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The impact of COVID-19 on indigenous peoples in Latin America (Abya Yala)

Between invisibility and collective resistance



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The impact of COVID-19 on indigenous peoples in Latin America (Abya Yala)

Between invisibility and collective resistance



This document was prepared by the Economic Commission for Latin America and the Caribbean (ECLAC), jointly with the regional offices of the Food and Agriculture Organization of the United Nations (FAO); the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women); the International Labour Organization (ILO); the United Nations Population Fund (UNFPA); the United Nations Children's Fund (UNICEF); the Pan American Health Organization (PAHO); the United Nations Development Programme (UNDP) and the Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean (FILAC), within the framework of the activities of the Regional Interagency Group on Indigenous Peoples in Latin America and the Caribbean (GIRPI). This document was prepared thanks to contributions from Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) of Germany.

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Introduction

The main objective of this document is to report on the most significant effects of the coronavirus disease (COVID-19) on the livelihoods and ways of life of indigenous peoples, as well as to offer technical recommendations to the governments of the region for strengthening and heightening the visibility of their mechanisms for containment, mitigation and recovery from the pandemic. It addresses the urgent need for special and specific measures that recognize the great resilience of indigenous peoples in Abya Yala and build on their collective resistance and strength to enable a transformative recovery.

Consequently, recovery will require an unprecedented financial effort by countries to achieve a level of welfare close to the pre-pandemic level. We cannot fail to mention that this is a crossroads unparalleled in recent history, presenting an opportunity to (re)build a more sustainable and resilient planet (FAO/ECLAC, 2020). In this context of transformative recovery, it is essential to engage with indigenous peoples and to make them active participants in the profound changes required at the global level.

The pandemic is affecting the economies of Latin America and the Caribbean through external and domestic factors whose combined impact will lead to the most severe contraction that the region has experienced since records began in 1900 (ECLAC, 2020b). Based on the estimated effects of ongoing processes, the Economic Commission for Latin America and the Caribbean (ECLAC) projects a regional average decline of 9.1% in GDP in 2020 (ECLAC, 2020d). This recession is negatively impacting public budgets and creating considerable constraints on the implementation of public policies and strategies aimed at reducing the inequalities that disproportionately affect the indigenous peoples of Latin America and the Caribbean. A new report by the Inter-American Development Bank (IDB) estimates that it would take 27 years to reduce the disparity between the poorest and richest regions of a given country by 50% (Nuguer and Powell, 2020).

ECLAC estimates that the number of people living in poverty will grow by 45.4 million in 2020, bringing the total number living in poverty from 185.5 million in 2019 to 230.9 million in 2020, representing 37.3% of the Latin American population. Within this group, the number of people living in extreme poverty is expected to increase by 28.5 million, from 67.7 million in 2019 to 96.2 million in 2020, equivalent to 15.5% of the total population. In addition, the sharp deterioration in labour conditions will result in a regional unemployment rate of 13.5%, in a context of record labour informality. Thus, the number of unemployed people is expected to rise to 44.1 million, an increase of 18 million from the 2019 level. Rising

unemployment rates, particularly in trade and tourism, are having a significant impact on the female workforce and the economies of indigenous peoples.

Against this economic backdrop, the risk of indigenous peoples being overlooked both in pandemic mitigation efforts and in the post-COVID-19 recovery process, including, in particular, indigenous women, children and older persons, is growing exponentially. Accordingly, this report aims to contribute to their visibility and to make an urgent call for this crisis to be taken as an opportunity to reaffirm the fundamental importance of indigenous peoples' rights in sustainable development and the well-being of all, in the context of the new political and social compacts that refocus development on equality and on fiscal, production and environmental policies for sustainability (ECLAC, 2020e).

This document was prepared as part of the *COVID-19 Special Reports* that ECLAC is preparing in various areas, in this instance, jointly with the United Nations Inter-Agency Support Group on Indigenous Peoples' Issues in Latin America and the Caribbean, as part of its two-year plan of action.¹ The document is intended for indigenous peoples and their organizations, the governments of Latin America and the Caribbean and States located outside the region that have assumed several of the commitments set out in the 2030 Agenda for Sustainable Development, in particular those relating to multilateral cooperation, civil society, academia, the private sector and international cooperation.

¹ For more information, see Economic Commission for Latin America and the Caribbean (ECLAC), COVID-19 Observatory in Latin America and the Caribbean [online] <https://www.cepal.org/en/topics/covid-19>.

I. The need to adopt special and specific measures to address the impact of the COVID-19 pandemic on indigenous peoples

In September 2019, the World Health Organization (WHO) highlighted the urgency of “preparing for the worst: a rapidly spreading, lethal respiratory pathogen pandemic” and added that “preparedness and response systems and capabilities for disease outbreaks are not sufficient to deal with the enormous impact, rapid spread and shock to health, social and economic systems of a highly lethal pandemic” (WHO, 2019, pp. 27 and 28). A few months later, this alert became a reality: following a new epidemic outbreak caused by the SARS-CoV-2 virus, which had begun in China and had already spread to 15 countries, on 30 January 2020 the WHO declared an international health emergency and warned of the great impact it could have on less developed countries with weak health systems (WHO, 2020a). Owing to its rapid spread throughout the world, on 11 March,² WHO declared COVID-19 a pandemic and urged countries to (i) “prepare and be ready”; (ii) “detect, protect and treat”; (iii) “reduce transmission”; and (iv) “innovate and learn”.

As the virus has spread globally, the Americas region has become the epicentre of the new pandemic. Indeed, some Latin American countries are currently among the 20 nations globally with the highest number of infections and deaths from COVID-19 (Brazil, Peru, Colombia, Mexico, Argentina and Chile); they also appear in the list of the 20 countries with the highest number of cases per million inhabitants (Panama, Chile, Peru, Brazil and Colombia). In this context, the Pan-American Health Organization (PAHO) estimated that by 1 October, Latin America and the Caribbean will have recorded more than 438,000 deaths from COVID-19 (DW, 2020). To compound these alarming figures, the social and public health crisis is exacerbating the already wide social and economic inequalities found in the region, and if timely, appropriate measures are not taken, the political and social instability that already plagued several of the region’s countries before the pandemic will worsen. However, the greatest impact will be felt by those sectors of society that have historically been excluded from political and economic power, in particular indigenous peoples, including indigenous women, youth, children and the elderly.

As is well known, indigenous peoples have seen their political, economic, social and cultural rights systematically undermined. This has placed them among the most impoverished segments of the population,

² By that date, 10 countries in the region had already reported their first cases of COVID-19 (Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Ecuador, Panama, Paraguay and Peru). Within days, the pandemic had spread to the remaining countries.

with less access to education, health care, drinking water and adequate housing; their labour-market inclusion is also more precarious. It is estimated that more than 80% of indigenous workers in the region are employed in the informal sector, a significantly higher proportion than among non-indigenous workers (ILO, 2020^a and 2019). Moreover, in the case of indigenous women, these indicators are even more unfavourable. Despite the fact that Latin American governments have been implementing public policies aimed at reducing the inequalities affecting these peoples for several decades now, the truth is that their effects have not only been meagre, but that, in some countries, the disparities have widened in recent years (Lustig, Morrison and Ratzlaff, 2019; ECLAC, 2020a; ICEFI, 2017; ILO, 2020a). Given those pre-existing inequities, it was foreseeable from an early stage that indigenous peoples would be disproportionately affected by the pandemic, in both health and socioeconomic terms. In terms of health, because the various pieces of evidence available point to a polarized, prolonged (and most likely stagnant) epidemiological transition between them, characterized by a higher incidence of both diseases associated with poverty and precarious living conditions and those typical of modern lifestyles, in a context of worsening social injustices (Pedrero and Oyarce, 2007, 2009 and 2011;³ Crocker and others, 2018). This is compounded by the low coverage and limited effectiveness of health services in (or near) traditional indigenous territories, which, moreover, are often not culturally sensitive. In economic terms, because the baseline conditions in which they have had to deal with the crisis are much more precarious than those of the rest of the population. Moreover, that precariousness is reinforced by restrictive health measures, which affect indigenous producers, as well as their access to markets. Together, the loss of control over indigenous territories, threatened and invaded by settlers, extractive companies, artisanal mining, logging companies, drug traffickers and other irregular groups that operate unlawfully, exposes them to a high risk of contagion and limits their possibilities of establishing autonomous measures to contain or mitigate the pandemic. Similarly, the importance of the collective in indigenous cultures, which is fundamental to their survival as peoples, as well as their great strength in devising community measures to deal with the crisis and recover from the pandemic, may also put them at greater risk of contagion, since maintaining forms of communal work, food exchange and other collective manifestations may make it difficult to adopt the physical distancing measures vital to prevention.⁴

Despite the fact that in most countries official information on COVID-19 is not disaggregated by ethnicity, which highlights the shortcomings of the processes undertaken by all the countries in the region over the last two decades to apply an ethnic approach to health information systems, it has been possible to give raise awareness of the health impact of the pandemic among them thanks to the efforts made by indigenous peoples themselves. Even with this limitation, WHO estimated that as of July, there were 70,000 cases among indigenous peoples in the Americas, and more than 2,000 deaths (WHO, 2020b). Consequently, and given the general context of social exclusion and marginalization that affects the more than 800 indigenous peoples living in Abya Yala, it is essential and urgent to pay special attention to these groups in State responses to the crisis generated by SARS-CoV-2. Those responses should emphasize the collective and individual rights of indigenous peoples, as enshrined in the United Nations Declaration on the Rights of Indigenous Peoples and the Indigenous and Tribal Peoples Convention, 1989 (No. 169) of the International Labour Organization (ILO), and should be based on participation and consultation with a view to obtaining the free, prior and informed consent of these peoples for any measure adopted, as well as ensuring safe health conditions for prior consultation processes.

It is not surprising, therefore, that United Nations mechanisms on the rights of indigenous peoples, including the Expert Mechanism on the Rights of Indigenous Peoples (EMRIP, 2020) and the Special Rapporteur on the rights of indigenous peoples, José Francisco Cali Tzay (OHCHR, 2020c), provided timely warnings of the particular vulnerability of indigenous peoples and put forward a number of recommendations to States for their inclusion in health and economic responses to the pandemic. These recommendations include the need to obtain their free, prior and informed consent before any action is taken; the urgency of protecting, in particular, peoples in voluntary isolation or in a phase of initial contact; and the adoption of State measures relating, *inter alia*, to support for community protection plans devised autonomously by indigenous peoples,

³ In Mexico, for example, it has been reported that indigenous children and women of childbearing age suffer from protein-energy undernutrition and anaemia, associated with chronic food deficiencies and diarrhoeal and parasitic diseases, while adults have gradually been incorporated into the Western diet, leading to an increase in non-communicable diseases such as obesity, diabetes and high blood pressure (Crocker and others, 2018).

⁴ See, for example, Kaplan and others (2020), United Nations (2020) and UNHCR (2020).

access to culturally appropriate medical services and the design of communication and information strategies on COVID-19 in indigenous languages. The Inter-American Commission on Human Rights (IACHR), through resolution No. 1/2020 (IACHR, 2020a), expressed the same opinion and further recommended that States “refrain from introducing legislation and/or moving forward to carry out production and/or extractive projects in the territories of indigenous peoples during the period the pandemic may last, given the impossibility of conducting prior informed and free consent processes (due to the recommendation of the World Health Organization (WHO) that social distancing measures be adopted) provided for in ILO Convention 169 and other pertinent international and national instruments” (IACHR, 2020a, p.15).

Likewise, the Inter-Agency Support Group on Indigenous Peoples’ Issues (2020) and various entities and agencies have issued similar press releases and guidance on their areas of work. This was true of the Office of the United Nations High Commissioner for Human Rights (OHCHR, 2020b), the United Nations Department of Economic and Social Affairs (2020), the International Labour Organization (ILO, 2020a), the Pan-American Health Organization (PAHO, 2020a; Del Pino and Camacho, 2020), the Food and Agriculture Organization of the United Nations (FAO, 2020) and the Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean (FILAC, 2020a). Among the many guidelines and recommendations made are: (i) ensuring the availability of and access to culturally appropriate medical services, including access without discrimination to medical testing, emergency and critical care, as well as providing self-care supplies and personal protective equipment to indigenous people. During the pandemic, moreover, access to health services must be ensured in all areas, including mental health and sexual and reproductive health; (ii) adopt urgent measures, in line with indigenous peoples’ own traditional food systems, to guarantee their food and nutritional security, as well as to ensure the provision of safe drinking water and sanitation for communities without these basic services, together with access to personal protective equipment; (iii) establish social protection measures focused on indigenous peoples and promoting the participation of their representatives, leaders and traditional authorities in their design and implementation so that they are culturally appropriate; (iv) define culturally appropriate information strategies in the languages of the indigenous peoples themselves, not only on COVID-19, transmission mechanisms, symptoms and prevention measures, but also on ways to access State measures to mitigate the impact of the pandemic; (v) establish, in consultation and cooperation with indigenous peoples, special measures for the protection of indigenous territories, such as strict restrictions and controls on access by anyone outside such territories who does not perform essential functions in the context of the health emergency, including health professionals, public officials and associated agencies; and protect those territories through a moratorium on mining and hydrocarbon extraction activities, forest exploitation and agroindustry, and promote efforts to formalize and enforce indigenous collective property rights (vi) record and make publicly available data disaggregated by ethnicity, sex and age on positive cases of COVID-19 and related deaths, as well as on the social and economic impact on those ethnic groups of the measures implemented, including any exacerbation of structural and gender-based violence in indigenous communities; (vii) establish measures for effective cooperation among States to address the special needs of indigenous peoples in border areas; (viii) establish specific public funds and resources for post-COVID-19 reconstruction to address the needs of indigenous peoples and to support and restore their traditional livelihoods and economies and sustain their communities; and (ix) ensure a transformative gender approach to address the cross-cutting challenges that impact on indigenous women’s livelihoods and ways of life, promoting their effective participation in decision making related to COVID-19 and in managing the socioeconomic impacts of confinement, physical distancing and other mitigation measures, and recognizing that indigenous women and children will be disproportionately affected by these efforts, through specific measures to include indigenous women and youth in economic revitalization measures.

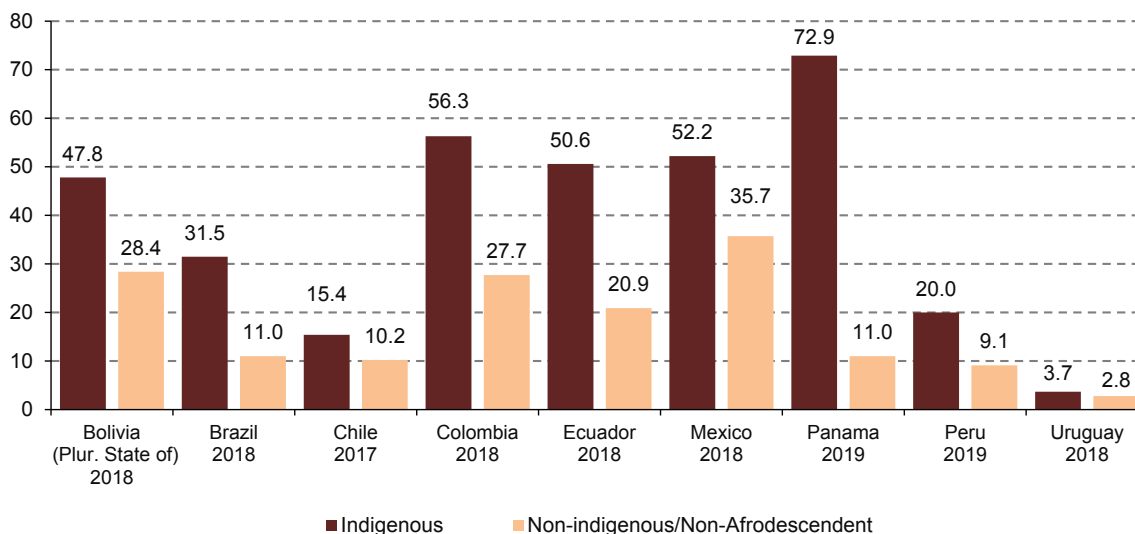
In general terms, all the guidelines in this area agree, not only on the need for Governments to raise awareness and respond to the various effects of the socio-health crisis on these peoples, but also on the imperative to pay attention to the possible impact of prevention, containment and mitigation measures on their collective rights, while emphasizing that the protection of indigenous territories is a central component of efforts to protect indigenous peoples from the spread of the disease and to contribute to their recovery from the crisis. So far, however, these recommendations have found little acceptance among Latin American Governments, whose responses to indigenous peoples have been weak and insufficient.

II. Indigenous peoples and increased vulnerability to COVID-19: territorial approaches

A. Overview of the vulnerability of indigenous peoples

It is estimated that 58 million people belonging to 800 indigenous peoples live in Latin America, representing 9.8% of the regional population (ECLAC, 2020a). The persistence of a generalized pattern of increased poverty among these peoples has been documented in multiple national and regional reports, which have also found that their distribution is territorially unequal. Indeed, the most critical situations are concentrated in rural areas and in the territories where indigenous communities have historically lived, while the incidence is higher among indigenous women. Although the most recent available data show great variability by country in terms of the extent of poverty among indigenous peoples, an element common to all of them are the inter-ethnic equity gaps that can be observed, even in Chile and Peru, the two countries with the lowest proportions of indigenous people in poverty (see figure 1). In view of the above, it is possible to assume, not only that, once exposed to SARS-CoV-2, these peoples will be more affected in the area of health because they do not have the material conditions required to prevent contagion, but also that they will suffer worse socioeconomic consequences as a result of the restrictions associated with the extraordinary measures imposed by governments to contain the virus, as well as the precarious, often informal, working conditions in which these indigenous peoples carry out their work. According to the ILO “more than 86% of indigenous peoples globally work in the informal economy, compared to 66% for their non-indigenous counterparts, where they face poor working conditions, including low pay and absence of social protection” (ILO, 2020a, p. 2).

Figure 1
Latin America-Abya Yala (9 countries): indigenous and non-indigenous population living in poverty
 (Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), CEPALSTAT [online database] <https://cepalstat-prod.cepal.org/cepalstat/Portada.html>; on the basis of household surveys.

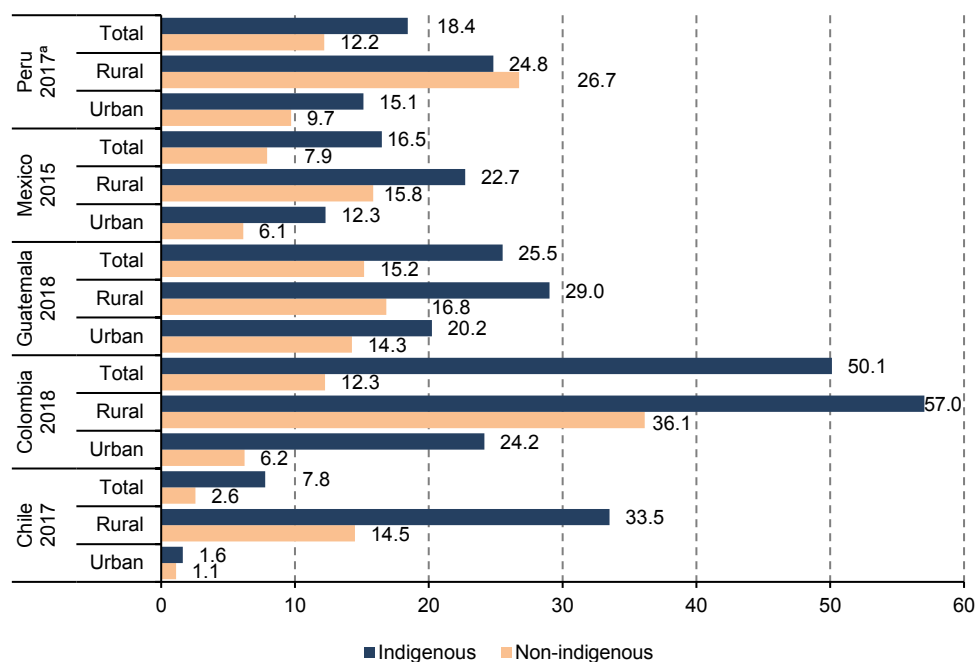
Population censuses provide some key indicators on the material conditions available to the population to take the necessary measures to address the health crisis: access to drinking water, access to sanitation and domestic overcrowding. To this end, five countries (Chile, Colombia, Guatemala, Mexico and Peru) are analysed; they were selected because they have the most recent census information, as well as accounting for 80% of the indigenous population in Latin America (ECLAC, 2020a).

In these five countries, more than 8 million indigenous people have problems with domestic access to safe water, making frequent hand washing impossible, despite it being an essential measure to prevent infection⁵ The greater vulnerability of indigenous peoples is evident in all, but particularly in Colombia, where half of the indigenous population is without that service (a figure that, proportionally, contrasts starkly with the situation in the non-indigenous population). Although the pandemic has been slower to spread to rural areas, the precariousness of living conditions and health care in these areas makes them a focus of concern. The situation is even more worrying in the case of indigenous peoples who, in many countries, continue to live mostly in these areas, where there is often inadequate access to drinking water, and where there is an increase in inequalities that, in the case of Chile and Guatemala, affect indigenous people in particular (see figure 2).⁶

⁵ Domestic access to water alone does not satisfy the content of indigenous peoples' right to water, which includes the right to plan, exercise and control their access to water; the State's obligation to ensure adequate access to water for subsistence farming and for securing the livelihoods of indigenous peoples; and protection of indigenous peoples' access to water resources on their ancestral lands from encroachment and unlawful pollution (United Nations, 2003).

