COVID-19

The Impact of COVID-19 on the Indigenous Peoples of the Region of the Americas

Perspectives and Opportunities

REPORT ON THE HIGH-LEVEL REGIONAL MEETING

30 OCTOBER 2020

PAHO Pan American Health Organization
World Health Organization Regional Office for the Americas

The Impact of COVID-19 on the Indigenous Peoples of the Region of the Americas: Perspectives and Opportunities. Report on the High-Level Regional Meeting, 30 October 2020

PAHO/EGC/COVID-19/21-0001

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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 halt its spread.

The Region of the Americas is characterized by its rich multi-ethnic and multicultural heritage; this includes 54.8 million indigenous people in Latin America and the Caribbean, and 7.6 million in North America *(1).* Nonetheless, these indigenous populations face adverse conditions that, in addition to discrimination and exclusion, result in inequities in health, employment, and income, among other areas.

At present, with the limited available information, it is not possible to conduct a precise diagnosis of the magnitude and impact of COVID-19 in indigenous populations. Nevertheless, based on the sustained efforts of PAHO to compile data, together with those of representatives from ministries of health, subregional health agencies, and indigenous organizations, it is clear that indigenous populations constitute one of the groups most affected by the pandemic in terms of health and living conditions (*2*).

As part of the pandemic response, PAHO and the countries of the Region are working to address key aspects and considerations that affect indigenous populations, among other groups; for example, through the framework of the *Policy on Ethnicity and Health* (*3*), and its *Strategy and Plan of Action on Ethnicity and Health 2019-2025* (*4*). Furthermore, PAHO published *Considerations on Indigenous Peoples, Afro-Descendants, and Other Ethnic Groups during the COVID-19 Pandemic* (*2*). Within this framework of action, information and communication campaigns have been launched in indigenous languages, seeking to adapt their content to different cultural settings.

During the different consultations and dialogue with the PAHO Office for Equity, Gender, and Cultural Diversity––which led to drafting the documents referenced above––it was leaders representing indigenous organizations of the Americas—both women and men—who raised the need for COVID-19 response to focus on the inequities and structural discrimination specifically faced by the indigenous individuals, communities, and peoples of the Americas. The aim of this report is to call the attention of the States of the Region and to offer general recommendations for public policies aimed at preventing, controlling, and reducing

the transmission of the disease in these populations and their territories, taking an ethnic and intercultural approach.

To this end, in July 2020 PAHO and the Coordinator of the Indigenous Organizations of the Amazon Basin (COICA) issued a joint statement (*5*) in which they agreed to intensify the fight against the COVID-19 pandemic in indigenous areas of the Amazon subregion (see Annex 3). They also requested that governments urgently implement, in coordination with indigenous Amazon organizations, a set of COVID-19 response plans and protocols, "appropriate to the various geographical and cultural contexts and that include the participation of the communities themselves," to diminish the negative impact on the lives of individuals and the community in general.

Several months later, in September 2020, PAHO conducted three subregional technical consultations: on 21 September with Cuba, Mexico, Puerto Rico, the Dominican Republic, and Central American countries; on 23 September with South American countries; and on 25 September 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 indigenous peoples of the Americas, representatives of health ministries, and PAHO staff.

In order to continue creating opportunities for dialogue and implementing the universal health agenda in the COVID-19 response in indigenous populations, PAHO organized a high-level meeting on 30 October 2020 to move forward in drafting a road map to strengthen the COVID-19 response, highlighting the priorities, needs, and proposals raised by the indigenous populations, with an intercultural approach and in coordination with the indigenous peoples of the Region.

This report summarizes the main perspectives and opportunities recognized during the high-level meeting, both by the indigenous leaders themselves and by representatives of some ministries of health of the Region. 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 indigenous populations in the Region. The issues identified are widely applicable to all of these populations; however, due to their important contextual and cultural differences, they should be considered using differentiated approaches, based on the special economic, social, political, and environmental features of each population.

1. Impact of the COVID-19 pandemic on indigenous peoples

In April 2020, the Chair of the United Nations Permanent Forum on Indigenous Issues, Anne Nuorgam, issued a statement saying:

> Indigenous peoples live in both urban and rural locales and account today for over 476 million individuals spread across 90 countries in the world, accounting for 6.2% of the global population. Nonetheless, our communities are nearly three times as likely to be living in extreme poverty, and thus more prone to infectious diseases. Many indigenous communities are already suffering from malnutrition and immune-suppressive conditions, which can increase susceptibility to infectious diseases.

During the PAHO high-level meeting, PAHO Deputy Director Mary Lou Valdez acknowledged that, in the Americas, there is limited data on the health of indigenous populations in the context of the COVID-19 pandemic, due to a number of factors, including the failure of many health information systems to systematically take ethnicity into account as a variable; the geographical isolation of some indigenous populations; and the cross-border mobility of some communities who live in more than one country. Furthermore, she reported that the data available as of October 2020 showed that the pandemic was having a disproportionate and devastating impact on indigenous populations: from the first confirmed cases of COVID-19 in the Region of the Americas up to 23 October 2020, more than 168,000 cases and nearly 3,500 deaths had been reported in indigenous populations in 12 countries that compiled disaggregated information.

Indigenous peoples experience a high degree of socioeconomic ostracization (*6*) and run a disproportionately high risk of contracting communicable and poverty-related diseases, and, of course, of suffering more serious consequences during public health emergencies such as the COVID-19 pandemic (*7*). This is due to various factors, including lack of access to effective surveillance and early warning systems and to adequate health and social services (*8*).

