

COVID-19

The Impact of COVID-19 on Afro- Descendant Populations in the Region of the Americas

Priorities and Opportunities

REPORT OF THE HIGH-LEVEL REGIONAL MEETING

17 NOVEMBER 2020

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The Impact of COVID-19 on Afro-Descendant Populations in the Region of the Americas: Priorities and Opportunities. Report on the High-Level Regional Meeting, 17 November 2020

PAHO/EGC/COVID-19/21-0002

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Introduction

In March 2020, the World Health Organization (WHO) declared that the outbreak of COVID-19, the disease caused by a novel coronavirus, constituted a pandemic, given the speed and scale of its transmission. Since this emergency began, the Pan American Health Organization (PAHO) has been working with the countries of the Region of the Americas to respond to the pandemic, mitigate its effects, and stop its spread.

The Region of the Americas is characterized by its rich multi-ethnic and multicultural heritage, including approximately 134 million Afro-descendants in Latin America (1); no less than 25% of the total population. However, these Afro-descendants face adverse conditions that, in addition to discrimination, marginalization, and exclusion, result in inequities in such areas as health, employment, and income.

At present, with the limited available information, it is not possible to determine precisely the magnitude and impact of COVID-19 on the Afro-descendant population. Nevertheless, based on PAHO's sustained efforts to compile data, together with those of representatives from ministries of health, subregional health agencies, and representatives from Afro-Latin American and Afro-Caribbean organizations, it can be affirmed that the pandemic has had a huge impact on the health of Afro-descendants and on their living conditions.

As part of their pandemic response, PAHO and the countries of the Region are working to address key aspects and considerations that affect Afro-descendant populations, among other groups; for example, through the framework of the PAHO *Policy on Ethnicity and Health* (2) and its *Strategy and Plan of Action on Ethnicity and Health 2019-2025* (3). Furthermore, PAHO recently published *Considerations on Indigenous Peoples, Afro-Descendants, and Other Ethnic Groups during the COVID-19 Pandemic*.

During the different consultation and dialogue processes to draft these documents, it was the leaders representing the Afro-descendant organizations of the Americas—both women and men—who raised with the PAHO Office for Equity, Gender, and Cultural Diversity the need for COVID-19 response to give visibility to the particular situation of inequity and structural discrimination faced by Afro-descendant individuals and communities in the Region. This report aims to draw attention to these issues in the countries of the Region, and to offer general recommendations for public policies to prevent, control, and reduce the transmission of the disease in these populations and the areas where they live, using an ethnic and intercultural approach.

To this end, in September 2020, PAHO conducted three subregional technical consultations: 1) with Cuba, Mexico, Puerto Rico, the Dominican Republic, and the Central American countries; 2) with South American countries; and 3) with Canada, the United States, and Caribbean countries. These consultations focused on creating opportunities for subregional coordination, dialogue, and exchange of views and proposals geared towards improving the health sector's COVID-19 response in Afro-

descendant and indigenous populations. Participants included men and women leaders of Afro-descendant communities in the Americas, representatives of health ministries, and PAHO staff.

To continue advancing its commitments to the universal health agenda in COVID-19 response targeting Afro-descendant and indigenous populations, PAHO also organized two high-level meetings—one on indigenous peoples (30 October 2020) and another on Afro-descendants (17 November 2020)—to draft a road map for strengthening COVID-19 response, highlighting the priorities, needs, and proposals presented by representatives of the indigenous and Afro-descendant populations, with an intercultural approach and in coordination with the indigenous and Afro-descendant communities of the Region.

This report summarizes the main demands and expectations presented by Afro-descendant leaders during the high-level meeting “The Impact of COVID-19 on Afro-Descendant Populations in the Region: Perspectives and Opportunities” held on 17 November 2020 using the Zoom videoconference platform.

The issues identified in this document correspond to the general considerations of the debate, which had also been raised in the three previous subregional technical consultations. These issues are presented broadly and are not intended to represent the priorities of all of the Afro-descendant communities in the Region. The problems identified and measures suggested to countries should consider the specific cultural characteristics and particular situations of Afro-descendant populations.

1. Impact of the COVID-19 pandemic on Afro-descendant populations

The process of European colonization of the Americas, and with it, the beginning of the transatlantic and trans-Pacific trade in millions of enslaved Africans during nearly four centuries, were determinants for Afro-descendants’ living conditions and life experiences, which today are reflected in the inequities they face and barriers to the recognition, full enjoyment, and exercise of their rights, as well as the serious disadvantages that hinder their human development and the achievement of a decent standard of living.

Afro-descendants in the Region, unlike the rest of the population, are victims of several simultaneous forms of inequity, discrimination, and exclusion as a result of institutional racism and a series of violations of their fundamental rights. These result in major obstacles to exercising the right of every human being to “enjoyment of the highest attainable standard of health” in equality of conditions and without discrimination of any kind (3).