⁶ In Colombia, for example, 79% of indigenous people reside in rural areas, while in Guatemala 60% do so.

Figure 2
Latin America-Abya Yala (5 countries): deprivation in access to drinking water in indigenous and non-indigenous population, by area of residence
(Percentages)



Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of census microdata.

^a In Peru, information is only available for the population aged 12 and over.

Although census sources do not account for the situation in indigenous territories, an approximation can be made by analysing the indicators at the municipal level and factoring in the relative weight of the indigenous population in the local demographic structure, given that municipalities with a high proportion of indigenous people are generally composed, either totally or partially, of traditional territories. As table 1 shows, in 4 of the 5 countries (Chile, Colombia, Guatemala and Mexico), deprivation in access to water tends to track the increase in the relative weight of the indigenous population in the municipalities, which is due to the neglect of public policies designed to ensure the right to water in indigenous territories, which, once the virus reaches them, are tremendously exposed to infection. In Chile and Colombia, clear examples of these inequalities can be seen in the traditional territories of indigenous peoples. In the former, the greatest indigenous deprivation is found in some of the territories of the Aymara people (the Communes of General Lagos and Camarones in Arica and Parinacota Region, and the Commune of Colchane in Tarapacá Region), where more than half of the indigenous population does not have access to drinking water. Similar proportions are observed in the Mapuche territories of Alto Bío-Bío, Curarrehue, Lonquimay and Lumaco in La Araucanía Region. In the case of Colombia, more than 55% of indigenous people living in the 236 municipalities where the traditional reservations are located are also not ensured their right to water; and in 105 of them this type of deprivation affects 3 in every 4 indigenous people. The risk posed by this situation is clear if one considers that only 18 of these municipalities had not registered any cases of COVID-19, according to official figures as of 14 September (see map 1).

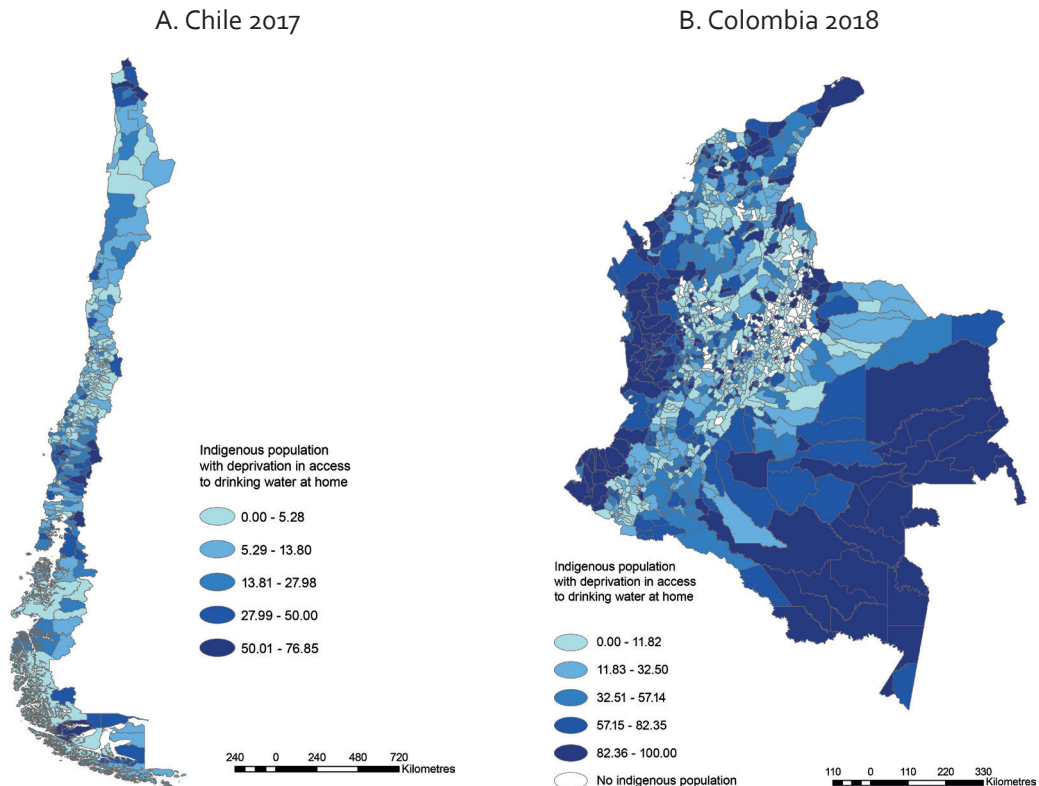
Table 1
Latin America-Abya Yala (5 countries): deprivation in domestic access to drinking water in indigenous and non-indigenous population, based on preponderance of indigenous population at the municipal level
(Percentages)

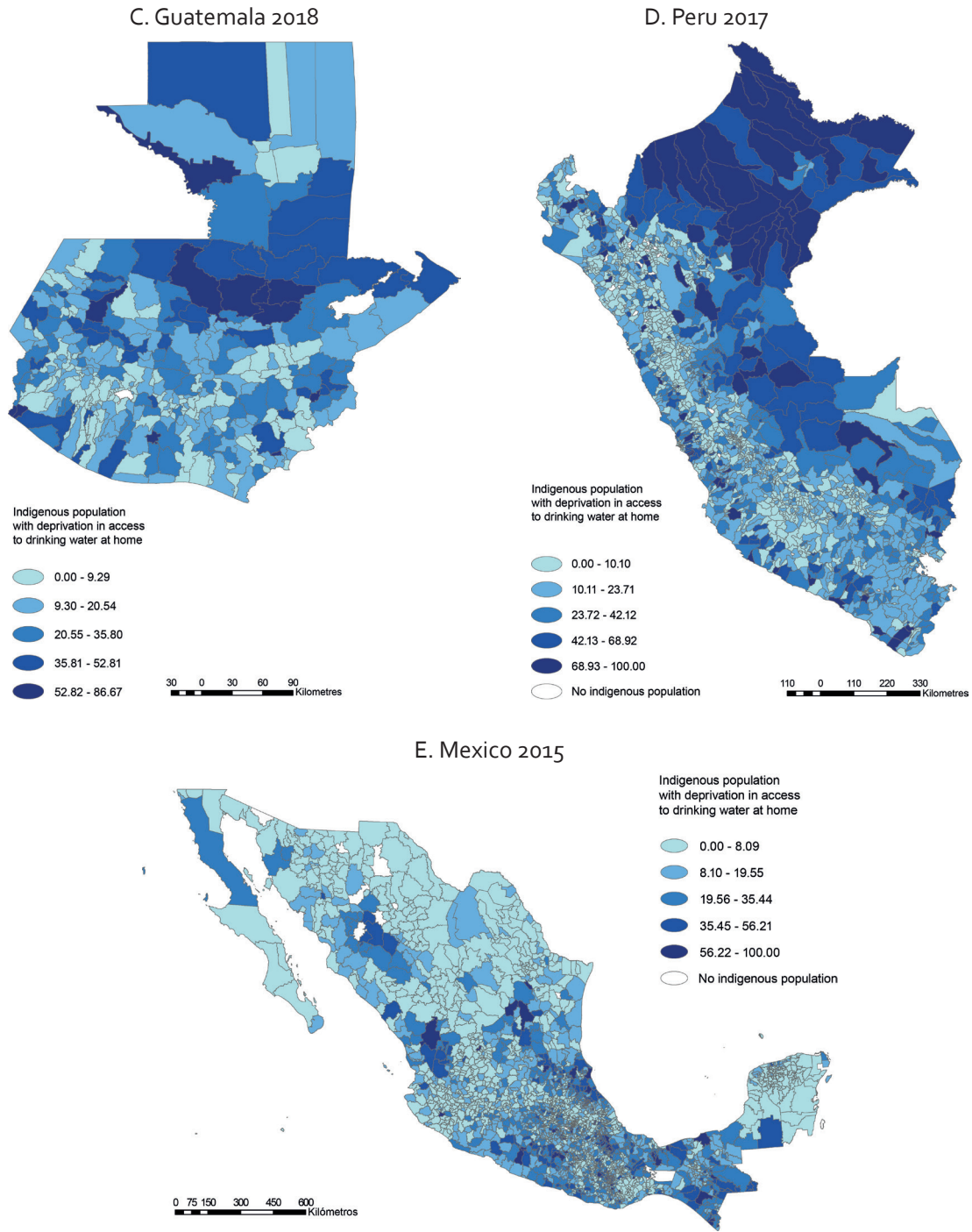
Country / Census year	People	Proportion of indigenous population at municipal level			
		< 10	10-29.9	30-49.9	50 and over
Chile 2017	Indigenous	2.8	4.2	17.1	33.6
	Non-indigenous	2.5	2.0	8.0	14.8
	Relative difference	1.1	2.1	2.1	2.3
Colombia 2018	Indigenous	42.3	41.5	49.3	56.5
	Non-indigenous	11.1	23.6	27.1	32.1
	Relative difference	3.8	1.8	1.8	1.8
Guatemala 2018	Indigenous	14.6	19.5	24.6	26.5
	Non-indigenous	14.1	15.9	19.7	18.8
	Relative difference	1.0	1.2	1.3	1.4
Mexico 2015	Indigenous	6.4	13.5	17.0	22.1
	Non-indigenous	5.2	9.8	13.3	16.9
	Relative difference	1.2	1.4	1.3	1.3
Peru 2017 ^a	Indigenous	12.7	17.7	21.8	18.6
	Non-indigenous	13.2	10.8	14.5	12.8
	Relative difference	1.0	1.6	1.5	1.5

Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of census microdata.

^a In Peru, information is only available for the population aged 12 and over.

Map 1
Latin America-Abya Yala (selected countries): indigenous population with deprivation in access to drinking water, by municipality
(Percentages)



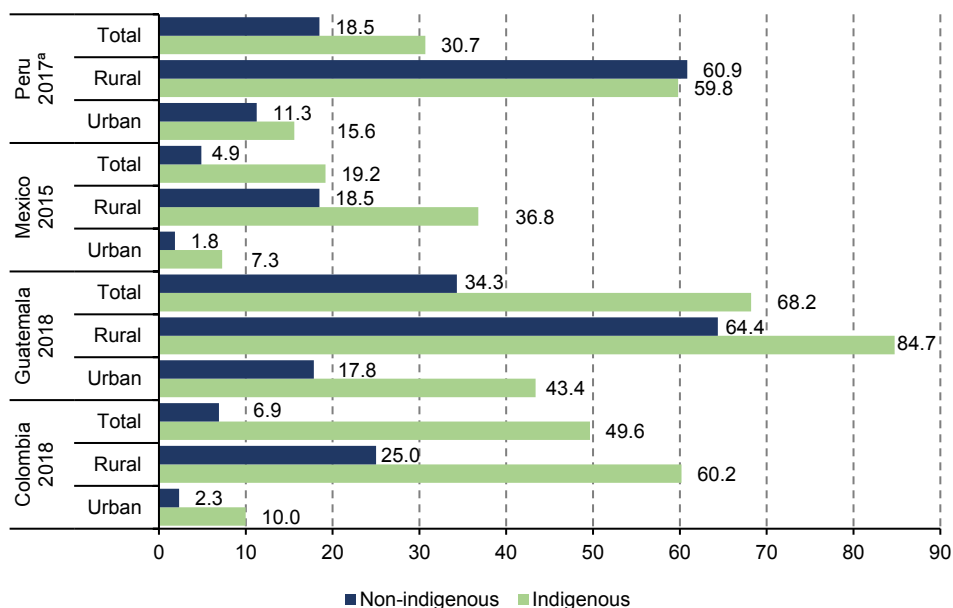


Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of census microdata.

Also, significant segments of the indigenous population have limited access to basic sanitation at home. This situation affects 70% of indigenous people in Guatemala, 60% in Peru, 50% in Colombia, and 20% in Mexico, proportions far higher than those recorded for the non-indigenous population in each

of those countries, with extremely wide disparities in Colombia and Mexico.⁷ In rural areas, the most extreme situation is seen in Guatemala, where 8 in 10 indigenous people are without access to sanitation (see figure 3).

Figure 3
Latin America-Abya Yala (4 countries): deprivation in access to sanitation in indigenous and non-indigenous population, by area of residence
(Percentages)



Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of census microdata.

^a In Peru, information is only available for the population aged 12 and over.

There is greater deprivation in access to sanitation in the traditional territories of indigenous peoples, which increases the burden of unpaid work on indigenous women and girls, as well as their risk of infection. It is precisely in the municipalities where the indigenous population predominates, and which encompass all or part of these territories, that the situations of greatest vulnerability occur. Although the non-indigenous population is also more disadvantaged there than in other municipalities, disparities remain to the detriment of the indigenous population. The case of Mexico is very illustrative, as there is a direct correlation between a higher proportion of indigenous people at the municipal level and a higher proportion of the population without access to sanitation, as well as a sustained increase in inter-ethnic inequality as the relative weight of the indigenous population goes up. The situation in Colombia is a good example of the huge inequalities that affect indigenous people in large cities. Indeed, the widest gaps are found in areas where indigenous people represent a small percentage of the total population. Attention must be given to this situation, since responses to the pandemic must focus not only on traditional territories, but also on urban areas that constitute critical areas of COVID-19 infection in all countries in the region. The concentration of indigenous environmental migrants and displaced persons living in very precarious conditions in large cities exposes them disproportionately to the risk of illness and death from this cause (see table 2).

⁷ No information is available for Chile, as the short-form census conducted in the country in 2017 did not include questions relating to domestic sanitation.

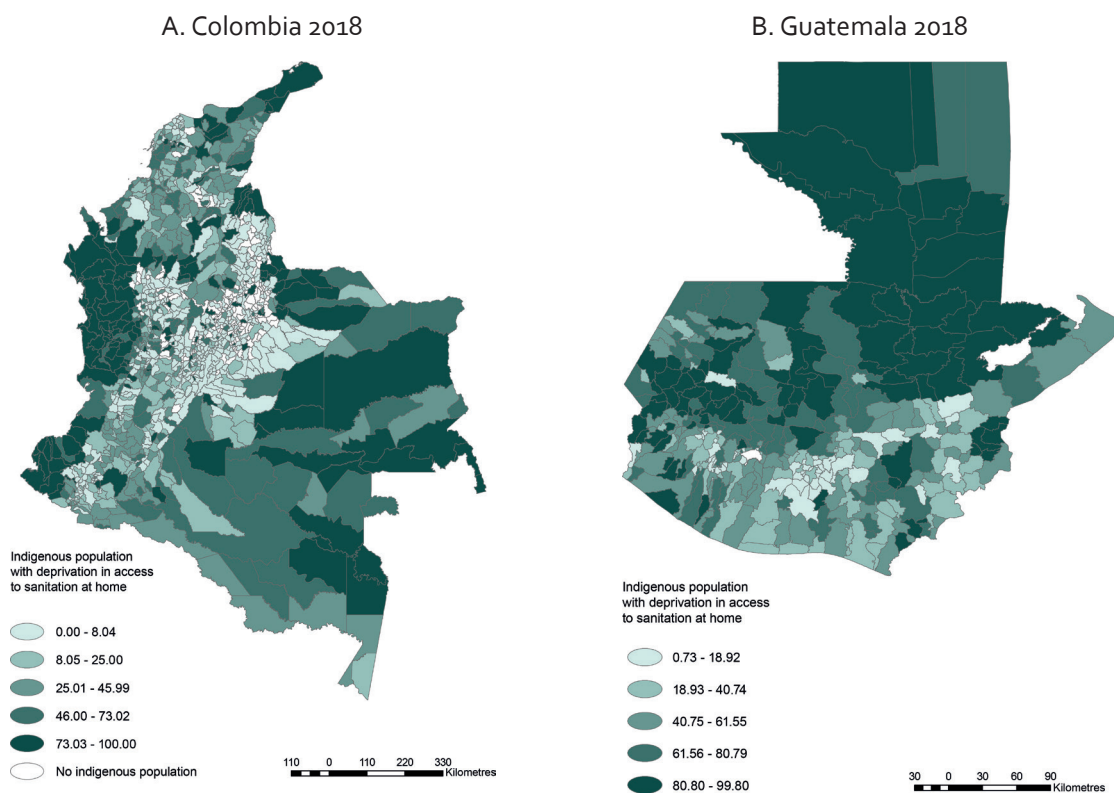
Table 2
Latin America-Abya Yala (4 countries): deprivation in access to sanitation in indigenous and non-indigenous population, by proportion of indigenous population at the municipal level
(Percentages)

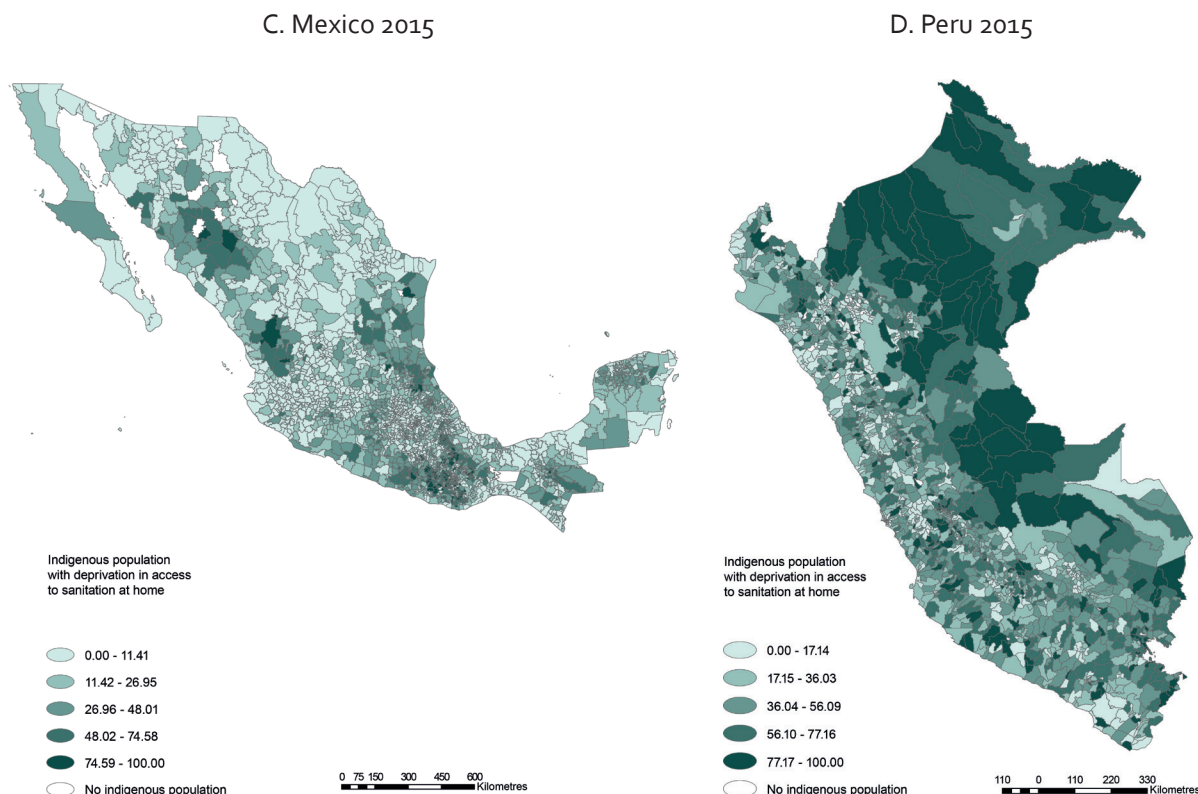
Country / Census year	People	Proportion of indigenous population at municipal level			
		<10	10-29.9	30-49.9	50 and over
Colombia 2018	Indigenous	37.3	34.8	53.6	59.4
	Non-indigenous	6.2	14.8	13.0	21.3
	Relative difference	6.0	2.4	4.1	2.8
Guatemala 2018	Indigenous	28.5	60.2	50.1	72.0
	Non-indigenous	30.3	48.8	37.3	40.1
	Relative difference	0.9	1.2	1.3	1.8
Mexico 2015	Indigenous	4.1	7.7	14.1	35.7
	Non-indigenous	3.6	4.9	8.4	19.4
	Relative difference	1.1	1.6	1.7	1.8
Peru 2017 ^a	Indigenous	18.8	16.8	27.4	39.8
	Non-indigenous	24.9	11.4	18.9	23.6
	Relative difference	0.8	1.5	1.4	1.7

Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of census microdata.

^a Only population aged 12 and over. Excludes municipalities with no indigenous population.

