

Among the common actions to be taken into account, they suggest:

- Responding to urgent protection needs, with information in indigenous languages; support prevention measures adopted by the indigenous peoples themselves; conduct evaluations of the economic impact of COVID-19; ensure the effective inclusion of indigenous people in social assistance.
- Providing support to indigenous workers, entrepreneurs and communities, as well as small businesses and cooperatives of indigenous peoples; promote the empowerment of indigenous women and boost youth employment; and recognize the rights of indigenous peoples to land and natural resources.

Finally, the ILO points out that, to resume the path towards achieving Sustainable Development Goals, effective and properly financed state institutions will be needed to undertake the management of indigenous affairs, including coordination between state institutions.[5]

These documents produced by international organizations should be read in along with previous ones of which we listed in the first report.[6]

5 ILO, COVID-19 and the world of work: A focus on indigenous and tribal peoples, June 2020, https://www.ilo.org/global/topics/indigenous-tribal/publications/WCMS_746902/lang--es/index.htm

6 Regional Indigenous Platform, cited, page 34 and following, https://indigenascovid19.red/wp-con- tent/uploads/2020/05/FILAC_FIAY_primer-informe-PI_COVID19.pdf

II.- Prevalence of COVID-19 in indigenous peoples

The Economic Commission for Latin America and the Caribbean (ECLAC) has repeatedly warned that the structural weakness of official statistical systems to produce data that is disaggregated by ethnicity is a serious factor that contributes to perpetuating the social exclusion of indigenous peoples in the region.[1]

This statistic deficiency prevents quantitatively measuring the exclusion and affects the ability of the state to the design and the implement public policies aimed at reducing the disadvantages associated with the access to basic services, the exercise of human rights human and general well - being. In addition to these effects, the absence or the limited production of official statistics reflects an implicit policy of invisibility and denial of the ethnic identity and culture of the indigenous peoples, which, as heritage of the colonial regimes – accounts for the installation of a strong monocultural-western accent in the majority of the countries of the region of nation states. It has also contributed to the dissemination of a social ideology and imagery with grotesque expressions of discrimination and racism, which unfortunately continue to this day.

It should be noted that until a few years ago, there was no international consensus internationally regarding the most suitable criteria for the identification and the registration of statistics of the indigenous peoples.

However, this limitation has been overcome since the beginning of the century XXI with the adoption of the criteria defined by Convention 169 of the ILO: i) Recognition of the identity; ii) Common origin of their ancestors (father and mother); iii) Territoriality of their settlements; iv) Language and own culture. However, certain deficiencies remain in the various statistical tools: censuses, demographic maps, specific surveys and multipurpose.[2]

More recently, the regional efforts made through the so-called Montevideo Consensus on Population and Development should be highlighted, agreeing on a plexus of indicators on indigenous peoples, interculturality and rights. [3]

Many of the censuses and permanent surveys carried out in the region have incorporated the ethnic variable in their information collection tools and in their analysis frameworks, although there is still a long way to go before national statistics reflect the reality of the countries and of the region.

Indeed, before the arrival of the pandemic, we have seen with all crudity the magnitude of the weaknesses of information mentioned above.

Official statistics reflect - as a general trend - an almost uniform invisibility of COVID-19 cases in indigenous peoples, even in those countries with a high percentage of indigenous people among their inhabitants. The absence of data disaggregated by ethnicity was observed in the four indicators looked for in the health services: people infected, people active, people recovered and people deceased. In the best scenario, the reports include the gender of the people and the most frequent age ranges.

As we stated in the first report, identifying the ethnic origin of the people and groups at risk or struck by the pandemic, is not an academic concern; it is related to

1 Del Popolo (2009) and Schkolnik (2011). Cited in: ECLAC. Indigenous Peoples in Latin America. Progress in the last decade and pending challenges to guarantee your rights. Santiago, Chile, 2014.

2 ILO Convention 169 on Indigenous and Tribal Peoples. 25th Commemorative edition. ILO Regional Office. Lima, Peru, 2014.

3 Economic Commission for Latin America and the Caribbean (ECLAC), Proposal of indicators and their metadata for regional monitoring of the Montevideo Consensus on Population and Development (LC / CRPD.3 / DDR / 1), Santiago, 2018

designing and implementing adequate, precise and relevant responses and policies for different cultures, problems and effects in the face of the pandemic.

The instinctive - and perhaps also logical - consequence of not "seeing" a fact is denying its existence. This perceptual failure is a big mistake in any domain of life. But in the case of the COVID-19, it is a serious mistake that involves a huge ethical responsibility, because it threatens the chance of mitigating health damages and avoiding the loss of human lives in communities. It even threatens the lives of several indigenous peoples.

The absence of data public also restricts the right of communities and indigenous peoples to protect themselves. In other words, from a human rights perspective, the issue has become a fatal and perverse circle, since the State does not fulfill its safeguarding obligation and it does not make it easy for indigenous peoples to exercise their collective rights to defend themselves against the pandemic.

The adverse effect of the absence of official data on the progress of the impact of COVID-19 on indigenous peoples in the region has been partly mitigated by the information systems created by the representative organizations of indigenous peoples themselves, which are fueled by direct and first-hand reports from local authorities and leaders. In any case, none of these efforts can replace the obligation, responsibility and resources of governments regarding not only a significant part of their population but also the most vulnerable part in the face of the pandemic.

Even with the aforementioned limitations, the SRI has made an effort to collect data on the prevalence of COVID-19 in indigenous people and communities, minding that the information collected is rigorous and consistent with other data from the regional and global environment.

Unlike the first weeks of March, when the outbreaks of infection were established in the main cities or urban centers with the highest social interaction, official information on COVID-19 cases in the entire population reflects in most countries of the region a tendency to "ruralize" the pandemic.

This means that the focus of the infection is moving to rural communities, as mobility and social interaction has been increasing, due to several. These include, among others, the return of migrant workers to their original homes; the maintenance or reopening of formal and informal business circuits; the flexibility of mobility between cities (departments and provinces); the penetration into indigenous territories of people dedicated to the extractive exploitation of natural resources.

The expansion of the focus of the pandemic toward to the inside of the countries has incremented the "community cases" of COVID-19, which means that one or more people per village have tested positive for the infection. Although since the beginning of the pandemic there have been cases of indigenous people in the main cities, reported as general population, the community evolution of the pandemic has made the presence of the virus visible among indigenous communities and since then the expansion rate has been increasing almost exponentially.

Based on the work carried out by the SRI, we can affirm that at the beginning of June 2020 we registered that at least 7,246 indigenous people infected by COVID-19, of which 847 died.

At least 163 towns in ten countries have been affected by the pandemic.

N°	Country	Number of infected Indigenous people	Deceased in Indigenous people	Affected indigenous peoples
1	Argentina	153	14	1
2	Bolivia[1]	72	26	15
3	Brasil	2.390	236	93
4	Chile[2]	170	s/i	1
5	Colombia	773	26	32
6	Ecuador[3]	272	22	7
7	Maxico	899	157	s/i
8	Panama	318	17	2
9	Peru[4]	2.191	349	12
10	Venezuela[5]	08	0	1
	Total	7.246	847	163

Source: own preparation with based on the information gathered.
[1] The figures only make reference to the Amazon region.
[2] Only corresponds to the commune of Arica.
[3] The figures only make reference to the Amazon region.
[4] The figures only make reference to the Amazon region.
[5] The figures only make reference to the Amazon region.

In Belize, Costa Rica, Paraguay and Uruguay there are no recorded cases of Indigenous people infected COVID-19.

In some cases, there is information on people infected in municipalities where the amount of indigenous population is a high percentage of the total, but does not necessarily imply that the infected people maintain the same proportion. This is what happens for example with the Mapuche territory in Chile. In the municipalities of Lafkenche, Huilliche, Nagche, Wenteche and Pewenche where more than 30% of the population is Mapuche, there is known data of people infected, but we cannot affirm how many of them are indigenous.

In other countries, although official data does not disaggregate the information, there are reasonable possibilities that indigenous people and communities will be affected.

At the time of writing this report, in Guatemala there were more than 7,000 people registered as infected by COVID-19. If we consider that according to the last census, more than 40% of the population is indigenous, it is statistically impossible not to assume that most of the infected people are indigenous.

Nevertheless, the information collection and dissemination policy of Guatemalan officers can be considered an emblematic case of the invisibility of the impact of COVID-19 on indigenous peoples. Since from March 13, when the first case was reported, until the beginning of June, only figures disaggregated by gender and by political and administrative regions of the country (Central, South, West, East, North) have been disclosed. This, despite the fact that the president himself has acknowledged that "there is at least one case in all the country's municipalities" of the country[4], the vast majority with a predominantly indigenous demographic profile.

4 https://www.prensalibre.com/guatemala/politica/coronavirus-futuro-del-pais-depende-de-la-responsabili- dad-de-la-poblacion/

For the reasons mentioned above, it seems clear that those figures dramatically become smaller in light of the actual number of cases of contagion that emerge when crossing data with other information sources.

Thus, for example, the Pan-American Office of the Health (PAHO) reported on May 19 2020 "Twenty thousand cases of COVID-19 only in the provinces of the Amazon basin ", which is home to 2,400 indigenous territories in eight countries: Brazil, Peru, Colombia, Bolivia, Ecuador, Venezuela, Guyana and Suriname.

Since not all the inhabitants of these places are indigenous, it is not possible to specify the percentage of indigenous peoples, but without a doubt, it is one more example of how the pandemic advances to new territories, communities and indigenous people in the continent.

III.- Indigenous communities at risk

The concept of community at risk

In one scenario where our own research has witnessed the increasing danger of the pandemic's arrival to Indigenous communities and therefore the imperative to act to transform this reality, the SRI attempted to establish concrete criteria to allow promptly finding elements that characterize the situation.

The idea of risk for indigenous peoples has taken shape throughout the region.

For example, public and private entities in Brazil have argued that: "Em todas as regioes brasileiras há terras indígenas em municipios de medio ou alto risco imediato de epidemia, verificando – se también a presença em municipios nessa situação de populações indigenas que residem fora de terras indígenas" [1]

In order to carry out this research, the SRI worked on the concept of communities at risk.

The analysis unit "community" was chosen for two main reasons: in first place, because of the historical-cultural sense involving indigenous peoples; secondly, because in the face of an almost complete absence of state data, it seemed to be a manageable and representative unit of analysis of the general situation.

A concept of functional "risk" of the situation and the specific possibilities for information collection and its due analysis was developed.

In this case, risk means that the likelihood of a contingency is not inevitable; it may occur or not, but in certain circumstances, the occurrence is more likely than in others. It is the possibility of occurrence of some kind of impact in a society or community at a moment in time, determined by the threat or evaluation of the possible (external) damage and vulnerability, which represents the conditions of a group to deal with said threat (internal).[2]

Main risk elements

For the Latin-American indigenous peoples there is a latent threat due to the COVID-19 pandemic. Previous studies determine that ethnic origin could be affecting mortality rates and therefore the result of the disease.[3] Besides the fact that inequalities of access to hospital care and poverty conditions, among other factors, determine higher vulnerability in the face of the spread of diseases in indigenous peoples.[4]

An additive strategy was used for the risk assessment, based on the relationship between the threat and the vulnerability, that quantifies demographic, socioeconomic and accessibility aspects.[5]

1 Health Ministry of Brazil, Fundación Fiocruz, Observatorio COVID 19, summary of the seminar "Vulnerabilidades, impactos e o enfrentamento ao Covid-19 no contexto dos povos indígenas: reflexões para a ação", april 2020.

2 Lavell, A. On risk management: notes towards a definition. Health Library for Disasters PAHO,2001, 4, 1-22

3 Backer, A. (2020) Why COVID-19 May Be Disproportionately Killing African Americans: Black Overrepresentation among COVID-19 Mortality Increases with Lower Irradiance, where Ethnicity Is More Predictive of COVID-19 Infection and Mortality Than Median Income. (April 8, 2020).

4 Juárez-Ramírez, C., Márquez-Serrano, M., Salgado de Snyder, N., Pelcastre-Villafuerte, B. E., Ruelas-González, M. G., & Reyes-Morales, H. (2014). La desigualdad en salud de grupos vulnerables de Mexico: adultos mayores, indígenas y migrantes. Revista Panamericana de Salud Pública, 35, 284-290.

5 Ferrando, F. J. (2003). En torno a los desastres naturales: Tipología, conceptos y reflexiones. revista INVI, 18(47), 15-31.

In this sense, the COVID-19 (IR) contagion risk index for indigenous peoples is calculated based on the addition of its two components (threat and vulnerability), valued on a scale of 0 to 1 where 1 is the highest degree of risk.

$$IR = A + V$$

(IR) is the Risk Index, with 1 being the highest risk value. Its estimation is made based on (A) which is the Threat and (V) which is the vulnerability, whose relative weights add up to 1 and which are made up as follows: Threat: 1/3 or 0.33 and Vulnerability: 2/3 or 0.67

Threat

Threat is understood as the different phenomena, actions or external situations that, during a certain time period, may cause damages such as loss of human life, loss of property or economic and even environmental damage.[6]

COVID-19, it is a biological threat for public health problems which has impacted millions of people around the world and can harm both the health and the means of life of the indigenous peoples.[7] In order to assess the threat posed to the indigenous peoples, it is important to understand the degree of exposure to contagions, which is related to the location of the towns regarding the places with the highest numbers of COVID-19 contagion.

The threat assessment is done by identifying the main sources of contagion in populated centers nearby[8] and the amount of positive cases reported in each one, by reports of the national official institutions and the Pan American Health Organization (OPS) to June 5, 2020 at level ADM1[9] .

Likewise, the road network and the hydrological network were used as supporting information to verify the penetration capacity of the pandemic.

The result of this component allows identifying the threat level of CO-VID-19 at a spatial level for all indigenous peoples.

They were then categorized into four levels and with the following weight:

Threat level	Number of cases	Weighting
Level 1	1 up to 200	0
Level 2	201 and 5000	0,165
Level 3	> to 5001+ 50 km of influence	0,33

Vulnerability

The vulnerability stems from the characteristics and conditions of different social groups to anticipate or face a threat, that in this case is determined on the ability of individual or collective response of indigenous peoples before the COVID-19.[10]

6 Cardona, O. D, Evaluación de la amenaza, la vulnerabilidad y el riesgo. Los desastres no son naturales, 1993, 51-74

7 Cortés, M. E. (2020). Coronavirus como amenaza a la salud pública. Revista médica de Chile, 148(1), 124-126.

8 Pluchino, A., Inturri, G., Rapisarda, A., Biondo, A. E., Moli, R. L., Zappala, C., ... & Latora, V. (2020). A Novel Methodology for Epidemic Risk Assessment: the case of COVID-19 outbreak in Italy. arXiv preprint arXiv:2004.02739

9 Administrative levels of States, Departments, Provinces

10 Birkmann, J. (2006). Measuring vulnerability to promote disaster-resilient societies: Conceptual frameworks and definitions.

Although it is true that all the inhabitants of the planet are threatened by the COVID-19 pandemic, some sectors of the population are more affected than of several internal conditions, which can be demographic, socioeconomic and even cultural aspects.[11] In this case, two dimensions are considered: a socioeconomic (degree of poverty) and health (level of access to hospital centers).

Although other variables were identified that could enrich the analysis and assessment of vulnerability (some of which are mentioned in the conceptual framework of the research), limitations were evident regarding the availability of specific information and, therefore, variables that provided quick access to data were selected in order to make an analysis that responds to the urgency of the current health and social crisis.

Then, the vulnerability assessment is expressed in the following equation:

$$\mathbf{Vuln = A_{Hosp} + N_{Pbr}}$$

Where (Vuln) is Vulnerability, evaluated based on two subsets of data: accessibility to health centers (A_{Hosp}) and the degree of poverty (N_{Pbr}).