In this context, the COVID-19 pandemic has widened the already existing gaps of inequity and discrimination affecting Afro-descendants. Moreover, it has had a disproportionate impact on the areas where they live, which generally lack quality

education, decent employment, healthy food, adequate housing, safe drinking water, and sanitation. All of this creates a situation of greater vulnerability during the pandemic, including a notable increase in the risk of infection and death, compared with the population that self-identifies or is perceived as mestizo or white.

For example, in Colombia, the percentage of Afro-descendants deprived of access to safe drinking water is five times higher than that of other groups; in Nicaragua and in Uruguay, they are more than twice as likely to be in this situation; and in Brazil, Ecuador, and Mexico, the percentage is approximately 1.5 times more likely (4).

This lack of access to safe drinking water, connections to the supply network, and sanitation facilities has prevented Afro-descendants from respecting and complying with the hygiene recommendations from PAHO, their governments, and epidemiologists on frequent hand washing to prevent infections from coronavirus and other respiratory diseases caused by viruses.

Moreover, the serious situation of social inequality and vulnerability that Afro-descendants are experiencing with regard to COVID-19 can also be seen in their often precarious housing—one of the causes of infection in the urban or rural areas where they live.

In such countries as Brazil, Costa Rica, Cuba, Ecuador, and Uruguay, Afro-descendants tend to live in seriously overcrowded housing conditions, including an average of more than five people per bedroom—more than double that of non-Afro-descendants who live in otherwise similar conditions (5). In districts with a high degree of overcrowding and moderate poverty, where Afro-descendants tend to live, it is difficult to practice social distancing in the home and to comply with the recommended isolation measures, while increasing their chances of developing COVID-19 symptoms, becoming suspected cases, or being diagnosed with the disease.

Furthermore, in the great majority of countries in the Region, the Afro-descendant population, especially women and young people, are subjected to systematic violations of their workplace rights, which makes them especially vulnerable to COVID-19. Unlike non-Afro-descendants, their job stability is low, and they have considerably higher levels of unemployment and precarious employment, often working in unskilled jobs in the informal economy, meaning that their income is low and they have serious difficulties covering their transport and medical costs for COVID-19 treatment, as well as the cost of food during periods of compulsory quarantine.

In Brazil, Colombia, Ecuador, and Uruguay, the unemployment rates of Afro-descendants are higher than those of non-Afro-descendants, with even higher levels among Afro-descendant women and young people (4). The Afro-descendant population, especially women, generally have jobs that are paid by the day. This means that they are forced to leave the house frequently to buy or sell in crowded

markets, where social distancing is not respected, with the consequent constant exposure to the virus.

It is essential for countries to implement differentiated measures and immediate actions to address the onset and spread of the coronavirus pandemic in Afro-descendant populations; mitigate its impacts (infections and case-fatality rate); prevent spread of the virus; control the disease; and provide timely, acceptable, and affordable access to COVID-19 care.

With this frame of reference, the high-level meeting enabled Afro-descendant leaders to present a set of needs and proposals, which could become a roadmap for a COVID-19 response that takes an intercultural approach, enabling countries to meet their commitments to promote, respect, protect, and guarantee the human rights of the entire population, equally and without any form of discrimination, during the pandemic.

2. Thematic areas identified and recommendations

a. Equitable access to culturally sensitive quality health services

Given the regional context, which has seen a deepening of existing ethnic inequities due to the COVID-19 pandemic and its intersection with other equity gaps based on gender, socioeconomic level, age, and sexual orientation, the Afro-descendant leaders emphasized the need for countries to guarantee the right to health in their countries by improving infrastructure, providing medical equipment and personal protective equipment for health workers, and ensuring an adequate supply and use of screening tests, all for the purpose of effectively treating patients with suspected or confirmed coronavirus infection.

In this regard, Epsy Campbell Barr, Vice President of Costa Rica, said:

We are aware of the tremendous impact that the pandemic has had on Afro-descendant populations throughout the Region. Our figures are not very encouraging, and we have to take decisive action: one issue here is Afro-descendants' access to sanitation, because they are at a severe disadvantage compared with non-Afro-descendants.

Reduced health coverage raises the urgent need to expand equitable access to comprehensive quality services in the urban and rural areas where Afro-descendant populations live, in order to prevent, control, and reduce the transmission of the pandemic in this population and the places they inhabit. In the words of Mirtha Colón, Chair of the Central American Black Organization, CABO:

In our countries, it is necessary to improve such areas as infrastructure and staffing; provision of medicines; care for women and facilitation of maternal-child health services; and also the provision of emergency services and ambulances to transport

emerging [coronavirus] cases from our communities to the cities where they can receive care.

