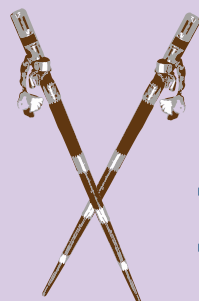


first regional report



Indigenous **Regional**
Plataform
on **COVID-19**

The Indigenous Peoples in the face of the COVID-19



INDIGENOUS PEOPLES IN THE FACE OF THE COVID-19 PANDEMIC. FIRST REPORT
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GENERAL SUPERVISION

Myrna Cunningham Kain - President of FILAC Board of Directors
Amadeo Martínez - General Coordinator for Abya Yala Indigenous Peoples' Forum FIAY

TECHNICAL TEAM

Álvaro Pop - FILAC Technical Secretary
Amparo Morales - FILAC Chief of Staff
Tatiana Jordán - FILAC Head of Administration and Finance

Ricardo Changala - Coordinator for Regional Observatory on the Rights of Indigenous Peoples ORDPI-FILAC
David Grajeda - ORDPI-FILAC Technical Team
Libertad Pinto - ORDPI-FILAC Technical Team

Guadalupe Palomeque - FILAC International Policy Management
Jean Paul Guevara - Coordinator for FILAC Educational Program
Dalí Ángel - Coordinator for FILAC Women and Youth Program
Ernesto Marconi - Management of FILAC Technical Projects
Gabriel Mariaca - Coordinator of FILAC Institutional Communications
Mabel Severich - Coordinator of the Minga Indigenous Communication Network
Johnny Valencia - FILAC Computer and Systems Coordinator
Wendy Medina - FILAC Press and Information

Viviana Camacho - Advisor on Traditional Ancestral Medicine

GRAPHIC DESIGN

FILAC Institutional Communication

IMAGES

FILAC Institutional Archives
UN Photos
Shutterstock
Unsplash
Ojo Público, Perú

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FILAC

20 October 2287 esq. Rosendo Gutiérrez
filac@filac.org
La Paz, Bolivia

SUPPORT

Ford Foundation, AECID, and Pawanka Fund



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“More than vulnerability, Indigenous Peoples have shown resilience through centuries of pandemics, and this will not be the last time”

Intro

The Indigenous Regional Platform Covid-19 “For Life and Peoples” is a space that promotes exchange of information, analysis, and operational coordination to generate and enhance the capabilities of governments and international organizations, and to foster dialogue that promotes adequate responses and actions to prevent and mitigate the effects of the COVID-19 pandemic on the Indigenous Peoples of the continent.

It articulates, in a continental effort, regional, subregional and national indigenous men’s, women’s, and youth’s organizations, respecting their traditional systems, their worldviews, and cultural diversity.

As part of its function, it has built a registry and information system to keep track the effects of the pandemic on indigenous peoples throughout the continent.

This first report is part of the work done by the Platform. Periodically, new reports will be released which will emphasize on certain relevant issues detected in the process of gathering, systematizing, and analyzing information.

The work team is coordinated through FILAC’s Regional Observatory on the Rights of Indigenous Peoples, in collaboration with various organizations that make up the Platform through delegates designated for this task.

To collect data various official and institutional sources, both national and international, have been used, however, information and analysis by indigenous organizations and communities, which have made an enormous effort to communicate their realities and needs in the context of the pandemic, must be noted.

This task is carried out with deep conviction that the data and analysis that we are providing is improving comprehension of the current situation of Indigenous Peoples, to provide useful inputs for actions both by governments and by indigenous organizations to face the propagation of the coronavirus in the region.

As of now, the Regional Indigenous Platform to face Covid-19 “For Life and Indigenous Peoples” is made up of the following organizations:

1. Fund for the Development of Indigenous Peoples in Latin America and the Caribbean (FILAC)
2. Abya Yala Indigenous People’s Forum (FIAY)
3. Mexican Indigenous Organizations Coordinator
4. Indigenous Council of Central America (CICA)
5. Coordinator of Indigenous Organizations of the Amazon River Basin (COICA)
6. Coordinator of Andean Indigenous Organizations (CAOI)
7. Andean Indigenous Council of Peru (CIAP)
8. National Indigenous Organization of Colombia (ONIC)
9. Confederation of Indigenous Nationalities of Ecuador (CONAIE)
10. National Coordinating Body of Indigenous Peoples of Panama (COONAPIP)
11. Indigenous Women’s Alliance of Central America and Mexico
12. Wangki Tangni Indigenous Women’s Organization
13. Government of the Sumu Mayangna Nation
14. National Indigenous Board of Costa Rica
15. Indigenous Women’s Network on Biodiversity of Latin America and the Caribbean (RMIB)
16. Indigenous Women’s Association of Paraguay
17. Salvadoran National Indigenous Coordinating Body
18. Continental Liaison for Indigenous Women of Central America (ECMIA)
19. Continental Liaison for Indigenous Women of Mexico
20. National Organization of Andean and Amazonian Women of Peru (ONAMIAP)
21. Continental Liaison for Indigenous Women of South America (ECMIA)
22. National Coordinating Body for Indigenous Women of Mexico



Overview of the pandemic
in the world and in the
region

Like never before, the world finds itself afflicted by a pandemic that refuses to cease.

As of the 4th of May, 2020, the global statistics are the following:

Global prevalence	
Total Coronavirus COVID-19 Cases	3,639,614
Deaths	251,721
Recoveries	1,190,967

Source: <https://www.worldometers.info/coronavirus/>

As of the 4th of May, 22.38 GMT

On our continent, the updated statistics are the following:

Prevalence in the Américas	
North America	1,316,400
South America	223,746
Total in the Americas	1,540,146

Source: <https://www.worldometers.info/coronavirus/>

As of the 4th of May, 22.38 GMT

While in China it appears that recovery and containment of the virus is feasible, elsewhere, the amount of cases and deaths continues to increase.

For example, in Europe there are more than 1,300,000 cases and almost 134,000 dead, while in the USA (which has for some days been the most affected country), there are more than one million cases, and more than 67,000 deaths, with the Hispanic and African American populations being a high proportion amongst the victims of the virus.

As the days go on, the immediate effects of the pandemic become clear, and future problems are evaluated, the overview seems increasingly gloomy.

In Latin America we are still in the expansion phase of the pandemic, however its effects have and continue to be affecting certain countries more than others.

Contrary to what is happening in the rest of the world, in the region there has been a 105% growth in the number of cases since last week.

Prevalencia en América Latina y el Caribe	
Confirmed cases	198,677
Deaths	10,886
Cases registered last week	12,029
105% Growth	
(Globally there is decrease in the prevalence of the virus)	
Source: https://www.iadb.org/es/coronavirus/situacion-actual-de-la-pandemia	

As of 3rd of May, 12.30 pm

According to Inter-American Bank epidemiological models suggest that without efficient actions to stop the rate of infection “. . . the number of deaths due to the pandemic in Latin America and the Caribbean could reach 3.2 million.”¹

As highlighted by recent FILAC statement, the new coronavirus (COVID-19) and its rapid expansion have not only led to the declaration of a global pandemic by the World Health Organization (WHO), but also shows the fragility of health services and the helplessness of the most vulnerable populations around the planet.