Both sum up to a value weighted at 1 (0.5 for each component), where the data of each subcomponent was evaluated and weighted in three categories according to the following table:

Weighted value	A_{Hosp}	N_{Pbr}
0	Up to 5 km	Low: < 20%
0.25	Up to 20 Km	Medium: 20% - 50%
0.5	> a 20 km	High: > 50%

The socioeconomic dimension of vulnerability is assessed based on the degree of poverty (in percentage) of the territorial unit to which a certain indigenous community belongs.

When reviewing the official data sources of each country, two important aspects were identified: on the one hand, the databases available for poverty are not specific to indigenous communities, but correspond to a specific territorial unit (departments, municipalities, districts, etc.); In addition, not all the countries have data available at a more detailed level for a territorial unit.

Therefore, the administrative level whose data was available was selected to work in all countries. This means that the overall poverty figure is assumed for the managing unit in the determined indigenous territory is located.

Although in some cases this may affect the real level of poverty of an indigenous people or community, it is the best approach to have, given the limitations regarding access to detailed information and the time constraint of the study.

In addition, although all the countries present their data in poverty in percentage, each country its own methodology. Thus, for example, Brazil uses as an official methodology the poverty line by income level, while Colombia and other countries consider their data based on multidimensional poverty. In addition, there are differences in the timing of the poverty databases, for example, the oldest databased used is of the Popu-

11 Curtice, K., & Choo, E. (2020). Indigenous populations: left behind in the COVID-19 response. The Lancet, 395(10239), 1753.

lation Census of Costa Rica in 2000, while the most current databases used are those of Argentina and Brazil, both from the year 2018.

The health dimension is assessed based on the accessibility of indigenous peoples to hospital services[12] , considering that they are the main means of response for treating severely infected patients.

Because not all the countries have an official report on the capacity of hospitalization, medical personnel and actual availability of current medical supplies, these characteristics have been assumed and the work was done based on the distance (in kilometers) that indigenous people have to walk to the nearest hospital center. The geographical location of indigenous peoples was identified, based on official sources in each country and the geographic location of hospitals and health centers, data available from the Pan American Health Organization (PAHO) and selected for their coverage for Latin Americas.

Three accessibility categories based on distance were used: up to 5 km, between 5 and 20 km and greater than 20 km, the latter corresponding to the highest level of vulnerability.

The final results are expressed in 3 degrees of Vulnerability that weigh the

0.67 for the Risk Index (IR).

The data is finally displayed on a map that shows the degree of risk in 5 categories and for each indigenous territory of Latin America.

Relevance of the index

A fundamental aspect of the concept of risk used is that it is intended to be an alert, a call for Prevention.

In other words, certain communities are at risk, but if we act appropriately and within the corresponding terms, the risk can be reduced and even disappear. Conversely, although a risk can be classified as low, if nothing is done to control it, the consequences could be very negative.

This general characterization, based on the criteria stated above, is very consistent with the specific cases analyzed by the SRI.

Several serious situations have been reported and followed up with different peoples of the continent, that - broadly speaking - match with the risk mapping prepared.

12 The internment capacity for all the centers has been considered, without regarding other aspects such as the actual availability of these inputs or their current capacities. They are classified BIG - High medical specialties, MEDIUM -two specialized services, SMALL - general medicine open 24 hours.

Mapping of the Risk Index of Indigenous Communities to COVID-19

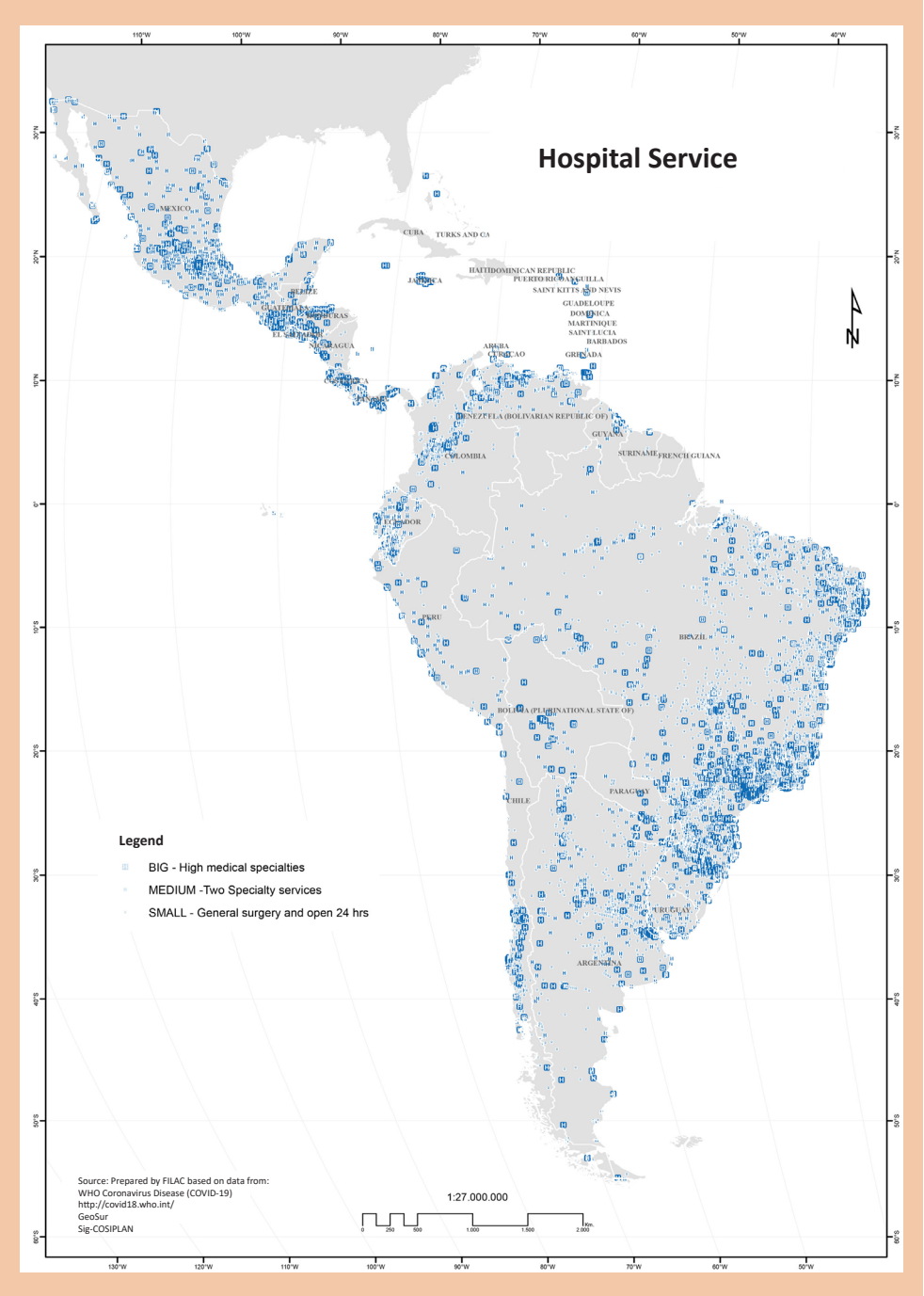
The vulnerabilities, threats and risk index can be seen in the maps below.

This tool is merely referential and is constantly changing, especially because of the virus infections steadily increase, so the maps can only reflect the situation at a given time and must be constantly updated.

The cartographic illustration provides us with an approximate regional vision of the magnitude of the problems raised in this report.

COVID CONTAGION AT JUNE 5

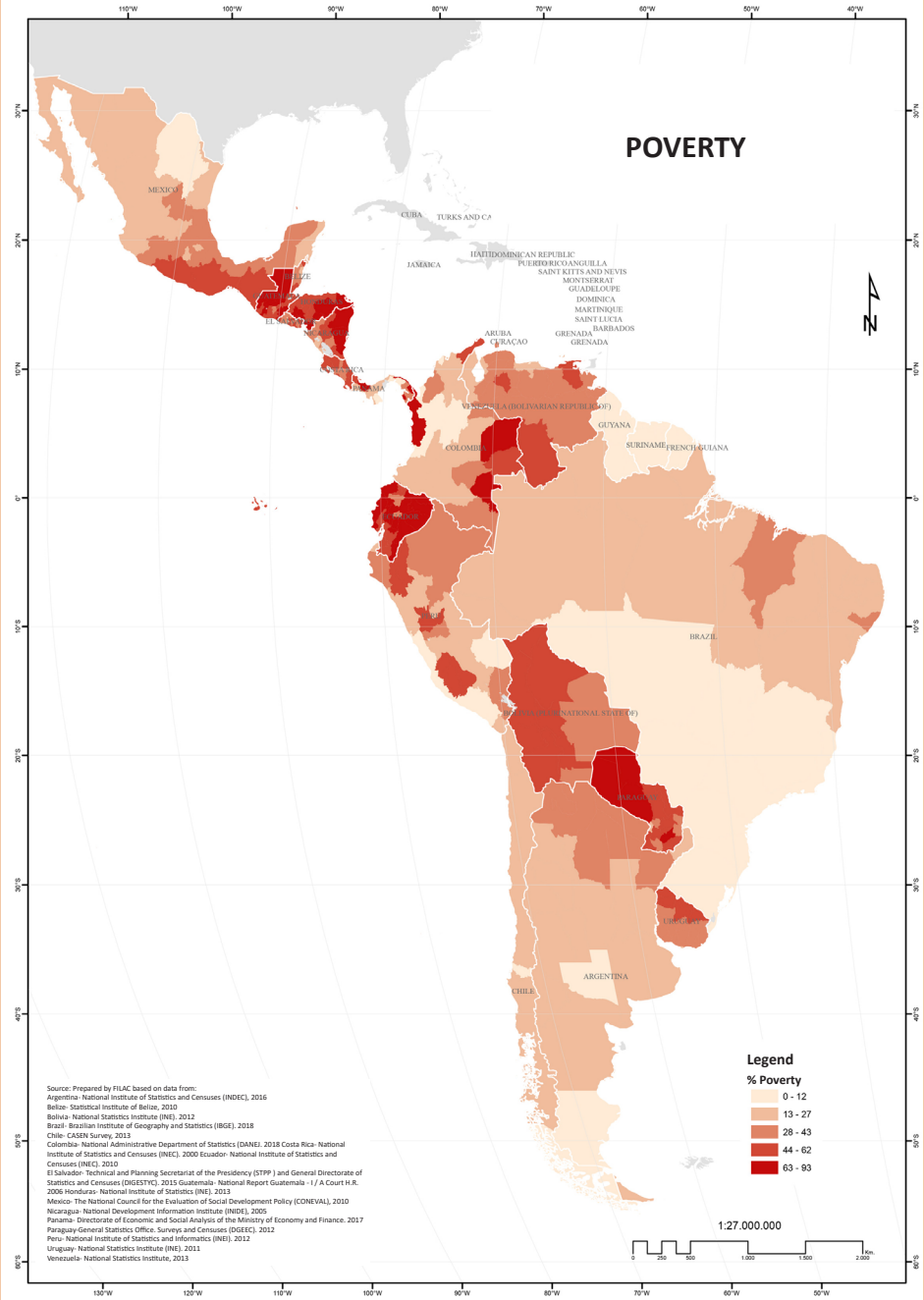
The map shows the territorial distribution of the COVID-19 epidemic in Latin America, based on the number of positive cases reported up to June 5, 2020. Based on the number of cases, it can be seen that cities play an important role as points of spread of the disease, in addition to having been entry points of the disease in the first place. Therefore, evaluating the accessibility of indigenous peoples to them, gives an idea of how vulnerable they are to possible contagions and the spread of the pandemic.



HOSPITAL SERVICES

This map shows the geographical location of the health centers and hospital services in Latin America with the capacity to adequately treat the disease.

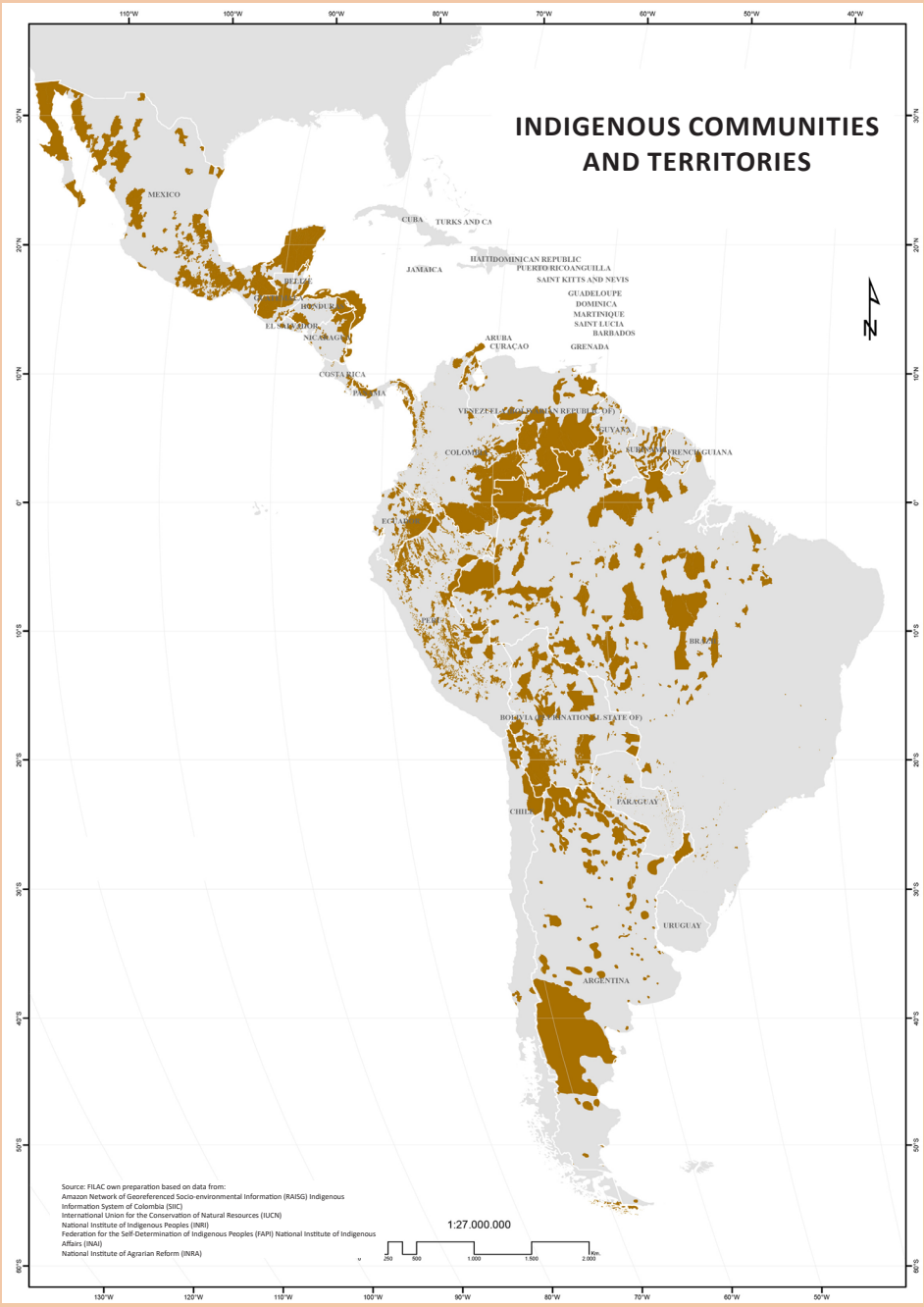
Second and third level centers have been considered because they have the capacity to admit patients and therefore manage the spread of the disease. Health centers are the first response places for the treatment of patients with more severe COVID-19 symptoms and, therefore, are important to identify.