Map 2
Latin America-Abya Yala (selected countries): deprivation in access to sanitation in indigenous population, by municipality
(Percentages)



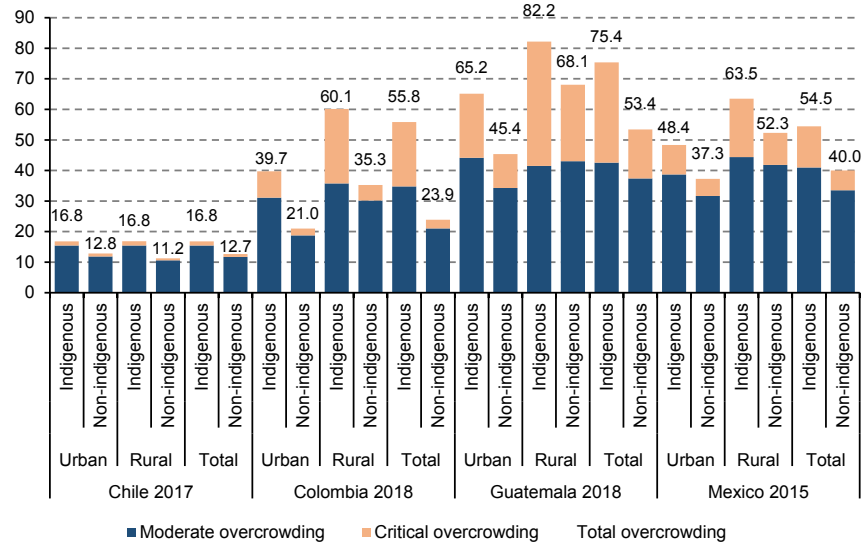


Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of census microdata.

In most of the region's countries, indigenous households are larger than the national average, which is associated with higher fertility rates (ECLAC, 2020a), as well as with the preservation of larger family structures and the reproduction of traditional kinship relationships and residential patterns (Kaplan and others, 2020). These elements, which stem from a deep-rooted culture and which, under certain conditions, may also be associated with reduced access by indigenous women and girls to education and sexual and reproductive health, become risk factors when it comes to dealing with the pandemic in contexts shaped by State housing policies specific to indigenous peoples that are makeshift, non-existent or insensitive to the particular habitation patterns of their cultures.⁸ As a result, in the four countries for which information is available, the level of overcrowding in the indigenous population is noticeably higher, and in three of them (Colombia, Guatemala and Mexico), more than half of the indigenous population is in this situation. Similarly, in all the countries, indigenous people endure significant inequality, ranging from 30% in Chile to 130% in Colombia. It is precisely the cultural factors mentioned that are responsible for the extremely high levels of overcrowding among indigenous people in rural areas; for example, 8 out of 10 indigenous people are in this situation in Guatemala, and 6 out of 10 in Colombia and Mexico. In addition, these patterns are maintained in urban areas, although with less intensity (see figure 4).

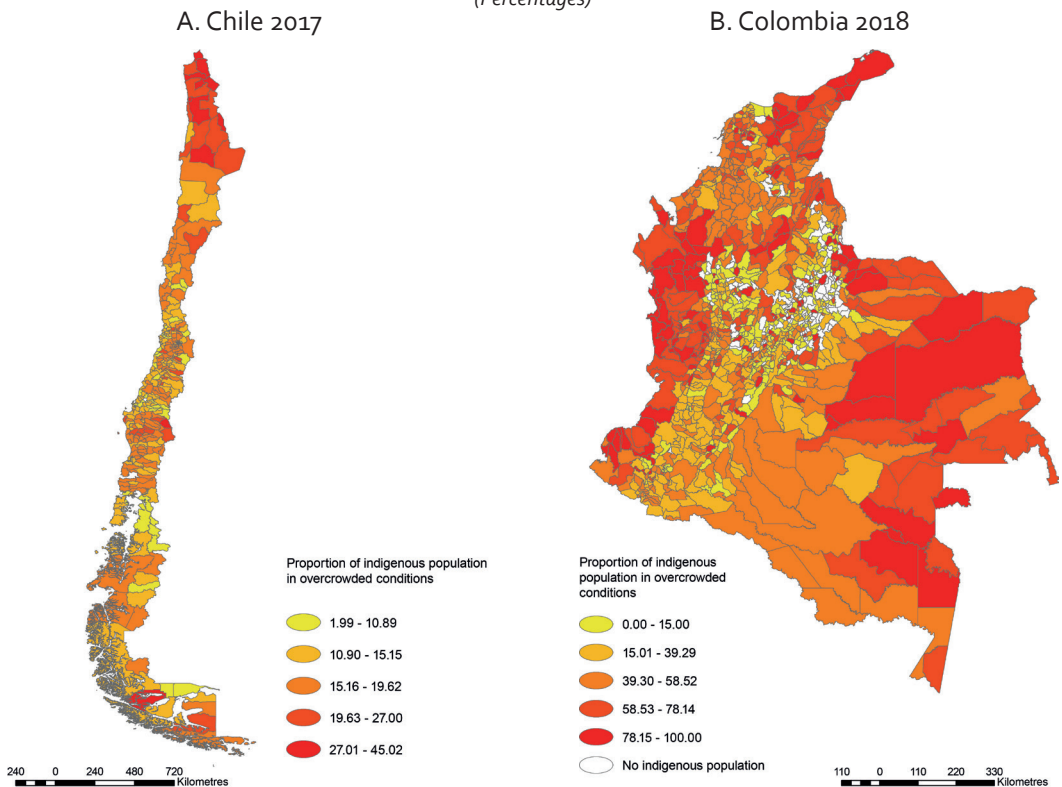
⁸ For example, the traditional kinship rules of the Kuna in north-eastern Panama give rise to extensive family structures of a matrilineal nature, which are governed by the principle of uxorilocality. As a result, households include at least three generations: mother and father, unmarried sons and daughters, and married daughters with their husbands and sons. Therefore, a high rate of domestic overcrowding does not conflict with local cultural patterns. In the context of a health emergency, however, such patterns are a risk factor.

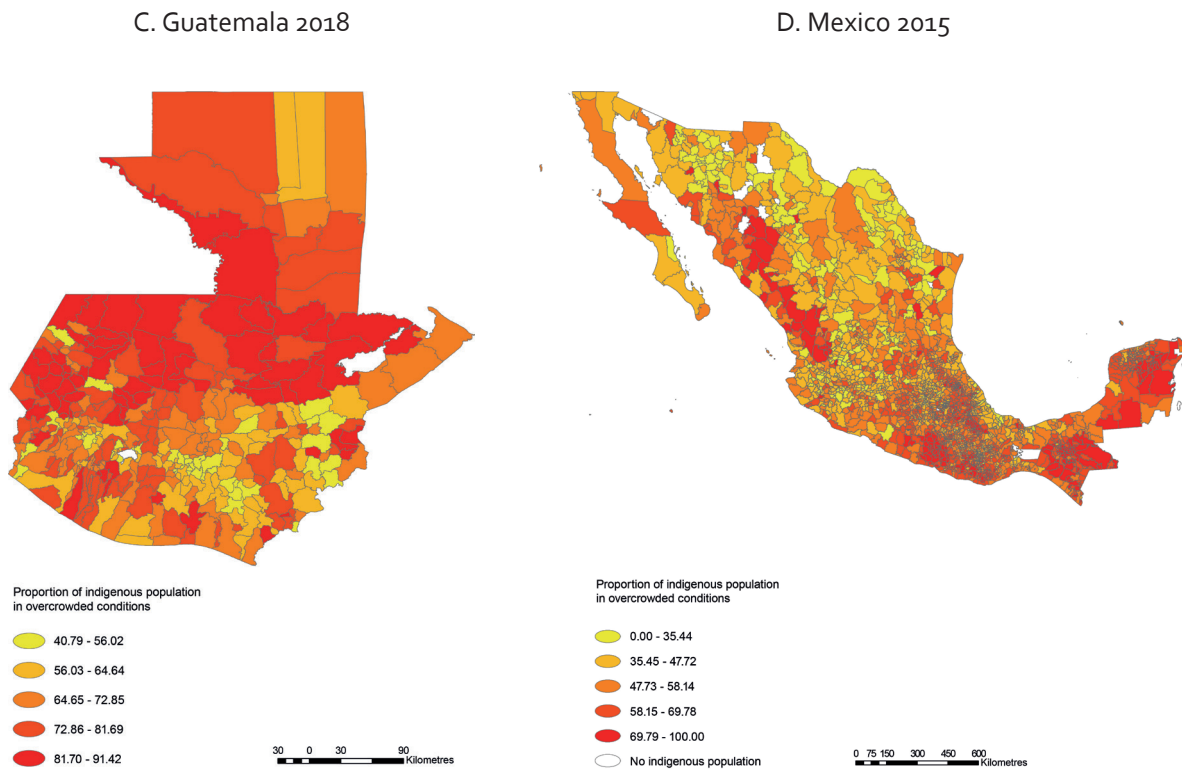
Figure 4
Latin America-Abya Yala (4 countries): overcrowding in indigenous and non-indigenous populations, by area of residence
(Percentages)



Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of census microdata.

Map 3
Latin America-Abya Yala (selected countries): overcrowding in indigenous population, by municipality
(Percentages)



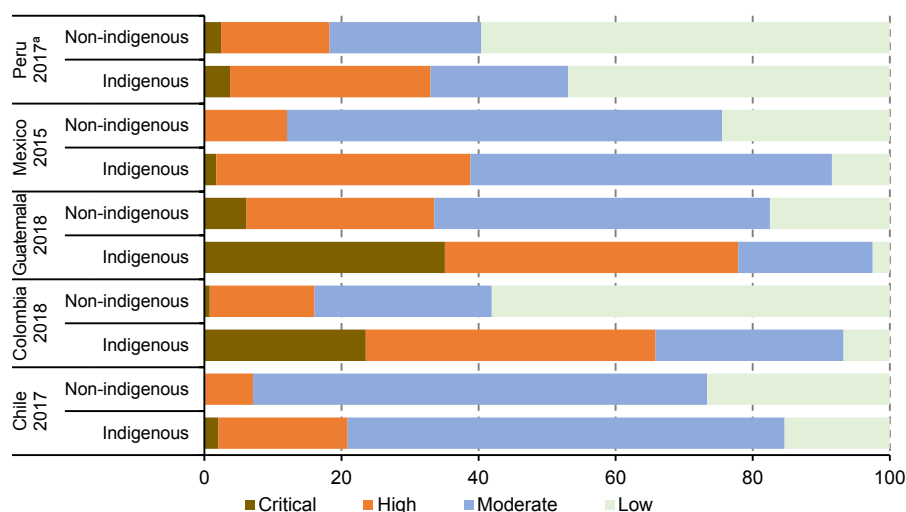


Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of census microdata.

By combining the above-described three variables in preventing infection, a vulnerability index has been estimated at the municipal level, by which it is possible to determine the territories where the State response needs to be focused in order to contain and mitigate the spread of COVID-19 among indigenous peoples.⁹ Of the five countries analysed, Guatemala has the highest proportion of indigenous people living in municipalities with critical or high vulnerability (77.9%); in second place lies Colombia (65.8%), followed by Mexico (38.8%) and Peru (33%), and, finally, Chile (20.9%). Beyond this variability, the common denominator affecting indigenous peoples is inequality, since in all countries these proportions are much higher than those recorded for the non-indigenous population, with the widest inequalities occurring in Colombia and Mexico. Furthermore, within municipalities, and regardless of their level of overall vulnerability, inequalities are also systematic, since the vulnerability rate among the indigenous population is invariably higher than that estimated for the non-indigenous population. Thus, for example, the municipalities with the best living conditions, where almost half of the country's indigenous population resides, have the most pronounced inter-ethnic disparities in this regard (see figure 5, table 3 and map 4).

⁹ Municipal housing vulnerability is measured as the weighted average of the percentage of the population that suffers deprivation in access to drinking water and sanitation, as well as domestic overcrowding.

Figure 5
Latin America-Abya Yala (5 countries): distribution of indigenous and non-indigenous population
by level of vulnerability in living conditions at the municipal level



Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of census microdata.

^a In Peru, information is only available for the population aged 12 and over.

Table 3
Latin America-Abya Yala (5 countries): distribution of indigenous and non-indigenous population by level of
vulnerability in living conditions, at the municipal level

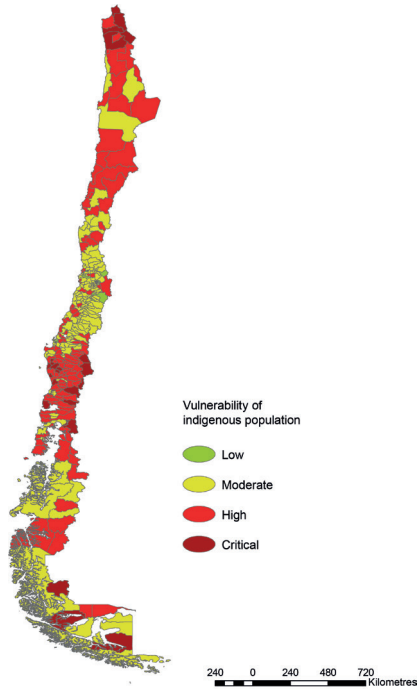
Country / Census year	Municipal vulnerability level	No. municipalities	Population				Vulnerability index	
			Indigenous		Non-indigenous		Indigenous	Non-indigenous
			No.	Percentage	No.	Percentage		
Chile 2018	Low	29	325 423	15.3	3 878 681	26.6	5.1	3.8
	Moderate	194	1 351 883	63.8	9 647 452	66.3	8.8	6.8
	High	110	399 545	18.8	1 007 888	6.9	20.8	13.4
	Critical	13	43 325	2.0	23 687	0.2	42.9	26.6
	Total	346	2 120 176	100.0	14 557 708	100.0	11.2	6.5
Colombia 2018	Low	174	126 719	6.8	24 063 671	58.1	19.1	7.5
	Moderate	477	514 742	27.4	10 714 794	25.9	30.8	19.7
	High	420	793 549	42.3	6 330 785	15.3	55.2	36.9
	Critical	51	441 742	23.5	327 605	0.8	82.3	58.8
	Total	1 122	1 876 752	100.0	41 436 855	100.0	52.5	15.6
Guatemala 2018	Low	10	161 771	2.5	1 465 523	17.5	23.3	16.9
	Moderate	147	1 271 876	19.6	4 101 791	49.0	36.6	32.3
	High	134	2 773 506	42.8	2 292 926	27.4	54.2	48.1
	Critical	49	2 274 609	35.1	515 532	6.2	71.8	54.7
	Total	340	6 481 759	100.0	8 375 769	100.0	56.2	35.3
Mexico 2015	Low	146	2 084 594	8.4	22 136 644	24.5	15.6	12.4
	Moderate	1 236	13 009 129	52.7	57 461 856	63.5	25.5	19.9
	High	1 006	9 153 566	37.1	10 841 976	12.0	44.2	35.6
	Critical	58	431 249	1.7	76 932	0.1	68.5	63.9
	Total	2 446	24 678 544	100.0	90 517 408	100.0	32.4	20.0
Peru 2017	Low	461	275 1567	46.9	9 615 589	59.6	9.8	5.1
	Moderate	557	1 178 069	20.1	3 572 088	22.1	22.8	19.5
	High	731	1 715 642	29.3	2 555 477	15.8	39.1	35.9
	Critical	125	219 807	3.7	392 795	2.4	73.3	69.0
	Total	1 874	5 865 091	100.0	16 135 958	100.0	23.3	14.7

Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of census microdata.

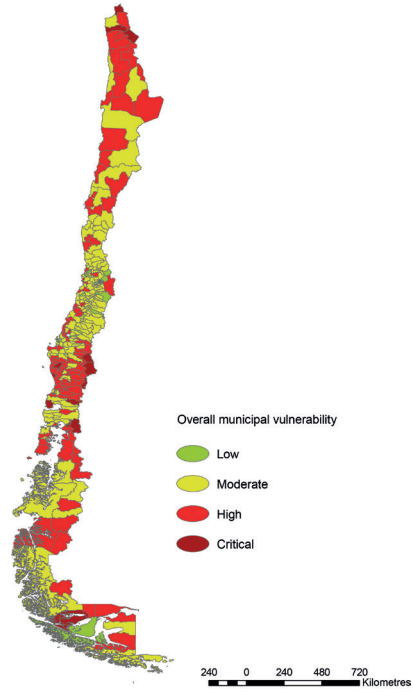
Map 4
Latin America-Abya Yala (5 countries): vulnerability of the indigenous population
and overall vulnerability at municipal level

A. Chile, 2017

Vulnerability of the indigenous population
at the municipal level

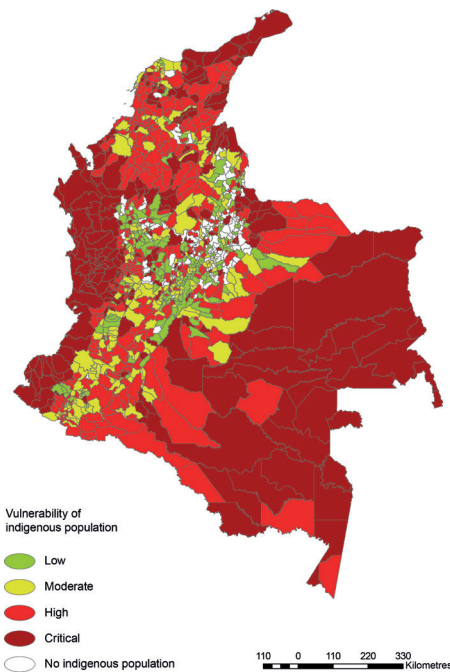


Overall vulnerability by municipality

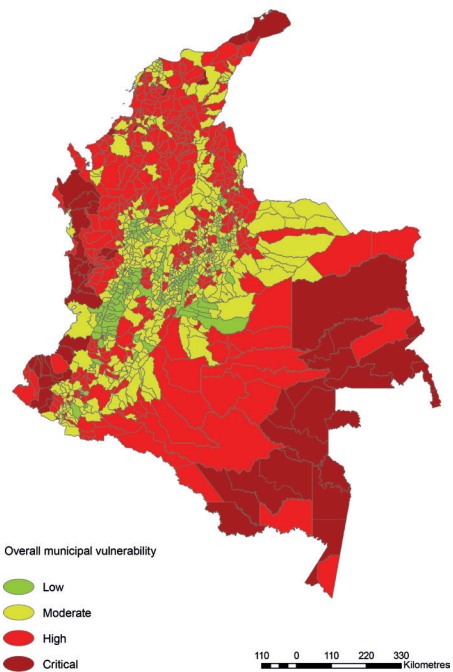


B. Colombia, 2018

Vulnerability of the indigenous population
at the municipal level

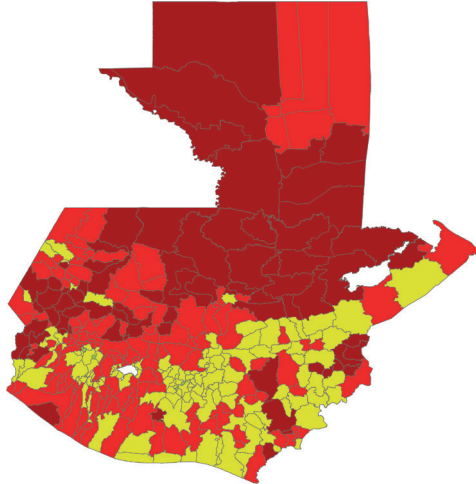


Overall vulnerability by municipality



C. Guatemala, 2018

Vulnerability of the indigenous population at the municipal level

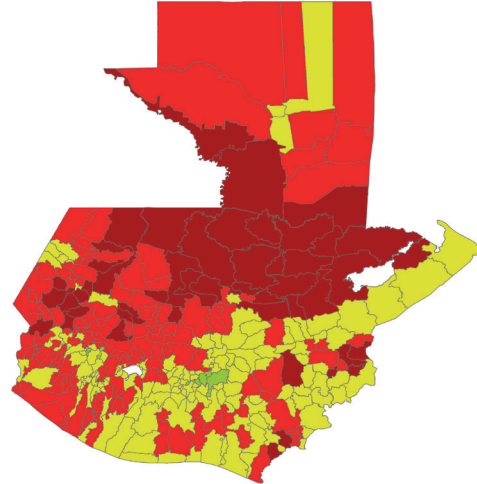


Vulnerability of indigenous population

- Low
- Moderate
- High
- Critical

0 30 60 90 Kilometres

Overall vulnerability by municipality



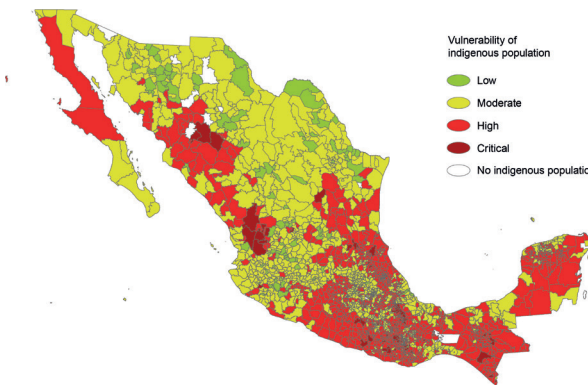
Overall municipal vulnerability

- Low
- Moderate
- High
- Critical

0 30 60 90 Kilometres

D. Mexico, 2015

Vulnerability of the indigenous population at the municipal level

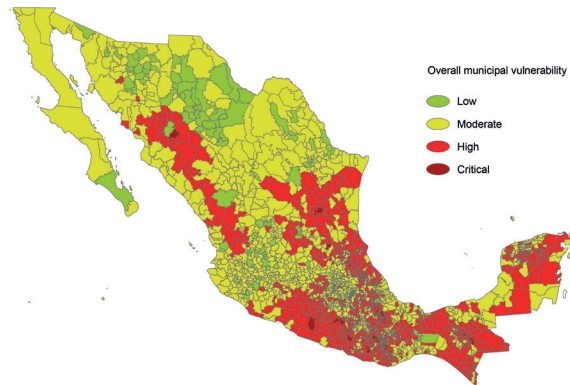


Vulnerability of indigenous population

- Low
- Moderate
- High
- Critical
- No indigenous population

0 75 150 300 450 600 Kilometres

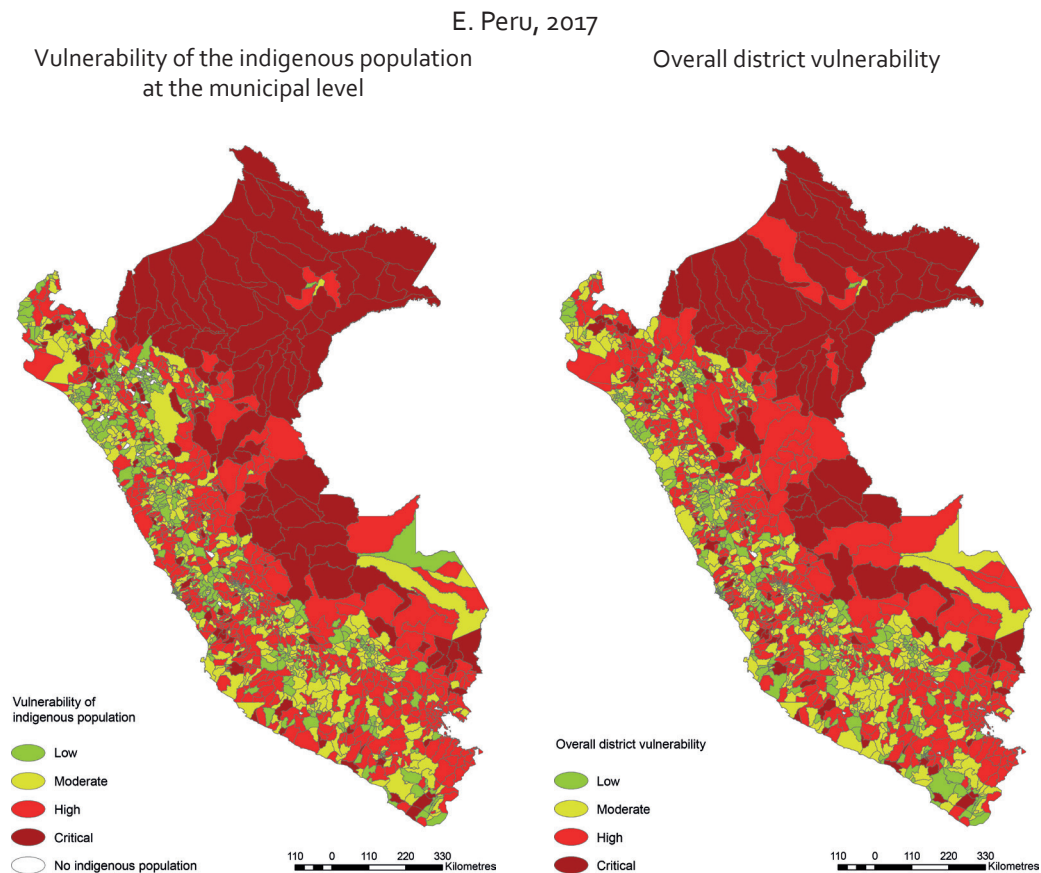
Overall vulnerability by municipality



Overall municipal vulnerability

- Low
- Moderate
- High
- Critical

0 75 150 300 450 600 Kilometres



Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of census microdata.

