

# Implications of COVID-19 for indigenous people in Latin America and the Caribbean

## The situation of indigenous peoples

Latin America and the Caribbean is, from a cultural standpoint, a particularly diverse region. According to ECLAC's 2013 report on indigenous peoples in Latin America and the Caribbean, the region has 826 indigenous peoples, and an estimated additional 200 peoples living in voluntary isolation. Indigenous people account for 8% of the region's total population.

Indigenous peoples in the region have been historically discriminated against and subjugated in processes that date back to colonial times and continue to date. While indigenous peoples' individual and collective rights are recognized in international human rights instruments and specific instruments such as ILO's Convention 169 (1989) and the UN Declaration on the Rights of Indigenous Peoples (2007), there is clearly a widening gap between commitments made by States and actual policies and programmes relevant to the reality of indigenous peoples.

These inequalities become evident in the difficulty of access to basic services, especially access to water and basic sanitation; barriers in access to information; institutionalized discrimination; the lack of cultural relevance and geographical barriers that limit access to public health and social protection services; incipient participation in decision-making spaces, and the lack of disaggregated data by ethnicity and/or cultural identification, all of which prevents us from having a real understanding of the situation of indigenous peoples.

The situation of indigenous women and girls is even more worrying, given the intersection of gender violence and structural violence due to their indigenous condition. Limited data available show that maternal mortality, access to sexual and reproductive health services, teenage pregnancy and harmful practices such as female genital mutilation and forced early unions, are problems that mainly affect indigenous women and girls.

Equally alarming are the cases of sexual violence and trafficking of indigenous women, young women and girls in contexts of drug trafficking, exploitation of natural resources and internal armed conflicts who, in addition, often lack access to psychosocial support and legal assistance services to report these facts.

The situation of indigenous children is equally complex due to the high mortality and morbidity risks they face, which are completely preventable. The problem is compounded by indigenous population structures, which mainly consist of a broad base of children and adolescents, a situation that can have an impact on their physical and cultural survival. (CEPAL/UNICEF, 2012).

The demographic situation of indigenous peoples is characterized by high birth rates and low life expectancy at birth, that is, many births and many deaths at an early age, which are also directly associated with high maternal mortality rates. Their population pyramids have a broad base and a very narrow top, which means the indigenous population is predominantly young.

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Another consideration is the presence of indigenous peoples in rural areas (mainly children and older adults) and in cities (mainly young people and women). In many cases, indigenous peoples are displaced as a result of internal armed conflicts, land expropriations or the lack of access to natural resources. In this regard, internal migration and traveling back and forth between the city and the countryside is a common phenomenon, mainly for young people, who are forced to migrate in search of education opportunities or paid jobs, typically in the informal sector.

Considering the high level of vulnerability of indigenous peoples, and the paradigm of the 2030 Agenda to leave no one behind, it is essential to intensify our efforts by adopting an intercultural perspective to bridge inequality gaps, strengthen protection mechanisms and promote their participation.

### COVID-19 and its impact on indigenous populations

COVID-19 is spreading rapidly in Latin America and the Caribbean, and it is already present in several indigenous communities. While the virus is capable of sickening anyone without distinction, in societies as unequal as those of Latin America the effects of the pandemic are unequal, making historically excluded and marginalized groups, such as indigenous peoples, even more vulnerable.

During the pandemic, indigenous peoples may face a higher risk of infection and have fewer resources available for their protection, considering many indigenous communities in remote rural and periurban areas lack access to safe water for

hand washing, one of the main measures to prevent the spread of the virus.

They may also have limited access to health services to diagnose and care for COVID-19 patients, and face geographical barriers and limited access to ambulances for the timely transfer of sick persons to hospitals providing treatment for COVID-19, which are usually far from indigenous communities.

In addition, the number of inclusive prevention campaigns targeted at indigenous communities using indigenous languages, with cultural references to their context and worldview, is still insufficient.

Their right to education may also be affected by the suspension of school activities and limited or no access to the Internet or learning technologies that allow children and adolescents to continue their education. On the other hand, indigenous young people who go to school or work in cities may have to return to their communities of origin to secure a livelihood, and may be forced to drop out of school or quit their jobs. This may lead to higher school dropout rates and under-education.

The pandemic, on the other hand, can also affect their income potential and livelihoods, considering indigenous peoples usually work in the tertiary sector of the economy, mainly the informal sector, in domestic work in cities, and in farming activities in rural areas.

Another important aspect to take into account is that of predisposing factors for the virus infection, because in many indigenous communities the lack of access to specialist health services, the increasing prevalence of non-transmissible or chronic diseases, which are often undiagnosed or not controlled, such as diabetes and hypertension, immunodeficiency problems, conditions such as chronic malnutrition and anemia, and endemic infections such as tuberculosis, malaria and dengue, combined with the lack of access to health services, can be lethal for indigenous populations.

All of this means the risks associated with COVID-19 are significantly higher for indigenous peoples. While there are no data available in the region on the impact of other pandemics in the past, a review of data on the US, Australia and Canada showed the H1N1 flu mortality rates among indigenous people were 3 to 7 times higher compared to those for persons who do not identify themselves as indigenous.

The actual impact of COVID-19 on indigenous peoples is still unknown due to the lack of disaggregated data, as well as limited or unavailable COVID-19 testing in rural areas, because tests are mainly conducted in cities.