Participants also said that strengthening health care in Afro-descendant communities should be accompanied by an improvement in road infrastructure to facilitate communication, access, and the transport of patients with severe COVID-19 symptoms from the places where they live to the nearest hospitals and health centers where coronavirus cases are being treated.

On several occasions, participants in the high-level meeting also raised the issue of mental health care for Afro-descendant children, youths, and women, who have been severely impacted by the lack of jobs and education, food insecurity, difficulties in carrying out their collective cultural practices, and the increase in cases of gender-based violence as a result of compulsory social isolation due to COVID-19.

Verene Shepherd, Director of the Centre for Reparation Research at the University of the West Indies, said that the pandemic has had profound effects on the mental health of the Afro-Caribbean population, with an increase in cases of mental illness, such as depression, including among children. This is due, she said, to the long periods of confinement and the loss of jobs, with high unemployment, especially in the tourism sector, which traditionally has a high proportion of Afro-descendant employees.

Moreover, the Afro-descendant representatives emphasized that it is not possible to ensure comprehensive health services, and equitable and timely quality care for Afro-descendants without recognizing their customs and ancestral cultural traditions as a necessary condition for guaranteeing the right to health for all Afro-descendants in a situation of equality, free from discrimination.

The Afro-descendant leaders also pointed out that countries should promote respect for traditional Afro-descendant medicine, based on ancestral practices and knowledge, which uses medicinal plants, alone or with other natural products, to cure or alleviate ailments.

As they did at the subregional technical consultations, the Afro-descendant leaders reported that public health information about COVID-19 prevention and access to medical care is often unavailable in their languages or are not culturally appropriate. Therefore, they reiterated the need to ensure that COVID-19 communication and information is accessible and culturally adapted to the different world views of Afro-descendant communities.

In this regard, the community leaders insisted on the need to rethink the health system, for two reasons: first, to reduce existing inequities in access to the system; and second, to reevaluate the ancestral knowledge of traditional healers, whose skills are not recognized by Western medicine nor integrated into health care delivery.

These leaders also emphasized the importance of strengthening countries' intercultural competence through incorporating Afro-descendant professionals into the health services to ensure the delivery of health care with an intercultural approach.

In this regard, Bernardine Dixon, Director of the Center for Multi-Ethnic Women's Studies and Information (CEIMM-URACCAN) at the University of the Autonomous Regions of the Nicaraguan Caribbean Coast, pointed out:

It is necessary to ensure coordination with traditional healers. This is essential for providing relevant, quality care to our Afro-descendant population that respects its world view and spirituality. To do this, it is necessary and important for staff to be trained in and sensitive to diversity, and to develop intercultural health models that combine traditional medicine with Western medicine, in order to achieve true harmony.

It noteworthy that, during the subregional technical consultations, the Afro-descendant leaders considered it important to implement COVID-19 response strategies that take advantage of the contributions of this traditional knowledge; coordinate COVID-19 response initiatives with traditional healers; and exchange good practices among Afro-descendants regarding the measures adopted to avoid expansion of the pandemic.

The Afro-descendant representatives also stressed that it is essential for countries to guarantee an equitable and effective distribution of COVID-19 vaccines in their towns and communities, and to provide diagnostic methods and treatments that are affordable, safe, effective, easy to administer, universally accessible, and interculturally relevant.

In this regard, David Quiñonez Ayovi, Secretary-General of the National Council for Afro-Ecuadorian Unity, said:

We must ensure a stock of COVID-19 vaccines for the Afro-descendant population in the region, as a necessary condition for guaranteeing universal and priority access during the pandemic.

During the subregional technical consultations, members of Afro-descendant organizations also said that countries and international organizations should prepare vaccination campaigns using strategies that enable Afro-descendants living in remote areas to receive the vaccine. They also pointed out that the design of vaccination campaigns must be culturally relevant, considering everything from the local languages to the world views on health of the people and their communities.

b. Preexisting conditions having an impact on the health of Afro-descendant populations

The socioeconomic reality of Afro-descendants, marked by structural racism, has made them particularly vulnerable to both communicable diseases and to noncommunicable diseases such as cancer, diabetes, heart disease, and chronic respiratory illness—all of which means that they run the risk of contracting more severe cases of COVID-19.

According to the Afro-descendant organizations, countries of the Region have not acknowledged these risk factors when designing and implementing health measures to tackle the pandemic. Therefore, they called upon these countries to design specific COVID-19 treatment protocols for Afro-descendants that take into account their preexisting conditions, to prevent their developing severe symptoms and to offer treatment tailored to their needs.

Dr. Quiñonez Ayovi pointed out:

The high number of comorbidities that affect the Afro-descendant population increases their risk of severity and death; therefore, what we need is the urgent provision of medicines to control these chronic conditions which increase the risks to the Afro-descendant population.