Pandemics affect diverse population groups differently, exacerbating preexisting inequalities in society. Indigenous peoples are, without a doubt, amongst these sectors.²

At the same time, it is increasingly evident that, beyond the positive effects that protective actions may have, the economic and social consequences will be devastating. This has been said by the ECLAC and all the international organizations; what is to come in the immediate future is to be tremendously difficult, especially for the poor and vulnerable.³

A recent report from the International Labour Organization predicts serious consequences for workers in the informal economy and on millions of businesses worldwide. According to the ILO, 1.6 Billion workers in the informal economy, almost half of the global workforce, are at risk of losing their livelihoods due to the pandemic.⁴

“El mundo se encuentra ante una crisis humanitaria y sanitaria sin precedentes en el último siglo en un contexto económico ya adverso. A diferencia de 2008, esta no es una crisis financiera sino de personas, producción y bienestar. Una situación de economía de guerra es demasiado importante para dejarla al mercado. Los Estados están asumiendo un papel central para suprimir el virus y los riesgos que afectarán a la economía y la cohesión social”, afirmó Alicia Bárcena, Secretaria Ejecutiva de la CEPAL.⁵

1 Banco Interamericano de Desarrollo (Interamerican Development Bank) , La política pública frente al COVID-19: Recomendaciones para América Latina y el Caribe(Public Policy Facing COVID-19: Recommendations for Latin America and the Caribbean) , Washington, April 2020 https://publications.iadb.org/publications/spanish/document/La_pol%C3%ADtica_p%C3%BAblica_frente_al_Covid-19_recomendaciones_para__Am%C3%A9rica_Latina_y_el_Caribe.pdf

2 FILAC, Statement by the Board of Directors, March 2020 <http://www.filac.org/wp/wp-content/uploads/2020/03/comunicado-filac.pdf>

3 Verbiage, ECLAC, Latin America and the COVID-19 Pandemic: Economic and Social Effects, April 2020 <https://www.cepal.org/es/publicaciones/45337-america-latina-caribe-la-pandemia-COVID-19-efectos-economicos-sociales>

4 ILO, COVID-19, Stimulating the Economy and Employment, Press release, 29 April 2020, https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_743056/lang-es/index.htm

5 <https://www.cepal.org/es/comunicados/la-unica-opcion-estrategica-mediano-plazo-mitigar-efectos-COVID-19-la-region-es-avanzar>



Indigenous Peoples and COVID-19

Relevant demographic data

In Latin America the indigenous population is greater than 45 million people, just under 10% of the total population of the region, which makes it the region of the world with the highest demographic density indigenous peoples.⁶ There are 826 registered distinct Indigenous Peoples, 100 of these are of a cross-border (transnational) character, that is to say that they reside in at least two countries in the region.

In regards to the distribution of indigenous peoples across the continent, the realities are varied; in Brazil there are 305 registered indigenous peoples, followed by Colombia, which has 102, then Perú (85) and Mexico (78); on the other hand there are Costa Rica and Panama, which both have 8 and 9 Indigenous Peoples, El Salvador (3) and Uruguay (2).

Furthermore, the situations of the different Peoples are varied as well, as many of them exhibit great fragility, and are in danger of physical or cultural disappearance. It is estimated that some 462 Peoples currently have less than 3,000 inhabitants, and around 200 of these are in voluntary isolation, all of them in extremely difficult situations.

This multicultural reality is an enormous wealth of the continent, but at the same time it is marked by an undeniable fact: that a large part of its inhabitants live in conditions of extreme vulnerability, which means, among other aspects, high rates of malnutrition, lack of access to health services, precarious infrastructure, and, in general, the impossibility of exercising individual or collective rights.

Indigenous Peoples in Latin America	
Population	More than 45.000.000 10% of the regions total population
Indigenous communities	826
Cross-border (transnational) Peoples	100
Peoples with less than 3000 members	462
Peoples in voluntary isolation	200

Risk Conditions in the face of the Pandemic

As the UN Experts mechanism has stated; “The spread of COVID -19 has and will continue to exacerbate an already critical situation for many indigenous peoples: a situation where inequalities and discrimination already abound. The rise in national recessions and the real possibility of a world depression are set to aggravate the situation further, bringing fear that many indigenous peoples will die, not only from the virus itself but also from conflicts and violence, linked to the scarcity of resources, especially drinking water and food.”⁷

In a report by the World Bank from 2015⁸ it is established that “structural conditions exist which anchor Indigenous Peoples to poverty and prevent the development of their full

6 IWGIA - THE INDIGENOUS WORLD - 2017, pg. 23 http://www.iwgia.org/iwgia_files_publications_files/0761_EL_MUNDO_INDIGENA_2017-eb.pdf

7 UN, Human Rights Council, United Nations Experts Mechanism on the Rights of Indigenous Peoples (MEDPI/EMRIP), Statement: COVID-19 another challenge for Indigenous People, 6th of April, 2020

8 World Bank. 2015. Latin America in the XXI Century. Washington

economic potential.” According to this report, in general, the probability that they would live in conditions of poverty is 2.7 higher in comparison with non-indigenous population. In Ecuador, the probability of a home being in poverty increases by 13% if the head of the family belongs to an indigenous group, regardless of their educational level, gender, location (urban/rural), or the number of people in their care. In Bolivia and Mexico the probability increases by 11% and 9% respectively.

On the other hand, a recent study by the IDB⁹ shows that the effects of COVID-19 are affecting poorer homes more, with a greater chance of job loss, and less knowledge of the symptoms and means of propagation than in non-poor households. Even though there is no evidence, it can be foreseen that the effects of COVID-19 will be more profound in the indigenous population since their conditions of poverty are more widespread.

Regarding basic services, indigenous peoples have less access. Regional weighted averages of access to electricity are 82% for indigenous people and 97% for non-indigenous people, while weighted averages for access to plumbing are 57% for indigenous peoples and 75% for non-indigenous people.¹⁰

The means of prevention in the face of the COVID-19 emergency have begun with campaigns in which people are asked to stay home and regularly wash their hands regularly to improve sanitary conditions to prevent contagion. These methods are hard to comply with if the home has limited access to basic services such as plumbing and electricity.

According to a soon-to-be-published study, indigenous people have lesser access to water at home compared to non-indigenous populations. Of the twelve studied countries, Panama shows the highest concentration of inequity, as in, 36.4% of indigenous people do not have secure access to water at home, while only 4% of the non-indigenous population is in that situation.¹¹

On the other hand, in some countries in the region the incidence of certain diseases has been increasing over time. An analysis in Colombia carried out by the ONIC based on Individual Registers for the Provision of Health Services - RIPS of the Ministry of Health of Colombia- shows a 24.4% growth between 2018 and 2019 in respiratory diseases in the indigenous population, growing to 93,430.

