Prevention, containment, and management of COVID-19 cases in indigenous territories

CONSIDERATIONS FOR NATIONAL AND SUBNATIONAL GOVERNMENT RESPONSES

Indigenous peoples are at high risk of infection, morbidity, and mortality from COVID-19 due to pre-existing disadvantages. These include high levels of poverty, vulnerability to disease, adverse health conditions, and limited access to basic health services.

This epidemiological profile, along with the remoteness of many indigenous communities, poses a significant challenge for health systems that are already strained by the pandemic. To strengthen the speed and effectiveness of emergency response interventions in indigenous territories, it is critical to coordinate with indigenous peoples in a manner that **considers their sociocultural and territorial characteristics.**

The objective of this document is to provide **considerations** that can strengthen **coordination between governments and indigenous peoples on COVID-19 management.** These considerations complement the guidelines and protocols prepared by the various health authorities at national and sub-national levels, with the purpose of strengthening health interventions in indigenous territories through cost-effective actions and reducing stress on healthcare systems.

These recommendations start from four main considerations:

1 **Indigenous peoples possess their own representative structures and authority figures at various organizational levels.** Coordination between indigenous organizations and the national and sub-national government is vital to success.

2 **The social organization of indigenous peoples is based on collective structures,** both at the family and community levels. This poses challenges to standard isolation and social distancing measures.

3 **Indigenous peoples rely on their worldview and traditional health knowledge.** Respecting their worldview is essential for effective interaction.

4 **Indigenous people are linguistically diverse – translators and interpreters are necessary** to communicate crisis response measures effectively.

1 GOVERNMENT COORDINATION – INDIGENOUS PEOPLES

Fundamental principle: *Direct coordination* with indigenous peoples is the most effective way to design and implement actions in indigenous territories.

WHAT KINDS OF ACTIONS PROMOTE THIS COORDINATION?

EMERGENCY COMMITTEES

In collaboration with indigenous peoples' organizations, **identify indigenous authorities, technicians, or experienced officials recognized by indigenous organizations** to participate in **national or sub-national operations and emergency committees.** This contributes to cultural awareness and therefore more effective interventions in indigenous territories.

Through National government messaging to indigenous communities, promote the creation of **community emergency committees** to facilitate coordination with state agencies for delivery of humanitarian aid and medical services at the community level.

PLANNING

Coordination plans for indigenous territories that take into account the characteristics (geographic, accessibility, health, communication access, etc.) of indigenous territories and local logistical knowledge.

Community provision plans to supply communities with basic food and hygiene products (soap, alcohol, hand sanitizer, chlorine, and other cleaning and disinfection products and equipment).

Medical center provision plans for medical centers in or near indigenous territories, to reinforce access to medical supplies such as personal protective equipment, detection tests, sampling instruments, and medications.

PROTOCOLS

Guidelines for handling suspected cases of infection in communities without health services, or in remote locations with limited communication channels.

STRENGTHENING LOCAL ACTION

Training aimed at indigenous community health workers, leaders, and organizations in reporting data and information, surveillance, and monitoring community outbreaks.

Identification and assignment of local indigenous professionals and technicians from the health sector to care for affected communities.

Development of **isolation measures** for the elderly and people with disabilities or previous illnesses in a cultural context centered on broad family structures.

COORDINATION BETWEEN INDIGENOUS AND GOVERNMENT AUTHORITIES

Mapping and establishing focal points for agile and rapid communication between communities and personnel from designated ministries.

Preparation of **directories of indigenous communities and public entities that provide emergency assistance,** such as nearby health centers, the National Police, the Fire Department, and the Red Cross.

Support from external specialists (from the Inter-American Development Bank or other organizations) as dialogue facilitators and mediators between indigenous organizations and governments.

2 COMMUNICATION

Differentiated and immediate outreach strategies are critical for populations with limited access to communication technologies and mass media outlets. Some key actions include:

Facilitating access to communication channels between national, sub-national, and local authorities and communities during the emergency. This can be done, for example, by issuing phone cards and data recharges; financing extending coverage of community radios; and providing radio communication equipment to more remote areas.