Participants in the consultations also referred to the need to detect COVID-19 in Afro-descendants in a timely manner, since its relation to the aforementioned comorbidities and risk factors can be lethal for those infected. Here, they underscored the importance of having sufficient screening tests and medication in their communities.

Furthermore, they reported that the lower income level of Afro-descendants creates severe economic barriers to paying for the treatments of their predominant diseases, such as diabetes and high blood pressure. They demanded that health facilities provide universal, free care services and treatment for patients with suspected or confirmed cases of COVID-19, so that the pandemic does not create additional expenses on top of treatment for their preexisting conditions.

c. Information and data systems to identify the priorities of Afro-descendant populations and follow up on initiatives

Statistical information systems make it possible to administer, compile, recover, process, store, and provide relevant data that contributes to national decision-making. For example, epidemiological surveillance systems enable the design of strategies to prevent and control risk factors, impede the spread of disease, and plan the availability of resources to improve population health.

In this regard, the participants stated repeatedly that the lack of statistics and data disaggregated by ethnic and cultural groups is one of the principal difficulties that governments of the Region face. This keeps them from measuring the true scope of COVID-19 among Afro-descendants, and its disproportionate impact on the areas where they live. It also hinders the appropriate design of specific, differentiated strategies and measures for pandemic prevent, surveillance, and control in these populations.

The Afro-descendant representatives pointed out that the lack of statistical information that includes ethnicity as a variable leaves decision-makers 'blind' to the situation facing Afro-descendants in terms of access to health care and health

coverage, and their cultural characteristics. Consequently, this creates difficulties in designing, implementing, and evaluating government initiatives to guarantee care and effective treatment in patients with suspected or confirmed cases of COVID-19.

As in the subregional technical consultations, the Afro-descendant leaders affirmed that it is crucial to strengthen data systems by incorporating ethnicity as a variable in administrative records, in order to compile adequate, up-to-date qualitative and quantitative data on factors related to the health of Afro-descendant populations. This would make it possible to conduct an exhaustive and detailed analysis of their health situation, and to use an intercultural approach to monitoring, evaluation, and decision-making.

Different Afro-descendant leaders weighed in on this issue; for example, Alfonso Choles, Director-General of the Association of Afro-descendants of the Colombian Caribbean, said, “the lack of information on Afro-descendants means that we do not have access to health systems that respect ancestral and traditional medicine.” Similarly, Dr. Quiñonez Ayovi said, “we must call on governments to implement information systems with data disaggregated by ethnic group, which is relevant for decision-making.”

Along the same lines, some Afro-descendant leaders asked to be considered active stakeholders in the collection and compilation of information in their countries, and not merely passive suppliers of ancestral knowledge, skills, and practices. This could be achieved through interviews with government representatives or organizing visits to their communities. The aim here is for communities, which have direct knowledge of their own situation and traditional forms of medicine, to contribute to improving their national health systems.

In this regard, Ms. Dixon was clear when she said:

It is necessary to continue engaging in research by, for, and above all, with Afro-descendant communities. As Afro-descendants, we do not need to be researched by others; we both want and need to conduct our own research on the situations and phenomena that affect us.

Finally, the participating leaders affirmed that bringing Afro-descendant health professionals and knowledgeable Afro-descendants who practice traditional medicine into public health management could contribute significantly to their countries’ capacity to analyze the health situation using a differential ethnic approach.

d. Dialogue and participation

The representatives of the Afro-descendant populations recalled that, historically, their communities and organizations have been discriminated against, excluded, and marginalized in decision-making processes, as well as in institutional spaces for

participation and dialogue at the national and local levels. This situation has not changed during the COVID-19 pandemic.

The Afro-descendant leaders also discussed the need to ensure effective participation by their communities in the design, preparation, and evaluation of public policies aimed at preventing, controlling, and reducing the spread of COVID-19 in their population and in the areas where they live. Furthermore, they highlighted the importance of institutionalizing opportunities for participation and consultation in health agencies, in accordance with Convention 169 of the International Labor Organization¹ (7) and other international human rights instruments.

They also demanded more opportunities for dialogue between Afro-descendant organizations and representative networks and the health agencies at the national and local levels, to ensure coordinated, intercultural actions that would effectively incorporate their viewpoints and perspectives—including those of women and young people—and their traditional ancestral knowledge and practices into decision-making in their countries when addressing the COVID-19 pandemic.

Finally, as at the subregional technical consultations, the Afro-descendant representatives participating in the event also urged countries to ensure the participation of Afro-descendant representatives on COVID-19 response committees and task forces in order to strengthen intercultural public management in health emergencies.