Around 80% of deaths from non-communicable diseases occur in low and middle income countries, where there are large indigenous and afro-descendant populations. In Bolivia 6.6% of its total population has diabetes, and in Guatemala this is true of 10.9% of the population. Both are amongst the countries with the proportionally greatest indigenous populations of the continent. For example in Guatemala, the national mortality rate of diabetes, from 2008 to 2013, increased by 31%; with the increase being much greater in the Sacatepéquez, Huehuetenango, Quiché, and Quetzaltenango departments, all of them with a majority Maya population.

If these were the conditions before the pandemic, it is valid to ask ourselves what conditions Indigenous Peoples are in currently.

9 <https://blogs.iadb.org/ideas-que-cuentan/es/nuevos-datos-revelan-los-efectos-cada-vez-mas-profundos-de-la-pandemia-COVID-19-en-la-desigualdad/>

10 Ibid. World Bank 2015.

11 ECLAC, “Los pueblos indígenas en América Abya Yala y la agenda 2030: tensiones y desafíos”(Indigenous Peoples in Abya Yala and the 2030 Agenda, Pressures and Challenges), text in edition.

It is already known that many countries in the region will immediately face problems from the moment that the number of coronavirus cases increases in the region.

A recent article¹² mentions that only Cuba, Argentina, and Uruguay have more than 27 hospital beds for every 1000 inhabitants, which is the global average. Four central American countries are in the last places in this analysis of 20 countries, and have less than 10 beds for every 10,000 inhabitants (Nicaragua-9, Haiti-7, Honduras-7, and Guatemala-6).

The reality of Indigenous Peoples is much more dramatic. In the aforementioned ECLAC report, the lack of public health resources or services is shown to be particularly critical in indigenous territories, a situation weakly addressed by public health policy.

An illustrative example is taken from a PAHO¹³ study, showing that in the High Rio Negro in Brazil there are only two hospitals in an area that covers around eight million hectares of land, and it can take days to travel from communities to the hospitals, be it on foot through the jungle or by canoe, depending on the weather. The difficulty of access, in addition to the indirect costs (price of transportation, food, food for family at home, loss of work time, etc.) of travel to the hospital can extend the time between manifestation of symptoms of the sickness and the search for medical attention.

To face the pandemic with possibilities of success, specific strategies are needed for indigenous peoples and communities.

For an efficient and adequate response to a threat as serious as the expansion of the pandemic, it is essential to differentiate and characterize the vulnerabilities that most profoundly affect the indigenous population to be able to enact more focused efforts to contain and control the pandemic.

It is necessary for it to be clear that there must be specific strategies and actions for Indigenous Peoples for three fundamental reasons:

1. **Firstly**, due to the conditions of structural vulnerability that most indigenous people are in, in addition to the fact that many indigenous people live in areas that are removed from urban centers and have enormous limitations when it comes to access to basic services, including water and health.
2. **Secondly**, because we are talking about peoples with their own cultures, for whom an approach that integrates medical science with ancestral contexts, practices, knowledge, and even languages, is necessary. Communities that have always returned to their ancestral ways of connecting with nature and their own bodies cannot be invaded by other practices without incurring negative consequences that may even be worse than the maladies that they are trying to avoid.¹⁴

12 ¿Qué capacidad tienen realmente los países de América Latina para hacer frente a la epidemia de COVID-19?(Which Capacities do Latin American Countries have to face the COVID-19 Pandemic?), Arturo Wallace, 23rd of March, 2020, <https://www.bbc.com/mundo/noticias-america-latina-51916767>

13 PROVISION OF HEALTH SERVICES IN AREAS WITH INDIGENOUS PEOPLES: Recommendations for the Development of a Licensing and Accreditation System for Intercultural Health Services in the framework of the Renewal of Primary Health Care, PAHO, 2009.

14 For example, in the case of H1N1 (Influenza A) in various countries in the continent, the mortality rates for indigenous people were three to seven times higher than those of non-indigenous people.

3. **Thirdly**, since for indigenous communities, in particular for those with a small number of members, preventing the entry of the virus to their territory is a matter of life and death, not only for people, but for peoples as collectives. Given the immunological situations of many communities, it can mean that the entry of COVID-19 would have dramatic consequences, as it has in the past due to other diseases.

In turn, as the FILAC Board of Directors has established, the strategy against COVID-19 in relation to Indigenous Peoples needs to consider at least four distinct types of vulnerabilities:

- Indigenous Peoples in voluntary isolation, due to their isolated state, have immune systems that are much less effective against external pathogens;
- Indigenous populations that live in urban centers are largely concentrated in marginalized neighborhoods, with lesser access to basic services such as drinking water or plumbing, among others;
- Indigenous Peoples that lost or weakened their original lifestyles, changing their agrarian and dietary practices, which caused a change in their epidemiological profiles and the appearance of new diseases, such as diabetes, high blood pressure, gastric dysfunction, cancer, etc.
- Indigenous Peoples, mainly in lowlands, who have been facing a major Dengue and Malaria epidemic recently, which affects them seriously due to climatic and territorial conditions.¹⁵

15 FILAC, Statement by the Board of Directors cited.



The Indigenous Platform in the Framework of the Current Pandemic

Since the moment the pandemic was declared, as a result of the information collected, dialogues with state authorities and many of the issues raised by indigenous organizations from the continent, both FILAC and FIAY, as well as the main regional and national organizations, have made the subject a top priority.

Amongst others, the following actions have been taken;

- Efforts have been made to **strengthen the regional approach** to the struggle of Indigenous Peoples against COVID-19 so that no one is left behind, so that all brothers and sisters are considered and attended to in this emergency.
- Within this framework, the **Regional Platform against the impact of COVID-19 on Indigenous Peoples** has been formed, made up of the main regional and national Mesoamerican and South American organizations. The Platform is a space for exchange of information, cooperative analysis and coordination, as well as for dialogue with governments to promote adequate responses to problems caused by the COVID-19 pandemic to Indigenous Peoples of the continent. Furthermore, it will coordinate a registration, monitoring, and information system with FILAC and will engage in communication actions with various stakeholders, including state authorities, international organizations, indigenous organizations, among other groups.
- **Saving lives** and protecting Indigenous Peoples are the central objectives of the platform.
- **Formal messages have been sent to all the governments of the Member States of FILAC** to send them information and analyses from the indigenous organizations about their visions in the respective countries, to know of the programs and actions that national authorities are carrying out in the face of this pandemic, and to facilitate dialogues if it is pertinent.
- We have promoted exchange of information and analysis on this subject, highlighting it in the **virtual seminar “Contributions of Indigenous Youth of the Abya Yala against the Coronavirus/COVID-19,”** which was held on the 20th of March, and had massive participation, and set off various activities related to the subject.
- We are implementing a **comprehensive information strategy**, coordinating with communicators from the different countries that make up FILAC, for which an exclusive online portal has been created which can be used to see news, relevant documents, and actions by governments and indigenous organizations, amongst other content.
- We have advanced with a **broad strategy of relations with international organizations and mobilization of resources** to allow us to face the current and coming situations with a material base that will allow us to, at least partially, support the actions of peoples and communities to successfully fight the pandemic and its consequences at various levels.
- In coordination with the indigenous organizations which make up the Regional Platform we are developing a **registration, analysis, and information system** which allows adequate monitoring of the situation of Indigenous Peoples in the current crisis.