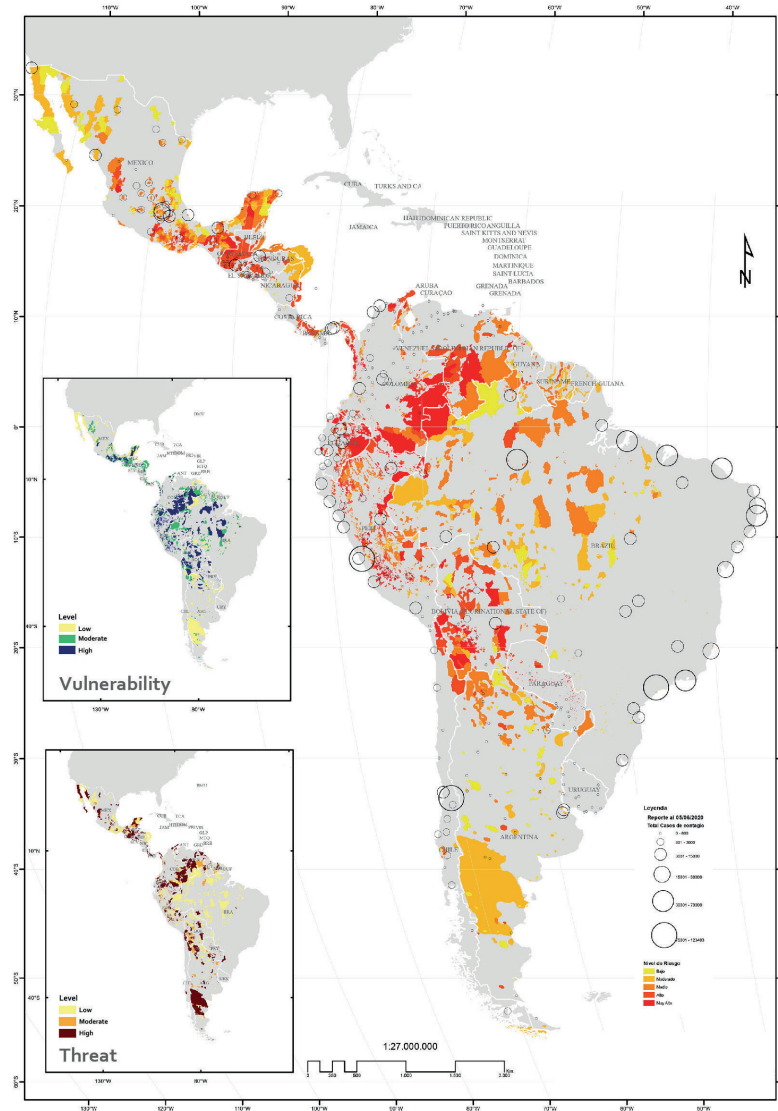
Although there is not enough information available to know how these vulnerabilities interact with the spread of contagion among indigenous peoples, the situation in Chile allows for an approximation. As in all the countries of the region, the health crisis struck hardest the capital's metropolitan area, from where SARS-CoV-2 then to spread to the rest of the country. In the first months of the pandemic, most indigenous territories remained free of infection. However, from August onwards, a high incidence began to be observed in a number of indigenous communes with high and critical vulnerability levels. Thus, as of 7 September, 20 communes with the highest current case rates included Pica and Pozo Almonte, in the Aymara territories, and Collipulli, Maullín and Perquenco, in the Mapuche territories. In addition, as of the same date, six communes with a high indigenous presence were among the 20 with the highest cumulative case rates in the country, namely: Ollagüe (Quechua territory) and General Lagos, Colchane, Pica, Pozo Almonte and Huara (Aymara territories).

The Regional Indigenous Platform for COVID 19 "For Life and the Peoples", which promotes the exchange of information, analysis and operational coordination to generate and strengthen capacities, as well as dialogue with Governments and international organizations to promote appropriate responses and actions to contain and mitigate the problems caused by the pandemic among the region's indigenous peoples, also drew attention to the risks facing indigenous peoples in the context of the social and health crisis. To do so, it employed an additive strategy derived from the threat-vulnerability ratio, based on the quantification of demographic, socioeconomic and accessibility aspects (FILAC/FIAY, 2020a, p. 27) (see box 1).

Box 1**Latin America: territories and communities at risk in the context of COVID-19**

The index of risk of COVID-19 infection among indigenous peoples was calculated from the sum of its two components (threat and vulnerability), valued on a scale of 0 to 1, where 1 is the highest degree of risk.

The threat was assessed by determining the main spatial sources of infection corresponding to the nearest population centres and the number of positive cases reported in each one based on reports from national authorities and PAHO.



Vulnerability derives from the characteristics and conditions of different social groups for anticipating or coping with a threat, and in this case is determined by the individual or collective response capacity of indigenous peoples to COVID-19. Two dimensions were considered for this analysis: one socioeconomic (degree of poverty) and the other health-related (level of access to hospital).

Source: Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean/Foro Indígena de Abya Yala (FILAC/ FIAY), *Segundo informe regional: comunidades en riesgo y buenas prácticas*, La Paz, 2020.

B. Vulnerability of indigenous peoples in rural areas

Indigenous peoples continue to lead a rural way of life at villages in their ancestral territories. Nevertheless, migration and urbanization processes have not passed them by, and already by the 2010 round of censuses it was found that in 4 of the 12 countries for which information was available, the majority of indigenous people lived in cities. Recent censuses indicate that there are two countries where indigenous peoples remain predominantly rural (Colombia and Guatemala) and two countries with urban predominance (Chile and Peru). At the regional level, the indigenous rural population (29 million) accounts for 24% of the total rural population of Latin America (ECLAC, 2020a).

A study conducted by FAO and ECLAC before the pandemic analysed the 1,945 municipalities with the highest levels of hunger and unmet basic needs, located in 14 countries, and found that 47% of the population in those municipalities identified as indigenous (FAO/ECLAC, 2018). This information shows that the rural territories lagging furthest behind in the region are those inhabited by indigenous peoples, who continue to be marginalized, face high rates of poverty and less access to health care and education, and have lower human capital and lower incomes (De Ferranti and others, 2004; Gandelman, Ñopo and Ripani, 2011; Hall and Patrinos, 2006; Ñopo, 2012).

While there is great variability among countries in terms of the extent of poverty among indigenous peoples, the rural territories of Latin America account for the highest levels of extreme poverty. In 2017, more than 56 million people (46.5% of the rural poor) faced monetary poverty, while 20.5% were living in extreme poverty (ECLAC, 2019). By the end of 2020, as a result of the impact of the pandemic, rural poverty is expected to reach 65.2 million people and 33.7 million people are expected to live in extreme poverty, representing setbacks of 13 and 16 years in terms of eradication of rural poverty and extreme poverty, respectively. This situation is creating serious obstacles in the livelihoods and ways of life of indigenous peoples.

Despite significant expansions in coverage, 32.6% of the rural population still does not have legal health-care service coverage, and only 11% of the rural population lives in households that receive social security benefits (Trivelli and Berdegué, 2019). In that regard, social protection systems must not only expand their coverage, but also adapt to the characteristics of rural areas (Trivelli and Berdegué, 2019). In spite of being in a situation of great social vulnerability, in these indigenous communities the coverage of traditional social protection programmes, which could make a significant contribution to poverty reduction, food security and strengthening their livelihoods, is often limited. Most of these programmes do not give priority to indigenous peoples and have great difficulty reaching remote rural areas. They are also poorly adapted to their cultural and geographical specificities. Unfortunately, ethnic groups are still perceived as passive actors in decision-making spaces, so policies and interventions aimed at improving their quality of life tend to ignore their traditional knowledge systems and preferences (Magni, 2017).

Since the coverage of formal social protection systems is very limited and not very relevant to the cultural and geographical specificities of indigenous peoples, they have developed their own community-based social protection mechanisms to address economic and social vulnerabilities. The pandemic has demonstrated the importance of these mechanisms in addressing its impacts, which has been done with some success.

Special attention also needs to be paid to indigenous peoples living in the forest areas of Latin America, as they are more vulnerable in terms of access to income and services. Hundreds of indigenous and tribal peoples (approximately 3–7 million people) live in or near these forests and depend on them for access to food, good nutrition and even survival. These are culturally rich peoples, with a great diversity of languages, traditions and local knowledge, but with very low incomes and very limited access to services. Only 43% of those over 15 years old surveyed during the last round of censuses had completed primary education, and just 56% had access to electricity (Thiede and Gray, 2020).

In rural contexts, more than 80% of the area inhabited by indigenous peoples contains forests; that is, 330 million hectares, of which 173 million hectares are “frontier forests” (Garnett and others, 2018;

Fa and others, 2020).¹⁰ Almost half (45%) of the frontier forests in the Amazon basin are in indigenous territories (Fernandez-Llamazares and others, 2020). Together, the areas inhabited by indigenous peoples represent 35% of the forest area in Latin America (Garnett and others, 2018; Fa and others, 2020; Walker and others, 2020). The vast majority are in Brazil, the Bolivarian Republic of Venezuela, Colombia, Mexico, Argentina, Peru and the Plurinational State of Bolivia. Indigenous peoples' land also occupies almost half (48%) of the forests in Central America (IUCN, 2016), as well as a significant portion of the forests in Ecuador (30%), Guyana (15%) and Suriname (39%) (Fa and others, 2020).

Over the past decade, external threats to these forests from mining, oil, agricultural and forestry companies, cattle ranchers, farmers, illegal groups and land speculators have increased markedly (Walker and others, 2020; Ellis and others, 2017). Meanwhile, government efforts to control illegal incursions into indigenous territories have declined in several countries. With the pandemic, this situation has become even more acute, as governments have had to limit their monitoring efforts, for both health and budgetary reasons, and this has exacerbated the vulnerability of forests, water and other natural resources in indigenous territories (ECLAC, 2020c).

With the pandemic, limited access to markets and health-care services in forest areas has made indigenous peoples in those regions particularly vulnerable. Often, mobility restrictions have made it impossible for them to sell their products and buy food, which in some cases has led to critical situations of food insecurity. Paralysis in the construction sector and the disappearance of tourism in these areas as a result of the pandemic have tremendously affected sales of forest products and tourism services.

In the specific case of Mexico, a pioneer in the area of indigenous forest management, in the first months of the pandemic, timber sales by community forestry companies fell by 55% to 70% nationally, and some 10,000 Purepecha families in Michoacán lost their sources of income, as they were no longer able to sell their pine resin to paint companies (Hernández, 2020; Flores, 2020). In Peru, the promising tourism and medicinal plant project of the Awajun women of the Nuwas Forest found itself without tourists and buyers (Sierra, 2020).

Indigenous peoples in voluntary isolation and in a phase of initial contact are also a priority group in the context of rural areas, as they are in a particularly vulnerable situation. It is estimated that there are some 200 such groups, most of them in the Amazon and the Gran Chaco of Paraguay (IACHR, 2019). Reduced public monitoring efforts in their territories leave them exposed to external threats from illegal miners and loggers, since their immune systems have had no prior contact with coronavirus, and they have no access to any Western medical services. In this context, the International Working Group on the Protection of Indigenous Peoples Living in Voluntary Isolation and Initial Contact in the Amazon and in the Gran Chaco (PIACI WG), which includes 20 indigenous organizations and allies from seven countries in South America, offered recommendations to address the COVID-19 pandemic, including the establishment of a health cordon to prevent outsiders and State actors from entering the territories of these peoples, and the intensification of actions to monitor and protect territories in order to end illegal invasions (mining, drug trafficking, logging, etc.) (Land Is Life, 2020).

C. Vulnerability in specific groups

1. Older persons

Particular attention should be paid to the situation of older people, who, if infected, face a particularly high risk of dying from COVID-19 due to age-specific comorbidities (high blood pressure and diabetes, among others), disability and immunosenescence. In that regard, as table 4 shows, the proportion of persons aged 60 or over is lower among indigenous people than among non-indigenous people in Chile, Colombia and Guatemala; not so in Mexico, where indigenous ageing is slightly higher

¹⁰ Fa and others (2020) define "frontier forests" as forest ecosystems of more than 500 km² where no large-scale human activities take place.

than non-indigenous ageing. In addition, among indigenous older people there is a predominance of women, as they tend to have a longer life expectancy than men. Despite this lesser ageing in indigenous peoples' population structures, two situations may expose older indigenous people to a greater risk of infection, as well as to more adverse effects of the disease compared to their non-indigenous peers: on the one hand, indigenous people have longer working lives, which is often related to the production dynamics within traditional cultures, where older people continue playing an active role into very old age; and, on the other hand, the high prevalence of informal work among them, in most countries of the region, reduces their possibilities of access to social security systems (ECLAC, 2020a). Therefore, it can be assumed that they will most likely be disproportionately affected by the COVID-19 pandemic and that its lethality among them may be higher than in the rest of the population of the same age.

Table 4
Latin America-Abya Yala (4 countries): indigenous and non-indigenous population
aged 60 and over, disaggregated by municipality
(Percentages)

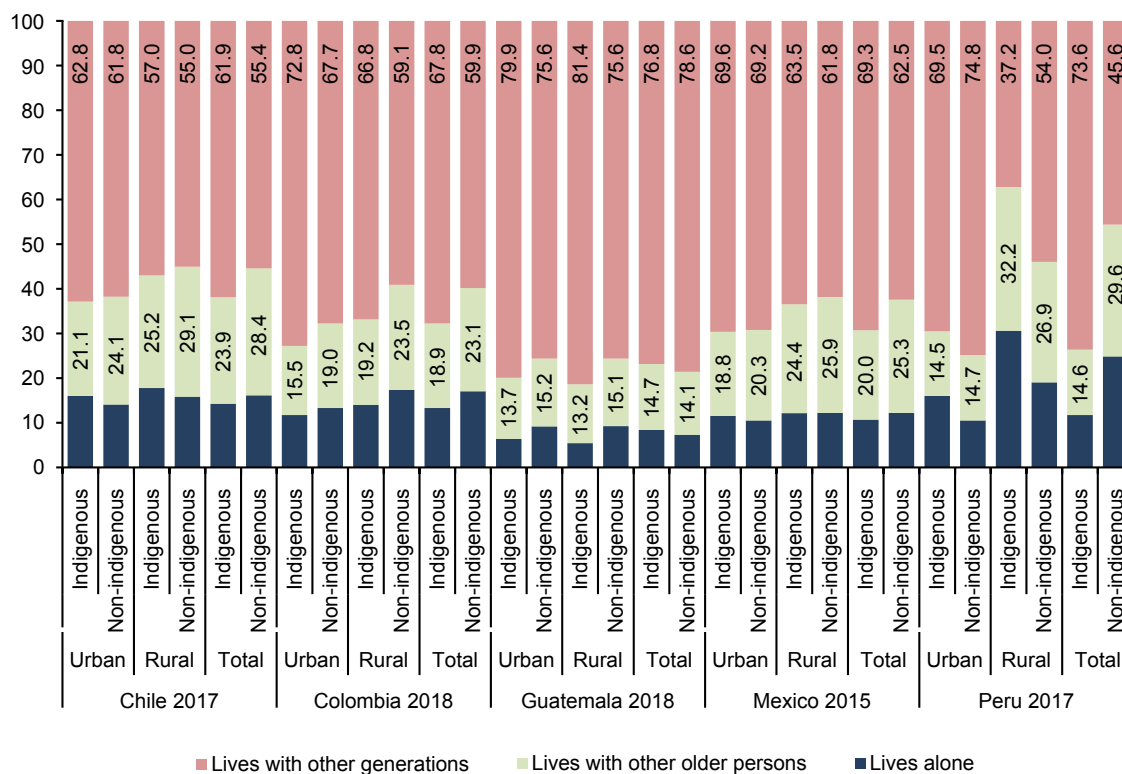
Country / Census year	People	Proportion of indigenous population at municipal level				Total
		< 10	10-29.9	30-49.9	50 and over	
Chile 2017	Indigenous	15.3	12.3	12.7	18.1	13.5
	Non-indigenous	17.2	16.0	17.5	19.9	16.7
	Relative difference	0.9	0.8	0.7	0.9	0.8
Colombia 2018	Indigenous	8.0	8.7	7.9	8.2	8.2
	Non-indigenous	13.6	12.3	10.8	13.5	13.5
	Relative difference	0.6	0.7	0.7	0.6	0.6
Guatemala 2018	Indigenous	9.1	9.2	8.7	6.7	7.0
	Non-indigenous	9.4	7.8	8.6	7.7	9.0
	Relative difference	1.0	1.2	1.0	0.9	0.8
Mexico 2015	Indigenous	12.5	11.2	10.9	10.6	11.1
	Non-indigenous	10.6	9.8	9.5	9.2	10.2
	Relative difference	1.2	1.1	1.1	1.2	1.1

Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of census microdata.

Note: Peru is not included because the question of ethnic self-identification in the census in that country only applied to the population aged 12 and over.

It can be assumed that older people living alone, or with others of the same age, face greater barriers to self-care and infection prevention measures, as in lockdown situations they may be less able to access basic livelihood inputs and face greater difficulties in accessing health care. On the other hand, older indigenous people who live with people from other generations may find it easier to ensure their isolation from public spaces, as purchases of food, medicines and other basic inputs, for example, may be taken over by younger people. At the same time, however, this situation is a risk factor, since it increases the possibility of intra-domestic contagion. As figure 6 shows, the proportion of older people living alone or with others of their own generation is less significant among indigenous peoples than in the rest of the population, with the exception of Peru, which seems to suggest that traditional family structures and residential patterns are maintained in the latter, where older people are more integrated. The figures also reveal the need to pay attention to national specificities, since in Peru the large proportion of older people with this pattern of co-residence in rural areas is striking, a situation that is likely linked to selective migration processes affecting younger populations.

Figure 6
Latin America-Abya Yala (5 countries): population aged 60 and over, by indigenous status and co-residency
 (Percentages)



Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of census microdata.