POVERTY

The percentage (%) of poverty in departments, provinces or states is displayed (considering the division policy of each country), based on the official sources of each country and the methodology for estimating the poverty, thus the data is not comparable between countries. The NBI methodology has been considered in this map for most of the countries; in some cases, a specific multidimensional poverty index has been considered.

According to the UN, the poverty is a human rights problem that goes beyond of the lack of resources to ensure means for having a stable life; that why each country adopts a method based on its characteristics, some based to the average income of its inhabitants, others evaluate the unsatisfied basic needs, and many others use multidimensional indexes. But they all agree that at least one of the manifestations of poverty is associated with the limited access to basic health services, which is key for the communities' response to the COVID-19.

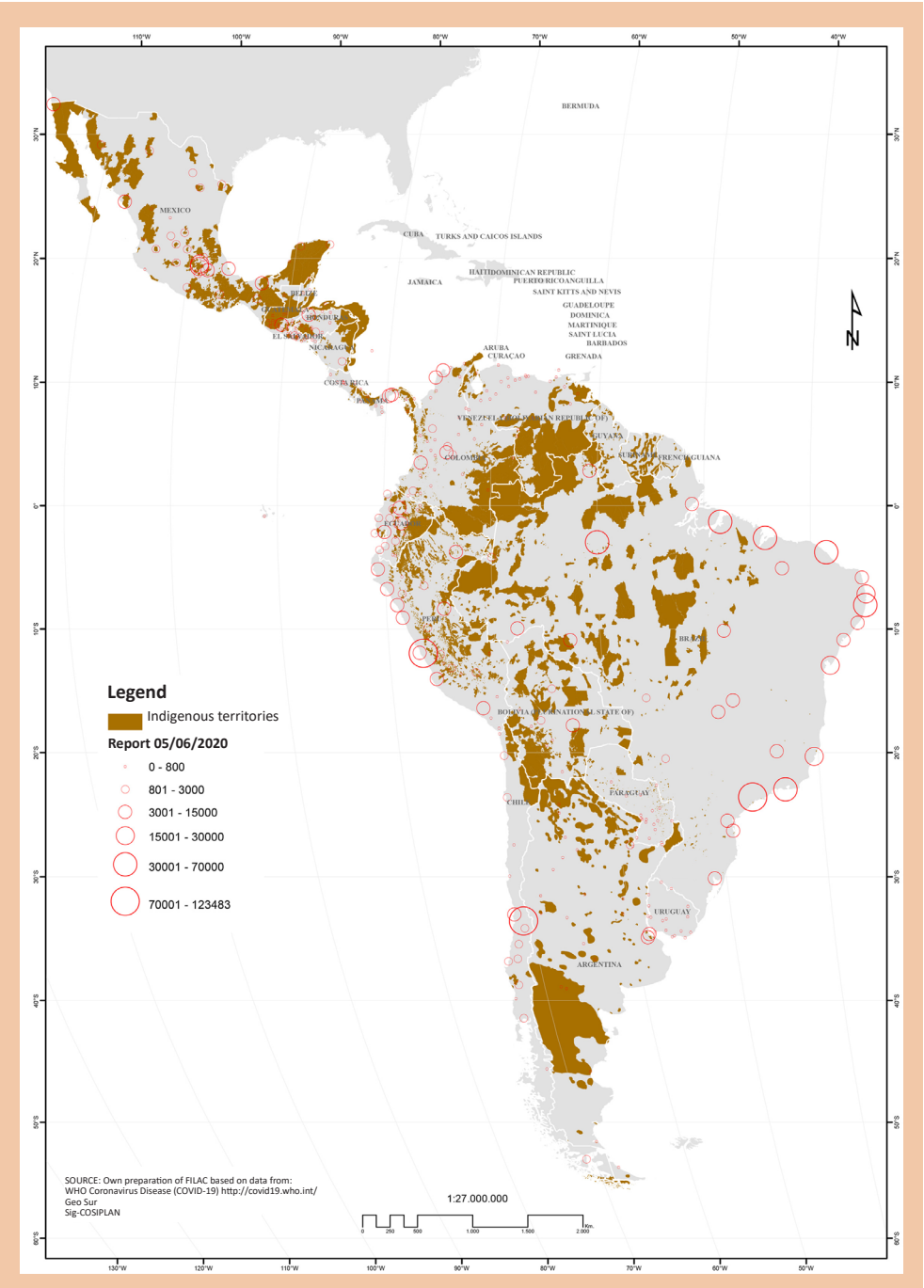


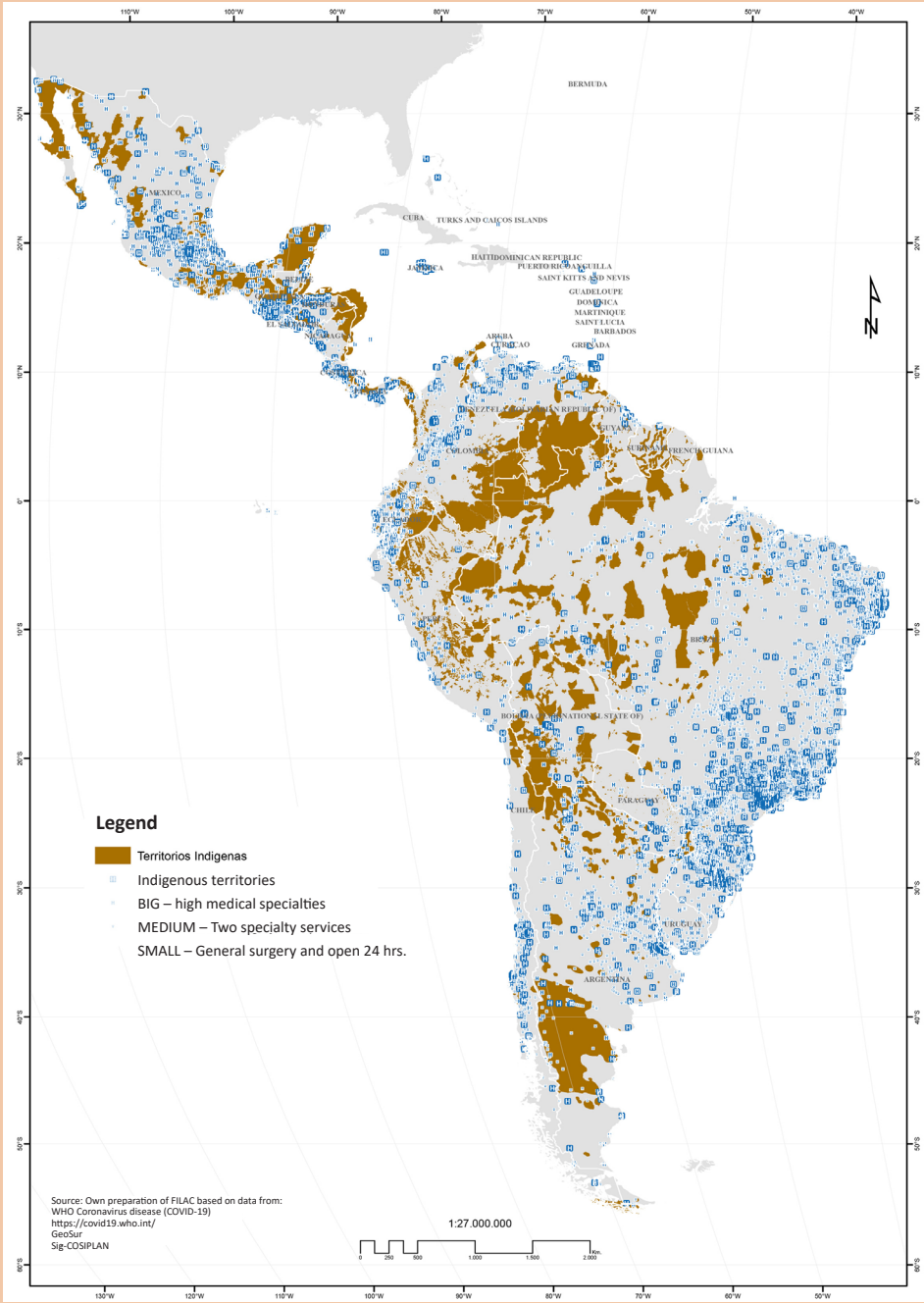
INDIGENOUS TERRITORIES AND INDIGENOUS COMMUNITIES

The map presents the geographical location of the indigenous peoples of Latin America based on their territorial location in rural areas only. There is no information to identify something similar for urban areas. Identifying their territories is important to analyze the level of exposition of indigenous people to the virus, the differential effects of COVID-19 on them and how they can respond to the health crises.

INDIGENOUS PEOPLES AND COVID-19 CONTAGION

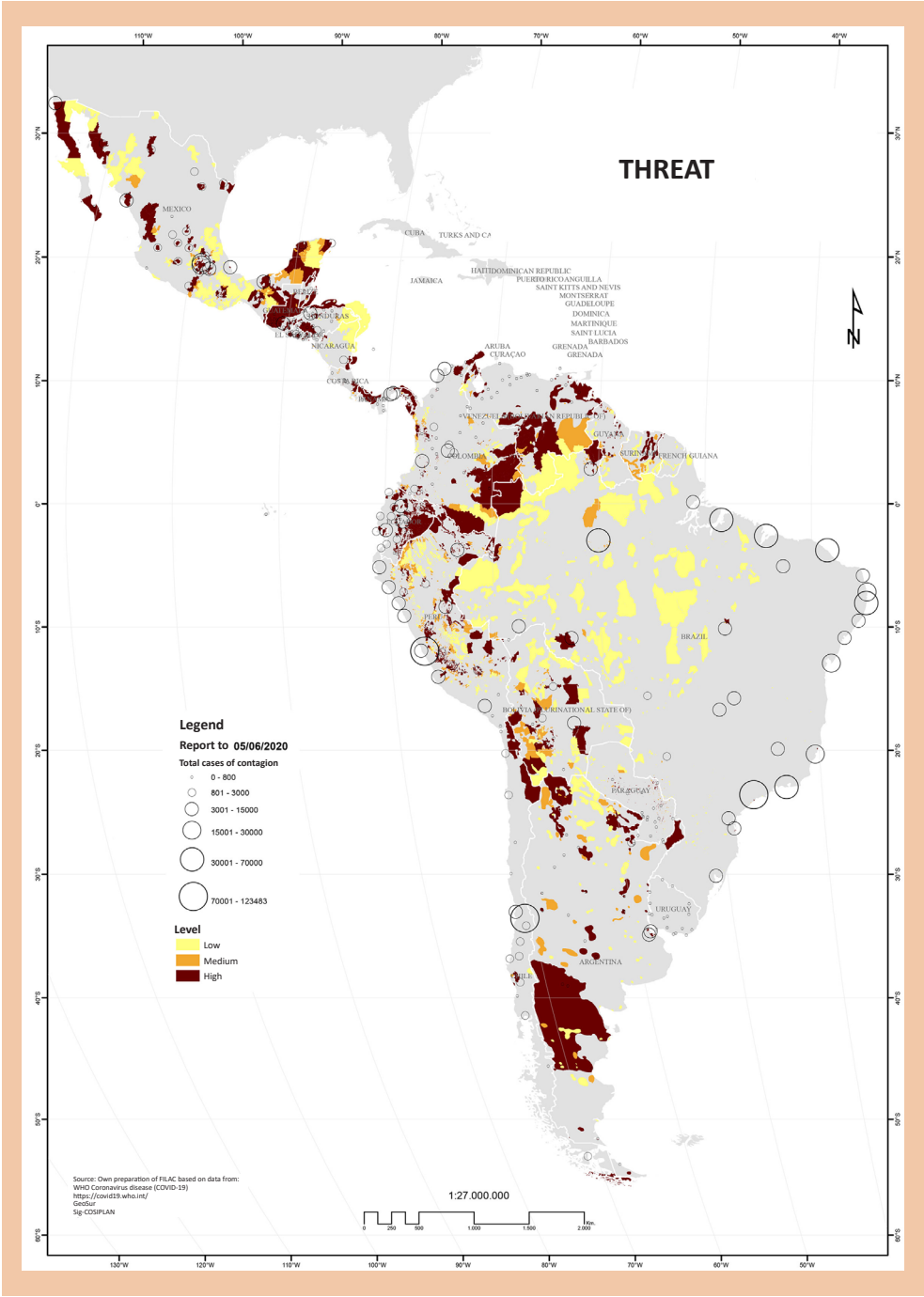
The map shows the relationship between indigenous peoples and towns with COVID-19 contagion (focal points), which represent a threat to the spread of the disease to the indigenous peoples.
The spread of the disease has been increasing based on trips between the different territories, therefore, it will expand as the infected population moves from one territory to another.





INDIGENOUS PEOPLES AND HOSPITAL SERVICES

The map shows the relationship between the location of the territories of indigenous peoples and the availability of hospital centers. Territories that are far from health-centers (more than 20Km), are identified, i.e. centers with limited possibilities of health-care access.



INDIGENOUS PEOPLES - THREATS

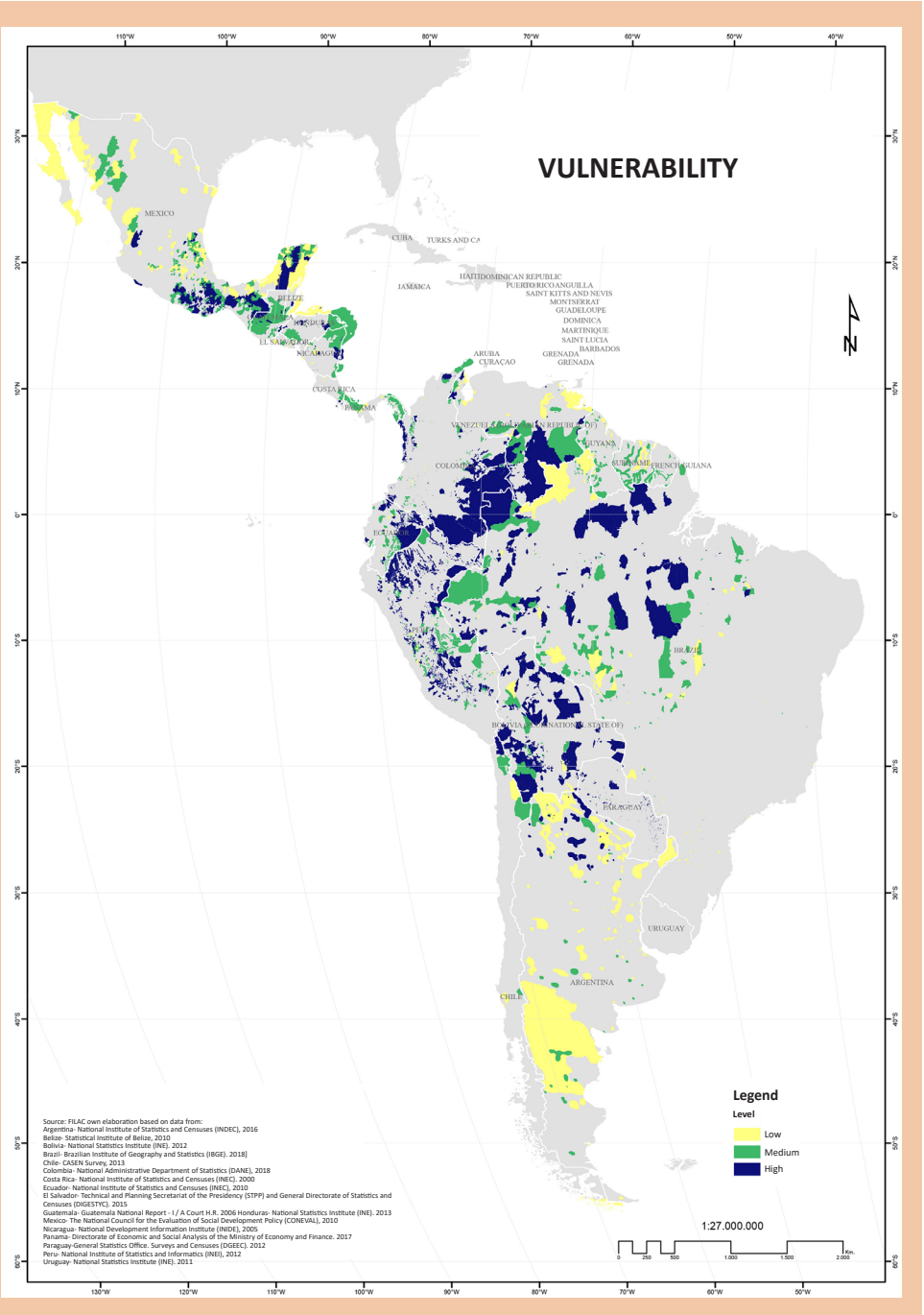
We understand as a threat to the different external phenomena, actions or situations that can cause damage such as the loss of human life, loss of property or economic and even environmental damage. COVID-19, for example, is a biological threat, that has caused millions of deaths worldwide.