Rapid production of **communication materials in native languages** with messages that correspond to local sociocultural realities and are disseminated through most effective channels (especially radio, TV, flyers, local and national media, and indigenous and community media). To prepare this material, volunteers or professional interpretation and translation services in native languages should be identified.

Concise and **rapid training of indigenous leaders** on **key COVID-19** so that they can disseminate information in their communities in the most appropriate language.

The following topics are part of national COVID-19 prevention campaigns and should be adapted to native languages and local sociocultural contexts:

- An explanation of COVID-19 and its prevention and treatment (risk, infection, symptoms, high risk groups).

- How to care for the sick and manage suspected cases.

The following, are an example of the types of critical questions that need to be addressed from an indigenous perspective and in a linguistically and culturally appropriate manner in order to be effective in indigenous communities:

- How can medical support be obtained?

- How should a suspected case of COVID-19 be handled? What costs will medical attention entail? Who can provide support? How can discrimination be addressed?

- How can social distancing and community isolation be applied in a context of collective (numerous and intergenerational) family structures that occupy a single household?

- How can quarantine measures be implemented without affecting subsistence activities such as agriculture, fishing, foraging, water collection, and other activities that require traveling several kilometers?

- How can one access soap, detergent, alcohol, and hand sanitizer to comply with hand washing measures?

- How can necessary sanitary measures be adopted (hand washing and disinfection) without having cleaning products (soap, detergent, alcohol, sanitizer) or access to drinking water, using the resources available in the community (sea water, rain water, sand, plant-based products, etc.)?

- What practices should be changed at home (e.g., use of individual cutlery, suspension of traditional activities involving crowding, etc.)?

- How to clean a home in the absence of basic products (chlorine, detergent, alcohol, etc.)?

- How should the community purchase food and other essential products? What measures should people follow when purchasing these products? Is it safe to allow suppliers entry into communities?

- When and how should a face covering be used? How can they be made from materials available in the community?

- How should the elderly, people with disabilities, and people with previous illnesses be isolated and cared for?

- How can spiritual and cultural practices be observed under social distancing?

3 MOBILITY

The following considerations support measures that regulate movement implemented in rural and dispersed communities:

Provision of itinerant or mobile health care services that are focused on COVID-19, especially for communities that do not have health centers.

In coordination with indigenous authorities, reinforce epidemiological "fences" of indigenous territories through protocols regulating entry and exit of nonresidents and quarantine guidelines for migrants returning home.

Maintain existing measures already adopted by governments to **avoid contact with indigenous peoples in** voluntary isolation and in initial contact.

Plan and allocate budgets for emergency transportation and ambulance costs (land, river, air, etc.) for the rapid mobilization of people who require urgent medical assistance.

Through simplified processes, **facilitate the issuance of and access to safe-conduct passes** for the movement of people and vehicles during the emergency.

4 INTERCULTURALITY

Assuring respect for traditional worldview and health knowledge, including traditional doctors, methods, medicines, and beliefs.

Understanding communities' social organization and family structure, in order to guarantee that all adopted measures are viable and appropriate. This consideration also applies to indigenous peoples living in urban contexts.

5 REFERENCE FRAMEWORK FOR THE PROTECTION OF INDIGENOUS PEOPLES' HEALTH

The considerations described in this document observe the guidelines and principles established in different international instruments for indigenous peoples, especially Convention 169 on Indigenous and Tribal Peoples, the United Nations Declaration on the Rights of Indigenous Peoples, the Pan American Sanitary Code, and the Amazon Cooperation Treaty.

The considerations outlined in this document are directed primarily toward rural indigenous peoples but are largely applicable to indigenous peoples in peri-urban and urban contexts. They are also directed toward Afro-descendant communities and traditional communities in rural areas.

The information used to prepare this document can be found at the following link: **Annex**.

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