Finally, it should be borne in mind that, statistics aside, indigenous older people not only require special attention due to their greater vulnerability to COVID-19, but also because, in a context of accelerated globalization, they are vital, especially indigenous women, to the preservation and reproduction of indigenous cultures and languages. Therefore, their possible demise could result in a major cultural and linguistic loss for indigenous peoples. Likewise, there is a risk of losing very valuable traditional knowledge about fauna and flora and their uses, pests and diseases, fire, climate and soils, and how they are all affected by human practices, which contribute to the management, use, restoration and control of forests and adaptation to new situations (Reyes-García, 2009; Douterlunge and others, 2010; Mistry and Berardi, 2016; Mistry, Bilbao and Berardi, 2016; Wilder and others, 2016; Rodríguez, 2017; Reyes-García and others, 2019; Schroeder and Gonzalez, 2019; Sierra-Huelz and others, 2020). For indigenous and tribal peoples, this knowledge not only enables them to better understand forests, but also to benefit from them (see box 2).

Box 2**Chile: older people and COVID-19, a Mapuche perspective**

Then the kuxan (illness, pain) emerged somewhere in the wajontu mapu (in space, around the planet); slowly it began to be noticed, and it spread from body to body, from house to house, from village to village, from city to city, covering all the different spaces.

[...] In the mapuche rakizuam (Mapuche way of thinking, ideology), the theory is that the kuxan (illness, pain) is a living entity that has diverse origins, and which at some point manages to penetrate some of the dimensions of the che (person); it might be in their püjü (spirit), their rakizuam (thoughts), raji chegen (socially) kalül or in their biological body, and from there it draws nourishment, strength. As time passes, the kuxan (illness) takes over the che, making it sick. The kuxan can be inherited, sent by a third party, or contracted; the term for the latter is tun, the verb that means to grab something, take something; tulelgeylo they infected, which is the case with coronavirus.

[...] Each people, each society is understanding the phenomenon in its own way and is recoding the message and looking for the meaning of the kuxan (pain, illness) that is spreading. [...] This pandemic has a direct effect on the lives of the fütake che (older people) and on this last we have been seeing different attitudes in various countries of the world, where old men and women are being cut adrift, in favour of saving the lives of the young as a way of keeping the workforce going also. In our traditional Mapuche world, older persons have always been highly valued, respected and closely protected. Every good family cares for their seniors to their last breath. They have always been a priority because they are the ones who guide the steps of the youngest; the fütake che are the ones who are moving forward ahead of us; they have already trodden many roads, while we are only following behind.

In the Mapuche spiritual structure there are four rajiñelwe (intermediate states) through which we relate to the cosmos, and the first two are Fücha (old man) and Kuse (old woman), which shows the great importance of old age in understanding cosmic life.

The fact that they are at risk today because of this pandemic is frightening for our families, since ours is also a society sustained by the oral tradition, and the ones with the most baggage of kimün (knowledge) are the older persons, the chahay as we affectionately call old men, and papay, our term of endearment and respect for our grandmothers.

José Quidel, Lonco (chief) of the Mapuche community of Itinento, Araucanía Region, Chile

Source: J. Quidel, "Una lectura mapuche de la pandemia del coronavirus", Santiago, Radio del Mar, 22 April 2020 [online] <https://www.radiodelmar.cl/2020/04/una-lectura-mapuche-de-la-pandemia-del-coronavirus/>.

2. Indigenous girls and women

The inequalities within indigenous peoples, which exacerbate the vulnerabilities of indigenous women, youth and children, need to be considered. Being born an indigenous woman or girl can be a life sentence of poverty, exclusion and discrimination, largely rooted in historical circumstances of marginalization. Personal and situational circumstances of sex, race, ethnicity, disability and location often combine to place indigenous women and girls on the brink. When one or more of the factors overlap—as is often the case—the risk of social exclusion and marginalization is not only perpetuated, but also acquires an enduring quality that can span over a lifetime and across generations (UN-Women, 2020).

"[T]he pandemic is playing out in a context of widespread crisis. Beyond the health aspect, it is a systemic structural, economic, migration, climate, and food crisis, as well as one of science. In this context, the situation of vulnerability of indigenous women is exacerbated by the threefold discrimination we suffer, as women, indigenous and of limited economic means. Most Governments are approaching the crisis from a biological standpoint to attack the virus and the physical disease. However, in terms of how indigenous peoples conceive of health and illness, diseases are caused not only by physical and biological factors, but also by social and spiritual factors, so addressing the pandemic in our communities requires a holistic view and approach".

Source: Continental Network of Indigenous Women of the Americas (ECMIA), *Informe regional: mujeres indígenas de las Américas frente a la pandemia del COVID-19*, Bogotá, May 2020 [online] <http://www.fimi-iiwf.org/wp-content/uploads/2020/07/Informe-COVID19-ECMIA.pdf>.

The situation of indigenous women and girls is, therefore, of concern, since, in addition to the impact of COVID-19, there are other rights violations, such as lack of access to comprehensive health services, including sexual and reproductive health care, structural discrimination and violence, on the basis of both gender and ethnicity, as well as other barriers, including in terms of access to protection services, such as social protection and care services, and access to justice, education and sources of decent work.

According to WHO figures, the maternal mortality ratio in Latin America in 2015 was estimated at around 60 maternal deaths per 100,000 births, a reduction of 52% over the period 1990 to 2015 (WHO and others, 2015). However, although there have been significant reductions in the maternal mortality ratio, significant disparities between and within countries in that regard remain (Ruiz and others, 2015). As part of the Sustainable Development Goals (SDGs), improving maternal health remains a major challenge for the region, as maternal mortality is still high in several countries. An analysis of maternal mortality, especially in indigenous peoples, produces even more troubling findings. In this regard, various United Nations agencies have expressed concern about the higher levels of morbidity and mortality in this group, which is characterized by more intense cumulative harm. In particular, maternal and infant mortality, unwanted pregnancies and sexual abuse resulting from structural violence have been reported, among other things (ECLAC, 2014a). PAHO and ECLAC have identified the ethnic and racial groups that are in the most unfavourable situations in terms of living conditions and, in particular, health. The absence of an indigenous identification variable in basic health data is also considered a major shortcoming that hampers the design of relevant health programmes and policies. There are several studies and reports in that regard (Del Popolo, 2008 and 2013; ECLAC, 2014a and 2014b) that have sought to demonstrate the importance of including an ethnic approach in statistics.

In Mexico, for example, in predominantly indigenous municipalities with high and very high levels of marginalization and geographical and social isolation, the risk of indigenous maternal death is up to nine times higher than in the best connected municipalities. In Panama, a maternal mortality ratio of 71 deaths per 100,000 births was estimated in 2008, while in Ngöbe-Buglé it was as high as 344 maternal deaths per 100,000 births. According to PAHO, in Honduras, specifically in the departments with the largest indigenous populations (Colón, Copán, Intibucá, Lempira and La Paz), in 2004 the maternal mortality ratio was between 190 and 255 deaths per 100,000 live births, compared to a national average of 147. The 2011 annual report presented to Congress by the Guatemalan Human Rights Ombudsman (PDH) states that “while Mayan mothers die at a rate of 211 per 100,000 live births, among non-indigenous mothers the indicator is 70 per 100,000”. In Peru, the maternal mortality ratio in 2009 was 103 per 100,000 births; and, according to data from the Ministry of Health, in 2011 in the department of Puno (with a predominantly Aymara and Quechua population) maternal mortality increased by 47%. Moreover, in almost all the departments with an Amazonian indigenous population, except Ucayali and San Martín, the figures are above the national average. The five Peruvian departments with the highest number of reported maternal deaths in 2010 (Cajamarca, Puno, La Libertad, Loreto and Piura) also show limited progress in access to modern family planning methods. These enormous inequalities are rooted in various factors relating to public health and social justice linked to the poverty, exclusion and marginalization of indigenous women and peoples (Jaspers and Montaña, 2013, p. 66).

In addition, COVID-19 has an impact on indigenous women’s access to sexual and reproductive health services. Clinical staff responsible for responding to COVID-19 may not have time to provide these services, and may lack the personal protective equipment necessary to provide them safely. Among the factors limiting access to these services is the fact that health centres are closing or limiting their services in many places; the refusal of women to go to such facilities for fear of infection; restrictions on movement, which prevent women from accessing comprehensive health services; and supply chain disruptions, which decrease the availability of drugs, including contraceptive methods.

Violence against indigenous women and girls is equally alarming, as it combines gender-based violence with violence due to racism and discriminatory inter-ethnic relations, which in many cases are aggravated by the presence of natural-resource exploitation activities, internal armed conflicts or persecution and criminalization of women defenders of indigenous peoples' lives and territories. It is also a concern that women and girl survivors of violence often do not have access to psychosocial support services or assistance in reporting such events.

3. Indigenous children, adolescents and youth

In many countries in the region, indigenous children are in a situation of high vulnerability, which in some countries has become a humanitarian crisis recognized by the national Governments themselves (Argentina and Colombia, for example), in view of very high rates of child mortality, alarming levels of malnutrition in contexts of food insecurity, precarious access to water and high prevalence of diarrhoeal infections. While this segment of the population is less exposed to the risks of the pandemic, it will be severely affected by its socioeconomic impact. This impact will lead to a significant increase in child malnutrition (UNICEF, 2020) and greater incorporation of children into the labour market, as a strategy to ensure family survival during and after the pandemic (ILO, 2020b), among other factors. Therefore, special measures should be taken, in consultation and cooperation with indigenous peoples, to protect indigenous children from economic exploitation and work that is likely to be hazardous or harmful to their health or physical, mental and spiritual development, in keeping with the provisions of the United Nations Declaration on the Rights of Indigenous Peoples. In this context, it is necessary to distinguish abusive forms of child labour from the homemaking and productive activities performed in childhood within indigenous communities as part of family support and reproduction strategies based on the formative processes of their own culture.

One of the main objectives of the international community and Governments in the context of the pandemic has been to safeguard the right to education. With the suspension of regular face-to-face educational activities (one of the measures adopted in all the countries of the region to prevent and mitigate the spread of COVID-19), remote education strategies were put in place which, in several countries, combined classes via the Internet, free-to-air television and local radio stations. However, such measures jeopardize access to inclusive, equitable and quality education for millions of students, in particular for disadvantaged groups such as indigenous peoples. As can be seen in table 5, an extremely high proportion of indigenous children, adolescents and young people do not have access to the Internet at home, which becomes a barrier to the continuity of educational processes. Although the figures are also high among their non-indigenous peers, which calls into question the real effectiveness of such measures for the entire population, the fact is that indigenous people are in a situation of greater deprivation, especially those living in traditional territories. In the particular case of indigenous girls and adolescents, the burden of domestic labour and care work assumed during the pandemic may affect their educational performance. Similarly, indigenous children, adolescents and youth may also face differentiated obstacles in this area, as they have to assume a more important role in the subsistence activities of traditional indigenous economies. In both cases, this can become an additional obstacle to returning to school. Furthermore, in the context of the remote education measures implemented, the limitations observed even before the pandemic have increased with regard to the bilingual intercultural education strategies that have been implemented for years in several of the region's countries.

Table 5
Latin America-Abya Yala (4 countries): proportion of indigenous population between 6 and 24 years old without Internet access at home, by municipality

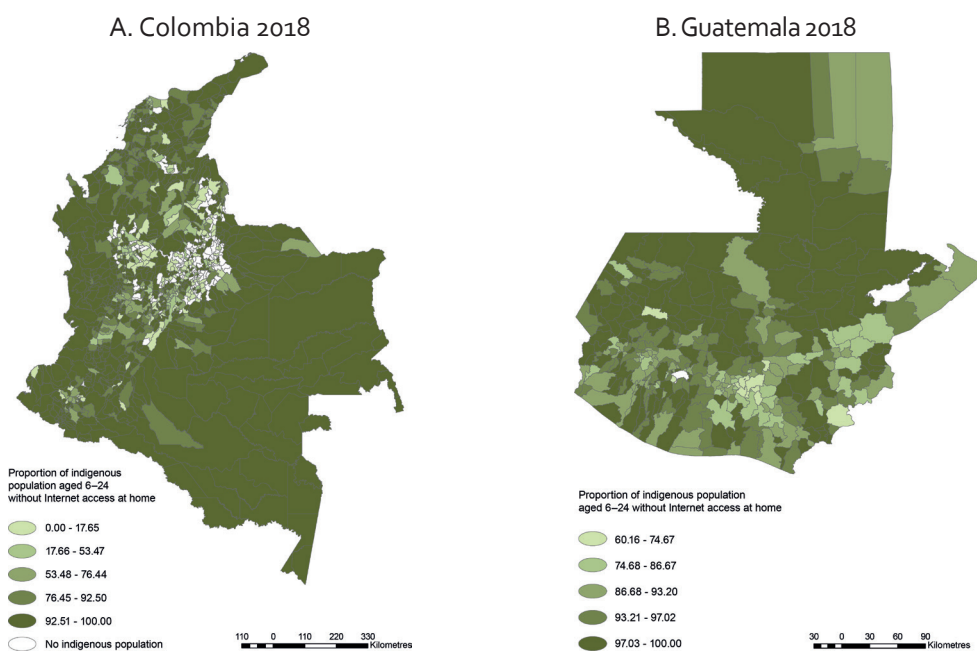
Country / Census year	People	Proportion of indigenous population at municipal level				Total
		< 10	10 to 29.9	30 to 49.9	50 and over	
Colombia 2018	Indigenous	86.7	94.1	96.7	98.5	95.5
	Non-indigenous	55.5	85.6	86.3	93.1	57.4
	Relative difference	1.6	1.1	1.1	1.1	1.7
Guatemala 2018	Indigenous	97.3	98.3	92.4	90.9	94.3
	Non-indigenous	76.0	88.8	81.1	82.3	79.0
	Relative difference	1.3	1.1	1.1	1.1	1.2
Mexico 2015	Indigenous	65.6	75.9	82.6	95.7	84.4
	Non-indigenous	58.3	66.4	73.7	87.1	63.6
	Relative difference	1.1	1.1	1.1	1.1	1.3
Peru 2017 ^a	Indigenous	61.0	65.6	77.2	89.2	81.0
	Non-indigenous	68.5	56.4	67.7	76.3	63.6
	Relative difference	0.9	1.2	1.1	1.2	1.3

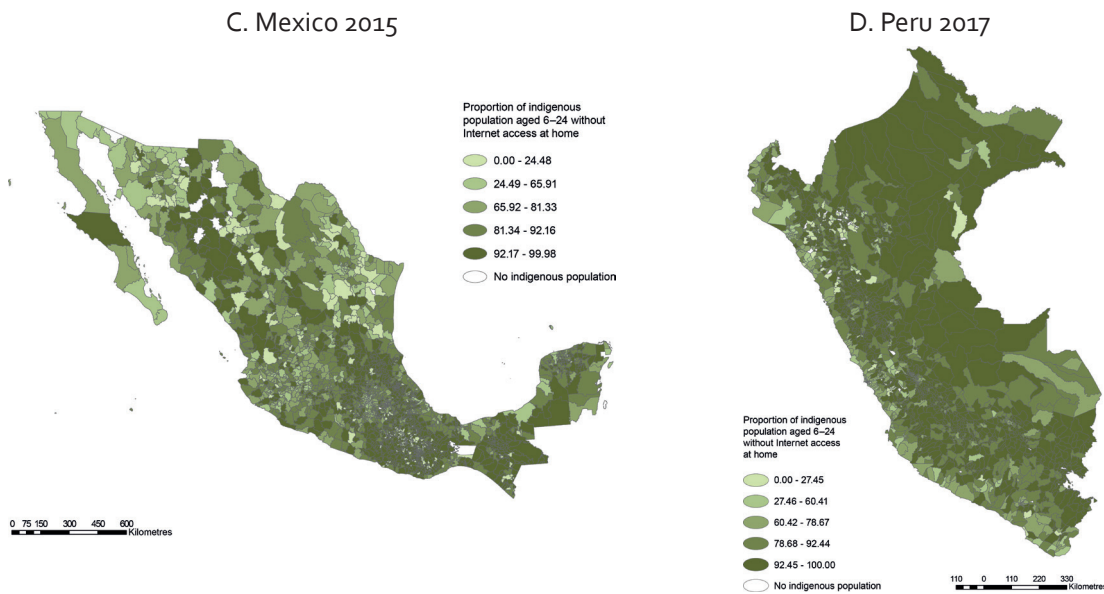
Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of census microdata.

^a In Peru, information is only available for the population aged 12–24.

In some countries, the lack of connectivity for indigenous children, adolescents and youth is extreme. In Peru, for example, in 7 out of 10 municipalities more than 90% of this group does not have Internet at home, dramatically excluding more than 30% from educational continuity. A similar situation exists in Guatemala, in 6 out of 10 municipalities; in them, moreover, the non-indigenous population's access to the Internet, though precarious, is higher than that of the indigenous population (see map 5).

Map 5
Latin America-Abya Yala (selected countries): indigenous population aged 6–24 without Internet access at home





Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of census microdata.

As a way of drawing attention to the situation of adolescents and young people in Latin America and the Caribbean, the United Nations system carried out an online survey to find out how they were experiencing the COVID-19 pandemic, as well as their current and future concerns. One significant finding was that 1 in 3 young people who took part in the process stated that they were involved in or leading actions to control the social and health crisis, reflecting their prominent role in citizen responses. Preliminary results show the situation of indigenous young people in this context (see box 3).

Box 3

Indigenous young people in the context of the pandemic

The United Nations Survey on Youth in Latin America and the Caribbean within the Context of the COVID-19 Pandemic, conducted by the United Nations system in 2020, revealed that 44.9% of indigenous youth felt that there were food shortages in their communities and 32.2% lacked economic resources to buy food. Also, 28% of indigenous youth said that they were not attending school at the time. With regard to their participation in formal employment, 35% considered that their employment situation had worsened under the COVID-19 pandemic, a percentage that adds to the 21.5% of indigenous youth who were unemployed before the pandemic.

In the case of indigenous adolescent girls and young women, 45% reported an increase in their burden of unpaid domestic labour and care work since the start of the pandemic and lockdown measures.

With respect to sexual and reproductive health, 20% of indigenous youth said that, since the pandemic began, they no longer had access to contraception in their communities. This could have a major impact in terms of an increase in the number of unintended pregnancies, especially among adolescents.

As regards gender-based violence, 53% of indigenous youth who took the survey said they believed that violence against women and girls had increased during the pandemic, and 44.4% said they did not have access to care services for violence victims, if the need arose.

It is also important to highlight the participation of indigenous youth and their key role in combating the pandemic in their communities. This is reflected in the fact that 37.6% of the indigenous youth surveyed had participated in measures to combat the pandemic in their communities or cities.

Source: H. Ullmann, "Jóvenes ante COVID-19 en América Latina y el Caribe: presentación preliminar de resultados. Encuesta en línea 2020", New York, United Nations Sustainable Development Group (UNSDG), 13 August 2020 [online] https://www.cepal.org/sites/default/files/presentations/ppt_dia_internacional_de_la_juventud_2020.pdf.

4. Indigenous peoples in border areas

In Abya Yala, the traditional territories of 108 indigenous peoples (the Awá, Shuar, Wounan, Pasto, Kofan, Siona and Secoya on the border between Ecuador and Colombia; the Quechua on the tri-national border of Colombia, Ecuador and Peru; the Tikuna on the Colombia-Brazil border; the Emberá and Cradle-Tulé Kuna on the border between Colombia and Panama; the Wayuu on the border between Colombia and the Bolivarian Republic of Venezuela; the Bribri, Cabécar, Kéköldi, Ngobe and Naso between Panama and Costa Rica; the Miskitus between Honduras and Nicaragua; and the Aymara people between the Plurinational State of Bolivia, Peru, Chile and Argentina, to mention a few) straddle national boundaries.³¹ Their rights, however, are not adequately protected in the countries of the region, despite the fact that the Indigenous and Tribal Peoples Convention, 1989 (No. 169) of the ILO makes it an obligation for States to ensure transboundary relations. As a result, these peoples are left in a situation of particular vulnerability, resulting from systematic neglect and abandonment at the State level, which is compounded by the pressure exerted on their territories by armed State and non-State actors and by extractive industries. These pre-existing vulnerabilities are now compounded by the threat of the pandemic, which, as various indigenous organizations have reported, has received little attention from Governments in the region (Urrejola and Tauli, 2020). One initiative in this framework is that of the ministries of health of Colombia and Peru, which in May 2020 established the COVID-19 Binational Committee. The Committee developed a binational health intervention plan for border populations, with special emphasis on indigenous peoples; its purposes are: (i) to jointly monitor the evolution of the pandemic in border areas; (ii) identify and promote joint actions for health promotion, health risk prevention and health care in emergencies in the context of the pandemic in border integration areas; and (iii) support measures to organize health facilities to ensure timely, appropriate and efficient health care (PAHO, 2020b). In addition, the Governments of Costa Rica and Panama signed an agreement to allow the entry of the Ngöbe-Bugle Indians into the Brunca region and the Los Santos area for coffee harvesting activities, under strong and strict health protocols (FILAC/FIAY, 2020b) governed by general guidelines for coffee farms using migrant labour (Ngöbe-Buglé indigenous persons) in the framework of the COVID-19 alert (Lineamientos generales para las fincas cafetaleras que contratan mano de obra migrante (indígenas ngöbe-buglé) en el marco de la alerta por COVID-19) issued by the Ministry of Health of Costa Rica (2020b).

