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Future work of the Permanent Forum, including issues considered by the Economic and Social Council and emerging issues, specifically challenges related to pandemics and responses to them

International expert group meeting on the theme “Indigenous peoples and pandemics”

Note by the Secretariat

Summary

The international expert group meeting on the theme “Indigenous peoples and pandemics” was held virtually from 11 to 17 December 2020. The present note contains the report of the meeting.

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Report of the international expert group meeting on the theme “Indigenous peoples and pandemics”

I. Introduction

1. Indigenous peoples across the world have experienced the introduction of epidemics and pandemics into their communities by outsiders. During the colonial era, epidemics served as a tool of conquest, leading in some cases to the decimation of entire indigenous populations. Epidemics often came hand in hand with processes of material and cultural dispossession, with particular reference to lands, territories and resources, which are among the root causes of the profound inequalities that indigenous peoples continue to face today.

2. The coronavirus disease (COVID-19) pandemic has exposed, and in many instances exacerbated, pre-existing inequalities whereby some social groups and peoples have been hit much harder than others. Indigenous peoples are more vulnerable to the direct (health) and indirect (economic, food security) effects of COVID-19, with generally higher infection and death rates than the overall non-indigenous populations. The impact on indigenous women and girls is even more severe.

3. The Director-General of the World Health Organization (WHO) has stated¹ that indigenous people also tend to have poorer access to healthcare than other groups and suffer disproportionately from various underlying health issues, including both communicable and non-communicable diseases. In most countries with indigenous populations, indigenous peoples have lower life expectancy than the general population, with the difference sometimes as high as 20 years.

4. Some of these causes can be attributed to the historic injustices and inequalities, resulting in extreme poverty and exclusion. Indigenous peoples account for almost 19 per cent of the extreme poor and are nearly three times more likely to be in extreme poverty compared to their non-indigenous counterparts.² Additionally, indigenous peoples “remain amongst the groups that have limited access to social protection, partly owing to broader patterns of marginalization, discrimination and exclusion. Existing policies and measures to promote access to social protection for indigenous peoples are considered insufficient and do not always secure their full and effective participation.”³

5. During the current pandemic, indigenous leaders and organizations have called for mitigation strategies and social protection designed to address their specific needs and situations. They have demanded effective mechanisms that include the participation of indigenous leaders, entities and institutions in decision-making processes, as this is a major step towards facilitating inclusive and culturally appropriate measures to address the crisis. Indigenous leaders have also described insufficient access to culturally appropriate information about the pandemic in indigenous languages. These shortcomings have also raised concerns about the lack of qualitative and quantitative data on the health and socioeconomic impacts of the pandemic on indigenous peoples and the fact that most of the available information comes directly from indigenous peoples themselves. As a result, an in-depth assessment of the situation and consequent design of appropriate public policies and

¹ World Health Organization, Director-General’s opening remarks at the media briefing on COVID-19, 20 July 2020.

² International Labour Organization (ILO), policy brief, “COVID-19 and the world of work: a focus on indigenous and tribal peoples”, 2019. Available at https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_746893.pdf.

³ ILO, “The impact of COVID-19 on indigenous communities: Insights from the Indigenous Navigator”, p. 21, 2020. Available at <https://www.iwgia.org/images/publications/new-publications/2020/IndigenousNavigator/COVID19Navigator.pdf>.

responses to tackle the challenges that indigenous peoples currently face becomes increasingly difficult.

6. In some countries, collaboration between governments, indigenous peoples' organizations, international organizations and non-governmental organizations (NGOs) to develop road maps for a coordinated response to the pandemic has been initiated. For example, in Latin America, the Fund for the Development of Indigenous Peoples of Latin America and the Caribbean, the Abya Yala Indigenous Forum and the Regional Observatory on the rights of indigenous peoples created the Regional Indigenous Platform Against COVID-19 ("For Life and Peoples"). The Pan American Health Organization (PAHO) reports that it is working with the Coordinating Body of Indigenous Organizations in the Amazon Basin to respond to the pandemic in indigenous communities. PAHO and the Coordinating Body are encouraging governments to strengthen health-care services throughout the Amazon Basin, including access to medical supplies, tests, treatments and vaccines, as soon as they become available.

7. Despite all these challenges, indigenous peoples are custodians of a wealth of traditional knowledge, practices, languages and culture which includes time-tested responses to crises. Indigenous peoples' organizations around the world have been quick to organize and respond to the pandemic, providing health and food aid to remote locations. They have also pioneered the creation of efficient alternative information systems, including public awareness campaigns in indigenous languages, about the pandemic in their communities and territories, helping national health authorities, NGOs and others to better understand the pandemic's impact and trajectory on indigenous lands and to direct mitigation efforts. Indigenous peoples have also turned to traditional practices during the pandemic, including village closures, community lockdowns and voluntary isolation to fight the spread of COVID-19.

8. The response from civil society has been fundamental in facing the innumerable challenges presented by the pandemic. Academics have carried out work with indigenous peoples by mapping the pandemic in indigenous territories, studying its impacts on indigenous peoples, performing COVID-19 testing campaigns for populations in remote locations and assisting governments in policy design. In close cooperation with indigenous peoples' organizations, NGOs have also played an essential role by providing technical and logistical assistance, delivering medical and food supplies for vulnerable indigenous populations and contributing to raising public awareness about their situation.

9. The current coronavirus pandemic has laid bare many fundamental challenges in our societies. As the world adjusts to a new way of working and building back better, it is urgent that indigenous peoples and governments work together to address existing inequalities and historical injustices and redefine a new relationship based on trust, recognition and respect.

II. Overview of the discussions

10. Each year, the Department of Economic and Social Affairs organizes an international expert group meeting on an issue of concern for indigenous peoples. In view of the current COVID-19 pandemic and the far-reaching impacts on indigenous peoples, the Permanent Forum on Indigenous Issues recommended that the 2020 expert group meeting focus on indigenous peoples and pandemics.