In light of the limitations arising from a lack of data disaggregated by indigenous populations throughout the Region and a lack of information to accurately depict the true situation of different ethnic groups, there is a great need for a more precise diagnosis of the impact of COVID-19 on indigenous populations. Accordingly, PAHO has compiled data from some countries through official national sources, as well as from indigenous associations and organizations and multinational groups that report disaggregated data on different peoples. According to the data available as of October

2020, the situation of indigenous peoples in each country with regard to the pandemic and its impact on indigenous populations could be summarized as follows:

- Brazil reported cases of COVID-19 in 123 indigenous populations (31,761 cases and 470 deaths);
- Colombia's cases were mainly in 10 indigenous populations of the Amazon subregion (22,137 cases and 754 deaths);
- Ecuador reported cases in 10 populations in the Amazon (3,059 cases and 103 deaths);
- Bolivia recorded the majority of its cases in 21 indigenous populations (3,475 cases and 146 deaths);
- Mexico's cases were mainly concentrated in the states of Yucatán, Oaxaca, San Luis de Potosí, and Mexico, and in Mexico City (9,975 cases and 1,461 deaths);
- Peru had confirmed cases in 51 communities (22,727 cases and 156 deaths); and
- Venezuela recorded confirmed cases in 10 indigenous populations of the Amazon (860 cases and 32 deaths).

Other countries that have epidemiological information on the situation of their indigenous populations with regard to the pandemic are:

- Canada (1,123 cases and 15 deaths)
- United States of America (64,216 cases)
- Guatemala (5,853 cases and 284 deaths)
- Panama (2,841 cases and 53 deaths)
- Paraguay (168 cases and 14 deaths)[1]

The Amazon subregion is a geographical area delimited by the Amazon River basin, which includes nine countries (Bolivia, Brazil, Colombia, Ecuador, French Guiana, Guyana, Peru, Suriname, and Venezuela) and 71 states, provinces, and departments, encompassing a total of 2,467 territories with 826 indigenous communities, of which approximately 200 live in voluntary isolation. The number of cases and the rates of COVID-19 that were reported in the Amazon are among the highest in the Region of the Americas. An analysis of some epidemiological indicators of the pandemic in the Amazon basin shows that indigenous populations have been very disproportionately affected. As of 23 October 2020, 1.4 million cases had been

[1] The information available in PAHO databases is included. However, it is noteworthy that other countries have different information sources. For example, during the high-level meeting, a representative of the Ministry of Health of Chile said that the country has information on COVID-19 disaggregated by indigenous populations, because since 2017—thanks to a regulatory amendment of the instruments used by the national health system—a standardized, compulsory self-reported ethnic variable could be included.

reported in the Amazon, with excessively high incidence rates which, in some areas, rose up to 11,000 cases per 100,000 inhabitants, with more than 39,500 deaths and a very high case fatality rate of more than 9% (*9*).

The epidemiological update published by PAHO in August 2020 (*10*) revealed the devastating effect of the pandemic on some indigenous populations (those for which information was available), with disproportionate incidence rates of COVID-19. Examples include the Resígaro, Orejón (Maijuna), Yagua, and Bora peoples in Peru, with rates higher than 10,000 cases per 100,000 inhabitants; and the Tikuna people in Colombia, with an incidence of 2,420 cases per 100,000.

The indigenous population of the Region of the Americas tops 60 million and presents huge ethnic and cultural diversity, with more than 800 indigenous peoples having been identified in Latin America alone (*7*). Therefore, it is necessary to move forward in implementing differentiated approaches to address the current COVID-19 pandemic; for example, considering the obstacles that indigenous peoples of the Amazon basin face, including the serious consequences of tuberculosis, malaria, and vaccine-preventable diseases such as measles and yellow fever. Moreover, the lack of water and sanitation and the food insecurity that affects 85% of this population make its situation even more critical. In addition to all of this, determinants such as lack of access to health services, communications, and transportation clearly reflect their great vulnerability to COVID-19.

This high social vulnerability and exposure to COVID-19 does not affect all communities in the same way, due to their differences in habitat, behavioral patterns, and mobility, among others. Therefore, a differentiated approach is required for each indigenous population. An especially interesting case is that of indigenous populations in voluntary isolation, who do not maintain sustained contact with the majority population. Furthermore, lifestyle differences between rural and urban indigenous populations must be considered, with specific approaches for each. Another crucial factor to consider in every aspect of pandemic response is that of culturally relevant gender roles.

2. Issues identified and recommendations

a. Equitable access to culturally sensitive quality health services

During the consultations at the subregional meetings, the representatives of the indigenous peoples maintained that, historically, they have faced many inequities, including the aforementioned lack of access to quality health services appropriate to their cultural context. During the high-level meeting, some of the representatives,

such as Francisco Cali Tzay, Special Rapporteur on the rights of indigenous peoples of the United Nations, expressed opinions like this one:

> Indigenous populations tend to encounter obstacles in accessing health services and medication. Many of them live far removed from the health care structures, and cannot afford the cost of medical visits and treatment. Moreover, they face discriminatory attitudes, and are denied the right to speak in their own languages or to receive care that takes into account their cultural specificities.

In certain communities, indigenous peoples resist seeking public health care, due to their ancestral practice of avoiding contact with the outside world and their mistrust concerning whether they will be treated decently.

Myrna Cunningham, President of the Fund for the Development of Indigenous Peoples of Latin America and the Caribbean, affirmed in this regard:

> Some of the lessons that we learned with COVID were the lack of articulation between the indigenous and public health systems, and between primary care and hospital care. Countries have made great efforts to create, albeit late in the day, measures to provide hospital care, but they forget primary care and the access of indigenous peoples to health services that respect economic, social, spiritual, and cultural aspects, and quality issues.