5. Endangered indigenous peoples

The pandemic is also aggravating the dramatic situation of indigenous peoples who, because of their demographic fragility, coupled with other socioenvironmental and territorial vulnerability factors, already faced a real risk of disappearance, as evidenced by census data from Brazil, Colombia, the Plurinational State of Bolivia and Peru (ECLAC, 2014a). This is the case, for example, of the Weenhayek, Ayoreo, Cavineño, Mosetén, Cayubaba, Chacobo, Baure, Esse Ejja, Canichana, Sirionó, Yaminawa, Machineri, Yuki, Moré, Araona, Tapieté, Pachahuara, Guasug'we and Uru peoples in the Plurinational State of Bolivia, who have been neglected by the State response, despite the existence of a special legal protections for these peoples, including specific provisions on health and, in particular, on dealing with epidemics that threaten their existence (Office of the Ombudsman, 2020) (Law No. 450 on the Protection of Native Indigenous Nations and Peoples in a Situation of High Vulnerability, 2013) (Ministry of Justice, 2013).

D. State responses for containing and mitigating the impact of COVID-19 on indigenous peoples

In the area of social policy, 29 countries in Latin America and the Caribbean have adopted 285 social protection measures to help households facing the greatest poverty, vulnerability and insecurity. The most frequent measures have been cash transfers and food deliveries (41.8% and 19.3% of the total, respectively), followed by initiatives to ensure access to basic services (water, energy, telephone and

³¹ See [online] <http://territorioindigenaygobernanza.com/>.

Internet), which account for 16.1% of the total (ECLAC, 2020f). In general, it is not possible to know what the impact of these measures has been on individual indigenous peoples, as information disaggregated in that way is not available.

Despite consistent evidence of the increased vulnerability at grassroots level of indigenous peoples in the face of the pandemic, and the widespread recognition in the countries of the region of their individual and collective rights, including the rights to health and life, the reality is that, to date, State responses have been insufficient. A systematic search for information on official government websites, supplemented by a review of media outlets and reports by human rights bodies, has made it possible to analyse the steps taken in 13 Latin American countries, which are summarised below:

Argentina: the first measure adopted in the country was Resolution No. 4/2020 of the National Institute of Indigenous Affairs (INAI), which ordered a comprehensive review of the country's indigenous communities to identify those eligible to receive the emergency family income established by the Government through Decree No. 310 of 23 March 2020 (INAI, 2020). It was not until June, almost four months after the first infection was confirmed in the country, that the Government presented a series of recommendations to respond to COVID-19 in indigenous populations and territories. Those recommendations were drawn up by the Intercultural Social and Health Emergency Committee (MESI), an entity comprising representatives of the indigenous communities and government authorities at the national, provincial and/or municipal levels. The purpose of MESI is to design, in a coordinated and participatory manner, intervention strategies for indigenous communities within the framework of the COVID-19 pandemic that recognize the representative institutions of the original peoples, their authorities as legitimate representatives, and their knowledge, representations, practices and culture (Ministry of Health of Argentina, 2020, p.1).

In addition, through the National Institute of Indigenous Affairs, the Government has produced a series of public information videos with recommendations to prevent further spread of the coronavirus, voiced in seven indigenous languages (Mocoví, Quechua, Ava Guaraní, Mbya Guaraní, Wichi, Mapuzungun and Qom), to be disseminated via virtual media and networks, radio, and public television.¹² Printed material has also been prepared in these languages (Government of Argentina, 2020).

Although there is no official information on COVID-19 cases among the indigenous peoples of Argentina, the impact could be enormous, especially among those living through a chronic humanitarian crisis, such as the Wichi, Qom, Iyojwa'ja and Niwaclé indigenous peoples of Salta, Formosa and Chaco, and could aggravate the dramatic situation that forced the government of Salta province to declare a six-month social and health emergency in January 2020, following the death of at least seven indigenous children in the area from undernutrition in the space of a few months, the hospitalization of another 32 for the same reason, and the existence of another 160 at risk of undernutrition (ECLAC, 2020d).¹³

"Today there are no protocols for the pandemic. In Embarcación, in addition to coronavirus, we have the scourge of dengue fever. The hospital has run out of supplies for testing people. So this coronavirus thing has us, the poor, indigenous people, in its grip. The State has never bothered about the health of indigenous peoples; if they had, we wouldn't be shedding tears for the almost 15 dead in Gran Toba, in Chaco province. I think they allowed the virus in, that they let diseases in on purpose, because it's the other weapon, the modern weapon of genocide".

(Octorina Zamora, indigenous Wichi woman)

Source: Radio Caput, "Wichís: 'El Estado jamás se ocupó de la salud de los pueblos indígenas'", Buenos Aires, Indymedia, 21 May 2020 [online] <https://argentina.indymedia.org/2020/05/21/wichis-el-estado-jamas-se-ocupo-de-la-salud-de-los-pueblos-indigenas/>.

¹² Links to these materials are available at Noticias Net (2020).

¹³ In June, the Argentine press reported 54 cases of COVID-19 in the Wichi and Qom communities in Chaco (Zerega, 2020).

Bolivia (Plurinational State of): since March, the Government has adopted a set of remedial economic measures.¹⁴ However, none include specific provisions for the original peoples, who have had to move from the most remote territories to the population centres in order to access those subsidies, with the attendant risk of becoming infected, as indigenous organizations have denounced (*Opinion*, 2020). In particular, the IACHR has expressed its concern about the lack of medical care and access to biosecurity equipment, food and assistance vouchers in indigenous territories, in addition to the pre-existing precarious health conditions and infections among the employees of oil companies operating near the territories of the Guarani people (La Prensa, 2020). The IACHR has also urged the Government to coordinate effective and culturally appropriate responses with those indigenous peoples in order to implement prevention, containment, diagnosis, treatment and nutrition measures, among others, as well as to avoid extractive activities in their territories (La Prensa, 2020). In early June, the Ministry of Health presented a comprehensive plan to mitigate the effects of the pandemic on indigenous peoples, aimed at enhancing and expanding their access to health care, reviving their economic activities, providing humanitarian aid (food and other basic supplies) and ensuring their access to State subsidies. This plan aims to provide assistance to 62,000 indigenous families in Beni, Chuquisaca, Cochabamba, La Paz, Oruro, Pando, Santa Cruz and Tarija (Ministry of Health of the Plurinational State of Bolivia, 2020).

At the government level, there is no information on the spread of the pandemic in the indigenous population or in their territories. The Centre for Legal Studies and Social Research (CEJIS) (CEJIS/ODPIB, 2020) has said that the failure to incorporate an ethnic self-identification variable in official epidemiological data, as well as the absence of biosecurity protocols or of guidance on treatment of the dead from an intercultural perspective, shows that the State did not take indigenous peoples into account when planning the response to the health crisis and therefore violated their rights.

Brazil: under the Ministry of Health's National Contingency Plan for Human Infection with the New Coronavirus in Indigenous Peoples, the Indian National Foundation (FUNAI) has distributed 45,000 food kits and over 200,000 personal protection items throughout the country (Infobae, 2020a) and, more recently, has launched a round of virtual meetings between the Federal Government and the main indigenous leaders to discuss the measures taken to contain the spread of the novel coronavirus in indigenous communities and reach agreements to improve interventions (FUNAI, 2020).¹⁵ This plan has been called into question by indigenous peoples, as it fails to recognize "the sociocultural realities of indigenous peoples", does not propose concrete actions or feasible and effective strategies for the prevention and isolation of cases, and does not establish measures for the protection of peoples in voluntary isolation (IACHR, 2020b). The doubts raised by indigenous leaders are shared by the national courts, which have held that indigenous communities had no say in the plan's design, that the plan is ambiguous, and that it only contains general guidelines without setting out concrete measures, a timetable or responsibilities (Diario Constitucional, 2020a).

On 6 June, the parliament passed Law No. 11,442 of 2020, which establishes provisions to safeguard the health and survival of indigenous peoples during the health emergency. However, in line with the regressive policies on the rights of indigenous peoples that have been implemented in Brazil, the law was published in the Official Gazette with 16 vetoes by the executive. Among other things, the executive branch vetoed provisions requiring the Government to ensure that indigenous peoples had access to emergency financial assistance for the poor during the COVID-19 crisis, drinking water, free distribution of cleaning products, Internet and food, as well as hospital and intensive care beds (Infobae, 2020b). In addition, the Special Secretariat for Indigenous Health (SESAI) has produced institutional videos on measures implemented during the COVID-19 pandemic, while the Special Indigenous Health District (DSEI) produces educational materials in indigenous languages (Ministry of Health of Brazil, 2020b).

¹⁴ A voucher for 500 bolivars given to all families with children in community-based primary schools run by the public education system and under an agreement with the regular education subsystem; a 30% reduction in payments for basic services (Supreme Decree No. 4199/20 of 21 March 2020); provision of a family basket with an estimated value of 400 bolivars (Supreme Decree No. 4200/20 of 25 March 2020), the one-time universal voucher for 500 bolivars for the population between 18 and 60 years of age who has not benefited from the above measures and does not receive any income from the State, nor a public-sector or private salary (Supreme Decree No. 4215/20 of 14 April 2020), among other measures.

¹⁵ <https://drive.google.com/drive/folders/1NypkAgVkBQU5ztQ4yWVgh1bgxdiBIBhh>.

A particularly important measure taken by the Federal Supreme Court (STF) to safeguard the rights of indigenous peoples was the nationwide suspension of all judicial proceedings and appeals relating to the demarcation of indigenous areas until the end of the COVID-19 pandemic. The judgment noted that indigenous peoples had suffered for centuries from diseases that have often ended up decimating entire ethnic groups in the interior of the country because their immune systems were not equipped to deal with them. In that regard, the judgment held that the continuation of proceedings could aggravate the situation of indigenous peoples and that, in order to minimize the risk of infection with coronavirus, the constitutional principle of precaution should be observed and, therefore, that the Government should act to reduce socioenvironmental risks in order to protect life and health. Finally, the judgment concluded that the nationwide suspension covered, among other cases, possessory actions, the annulment of administrative demarcation processes and appeals linked to such actions, without prejudice to the territorial rights of indigenous peoples, until the end of the COVID-19 pandemic (Diário Constitucional, 2020b).

Recently, through Provisional Measure No. 1005 of 30 September 2020, the Federal Government established health cordons to control the movement of people and goods into indigenous areas, in order to prevent the spread of COVID-19 (Brazil, Office of the President of the Republic of, 2020).

Finally, through its website (Ministry of Health of Brazil, 2020c), the Health Ministry provides up-to-date information on the situation of the coronavirus in the indigenous peoples served by the Indigenous Health Care Subsystem (SASI), particularly through the 34 DSEIs that report to that agency.¹⁶ As of 2 October, there was a total of 28,924 cumulative cases, 4,291 current cases and 447 deaths (see table 6).

Table 6
Brazil: cases of COVID-19 in indigenous peoples, by Special Indigenous Health Districts (DSEI),
as of 2 October 2020

Territory	Health district	Population	Confirmed cases	Current cases	Deaths	Cumulative case rate	Current case rate	Mortality rate	Fatality rate
West Central	Araguaia	6 290	242	109	4	3 847.4	1 732.9	63.6	1.7
	Cuiabá	8 667	1 243	277	23	5 088.3	3 196.0	265.4	1.9
	Kaiapó do Mato Grosso	4 939	336	7	3	1 255.3	141.7	60.7	0.9
	Mato Grosso do Sul	80 841	2 205	244	59	788.0	301.8	73.0	2.7
	Xavante	21 433	726	96	43	1 824.3	447.9	200.6	5.9
	Xingu	8 000	443	123	13	2 037.5	1 537.5	162.5	2.9
	Total	130 170	5 195	856	145	1 360.5	657.6	111.4	2.8
North-East	Alagoas e Sergipe	12 479	200	7	3	1 274.1	56.1	24.0	1.5
	Bahia	32 449	485	88	6	613.3	271.2	18.5	1.2
	Ceará	35 757	723	51	5	1 294.9	142.6	14.0	0.7
	Maranhão	37 167	1 481	1	26	3 591.9	2.7	70.0	1.8
	Pernambuco	39 543	266	16	8	503.2	40.5	20.2	3.0
	Potiguara	15 374	508	7	4	2 087.9	45.5	26.0	0.8
	Total	172 769	3 663	170	52	1 548.9	98.4	30.1	1.4

¹⁶ A Special Indigenous Health District (DSEI) is the decentralized management unit of the Indigenous Health Care Subsystem (SasiSUS). It is an organizational and management model developed to serve a specific dynamic ethnocultural population and area, which includes a set of technical activities to deliver streamlined health care measures through trained staff.

Territory	Health district	Population	Confirmed cases	Current cases	Deaths	Cumulative case rate	Current case rate	Mortality rate	Fatality rate
North	Altamira	4 323	634	51	1	7 541.1	1 179.7	23.1	0.2
	Alto Rio Juruá	18 208	734	111	9	3 251.3	609.6	49.4	1.2
	Alto Rio Negro	28 858	1 677	397	13	2 744.5	1 375.7	45.0	0.8
	Alto Rio Purus	12 597	526	27	5	2 540.3	214.3	39.7	1.0
	Alto Rio Solimões	70 823	1 765	68	35	1 659.1	96.0	49.4	2.0
	Amapá e Norte do Pará	12 964	897	37	4	6 062.9	285.4	30.9	0.4
	Guamá-Tocantins	17 198	1 399	41	17	5 686.7	238.4	98.8	1.2
	Kaiapó do Pará	6 152	1 140	179	9	15 751.0	2 909.6	146.3	0.8
	Leste de Roraima	51 797	2 195	887	43	3 229.9	1 712.5	83.0	2.0
	Manaus	29 506	510	6	12	1 274.3	20.3	40.7	2.4
	Médio Rio Purus	10 721	334	1	4	1 259.2	9.3	37.3	1.2
	Médio Rio Solimões	20 264	411	7	9	1 085.7	34.5	44.4	2.2
	Parintins	17 130	119	10	5	408.6	58.4	29.2	4.2
	Porto Velho	13 407	775	47	7	2 677.7	350.6	52.2	0.9
	Rio Tapajós	13 279	1 835	377	12	10 896.9	2 839.1	90.4	0.7
	Tocantins	12 531	841	19	9	3 950.2	151.6	71.8	1.1
	Vale do Javari	6 281	507	8	2	6 288.8	127.4	31.8	0.4
	Vilhena	5 933	612	12	14	4 584.5	202.3	236.0	2.3
	Yanomami	26 785	841	504	7	1 403.8	1 881.7	26.1	0.8
	Total		378 757	17 752	2 789	217	3 103.8	736.4	57.3
South and South-East	Southern interior	38 945	1 511	346	26	1 666.5	888.4	66.8	1.7
	South Coast	24 699	606	101	6	991.9	408.9	24.3	1.0
	Minas Gerais and Espírito Santo	16 787	197	29	1	589.7	172.8	6.0	0.5
	Total		80 431	2 314	476	33	1 234.6	591.8	41.0
Total	Total	762 127	28 924	4 291	447	2 256.3	563.0	58.7	1.5

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Ministry of Health of Brazil, "Boletim Epidemiológico da SESAI", Brasília, 2020 [online] <http://www.saudeindigena.net.br/coronavirus/mapaEp.php>; "DSEI - Indigenous Special Sanitary District", Brasília, 2020 [online] <http://www.saudeindigena.net.br/coronavirus/dsei/indexen.php>.

Chile: the Ministry of Health has not established specific measures for indigenous peoples in the Coronavirus Action Plan. However, in some regions, the health services or health authority have produced audiovisual material for the indigenous population. Such is the case of the Araucanía Norte Health Service (Malleco province, Araucanía region) (Servicio de Salud Araucanía Sur, 2020), the Arica Health Service (Arica and Parinacota region) and the Ministerial Regional Health Secretariat (SEREMI) for the same region (Ministry of Health of Chile, 2020a, 2020b and 2020c).

In addition, as reported by the National Indigenous Development Corporation (CONADI), through the Indigenous Development Fund and the CONADI Aid Plan (Plan CONADI Ayuda) (CONADI, 2020a), the Government has allocated funds to provide social assistance to indigenous communities, specifically through food and hygiene kits. This measure is estimated to have benefited 23,000 indigenous people (CONADI, 2020b), an extremely low coverage considering that, according to the 2017 National Socioeconomic Survey

(CASEN), 14.5% of the country's indigenous population, approximately 245,000 people, is in poverty (MDSF, 2017). In addition, through a joint initiative deployed by this institution and the National Board for Nursery Schools (JUNJI) and the United Nations Children's Fund (UNICEF), early childhood educational material on COVID-19 was produced in the Mapuche, Aymara and Rapa Nui indigenous languages (CONADI, 2020c).

In September, the Government reported that the Ministry of Health, in coordination with the Ministry of Social Development and Family (MDSF), had developed a protocol of recommendations for a comprehensive approach to prevention and health promotion for the indigenous population in the context of COVID-19 (*Recomendaciones de Abordaje Integral de Prevención y Promoción de la Salud para Población Indígena en el Contexto del COVID-19*). That protocol, which is still under review, has the following objectives: (i) strengthen the actions and recommendations of health personnel to enhance and culturally adapt measures for prevention, mitigation and containment of the pandemic among the indigenous population, taking into account sociocultural, environmental and epidemiological characteristics; (ii) strengthen the actions and responses of health personnel to ensure equal access to health care and treatment of outbreaks and suspected and active cases of COVID-19 in indigenous people; (iii) strengthen the incorporation of the indigenous ethnicity variable in administrative and clinical health records; and (iv) strengthen the actions and responses of health personnel to ensure that the right of indigenous persons to be treated by more than one medical system is respected and to safeguard their right to use indigenous medicines and incorporate their models of good living (De Schutter and others, 2020).

Colombia: In March 2020, the Ministry of Health and Social Protection presented guidelines for prevention, detection, and management of cases of coronavirus (COVID-19) for ethnic populations in Colombia (Ministry of Health and Social Protection, 2020a). The guidelines established that in the territories of ethnic groups, in addition to following the general indications stipulated by the Ministry with regard to personal care and coronavirus-related isolation, specific measures should be implemented for indigenous peoples, including: (i) the right to an accompanying person and interpreter when necessary, the patient's clinical conditions allowing; (ii) the adaptation of clinical protocols, as well as the creation of special criteria for access and reception that take sociocultural vulnerability into account; (iii) the adoption of a differentiated approach for indigenous peoples in recent phases of contact; and (iv) adequacy of communication to ensure access to information in a culturally appropriate way for the people concerned. One very delicate situation for indigenous peoples concerns the limitations they face when it comes to the death protocols specific to their cultures, which were not initially taken into account in the guidelines for handling, transfer, and final disposal of corpses resulting from SARS-CoV-2 (COVID-19) (*Orientaciones para el manejo, traslado y disposición final de cadáveres por SARS-CoV-2 (COVID-19)*), which, however, were included in later versions of the guidelines, as follows: "The principles of precaution and human dignity in the handling of dead bodies must be observed at all times, respecting the beliefs and aspects of the cosmogony of ethnic communities and in consultation with their authorities (indigenous peoples, black, Afro-Colombian, Raizal, and Palenquero communities and Roma people)" (Ministry of Health and Social Protection, 2020b, p. 7). However, indigenous organizations have complained that this provision is merely formal and that there are multiple obstacles to its implementation (Organización Wayuu Painwashi, 2020).

