

COVID-19 PANDEMIC RESPONSE HIGH LEVEL MEETING OF MINISTERS OF HEALTH

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AN OVERVIEW OF PUBLIC HEALTH APPROACHES SPECIFIC FOR POPULATIONS LIVING UNDER CONDITIONS OF VULNERABILITY THE CASE OF INDIGENOUS PEOPLES

BACKGROUND/INTRODUCTION

1. COVID-19 has a greater impact on certain population groups living in conditions of vulnerability. Their social conditions limit them to comply with the preventive measures for COVID-19 and the measures also disproportionately affect them economically. This document emphasizes specifically the indigenous peoples. It is important to consider the differences between these groups within and between countries and the different realities they live in. In the case of indigenous peoples, especially in the Amazon basin, in the Guianese shield, in South America, and in Meso America, certain characteristics and conditions in which they live in, for example, being far from health services, make them highly vulnerable.
2. In addition, indigenous peoples of the Region, in many cases, given their socio-economic and living conditions, combined with limited access to quality health services and cultural acceptability, face higher maternal mortality rates compared to the general population and lower life expectancy. The interaction between indigenous peoples and migrating workers (mining, logging) for trade, particularly food, is a factor that can aggravate the risk for COVID-19. Also, it is essential to consider epidemiological profiles that include chronic diseases such as diabetes and hypertension. All those factors limit the compliance with preventive measures, increasing the risk of contracting COVID-19 and lead to higher associated mortality.
3. Different factors, such as discrimination and stigmatization, must also be considered when addressing COVID-19 among indigenous peoples. Moreover, multiple factors, like gender, socioeconomic status, ethnicity among others, are overlapping, compounding negative health impacts on individuals.

SITUATION ANALYSIS/CURRENT KNOWLEDGE

4. Despite the lack of accurate data, the available information shows the co-existence of a variety of conditions and factors associated with the vulnerability of social groups and territories; this includes indigenous peoples, which face unique challenges, such as higher levels of poverty and lack of access to basic services such as water and sanitation, as well as lower levels of literacy.

5. The information systems do not sufficiently collect the factors associated with the vulnerability of social groups, including the ethnic variable, and one of the main limitations is the lack of disaggregated data, which would help obtain an accurate diagnosis on the dimension of the different health situations of many of these populations. The lack of quantitative and qualitative data continues being a barrier to understanding and adequately addressing the social determinants and health situations of indigenous peoples.
6. In this context, some of the obstacles that may arise for these communities when responding to COVID-19 include a lack of basic hygiene measures, including access to water and soap, cultural practices that may cause difficulties in maintaining social distance due to their ways of living. This is because these practices are culturally accepted from their own world views or because they are imposed by their socioeconomic conditions (e.g. living in over-, crowded, non-separate spaces).
7. Another challenge for these populations is the lack of access to specific, necessary health information, which must be culturally appropriate and consider their world views and cultural practices. The delivery of the messages also must be specific to their realities, which includes limited access to technology and connectivity.
8. The use of traditional medicine in many of these communities must also be considered for decisions that affect their health.
9. It is important to note that COVID-19 will not affect all communities in the same way, due to the differences between them, and therefore, differentiated approaches must be considered. For example, it is important to highlight the unique needs of indigenous peoples living in voluntary isolation (that do not maintain sustained contacts with the majority non-indigenous population) and particularly those who are in contact with other communities, due to trade, labor or other aspects.

CONCLUSION/RECOMMENDATIONS

Participation of grassroots networks and community organizations, specifically indigenous networks and leaders, from the beginning, in decision-making to mitigate the impact of COVID-19

10. Use of some mechanisms that already exist to promote participation adapted to COVID-19, such as intercultural dialogues.
11. With the support of the health sector, indigenous organizations must incorporate culturally appropriate prevention measures for their communities including the Infection Prevention and Control measures that should be implemented in remote and isolated settings.
12. It is crucial to strengthen the relationship between the health services and indigenous leaders, to collectively build family and community protection mechanisms, relative to the pandemic.
13. Engage traditional healers, ancestral therapists and other community members with health authorities so that specific measures, such as social distancing, diagnosis, isolation, and treatment, consider their world views, existing ancestral practices, and contexts.

Ensure information related to COVID-19 is culturally adapted, translated and delivered through available channels

14. Information on COVID-19 must not only be accessible in the languages of these communities but also be culturally adapted to the different contexts and realities. It is important to keep in mind that, on many occasions, only a minimal percentage of these communities read their own language (information is usually transmitted orally). Furthermore, this information must be given in messages that are easy to understand and that are pertinent considering the customs, world views, and ways of life of these communities.

Promote intersectoral actions to address social determinants of health affecting COVID-19 prevention among vulnerable groups, particularly indigenous peoples

15. Specific actions must be considered to protect populations living within and outside their territories, including those living in marginalized areas, those displaced by violence and migrants. For populations living in their territories, their housing and sanitary conditions, movements, transportation, trade patterns and food security need to be considered when protective measures are implemented.

Ensure intercultural approaches to the response to COVID-19

16. Analyze the existing practices on traditional medicine used by indigenous communities to deal with health issues that may or may not be contrary to COVID-19 preventive measures.
17. Analysis of existing cultural norms and practices of these communities to formulate appropriate approaches when adopting strategies for diagnosis and treatment, as well as quarantine and confinement measures, based on mutual respect.

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