At this meeting, the possibility was advanced that health care structures providing services in indigenous territories are not sufficiently equipped and, above all, do not take into account indigenous medicine—which in many cases, the indigenous leaders stressed, was the only kind that has enabled indigenous people to tackle the pandemic. These situations highlight the urgent need to rethink health systems, with the right to health as a starting point, to reduce inequities and reevaluate the ancestral knowledge and wisdom of traditional healers, whose skills are not recognized by Western medicine nor integrated into health care delivery in the vast majority of countries.

Moreover, it was stressed that indigenous peoples are not sufficiently represented among the medical and paramedical staff of the different health systems. This issue had been pointed out in previous consultations, with such proposals as strengthening intercultural competence and increasing the number of indigenous staff in the health services, to promote care that better incorporates an intercultural approach.

The indigenous leaders pointed out that populations located outside urban areas may not have access to screening tests; furthermore, many cannot afford

personal protective equipment (PPE), and authorities' efforts to distribute PPE sometimes fail to reach remote communities, or arrive too late. A specific request of the subregional meetings was, precisely, to provide the necessary PPE and COVID-19 testing equipment and supplies to health centers and posts in indigenous and Afro-descendant territories and communities.

They also brought up the need to recover, recognize, and make the best use of local knowledge regarding medicinal plants. This was very much in synch with what the indigenous leaders had said at previous meetings, in which they urged promoting respect for traditional medicine based on ancestral knowledge and practices and considering, for example, the use of such plants, since this can also contribute to Western medicine, as well as facilitating universal access to health and universal health coverage.

Furthermore, they highlighted the importance of valuing the work of midwives who—in spite of their lack of status and recognition as a crucial component of traditional health systems in some countries—during this pandemic have been the closest to indigenous women during pregnancy and childbirth. The foregoing is very much in accordance with what these same leaders said in previous subregional meetings on access to reproductive health services, urging the promotion of coordination with traditional midwives to prevent obstetric emergencies and to strengthen maternal and perinatal routes of care, using their own approaches.

Regarding COVID-19 vaccination and equitable access to it, the message was that indigenous peoples hoped that the vaccine would be as promised: a public good that could be accessed without commercial or political obstacles. The indigenous leaders also said that intense efforts were needed to achieve effective vaccination among indigenous populations, requiring an intercultural approach both in the vaccination campaign itself and in the diagnosis of the disease and therapeutic interventions to treat it. They also expressed great concern over the security profile of the vaccines, especially regarding indigenous populations in initial contact, raising the need for special protocols and for free, prior, and informed consent. These concerns revisited the subjects discussed during the September consultations, when the indigenous leaders emphasized the importance of respecting the principle of non-contact with indigenous peoples in voluntary isolation and in initial contact as manifestations of their right to self-determination. Moreover, during these meetings they urged support for communities that have imposed quarantines in their territories, setting up controls to limit access to their communities.

Furthermore, concerns were expressed with regard to maintaining the cold chain that these vaccines require, especially because, as Myrna Cunningham said, in reference to vaccination in isolated rural areas and the complexity of preserving the

required cold chain in these places, "We know that we are going out to vaccinate isolated communities, but we do not know how this is going to be taken into account, and it is necessary to analyze the situation in each country."

b. Gender and the situation of indigenous women

With regard to gender equality and the situation of indigenous women, particularly in the context of COVID-19, it was mentioned that they face additional risk with regard to their sexual and reproductive health, and suffer stigmatization and discrimination when they seek medical care. Furthermore, it is less likely that indigenous peoples, and in particular indigenous women, have health insurance coverage.

During lockdown periods, indigenous women have suffered more violence, according to Tarcila Rivera Zea, Director of the Center for Indigenous Cultures of Peru (CHIRAPAQ) and Coordinator of the Continental Network of Indigenous Women of the Americas (ECMIA):

> We are going from a terrible situation, in the case of Peru, with the disappearance of young women, of teenagers who are being kidnapped and we don't know why. In those communities impacted by the extractive industries or the presence of foreign agents, of course this puts girls and young women in a greater situation of risk, because they are often infected with diseases that are unknown [in their communities].

Noteworthy here is the call, from indigenous and Afro-descendant leaders at these subregional meetings, to guarantee respect for human rights; strengthen strategies and prevention mechanisms; provide care and protection to the indigenous women, adolescents, and girls affected by violence; and train medical and community outreach staff to offer information on COVID-19 while also raising awareness on gender violence prevention and protection.

They also indicated that indigenous communities run a greater risk due to the systemic inequities and discrimination they face, and that COVID-19 has exacerbated racism against indigenous people even further, including stigmatization when indigenous communities are singled out for not respecting preventive measures or for having high infection rates.

c. Structural conditions that have an impact on the health of indigenous populations

Today, the COVID-19 pandemic has helped to make visible the alarming living conditions—previously hidden—that indigenous peoples suffer. During the high-level meeting, these conditions were mentioned constantly. Again and again, indigenous leaders and other participants pointed out that there is a flow of migration and mobility of indigenous peoples from rural areas to the marginal districts of urban areas. In previous consultations with indigenous and Afro-descendant leaders, they stressed that a large proportion of the indigenous population lives in precarious conditions, especially those in cities, and that the majority works in the informal economy, without access to social security and to labor rights.

The indigenous leaders stated that indigenous peoples and their communities are at greater risk during the pandemic, because on top of COVID-19, they face the added problems of food insecurity and lack of access to safe drinking water, soap, and basic sanitation. These indigenous leaders reiterated a key message from the three previous consultations, in which they also brought up their higher risk of exposure to COVID-19 since, compared with other groups, they face adverse conditions for adopting prevention measures. In addition to those already mentioned, they are more likely to live in inadequate, overcrowded dwellings. For all of these reasons, indigenous peoples have a limited ability to wash their hands frequently and to respect social distancing, in addition to limited or nonexistent access to the media, with the consequent lack of information.