“Impact of COVID-19 in Indigenous Territories and Communities of America” Information System

The installment of this tool for the gathering and dissemination of information has as its central objective to help save lives and communities, from a perspective of rights, interculturality, self-determination, and self-government of territories.

Its establishment is necessary for the following reasons:

- The lack of precise quantitative information of the effects of the pandemic on indigenous people and communities, since it is generally hard to find disaggregated data for this subject.
- Because of the need to consider various variables of interest to Indigenous Peoples that are rarely considered, for example the use of traditional health systems or the process of decision-making by traditional community authorities.
- In order to have a regional assessment of the situations of Peoples and communities, without prejudice to the national analyses and information which will be carried out.
- It aims to provide communities, organizations, and state authorities with solid and timely information to alert them to risky situations, to allow them to take actions to prevent the entry of the virus into communities, or to facilitate adequate treatment for affected groups or people.

From its conception, this tool is based on the Indigenous paradigm of good living that recognizes the systemic relations between various aspects of life to build wellbeing: individual (harmony with oneself), social (harmony with others), and ecological (harmony with the environment). Additionally, a systemic approach has allowed for the identification of a set of interrelated factors in causal networks that reinforce themselves, forming a structural unit influenced by conditions in the regional and global environment.

Thus, the Registry and Information System intends to collect data on the main causal networks which have been identified as related to the problem at hand.

As for specific goals, it must be noted that the Registry and Information System is to serve to guide actions and give inputs for dialogue processes between the governments and Indigenous Peoples to take decisions and make coordinated efforts to combat the effects of COVID-19.

To respond to the basic needs of Indigenous Peoples, and of society, it is necessary to act in each of the problem areas to change the state of affairs and to reach the planned goals.

To save lives and strengthen communities it is necessary to be better informed, not only of the evolution of the virus, but also of the resources that are available to fight it.

Furthermore, it is essential to improve the capacities of public institutions and of indigenous organizations, as well as to sponsor spaces for dialogue where actions for the fight against the pandemic can be agreed on, as much in health as in other areas affected by the current situation.

The Registry and Information System will be a very important tool for these goals.

Operating Principles

The Registry and Information System will function based on the following operating principles:

- Reconciliation of emerging logical and strategic sense, with the understanding that knowing of and attending to the urgency must be the basis of the necessary substantive and long-term changes.
- Systemic focus on observation, analysis, and reporting, since all these stages of this process must be connected and used to constitute a coherent and solid outcome.
- Usefulness and sense of opportunity of the information, since the determined variables and indicators must contribute to the understanding of reality to be able to act on it, avoiding the collection of irrelevant information which doesn't provide anything from a strategic institutional perspective.

Main users

Even though the information may be widely used, the data that is processed and analyzed will mainly be of interest to Governments and national authorities, Indigenous Peoples, communities, and organizations, international organizations directly related to the subject, as well as to mass communication or news media, and to the Technical Secretary and to the Governing bodies of FILAC.

System stages

The Registry and Information System operates with four basic moments or stages

- Collection of data
- Registry and processing of the data
- Preparation/writing of reports
- Reporting and management of discussions

Main Variables and Indicators in Observation

The system will collect information on various indicators which refer to four categories of variables:

- those related to the prevalence of the pandemic at a general and community level for Indigenous Peoples
- the capacity to respond on behalf of state authorities
- the capacity to respond of indigenous communities and organizations

- indicators which reflect the assessment of the pandemic and related aspects in the regional and/or global environment.

Next, details of the main variables to be considered by the Registry and Information System

I. Prevalence of COVID-19

- Confirmed COVID-19 cases (national total)
- Recovered COVID-19 cases (national total)
- Deaths due to COVID-19 (national total)
- Confirmed COVID-19 cases among indigenous people
- Active cases among indigenous people
- Affected indigenous communities
- Indigenous communities that are at risk
- Deaths by COVID-19 among indigenous people

II. Response by State Services Tipo de estrategia de contención y/o mitigación

- Type of containment and/or mitigation strategy
- Existence of prevention campaigns that are culturally relevant and appropriate
- Servicios médicos en comunidades indígenas:
- Medical services in indigenous communities:
- Medical services specific to COVID-19 (test kits, medicines, hygiene, materials, respirators, etc.)
- Food aid programs
- Socioeconomic aid programs
- Official social-humanitarian aid programs

III. Responses of Indigenous Peoples

- Existence of active organizations
- Informative actions related to COVID-19
- Communication-education campaigns
- Community prevention and/or containment actions managed by indigenous gov-

ernance structures.

- Social needs prioritized by organizations.
- Actions to recover and apply traditional preventive indigenous medical practices and knowledge

IV. Evolution of the regional-global environment

- Prevalence of the virus by region
- Evolution of medical research on treatments and vaccines
- Actions by States and the international community: health, economy, society
- Dominant and alternative discursive-narrative trends

Initial Findings of the Registry and Information System

Though the system is only recently being installed, we can already share some of the findings that are being registered.

The presentation of such findings follows the four groups of variables that have been established.

1.- Prevalence of COVID-19 in Indigenous Communities

Information on the prevalence of the disease in the indigenous population is hard to obtain and is almost always from unofficial sources. Even then, little by little, cases are being confirmed, showing that COVID-19 is reaching communities. The following examples show some of the sources that have been consulted.

- According to a COICA's report, as of the 26th of April, there are **679 confirmed cases and 40 deaths due to the virus in the Amazon River Basin**, spread out across the nine countries of the basin (Brazil, PS Bolivia, Colombia, Ecuador, Perú, Venezuela, Guyana, French Guyana, and Surinam).
- In **Argentina**, a community of the Qom People, in the Santa Fe Province, is affected, with one infected person.
- In **Brazil**, according to the Special Secretariat for Indigenous Peoples' Health (SESAI), as of the 28th of April, there are 3 affected communities, **92 confirmed cases**, 54 in clinical care, and 4 deaths due to the virus. Indigenous **Organizations have reported 15 deaths** among indigenous people, and a total of 97 confirmed cases.
- In **Colombia**, the National Indigenous Organization of Colombia (ONIC) has organized a registry system to keep track of updated data. When this report was written, there were **4 affected indigenous communities**, 8 infected indigenous people, (3 Pastos, 2 Yukpa, 1 Zenú, 1 Yanakuna, 1 Zenú Bogotá), 52 cases under

observation, and 4 recoveries among indigenous people. The first death, that of a member of the Yanakuna People, due to the virus among indigenous people has been confirmed.

According to the ONIC, **there are almost 250,000 families at risk.**

The Association of Indigenous Councils of the North Cauca has reported that **17 of its 22 territories are at risk of infection**, this is why they have 980 active guards around their territories to protect their communities from the pandemic.

On the 30th of April the first **2 confirmed coronavirus cases were registered among the Wayuu Indigenous People** in La Guajira.