Conclusions

The COVID-19 pandemic has deepened socioeconomic inequities and levels of poverty and extreme poverty in the Region of the Americas. In the case of Afro-descendants, compared with the rest of the population, the pandemic has disproportionately affected their communities and territories as a result of their pre-existing critical indicators regarding access to health services, quality education, decent jobs, housing, water, and sanitation, all of which have heightened their vulnerability to contracting the coronavirus and dying from COVID-19.

In information systems, the lack of data disaggregated by ethnic origin continues to be one of the principal barriers to adopting specific, differentiated measures to implement strategies to guarantee access to COVID-19 services, including health promotion, disease prevention, treatment, rehabilitation, and palliative care.

The high-level dialogue showed that the measures adopted by the Region's governments seem to have been insufficient to design strategies to prevent and control risk factors that take into account the pre-existing conditions common among Afro-descendants, in order to effectively control and reduce COVID-19 transmission in these populations and the areas where they live.

In this regard, it is essential for countries to create institutional spaces for consultation and participation involving representatives of Afro-descendant organizations, in accordance with international human rights law. Intercultural dialogue would make it possible to incorporate their viewpoints and recognize their traditional ancestral knowledge and practices in the formulation, implementation, and evaluation of all COVID-19 emergency response measures.

However, due to centuries of discrimination, marginalization, and exclusion from the Region's health systems, rethinking the health sector from an intercultural perspective is not enough to resolve Afro-descendants' vulnerable situation in the context of COVID-19 and future pandemics.

The scarce existing data and the debates that emerged during the high-level dialogue indicate that only a comprehensive reform which ensures the effective mainstreaming of an intercultural approach across all sectors and levels of government could significantly contribute to decreasing structural racism and mitigating health inequities caused by social determinants. This would ensure that all people exercise the right to "enjoyment of the highest attainable standard of health" in equality of conditions and without discrimination of any kind (3).

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Annex 1. Complete list of participants

Regional high-level meeting, 30 October 2020

Argentina

Afro-descendant leader

Miriam Victoria Gomes, Afro-descendant community

Government representatives

Carlos Álvarez Nazareno, National Director of Ethnic Racial Equity, Migrants and Refugees, Secretariat for Human Rights, Ministry of Justice and Human Rights

Soledad López, Public Health Program Coordinator

Canada

Government representatives

Marissa de la Torre Ugarte, Policy Analyst, Permanent Mission of Canada to the Organization of American States (OAS)

Marie Des Meules, Director, Social Determinants of Health Division, Public Health Agency of Canada

Mark Goldfield, Policy Analyst, Bilateral Engagement, Summits and Trade Division, Public Health Agency of Canada

Lucero Hernández, Manager, Multilateral Relations Division, Public Health Agency of Canada

Jennifer Izaguirre, Policy Analyst, Multilateral Relations Division, Public Health Agency of Canada

Charlotte McDowell, Senior Development Officer, Permanent Mission of Canada to the OAS

Mark Nafekh, Director General, Centre for Chronic Disease Prevention and Health Equity, Public Health Agency of Canada

Monica Palak, Senior Policy Analyst, Multilateral Relations Division, Public Health Agency of Canada

Christine Soon, Manager, Social Determinants of Health Division, Public Health Agency of Canada

William Wang, Policy Analyst, Multilateral Relations Division, Public Health Agency of Canada

Chile

Afro-descendant leader

Cristian Báez Lezcano, Director of the Lumbanga Afro-Chilean Organization

Colombia

Afro-descendant leader

Alfonso Choles, Chair of the Third Commission on Health and Social Protection, Colombian Institute of Family Welfare, Women, Gender, and Generations for Consultations with the Afro-Descendant Community

Government representatives

Gustavo Adolfo Lugo, National Councilor for Planning
 Carolina Manosalva, Coordinator for Ethnic Affairs, Ministry of Health

Costa Rica

Indigenous leaders

Mónica González, Mesa Indígena [Indigenous Board] advocacy group
 Donald Rojas Maroto, Chair of the Mesa Nacional Indígena [National Indigenous Board] advocacy group

Government representatives

Epsy Campbell Barr, Vice President of Costa Rica
 Alejandra Acuña Navarro, Deputy Minister of Health

Cuba

Afro-descendant leader

Norma Guiallard, Coordinator, Cuban Chapter of the Regional Afro-Descendant Network of Latin America and the Caribbean (ARAAC)

Government representative

Pablo Feal, Director of the National Center for Health Promotion and Disease Prevention, National Focal Point for Interculturalism

Ecuador

Afro-descendant leaders

Irma Victoria Bautista Nazareno, National Coordinator of Black Women's Organizations (CONAMUNE)
 David Quiñonez Ayovi, Secretary-General, National Council for Afro-Ecuadorian Unity