Furthermore, these leaders brought up the fact that indigenous peoples suffer a greater burden of disease than the non-indigenous population, including cardiovascular and infectious diseases and higher maternal and infant mortality. They also reported a rise in social and political violence during the pandemic—a reality for many indigenous communities in Latin America, leading to an increase in deaths, displacement, and mental health problems.

A concern expressed by the indigenous representatives was that, as part of COVID-19 response, some countries have deployed or stepped up the presence of the army and the police in rural areas, treating the crisis as a security issue rather than a public health issue. This has exacerbated the racism and racial categorization that the indigenous populations were already experiencing. These indigenous leaders also reported that, in some territories, security personnel—both from the government and from private companies present in indigenous territories—have impeded indigenous populations' traditional subsistence practices and food gathering.

One indigenous woman leader highlighted the importance of recognizing comprehensively the value of indigenous lifestyles to the environment, natural resources, and the territory as a whole, and that access to healthy food and healthy production methods also has a positive impact on health care.

d. Information and data systems to identify the priorities of indigenous peoples and follow up on initiatives

Representatives of the indigenous peoples acknowledged the efforts made to compile disaggregated statistics and collate epidemiological data on COVID-19 in populations in conditions of greater vulnerability, such as those in the Amazon basin. Furthermore, they expressed the urgent need to gather information on indigenous peoples in other contexts; for example, indigenous migrant and refugee populations in the large cities, since it is important to recognize the flow of migration and mobility of indigenous peoples from rural areas to marginal districts of urban areas.

There is limited data on the health of indigenous populations with regard to COVID-19, because many health information systems in the Region do not systematically take ethnic variables into account.

This lack of quantitative and qualitative data is a barrier to an accurate diagnosis of the pandemic's impact on indigenous peoples and hinders the formulation of an appropriate response. PAHO has redoubled its commitment to support all countries as one of the Organization's fundamental mandates, and to strengthen health information systems, the main pillar of which is data disaggregated by such factors as sex, age, ethnic group, socioeconomic condition, and occupation. Without a good level of disaggregation, it is impossible to fully understand the health situation of indigenous populations.

Some countries of the Region have already advanced towards a greater recognition of the cultural diversity of data and information, by including ethnicity as a variable in their different registries and surveillance systems. As discussed in the subregional consultations, it is of vital importance to continue strengthening these information systems in countries that do not record any variables that make it possible to identify indigenous populations, both to address their priority problems and to monitor and evaluate actions. Furthermore, institutional capacity-building is crucial in order to take an ethnic approach to analyzing the health situation in the entire Region.

e. Dialogue and participation

The indigenous representatives said that during the COVID-19 pandemic the right of different peoples to participate in policy design has once again become one of their priorities. This is because the good intentions of non-indigenous decision-makers are not always able to bring about the changes required to improve health conditions at the community level, where many barriers and gaps still persist that impede universal access to health and universal health coverage with an intercultural approach.

The indigenous leaders who participated in the meeting recognize that these opportunities for dialogue make it possible to share knowledge and contributions that can be assimilated and integrated into solutions—not only for the indigenous peoples, but also for society in general. In the words of Tarcila Rivera Zea:

> These kinds of discussions make it possible for us to share advances and findings to continue moving forward together. I believe that the agencies of the United Nations system, and all of you from the Inter-American system, have an authorized voice so that the indigenous communities and peoples, the women, girls and elders who have accumulated knowledge, do not return to the heart of Mother Earth without having shared it and without having passed it on and maximized its potential for us to find solutions together; because there is great knowledge that is often appropriated, without permission and without consent, by third parties who take it motivated purely by profit.
>
> … What is most important here is that first point of participation; meaning, what are our strategies, viewpoints, and objectives for setting up a space for dialogue between the State and indigenous peoples, to find solutions through dialogue, solutions that, through their implementation, can really provide a positive response.

With regard to dialogue and ties with indigenous populations in the midst of the pandemic, two other major actors were highlighted which should be included in the design and development of response strategies: community networks and religious or faith-based groups.

Examples of strategies initiated by some of these indigenous populations were community actors who based decisions about COVID-19 health measures on traditional knowledge and natural medicine; working together, they avoided ties or contact with individuals who were not from their communities.

In conclusion, they stated that the lack of dialogue and participation in the design of public policies should be considered among the underlying problems, since these obstacles are the norm in national processes for developing public health regulations and mandates in the Region. Accordingly, participants in the consultations stressed the importance of continuing to work along these lines to counteract ignorance and superficial approaches when dealing with indigenous peoples; to strengthen the advances made through implementing certain public policies and international instruments; and to recognize the right to use certain spaces, particularly at the local level.

Conclusions

COVID-19 poses significant risks and impacts for indigenous peoples, whose health situation is, in many countries, worse than that of the rest of society. This is due, among other factors, to a higher rate of pre-existing health conditions; to deficient health care access; and to social, economic, and environmental factors that exacerbate these populations' vulnerability.

The precarious material living conditions in which indigenous populations live increase their vulnerability to the disease. Furthermore, these populations' higher risk of developing a more serious form of COVID-19 that even lead to death, partly lies in their history of difficulty in accessing culturally sensitive health services. This is compounded by the inequities and systematic discrimination that indigenous peoples face and which extend into the health system.