11. The virtual meeting was attended by indigenous experts, representatives of Member States, United Nations agencies, funds and programmes, academics and civil society, as well as members of the Permanent Forum on Indigenous Issues; the Special

Rapporteur on the rights of indigenous peoples and the Expert Mechanism on the Rights of Indigenous Peoples.

12. The following is an overview of the discussions that took place at the international expert group meeting. The meeting consisted of five two-hour sessions, held over five days, on an online platform and at different times of the day to facilitate participation from all regions. The present report does not capture the full range and depth of the discussions, which covered a number of complex issues with insights and evidence-based research and experiences of indigenous peoples, governments, international organizations and academics on the subject of indigenous peoples and pandemics.

A. Indigenous peoples, pandemics and the right to health

13. At the opening of the expert group meeting, Anne Nuorgam, Chair of the Permanent Forum on Indigenous Issues, highlighted that historically, indigenous peoples have been victims of genocide through pandemics introduced by colonizers and invaders. During the current pandemic, infection and death rates are much higher among indigenous peoples than non-indigenous populations. Support from governments to indigenous peoples has been lacking, including health infrastructure and culturally appropriate campaigns to prevent the spread of the disease. There is also limited disaggregated data and insufficient inclusion and participation of indigenous peoples in policy design and implementation. Ms. Nuorgam also stated that indigenous children and youth have been heavily affected by the closure of schools and lack of access to online education. Indigenous women have suffered increased violence at home. As a response to many of these situations, indigenous peoples have turned to their traditional practices in order to protect themselves from the pandemic, including community self-isolation.

14. Francisco Calí Tzay, Special Rapporteur on the rights of indigenous peoples, pointed out that during the COVID-19 pandemic, pressures on indigenous peoples' lands and territories has continued.⁴ Some States have regarded the health situation as a security issue, and in some cases intimidation of indigenous peoples in the defence of their lands has increased. Transnational corporations and some criminal organizations have used the pandemic to take control of indigenous peoples' lands and territories and have violated national and international legal instruments for the protection of indigenous peoples. During the pandemic, there has been minimal recognition of environmental impact regulations and free, previous and informed consent. Racism and discrimination against indigenous peoples have exacerbated the situation. There was concern about indigenous persons, who are often incarcerated at disproportionately high rates, and calls to implement emergency measures to release persons incarcerated for non-violent offenses. The Special Rapporteur emphasized that where indigenous peoples' rules and regulations have been put in place, they have proven to be successful.

15. Dr. Lana Potts, a medical doctor and indigenous health specialist from the Blackfoot Nation, pointed out that pre-existing inequalities lie behind the problems that have surfaced during the pandemic. In Canada, underfunding of health care, racism and high levels of poverty, lack of access to clean water, food, adequate housing and low-income and basic social protection services, affect 630 First Nation indigenous communities. As a consequence, life expectancy for indigenous peoples is 10 to 15 years lower than for non-indigenous populations, suicide is the one the first causes of death for indigenous youth, 52.2 per cent of indigenous children are under state care according to the 2016 census, and the rate of missing and murdered

⁴ A/75/185.

indigenous women is 12 times higher than for non-indigenous women. Dr. Potts also highlighted the case of Joyce Echaquan, an Atikamekw woman who died in extremely distressful circumstances after being targeted by racist insults by nurses in a hospital. Despite these realities, Dr. Potts pointed out that First Nations come from a place of strength and connection with their land and the natural and spiritual worlds. Indigenous peoples' understanding of health is built from a holistic vision, comprising both physical and spiritual health. This balance was damaged by colonization. Dr. Potts called for the recognition of indigenous health initiatives and proper funding, protection of their lands and water, and respect and implementation for the treaties entered into between First Nations and the Government of Canada.

16. Gabriela Balvedi and Martin Oelz from the International Labour Organization (ILO), together with Robie Halip from the indigenous peoples major group, shared the results of the Indigenous Navigator report on the impacts of COVID-19 on indigenous peoples. There are an estimated 476.6 million indigenous persons that make up 6.2 per cent of the global population. Indigenous peoples are three times more likely to be poor than non-indigenous populations. Pre-existing inequalities translate into increased vulnerabilities during the pandemic and indigenous peoples are currently threatened by lack of access to health care services, augmented poverty rates, discrimination and violence. By collecting data directly from communities, the Navigator framework tracks the impact of state policies and the implementation of international standards on the rights of indigenous peoples. Information was collected from indigenous peoples in 11 different countries.⁵

17. The results from the Indigenous Navigator report show that 72 per cent of community members have some degree of inaccessibility to health-care services, and only 5 per cent have their own indigenous health institutions. Indigenous women have difficulties accessing reproductive health services. Most communities reported limitations on the recognition of their land rights and access to natural resources. Conservation efforts are increasingly problematic, interfering with the production of traditional indigenous medicines and food sovereignty. Less than half of community members perceive they are covered by social protection programmes. Most communities report disruption of traditional cultural activities and lack of access to timely, appropriate information on the pandemic in indigenous languages. Access to education has had an impact on indigenous children and youth, revealing a digital divide for indigenous peoples in terms of access to electricity, technology and internet connectivity.

18. The Navigator report also addresses indigenous peoples' responses to the pandemic, showing that communities with land rights recognition and territorial security are notably more resilient and self-sufficient in facing the impacts of the pandemic. Indigenous peoples are applying traditional knowledge and creating their own mechanisms of protection. Indigenous women play a key role in the production of preventive measures for all. Participation of indigenous peoples in the risk assessment of the situation and in the design, implementation and management of responses and mitigation strategies for COVID-19 is essential. To that end, national institutions in charge of addressing indigenous issues should be strengthened, and, more importantly, indigenous peoples themselves should be supported in their efforts to prevent the transmission of the pandemic, including the provision of food and medicine supplies, water and sanitation, appropriately equipped health-care facilities and information in indigenous languages.