To assess the threat to indigenous peoples, it is important to understand the degree of exposure measured by the distance of a territory to the outbreaks of COVID-19 infections.

To assess the degree of threat, a scale was generated from 0 to 1, or at three levels: High, Medium and Low.

INDIGENOUS PEOPLES - VULNERABILITY

Vulnerability arises due to a lack of ability to anticipate or face a threat. While it is true that all the inhabitants of the planet are threatened by the COVID-19 pandemic, some population sectors (such as indigenous peoples) are more likely to be affected than others and this because their response ability is affected by demographic, socio-economic and even cultural conditions. The levezl of vulnerability of indigenous peoples to COVID-19 was evaluated considering two fundamental aspects: poverty level and access to hospital centers.

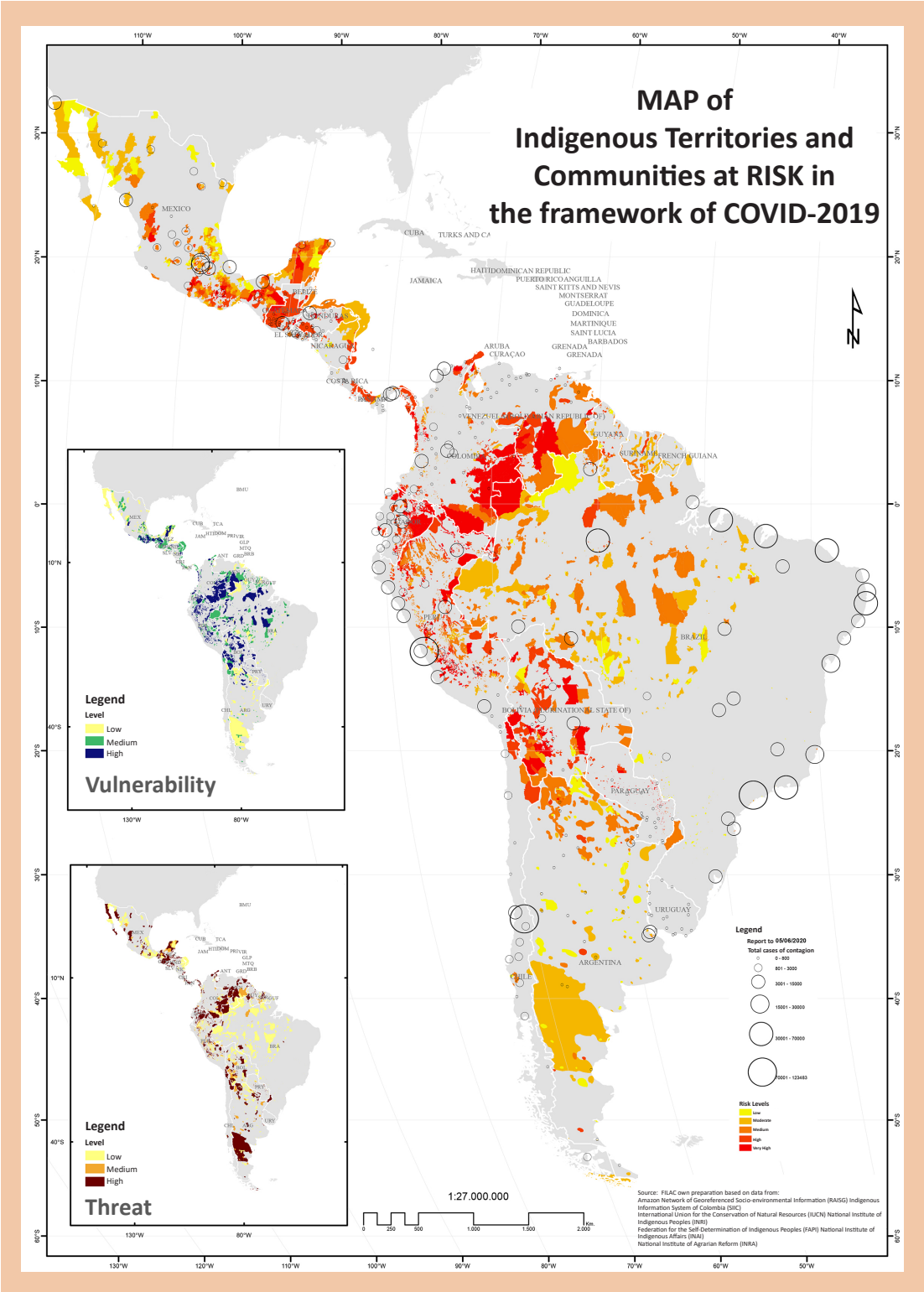


INDIGENOUS PEOPLES – RISK LEVELS

Finally, combining both maps will get the risk level, which is defined as the possibility of some kind of involvement in a society or community in defined time period, and is determined based on the threat it poses, the possible damage (external) and the vulnerability of the community to said threat (internal).

For the indigenous peoples of Latin America, the p COVID-19andemic is a threat. The conditions of poverty, access to care hospital among others determine the level of vulnerability to the COVID-19.

The data is finally displayed on a map that shows the degree of risk in 5 categories and for the indigenous territories of Latin America.



Manifestation of the risk factors in the assessed communities

The SRI collected information on a series of vulnerability-related indicators that include risk factors which enhance the severity of the impact of COVID-19.

The following is a brief analysis of the recorded findings.

Indigenous peoples at risk of disappearing

As stated in the first report of the Regional Indigenous Platform, if we consider the risk factors related to the historical pattern of exclusion and social marginality, the impact of COVID-19 could cause the disappearance or extinction of entire indigenous peoples.

The rapid rate of contagion and mortality in Latin-American indigenous territories shows that this scenario is not a dramatization but rather a potentially probable risk.

This possibility has been expressed recently by the PAHO: "The threat is both for isolated villages with difficult access to health services, and for densely populated towns, like Manaus, Iquitos and Leticia ... Considering that the quantity and the pace of the spread is two times greater than in other areas of the countries that share the basin of the Amazon River. If we don't take immediate action, these communities face will face a huge impact"[1].

As seen further on in the analysis of specific cases, indigenous people with reduced population, isolated villages or of first contact, some cross-border communities, among others, face situations extremely serious that if left uncared for, pose a serious risk of disappearance.

Epidemiological situation and lack of health services

The health of human communities is a sum of a series of factors, not just the existence or not of disease. From a systemic point of view, it is a multicausal and relational condition, which means that it is determined by many causes and that these causes are related to each other.

Specifically, it is worth mentioning two groups of main factors or determinants: i) social factors (drinking water, healthy housing, basic sanitation; ii) environmental factors (climatic variation, pollution of ecosystems: rivers, lakes, seas, soil, forests, atmosphere). For example, it is estimated that 27 % of the deaths in Guatemala are caused by factors related to poor water quality.[2]

The systemic attributes of health, mainly their environmental and social multicausality have been widely recognized by the academic literature and public health organizations, leading to the concept of "determining social aspects of health."

The WHO / PAHO defines this concept as "the circumstances in which people are born, grow, live, work and age, including the health system. Those circumstances are the result of the distribution of money, power and resources at a global, national and local level, that in turn depend on the policies adopted, expressed by "health inequities", "unfair and avoidable differences observed in countries and among countries." [3]

1 Statement from PAHO Director Clarisse Etienne. Associated Press (AP). BBC World. May 16, 2020.

2 Environmental statistics. INE, 2015

3 OMS. https://www.who.int/social_determinants/es/

The prevalence of previous illnesses causes an "epidemiologically complex situation " in the that communities "must simultaneously cope with several epidemics".[4]

This factor arises with the regional spread of COVID-19, after the three big epidemiological waves: dengue, in 2019; Zika, in 2016; Chikunguña, in 2013. For this, it may be the case "of the so called 'double burden' of two diseases, such as dengue and COVID-19, which can happen at the same time, to the same people and in the same places". [5] This situation makes indigenous people "more likely to suffer the burden of this pandemic." [6]

The SRI reports the prevalence in the indigenous communities of two groups of diseases prior to the COVID-19 infection: i) chronic diseases (diabetes, hypertension); ii) transmittable diseases (dengue, measles, Zika, Chagas disease, whooping cough, tuberculosis).

Most of the countries that provided information have reported this epidemiological condition in indigenous communities. For example, in Bolivia, there are high incidence of diabetes, high blood pressure, chagas' disease, tuberculosis. In the Guna-Yala region of Panama, diabetes, chronic malnutrition, female cancer (uterus and breast) are common. The Qom people of Argentina have high levels of tuberculosis. In southern Belize, according to official data validated by PAHO, the Qeqchí and Garífunas communities of Guatemala have a high index of parasites.[7]

In addition to critical social, economic, and epidemiological factors, the risk of loss of human life in indigenous communities increases due to little or no access to public health services in most countries of the region.

The SRI collected data from twelve countries in Latin America, of which ten report absolute or partial deficiencies from five basic health aspects for the treatment and recovery of the virus: doctors, hospitals, medicines, tests and equipment. and supplies (respirators, hygiene materials and protection of medical personnel).

Leaders of organizations and communities that contributed to this second report abounded with unfortunate stories about the indigenous peoples' lack of healthcare access in the midst of the pandemic.

Here are some of these testimonials.

Ngöbe-Buglë region (Panama)

People have to walk between 6 and 7 hours to get to San Félix Hospital, but when they finally arrive, there is not enough medical personnel, supplies or materials. To face this situation, indigenous and official authorities have enabled colleges and schools as shelters for people that are COVID-19 positive to receive treatment and be in quarantine. In the community of Chiriqui Grande on the outskirts of the region, authorities contracted hotels, but neighbors (non-indigenous) refuse to indigenous' care for fear of becoming infected. [8]

4 Alfonso Rodríguez Morales, Vice President of the Colombian Association of Infectology Cited by BBC World. March, 2020. https://www.bbc.com/mundo/noticias-america-latina-52383340

5 Dr. Josefina Coloma, researcher at the University of California School of Public Health, Berkeley, and a member of the PAHO Advisory Committee. BBC World. Aforementioned.

6 PAHO Director, quoted. BBC World. May 16, 2020.

7 Map of incidence of parasitic diseases. PAHO-Ministry of Health 2006.

8 Ricardo Miranda, Youth Network of the Ngöbe-Buglé Region.

Guna Yala region (Panama)

Some centers have new infrastructure, but lack medical staff and materials. There are no means for transporting people to the nearby hospitals (boats, ambulances, stretchers). People are afraid to leave their islands to receive health care if they are infected by the virus. They think 'What will happen if I leave my community; what will I do if the nurses and the doctors do not speak my language; what will happen when I recover; how will I go back home if I do not have money.[9]

Indigenous peoples of the Amazon (Brazil)

The Sesai has the mandate of providing services of health to the peoples indigenous, but do not have access to the "indigenous villagers" (who live in villages or cities), as I same. There are 34 districts of health and each one should have one plan of contingency appropriate to the conditions and the cultures of the peoples, but this one was presented on 15 of April, due to one government policy of denial of the disease in the first few weeks.[10]

Mayan indigenous peoples (Guatemala)

"The hospital network set up by the emergence of the COVID-19 has exceeded its capacity for the care of patients and the hotels qualified as shelters are also full.[11] *These hospitals, plus another conditioned one in Quetzaltenango - in the highlands west - are the only ones that qualified for the care of COVID-19 patients and are available to the Maya, Garifuna and Xinca indigenous people, of the cities and remote villages.*

Hygiene and personal protection measures

The universal measures recommended by the scientific community and promoted by most of the world's governments to prevent the spread of COVID-19 are the following: i) washing hands, mouth and eyes with soap and water several times a day; ii) using masks in places for social interaction in public spaces; iii) periodic disinfection of surfaces.

Although there is the will and discipline, the effective implementation of these basic standards of hygiene depends on minimum conditions to be implemented.

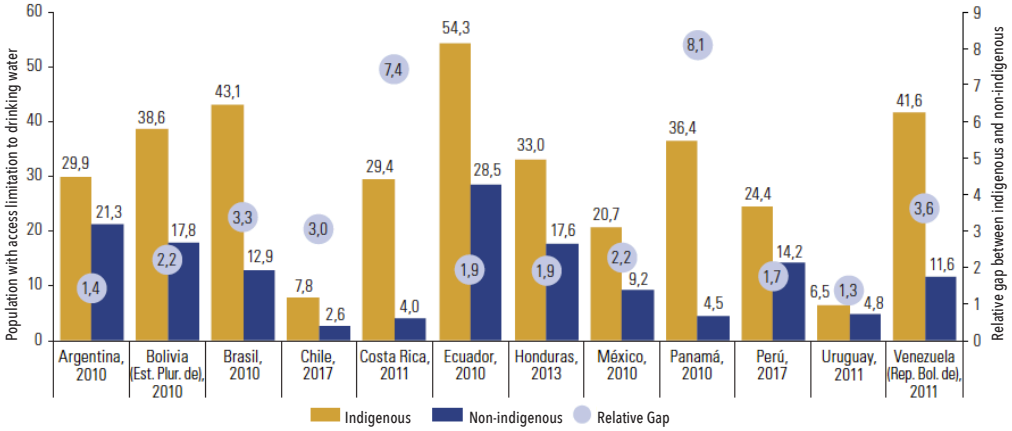
In that regard, much of the indigenous communities in the region lack drinking water and in some cases, such as for the Wayuu people, water is still not drinkable. Basic sanitation of wastewater is a common deficiency in the communities. In addition to being a vector of several infectious and chronic diseases, this lack restricts the practices washing of hands required as a preventative measure for COVID 19.

9 Florina López, Network of Indigenous Women on Biodiversity in Latin America and the Caribbean

10 Rayanne Franco, Global Caucus of Indigenous Youth

11 Jordán Rodas, Human Rights Ombudsman of Guatemala.

As seen in the chart below, in most regional countries, the indigenous population who live in homes without enough drinking water can amount to over 40 %, being two times greater than the non- indigenous population.



Source: CEPAL 2020, based on data on population and housing census from the 2010s.

Likewise, many homes have deficiencies that severely hinder compliance with the recommended insulation measures.

In addition, the lack of provision by state institutions, most families and individuals lack the financial resources to purchase the products recommended for prevention, as for example soap, gel, masks or gloves.

Nutritional food insecurity

Although it is tangibly expressed in the access, availability and daily consumption of food, the causes of food and nutritional insecurity in the indigenous peoples of Latin America and the Caribbean are associated with income poverty, limited access to worthy employment and use of productive resources of their territories for their own welfare, which has worsened in the last decades with the local effects of climate change, especially with the extreme weather variation (prolonged rain and intense droughts).

The situation of hunger and nutritional food insecurity of indigenous communities has been aggravated by the ostensible restriction of their income derived from quarantine measures and limitation of social mobility issued by governments to contain the pandemic.