The leaders of these indigenous peoples all agreed that, historically, in the Region of the Americas, different health systems have coexisted. However, the relationships among these health systems has not been positive, characterized by the appropriation of traditional knowledge for private profit and without benefiting the indigenous communities. Despite this, they showed once again their resilience, and their leaders pointed out that the pandemic has opened a window of opportunity to forge and strengthen respectful relationships between the peoples and cultures that live together on the continent.

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

The Region's indigenous peoples have exercised the collective rights recognized in international instruments and in the constitutions of their countries, and have tackled the pandemic with resolve, resilience, and efficiency. To do this, they have organized through their own structures and have shared their knowledge and made use of their traditional medicines.

The indigenous organizations and their leaders recognize that there are major opportunities for joint efforts involving indigenous peoples, the governments of the Region, and PAHO, relying on longstanding relationships, ethnicity and health policies and strategies, national regulatory frameworks, and recognition of intercultural health in more than 15 Member States. And, ultimately, they believe that indigenous peoples today are better prepared to offer a response.

All of the solutions proposed at the meeting form part of the preparation of a road map toward strengthening COVID-19 response in the Region's indigenous populations. There are major challenges in the effort to ensure that these populations can enjoy healthy and decent lives, including the lack of equitable access to culturally sensitive quality health services and the lack of inclusion of certain social determinants of health, such as access to food, social protection, housing, and adequate health conditions. Furthermore, all of these activities should focus on ending the historical discrimination that the indigenous population suffers, and which extends to the health services.

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Annex 1. Complete list of participants

High-level regional meeting, 30 October 2020

Argentina

Indigenous women leaders

Relmu Ñamku, Mapuche community, Neuquen province
Diana Laura Villa, Charrúa Nation, Villaguay, Entre Ríos province

Afro-descendant woman leader

Miriam Victoria Gomes, Afro-descendant community

Government representatives

Hernán Goncebat, National Director of Community Health
Soledad López, Public Health Program Coordinator

Belize

Government representative

Francis Morey, Deputy Director of Health Services, 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 the 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
Robson Santos da Silva, Special Secretary for Indigenous Health
Zaira Zambelli, Coordinator of Indigenous Health Care Management, Special Secretariat of Indigenous Health

Canada

Indigenous women leaders

Judith Eigenbrod, COVID-19 Task Force Lead, Assembly of First Nations
Marlene Larocque, Senior Policy Advisor for Health, Assembly of First Nations

Marlene Poitras, Regional Chief for Alberta, Director of the Health Committee, Assembly of First Nations
Maddie Pryce, Nox Saga We'en, Assembly of First Nations

Government representatives

Evan Adams, Chief Medical Officer for the First Nations Health Authority
Marissa de la Torre Ugarte, Policy Analyst, Permanent Mission of Canada to the Organization of American States (OAS)
Jennifer Izaguirre, Policy Analyst, Multilateral Relations Division, Public Health Agency of Canada
Charlotte McDowell, Senior Development Officer, Permanent Mission of Canada to the OAS
William Wang, Policy Analyst, Multilateral Relations Division, Public Health Agency of Canada

Colombia

Indigenous leader

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

Government representative

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 representative

Alejandra Acuña Navarro, Deputy Minister of Health

Cuba

Government representatives

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

El Salvador

Government representatives

Elsy Guadeloupe Brizuela de Jiménez, Technical Advisor, Directorate for Health Policy and Management

Ronald Alfonso Pérez Escobar, Director of Health Policy and Management
Flor de María Portand, Coordinator, Office of Indigenous Peoples

United States of America

Government representative

Rick Berzon, Health Science Administrator and Program Director for Clinical and Health Services Research, National Institutes of Health

Guyana

Government representative

Gregory Harris, representative from the Ministry of Health

Haiti

Government representatives

Jean Patrick Alfred, Director Unit for Studies and Programming , Ministry of Public Health
Jacques Boncy, Director of the National Public Health Laboratory
Patrick Dely, Director of Epidemiology, Laboratories and Research
Nathan Zephirin, Support Unit for Health Decentralization

Honduras

Indigenous leader

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

Government representative

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

Mexico

Government representatives

Luz Elena Baños Rivas, Permanent Representative, Permanent Mission of Mexico to the OAS
Martha Caballero Abraham, Director of Bilateral and Regional Cooperation, Department of Health
Ricardo Cortés Alcalá, Director-General of Health Promotion
Zulema Guerra Carpio, Head of the Department for the Inter-American System
Maite Narváez Abad, Alternate Representative, Permanent Mission of Mexico to the OAS

Georgina Rodríguez Elizondo, Advisor, Directorate-General of Health Promotion, Department of Health
Gustavo Torres, Alternate Representative, Permanent Mission of Mexico to the OAS
José Gustavo Valle Mendoza, Deputy Director for Inter-American Management

Nicaragua
Government representatives
Enrique Beteta, Deputy Minister of Health
Ned Smith, Coordinator of Health Services for the Caribbean Coast

Paraguay
Government representative
Dalila Oviedo, National Director of Health for Indigenous Peoples

Peru
Indigenous leaders
Lizardo Cauper, President of the Asociación Interétnica de Desarrollo de la Selva Peruana [Inter-ethnic Association for Development of the Peruvian Jungle]
Tarcila Ribera Zea, Vice President of the Center for Indigenous Cultures of Peru
Government representatives
Víctor Raúl Cuba Ore, Director-General, International Technical Cooperation Office
Víctor Javier Correa Tineo, Executive Director of Health Organization and Services, Directorate-General of Insurance and Benefits Exchange
María Melvy Graciela Ormaeche Macassi, First Deputy Executive, Department of Public Health, Ministry of Health
Luis Antonio Nicolás Suárez Ognio, Deputy Minister of Public Health