19. Ana Riviere-Cinnamond, Regional Adviser from PAHO, stated that, as of 1 December 2020, there had been 237,725 cases of COVID-19 and 3,760 deaths

⁵ Available at <https://indigenousnavigator.org/publication/the-impact-of-covid-19-on-indigenous-communities>.

among indigenous peoples in the Americas. In the Amazon Basin the fatality rate is 12.8 per cent higher among indigenous peoples than non-indigenous populations, making it one of the regions that has suffered the greatest impact. A considerable number of indigenous communities and territories are over 100 kilometres from the nearest health-care facility, and most of those do not have intensive care units. It is worth noting that the data is based only on people who were treated, and that there may be many other unreported cases among indigenous peoples. Ms. Riviere-Cinnamond highlighted the experience of PAHO and their close cooperation with indigenous peoples to develop protocols to face the pandemic and share information in indigenous languages.

20. During the discussion, participants underlined the lack of specific studies and disaggregated data on the situation of indigenous peoples on issues related to land grabbing, impacts from extractive industries and development projects on indigenous territories. In addition, participants expressed concern about future vaccination campaigns for COVID-19 and possible rejection by indigenous peoples of vaccines. On this particular issue, the Special Rapporteur on the rights of indigenous peoples emphasized the importance of free, prior and informed consent at all stages of planning and implementation of measures to counter COVID-19.

B. Socioeconomic impacts and consequences of pandemics on Indigenous Peoples

21. Geoffrey Roth, a member of the Permanent Forum on Indigenous Issues, moderated the second session and pointed out that the pandemic has had an impact on indigenous peoples' health, livelihoods and culture. Extractive industry activities have continued to put pressure on indigenous lands and territories, and its workers present an infection risk for indigenous peoples. Indigenous peoples' livelihoods, such as from ecotourism, have been shattered, which has had an impact on revenue. Food insecurity has led to decreased nutritional intake in rural areas, with indigenous peoples moving from traditional to processed foods. Lockdowns and isolation have raised the risk of pre-existing illnesses such as cardiovascular diseases, diabetes and mental health problems such as anxiety and depression. Domestic violence, substance abuse and suicide rates have also increased, particularly among indigenous youth. History shows that global pandemics like the 1918 influenza and HIV/AIDS were also devastating for indigenous peoples. Mr. Roth stated that indigenous peoples remain particularly vulnerable, being 3.5 times more likely to contract COVID-19 in the United States than non-indigenous people.

22. Sônia Guajajara, from Brazil's Indigenous People Articulation, noted that in Brazil, there are one million indigenous people distributed in 305 communities. A total of 274 different indigenous languages are spoken in 688 indigenous territories. More than 40,000 confirmed cases of COVID-19 and 886 deaths have been reported, affecting 161 villages. The incidence of COVID-19 in the indigenous population in Brazil is 70 per cent higher than in the general population. In this context, the Articulation developed an emergency plan, since the federal Government did not take appropriate mitigation measures. She noted that the Brazilian Government had used the health crisis to undermine the rights of indigenous peoples. Moreover, legislation passed by the Brazilian congress to grant access to water, food, medicine and economic support for indigenous peoples was vetoed by the Brazilian executive branch in June 2020.

23. Indigenous organizations in Brazil have contributed by gathering data and information on the spread of the pandemic over indigenous territories. Of particular concern is the certification of 114 farms that overlap with indigenous lands, directly

contributing to fires in the Amazon rainforest, the Pantanal and the Cerrado regions. Wildfires have been the worst in over a decade, with more than 3,553 thermal hotspots and a 34 per cent increase in general deforestation, 59 per cent of which is on indigenous territories. Ms. Guajajara also pointed out that the budget for the Special Secretariat for Indigenous Health has been significantly reduced, hindering efforts to gather statistical data and to address the pandemic. “We have decided not die, but to struggle in defence of our lives”, said Ms. Guajajara, while describing the current situation for indigenous peoples in Brazil as an “ongoing genocide”.

24. Mayfereen Ryntathiang, President of the Grassroot organization in Meghalaya, India, described the negative impacts of the nationwide shutdown in India on indigenous peoples. She also spoke about the economic costs, in particular on indigenous economies, as markets had shut down so indigenous products could not be sold, and the prices of transport and raw materials had skyrocketed. Indigenous peoples need to empower themselves to avoid exploitation and value capture from external actors and strengthen their own economic activities, scientific research and entrepreneurship skills, firmly grounded in their own values, resources and traditional knowledge. Indigenous peoples in India are subjected to discrimination and portrayed as “backward” but have much to offer if they have the opportunity to do so, and without eroding their cultures and identity. Ms. Ryntathiang stated that she believed that “we, as indigenous peoples, have slept for too long, and that COVID-19 is a wake-up call for indigenous peoples to reclaim what is rightfully theirs”.

25. Kristen Carpenter, member of the Expert Mechanism on the Rights of Indigenous Peoples, stated that the structural inequalities experienced by indigenous peoples were the consequences of conquest and colonization. Although governments are struggling to react to the pandemic, health-care professionals often lack the training or experience to work effectively with indigenous peoples. Often governments do not know indigenous peoples’ realities or recognize that their health experiences are not only individual but also collective. For instance, some States do not necessarily incorporate in their decisions indigenous peoples’ understanding of the integrity of the territories, the rights to land, the rights of participation or consultation to obtain their free, prior and informed consent, or the right to self-determination. Indigenous peoples from all over the globe have combined traditional indigenous medicine with western medicine in a complementary way, including spiritual and healing practices with plants to recover from trauma.

26. Ms. Carpenter highlighted that indigenous peoples should be included in the recovery plans and funds for COVID-19. It was also important that WHO actively work in all regions with indigenous peoples and governments to address the pandemic and the health of indigenous peoples.

27. Adan Pari, from the United Nations Children’s Fund (UNICEF) in Bolivia, noted that, in Bolivia, 43 per cent of the population self-identified as indigenous. The poverty rate for indigenous peoples is 25.9 per cent, compared to 9.1 per cent for non-indigenous populations. Schooling years for indigenous children and youth average 5.6 years, compared to a national average of 11.2 years. On 12 March 2020, a national health emergency was declared in Bolivia, but no specific measures or protocols were made for indigenous peoples, with limited information provided in indigenous languages. Indigenous peoples had limited access to food, medicine and fuel, especially in urban areas. In June, distance learning and virtual classes started, but families were required to use their own resources, and indigenous children were not provided any specific services. On 31 July, the 2020 school year ended, and only one month of classes took place during the pandemic. The suspension of educational activities deprived all children of their right to education. Teachers, parents and NGOs stepped up to provide solutions, while UNICEF and other United Nations entities

developed radio programmes, trained teachers, distributed textbooks in different subjects and raised awareness about preventive health measures.