- In **Chile**, the **Mapuche Carilafquen Pitrufluén community is affected**, with the death of a woman on the 6th of April, as reported by the Temuco Hospital, wherein her husband is currently in serious condition due to COVID-19.
- In **Ecuador**, the Siekopai people, a transnational Indigenous Peoples who resides between Peru and Ecuador, who have only 744 inhabitants in a serious situation, since, as of late March, various members of the community developed symptoms associated with COVID-19, with **2 deaths between the 14th and 21st of April**. Despite the slow response by public health officials, they acquired test kits, and out of the 44 tested, 14 were infected. Nonetheless, health officials still do not have a plan to attend to the community.
- In Mexico, according to the national indigenous peoples Institute (INPI), as of the 27th of April, in the regions covered by the institution, there are **110 confirmed cases among speakers of indigenous languages**.

The Secretary of Government has reported **209 confirmed cases among Indigenous languages speakers**.

- In **Panama**, as of the 23rd of April, indigenous organizations reported **57 confirmed cases and 2 deaths** in the Guna Yala region.
- In **Peru**, as of the 18th of April, there were **2 affected communities, with 3 confirmed cases in the Shipibo-Conibo of Ucayali**, and in a quechua community in Pastaza, along the triple border with Brazil and Colombia (Ticuna and Yagua communities) there are **17 confirmed cases**, but it is unknown if they are among indigenous people.
- In Venezuela, the Network for Diversity Studies of the South noted the **extreme risk that Yanoma-mi, Jodi, Uwottüja/Piaroa peoples in voluntary isolation** or first contact who live in the Amazon by virtue of the presence of garimpeiros (Miners) in their habitat.

2.- Responses of the States

The current emergency 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 probabilities of massive infection. Furthermore, it demands increased action, not only in the area of health, but also to mitigate its negative effects on the economy and other important areas.

We have taken note of many statements by various States in which they express the insufficiency of health systems, to attend to the needs of their populations. At the present conjunction, this occurs not only because of unavailability of economic resources and specialized personnel, but also due to the speed with which this pandemic propagates, which puts intense pressure on the health system to respond to detected cases. This pandemic finds us in an especially vulnerable position as a region and as affected Indigenous Peoples.

Below are some examples.

- In Argentina, through resolution 04/2020, the National Institute of Indigenous Affairs, intends to carry out a comprehensive survey of members of different communities, to ensure access to economic benefits- the Emergency Family Income (IFE)
- In the Plurinational State of **Bolivia**, in the Aymara Jesus de Machaca (La Paz) municipality the following measures were adopted:
 - » Closing entrance points to the municipality, only leaving one, which joins to El Alto, which has strict sanitary control.
 - » Acquisition of supplies and equipment needed to prepare health centers.
 - » Preparation of an isolation room at the Corpa Comprehensive health center
 - » At open-air markets, on holidays, vendors are at least two meters away from each other.
 - » People are disinfected when they enter supply centers, and wear face masks and gloves inside.
 - » Acquisition of fumigators to disinfect the streets of Jesus de Machaca
- In **Brazil**, the Ministry of Health, through the Special Secretariat of Indigenous health (SESAI) has set up a Platform to monitor the situation of Indigenous Peoples in the pandemic. Furthermore, it has made available to users various documents such as ordinances, technical reports, and clinical management protocols for the care of the indigenous population. It has also taken restrictive measures for entry to indigenous territories.
- In **Colombia** the Directive 15 of 2020 of the Ministry of Interior and the Ministry of Health and Social Protection have prepared and published many messages for the prevention, containment, and mitigation of COVID-19 amongst Indigenous Peoples and “NARP” communities (black, afro-descendant, raizal, and palenqueras). The authorities of Cundinamarca began a campaign of intermunicipal bartering campaign so that different municipalities can exchange products to avoid shortages.
- In **Costa Rica**, the Government has adopted technical guidelines for the prevention of COVID-19 in indigenous territories. Important aspects include:

- » Recognition that indigenous and western medical knowledge can be integrated.
 - » Community participation in the prevention of COVID-19
 - » Communication and prevention actions in the indigenous territory on COVID-19.
 - » Attention of positive indigenous patients by COVID-19 in the health centre.
 - » On 28 April, Vice-President Epsy Campbell announced the formation of a multidisciplinary team of women to propose solutions from a social, economic and productive perspective that would help mitigate the effects of COVID-19. Among them is indigenous leader Faustina Torres of the Bribri people, founder of the Asociación Comisión de Mujeres Indígenas Bribris de Talamanca (ACOMUITA).
- In **Chile**, the National Indigenous Development Corporation (CONADI) made a list of the needs of various indigenous territories, and based on collected data activated the Social Indigenous Management component of the CONADI development fund to support communities with food and hygiene aid packages. It is estimated that 23,000 people will benefit from these, there will be emphasis on older adults, not only because they are a population at risk, but also because they preserve the languages and cultures of their people.
 - In **Guatemala** the Academy of Maya Languages has translated decrees and regulations into various indigenous language
 - » Some Municipalities and Development Councils in municipalities such as San Lucas Toliman and San Pedro La Laguna have established sanitary checkpoints to take peoples' temperatures, find out where they have been, among other information.
 - In **Mexico** the National Institute of Indigenous Peoples (INPI) carries out prevention and care actions around the risks associated to COVID-19, notable among these are:
 - » Epidemiological surveillance: first hand information on important health topics for dissemination in indigenous communities.
 - » Inter-institutional coordination for the dissemination of culturally relevant information, translated into indigenous languages. Messages are spread through institutional social networks, their web portals, and through the Indigenous Cultural Radio Broadcasters System.
 - » Prevention of violence against indigenous women. INPI is part of an inter-institutional group for prevention of gender-based violence through the creation of graphic materials in indigenous languages, and the establishment of a hotline for complaints.

- » Traditional Cultural/Medical promoters. It has 110 Indigenous Cultural Promoters which collaborate on the creation of cultural and educational materials. As such, it is supporting the establishment of a national network of traditional doctors
 - » Food aid packages for homes and kitchens of the Indigenous Education Support Program.
 - » House of a Thousand Colors. Shelter in Mexico City. It is an INPI shelter for people accompanying indigenous patients who require third-level medical care.
 - » Creation of the “Guide for the care of indigenous and afro-mexican communities against the health emergency due to SARS-CoV-2 (COVID-19).”
 - » The Mexican Ministry of Public Education (SEP), through the National Institute for Adult Education (INEA) promotes the implementation of the “Radio Strategy for Indigenous Peoples and communities” in accordance with radio broadcasters of the National Indigenous Peoples Institute. These programs are done in indigenous languages and are based on collaborative learning with an intercultural approach.
- In **Nicaragua**, the autonomous authorities of the Caribbean Coast will carry out at home epidemiological surveillance, with an intercultural approach to health services.
 - In **Panama** the Viceministry of Indigenous Affairs reports that it is coordinating actions with mayors’ offices and local governments to support community safeguards, outreach actions, and facilitate acquisition of emergency preventive medical supplies. They provide economic support to small indigenous businesses and entrepreneurs, as well as to other contingency programs.
 - In **Peru** the Ministries of Culture and Health have prepared and published various messages for the prevention of COVID-19 in 11 indigenous languages, as well as in 5 dialects of Quechua
 - » The 21st of April the Ombudsman’s Office presented a document of “Recommendations for a Culturally Appropriate Care Plan for the Indigenous Peoples of Loreto” aimed at government agencies for the creation of a plan for the prevention and intercultural care against COVID-19

3.-The Indigenous People’s feedbacks

Indigenous Peoples have largely responded in a creative and committed way to the reality they find themselves in, with a clear awareness of the urgency and gravity of the situation.