Government representatives

Elsy Guadeloupe Brizuela de Jiménez, Technical Advisor, Directorate for Health Policy and Management
 Jenny López
 Flor de María Portand, Coordinator, Office of Indigenous Peoples

United States of America

Government representatives

Rick Berzon, Project Officer, Clinical and Health Services Research, National Institutes of Health
 Kevin Bialy, International Program Officer for the Western Hemisphere, Division of International Relations, Fogarty International Center, National Institutes of Health

Guyana

Government representative

Gregory Harris

Honduras

Afro-descendant leader

Randy Jude Welcome Solomon, Vice President of the Honduran Afro and Indigenous Youth Network

Government representative

Carolina Lanza, Advisor, Directorate-General of Standardization, Ministry of Health

Mexico**Government representatives**

Bertha Dimas Veracruz, Coordinator of Indigenous Cultural Heritage, Research, and Education, National Institute of Indigenous Peoples

Alejandro Manuel Vargas García, Director-General of Health Planning and Development

José Alejandro Almaguer González, Director of Traditional Medicine and Intercultural Development, Directorate General for Health Planning and Development

Nicaragua**Government representatives**

Enrique Beteta, Deputy Minister of Health

Ned Smith, Coordinator of Health Services for the Caribbean Coast

Panama**Female Afro-descendant leader**

Mibzar A. Powell, Nurse, President of the Afro Youth Organization of Panama

Paraguay**Government representative**

Sandra Irala, Director, National Center for Epidemiological Information and Health Surveillance

Peru**Government representatives**

Víctor Raúl Cuba Ore, Director-General, International Technical Cooperation Office

Sonia Hilser, Deputy Manager, Office for International Technical Cooperation, Ministry of Health

Aldo Javier Lucchetti Rodríguez, Director-General for Strategic Public Health Interventions, Ministry of Health

Suzanne Matute Charún, Director, Bureau of Afro-Peruvian Policies, Ministry of Culture

María Melvy Graciela Ormaeche Macassi, Deputy Executive

Dominican Republic**Afro-descendant leader**

Darío Solano, Director, La Negreta cultural association

Government representative

Indiana Barina, Ministry of Public Health

Saint Kitts and Nevis**Government representative**

Akilah Byron-Nisbett, Minister of Health

Suriname

Afro-descendant leader

Renatha Simson, KAMPOS Collaboration of Tribal People in Suriname

Government representatives

Herman Jintie, Director-General, Medical Mission Primary Health Care

Maureen Wijngaarde-van Dijk, Deputy Director of Program Development, Office of Public Health

Uruguay

Government representatives

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Francia

Anne de la Blache, Ambassador, Permanent Observer of France to the OAS

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Center for Studies on Multiethnic Women (CEIMM-URACCAN), University of the Autonomous Regions of the Nicaraguan Caribbean Coast

Bernardine Dixon, Director

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Network of Afro-Latin American, Afro-Caribbean and Diaspora Women (RMAAD)

Gisela Arandia Covarrubias

Afro-Puerto Rican Professional Network

Palmira N. Ríos González

Lumbanga Afro-Chilean Organization

Cristián Báez Lazcano, Director

Black Central American Organization (ONECA)

Mirtha Colón, President

Organization for the Promotion of Gender Equity and Respect for the Human Rights of the Afro-Mexican Blacks

Juliana Acevedo Ávila

International Organizations

Organization of American States

Betilde Muñoz-Pogossian, Director, Department of Social Inclusion

Economic Commission for Latin America and the Caribbean
Alicia Bárcena, Executive Secretary

Consultation with Central American countries, Cuba, Mexico, and the Dominican Republic, 21 September 2020*

Costa Rica

Indigenous leader

Donald Rojas Maroto, Chair of the Mesa Nacional Indígena [National Indigenous Board] advocacy group

Afro-descendant leader

Edly Hall Reid, Afro-descendant community leader

Government representative

Alejandra Acuña Navarro, Deputy Minister of Health

Cuba

Afro-descendant woman leader

Norma Guillard, Coordinator, Red Cubana de Mujeres Afrodescendientes [Cuban Network of Afro-descendant Women]

El Salvador

Indigenous woman leader

Betty Elisa Pérez Valiente, Consejo Coordinador Nacional Indígena Salvadoreño [Salvadoran National Indigenous Coordination Council]

Afro-descendant woman leader

Ivy Gutiérrez, Azul Originario [Indigenous Blue] Association

Government representatives

Flor de María Portrand

Silvia Ethel Matus Avelar

Guatemala

Indigenous woman leader

Graciela Velásquez, Mayan K'iche' people

Afro-descendant woman leader

Ingrid Gamboa, Afro-descendant community leader

Government representative

Marcela Pérez, Technical Coordinator, Indigenous Peoples' Unit, Ministry of Health