28. Mr. Pari recommended the following to ensure education and teaching of indigenous children in conformity with their cultures: to ensure connectivity and access to technologies, as preliminary conditions to restarting education; and to explore the means for distance learning, curricular adaptations, prioritization of content, training of teachers in the use of technologies and the production of educational materials according to the needs of indigenous peoples.

29. Pratima Gurung, General Secretary of the Indigenous Persons with Disabilities Global Network in Nepal, offered insights on the situation of indigenous peoples with disabilities. During the pandemic, underlying inequalities faced by persons with disabilities have been exacerbated. Disaggregated data is almost non-existent when it comes to ethnicity and disability during the pandemic. Relief packages are not reaching persons with disabilities and indigenous peoples, as they do not have identification documents, leading to further exclusion. Absence of information in indigenous languages is causing misinformation, and indigenous peoples with disabilities have also been falsely portrayed as virus carriers. The lack of support, especially for indigenous women and girls, and the pandemic has exacerbated higher rates of rape and domestic violence. Some preventive measures such as handwashing cannot be normally done by persons with disabilities without personal support. Ms. Gurung also pointed out the lack of an integrated holistic approach on COVID-19 and urged States to consider the specific impact of COVID-19 on indigenous persons with disabilities and to ensure they are provided with health, education and social protection, as well as in post-COVID interventions related to vaccines and recovery plans.

30. During the general discussion, there was concern on the subject of future vaccination strategies. Participants from different regions expressed fear and distrust of authorities in relation to vaccines, emphasizing that indigenous peoples should not be used as “guinea pigs” to test the vaccine. Indigenous peoples are also more affected by other illnesses such as HIV/AIDS, malaria, diabetes and cardiovascular diseases.

C. Self-determination, participation rights and access to information

31. Brian Keane, from Land is Life, remarked that indigenous peoples are disproportionately affected by pandemics and must fully and effectively participate in all decisions that affect their lives. Self-determination is a basic right that is exercised through participation and access to information in indigenous languages. There is also a concern that private corporations have used pandemic as a pretext to violate indigenous peoples’ rights to their lands and exploit their resources.

32. Pallab Chakma, from the Kapaeng Foundation, explained there are over 50 different indigenous groups in Bangladesh, with indigenous peoples accounting for 2 per cent of the population in Bangladesh. They depend mostly on subsistence farming, and land grabbing, land dispossession and climate change have increased poverty among them. Their migration to urban areas to seek employment, often in precarious conditions, has increased. During the COVID-19 lockdowns, indigenous peoples faced loss of livelihoods and income, an acute food crisis and lack of access to health-care facilities. There is also increased violence against indigenous girls and women. Indigenous peoples in Bangladesh were not included in COVID-19 response programmes, and information on health services and treatment was not shared in indigenous languages. Indigenous children have been left behind, with a huge digital divide in the Chittagong Hill Tracts, with no online or remote learning facilities. Recently, the land of the indigenous Mro people is being taken to construct a five-star hotel for tourism purposes.

33. Mr. Chakma described good practices, including efforts taken by the indigenous peoples themselves, such as public health messages in indigenous languages, reviving the traditional practices of community lockdowns and self-isolation, and informal schooling provided by indigenous youth. He recommended the timely distribution of information and guidelines in indigenous languages, ensuring access to health services, respect and recognition of indigenous cultures, languages and values, and providing sustainable long-term economic relief for vulnerable indigenous peoples during the pandemic and in the recovery phase. Mr. Chakma stressed the urgent need to ensure the right to self-determination, implementation of the 1997 Chittagong Hill Tract peace accord and compliance with the United Nations Declaration on the Rights of Indigenous Peoples.

34. Dr. James Makokis, medical doctor from the Saddle Lake Cree Nation, raised the issue of systemic racism against First Nations in Canada. Although they never surrendered their territories, dispossession continues, and treaties are not respected. Indigenous health systems had been prohibited, and despite western medicine being valued, traditional medicine is increasingly used. When COVID-19 arrived, First Nations responded by closing their territories and emphasized food security including through traditional hunting and gathering. However, conflicts with non-indigenous farmers and corporations have hindered this effort. When indigenous people leave their reservations, they face widespread racism, particularly when seeking attention in health-care facilities. In Saskatchewan, more than 100 indigenous women filed a class action lawsuit denouncing forced sterilization. In Fort Qu'Appelle, south Saskatchewan, indigenous children were subjected to tuberculosis vaccine trials without consent, and many now fear a COVID-19 vaccination campaign, as there is a history of mistrust, broken promises and racism. In order to rebuild trust between indigenous peoples and the Canadian health system, there is need to focus on actions, such as the strengthening of indigenous health institutions, including indigenous medical facilities. WHO should address the subject of discrimination of indigenous peoples in national health systems. Mr. Makokis concluded by stating that racism, hate, deforestation and climate change are also pandemics, and that COVID-19 is here to teach us that we need to change the way we live.

35. Dr. Aleeta Fejo, an aboriginal family doctor from the Indigenous General Practitioner Registrar Network, Australia, stressed the need of self-determination and self-leadership for aboriginal peoples. Before colonization, aboriginal peoples controlled 100 per cent of their territory, and now they only control 3 per cent. Diseases have been historically transmitted by settlers and colonizers and pandemics were used as a biological weapon. The causes of vulnerability of aboriginal people come from the fact that they have been submitted to discrimination, poor services and poor conditions since colonization. Indigenous peoples are the experts on their own situation, not state authorities. Thus, in order to ensure protection for all the population of Australia in a national emergency, aboriginal peoples should participate at all levels in all decisions. Mistrust must be addressed with agreements that guarantee the rights of indigenous peoples. Dr. Fejo asserted that the strength and resilience of aboriginal communities comes from collective love and the fight against common threats. Aboriginal communities started preparations a month before the pandemic hit, from the family level to the national level, saving food and closing territories. In the north, only health workers were admitted and not a single case of community transmission was detected, proving that this measure was correct.