Based on their organizational and institutional norms, a very important social line, their own health systems, they have adopted various actions and strategies. An enormous history of organizational capacity, ancestral knowledge, resilience in the face of serious problems, allows them to react in a rapid and assertive way to this challenge.

Amongst other aspects, they have taken specific actions to try to prevent the arrival of the virus to their communities, to gather and disseminate information, to make basic health and sanitary recommendations, as well as to request concrete actions state authorities, not only in health but also in food security and other aspects which are essential in these circumstances.

Furthermore, Indigenous Peoples' national and regional organizations have taken many actions to raise awareness about the current situation, to build various national and regional spaces for the dissemination of indigenous peoples' information about the pandemic and to request various types of support from different sources which will help to fight COVID-19 and its consequences.

Indigenous Peoples have been showing that they have a lot to say, contribute, and to influence their communities, cities and all of society based on their collective rights, organizational norms, cultures, languages, and their traditional knowledge, including indigenous health systems. Following are some examples organized by action categories.

3. 1. Dissemination of Information in Indigenous Languages

In **Bolivia**, around 400 women leaders of the Quechua and Aymara peoples decided to explain, as volunteers, the risks and preemptive measures that have to be taken in this health crisis. This initiative is enabled by various social networks/media and the information is published in the form of pamphlets in both Quechua and Aymara. These women leaders are part of the Aymara Women's Center for Comprehensive Development (CDIMA), whose members are from various departments such as La Paz, Oruro, Potosí, and Cochabamba.

The Center for Research and Promotion of Farmers (CIPCA) publishes prevention messages/information in Guaraní.

The Center for Legal Studies and Social Research (CEJIS), as requested by various Indigenous Peoples' organizations, and in alliance with various communication mediums, promotes the "Take Care of Your Community" campaign in 9 indigenous languages (1 in the highlands, and 8 in the lowlands). This campaign informs the population of the measures that have to be taken to prevent COVID-19, in digital and audio triptychs in the Chimán, Bésiro, Cavineño, Mojeño Ignaciano, Zamuco, Mojeño Trinitario, Quechua, Chacobo, and Movima languages.

In Costa Rica, the response by Indigenous Peoples develops in two stages:

- The first with emphasis on communication of means of prevention in indigenous languages, such as voluntary isolation, prohibition of access by tourists, non indigenous people, and foreign residents, controlled access to supplies and basic necessities, as well as plans to attend to the emergency. The lack of participation by Indigenous Peoples has been questioned in official announcements by the government.
- The second stage, for the design and implementation of plans for the strengthening of indigenous cultural systems of production, food sovereignty, and strengthening of the economy.

In Ecuador the CONAIE and other organizations have developed campaigns in various indigenous languages as well as requesting that the State cohelps with their diffusion in various mediums and formats.

The Confederation of Indigenous Nationalities of the Ecuadorian Amazon (CONFENIAE) distributes prevention pamphlets in Kichwa, Achuar, Wao Tededo, Aingae (Ai Kofan), Paikoka (Siona and Siekopai), and Spanish.

In **Mexico** on the 6th of April, Indigenous people from Chiapas filed an appeal so that information in traditional languages is spread through all communication mediums, both conventional and digital.

On the other hand, residents of the Oxchuc municipality are carrying out a preventive campaign in indigenous languages.

In **Paraguay** Indigenous Organizations from the Chaco and the Indigenous Youth Oversight Network will carry out educational campaigns in indigenous languages.

In **Peru**, the Center of Indigenous Cultures of Peru CHIRAPAQ, reports that the communities use loudspeakers to disseminate among the population of each district, and in Quechua language, the measures to prevent infection and the provisions given by the government.

The Interethnic Association for the Development of the Peruvian Rainforest, (AIDSEP) as part of its communication campaign “Indigenous Emergency” carries out programs about the prevention of COVID-19, and an agenda set by communities for the government.

In **Venezuela**, Indigenous Peoples’ organizations have supported communication strategies through community radios, to inform communities of the existence of the pandemic, how the virus propagates, and the risks.

3.2. Preventive measures

In **Brazil**, on the 27th of April, the Brazil Indigenous People’s Articulation (APIB) and the Associated Indigenistas (INA) presented a manual of guidelines for COVID-19 and the access to emergency assistance from the federal government. The manual gives advice based on frequent questions in regards to access to benefits without breaking social distancing, as well as hygiene guidelines.

In **Bolivia** the Guaraní Charagua Iyambae people have adopted a strategy that includes:

- Preventing the entry of foreigners to prevent the propagation of the virus.
- Suspension of planned gatherings in their territory.
- Supplying communities through distributors to avoid the displacement of members of the community.
- Controlling the entries of people belonging to Mennonite missions, who frequently travel to Paraguay and Argentina.

The Quechua Raqaypampa people have adopted the following measures:

- Isolation and tracking of people who have arrived from other countries. (Argentina and Chile)

- Issuing of proprietary regulations for compliance control.
- Control of entries into the community, leaving only one exit for emergencies.

In **Colombia** the ONIC has designed and begun to carry out a comprehensive plan of measures against the pandemic that include:

- » Creation of contingency plans for the Indigenous Peoples of Colombia.
- » Spreading resolutions, on a national level, of their rights by zonal and regional organizations given the pandemic.
- » Strengthening of Indigenous Peoples' traditional health systems.
- » Managing, with the national government, humanitarian aid in areas such as access to basic necessities, such as food and drinking water.
- » Articulating and monitoring from a territorial and national standpoint with the teams needed to develop the containment plan.
- » Coordinating with indigenous guards the exercise of territorial control and the delivery of any type of humanitarian aid, maintaining all biosecurity standards and taking into account customs and traditions.

In **Ecuador**, after the death of a 70 year old man who suffered from respiratory difficulties, and others with similar symptoms, members of the Siekopai people took precautions and entered the jungle along with their elders who are those who are at risk in this pandemic.

In **Nicaragua**, the Wangki Tangni Women's organization has organized rallies with women leaders, Wihtas, and community authorities in 11 communities in Wangki Maya Territory, in 14 communities in the Wangki Twi, 4 territories in the Li Aubra territory, as well as in 15 neighborhoods of the urban center of the municipality of Waspam. The rallies were held in coordination with the Municipal Mayor's office, the Wangki Awala Kupia territorial government, and the Ministry of Health to raise awareness about the coronavirus pandemic.