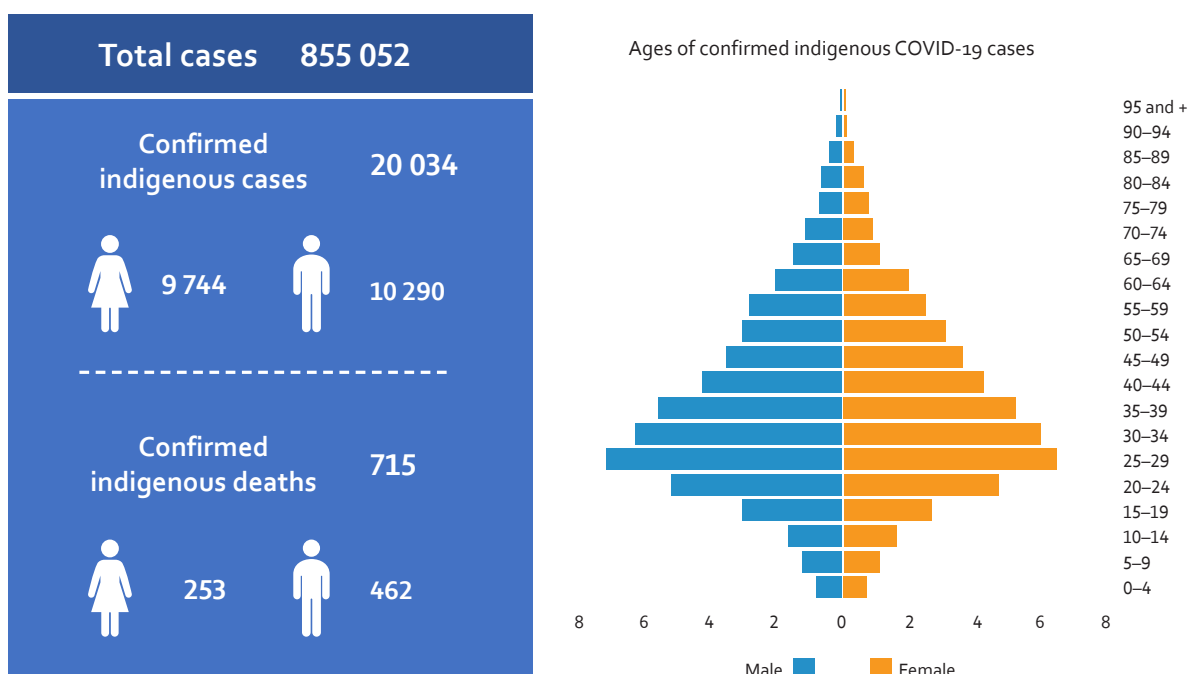
Through the programme "Colombia is with you: one million families" (*Colombia está contigo: un millón de familias*), emergency humanitarian assistance was provided to indigenous, Roma, black, Afro-Colombian, Raizal and Palenquero communities, as well as to LGBTI (lesbian, gay, bisexual, transgender and intersex) persons, religious communities, volunteer firefighters, representatives of community action boards, social leaders, councillors and human rights defenders, among other vulnerable groups (UNGRD, 2020). However, the Office of the Counsel-General of the Nation filed an action for protection (*acción de tutela*) on behalf of the indigenous, black, Afro-Colombian, Raizal and Palenquero communities and Roma people, who had their access to this assistance limited because "conventional and rigid tools, procedures and requirements were used that are not in keeping with the serious and exceptional situation in progress and which have made it impossible, to date, to deliver this assistance, thus exacerbating hunger and the risk of extermination of ethnic peoples". In its judgment, the court ordered the delivery of 468,896 assistance

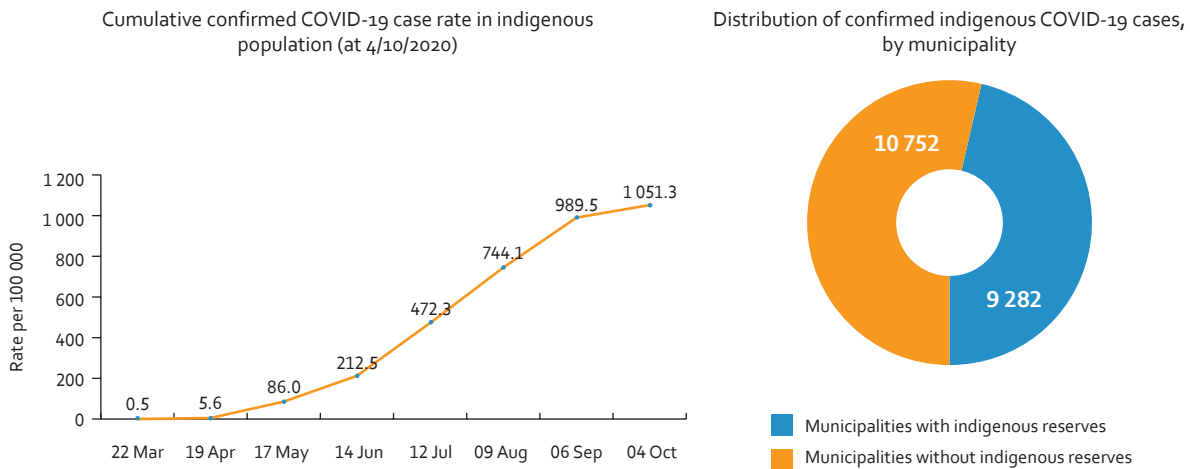
packages to the peoples identified in government database, together with 17,488 biosecurity kits to indigenous guards (Procuraduría General de la Nación, 2020). As of August, the Government had notified the delivery of 500,000 food baskets to indigenous communities and 48,000 biosecurity kits to indigenous guards (Rojas, 2020). For its part, the Ministry of Culture translated some basic measures for preventing infection into the Witoto, Sikuani, Nasayuwe, Inga, Cubeo, Bora, Tikuna, Palenquera, Iku or Arhuaca and Wayunaiki indigenous languages (Ministry of Culture of Colombia, 2020).

One measure that drew widespread repudiation from indigenous peoples was external circular CIR2020-29-DMI-1000 of 27 March 2020, by which the Ministry of the Interior ordered the suspension of in-person activities and proceedings in prior consultation processes for the duration of mandatory preventive isolation. It also recommended and promoted the use of technological tools and virtual channels to advance prior consultations and established that once the preventive measures were lifted, the face-to-face activities scheduled for prior consultations would resume as normal. The provision was favourably received by the business community but widely rejected by indigenous organizations (EarthRights International, 2020), which called on the Government to suspend all prior consultation processes until the health crisis was over. Following mobilizations of indigenous peoples and environmental groups, the Office of the Counsel called upon the Ministry of the Interior to suspend the effects of the circular, saying it was unconstitutional, unlawful and contrary to the jurisprudence of the Constitutional Court (Arango, 2020a). As a result, the measure was ultimately repealed on 22 April 2020 (Arango, 2020a).

Colombia is also one of four countries in the region that records indigenous ethnicity as a variable in reported cases of COVID-19 (MINTIC, 2020). As of 4 October, 20,034 cases had been confirmed among the indigenous population (2.3% of total cases nationally), with a crude rate of confirmed cases of 1,051.3 cases per 100,000 population, and 715 related deaths, resulting in a case fatality rate of 3.5 per 100 cases, slightly higher than in the rest of the population. These cases mainly occurred outside the traditional territories (53.7% of the total number of indigenous cases), where the highest rates of confirmed cases were recorded (see diagram 1).

Diagram 1
Colombia: confirmed cases of COVID-19 in the indigenous population, as of 4 October 2020^a





Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Ministry of Information and Communications Technologies (MINTIC), "Casos positivos de COVID-19 en Colombia", Bogotá, 2020 [online] <https://www.datos.gov.co/Salud-y-Proteccion-Social/Casos-positivos-de-COVID-19-en-Colombia/gt2j-8ykr>.

^a Rate estimated based on the number of indigenous cases recorded in the Government's open data platform (numerator) and the indigenous population according to the 2018 Census (denominator).

Costa Rica: The Ministry of Health moved promptly to establish technical guidelines for the prevention of COVID-19 in indigenous territories (Lineamientos técnicos para la prevención del COVID-19 en territorios indígenas) (Ministry of Health of Costa Rica, 2020a), in which community participation was considered a key element in preventing the spread of the disease. Thus, it promoted the activation or formation of basic work teams in each territory, made up of primary care technical assistants, personnel designated by the Ministry of Health and the Costa Rican Social Security Fund (CCSS), indigenous doctors and traditional midwives, and other relevant local actors. The functions of these teams include generating clear and culturally appropriate messages on COVID-19, the means of transmission and symptoms, as well as reviewing and adjusting recommendations on isolating suspected cases in line with the specific conditions in each territory. The guidelines also covered communication and prevention actions in indigenous territories, which included radio messages, home visits focused on preventive education and talks for teachers and students at education centres.

The Costa Rican Government, through the National Commission for Risk Prevention and Emergency Assistance (CNE) and the Costa Rican Water Supply and Sanitation Institute (AyA), distributed drinking water tanks to various associations that manage communal aqueducts and sewerage systems (ASADAS) and communities in indigenous territories that were experiencing supply problems due to the dry season and which, at the same time, had had difficulties in the application of protocols for preventing COVID-19. Specifically, the measure benefited 250 families in the Ujarrás, Salitre, Térraba and Boruca indigenous territories (Costa Rica, Office of the President of the Republic of, 2020a).

At the same time, the Government of Costa Rica formulated a plan of action to address COVID-19 in indigenous territories (Plan de Acción para el Abordaje del COVID-19 en Territorios Indígenas), based on four lines of action: (i) community participation, which made it possible to set up emergency committees in each indigenous territory; (ii) production of audiovisual and printed material in indigenous languages (Cabecar, Bribri, Ngäbe and Maleku) (iii) provision of humanitarian aid consisting of food and hygiene kits; and (iv) post-COVID-19 recovery, aimed at defining with local participation a comprehensive recovery plan for indigenous territories, with special attention to peoples and communities that have been granted precautionary measures by the IACHR due to the persistent violence resulting from the lack of guarantees for territorial rights (Teribe and Bribri indigenous peoples, located in Salitre) (Costa Rica, Office of the President of the Republic of, 2020b).

Guatemala: As in most countries in the region, the plan for prevention, containment and response to cases of coronavirus (COVID-19) in Guatemala (Plan para la Prevención, Contención y Respuesta a Casos de Coronavirus (COVID-19) en Guatemala), launched by the Ministry of Public Health and Social Assistance (MSPAS), did not include any specific provisions for indigenous peoples, despite the fact that they make up 43.5% of the country's population.¹⁷ However, through the Indigenous Peoples' and Intercultural Health Care Unit (Unidad de Atención de la Salud de los Pueblos Indígenas e Interculturalidad en Guatemala – UASPIIG) (which advises the minister's office), information spots have been prepared in Mayan languages (Achi, Akateko, Awakateko, Chaltiteko, Ch'orti', Chuj, Ixil, Popti'/Jakalteko, Kaqchikel, K'iche', Mam, Mopam, Poqomam, Poqomchi', Q'eqchi', Q'anjob'al, Sakapulteko, Sipakapense, Tektiteko, Tz'utujil, Uspanteko and Itza), Xinka and Garifuna (MSPAS, 2020c). This measure is very important in the country, given that 79.3% of the indigenous population over 30 years old speak one of the indigenous languages in use in Guatemala, and there is great linguistic vitality, even among those who live in large towns and cities. The Ministry of Public Health and Social Assistance also adopted measures to facilitate the movement of indigenous midwives on public roads to attend births and pregnant women during restricted hours or curfews (MSPAS, 2020d), in line with the National Policy on Midwives of the Four Peoples of Guatemala 2015-2025 (MSPAS, 2019), and has recently published a sociocultural guide for prevention, containment and management of cases of COVID-19 at the community level among indigenous peoples in Guatemala (Guía sociocultural para la prevención, contención y manejo de casos COVID-19 a nivel comunitario en pueblos indígenas de Guatemala) (MSPAS, 2020b).

In Guatemala, there are no official data on the spread of SARS-CoV-2 among indigenous peoples. However, as with the other countries in the region, it can be assumed that they are being heavily impacted, given their vulnerability before the pandemic and their limited access to health care, in a country where almost three quarters of human resources in the area of health (doctors, nurses and midwives) are located in three departments (Guatemala, Quetzaltenango and Escuintla) (Coití, 2020), where only 13% of the country's indigenous population reside.

Ecuador: in collaboration with other public bodies, the Ministry of Public Health (MSP) has established a culturally appropriate protocol for prevention and care of COVID-19 in indigenous, Afro-Ecuadorian and Montubio peoples and nationalities in Ecuador (Protocolo con pertinencia intercultural para la prevención y atención del COVID-19 en pueblos y nacionalidades indígenas, afroecuatorianos y montubios del Ecuador) (MSP, 2020a); a protocol for prevention and care of persons suspected of having COVID-19 in communities, peoples and/or nationalities during health emergencies (Protocolo de prevención y atención de personas con sospecha de COVID-19 en comunidades, pueblos y/o nacionalidades durante la emergencia sanitaria) (MSP, 2020b); and a coronavirus prevention and contingency for the area of influence of the Tagaeri Taromenane Intangible Zone (Protocolo para prevención y contingencia de CORONAVIRUS en el área de influencia de la zona Intangible Tagaeri Taromenane) (MSP, 2020c), drawn up with the participation of various indigenous organizations (Urrejola and Tauli, 2020). For its part, the National Council for Equality of Peoples and Nationalities (CNIPN), the entity responsible for ensuring full exercise of rights, equality and freedom from discrimination for members of communes, communities, peoples and nationalities, established a protocol for prevention and care during and after the COVID-19 pandemic in the territories of indigenous, Afro-Ecuadorian and Montubio communities, nationalities and peoples (Protocolo de prevención y atención durante y en la pospandemia de COVID-19 en los territorios de las comunidades, nacionalidades y pueblos indígenas, afroecuatoriano y montubio) (CNIPN, 2020).

In Ecuador, through a memorandum issued on 21 April 2020, the Secretariat for Human Rights delegated to the Secretariat of Peoples, Social Movements and Citizen Participation the function of monitoring policies and assistance to peoples and nationalities for the duration of the SARS-CoV-2 pandemic. Based on that, a plan of urgent coronavirus prevention actions for indigenous peoples and nationalities (Plan de Acciones Urgentes Frente a las Demandas Planteadas por los Pueblos y Nacionalidades Indígenas para

¹⁷ <https://www.mspas.gob.gt/component/jdownloads/send/486-plan/3074-coronavirus-covid-19.html>.

Prevención del Coronavirus) was developed, whose objective is to respond with effective measures that are consistent with the geographical and cultural realities of different peoples and nationalities (FILAC/FIAY, 2020a).

In addition, Ministry of Public Health, together with the General Secretariat for Communication of the Office of the President, the Secretariat for Human Rights, the Popular and Educational Community Media Coordinator of Ecuador (CORAPE), the Parliamentary Group for the Rights of Peoples and Nationalities, PAHO/WHO and the United Nations Educational, Scientific and Cultural Organization (UNESCO), and with the participation of the leaders of the various organizations of the peoples and nationalities of Ecuador (the Confederation of Indigenous Nationalities of Ecuador (CONAIE), the National Confederation of Campesino, Indigenous and Black Organizations (FENOCIN) and the National Coordinator of the Montubio People of Ecuador, among others), developed a plan for health promotion and risk communication in response to the COVID-19 Pandemic among indigenous, Afro-descendant and Montubio peoples and nationalities (Plan de Promoción de la Salud y Comunicación de Riesgo para Responder a la Pandemia de COVID-19 en Pueblos y Nacionalidades Indígenas, Afrodescendientes y Montubias), which is currently being implemented and which promotes culturally appropriate practices for prevention, detection and containment of the disease caused by coronavirus, as well as encouraging community participation and mobilization to deal with the public health emergency (PAHO, 2020c). The initiatives developed under this plan include a series of radio spots (CORAPE, 2020a) and booklets (CORAPE, 2020b) in indigenous languages (Cha'pala, Paikoka, A'ingae, Chicham, Zia Pedee, Waotededo, Tsafiqui, Baikoka, Shuar Chicham, Shiwiar Chicham, Awapit and Kichwa), which provide information on the coronavirus and preventing infection.

Despite all these measures, the State response has been weak and has failed to stop the advance of SARS-CoV-2 towards indigenous territories, which registered their first cases in May (MSP, 2020d). Indigenous peoples have systematically complained of neglect on the part of the State and filed an application for judicial protection, the judgment on which ordered the Ministry of Public Health to investigate and address the cases of COVID-19 in the 11 Waorani communities in the provinces of Napo, Pastaza and Orellana, amid fears that the pandemic could be catastrophic for them (AFP News Agency, 2020). In response, the Ministry of Public Health has arranged medical assistance in these communities, conducted 897 PCR tests and, since 1 August 2020, has been implementing a plan to carry out 3,000 rapid tests in those provinces (MSP, 2020e).

The Ministry of Public Health of Ecuador does not periodically publish ethnically disaggregated epidemiological information. The latest available official data (as of 22 June) reported 712 confirmed cases in the country's indigenous peoples, most of them among the Kichwa people (MSP, 2020f). That figure contrasted sharply with those recorded on the same date by the Confederation of Indigenous Nationalities of the Ecuadorian Amazon (CONFENIAE), which permanently monitors the situation in indigenous territories.

Honduras: the Honduran coronavirus containment and response plan (Plan para la Contención y Respuesta a Casos de Coronavirus (COVID-19) en Honduras) (Ministry of Health of Honduras, 2020) did not envisage specific measures for indigenous peoples. However, as part of the *Honduras Solidaria* programme (Executive Decree No. PCM-025-2020 (Government of Honduras, 2020)), the Office of the National Commissioner for Human Rights (CONADEH) has overseen the delivery of food rations to communities in the departments of Intibucá, Lempira, Atlántida and Gracias a Dios (IACHR, 2020c). Even so, the measure did not reach all the communities, which prompted the organizations of the Tolupán people in San Francisco de Locomapa to file an application for constitutional relief, the judgment on which ordered that they be supplied with both food and health care (MADJ, 2020). In addition, in May, through the Ministry of Development and Social Inclusion, the Government announced that it would allocate US\$ 1.6 million to provide food support to the country's nine indigenous peoples (Rodríguez, 2020). However, in June that allocation still lacked the official support of the executive and legislative branches for its implementation (FOSDEH, 2020).

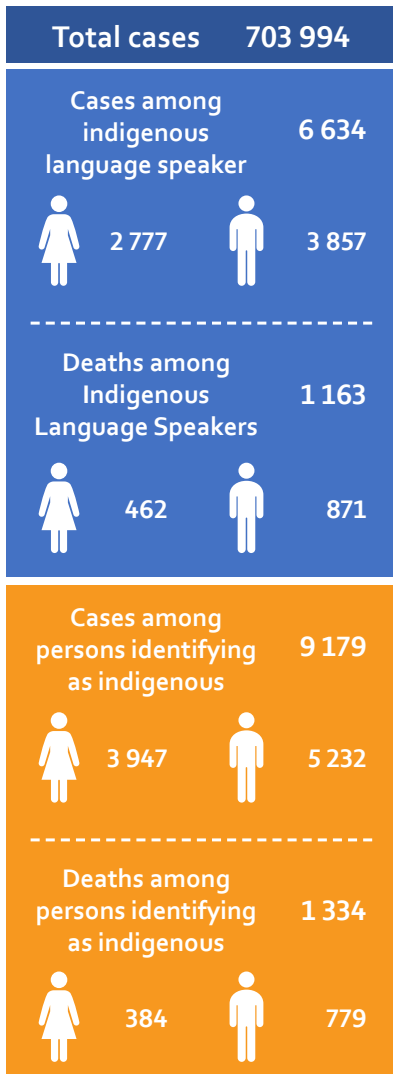
Mexico: the National Institute of Indigenous Peoples (INPI) developed an assistance guide for indigenous and Afro-Mexican peoples and communities in the health emergency caused by the SARS-CoV-2 virus (COVID-19) (*Guía para la atención de pueblos y comunidades indígenas y afroamericanas ante la emergencia sanitaria generada por el virus SARS-CoV-2 (COVID-19)*) in 51 versions to cater to the different indigenous languages spoken in the country (INPI, 2020b). In addition, the Government has made available audiovisual materials in those languages, containing information on prevention of COVID-19 infection (INALI, 2020). In cooperation with PAHO, the Government also carries out information campaigns in indigenous languages via the 22 stations of the Indigenous Cultural Radio Network (SRCI) operated by INPI (OCHA, 2020). It has also coordinated delivery of food packages containing basic products to benefit indigenous children and adolescents at indigenous and community-based children's homes and canteens. In April and May, 73,732 packages and basic inputs were delivered to mitigate the spread of infection. Through SRCI, educational content is disseminated in indigenous languages, complementing the Learn at Home (*Aprinde en Casa*) programme. In coordination with the Secretariat of Public Education (SEP) and the National Institute for Adult Education (INEA). The Inter-institutional Group on Strategies against Gender-Based Violence, coordinated by the Secretariat of the Interior (SEGOB), produced material in 48 indigenous languages to promote reporting of domestic violence during the health emergency (INPI, 2020c). While such measures, which are widespread in the countries of the region, are necessary and guarantee timely access to information for indigenous populations that have resisted the dominant educational models and preserved the vitality of their own languages, they are not useful for vast sectors of the indigenous population that do not currently speak their mother tongue. In the case of Mexico, only 30% of the indigenous population aged 30 or over speaks a native language and, as in other countries, the proportions of speakers are higher among older people and those who have had more limited access to the various levels of formal education.

Detailed data on day-to-day developments in the pandemic in the country are available via the Government's open data portal (DGE, 2020). This portal incorporates a specific variable identifying speakers of indigenous languages, which entails a serious shortcoming for quantifying infections in the indigenous population. For example, the states of Mexico City, Mexico, Guanajuato, Nuevo León, Veracruz, Tabasco, Puebla and Tamaulipas, which have the highest concentration of accumulated cases of COVID-19 in the country (55.9%), are home to 9,275,557 people who identify as indigenous (37.4% of the total indigenous population) and represent 20% of the population of these federal states. However, only 2 out of 10 are indigenous-language speakers. Considering this population's high exposure to infection and greater vulnerability from the outset, expressed as more limited access to drinking water and sanitation and higher levels of overcrowding than the non-indigenous population, it does not seem plausible that indigenous peoples could be less affected by the pandemic, as official figures suggest (i.e. that indigenous-language speakers account for only 0.4% of cases).¹⁸ Despite its shortcomings, this is the main source for approximating the health impact of the pandemic on the indigenous peoples of Mexico. Thus, as of 2 October, the records showed 703,994 positive cases of COVID-19 in Mexico, of which 6,634 corresponded to indigenous-language speakers, 1,163 of whom died. Consequently, the lethality observed among speakers of indigenous languages is 17.5%, much higher than that recorded for the rest of the population (10.4%). In addition, once a month, the Ministry of Health publishes an overview of the population identifying as indigenous (*Panorama en población que se reconoce como indígena*) (a variable not available in the open databases). In its latest edition, 9,179 indigenous cases were reported under that self-identification (see diagram 2). Furthermore, INPI publishes a map of COVID-19 cases in indigenous areas.¹⁹

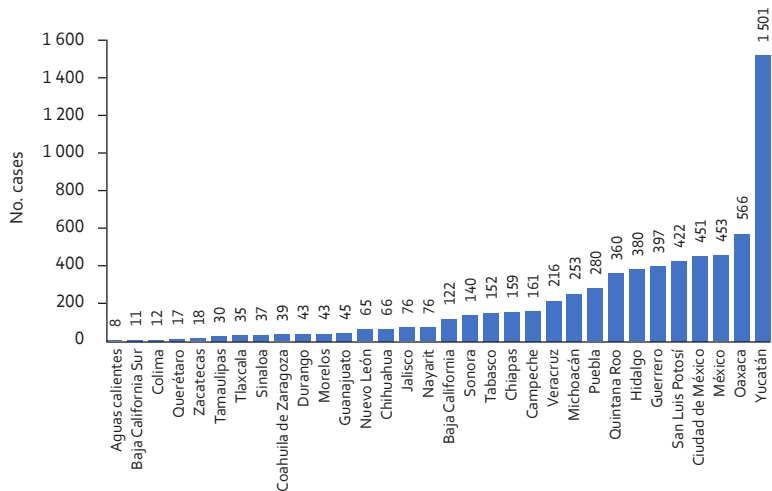
¹⁸ In these states, the proportion of indigenous people with deprivation in access to drinking water is double that of the non-indigenous population; while the proportion of people experiencing sanitation deprivation is 280% higher, and overcrowding, 30% higher.