Honduras

Indigenous leader

Fausto Hernández Pérez, Chair of Movimiento Independiente Indígena Lenca de La Paz - Honduras [Indigenous Lenca Independence Peace Movement - Honduras] (MILPAH)

Afro-descendant woman leader

Gregoria Jiménez Amaya, Chair of the Organización de Desarrollo Étnico Comunitario [Organization for Ethnic Community Development]

Government representative

Carolina Lanza, , advisor, Directorate-General of Standardization, Ministry of Health

Mexico**Indigenous woman leader**

Bertha Dimas Huacuz, General Coordinator for Cultural Heritage, Research, and Indigenous Education, National Institute for Indigenous Peoples

Nicaragua**Indigenous woman leader**

Maritza Centeno

Afro-descendant woman leader

Dorotea Wilson Tatham, Red de Mujeres Afrolatinoamericanas, Afrocaribeñas y de la Diáspora [Network of Afro-Latin American and Afro-Caribbean Women and Women of the Diaspora]

Government representatives

Enrique Beteta, Deputy Minister of Health

Ned Smith, Coordinator of Health Services for the Caribbean Coast

Panama**Indigenous leader**

Braulio Aryan Kantule, Assistant Director for Indigenous Peoples

Afro-descendant leader

Michael Darío Shirley, Assistant Director for Afro-descendants

Government representatives

Sol Berguido, advisor, Directorate for Indigenous Health Affairs

Patricio Montezuma, Director of Indigenous Health Affairs, Ministry of Health

Samuel Samuels, Director of the Department of Ethnic Groups, Panama City

Dominican Republic**Afro-descendant leader**

Darío Solano, Director of the La Negreta Foundation, collaborator with the national monitoring team for the United Nations International Decade for People of African Descent

Government representatives

Amaya García, Office of Gender Equity

José Alejandro Almaguer González, Director of Traditional Medicine and Intercultural Development, Department of Integration and Development of the Health Sector

Elías Melgen, Director of Public Health, Ministry of Public Health

Amaya García, Office of Gender Equity

Alejandro Manuel Vargas García, Director-General of Planning and Development in Health

Subregional indigenous and Afro-descendant networks

Mirtha Colón, Chair, Organización Negra Centroamericana [Central American Black Organization]

Jesus Amadeo Martínez, General Coordinator, Foro Indígena Abya Yala [Abya Yala Indigenous Forum]

*Total number of individuals connected: 92

Consultation with South American countries, 23 September 2020*

Argentina

Indigenous women leaders

Diana Laura Villa, Charrúa Nation, Villaguay, Entre Ríos province

Relmu Ñamku, Mapuche community, Neuquen province

Afro-descendant woman leader

Miriam Victoria Gomes, Afro-descendant community

Government representative

Hernán Goncebat, National Community Health Director

Bolivia

Indigenous leader

Rafael Cuéllar Ávila, Guaraní representative of the Capitanía [self-governing indigenous zone] Kaaguasu Muburicha

Government representative

Maritza Patzi, Director of Traditional Medicine and Interculturalism, Ministry of Health

Brazil

Indigenous leader

Roberto Antônio Liebgott, representative of the Missionary Council for Indigenous Peoples, member of the Intersectoral Indigenous Health Commission of the National Health Council

Afro-descendant woman leader

Altamira Simões dos Santos Souza, representative of Rede Nacional Lai Apejo – Saúde da População Negra e Aids [Lai National Support Network for the Health of the Black Population and AIDS], and coordinator of the Intersectoral Commission on Equity Promotion Policies of the National Health Council

Government representatives

Roberta Aguiar Cerri, Analyst, International Health Affairs Advisory Service

Marcus Vinícius Barbosa Peixinho, Office for Equity Promotion, Secretariat of Primary Health Care

Andrea Jacinto, Analyst, International Health Affairs Advisory Service

Colombia

Indigenous leader

Luis Fernando Arias, Senior Advisor, Organización Nacional Indígena de Colombia [National Indigenous Organization of Colombia] (ONIC)

Afro-descendant leader

Alfonso Choles, Chair of the Third National Commission for Social Protection, Health, Women, Gender and Generations, Colombian Institute of Family Welfare,

Government representative

Oscar Javier Siza, Head of the Office of Social Promotion, Ministry of Health

Chile**Indigenous woman leader**

Karina Manchileo, Mapuche Warriache Health Council

Afro-descendant woman leader

María Elena Castillo, Red de Mujeres Rurales de la Comuna de Arica [Network of Women Rural of the Commune of Arica] and President of Club del Adulto Mayor Afrodescendiente del Pago de Gómez [Older Afro-descendants Club of Pago de Gómez]

Government representative

Javier Silva, Head of the Department of Health and Indigenous Peoples and Interculturalism