36. Joyce Godio from Indigenous Peoples Rights International shared the results of the report on COVID-19 and indigenous and tribal peoples,⁶ underscoring the existing

⁶ Available at <https://www.forestpeoples.org/en/report-impacts-underlying-inequalities-covid19-indigenous-peoples>.

inequalities in our societies, which affect indigenous peoples disproportionately. Systemic causes are insecure land tenure, discrimination, lack of recognition of indigenous people's rights to self-determination and self-governance, and economic strategies that put profits over people. The report also identified several dynamic pressures such as increased deforestation, land grabbing and violence, insufficient government services, including culturally appropriate health care and education, and ineffective information and communication infrastructure. Immediate concerns are the lack of access to proper health care, clean water and sanitation, lack of culturally appropriate information about COVID-19 and food insecurity. Recommendations included the recognition and protection of the rights of indigenous peoples to lands, territories and resources and of their roles in the sustainable management of natural resources. Economic recovery models should aim to improve the quality of life and well-being for all, while ensuring balanced economic, social and environmental growth. Ms. Godio concluded that indigenous peoples' resilience in crises such as COVID-19 pandemic was determined by the extent to which indigenous collective rights to lands and self-determination were respected and protected.

D. Indigenous peoples' innovations, responses and traditional knowledge

37. Darío José Mejía Montalvo, member of the Permanent Forum on Indigenous Issues, opened the discussion by recalling that throughout 2020, indigenous peoples saw history repeating itself. Although States have been somewhat effective in controlling the spread of the pandemic, they have been weak in distribution policies. Indigenous peoples have been historically treated as second-class citizens, and now they face serious threats to their survival and to their collective rights. Indigenous peoples continue to be excluded from decision-making processes, and there is a resurgence of racism and discrimination, a pervasive lack of access to justice and to freedom of expression. Poverty and inequalities are increasing. Indigenous peoples are concerned that they are being left out of important decision-making processes that affect their health and well-being. Many elders and leaders have passed away because of the disease, but communities and indigenous authorities are taking action, assuming control of their territories, creating communication platforms and strategies. and collecting data to inform the responses.

38. Justino Piaguaje, Siekopai Nation leader from Ecuador, reiterated that the 1,200 Siekopai are inheritors of a vast knowledge base and culture that has allowed them to resist the impacts of the pandemic despite the lack of response from health authorities. To prevent contagion, self-isolation measures were implemented, and community activities suspended with people finding shelter in the depths of the Amazon rainforest. After the first wave of the pandemic, the communities organized to facilitate medical support by obtaining, through their own means, rapid and polymerase chain reaction (PCR) tests, oxygen tanks and other equipment. Mr. Piaguaje remarked that the Siekopai had to revive the ancestral memory of their forefathers, who also had to deal with pandemics such as the 1918 influenza. They started studying the virus in order to prepare the medicine to achieve good results. Since the pandemic is a common problem for other indigenous peoples inhabiting the Amazon, and solidarity an important aspect of their response strategy, they started sharing their medicine with the Kichwa, Siona and Shuar peoples. Mr. Piaguaje believed that the Siekopai response was a good experience, strengthened knowledge and raised confidence in traditional indigenous medicine and wisdom, and he stressed the need for the State to take co-responsibility to strengthen intercultural health.

39. Dr. Ihab El Masry, veterinary epidemiologist from the Food and Agriculture Organization of the United Nations (FAO), and Juan Lubroth, PhD in epidemiology

and public health, noted that COVID-19 disrupts livelihoods, food supply chains and peoples' access to basic services. The pandemic jeopardizes not only human health but also food systems, which are the foundations of health. There is consensus among scientists that many indigenous peoples were and are at higher risk for emerging infectious diseases compared to other populations. Deforestation is destroying barriers between the human and animal world, facilitating virus mutations that later infect people in live animal markets, as 75 per cent of diseases come from animals. The pandemic reveals that this is a crisis within a crisis for indigenous peoples, due to pre-existing socioeconomic conditions, caused by the destruction of ecosystems, extractive industries and climate change. Mr. Lubroth emphasized that indigenous peoples have lived in harmony with nature over millennia, yet western civilization is destroying it. Indigenous elders and spiritual leaders must share wisdom on health and hygiene. There is a need to develop the concept of One Health, a holistic approach that takes into account links to environment, food systems and environmental health. The well-being of indigenous peoples can be measured by a holistic framework balancing physical, spiritual and social spheres of life. It is important to ensure clean water and sanitation, as polluted water is a vector of many diseases that affects 15 per cent of the total world's population.

40. Daria Egereva, Centre for Support of Indigenous Peoples of the North, said the pandemic has brought about many challenges in the Russian Federation, as indigenous peoples live in remote areas of Siberia and the far east. Health services are far away and there is only one doctor available for many villages. The first cases of the virus came from workers in extractive industries that are located in close proximity to indigenous communities. During the second wave, the disease has spread further. Indigenous peoples are developing capacities and using traditional indigenous medicine. Since there is no monitoring in place, it is difficult to ascertain the full impact of the pandemic on remote communities, and an information platform is urgently needed to gather accurate data.

41. Sandra del Pino and Adrian Díaz, from PAHO, and Nemo Andi, from the Confederation of Indigenous Nationalities of the Ecuadorian Amazon, shared their experiences in building a coordinated response in Ecuador, with the participation of indigenous organizations. A framework covering five lines of technical cooperation was approved by multiple stakeholders, including the gathering of health data on indigenous peoples, promotion of intercultural health policies, strategic alliances and social participation, western and traditional medicine in national health systems, and intercultural health training at all levels. PAHO worked closely with indigenous organizations such as the Confederation and the Coordinating Body of the Indigenous Organizations in the Amazon River Basin to determine health protocols suitable for the specific contexts and needs of indigenous communities. Intercultural dialogue is important to building culturally appropriate communication materials in indigenous languages, to counter misinformation.