> ***Restriction of formal and informal trade:*** the isolation measures issued by governments since March have decreased both formal and informal economic activities. In particular, this closure has affected indigenous communities that live on the income produced by small businesses in cities and populated centers, especially those linked to established tourist circuits. For example, the villages of the basin of Lake Atitlan in Guatemala, Panajachel and Santiago Atitlan, have had to close their stalls in traditional markets, which are their only source of livelihood.

> ***Loss of seasonal and permanent jobs:*** the restriction of economic activities has caused many indigenous people living in cities and rural areas

to lose their jobs, which in many cases is the only source of income and food for their families. In urban areas, this has produced outbreaks of severe social unrest. In Central American cities, entire families have been turning white flags into a symbol of their clamor for food and government support.

In rural areas, the farm workers have gone back home since the early days of the crisis and still do not know whether they will return to the plantations to earn a livelihood for their families.

One of these cases is observed with hundreds of indigenous workers of Ngobe-Bugle in Panama, which get ready every year to harvest coffee on farms in the area bordering with Costa Rica. "We do not know if the workers of the region will return to harvest this year. Everything is cut off and unemployment has increased. Who knows if there will be work. All economic circuits outside the region are interrupted. "[12]

For its part, on the Costa Rican side, leaders of indigenous communities are waiting for public institutions and private organizations to develop proto cols. "Coffee harvest is approaching and the main source of workforce are the Ngobe-Bugle Indigenous in Panama. We hope to coordinate prevention measures with the authorities: hygiene materials, protocols, medical supplies."[13]

Voluntary sanitary fences to contain the virus: authorities and indigenous leaders have established sanitary fences in their communities to restrict the entry of foreign residents and exit of residents. In general, this measure has been effective in preventing or delaying infections.

However, it has had adverse effects on the families' economy, since many have not been able to go out to look for work or sources of income to acquire food, except in emergency cases. In this situation, as we will see further on, communities have developed creative and supportive responses, such as exchanging food and essential items.

Hunger and nutritional food insecurity is particularly serious in hundreds of indigenous communities living in the so-called Corredor Seco, a strip of Central American territory characterized by its extreme geological conditions: " very limited rainfall, periods of severe drought known as "prolonged dog days".[14] In addition, eight of every 10 people are in situation of poverty and one high nutritional vulnerability, with 6 out of 10 children with chronic malnutrition[15].

Hit every year by drought, now in times of COVID-19, families are facing an extreme situation that can lead to a serious humanitarian crisis, with famine and acceleration of chronic and acute malnutrition, especially delicate for girls and boys under 5 years. Among these communities is Campanario Avanzado, municipality of La Union, Zacapa Department, Guatemala.

"We are 178 families in the community, concerned about food shortages. Families will have consumed the seeds reserved for farming. We care about the women and children, because they are more vulnerable. Indigenous authorities made a census and realized that all families are eating one meal a day. It hurts to see to the children waiting for their parents to prepare food and seeing when they get that first bite, enjoying it as much as if it were the last food of their lives.[16]

12 Ricardo Miranda, leader and spokesperson for the youth network of the Nöbe-Buglé region.

13 Mónica González Céspedes, leader of the Boruca indigenous region, Costa Rica.

14 Characterization study of the Central American Dry Corridor. FAO, 2012

15 Fourth National Size Census for primary school students in the public sector in Guatemala. 2015.

16 Elodia Castillo Vásquez. Cho´rti indigenous mayor, Campanario Avanzado community, La municipality Union, Zacapa, Guatemala.

Other risk factors

Aside from the aforementioned factors, research delivered concrete situations and additional information that allowed identifying other aspects contributing to the risk of communities. Among which we can point at the following: stigmatization, criminalization and non-state factual powers.

Despite the fact that Indigenous Peoples are clearly victims of this pandemic that is born, develops and reaches the continent without any interference from them, reality has been gradually inverted by some, who create a narrative where indigenous people are the cause of the virus.

Similar to what happens in other areas of the world, where we have seen that doctors and health workers are subject to acts of aggression for being considered vectors of transmission, in some communities there is discriminatory practices against indigenous people. With no basis whatsoever and as a pure expression of racism, indigenous people are held responsible for the arrival of the virus.

We have become aware of this type of stigmatization in various countries, such as Mexico in Purépecha communities in Michoacán or in Argentina, against the community Qom in the province of Chaco.

Although they have been isolated cases, it has been reported that, when the communities have exercised their collective rights and began to take self-protection measures, several state authorities have announced their decision to prevent them by applying alleged legal norms that forbid them, in a clear attempt to criminalize the community response.

In several Amazonian zones, particularly in Brazil and Colombia, as well as in Guatemala, community closure has resulted in confrontation with factual powers such as organized crime or extraction companies that have not stopped operating despite the pandemic. The risk that this entails for the communities is evident, and also speaks of the state limitations to protect people and safeguard the exercise of individual and collective rights of Indigenous Peoples.

Communities at Risk, Demonstrative Cases

In this section specific situations of communities at risk will be explored, expanding on the aforementioned general criteria.

These, which can be considered demonstrative examples of the conditions of risk which many indigenous communities throughout the continent live in, they are organized by country, establishing the Indigenous Peoples which are affected.

Argentina

The Qom people live in various provinces (especially in Chaco and Formosa), generally in extreme poverty due to loss of their lands, food insecurity, and with high prevalence of diseases such as Tuberculosis, which has caused many deaths. In addition to this already risky situation, the last few weeks have seen a reiteration of episodes of discrimination, blaming indigenous communities for the arrival of COVID-19 to the province. In early June, in the town of Fontana, there was a serious example of institutional violence against indigenous Qom youth who were accused of being "infected." Both the president of Argentina as well as provincial authorities condemned events, and processes were begun to find perpetrators.

The Wichi people, in Salta province, are clearly in a risk situation due to their critical food and health condition it is so critical that since the beginning of the year, at least 12 children have died due to malnutrition and lack of medical care. Most of their members live in small communities with no opportunity to work to sustain themselves and they are periodically affected by other difficulties, such as floods.

> *"There is a lot of racism in Chaco, it is terrible against the population of el Chaco, in fact, this week, some members were attacked because it was said that they are responsible for the exponential increase in Covid cases"*
>
> Viviana Figueroa (05/21/2020)

Brazil

In the Baixo Tapajos region, in Para, approximately 8000 Arapiun people live in the Aveiro, Belterra, and Santarrem municipalities, which can only be accessed by waterways. On the 1st of April the first death due to COVID-19 was reported in the area, and since then, isolation measures have been taken. However, they report a serious economic situation since incomes can't be generated so that the community can feed itself. They have begun an aid campaign to request both humanitarian aid and health materiel.

> *"There is a perceived negligence by the state for Indigenous Peoples because in Brazil the first coronavirus case was reported the 26th of March, and the Indigenous Health Secretary's contingency plan was presented the 14th or 15th of April"*
>
> Rayanne Cristine Maximo Franco (05/21/2020)

In Tabatinga, on the border between Brazil and Colombia, the Ticuna people live, they are the People with the greatest population in Brazil, with around 70,000 members. There the first infection was reported, and the figure has grown to over 200, a high percentage of all the confirmed cases among indigenous peoples in the country. There have been 13 deaths. The virus has propagated throughout the Alto Solimoes region to other peoples and communities.

Plurinational state of Bolivia

The Yuqui Indigenous People inhabit a territory near the Puerto Villarroel and Chimore municipalities in Cochabamba. With only 342 members, (179 men and 163 women) they are

considered to be at risk due to underlying diseases such as tuberculosis, pulmonary fibrosis, anemia, malnutrition, and others. On the 2nd of June, 3 COVID-19 cases were reported in the Biarecuate community, and the results of 26 others are being awaited in the Pachinu community. It is possible that the infection is related to the entry of poachers and fishers to their territories.

"We need medicine, food, and other necessities, especially for those who are most isolated," said Abel Yaira Guaguasu, a member of the Yuqui people. For that, they have started a solidarity campaign through the Banco de Credito.

In San Antonio de Lomerío, where 6,481 Chiquitano people live, there have been 11 confirmed cases, but there are more than 90 patients with similar symptoms, who have not been tested due to lack of resources. As such, there have been three deaths of people over 60. The town of San Antonio de Lomerío does not have the necessary medical assistance, and furthermore, some of its medical personnel and municipal authorities have tested positive for the virus.

The community developed a system for entry and exit protections of people, but due to the lack of basic products, they had to facilitate entry for people, which seems to be the cause of the entry and propagation of the virus in the community. Residents in Santa Cruz and other people have opened a bank account in solidarity to help the Chiquitano people in this serious situation.

Colombia

In Leticia, Colombian Amazon bordering Brazil and Peru, the rate of infection is much greater than that of other parts of the country. There are currently 212 confirmed cases. It has no hospital infrastructure, and due to the lack of tourism, it has lost its main source of income. It is an area which requires urgent humanitarian aid and support to become productive.

In the Union Panamericana municipality in the Chocó municipality, where the Emberá Dóbida, Chamí, Katío, Wounnan, Zenu and Tu peoples live, one of the highest levels of lethality is recorded, being greater than 50%. This is consistent with the prevalent causes of death in the area, such as yellow fever, and acute respiratory infections as well as a deficient hospital capacity. As of now, the municipality only has four hospital beds, and no intermediary or intensive care units.

Guajira, where the Wayuu, Kinqui, Ika, Kogui, and Wiwa peoples live, is a dry area with no public water services, which puts communities, where there are already confirmed COVID-19 cases, at risk during the pandemic. In addition, the Wayuu people have begun legal processes to guarantee their access to water.

"Most communities are in rural areas, and health centers are far from communities, there are communities with health centers, but they don't have the basic necessities to be able to overcome the situation, the medical personnel is reduced, there are too few people to cover the amount of people in rural areas"

Andrea Cárdenas (20/05/2020)

Chile

In more than one region in the country high-prevalence situations have been detected among Indigenous Peoples. In the northern region of the country, the Regional Ministerial Secretary of Health (SEREMI) of Arica Parinacota has confirmed that 50% of the infected are indigenous, mostly of Aymara origin.

has been recognized that in the Pehuenche Mapuche community in Pedregoso, on the Andean mountain rainge in Lonquimay, there were at least 17 people infected with COVID-19. Two of them had to be transferred to the Temuco Regional Hospital, while others were taken to be quarantined in the sanitary hotel which the government established. The mayor, although he has appreciated the inputs by authorities, has still demanded the declaration of total quarantine in the commune.

Ecuador

The Kichwa and Shuar peoples, who inhabit the border with Peru in the area around Tana city, don't have minimal conditions for medical attention, or to take tests for the virus, nor do they have access to eventual treatments. They have had to mobilize to the city on their own expense in commutes longer than one hour. The virus has arrived and there is an obvious risk of spreading the virus.

"Since before the pandemic, in some areas there aren't any basic necessities like electricity or running water, as much as you may say "wash your hands," there is still no water."

Hortencia Hidalgo (21/05/2020)

In the case of the Achuar people, the infection situation began with the entry and exit to the community by community leaders who would leave for work to support themselves. As soon as the situation was detected, they were isolated in homes nearby the community, this has incurred many expenses which the community pays for, with no state help.

The Siekopai people, who live on the border between Ecuador and Peru, have a population of just 744 people. Several of their members have tested positive for COVID-19 and the first deaths have been reported. The community is taking its elders to the jungle to protect them from infection.

El Salvador

Nahua and Lenca communities have a high adult population, as well as a high rate of diseases from before the pandemic, such as diabetes and cardiovascular diseases. Many of them live in conditions which don't allow for physical isolation, in addition to difficulties accessing clean water, which is generally collective, but not exclusive to indigenous communities. Though they have health promoters, they have had no COVID-19 testing, and in the case of any ailments, they have to either self-medicate or procure their own transport to health centers.

Guatemala

A Cho´rti´ community in the La Union municipality, in Zacapa, has maintained control of its borders, preventing the entry of COVID-19. However, this is causing serious nutritional problems for them. They have organized a community census, and have confirmed that many eat only once a day. They have no support from the state, or health centers or food aid. Furthermore, they deal with problematic criminal gangs

linked to drug trafficking since their border closures are affecting the activities of these criminal groups.

Mexico

In the state of Michoacan, the Cucuchucho community, on lake Pázcuaro, of the Puerépecha people, reported some COVID-19 cases as well as one death. Thereafter, the situation of the 2300 members was severely affected, not only due to the impossibility of tourism, their main source of income, but also due to lack of outwards mobility to work. In addition to an intense discrimination and stigmatization against its members who are blamed for the arrival of the disease to the area.

In Xoxocotla in the Puente de Ixla municipality, there are around20,000 residents belonging to the Nahua people.

There have been 20 reported deaths due to COVID-19 in the municipality, in the framework of an institutional conflict because although the indigenous status of the municipality has been recognized, the legal regulations have not been harmonized so it is not clear which authority responsible for the attention to the pandemic, if the municipal councils or the state government itself. It is a community between the capital (Cuernavaca) and the sugarcane area (Zacatepec and Jojutla), and a third of the community works outside of it. The arrival of the virus is associated with the difficulty of applying entry and exit control measures due to the fact that a highway crosses the community.

In the Alto Balsas area, in Guerrero, there are some 100 Nahua communities, with around, 40,000 residents. In several communities, there have been confirmed COVID-19 cases as well as deaths due to the virus, such as the Case of Xalitla, Ñusavi de la Montaña, or San Augustin Oapan. According to the Center for Human Rights of the mountain, there are more than 100 infected people, mostly indigenous peoples. Health services are very limited and attention protocols were applied late.

> *"In the community my mother comes from there was already a first case, what they call imported. Someone who was living in Mexico City got sick and came back to their native community after some 30 years of not living there, and infected their family"*
>
> Patricia Torres, (20/05/2020)

This region has much transit towards the Iguala city, which has high amounts of detected cases, including mall workers, who would be in contact with community members who would be buying their necessities. Even though communities have developed protection measures such as the disinfection at entry of vehicles, use of gel, requiring facemasks, and quarantining of foreign visitors for 14 days, among other measures, despite this, cases still increase. This creates a situation wherein it is hard to obtain food although protective measures are used, as such, some organizations provide food, and the state gives grains, though this is a hardly sustainable situation.

Nicaragua

In Prinzapolka, there are 98 communities whose population is largely Misquito, there are no confirmed COVID-19 cases, but in the municipal capital there have

been some, and there have been no deaths. Communities present vulnerabilities associated to pre-existing diseases such as malaria, dengue, respiratory and chronic diseases, tuberculosis, and others.

Although there is no clean water, they clean it through chlorination and boiling. Only in the municipal capital is there primary medical care, communities move through waterways and take many hours to reach the urban area. Furthermore, community members cannot promote quarantine measures since they need to go to urban areas to get their necessities. Their food security depends on fishing activities which has ups and downs related to rains and other factors.

Communities receive educational and health attention activities on behalf of national and regional authorities, which include medical aid and the maintenance of school lunches even when school is not in session.

Panama

In the western Ngäbe Buglé region, which is the region with the highest indigenous population, with around 150,000 indigenous people, it has around 83 COVID-19 cases, and 2 deaths. Since the beginning of the pandemic, they established a sanitary fance at all entrances to the region, which are protected by the bugodai, a regional surveillance system. However, in the areas closest to the Interamerican route, the fence was not able to be established. Nor was there an effective response by the Ministry of Health to control the carrying out of quarantines, which has permitted the increase of cases within the community which does not have the adequate infrastructure to deal with COVID-19 cases.

Communities face serious economic problems, due to unemployment and the cease of the selling of their harvests outside of the community. There is a serious threat if annual migrations to the coffee harvest cannot be done. Around 10% of the population participates in this, and it represents a vital income for the region.