Ecuador**Indigenous leader**

Jaime Vargas, Confederación de Nacionalidades Indígenas del Ecuador [Confederation of Indigenous Nations of Ecuador]

Government representative

Eduardo Zea, Undersecretary of Health Promotion, Ministry of Public Health

Paraguay**Government representative**

Pilar Royg, Advisor, National Directorate for the Health of Indigenous Peoples, Ministry of Public Health and Social Welfare

Peru**Indigenous woman leader**

Tania Rojas, Executive Secretary, Asociación Interétnica de Desarrollo de la Selva Peruana [Inter-ethnic Association for Development of the Peruvian Jungle]

Government representatives

Angel Gonzáles Vivanco, Director-General of Strategic Interventions in Public Health, Ministry of Health

Suzanne Matute Charún, Director of Afro-Peruvian Policies, Ministry of Culture

Subregional health mechanisms

María del Carmen Calle, Executive Secretary, Andean Health Agency (ORAS CONHU)

Juan Miguel González, Executive Director, MERCOSUR Social Institute

Gloria Lagos, Head of Strategic Lines and International Cooperation, ORAS CONHU

Carlos Macedo, Technical Advisor for Indigenous Peoples, Amazon Cooperation Treaty Organization (ACTO)

Marisela Mallqui, Under-Secretary, ORAS CONHU

Alexandra Moreira, Secretary-General, ACTO

Diego Pacheco, Project Officer, ACTO

Subregional indigenous networks in South America

Jose Gregorio Díaz Mirabal, Coordinator, Congress of Indigenous Organizations of the Amazon Basin (COICA)

Rodrigo Escobar, Regional Officer for Humanitarian Action, Concertación Regional para la Gestión de Riesgos [Regional Risk Management Network] (CRGR)

*Total number of individuals connected: 102

Consultation with Caribbean countries, Canada, and the United States, 25 September 2020*

Canada

Indigenous women leaders

Marlene Larocque
 Judith Eigenbrod, COVID-19 Task Force Lead, Assembly of First Nations
 Marlene Larocque, Senior Policy Advisor for Health, Assembly of First Nations
 Clara Morin Dal Col, Minister of Health, Métis National Council

Government representatives

Lucero Hernández, Manager, Multilateral Relations Division, Public Health Agency of Canada
 Jennifer Izaguirre, Policy Analyst, Multilateral Relations Division, Public Health Agency of Canada

United States of America

Indigenous woman leader

Jill Jim, Executive Director, Navajo Department of Health

Afro-descendant woman leader

Mirtha Colón, President, Organización Negra Centroamericana (ONECA)

Government representatives

Larissa Aviles-Santa, Director, Clinical and Health Services Research, National Institute on Minority Health and Health Disparities (NIMHD)
 Tammy R. Beckham, Deputy Assistant Secretary for Vaccines and Infectious Diseases, Office of the Assistant Secretary for Health (OASH)
 Rick Berzon, Health Science Administrator and Program Director for Clinical and Health Services Research, National Institutes of Health
 Monica Webb Hooper, Deputy Director, NIMHD
 Roslyn Moore, Deputy Director of Programs, OASH
 Eliseo Pérez-Stable, Director, NIMHD
 Jessica Roach, Senior Policy Advisor, Office of Infectious Disease and HIV/AIDS Policy, OASH

Guyana

Indigenous leaders

Michael Gouveia, Regional Health Services Coordinator for Indigenous People's Communities
 Kay Shako, Director of Regional and Clinical Services, Ministry of Indigenous Peoples' Affairs

Haiti

Government representatives

Yves-Gaston Deslouches, Assistant to the Minister of Health
 Pierre-Marie Reynold Grand Pierre, Director, Family Health and Gender Unit, Ministry of Health
 Michèle Pierre-Louis, Minister of Health

Jamaica (also representing Bermuda and Suriname)

Indigenous woman leader

Maria-Josee Artist, Association of Indigenous Village Leaders of Suriname (VIDS)

Afro-descendant woman leader

Renatha Simson, KAMPOS Collaboration of Tribal People in Suriname

Government representative

Maureen Wijngaarde-van Dijk, Deputy Director of Program Development, Office of Public Health of Suriname

Trinidad and Tobago (also representing Aruba, Bonaire, Curaçao, Saba, Sint Eustatius, and Saint Martin)

Indigenous leaders

Ricardo Bharath Hernández, Chief, Santa Rosa First People's Community

Barry Phillip, Project Manager, Santa Rosa First People's Community

Nelcia Robinson, Administrative Officer, Santa Rosa First People's Community

Subregional health mechanism

Sheena de Silva, Caribbean Public Health Agency

Indigenous Knowledge and Disaster Risk Reduction Network

John Scott, member of the Tlingit & Haida Tribes of Alaska, President of the Center for Public Service Communications

*Total number of individuals connected: 60