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### Some urgent measures:

1. **Use indigenous languages and cultural references** for effective information and prevention actions related to COVID-19. Make more information on the coronavirus, its symptoms and diagnostic sites available, so the disease is not confused with the common cold and also to prevent it from spreading rapidly.
2. **Ensure access to, and proper management of, drinking water and sanitation** in indigenous communities and slums. Households in informal settlements or rural areas that lack these services should be offered alternative forms of access to this vital resource to prevent further COVID-19 infections. It is also important to ensure water collection and transportation take place in safe conditions.
3. Prevention actions should include the **distribution of personal protection supplies** such as face masks, soap and alcohol for personal hygiene and care.
4. **Increase access to quality health services** during the crisis and the recovery phase, with measures in place to overcome language barriers and institutional discrimination. Ensure access to quality care through appropriate staff, supplies and equipment for the provision of COVID-19 health care in indigenous territories, with an intercultural approach that also relies on ancestral indigenous medicine.
5. **Include women's sexual and reproductive health in the health response**, ensuring adequate pregnancy, childbirth and post-partum care, as well as measures to prevent the virus infection among pregnant indigenous women. Promote coordination with indigenous traditional midwives as part of this process to prevent obstetric emergencies.
6. **Strengthen indigenous peoples' own community surveillance systems** to ensure coordination exists between the territories and their own health systems and higher levels of care. In the case of sexual and reproductive health, it is important to strengthen maternal-perinatal care pathways based on their own views.
7. Advocate for indigenous communities' access to **the media and the Internet** to ensure access to information, and strengthen indigenous communication channels such as community radio stations, to promote prevention measures and help children stay in school.
8. **Ensure access to food** by protecting the economy of producer communities and promoting access to their own food (fishing, hunting and harvesting), and ensure the availability of basic products such as individual protection supplies for COVID-19, hygiene products, medicines and food.
9. **Ensure the availability of personal protection supplies for traditional health practitioners**, especially indigenous community midwives, so they can work in coordination with community medical staff and the different levels of health care. These supplies should also be made available to indigenous authorities in charge of enforcing social isolation

and restriction of movement measures in their territories.

**10. Recognize the leadership of indigenous authorities and their forms of organization.** Constant coordination should exist to ensure measures during and after the COVID-19 crisis are implemented with full respect for their collective rights, including the right to previous, free and informed consultation.

**11. Take into consideration the particular situation of indigenous women** who live in cities or have been displaced, most of whom do not have formal work contracts. It is important to ensure their labor rights are protected by making sure they do not stop getting paid during the quarantine and their right to paid sick leaves is respected.

**12.** Given the increased risk of **gender violence** during the stay-at-home period, it is essential for **governments to develop strategies** so women can leave their aggressors even during stay-at-home period, through the appropriate operation of shelters, safe houses and/or local support networks in cases of emergency, with decent conditions. It is also important to ensure indigenous women have access to culturally relevant psychosocial support, in their own languages, through the use of channels such as text messages, support hotlines and alternative media, such as community radio stations, in order to strengthen community efforts to address situations of violence.

**13. Broad dissemination of information through easy-to-access media** so people can know what to do in cases of gender violence against indigenous women, young women and girls. Strengthen and/or facilitate support from local indigenous women's organizations providing assistance for gender violence.

**14. Implement special measures to protect indigenous adult persons,** who often live in scattered rural settlements where access to basic and health services is more difficult. This is vital for indigenous peoples, who depend on their older adults for the preservation of their culture, spirituality and cultural values.

**15.** It is important to bear in mind that **indigenous peoples also have a diverse composition,** and COVID-19 prevention and care must follow a differ-

ential approach. You should also take into account and prioritize the response to the specific needs of indigenous female heads of household, indigenous people with disabilities, and indigenous people with a diverse sexual orientation and gender identity, among others.

**16. Include indigenous populations in socio-economic and social protection responses** by facilitating access to subsidies, family food packages and other measures, in periurban and rural areas, considering the impact of COVID-19 on their livelihoods.

**17.** It is difficult to tell indigenous populations who rely on **farming** as a livelihood to stay at home when they have to work their land every day, both during the crop harvesting and sowing seasons. **Implement programmes, subsidies and strategies to sustain the economies** of indigenous communities. Provide support mechanisms to help small farmers maintain their crops and food security.

**18. Long-term economic measures** implemented after the COVID-19 crisis must **shift to support communities and protect the environment** to address the current climate crisis. These measures must retrieve and revalue the worldviews and cultural practices of indigenous peoples, who in many cases have become the guardians of nature.

**19. Ensure the ready availability of disaggregated statistical data** for indigenous peoples, including differentiated infection rates, economic impacts, the burden of differentiated care, and gender-based violence deaths and incidence, during the social isolation period.

**20. Disseminate positive messages on isolation,** as well as other messages such as #QuedateEnElTerritorio (“#StayIntTeTerritory”) to bring attention to indigenous populations.

**21. Promote community and territorial contingency plans** that take into account their different realities and contexts, which the community can appropriate, in addition to strengthening indigenous organizations, especially those of young people and women, by building their capacities and retrieving and revaluing their own norms and procedures and internal governance structures.

**22. Ensure the full protection of indigenous territories** in response to the increase in extractive activities in the context of COVID-19, with a particular focus on the protection of indigenous peoples in voluntary isolation. Ensure full respect for human rights in the presence of security forces.

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#### **Documents consulted**

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