42. Evan Adams, Deputy Chief Medical Officer of Public Health, Indigenous Services Canada, recalled that Canada has 37 million people, of which 1.7 million, or 5 per cent, are indigenous peoples. Two federal ministries serve indigenous peoples, and the Government has dedicated \$920 million to supporting public health responses. Compared to the rest of the population, indigenous peoples have lower rates of hospitalization (60 per cent) and death rates (30 per cent), which may be due to the average age of infection being lower than for other Canadians. As of now, the Government is working with indigenous and non-indigenous partners to prepare for a vaccine rollout. Several at-risk groups will be vaccinated first, including older adults and health-care workers. To this end, specific messaging has been created for indigenous elders.

43. During the general discussion, participants from different regions commented that transparency and information is needed on the issue of vaccines. Equitable access to vaccination should be ensured and indigenous peoples should participate in all processes related to vaccine dissemination. Participants called on PAHO to report on the implementation of the publication entitled “Considerations on indigenous peoples, Afrodescendants and other ethnic groups during the COVID-19 pandemic”⁷ during the forthcoming session of the Permanent Forum on Indigenous Issues.

E. Building back better: opportunities and challenges for indigenous peoples, States, academia and civil society to lay together the foundations for a different future

44. Tove Søvndal Gant, member of the Permanent Forum on Indigenous issues, noted that the global pandemic has a twofold effect, having an impact on the lives and health of people and unleashing a social and economic crisis, amidst an ongoing global biodiversity crisis and looming climate disaster. Many governments and international organizations have adopted “building back better” as a global slogan. The objective is to turn the slogan into a mantra and take practical actions that will have real effects. There is a need to set new priorities. Indigenous peoples can offer insights and resources in that process, to strengthen social protection responses and policies to better meet their needs.

45. Francisco Calí Tzay, Special Rapporteur on the rights of indigenous peoples, highlighted that the greatest contribution of indigenous peoples in all debates in the international arena has been to articulate concepts and perspectives about rights, identity, culture, language, forms of organization and the integral relationship between humans and nature. Despite the recognition of their rights in several international human rights instruments, indigenous peoples continue to suffer violations of these rights. The Special Rapporteur called on States to change their vision and philosophy in relation to indigenous peoples’ development and for legislative institutions to review or adopt laws in line with the United Nations Declaration on the Rights of Indigenous Peoples. Justice systems require radical reforms based on dialogue and full respect of the rights of indigenous peoples.

46. Mr. Calí Tzay noted that those indigenous peoples who enjoy their rights to self-determination and have maintained their sustainable practices, food, decisions at the community level and self-isolation, have shown resilience to the crisis. Indigenous peoples’ practice of solidarity has helped non-indigenous communities to confront the pandemic during confinement. Indigenous peoples faced threats to their survival, with inadequate support, by drawing on their own institutions, knowledge and forms of organization. He concluded that, as recovery plans are made, States should respect and promote indigenous peoples’ right to self-determination (to control their lands, resources and health and education systems). It is also critical to recognize indigenous peoples’ medicines and knowledge as well as the conservation of their vital medicinal plants, together with indigenous holistic concepts of health. Finally, States must mitigate the effects of climate change by supporting their autonomous conservation initiatives.

47. Myrna Cunningham Kain, President of the Fund for the Development of Indigenous Peoples of Latin America and the Caribbean emphasized that the COVID-19 pandemic is a serious existential threat for many indigenous peoples and communities. In response, national and regional indigenous organizations of Latin America and the Fund established a regional indigenous platform on COVID-19,⁸ to

⁷ Available at <https://www.paho.org/en/documents/considerations-indigenous-peoples-afro-descendants-and-other-ethnic-groups-during-covid>.

⁸ Available at <https://indigenascovid19.red/>.

save lives and protect communities. The platform presents an overview of the impacts of the pandemic on indigenous peoples in conditions of historical vulnerability, but also provides many examples of indigenous community resilience. Indigenous peoples have applied traditional health systems, revitalized their ancestral knowledge, shared information in their own languages and developed a system for the production and exchange of food and medicines. These measures have helped reduce the transmission of the virus, but there is not sufficient official data on how many indigenous persons have lost their lives. Similarly, indigenous peoples are not included in pandemic recovery programmes.

48. Ms. Cunningham called for social dialogue and for international organizations to adapt to the new reality and coordinate better. For example, it is necessary to rethink and adjust the implementation of the Sustainable Development Goals, as the pandemic has presented new challenges. A new non-extractivist agenda that is sustainable and does not violate human rights must be built. The participation of indigenous peoples is essential for any efficient public policy. Structural problems such as land tenure access, use of natural resources and the exercise of self-determination should be addressed. The importance of intercultural education in indigenous languages has been proven, as has the importance of ancestral health systems, medicines and indigenous knowledge. Recovery plans should protect and promote traditional health systems to provide greater coverage and quality of care.

49. Ms. Cunningham stressed that vaccination must include an intercultural approach that includes the languages and health perceptions of indigenous peoples. Indigenous authorities and leadership must be incorporated in the design and implementation of all vaccination strategies, with sufficient resources as a form of historically reparative justice. Ms. Cunningham recommended that, in order to build back better, the Permanent Forum on Indigenous Issues can play a fundamental role in urging that indigenous peoples be included at all steps in the recovery process.

50. Minnie Grey, Nunavik Regional Board of Health and Social Services, stated that community organizations had an important role in responding to the pandemic by exercising their self-determination. This applies not only to the pandemic but to health care in general. Communication in indigenous languages and according to indigenous peoples' realities is crucial. The pandemic also reminded indigenous peoples that, although life has changed, the strength of their people has created closeness, solidarity and connection with the earth. Ms. Grey asserted that indigenous peoples must be vocal about how pandemics affect them, as they are the ones who know the effects first-hand. Despite indigenous resilience and adaptability, indigenous peoples require support and acknowledgment in all response efforts.