In the Guna Yala region, which covers more than 2,000 sq. kilometers, with a population of over 30,000 Guna people, there have been at least 235 reported COVID-19 cases. Even though on a national level, the government has decided to make physical isolation measures more flexible, they have been maintained in Guna Yala, since the previous vulnerabilities (prevalence of diabetes, cancer, malnutrition, health systems deficiencies) do not generate adequate conditions to go on to a phase of reopening.

Communities face a serious socioeconomic risk, since large parts of their income are from tourism, and they have a high rate of migration towards cities, among other things due to lack of work in these communities.

Upon return, isolation protocols are applied, which sometimes means accommodation on uninhabited islands, which implies the assembly of first-aid systems, including feeding. If there is no return to communities, the situation is overcrowding in urban areas, especially in Panama City.

Peru

In the Cantagallo Shipiba community, in Lima city, around 70% of its residents are infected and are currently protected by the national army. The situation is critical since they do not have basic services such as clean water, sanitation, or adequate

health services. Furthermore, most of its residents sell handicrafts for a living, which they cannot do right now, even though they do receive some support from the Ministry of Culture and private organizations, their situation is unsustainable.

Venezuela

The Wayuu indigenous people that live in Zulia, Venezuela constitute more than 50% of all the indigenous people of the country. They have serious problems due to scarcity of water due to a long drought (almost three years without rain) and the effects of climate change. This scarcity does not even allow for some families to wash their hands, an essential aspect of prevention in this pandemic. Furthermore, a large part of their population works in trade along the Colombian border, which is currently on hold and thus causes a lack of resources for many people in the community.

> *"In some states, risk factors are very high due to the constant presence of miners, as well as the guerrilla, and the paramilitaries, as such there are many foreign people who move through and put at risk the health of the communities"*
>
> Luz Férnandez (05/20/2020)

Best Practices by Indigenous Peoples

In a context of widespread crisis and increased risks, Indigenous peoples' perspectives on the response, recovery and rebuilding are emerging as key solutions to the needs of their communities. It has become clear that traditional knowledge and practices on ways of living and building resilience that have been preserved for generations will provide the necessary foundation to the needs of Indigenous peoples. Indigenous leaders have long argued for the respect of the Earth, the need for spirituality and connections with the cosmos as practiced by the elders as essential in times like this.

Indigenous peoples to date employ effective proprietary models of social organization, anchored on the principle of self-determination in order to guarantee the resilience of their communities and their ability to continue strengthen their social links and self-governance systems which supports the foundations for their current alternative care models.

Models based on "Buen Vivir" Good Living/ Sumaq kawsay/ Suma Qamaña/ Ñande Reko[1], that rely on balance, solidarity, respect and affection with all existence. These models have deeply connected to traditional knowledge, productive and reproductive cycles of life, the profound understanding of the cycles of human life, a coexistence of reciprocity and strengthening between the care of the Earth and the care for human health. As such, any response that is appropriate for Indigenous peoples will need to have this clear understanding of the ways in which they view their ecosystem and the ways in which they inhabit the world.

Indigenous peoples throughout these crises have demonstrated a capacity to react and be resilient and have a deep analysis of what is interculturality, respect for different worldviews, as well as exchange of knowledge between different cultures. They have indicated that a clear next step is to ensure effective dialogue between governments and Indigenous communities, in such a way that community support and efforts are considered when designing national policies and a new world in which inclusion is real.

One critical element that has emerged in this context is the capacity of Indigenous peoples to adopt measures that are centered around their collective well-being. Relying almost entirely on their ancestral forms of organizing and their own norms and standards of care that are obviously aligned with national legislation and emergency response but also recognized as culturally appropriate under international and regional instruments.

In fact, the SRI has registered measures that can best be categorized as generating knowledge and information about what is Covid-19; the key ways in which it is affecting Indigenous communities' way of living and concrete strategies to protect from and mitigate the effects of COVID-19. Most specifically this includes:

- **Production and distribution of information regarding the Impact of COVID-19:** Indigenous networks and organizations working at the regional and

1 Good Living is recognized in other indigenous cultures as well, which we can't fully express in this report.

national levels have activated their mechanisms to collect data and distribute reliable information about the impact of COVID-19 to their constituencies.

- **Filling gaps left by official statistical systems:** the intention of said initiatives has been to provide first account information about the number of cases of infection in Indigenous territories as key evidence to inform and influence state authorities to adopt measures in accordance with the magnitude of the effects.

- **Measures to contain and mitigate the impact of the pandemic in Indigenous communities and territories:** perhaps the most relevant aspect of the COVID-19 health crisis (in the American continent) has been the response of authorities and community leaders to mitigate and contain the virus within their constituent members and territories. Notable among the measures taken are establishment of sanitary fences, reduction of social mobility and the imposition of security protocols, as well as effective ways to distribute food and continue its production; the use of traditional medicinal systems; and lastly the strengthening of relationship between generations with the elders playing a critical role of informing some of the actions to be undertaken.

- **Autonomy, independence, and political and territorial self-determination:** exercising their right to self-determination Indigenous leaders have taken control of their territories and communities and have provided immediate response to the needs of their people without necessarily waiting for guidance from central government authorities. This will undoubtedly form the basis of a renewed political space and momentum when it comes to occupying a more political space gained from this health crisis and will surely be integrated into future revision of their social contracts with national States.

- **Practical Expression of the paradigm of Good Living:** responses by communities and Indigenous Peoples to COVID-19 can also be interpreted within the framework of their worldviews and cultures. In essence all the measures adopted are systemic responses to stimuli from the (national or global) environment which puts at risk the continuation of their lives as people and as collectives. The paradigm of Good Living contains three connected dimensions for the conservation, adaptation, and evolution of the lives and lifestyles of Indigenous Peoples. In the context of the pandemic, it can be interpreted as such: i) Living well with oneself, preserving life by avoiding or treating the virus; ii) living well with others, building solidarity, collaboration, and mutual help networks; iii) Living well with the natural environment, utilizing the natural systems of their territories to grow foods and medicinal plants to combat hunger and to prevent/recover from infection.

Definition of Best Practices

According to documents published by international organizations, Best Practices are defined as "actions or initiatives with tangible repercussions regarding the improvement of the quality of life of peoples and of the environment, which can serve as guidelines to be replicated and adapted to local situations.[2]" Said actions are adapted to

2 UNESCO: Second collection of good practices: education for sustainable development. https://unes- doc.unesco.org/ark:/48223/pf0000181270

specific needs of communities and seek to bring about an inclusive and participatory solution to improve current situations, according to their needs and resources.

As such, Best Practices by/of Indigenous Peoples can be defined as:

"Measures adopted by Indigenous communities to face the pandemic based on their sociocultural context, their unique perspective, knowledge, and traditional practices to safeguard the lives of communities, exercising their collective rights"

Best Practices by Indigenous Peoples to combat the pandemic have the following characteristics:

- They have a tangible impact on the improvement of the living conditions of the community.
- They involve coordinated and intersectoral efforts to safeguard the community.
- They contribute to the strengthening of the community and its capacity to organize.
- They support searching for solutions for the contingency of the current pandemic, overcoming limitations derived from social, cultural, and economic exclusion.
- They take into account the traditional knowledge and practices of Indigenous peoples which are the result of the historical accumulation of strength and life of said Indigenous communities.

Highlight of Best Practices undertaken at the community level:

Examples of Best Practices by Indigenous Peoples to respond to the pandemic are many and are constantly evolving. Many of these are related to various action areas which necessarily involve coordinated and intersectoral efforts.

In order to facilitate their presentation and illustration, a brief overview of some of these experiences is included, organized by the main theme in their implementation; it includes: community surveillance, food security, traditional medicine, communication or educational strategies/efforts.

Community Surveillance and Monitoring

Bolivia, PS

The Quechua people of Raqaypampa exercising the right to autonomy of Indigenous, farmers and local community members closed access points to their territory, mapping certain exits/entrances open only for emergencies in accordance with their own community regulations and standards. In an effort to exercise control and surveillance and reduce the number of infections.

Colombia

The Association of Indigenous Councils of the North Cauca has deployed 980 full-time active Indigenous guards for the surveillance and protection of the community.

The Kokonuko People, in unity and resistance against disharmony, have established an Indigenous guard, including both men and women, which exercises control to prevent the entry of COVID-19 to their territories.

The ONIC (National Indigenous Organization of Colombia) has a territorial geographic monitoring system to prevent the propagation of the pandemic in Indigenous communities, concurrent with reports by Indigenous authorities in their territories, coordinating actions with the National Health Institute of Columbia.

Ecuador

The Political Council of the Confederation of Indigenous Nationalities of Ecuador (CONAIE) maintains sanitary control measures and social distancing (quarantine) as well as implementing and strengthening contingency plans and protocols against the rapid expansion of COVID-19 in Indigenous territories.

In the peruvian jungle an Ashinka community organizes at the entry to their village.

Photograph: Mongabay

Guatemala

The 48 Quiche cantons of Totonicapán have closed entries to their territories to foreign persons and have organized action commissions for the different needs given the pandemic.

Peru

The Native Federation of the Madre de Dios River and its Stakeholders (FENAMAD) integrates the regional COVID-19 protocols, headed by the head of the Regional Health Directorate (Diresa) to work in accordance with the needs of its 37 communities as well as populations in initial contact of the department.

The Regional Organization of Eastern Indigenous Peoples (ORPIO) has put forward a proposal for a security protocol for the entry of state personnel into Indigenous communities, highlighting that this approach should only be used in exceptional cases such as medical attention, provision of food, or maintenance of telecommunications equipment.

Indigenous Peoples propose a security protocol to combat COVID-19. This document was developed by the Coordinator for the Development and Defense of the Indigenous Peoples of the San Martin Region (CODE-PISAM), the foundation for national Indigenous organization of Peru, the Interethnic Association for the Development of the Peruvian Jungle (AIDESEP).

Food Security

Bolivia, PS

Indigenous communities of the Toro Toro region have held fairs in which community members and producers barter for foods produced locally, based on mutual agreement and solidarity. "The practice of bartering is currently established and is useful for hundreds of farmers and communities which resolve their food supply problems in an almost immediate manner."

Indigenous and rural communities of Chapare have begun the "Tropico Solidario" program to bring support to needy areas, distributing food free of charge, collaborating to combat hunger due to quarantine, to urban peripheries and remote Indigenous communities in various departments in Bolivia, managing to distribute tons of fruit during the pandemic.

Brazil

Indigenous communities which are part of the Network for Exchange of Alternative Technologies of Belo Horizonte and Minas Gerais have created a solidarity network between rural areas and cities to donate large quantities of foods which come from the agricultural production of family-owned/managed farms together with an articulated network of volunteers and collaborating organizations.

In Ceará, rural Indigenous youth of the Sin Tierra Movement are carrying out productive quarantine by planting fruit trees as part of the national "Plantar árboles y producir alimentos saludables" ("Plant Trees and Produce Healthy Foods") campaign to recover degraded areas and promote biodiversity.

Indigenous communities of the Sin Tierra Movement are constantly campaigning in solidarity with marginalized populations, bringing food support to remote communities and peripheries; In Paraná they have donated more than 100 tons of food since the beginning of the pandemic.

Colombia

The Regional Indigenous Council of the Cauca (CRIC), performs the Minga de la Comida, giving out more than 6,000 food packets with cold, temperate, and warm climate foods as an example of Indigenous solidarity in hard times.

In the Huellas Caloto territory, the Nasa people barter for local seeds to protect the local flora of the region and to strengthen family farming, stimulating the local economy by recreating the principles and values of bartering and of exchange of knowledge, along with traditional medicine; as such, exercising territorial governance.

The CRIC, from Nasa territories, performs solidary exchange of foods, within the exercise of the revitalization of traditional roots under the principles of brotherhood and reciprocity to face territorial disharmony.

In Bogotá virtual dialogues are held alongside Indigenous authorities regarding Living Soils and Food Sovereignty with migrant Indigenous youth for urban agriculture and opportunities for healthy, sovereign, sustainable agricultural/dietary opportunities.

Chile

Traditional fishers from the Tirua and Quidico cove of the Mapuche people in Arauco donate fish to the community as a solidary gesture which is demonstrative of the capacity for self-sustenance in the pandemic.

Mapuche communities in Freire, Mahuidache, and Vilcún have donated over 10,000 kilos of food, generally fruits and vegetables, to be delivered to communal pots which work in Temuco, and donate sacks of potatoes to 600 needy families from the Andes mountains in Araucanía, coordinating with the Somos Kimun Mapuche Municipality and Peasant Cooperative; promoting Indigenous/peasant solidarity.

Ecuador

The CONAIE, coordinating with peasant farmers and local producers, donates dietary rations given the pandemic, according to the "Plan de recolección de alimentos no perecibles" ("Non-perishable Foods Collection Plan"), the first center for collection was established in the sierra region, in the Pichincha province, as an example for the provincial structures to follow and reproduce their plan according to protocols and restrictions which are in place in the country.

Guatemala

In Chimaltenango municipalities such as Patzún and Comalapa, where markets have closed completely, families, and the community as a whole, reestablished the traditional practice of bartering, exchange of products to sustain themselves.

Mexico

The Chicontepec rural Indigenous community in Cerro de Ixcacuatitla maintains the tianguis popular market to maintain its food supply, always maintaining social distancing and biosecurity measures.

Paraguay

In Asunción, Indigenous peasant women work in the revaluation of traditional natural foods, which are the intangible heritage of the Guaraní people as gastronomy for liberation and food sovereignty, through virtual campaigns in the context of the pandemic.

Peru

Farmers of the Ulcumayo district, in the Junin province, transported 1.5 million kilos of recently harvested potatoes to the San Juan de Hornomachay homestead, where they bartered and exchanged, for/with groceries and other necessary products to be able to have a variety of foods at their homes.

Traditional Ancestral Medicine

Bolivia, PS

The Kallawaya people, through their traditional ancestral medics, along with the Vice-minister of Traditional Ancestral Medicine and Interculturality of the Ministry of Health, promote the use of medicinal plants which strengthen the immune system, as well as the use of vapors and incenses with medicinal or ceremonial plants.

The knowledge and experience of Bolivian Indigenous midwives is at the forefront to care for pregnant women and help give life in a time in which fear, particularly that of infection of COVID-19 is very present. Bolivia recognizes the practice of traditional knowledge and has had law 459 of traditional medicine since 2013, which includes the recognition of traditional midwives.

Image caption: Mixes of plants considered to be medicinal by the Aymara in Bolivia, such as eucalyptus, Wira-Wira, and chamomile are prepared by naturopathic doctors in El Alto and La Paz to be used as infusions or spray liquids to disinfect and combat COVID-19

Amazonian Indigenous peoples in Bolivia have published a collection of recipes of traditional medicines "Remedios del Monte" ("Mountain Remedies") which contains writings based on the knowledge of the Mojeño, Tsimane, Yuracaré, and Movima peoples. In the times of the Coronavirus, it is also a response to the vulnerabilities that communities are exposed to, it aims to strengthen communities, improve diets, and treat symptoms such as diarrhea, coughs, fevers, among others.

Colombia

The Misak People make natural products out of the traditional medicine of the region (products found on the mountains, moorlands), such as liquid soap, herb-based disinfectant gel and shampoo, arnica and calendula ointments, mixtures of tinctures to treat allergies, flu, and for relaxation. As well as pennyroyal distillations for children, frailejon distilled water, distilled water with cannabis maceration, and essential oils distilled by steam drag of eucalyptus, hail, oregano, thyme, pennyroyal and cannabis.

The ONIC includes, as a central aspect of its Contingency Plan, strengthening of traditional medicinal systems and of peoples through use of their own plants, in accordance with their customs and uses, as well as the practice of rituals to protect their territory and community.

In Puerto Nariño in the Colombian amazon, traditional medicine is used to care for and treat patients with COVID-19, based on the traditional knowledge of the Ticuna people, using warm herbs in mates and vapors to alleviate the symptoms, applying knowledge of the Earth, the value of traditional medicine has saved lives throughout history, despite western medical neglect and lack of hospitals in the Amazon.