Suriname
Indigenous women leaders
Maria-Josee Artist, Association of Indigenous Village Leaders of Suriname (VIDS)
Loreen Jubitana, Director of VIDS

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

Indigenous organizations
Alliance of Indigenous Women of Central America and Mexico
Sara Mayorga, Coordinator

Center for Indigenous Cultures of Peru
Tarcila Ribera Zea, Vice President
Coordinator for the Indigenous Organizations of the Amazon Basin (COICA)
José Gregorio Díaz Mirabal, General Coordinator
Indigenous Women's Network on Biodiversity in Latin America and the Caribbean
Florina López Miró, Coordinator

International organizations
United Nations, Office of the Secretary-General
Francisco Calí Tazy, Special Rapporteur on the rights of indigenous peoples
Inter-American Development Bank
María Caridad Araujo, Division Chief, Gender and Diversity
Permanent Forum of the United Nations on Indigenous Issues, Region of Central America, South America, and the Caribbean
Freddy Condo, member of the Permanent Forum
Tarcila Ribera Zea, Vice President of the Center of Cultures Indigenous of Peru
Latin American and Caribbean Demographic Centre (CELADE)
Fabiana del Popolo, Chief of Area, Demography and Population Information, Population and Development Division
Economic Commission for Latin America and the Caribbean
María Luisa Montero, Social Affairs Officer, Social Development Division
Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean
Myrna Cunningham, President of the Board of Directors
Organization of American States
Betilde Muñoz-Pogossian, Director of the Department of Social Inclusion
Food and Agriculture Organization of the United Nations
Mauricio Mirelles, Regional Office for Latin America and the Caribbean, Public Health Policy Officer for Indigenous Peoples and Social Inclusion
Pan American Health Organization
Juan Camilo Grove, Colombia
Erick Rousselin, Advisor on Family and Community Health, Peru
Amazon Cooperation Treaty Organization
Carlos Macedo, Permanent Secretariat

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 Tathum, 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

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 Unit, Ministry of Health
Michèle Pierre-Louis, Former Prime Minister

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

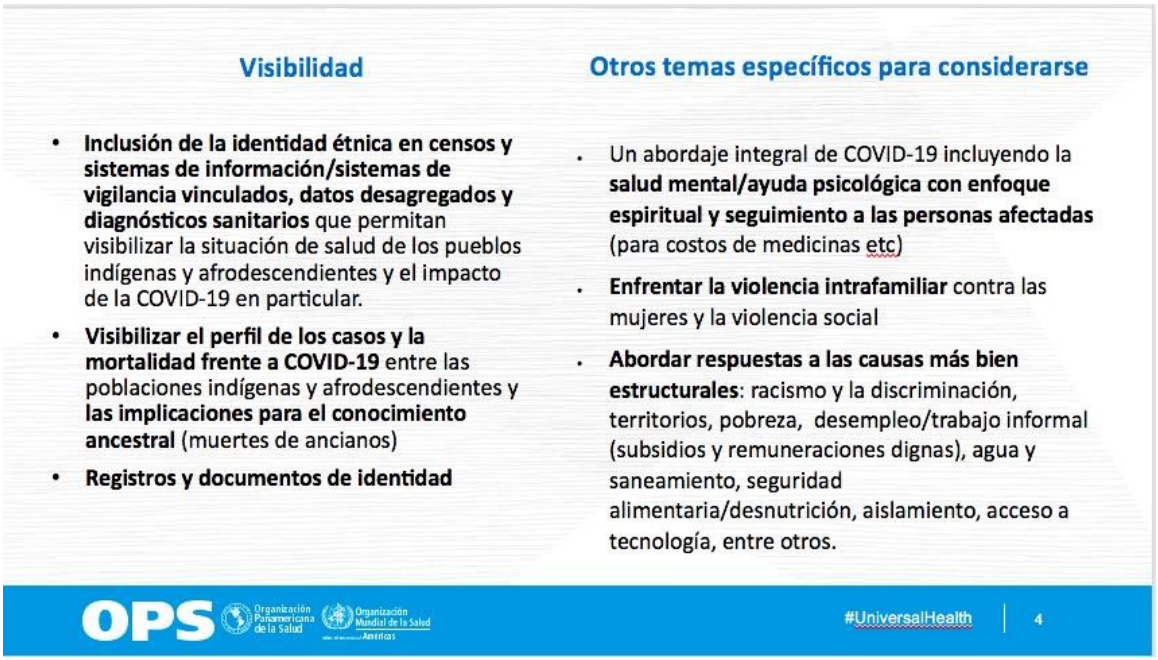
Indigenous Knowledge and Disaster Risk Reduction Network