51. James Ford, professor at the University of Leeds, United Kingdom, presented the COVID-19 Observatory project with his colleagues. The project monitors the interaction of the pandemic, climate risks and food systems among indigenous peoples in 14 countries during the pandemic. The observatories have been established in 24 distinct indigenous peoples' communities, in collaboration with community members and policy and research observers. Some insights received thus far had come from case studies in the Loreto region in Peru, where leaders of indigenous organizations consider factors that help and limit strategies by indigenous peoples. Preliminary data from Uganda identified major disparities between the Batwa peoples and other Ugandans in terms of infant mortality, literacy and income. Government support has been limited and sporadic. In Siberia, people in remote areas faced the pandemic with limited access to health services, food insecurity due to low income levels and limited access to information. Natural resource extraction brings external workers into indigenous peoples' territories, increasing the risk of contagion, which later spreads to rural communities. Wildfires have affected 5 million hectares of

forests, which not only puts indigenous territories at risk, but also jeopardizes food sources and traditional ways of life.

52. During the general discussion, Anna Coates, from PAHO, reported on the organization's work to address key considerations on ethnicity and health related to the COVID-19 response, emphasizing that solutions must be developed with indigenous peoples. There was also mention of the fact that, to build back better, there must be a linkage between western and traditional indigenous medicine.

III. Recommendations

53. Over the five-day discussion, there was a sense of urgency regarding the need to redress extreme disadvantages faced by indigenous peoples and to secure the full enjoyment of their rights. There was general agreement that recovery plans should be informed by an approach based on human rights, in particular the right to self-determination and land rights, and that equitable access to quality health care and education was essential.

54. Governments should ensure the effective participation of indigenous peoples in all recovery efforts, and culturally appropriate health services and education are integral to these recovery plans. It is essential that recovery efforts take into consideration the impacts of the pandemic on indigenous women and girls and include actions to address these.

55. Member States must ensure that indigenous peoples have the right to their traditional medicines and that they can maintain their health practices by strengthening intercultural health services and indigenous health systems that are based on indigenous peoples' values, physical and spiritual health and a sustainable and respectful relationship with nature.

56. States should ensure access to education for indigenous children and youth who are learning remotely or in person, particularly those living in rural areas. Distance learning plans must include solutions that address limited access to the Internet, connectivity and electricity. Teachers must be provided with adequate support and training to fulfil this important role. Governments and donors must support indigenous peoples' own education initiatives.

57. States should develop diverse tools to collect and disseminate quality disaggregated data and indicators to inform policymaking to address the health and socioeconomic impact of the pandemic on indigenous peoples.

58. States and international organizations should mobilize financial resources to adequately address and respond to indigenous peoples' realities during the COVID-19 pandemic.

59. States and international organizations should also prepare and disseminate culturally appropriate information in indigenous languages. This will build trust, for example in the vaccination campaigns and the implementation of social protection programmes for indigenous peoples.

60. Governments, financial institutions and the private sector must stop the land grabbing, evictions, criminal activities and overall violence that have increased in indigenous territories during the pandemic, jeopardizing indigenous peoples, in particular indigenous women and children. Furthermore, large development projects and natural resource extraction must be conducted in accordance with the United Nations Declaration on the Rights of Indigenous Peoples, respecting indigenous peoples' right to self-determination and the principle of free, prior and informed consent. Further,

recognition of indigenous peoples' collective rights to lands and territorial security should be enforced, as they enhance resilience to crises such as COVID-19.

61. Governments, with the support of United Nations entities, should establish urgent mechanisms to prevent gender-based violence and to guarantee access to health services for indigenous women, children and youth, including through timely attention in maternal and infant health care and access to indigenous midwives. Further, governments should support indigenous women's own socioeconomic initiatives, promoting the inclusion of indigenous women in decision-making processes.

62. Member States must ensure protection for indigenous peoples affected by the COVID-19 pandemic and prevent all forms of discrimination, especially in the context of timely, inclusive and equitable access to quality and affordable health care and services, including vaccines. Governments must ensure the effective participation of indigenous peoples in when planning and implementing vaccination programmes.

63. WHO, UNICEF, UNESCO, UNDP and other relevant United Nations entities and resident coordinators should create or support mechanisms for dialogue between government institutions (including public health authorities) and indigenous peoples to coordinate actions to respond to the impact of the pandemic.

64. PAHO should convene a summit on the critical situation of indigenous peoples' health with the participation of national health ministers and indigenous peoples' organizations, to support national and regional efforts to respond to the situation of indigenous peoples facing the COVID-19 pandemic. WHO should also consider such summits in other regions.

65. PAHO and the Coordinating Body of the Indigenous Organizations in the Amazon River Basin should share information and lessons learned regarding their agreement to work together to fight COVID-19 in indigenous areas of the Amazon. This is a historic agreement between a regional indigenous organization and an international organization that should serve as an example.

66. PAHO should also share information on the implementation of the publication entitled "Considerations on indigenous peoples, Afrodescendants and other ethnic groups during the COVID-19 pandemic".

67. Governments, indigenous peoples, international organizations and other stakeholders should take into consideration the recommendations and analysis prepared by FAO,⁹ the Department of Economic and Social Affairs,¹⁰ WHO,¹¹ the Inter-Agency Support Group on Indigenous Issues¹² and the Special Rapporteur on the rights of indigenous peoples.¹³

⁹ Available at <http://www.fao.org/indigenous-peoples/news-article/en/c/1268353/>.

¹⁰ Available at https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/PB_70.pdf.

¹¹ Available at https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200720-covid-19-sitrep-182.pdf?sfvrsn=60aabc5c_2.

¹² Available at https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2020/04/Indigenous-peoples-and-COVID_IASG_23.04.2020-EN.pdf.

¹³ A/75/185.

Annex I

Programme of work

*Date/time**Programme***Monday, 7 December 2020**

9–11 a.m.