The government of the Mayangna nation in the Sauni As, Sauni Bas, and Sikilta territories organized various informative activities about means of prevention with different groups of women, youth, and elders.

In **Panama** measures such as quarantine and sanitary fence in Gunayala county. Furthermore, in most indigenous communities, measures were taken to strengthen the immune systems of the population.

In the Gunayala Udsb community, local authorities decided to form a COVID-19 commission to prevent and avoid infections of the virus.

Notable among the commission's activities are:

- » 24-hour surveillance to ensure compliance with quarantine, and sanitary fence, all men participate in this.

- » 6:00 pm to 4:00 am curfew.
- » Control of the arrival of health personnel.
- » All health personnel that arrives at the community is quarantined at health instalations before they can move throughout the community.
- » Surveillance of all food that reaches the community.
- » Ensuring the practice of hygiene; cleaning of hands and of goods.
- » A protocol for the handling of food that includes: unloading of foods and merchandise at designated areas, fumigation of merchandise with chlorinated water by health personnel, use of protective equipment by health personnel, use of masks and gloves by anyone who handles food/merchandise, all fumigated merchandise is left in the sun for at least 3 hours, and is distributed 3 days later to the population.

In **Peru** the Wampis Autonomous Territorial Government (GTANW) established an emergency plan that includes the following:

- » Creation of a special commission to coordinate with governmental authorities.
- » Strengthening of territorial surveillance of border areas through patrols
- » Supplying food baskets to students and families stranded in Lima.

3.3. Voluntary community isolation measures

In **Chile** in the Arauco Province, the people of Tirúa, in alliance with social organizations and mapuche communities, have determined to, after the 6th of April, close the territory that makes up the commune,

In **Ecuador**, the Achuar Nationality of Ecuador (NAE) has closed off tourist access to its territory.

In a statement made on the 27th of April CONAIE and CONDENIAE are preparing to maintain quarantine in the territories of Indigenous Peoples and nationalities. They have ratified social distancing measures for all of May, maintaining community guards, exchanges such as bartering, fairs, keeping in line with prevention measures and continuing campaigns in indigenous languages. Results will be evaluated in late May.

In **Colombia** the Inga and Kamëntas indigenous communities of the High Putumayo have joined forces to safeguard their territory from the COVID-19 pandemic.

In **Guatemala** the 48 Kiche Cantons of Totonicapan have closed the entrances to their territory to outsiders and have organized commissions to respond to the different needs of their population given the pandemic.

In **Peru** the National Indigenous Women's Organization (ONAMIAP), promotes the closing of community borders as a preemptive measure to avoid the arrival of the Coronavirus.

In **Bolivia** various communities of the Yuqui, Mosestén, Aymara, Monkoxi, and Quechua communities prohibit entry into their territories.

- The Indigenous Yuqui Council of the TCO- Bia Recuate-Ciri, which includes the Bia Recuate, Pachinu, and Biariyua communities in the Carrasco-Cochabamba province, decided that all families should shelter in their communities.
- In La Paz the Mosestén People, who live in the Sud Yungas, Alto Beni, and Palo Blanco provinces, through the use of their traditional powers and customs, decided to authorize the sale of goods until April 9th, and to totally isolate after then, closing off all entries and exits, establishing checkpoints at each entry, and warning of sanctions within the framework of uses and customs. In total there are 14 Mosestean communities.
- In the Andean Zone the Jacha Marka Tapacari Condor Apacheta indigenous territory, in the Pazña municipality in Oruro, determined, after a community council, to implement strict use of face masks, gloves, and other sanitary implements, furthermore only allowing one delegate from each of the 22 communities to mobilize. The town, known for its cheese production, installed fumigation points at both exits.
- In the Native Peasant Indigenous Autonomy of Raqaypampa, situated in Mizque, south of Cochabamba, entry points were closed off, and despite the lack of police or military presence the local authorities are enforcing quarantine through local mechanisms and customs.

In **Mexico** Indigenous communities in Guerrero control access to their territory to prevent the propagation of the virus. They have requested the federal, state, and municipal government to not only respect the mechanisms developed by communities to fight the coronavirus, but to also explore other mechanisms to cooperate in this endeavor.

In **Panama**, in the Guna communities, measures such as the suspension of trips by the population from Panama City, to Gunayala county; the arrival of cargo ships, which bring food to the region, was limited; communities suspended the entry or exit by their members between communities.

In **Peru** the Wampis Autonomous Territorial Government (GTANW) adopted territorial surveillance measures, closing borders to prevent the propagation of COVID-19, considering that the health system is lacking, since there are only 12 medical centers for 60 communities.

3.4. Community surveillance and border protection mechanisms.

In **Perú** in the Boca Inambari community, members of the Harakbut People, in Madre de Dios, organized to regulate entries into the community and river transport in the Madre de Dios and Inambari Rivers, to prevent the entry of foreigners to their territories. They only allow movement of medical workers and of food suppliers.

In **Colombia** the Association of Indigenous Councils of the North Cauca reported that it has deployed 980 guards to protect the community borders from the pandemic.

3.5. Application of traditional medical systems in primary care.

In **Colombia** the ONIC includes, as part of its Contingency Plan, to strengthen the traditional medicine systems of its constituent peoples through the use of their own plants, uses, and customs. Also it has also proposed to convene rituals for the protection of their lands and population; to appeal to indigenous health institutions and agreements with non-indigenous institutions.

In **Chile**, Mapuche communities have assessed the pandemic based on their own worldviews. It is understood as the result of a bad relationship between species in the home that is the planet. It is due to transgressions on sacred spaces such as the sea, mountains, lakes, and rivers. This is why Machi (Mapuche doctors/healers) perform rituals and healing ceremonies. They highlight that the pandemic was signaled by signs such as the Bay ta aht'ü la (death of the sun) eclipse, among others, which predicted this moment of instability.

In **Bolivia**, some communities promote the use of antiviral plants such as rosemary, wira wira, eucalyptus, lampaya, ayrapmu, etc. ingested either through infusions or through vapors at home environments. These plants strengthen the immune system.

On the 24th of April, members of the Kallawayá people, traditional healers of the Andean region, and the Viceministry of Traditional Medicine and Interculturality presented a steam chamber fueled by herbs such as eucalyptus, wira wira, and chamomile. This measure helps prevent respiratory infections due to its expectorant qualities.

In **Guatemala**, the Sololá, Nebaj, and Comalapa indigenous communities use temazcal (sauna bath) with medicinal plants to strengthen the respiratory and immune systems

In the Q'echi' regions of Alta Verapaz, Ixil in Quiché, Tzutujil and Kaqchikel in Sololá, hot drinks, made with medicinal plants, are consumed to protect and cure the digestive system, the respiratory system, and nervous system, among others.

In communities around Coban, and other municipalities of Alta Verapaz, therapy accompanied by psychological support is helping groups of women to overcome trauma from violence.

In **Mexico**, due to the difficulties that the health system is experiencing, pregnant women in communities in Mexico have turned to midwifery and traditional childbirth to avoid risks in hospitals.