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

*Total number of individuals connected: 60

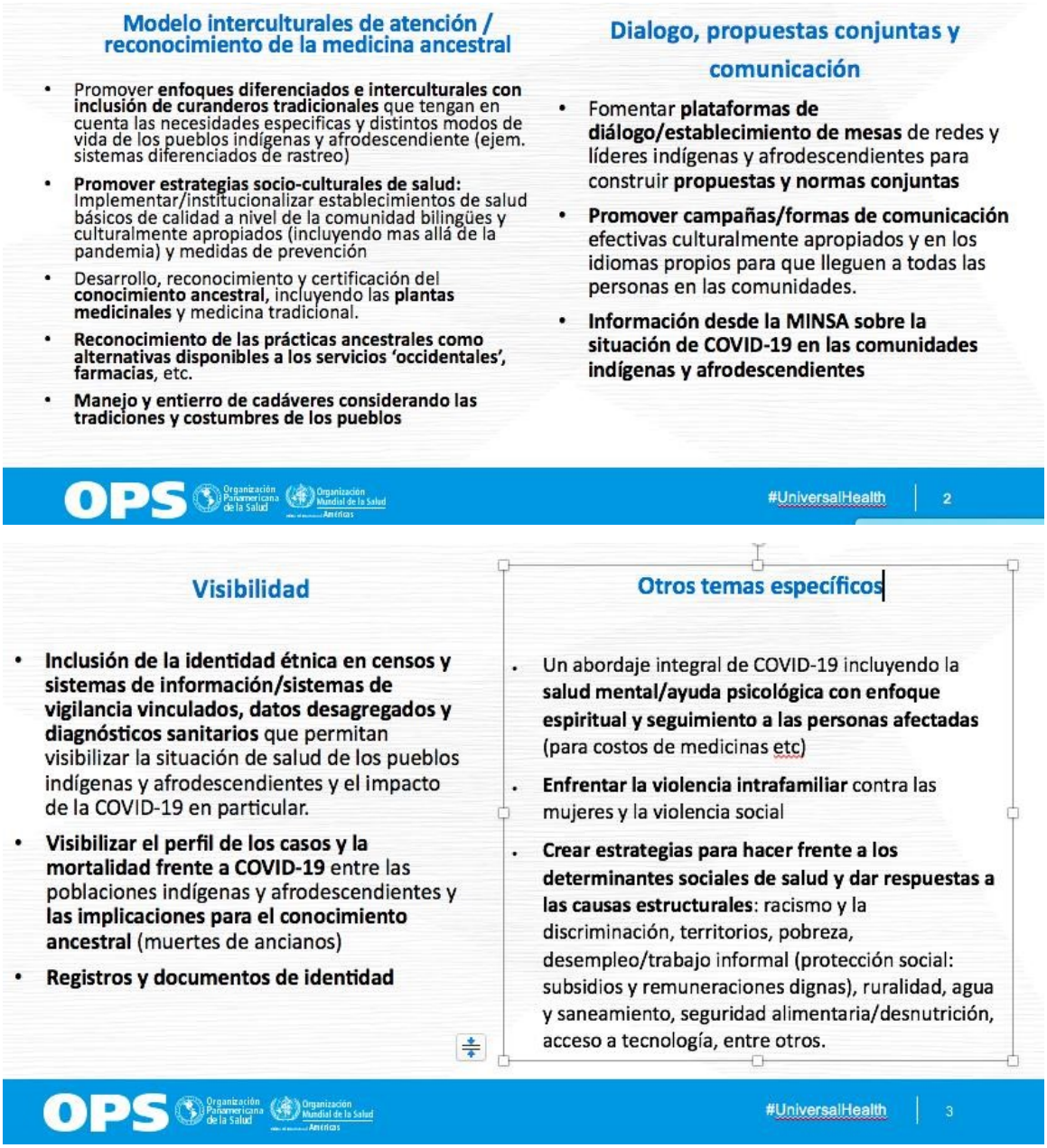
Annex 2. List of conclusions from each subregional[2] technical consultation

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

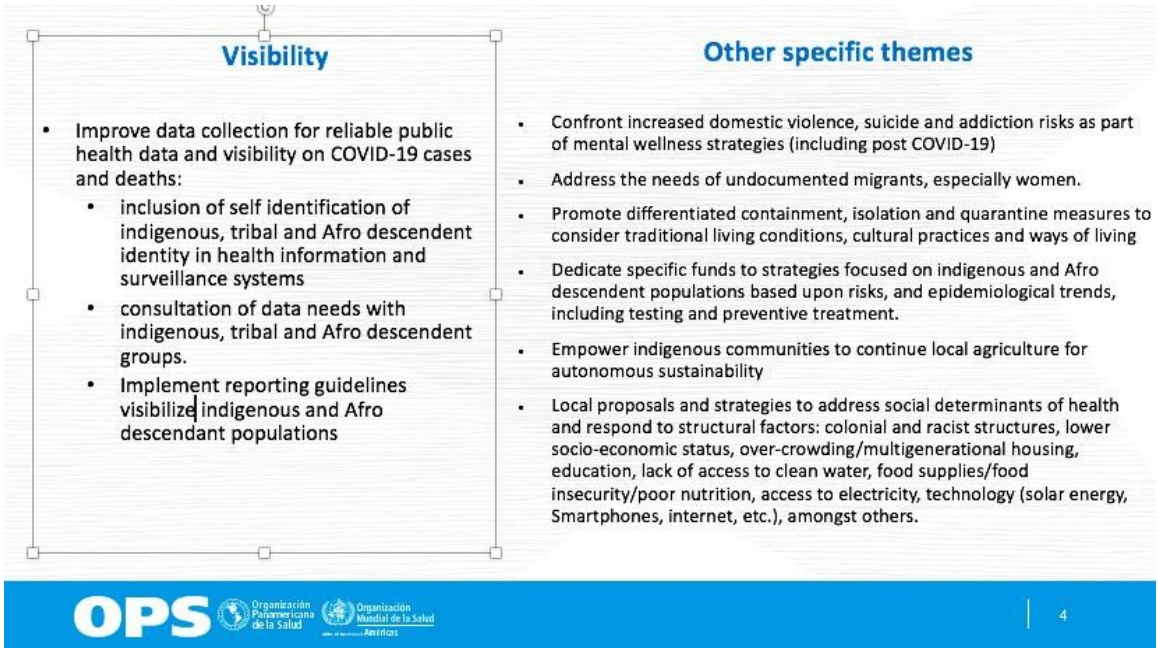


[2]Presented in the original language of the consultation.