Opening remarks

Anne Nuorgam, Chair of the Permanent Forum on Indigenous Issues

Francisco Calí Tzay, Special Rapporteur on the right of indigenous peoples

Session 1: indigenous peoples, pandemics and the right to health

Moderator: Chandra Roy-Henriksen, Chief, Indigenous Peoples and Development Branch, secretariat of the Permanent Forum on Indigenous Issues, Division for Inclusive Social Development, Department of Economic and Social Affairs

Presentations:

Dr. Lana Potts, medical doctor, indigenous health and First Nations expert

Martin Oelz, Senior Specialist on Equality and Non-discrimination, International Labour Organization

Gabriela Pimentel, External Collaborator, International Labour Organization

Robie Halip, technical secretariat, indigenous peoples' major group for sustainable development

Ana Riviere-Cinnamond, Regional Adviser, Pan-American Health Organization

General discussion

Tuesday, 8 December 2020

9–11 p.m.

Session 2: socioeconomic impacts and consequences of pandemics on indigenous peoples

Moderator: Geoffrey Roth, member of the Permanent Forum on Indigenous Issues and Interim Executive Director, Native Americans in Philanthropy

Presentations:

Sônia Guajajara, Coordinator, Brazil's Indigenous People Articulation

Mayfereen Ryntathieng, President, Grassroot, Meghalaya, India

<i>Date/time</i>	<i>Programme</i>
	<p>Kristen Carpenter, member of the Expert Mechanism on the Rights of Indigenous Peoples and Professor, University of Colorado</p> <p>Adan Pari, Education Officer, United Nations Children’s Fund (UNICEF)</p> <p>Pratima Gurung, General Secretary, Indigenous Persons with Disabilities Global Network</p> <p>General discussion</p>
Wednesday, 9 December 2020	
9–11 p.m.	<p>Session 3: Self-determination, participation rights and access to information</p> <p>Moderator: Brian Keane, Chair of the Board of Directors, Land is Life</p> <p>Presentations:</p> <p>Pallab Chakma, Executive Director, Kapaeeng Foundation, Bangladesh</p> <p>Dr. James Makokis, medical doctor, Saddle Lake Cree Nation, Canada</p> <p>Dr. Aleeta Fejo, founder, Indigenous General Practitioner Registrar Network, Australia</p> <p>Joyce Godio, Global Research Coordinator, Indigenous Peoples Rights International, Philippines</p> <p>General discussion</p>
Thursday, 10 December 2020	
9 a.m.–11 a.m.	<p>Session 4: Indigenous peoples’ innovations, responses and traditional knowledge</p> <p>Moderator: Darío José Mejía Montalvo, Member of the Permanent Forum on Indigenous Issues</p> <p>Presentations:</p> <p>Justino Piaguaje, Siekopai Nation Leader, Ecuador</p> <p>Dr. Ihab El Masry, veterinary epidemiologist, Food and Agriculture Organization of the United Nations</p> <p>Juan Lubroth, doctor of veterinary medicine/PhD in epidemiology and public health, Lubroth One Health Consultancies</p> <p>Daria Egereva, Social Worker, Centre for Support of Indigenous Peoples of the North</p>

<i>Date/time</i>	<i>Programme</i>
	<p>Sandra del Pino, Cultural Diversity Advisor, Pan-American Health Organization</p> <p>Adrian Díaz, Acting Country Office Representative for Ecuador, Pan-American Health Organization</p> <p>Nemo Andi, Health Advisor, Confederation of Indigenous Nationalities of the Ecuadorian Amazon</p> <p>Evan Adams, Deputy Chief Medical Officer of Public Health, Indigenous Services Canada</p> <p>General discussion</p>
Friday, 11 December 2020	
9–11 a.m.	<p>Session 5: building back better: opportunities and challenges for indigenous peoples, States, academia and civil society to lay together the foundations for a different future</p> <p>Moderator: Tove Søvndahl Gant, member of the Permanent Forum on Indigenous Issues</p> <p>Presentations:</p> <p>Francisco Calí Tzay, Special Rapporteur on the rights of indigenous peoples</p> <p>Myrna Cunningham, President, Fund for the Development of Indigenous Peoples of Latin America and the Caribbean</p> <p>Minnie Grey, Executive Director, Nunavik Regional Board of Health and Social Services</p> <p>James Ford, professor, Priestley Chair in Climate Adaption, University of Leeds</p> <p>Ingrid Artoma Rojas, post-graduate researcher, University of Leeds</p> <p>Carol Zavaleta, Wellcome Trust International Training Fellow, Unidad de Ciudadanía Intercultural y Salud Indígena, Universidad Peruana Cayetano Heredia</p> <p>Maria Osipova, post-graduate researcher, North-Eastern Federal University, Yakutsk, Russian Federation</p> <p>Didas Namanya, Senior Health Geographer, Ministry of Health, Uganda, and Uganda National Health Research Organization</p> <p>General discussion</p>

Annex II

List of participants

Members of the Permanent Forum on Indigenous Issues

Anne Nuorgam, Chair
Darío José Mejía Montalvo
Geoffrey Roth
Tove Søvndahl Gant

Members of United Nations mechanisms relevant to the rights of indigenous peoples

Francisco Calí Tzay, Special Rapporteur on the rights of indigenous peoples
Kristen Carpenter, member, Expert Mechanism on the Rights of Indigenous Peoples

Experts

Evan Adam
Nemo Andi
Ingrid Artoma Rojas
Pallab Chakma
Myrna Cunningham Kain
Sandra del Pino
Adrian Díaz
Daria Egereva
Dr. Ihab El Masry
Dr. Aleeta Fejo
James Ford
Joyce Godio
Minnie Grey
Sônia Guajajara
Pratima Gurung
Robie Halip
Juan Lubroth
Dr. James Makokis
Didas Namanya
Martin Oelz
Maria Osipova
Adan Pari
Justino Piaguaje
Gabriela Pimentel
Dr. Lana Potts
Ana Riviere-Cinnamond
Mayfereen Ryntathiang
Carol Zavaleta