Youth from the Tarahumara Technological University in Chihuahua have created an antibacterial gel based on peppermint, chuchupate, and alcohol. It has been produced in a batch of 200 250-milliliter bottles, and was distributed to the most vulnerable people in their municipality.

3.6. Measures for food security

In **Bolivia**, farmers from Soracachi, Oruro, Bolivia, gave produce to the authorities so that they would be distributed to families in need during this pandemic. 82 Soracachi communities participated in this, donating potatoes, lima beans, turnips, and onions

In **Beni**, organized indigenous communities of the Multiethnic Indigenous Territory (TIM) and the TIM Women's Organization move produce, such as yuca and others, to the San Ig-

nacio municipality to exchange it for products that are in short supply in communities. Since families can't travel to San Ignacio, a schedule for pickup of produce from the communities has been organized.

In **Chile**, fishermen from the Tirúa and Quidico cove, in the Mapuche-lavkenche territory in the Arauco province, of their own accord, gave fish to the people of the commune, showing the self-reliance and environmental balance of the territory.

In **Guatemala**, in Chimaltenango municipalities, such as Patzún and Comalapa, where markets have been completely closed, families have returned to bartering and exchange of food to support themselves.

In **Honduras**, Lenca women organize to obtain their food, maintaining prudent distance from each other.

In **Venezuela**, some communities, due to scarcity of food, have returned to traditional practices, such as gathering, hunting, and fishing, and casabe (mandioca) production, which has made communities self-sufficient through traditional methods of food processing and conservation.

4. Evaluation of the regional-global environment

Initially, data was shared on the evolution of the pandemic in the world and in the region. In this section we highlight some statements by international entities directly related to the pandemic and Indigenous Peoples.

Many regional and international organizations have made efforts to monitor, inform, and take concrete action to combat the pandemic. However, very few have referenced the specific situation of indigenous peoples in this context.

The United Nations, within the framework of the provisions of the Declaration of the Rights of Indigenous Peoples, issued a statement where, affirming how particularly vulnerable Indigenous Peoples are, it requests governments to include representatives, leaders and traditional authorities of Indigenous Peoples in the emergency and health response entities of their countries, supervising the responses to the COVID-19 pandemic. Furthermore, among other provisions, it suggests supporting the decisions taken by indigenous authorities to protect their territories against the advance of the pandemic, as well as ensuring the availability of disaggregated data on Indigenous Peoples, in particular on infection rates, mortality, economic impact, burden of care and incidence of violence, including gender-based violence.¹⁶

The UN Inter-Agency Support Group on Indigenous Affairs (IASG)¹⁷ approved a guidance note for the UN system on Indigenous Peoples and COVID-19

For its part, the High Commissioner on Human Rights adopted guidelines which authorities must follow. Therein it expresses that information related to the crisis must be available to everyone, universally available in easily understood formats and language, including indigenous languages, along with those of national, ethnic, or religious minorities.¹⁸

16 UN, Department of Economic and Social Affairs, Indigenous Peoples and the COVID-19 Pandemic

17 See site: https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2020/04/IASG-Declaracion-IPs-and-COVID-19.SP_23.04.2020_FINAL-ES.pdf

18 ACDH, COVID-19 Guidelines, Abril 2020 <https://www.ohchr.org/SP/NewsEvents/Pages/COVID19Guidance.aspx>

For its part, the Experts Mechanism has expressed that there is still time to limit the effects of the pandemic. To achieve this, they call upon the States so that, within the framework established in the United Nations Declaration and in accordance with the self-determination of the peoples, they make alliances with Indigenous Peoples to provide culturally acceptable health care without discrimination, as well as food or other humanitarian aid, when necessary.¹⁹

At a regional level, both the Interamerican Court and the International Commission on Human Rights²⁰ have made statements related to the subject. It is worth highlighting that the former, among a broad set of recommendation from member states, includes three that are specific to Indigenous Peoples:

- To provide information about the pandemic in traditional languages, establishing, when possible, intercultural facilitators to allow them to clearly comprehend the measures adopted by the States and the effects of the pandemic.
- To respect in an unrestricted way, no contact with Indigenous Peoples or groups of Peoples in voluntary isolation, given the serious impacts of infection for these peoples' subsistence and survival.
- To take extreme measures to protect the human rights of Indigenous Peoples in the context of the COVID-19 pandemic, taking into consideration that these groups have the right to receive culturally relevant health care that takes preventive care into account, as well as healing practices and traditional medicines.

¹⁹ UN, Human Rights Council, Experts Mechanism of the United Nations on the rights of Indigenous Peoples (EMRIP), Statement cited

²⁰ OAS, Inter-American Commission on Human Rights, Resolution NO. 1/2020 PANDEMIC AND HUMAN RIGHTS IN THE AMERICAS, April 10, 2020. <https://www.oas.org/es/cidh/decisiones/pdf/Resolucion-1-20-es.pdf>



Conclusions and recommendations

The current and future seriousness of the COVID-19 Pandemic requires coordinated, efficient, and urgent action.

A series of actions have been taken to save lives and protect indigenous communities, many of them in development, that we understand can help, at least in part, in achieving this goal.

In order to have a chance of success, it is essential that, in addition to indigenous communities and organizations, States make their best effort and establish the necessary areas of coordination for this to happen.

The Regional Platform has been consolidated to do just that; to coordinate with the governments of the continent to work together efficiently against the pandemic.

The seriousness of the situation calls for at least three URGENT actions:

1. Attending to the food insecurity that many Indigenous communities face right now
2. Respecting, and at times supporting, prevention and mitigation actions taken by Indigenous Peoples to combat the pandemic.
3. Establishing formal and efficient dialogue between Indigenous Peoples and state authorities to implement efficient coordinated intercultural actions to face the current and future effects of the pandemic.

In this understanding and considering the findings include this brief report, the organizations that make up the Regional Indigenous Platform propose to state authorities and in general to all those who in one way or another are playing a relevant role in the fight against COVID-19 and its effects, to consider the following recommendations:

- In the framework of governmental efforts to protect vulnerable populations and to attend to the needs of each indigenous community, all channels of communication and dialogue must be explored.

- In this sense, it would be appropriate for dialogues to not only attend to the needs of the moment, but also to analyze and agree on strategies to deal with the aftermath of the health crisis, when social and economic recovery will be a crucial element in national and regional agendas.
- National information and health systems must develop mechanisms to disaggregate and systematize information, identifying indigenous people affected by COVID-19, with the goal of supporting the development of health protocols, respecting Indigenous Peoples' worldviews and territorial governance.
- Promoting and facilitating exchange of practices between Indigenous Peoples, communities, and organizations, in terms of initiatives and measures adopted to avoid the expansion of the pandemic, and to protect their families and territories.
- To make an effort to strengthen the health services in communities and areas with great vulnerabilities, considering that this endeavor must be done with a multicultural approach, respecting and fostering the implementation of traditional health systems.
- To take measures so that health, food, and any kind of needed aid reaches indigenous populations in an adequate and timely manner, for which it is necessary to coordinate with the interlocutors of each involved indigenous community and organizations.

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