Consultation with South American countries, 23 September 2020



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



Annex 3. Agreement for COICA and PAHO COVID-19 pandemic response

AGREEMENT OF THE ORGANIZATIONS OF PEOPLES AND NATIONS OF THE AMAZON BASIN FOR COVID-19 PANDEMIC RESPONSE

COORDINATOR OF INDIGENOUS ORGANIZATIONS OF THE AMAZON BASIN (COICA)
PAN AMERICAN HEALTH ORGANIZATION/WORLD HEALTH ORGANIZATION
(PAHO/WHO)

Meeting on 29 May 2020, in light of the impact of COVID-19 on the peoples and nationalities of the Amazon region, the representatives of the national Amazon indigenous organizations Asociación Interétnica de Desarrollo de la Selva Peruana [Inter-ethnic Association for Development of the Peruvian Jungle] (AIDESEP), Confederación de Pueblos Indígenas del Oriente Boliviano [Confederation of Indigenous Peoples of East Bolivia] (CIDOB), Confederación de Nacionalidades Indígenas de la Amazonía Ecuatoriana [Confederation of Indigenous Nations of the Ecuadoran Amazon] (CONFENIAE), Coordenação das Organizações Indígenas da Amazônia Brasileira [Coordinator of the Indigenous Organizations of the Brazilian Amazon] (COIAB), Organización Nacional de los Pueblos Indígenas de la Amazonía Colombiana [National Organization of Indigenous Peoples of the Colombian Amazon] (OPIAC), and Coordinator of the Indigenous Organizations of the Amazon Basin (COICA); the Pan American Health Organization/World Health Organization (PAHO/WHO); and the WHO Special Envoy for COVID-19 in Latin America;

WHEREAS:

- For more than 500 years, indigenous populations have contributed to the protection and conservation of their ancestral territories, heart of the Americas and of the world;
- The daily rise in COVID-19 cases and deaths has struck a harsh blow to the indigenous peoples and nations of the Amazon, whose communities are in a critical situation;
- Outbreaks have already been detected among indigenous groups, and the eventual spread of the virus into the territories of uncontacted peoples and those in initial contact exposes these populations to a serious risk of extinction;

- High rates of chronic diseases, such as diabetes and hypertension, increase the risk of contracting severe cases of COVID-19;
- Such conditions as chronic child malnutrition, high maternal mortality rates, malaria, and dengue are compounded by the COVID-19 emergency;
- The indigenous organizations of the Amazon have prepared protocols and are using ancestral medicine to address COVID-19;
- The floods and oil spills that have occurred in recent months in the Amazon deepen the vulnerability of these peoples and nations;
- The Amazon populations' history of difficulty in accessing services, added to the current health emergency, demands a decisive response, coordinated among States, indigenous organizations, agencies of the United Nations system, and other international cooperation partners;
- Indigenous health is a priority for PAHO and the Organization has been providing technical support for these populations through different projects;

THE PARTIES AGREE TO:

- Call upon the international community, United Nations, Organization of American States (OAS), Amazon Cooperation Treaty Organization (ACTO), and all of the institutions working in the Amazon to urgently coordinate actions to facilitate COVID-19 response among the indigenous peoples and nations of the Amazon, with differentiated actions and taking into account their social and cultural situation;
- Support building opportunities for networking among regional, national, and local actors, in close coordination with the indigenous organizations in these areas;
- Promote a mechanism to provide care and assistance to indigenous peoples and nations of the Amazon that includes mechanisms to mobilize resources for its indigenous populations;
- Work jointly and in a coordinated manner to prepare technical documents, protocols, press releases, and contingency plans adapted to the realities of indigenous peoples;
- Hold a regional Forum, at the highest level, to raise awareness of the situation of the indigenous peoples and nations of the Amazon, inviting other agencies of the United Nations system, OAS, International Red Cross, Doctors Without Borders, World Bank, Corporación Andina de Fomento (CAF), United Nations Office for the

Coordination of Humanitarian Affairs (OCHA), ACTO, and other international cooperation organizations active in the Amazon;

- Form a joint technical team involving COICA and PAHO/WHO to implement the points addressed herein and to promote coordinated efforts in border areas;
- Create a platform or repository to document and monitor this process.

AND URGE GOVERNMENTS TO:

- Implement urgently, and in coordination with the indigenous organizations of the Amazon, plans and protocols for COVID-19 response appropriate to the different geographical and cultural contexts and with the participation of indigenous communities, enabling them to support the design of the most appropriate and effective methods to protect themselves and reduce the pandemic's impact on the lives of individuals and communities;
- Coordinate the COVID-19 response protocols of indigenous organizations and those of the governments of countries in the Amazon, to achieve a joint response adapted to the social and cultural situations and specific needs of these localities;
- Set up forums for dialogue on knowledge and coordination with the indigenous organizations of the Amazon—at the regional, national, and local levels—to achieve synergies between traditional medicine and Western medicine;
- Strengthen care provision in the health services of the Amazon with human resources, supplies, and medical devices, including COVID-19 tests and treatments, and vaccines, when these become available;
- Work with special emphasis on peoples in voluntary isolation;
- Develop a risk communication strategy with culturally appropriate materials in the languages of indigenous peoples and nations of the Amazon;
- Emphasize actions in border areas, coordinating efforts between the governments of neighboring countries and indigenous organizations;
- Strengthen the social protection network for the indigenous peoples and nations of the Amazon, enabling effective actions to prevent the disease and reduce its speed of transmission;
- Strengthen programs and strategies addressing other public health problems that affect the indigenous peoples and nations of the Amazon, such as chronic child malnutrition, maternal mortality, malaria, dengue, tuberculosis, and HIV.