Chile

United Wallampu Indigenous Communities perform diffusion of traditional medicine through social media, using drawings and photographs to illustrate the use of local plants for the treatment of the symptoms of COVID-19, using cinnamon, peumo, colcolen, maqui, and laurel. Cinnamon is an excellent natural antiseptic; peumo and colcolen clean the lungs and respiratory tracts. The maqui tree Külon is used to treat fever and is an antiseptic, bay leaves in infusions are used to treat flu, pharyngitis, and bronchitis. "As Mapuche we must also face this crisis with our medicine which Ñuke Mapu has left us and taking preventive measures to avoid contagion and propagation of the virus."

Ecuador

In the Ecuadorian Amazon, the Waorani people, in deep connection with their natural environment, use the flora and fauna of the forest as part of their traditional knowledge given the pandemic.

Mexico

Given how overwhelmed health and emergency services are due to the pandemic, women in Indigenous communities opt for traditional delivery and attention by community midwives, using medicinal herbs and temazcal (traditional bath and vaporization systems).

In Hidalgo, in the Mezquital valley, women in the Supreme Hñañhu Council perform purification and protection rituals for the medics and nurses in the Taxadhó hospital in the Ixmiquilpan municipality, to bring traditional Indigenous ancestral medicinal knowledge to the medical personnel of the hospital, particularly regarding the use of herbs, salts, teas, ointments, inhalations, fomentations, and water baths to support the community during the pandemic, and to strengthen and bring peace of mind, clarity, and recognition to the health personnel.

Peru

In Huancabamba, Piura, community members trade camphor, palo santo, and honey for the making of essential oils and natural products, subsisting during this health crisis and caring for the restoration of the ecosystem

COMMUNICATION STRATEGIES

Argentina

In the Diaguita-Calchaquí community in Amaicha del Valle, In the Tucumán province, school was closed due to the pandemic and to ensure that students would be receiving their classes, a rural teacher from the Bilingual Intercultural School N°10, in coordination with the chieftain and the Indigenous community, uses the community radio. Amaicha del Valle has an Indigenous government: it has a general assembly, a council of seven elders, and a chieftain who acts as "executive secretary, guardian of the territory, goods, and projects." With this initiative, they can reach even the most remote communities to continue education.

Bolivia, PS

In the Muñecas Province, Indigenous women of the Mollo culture make embroidery that is typical of the region, these symbolize their ancestral community knowledge, lifestyles, and relation with the cosmos. They have created the

"Andean Embroidery" for the prevention of COVID-19. They use social media for its dissemination.

Brazil

Radio Yandé, the first Brazilian radio network, promotes Indigenous ethnomedia in the languages of the Indigenous communities of Brazil. They support the campaign for the Amazon, with interviews and messages to Indigenous leaders in the Federation of Indigenous Organizations of Brazil.

Artists of the Indigenous musical festival carry out campaigns for prevention from their digital platforms and their cultural identity, making embroidery with Brazilian motifs for masks to be worn during the pandemic.

Colombia

The ONIC, through radio Dachi Bedea-Nuestra Voz ("Our Voice"), promotes self-protection strategies for vulnerable groups in the pandemic, based on the ancestral knowledge of the elders who recommend traditional planting and harvesting practices, ancestral medicine, bartering and volunteer work. They promote the defense of the rights of Indigenous peoples and territories against the pandemic and other threats to the communities.

The Indigenous Association of the Cauca, through radio, print, television, and social media, collaborates with territorial authorities to provide security to Indigenous communities of the northeast of the department, gathering reports from the Indigenous Association of the Cauca (AIC) and from the health program of the CRIC along with Indigenous authorities.

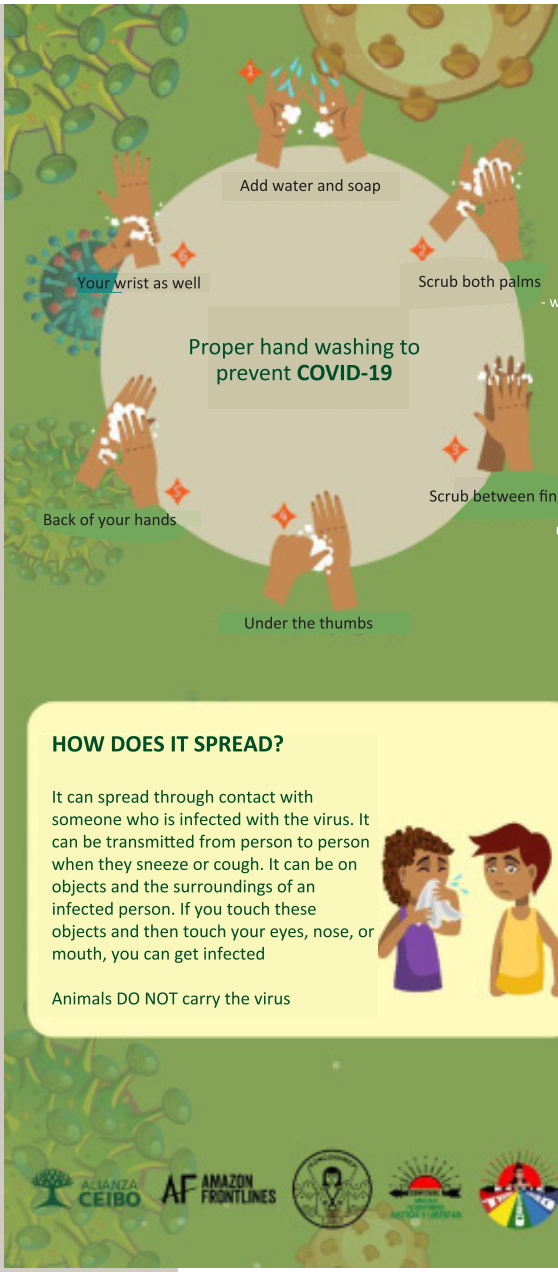
In Tolima, Indigenous artisans and community members of the Association of Artisans of Palma Real de Guamo (ASOPALGUA-MO) prepare a virtual catalogue to sell their products "the Day of the Typical Toliman Sombrero". Facing the pandemic despite the current circumstances, they maintain tradition; demonstrating through social media the processes to extract and sun-dry palm fibers, as well as the weaving practices of the material. the dyeing process, and the culture of the turns or forms of the hat with its meanings and ancestral traditions.

Guatemala

Indigenous communications teams have started the "Photographic Diaries in Amidst COVID-19" series from various communities in Guatemala. It is a collection of photographic and audiovisual media documenting the realities that Maya peoples in the region are currently facing, sharing means of prevention taken by the communities, as well as complaints and proposals to contain the pandemic with their resources and local knowledge.

Mexico

Community radios, along with Indigenous social organizations, collaborate with the National Institute for Indigenous Peoples of Mexico to promote information for prevention and treatment, which is translated to Indigenous languages.



Ecuador

The Ecuadorian CONAIE was one of the first organizations to commit to preparing its own educational and guidance material as soon as infections began in the Andean country.

Additionally, they translated their materials into various Indigenous languages.

Peru

The Cantagallo community of the Shipibo Konibo people carries out campaigns digitally and through social media to promote their art and generate resources during the pandemic. Looms are used to make hand-embroidered fabrics with Kené designs which have profound ancestral significance, representing the language through which the feelings of the artisan are conveyed along with the elements of nature and their spirits.

Through radio Servindi they promote programs about COVID-19 as a disaster for linguistic diversity, alerting to the possible extinction of some Indigenous languages which preserve the culture and history of these peoples, campaigns to prevent and promote health given the current pandemic are promoted in Indigenous languages.

Indigenous communities in Loreto, along with promoters of community health work, coordinating with the Mamas del Rio Program and the Cayetano Heredia University to work on training in management of communications and information technologies. Pregnant mothers are supported using an app which helps to facilitate the active surveillance of COVID-19 through screening for symptoms, identification of populations which are at risk, tracking of infected persons, and the monitoring of people at risk.

In the Cusco region, in the Chumbivilcas province, Indigenous artisans make masks with traditional embroidery and figures typical of the region to protect from COVID-19, promoting their work through Social media.

COMMUNITY EDUCATION

Argentina

The National Santiago del Estero University (UNSE) along with a Quechua community, designed bilingual guides in Spanish and Quechua with means to prevent the coronavirus and dengue and to offer help in gender violence situations. Claiming the language for its recognition in bilingual education.

In Missions secondary schools, representatives of social organizations and Indigenous peoples meet to exchange reflections on sustainable actions from the school of human ecology and new economies, with the project of productive schools and educational gardens in mind.

In Jujuy, teachers from Casira, coordinating with the Indigenous community, have created booklets for local students, helping close the technological gap within rural Indigenous communities.

Bolivia, PS

In Ayquile rural Indigenous teachers commute, either by foot or by bicycle, house to house, taking educational materials to students in remote Indigenous communities since a large majority of them do not have access to the internet.

Brazil

The Kaiporá Biocultural Laboratory cultural association of Indigenous and Quilombo peoples of Minas Gerais has generated educational audiovisual material about the local responses to the COVID-19 pandemic in the "Naciendo Otros Mundos" series, along with local elders and sages, feeding biocultural memory through videos which invite rebirth in a decomposing world. Indigenous and Quilombo communities and popular health educators work with the government of Rio Grande del Norte and the State Secretary of Health, through coordination and promotion of health integrating education and communication in health to face COVID-19, to strengthen dialogue with different populations through art and popular education.

Colombia

From communities, sages and elders knowledgeable on traditional food still cook at traditional hearths which warm and embrace and share their knowledge in compiled educational materials shared via a Spotify and Soundcloud podcast called "Tetulias de Cocina" (Kitchen Gathering) which, given the current situation and the pandemic, are widely shared on social media.

Mexico

In the Isthmus of Oaxaca, due to the closure of schools because of the COVID-19 health crisis, Indigenous Zapotec women work in alternative education, implementing a youth embroidery and textile workshop, which is taught in their language, in their Santa Rosa de Lima community, in order to preserve their culture and local knowledge of embroidery which is practiced throughout the region.

Peru

During the Pandemic, the Aymara community, collaborating with the Coraní Mayor's Office, have implemented the "Aprendo en Casa" ("I learn at home") program. Furthermore, it promoted internet implementation and organized the purchase of computers for students. The community summoned its university students to form a teaching group to teach about information and communication technologies to all the primary, secondary, and tertiary level students. It is an innovative and successful undertaking at 4500m above sea level.

The Ruraq Maki Indigenous artisans program of Peru was born as an exhibition/sale of traditional folk art but it has become a program which is essential to research, promotion and diffusion of traditional art. Dependent on the Ministry of Culture, they hold livestreams on social media for training in the making of artisanal masks for prevention of COVID-19, based on the local identity of each community, along with traditional artisans of these Indigenous communities.

State responses

As was highlighted in the first report, the health crisis demands urgent and relevant measures to be taken by all the governments of the region.

During this time, we have seen various reactions and actions taken by states, which are also related to the follow-up and monitoring of the pandemic.

We should highlight that amongst the many actions and policies determined by governments, information and prevention campaigns which are culturally relevant are notorious, as well as emergency food aid programs. Nonetheless, the challenge of specifying comprehensive policies and strategies which include the negative effects which the pandemic will have on Indigenous populations still must be faced.

The pandemic has forced all the governments of the region to take measures to avoid the expansion of this novel disease, protect the population, and reduce the probability of massive infections. Furthermore, it continuously demands more efforts, not only in the area of health, but also to somehow mitigate the negative effects on the economy and other areas of great importance.

Despite that fact that, in general terms, there was no health infrastructure or an adequate health system to attend to the growing demands posed by the pandemic, it is possible to highlight various state responses focused on attending to the needs of Indigenous Peoples in this context.

Based on the collected information, the following actions can be highlighted:

Argentina

The National Institute of Indigenous Affairs (INAI) works to develop and implement an intercultural protocol for Indigenous health, along with the Nation's Ministry of Health, to assist communities with information, elements to combat epidemics like the coronavirus and other serious diseases such as tuberculosis, dengue, chagas, and others.

Notes were sent to the Ministries of Health of the provinces, to control the deliveries of hygiene and COVID-19 prevention products and food to Indigenous communities. Specific recommendations were written for Indigenous Peoples, it is the first time this intercultural approach has been used, which is a great step forward.

The INAI created the "Indigenous Translator Corps" to be able to translate COVID-19 related health campaigns to Indigenous languages, as such, prevention campaigns are in force, and they are broadcast through social media and National Radio. Actions were initiated before the National Registry of Persons (RENAPER), to obtain National Identity Documents for 1937 undocumented persons who never had their ID to be able to access different benefits. In the same manner, meetings were held for the prompt regulation of the "Intercultural Provincial Health Law" of the Salta province, which employs, in all of its hospitals, Indigenous language interpreters who are from the communities in the region.

An important fact which shows the transnational territorial character of Indigenous Peoples was the initiative which INAI, together with the Ministry of Foreign Relations, National Roads, Gendarmerie, and the Ministry of National Security and

provincial governments allow free passage and access between Argentina and Bolivia. This is directed particularly to temporary workers who move across borders on a regular basis.

Bolivia, EP

Based on the First Report on the Indigenous Regional Platform, the Bolivian government works so that the Ministry of Health publishes reports which include disaggregated data and use the Indigenous variable in reports on COVID-19. This is based on self-identification when data is collected.

As such, it was reported that the Viceministry of Intercultural Health has developed a protocol for Indigenous health. However, due to administrative problems these protocols are still unpublished. On the closing of the preparation of this report, it was reported that the Viceministry of Traditional Medicine and Interculturality has been suppressed.

Brazil

In Brazil, the Ministry of Health, through the Special Secretary for Indigenous Health (SESAI-MS), carried out different initiatives to combat COVID-19 in Indigenous lands. Among the actions taken are ordinances, technical reports, clinical management protocols, epidemiological bulletins, and joint intervention by health personnel who are part of the Special Indigenous Health Districts. As such, the National COVID-19 Contingency Plan for Indigenous Peoples was developed, it covers the 34 special Indigenous health districts (DSEI).

The Ministry of health has also published a series of educational videos focused on the prevention of COVID-19. These videos are directed toward health workers operating in Indigenous communities and working with Indigenous peoples.

With legislative power, the parliament is working on a draft law (No. 1.124/2020), which contains proposals directed towards Indigenous peoples who are isolated or in first contact; Indigenous communities, Indigenous peoples living outside of Indigenous territories in urban or rural areas; Indigenous peoples or groups who are in the country as migrants or in temporary transnational movement, Quilombolas, and other traditional peoples and communities.

The initiative foresees emergency support actions for health, food/nutritional security, restrictive measures for movement determined by public authorities, protection of the territories to prevent the entry of the virus and the investment of resources so that the Union can implement said proposed actions.

Said project establishes measures of social protection to prevent infection and propagation of COVID-19 in Indigenous territories; it creates an emergency plan to combat COVID-19, including measures to support Quilombola and other traditional peoples or communities in their fight against COVID-19.

Colombia

The government of Colombia has reported that currently its population, along with COVID-19, is facing other pre-existing epidemics. The hardest-hit cities are Bogota, Cartagena, Nariño, the Amazon zone, among others. In this context, Indigenous Peoples are subjects of special interest, not only due to the general vulnerability they suffer from, but also for reasons such as isolation and lack of easy access to treatment, which further increases their vulnerability. Some Indigenous Peoples are of a transnational character (or active borders,) which encompass territory in Brazil, Peru, and Venezuela.

At the same time, the Ministry of Interior, and the Ministry of Health and Social Protection prepared an External Circular which encompasses recommendations for prevention, containment, and mitigation of the Coronavirus in ethnic groups: Indigenous Peoples, the Rom people, and the NARP (Black, Afro-descendant, Raizal, and Palenquera) communities.

Costa Rica

Technical guidelines were adopted for the prevention of COVID-19 in Indigenous territories, including the promotion of community participation, integration of Indigenous medical knowledge, communication and prevention efforts. Furthermore, a multidisciplinary team of women was formed, which includes the presence of female Indigenous leaders.

Ecuador

The 22nd of May, 2020, the Constitutional Court ruled that Indigenous Peoples have collective rights which must be both respected and guaranteed, particularly during this pandemic. As such, the State is obliged to publish and distribute the means of prevention in the various Indigenous languages of the nationalities, as well as taking measures which are culturally appropriate to avoid infection in Indigenous territories.

It also established the obligation to generate health information which is disaggregated by nationalities and peoples, which must be made public. In said ruling, it is determined that special measures and protocols must be established to guarantee the livelihood and safety of Indigenous peoples in voluntary isolation.[1]

Through the 21st of April, 2020 Memorandum, the Secretary of Human Rights delegates to the Undersecretary of Nationalities, Peoples, and Social Movements the responsibility of monitoring policy and treatment of Peoples and Nationalities during the COVID-19 pandemic. Based on this, an "Urgent Action Plan to Meet the Needs of Indigenous Peoples and Nationalities to Prevent Coronavirus" whose objective is to respond with effective efforts in accordance with the geographic and cultural situations of nationalities and peoples.

The National Interinstitutional and Intersectoral Committee for the development of the Health Promotion and Risk Communication for Indigenous Peoples and Nationalities of Ecuador Plan which aims to develop actions in coordination with peoples and nationalities, respecting their different worldviews and traditional lifestyles. These coordinated efforts were not undertaken from the beginning, but began a month ago due to limitations for the execution of specific actions because of the economic crisis which the country is in right now.

At the same time, three different protocols for COVID-19 prevention and contingency in the remote Tagaeri-Taromenane area, another for communication and response to cases of gender and filial violence during the health crisis, another for prevention and monitoring of people suspected of having COVID-19 in communities, peoples, and nationalities.

Guatemala

The Government of Guatemala reports that it has designed ten general programs to mitigate the COVID-19 crisis, of which six are currently operation. However, none is specifically directed towards Indigenous peoples.

1 Nro. 2-20EE/20, text at: https://admin.diarioconstitucional.cl/upload/archivos/ diario-constitucional/5010/1119/1591082534.pdf

Among those that are already in operation, the "Saldremos Adelante" ("we shall overcome") box kits, numbering 200,000, with products donated by the private initiative and international cooperation, however, not all are reaching their destinations and few are delivered to rural Indigenous areas. Another policy is the School Nutrition Program which serves 2.4 million children, with the expectation that it reaches Indigenous youth even though they are not attending classes.

The Informal Sector Support Program, with the delivery of 1,000 Quetzales ($128) based on listings held by municipalities, could benefit the Indigenous population since there are various indigenous families which work in the informal sector.

The government formed mechanisms for dialogue between various population groups to exchange proposals on how to streamline containment and mitigation mechanisms. These dialogues see participation by civil society organizations, Indigenous Peoples, peasants, Mayan women, amongst others, and have presented proposals for State policy.

Honduras

On the 20th of May, the Government of Honduras made public a Humanitarian Response Plan to face the COVID-19 Pandemic, as well as the formation of a Coordinating Team. This team is made up of various state entities and the different UN Agencies which are present in the country. The Technical Committee is made up of the Secretary of State, and Agencies such as PAHO, UNFP, FAO, IOM, UNHCR, UN Women, as well as the international organization Save the Children, and the High Commissioner for Human Rights. This group seeks to find or formulate solutions for approx. 3,000,000 people, including Indigenous Peoples.

A document was written which contains a previous study on public health with the most affected groups, including Indigenous Peoples. Based on this, the humanitarian response is focused on sexual and reproductive health, water, sanitation and hygiene, food security, protection of Indigenous children and women, among other aspects. The study includes the impact on Indigenous Peoples and assigns resources for each aforementioned aspect, for example, the United Nations Population Fund will execute a gender plan that foresees working with Indigenous and Afro-Honduran organizations, counting on a pre-existing budget.

Mexico

The Mexican government is taking actions and enacting measures to flatten the curve of infections. Regarding Indigenous Peoples, the National Institute of Indigenous Peoples of Mexico (INPI) implements preventative and informative actions in Indigenous and Afro-Mexican communities, in order to face the COVID-19 pandemic. Within this framework, through the Indigenous Cultural Radio Broadcasters' System (SRCI- 22 radio stations established in Indigenous areas in the national territory) disseminates information —in 35 Indigenous languages— on official prevention measures with the help of cultural promoters, bilingual Indigenous people, as well as traditional healers, cultural, educational, and health materials to strengthen the aforementioned information; strengthening school nutrition, INPI distributed more than 73,926 food packages to Indigenous youth's homes and dining rooms' benefactors.

As the first report has highlighted, a Guide for the Care of Indigenous and Afro-Mexican Communities in the current health crisis due to SARS-CoV-2 (COVID-19) which includes various important aspects. Among others, it is established that authorities must respect the exercise of self-determination and autonomy of Indi-

genous and Afro-Mexican communities, establishing an adequate coordination with community authorities. [2]

The INPI maintains operational its regional representation offices within federal entities, and reinforces the work done in each of its 105 Indigenous Peoples' Coordinating Centers, according to health measures and recommendations, with the steadfast commitment to serve Indigenous peoples in their own territories. With this goal in mind, the institution has maintained a permanent presence in the Interinstitutional Technical Group (GTI) of the National Committee for Epidemiological Surveillance (CONAVE), which allows it to have information on key public health issues, which are transmitted to Indigenous communities.

For the economic reactivation stage, it will work within a welfare and economic reactivation plan which seeks to reach 70% of the families of the country, especially the Sembrando Vidas ("Planting Lives") program which seeks to have resources for Indigenous and Afro-Mexican peoples.

Nicaragua

The autonomous authorities of the Caribbean Coast, concurrent with national authorities, are carrying out community epidemiological surveillance, practicing an intercultural approach to health systems.

Paraguay

The Paraguayan Indigenous Institute (INDI) has led a process for the development of a National Plan for Indigenous Peoples since 2014, which is currently being reviewed and in its final stage, after consultations with Indigenous Peoples. In the specific case of the pandemic, there are therefore no COVID-19 cases among Indigenous peoples, which is why they are maintaining quarantine, and as such, as far as they are concerned, have controlled the disease.

In any case, audiovisual information and containment material is being made in native languages. It is a Communicational Awareness Plan which is supported by the FAO. Similarly, INDI has developed a Protocol for Entry into Indigenous Communities, and also supports a COVID-19 Health Protocol for Indigenous Peoples, this last initiative is still being negotiated.

At the same time, in coordination with the Secretary of National Emergencies, they are working on a Food Program to address the malnutrition which comes with the pandemic. Meal kits have been given to 26,000 families in the eastern region, and 12,00 to families in other regions. This to mitigate the nutritional situation of Indigenous Peoples, in this context, more than 200 children and adults who were at risk in various cities to their native communities, with corresponding food support, so that they have access to food in their communities during the pandemic.

Peru

Through Legislative Decree No. 1489 10th May, 2020, specific actions are established to prevent infection with COVID-19 and to protect in Indigenous or native communities from said virus within the framework of the COVID-19 health crisis—taking into account the Indigenous communities in voluntary isolation and initial contact, signaling actions focused on guaranteeing the safety of the territory of the PIACL in order to ensure the physical and cultural integrity of these peoples.[3]

2 https://www.gob.mx/cms/uploads/attachment/file/551398/guia-atencion-pueblos-indigenas-afro- mexicano-covid19.pdf

3 http://dataonline.gacetajuridica.com.pe/gaceta/admin/elperuano/1052020/10-05-2020.pdf

This same provision seeks the exercise and fulfillment of linguistic rights through the preservation, revitalization, development, recovery, fostering, and dissemination of these Indigenous or native languages of Peru. In this framework, the Interpretation and Translation Center for Indigenous Languages (CIT) is being established, it will be in charge of providing services such as in-person or remote interpretation, and the translation of informative texts on COVID-19 for public entities which carry out efforts in the framework of the COVID-19 pandemic. Complementary Provisions for the application of the cited Legislative Decree are still awaited.

As such, various internal propositions for the Executive Branch were made which communicate, inform, and instruct national, regional, and global entities with incidence in areas of Indigenous reserves and/or territories, concrete actions favoring and caring for Indigenous Peoples and populations who are in voluntary isolation and/or first contact. Protocols such as the "Internal Protocol for the Supplying of Control and Surveillance Posts of Indigenous Territories/ Reserves, in the Framework of the COVID-19 Health Crisis" or the "Protocol for Culturally Appropriate Care of Indigenous Peoples in a First Contact Situation, in the Context of the National COVID-19 Health Crisis," which contain prevention measures and mechanisms but are not limited solely to the Indigenous/Territorial Reserves, but that carry out safeguarding efforts for these peoples in spaces in which they transit.

Conclusions and recomendations

This second report on the Regional Indigenous Platform has collected information and analyses from diverse sources to come closer to an adequate understanding of the magnitude of the effects of this pandemic, particularly on Indigenous peoples.

Considering the conditions of vulnerability and the risk levels of communities, with around three months since the first confirmed cases, the amount of infected and deceased persons, as well as the deterioration of the quality of life and even the possibility of the extinction of some lifestyles or cultures, the situation today is much more worrying than it was in early march, when we published the first report.

Conclusions

The main conclusions and warnings of the previous report rang true, as such, the need to act in a timely and adequate manner grows more urgent, if the term can even be applied to these circumstances.

The rate of growth and of deaths due to the virus increases throughout the continent, and the height of the pandemic still hasn't been reached. If it is grave as is, it is even more worrying in contexts where health systems and public services are generally weak and can't attend to the needs of the population.

Even though the reality of the continent varies between its constituent countries, in those where prevalence is greater, the lack of state responses, both to the health situation, but also to the socioeconomic consequences of the arrival of COVID-19.

Prevention efforts and policy in the face of the pandemic have not only been very different depending on which country is analyzed, but they are often contradictory and never common. Against a common foe which doesn't care for borders or geographic barriers, the States have not managed to unify or at least coordinate responses, as if a sovereign focus could possibly be successful against a definitively global pandemic.

Multilateral spaces have not had the guiding and leading role necessary from them in these times. We have noted, in both reports, some pronouncements and technical guidelines have been made by specialized agencies, but no concrete coordinated efforts have been made to face the pandemic. Particularly in the American region this is a notable fact, even though there is a common foe, multilateral entities have shown practically no belligerence.

While early on the cases were mainly registered in urban areas, even though the rate of infection in cities is still very high, the virus has moved into rural areas, including Indigenous communities and territories. This trend is brought about by various things, among them the return to communities by many, motivated not only by economic

reasons, but also by unauthorized and unprotected entry of people linked to extractive ventures in Indigenous territories

Along with the increase in cases, some pre-existing vulnerabilities also developed, such as is the case of the lack of access to medical goods and services and other necessary supplies for the prevention and recommended treatments; the economic conditions are continuously more affected by lack of income which also incurs consequences on food supply and access to necessary goods and services.

Despite the fact that the arrival of COVID-19 to the American continent is in no way related to its native peoples, there are reiterated expressions, sometimes accompanied by violence, of distrust in Indigenous peoples, scapegoating them for the transmission of the virus to others. This is not only false, but it is a dangerous and discriminatory narrative which will in no way help to overcome the effects of the pandemic.

The permanent or seasonal/temporary loss of income, the drastic reduction in formal and informal trade, the significant decrease in foreign aid, as well as the reversal of migratory flows are contributing to the worsening of the quality of life of many Indigenous people and communities.

The lack of material means has a causal effect on the configuration of a circumstance of dietary nutritional insecurity, which, if not responded to effectively by the States and communities themselves, can have the same fatal result as the pandemic itself: loss of human life and the condemnation of a generation of Indigenous children to remain in the vicious cycle of social exclusion.

With this overview, state responses are clearly insufficient to effectively combat the public health and socioeconomic effects of the pandemic.

Official statistics reflect the trend towards the almost complete marginalization of COVID-19 cases in Indigenous communities, even in countries with relatively large Indigenous populations. The absence of disaggregated data by ethnicity is observable through the four groups which health services must attend to: infected people, active cases, recovered patients, and deceased patients. In a best-case scenario, reports include the gender of those surveyed, and the demographics by age.

Three months after the declaration of a global pandemic, "this lack of data, on its own, constitutes a risk for Indigenous peoples, since measures can't be taken policies promoted to help people who are not seen, not counted, who are virtually nonexistent."

Even then, it must be noted that in various countries efforts have been made regarding Indigenous peoples and the pandemic, in many cases with adequate and culturally appropriate approaches, which hopefully outlast the pandemic and can be institutionalized so that they may be sustainable beyond current circumstances.

In the same vein as the disaggregation of data, it must be noted that Ruling 2-20-EE/20 of the Constitutional court of Ecuador which orders the state to publish information which is disaggregated by nationality and people, monitoring the amount of confirmed cases, infected Indigenous patients, recovered(/recovering) patients, or deceased patients.

On their end, Indigenous Peoples have demonstrated a great capacity to be resilient and overcome obstacles through adequate and effective responses to prevent and protect from this novel disease.

As has been previously noted, many communities have managed to prevent or diminish the infections with the virus by applying sustained measures within their collective organizational structures for their compliance and evaluation. In a world characterized by intense technological development, Indigenous communities have reaffirmed the relevance and utility of practices based on the collective spirit, solidarity, and strengthening of traditions and ancestral knowledge.

These efforts have not only been responses to current emergencies, but quite often demonstrate the possibility of future development and execution of alternatives for basic, productive, social, and organizational needs in a world which will be transformed once the hard times of the pandemic are over.

At the same time, some measures which have been taken, such as fences and community isolation have opened new needs to attend to, such as sustenance, criminalization, and confrontation with non-state powers. It is clear that isolation is not a long-term solution for most of the communities.

Recommendations

Based on the considerations included in this report, the organizations which constitute the Regional Indigenous Platform propose to state authorities, and to anyone who can in one way or another play an important role in the fight against COVID-19, to consider the following recommendations:

First, we would recommend considering the urgent request for three points considered in the first report:

1. Attend to the food insecurity which many Indigenous communities are facing right now.
2. Respect, and when appropriate, support the prevention and mitigation actions that Indigenous Peoples are carrying out to face the pandemic.
3. Establish formal and efficient mechanisms for dialogue between Indigenous Peoples and state authorities to implement intercultural, coordinated, and efficient actions to combat the current and future effects of the pandemic.

Furthermore:

It is necessary for States to overcome the deficiencies in information not only by disaggregating data regarding Indigenous Peoples but also by preparing specific reports and analyses on the main problems which Indigenous Peoples face during the pandemic.

Efforts must be made to promote coordinated action between state institutions, Indigenous Peoples, and international organizations to tackle the many aspects regarding the impact of COVID-19. When appropriate, as is the case for transnational In-

digenous Peoples, efforts must include governmental authorities as well as Indigenous representatives from more than one country.

Undertake efforts to strengthen health services in communities with a focus on interculturality which respects the implementation of traditional medicinal systems.

Programs and plans which are enacted must attend to the emergencies while considering the structural causes which facilitate these public health, social, and economic effects which the pandemic aggravates.

In these moments it is necessary that states take an unprejudiced approach to public health, it is key for states, with leading participation of Indigenous Peoples, to design and implement policies, programs, and projects which seek to overcome the profound economic and social consequences that the pandemic is bringing about and will continue to aggravate for the foreseeable future.

Mechanisms for the facilitation of the exchange of good practices between Indigenous peoples, organizations, and communities of the region must be facilitated and promoted to allow for initiatives and measures to be adopted to prevent the spread of the pandemic, to care for families and territories, and to revitalize ancestral practices and knowledge.

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