¹⁹ National Institute for Indigenous Peoples (INPI) [online] <http://www.inpi.gob.mx/covid19/>.

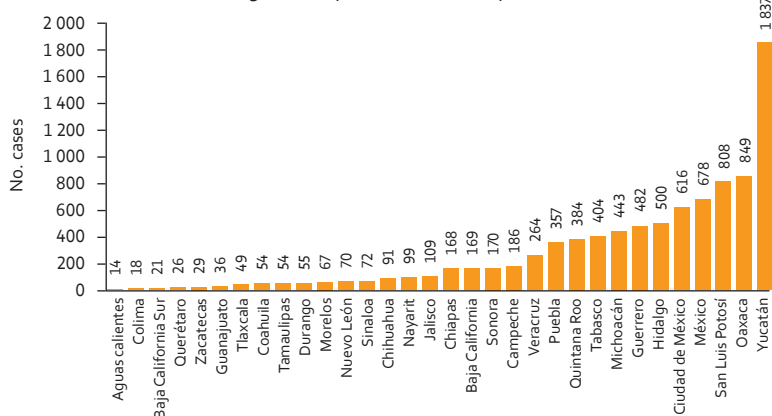
Diagram 2
Mexico: confirmed cases of COVID-19 among indigenous language speakers (as of 16 September 2020)
and persons identifying as indigenous (as of 28 August 2020)



Distribution of positive cases among indigenous language speakers, by state (as of October 2, 2020)



Distribution of positive cases among persons who identify as indigenous, by state (as of 24 September 2020)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Dirección General de Epidemiología (DGE), "Datos abiertos Dirección General de Epidemiología", Mexico City, 15 November 2020 [online] <https://www.gob.mx/salud/documentos/datos-abiertos-152127>; Ministry of Health, "COVID-19 México: panorama en población que se reconoce como indígena", Mexico City, 28 August 2020 [online] <https://www.gob.mx/cms/uploads/attachment/file/575993/panorama-covid19-poblacion-indigena-28-agosto-2020.pdf>.

Panama: the Government did not approve the plan of action for prevention and control of COVID-19 in indigenous regions and collective territories (Plan de Acción para la Prevención y el Control de la Enfermedad COVID-19 en las Comarcas y los Territorios Colectivos Indígenas) until 5 July 2020. The Plan is being implemented by the Ministry of the Interior through the Vice-Ministry of Indigenous Affairs and the Coordinating Unit of the Project to Support the National Plan on Comprehensive Development for Indigenous Peoples (Plan de Desarrollo Integral de los Pueblos Indígenas), in collaboration with the Directorate for Indigenous Health Affairs of the Ministry of Health. This Plan of Action is being carried out in the framework of the Project to Support the National Plan on Comprehensive Development for Indigenous Peoples, financed by the World Bank. As part of its implementation, US\$ 2 million has been

allocated for the purchase of direct care items, sample transfer and conservation, and biosafety, hygiene and cleaning supplies, among other health inputs. The initiative is coordinated with the traditional authorities of the 7 indigenous peoples and the 12 legally recognized territories (CNDIPI, 2020).

The Ministry of the Interior produced audiovisual material in seven indigenous languages that was distributed to provincial and indigenous region authorities via mobile telephone and radio programmes. In addition, with technical cooperation from PAHO in Panama, the Panamanian Government produced booklets on prevention, health and safety in the Guna, Ngäbe and Emberá languages (Ministry of the Interior, 2020). A pamphlet of recommendations for adapting to the new situation (Folleto sobre Recomendaciones para Avanzar hacia la Nueva Normalidad) was later published in the same languages (CVSP, 2020).

Paraguay: in April, the National Institute for Indigenous Affairs (INDI) approved a protocol for entry to the country's indigenous communities to prevent the spread of coronavirus (Protocolo de Ingreso a las Comunidades Indígenas del País para Evitar el Contagio y Expansión del Coronavirus (COVID-19)) (resolution No. 171/20) (INDI, 2020), which establishes guidelines for entry to indigenous communities during the pandemic that apply to public institutions, non-governmental organizations and persons outside the community who cooperate and work with indigenous populations. INDI produced audiovisual material in Guaraní to provide information on the measure.²⁰

The main strategy deployed by the Paraguayan government, through INDI, was to provide assistance to alleviate the food needs of indigenous communities. As a result of the strategy, 493 indigenous communities in 10 departments of the Eastern Region received assistance in the form of 36,039 non-perishable food kits in March and June (IP, 2020). However, voices have emerged from the communities criticizing this measure, which they consider insufficient (FAPI, 2020). In that connection, the President of INDI has himself acknowledged that the entity did not receive any extraordinary allocations of public funds to meet the needs created by the social and health emergency. "We can't keep asking communities to stay in their territories when they are going hungry", the public official said (*Resumen Latinoamericano*, 2020).

Likewise, the Communities Caring for Each Other (Entre comunidades nos cuidamos) programme, was launched as a joint initiative of the Federation for the Self-Determination of Indigenous Peoples (FAPI), INDI and the Technical Secretariat of Planning for Economic and Social Development (STP), with the collaboration of UNDP, IDB and the Spanish Agency for International Development Cooperation (AECID). In the first phase of this initiative, graphic material was prepared with information on prevention, detection, care and symptoms of COVID-19 in Spanish and indigenous languages (Guaraní, Qom, Nivaclé, Enxet Aur, Enlhet Norte, Yshir, Pa'i Tavyterá and Ayoreo) (UNDP, 2020a), while the second phase so the production of 54 radio spots in the same languages (UNDP, 2020b).

Peru: two months after the first confirmed case of COVID-19 in Peru, legislative decree No. 1489 was issued, establishing measures for the protection of indigenous or native peoples in the framework of the health emergency declared by COVID-19. Under that Legislative Decree, US\$ 1.4 million was allocated to the Ministry of Culture to implement measures by which to: (i) guarantee compliance with linguistic rights; (ii) promote the provision of public services in mother tongues, with particular emphasis on the indigenous or aboriginal population; (iii) ensure mechanisms for coordination with public entities that provide services to indigenous or aboriginal population, based on criteria of appropriateness, cultural and gender appropriateness, timeliness, efficiency and quality; and (iv) safeguard the life, health and integrity of indigenous or aboriginal peoples, paying special attention to those peoples in isolation or a phase of initial contact (Peru, Office of the President of the Republic of, 2020a). Later, guidelines for the implementation of the alerts strategy for the identification of suspected cases of COVID-19 in indigenous or native peoples and Afro-Peruvian people, and for follow-up and monitoring during the medical treatment of cases, in the framework of the health emergency declared as a result of COVID-19 were established (Peru, Office of the President of the Republic, 2020b).

²⁰ National Institute for Indigenous Affairs (INDI) [online] <https://www.facebook.com/institutoparaguayodelindigena/videos/275938140168586/>.

The strategies implemented by the Ministry of Culture on the basis of those norms covered health care, food supply and early warning and reporting. As regards health, the Ministry of Health (MINSA) approved the Ministry of Health (MINSA) plan of action for indigenous communities and rural population centres in the Amazon in response to the COVID-19 emergency (Plan de Intervención del Ministerio de Salud para Comunidades Indígenas y Centros Poblados Rurales de la Amazonía frente a la Emergencia del COVID-19) (ministerial resolution No. 308-2020) (MINSA, 2020a), with funding of US\$ 24.8 million, to provide care for the indigenous population in the departments of Amazonas, Cusco, Huánuco, Junín, Loreto, Madre de Dios, Pasco, San Martín, Ucayali and Cajamarca, which account for 29.2% of the country's indigenous population. In the area of food supply, the Ministry of Culture coordinates access for Amazonian families through the Qali Warma National School Feeding Programme of the Ministry of Development and Social Inclusion (MIDIS). Finally, as of 11 August, the strategy of alerts, follow-up and monitoring of the health situation in indigenous localities had benefited 30 of the 55 indigenous or aboriginal peoples in 17 of the country's regions and established contacts with more than 80 health service providers (Instituciones Prestadoras de Servicios de Salud – IPRESS) in the areas with the largest indigenous presence (Ministry of Culture of Peru, 2020a).

In view of the growing number of cases in indigenous communities, on 23 July the Government issued an emergency decree approving the Ministry of health plan of action for Amazonian indigenous communities and rural population centres against the COVID-19 emergency (Plan de Intervención del Ministerio de Salud para Comunidades Indígenas y Centros Poblados Rurales de la Amazonía frente a la Emergencia del COVID-19) (emergency decree No. 071-2020) (MINSA, 2020b), with the aim of establishing complementary measures that would allow the Ministry of Health and regional governments to increase their health response capacity. The amount allocated for its implementation was US\$ 21 million.

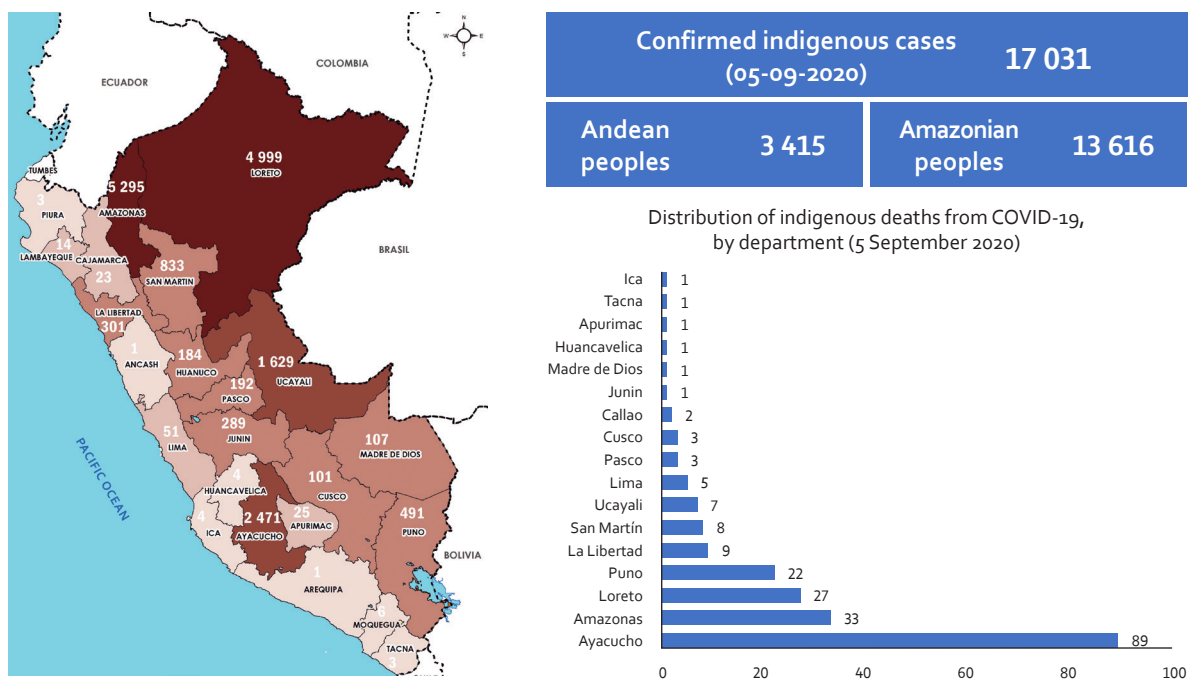
In spite of the fact that the first case of COVID-19 in Peru was confirmed on 6 March, the Ministry of Health National Centre for Epidemiology, Prevention and Disease Control did not begin reporting cases among the indigenous population in its daily reports on the pandemic in the country until July. This, despite the fact that guidelines on the incorporation of the ethnic variable in the administrative records of government entities, in the framework of the health emergency declared as a result of COVID-19 (Lineamientos para la incorporación de la variable étnica en los registros administrativos de las entidades públicas, en el marco de la emergencia sanitaria declarada por el COVID-19) (Ministry of Culture of Peru, 2020b) had been approved as early as May, following persistent demands from indigenous organizations and the Office of the Ombudsman (Pérez, 2020), which, in keeping with the practice adopted in the country's population censuses, included a question on self-identification and another on the mother tongue.²¹

On 5 September, the last date on which daily reports included such information, 17,031 indigenous persons were reported to have been infected, 20.1% of whom belonged to Andean indigenous peoples and 79.9% to Amazonian peoples (see diagram 3) (MINSA, 2020c). It is striking that this figure represents only 2.5% of the total cases reported in the country, given that in Peru 26.7% of people belong to an indigenous people and, as we have seen, their living conditions place them in a position of greater vulnerability to COVID-19. This is most probably due to the fact that, following the trend in the country's government information systems, registration according to language spoken is being given precedence over the self-identification criterion, which, added to other registration problems, may be having an impact on these low figures. Even with these shortcomings, in the departments of Amazonas and Loreto it can be clearly seen that the greatest impact of COVID-19 is on indigenous peoples. In fact, in the former, the indigenous population accounted for 46% of confirmed cases, despite constituting only 22% of the population in the area; in the case of Loreto, indigenous cases represented 30.3% of the total, although only 12% of its population (according to census figures) belonged to an Amazonian people.

²¹ One of the shortcomings is that these are not universally applicable questions: for people aged 3 and over in the case of language; and for persons aged 12 and over in the case of self-identification.

Diagram 3

Peru: confirmed cases of COVID-19 among the indigenous population (as of 5 September 2020)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Ministry of Health (MINSA), "Situación actual 'COVID-19' Perú - 2020 (05 de septiembre)", Lima, September [online] <https://www.dge.gob.pe/portal/docs/tools/coronavirus/coronavirus050920.pdf>.

Subsequently, the Ministry of Health set up a website on indigenous people with COVID-19 (Sala de población indígena con COVID-19), which provides information on the situation of the Amazonian indigenous population (CDC, 2020). Following this measure, information on the pandemic among the country's Andean indigenous peoples was no longer provided.

E. Indigenous peoples' responses: examples of collective resistance

Indigenous peoples have also taken important steps to resist the pandemic. In general, these initiatives involve generating data on infections and deaths in their communities; implementation of information and awareness campaigns on prevention of the virus; adoption of containment and mitigation measures such as health cordons, prohibition of access to communities, surveillance, community supervision, establishment of protocols on movement, and isolation; use and promotion of traditional medicine; and adoption of measures to ensure food security.

In exercising their right to self-determination, many indigenous peoples decided to restrict or close the borders of their territories as one of the main measures to prevent transmission of the virus, particularly those groups that had already adopted similar measures during past epidemics (Kaplan and others, 2020). For indigenous communities, particularly those belonging to peoples with a small population, preventing the virus from spreading to their territory is a matter of life and death, not only for individuals, but for peoples as a whole. Therefore, the closure of territorial borders is an extreme measure to avoid dramatic consequences, such as those that have already occurred in the past with other diseases (FILAC, 2020b). Such measures have been taken in all the region's countries.

In Panama, the Executive Board of the Guna General Congress decided to suspend all tourism activities in the region (Eco TV, 2020) in early March; the traditional authorities of the General Congress Emberá of Alto Bayano and the Local Congress of Ipetí Emberá established a temporary ban on anyone entering or leaving their territory as of 17 March; and the General Congress of the Emberá Wounaan Region banned outsiders from entering its territory by establishing border controls on the Rivers Tuqueza, Tupiza, Chico and Tuira. In the Plurinational State of Bolivia, the government of the Indigenous Guarani Charagua Lyambae Autonomy passed a law “sealing off the jurisdiction of Charagua Lyambae to tackle the spread of the disease [...], and therefore the entry and exit of vehicles and people from the autonomous territory is strictly prohibited, as an extreme measure to prevent and contain the spread of infection” (ERBOL, 2020a); in the Isiboro Sécure Indigenous Territory and National Park (TIPNIS), the entry of outsiders was prohibited without “prior consultation” with the leaders of the communities and indigenous peoples (Mena, 2020); and in the department of Beni a protocol was developed by a team of anthropologists, doctors and leaders of the indigenous Tsiman communities, which was based mainly on preventing the entry of outsiders, controlling departures to places of high risk, isolating people suspected of having the disease and carrying out communication campaigns in their language (CRESPIAL, 2020). However, in initiatives it is important to evaluate the degree of implementation.

In Chile, the autonomous and self-managed Mapuche Williche communities of Lake Maihue (area of the Los Ríos mountain range) organized to maintain health cordons to prevent infections in their territory with the aim of sanitation, raising awareness among their residents and preventing the entry of tourists and outsiders (Vargas, 2020). The Lafkenche communities of Tirúa (Bío-Bío Region) adopted the same measures, in agreement with the local authorities (Amigos Penquistas, 2020); while the Rapa Nui people of Easter Island, after the mass lockdown measures introduced by the Chilean Government in their territory ended, declared themselves in *tapu* (a state of self-care and protection of the community against any adversity, which involves abiding by the decisions of the traditional authorities) and kept the territory closed to third-party access, a measure that allowed them to control infections. In Guatemala, the community mayors of the 48 Kiché cantons of Totonicapán barred outsiders from entering their territory and established entry and exit rules, among other provisions to deal with the pandemic (García, 2020). In Nicaragua, both the Territorial Government of the Rama and Kriol (GTR-K) peoples and the authorities of the Ulwa people in the territory of Karawala, located on the country’s Caribbean coast, declared their territories under quarantine in order to prevent the spread of COVID-19 (Infobae, 2020c). In Argentina, the indigenous peoples in the provinces of Salta and Tucumán have made similar efforts (*El Cronista*, 2020). Territorial control measures were also established in the indigenous peoples of the Macurawe territory, the communities of the Purépecha plateau and the communities of Chiapas, Oaxaca, Chihuahua and Guerrero in Mexico (CLACSO, 2020; Gómez, 2020); likewise in the communities of the Indigenous Regional Council of Cauca (CRIC) and of the Indigenous Tayrona Confederation in Colombia; the territories of the Indigenous Bribri-Cabécar Network (RIBCA) of Costa Rica; and the Mayangna Nation in Nicaragua; among others.

In Peru, the Regional Organization of the Indigenous Peoples of the East (ORPIO) developed a protocol for the exceptional entry of State personnel into indigenous communities in the context of the closure to prevent the spread of COVID-19 (Protocolo para el Ingreso Excepcional de Personal del Estado a Comunidades Indígenas en el Contexto de Cierre de Acceso para Evitar la Propagación del COVID-19), which sets out the special circumstances in which public officials would be allowed into native communities, taking into account the imminent risk to life and integrity in the population, health care (including COVID-19 testing and results delivery), food supply, humanitarian assistance and social programs (ORPIO, 2020).

Indigenous peoples have also taken steps to respond to the pandemic using traditional medicine. One example is the Matico COVID-19 Command, an initiative implemented by young indigenous people of the Shipibo people in the Ucayali region of Peru that was quickly recognized by the Regional Health

Directorate (DIRESA). However, its members have complained about lack of government support for their activities (Belaunde, 2020). The command quickly spread to the departments of Loreto, Amazonas, Madre de Dios, Huánuco and San Martín and is expected to expand to Cusco, Pasco and Junín (Panamericana Televisión, 2020). In the Plurinational State of Bolivia, indigenous midwives have redoubled their efforts to meet the growing demand for care, as indigenous women have preferred not to go to official health centres for fear of contagion (RPP, 2020a); and the organizations of the Multiethnic Indigenous Territory (TIM) in the Amazon area published the document “Remedios del monte: saberes ancestrales para el cuidado colectivo territorial”, a compilation of 38 recipes for natural medicine based on the wisdom of the Chimán, Mojeño, Movima and Yuracaré peoples (Noza, 2020).

“Three months ago, this dream was born. The dream of helping sick people, using our ancestral knowledge of medicinal plants. Organizing from the bottom up and direct action are not easy. During this process many of our leaders have fallen ill with the disease caused by this virus and have also suffered the loss of loved ones. However, none of this has stopped us and we have continued to attend to anyone who has asked for our help because we are in no doubt that the most important thing is solidarity. Under our motto, “The people help the people”, we have attended to more than 500 people, including face-to-face, virtual and telephone consultations” (Statement of the Matico COVID-19 Command, 5 August 2020).

Source: L. Belaunde, “Comando Matico en Pucallpa desafía la interculturalidad inerte del Estado”, Lima, La Mula, 8 September 2020 [online] <https://luisabelaunde.lamula.pe/2020/08/09/comando-matico-en-pucallpa-desafia-la-interculturalidad-inerte-del-estado/luisabelaunde/>.

In Ecuador, the Governing Council of the Kichwa Aboriginal People of Sarayaku arranged for groups of people from each of the seven communities to collect 30 medicinal plants and make a collection centre to ensure the supply of these therapeutic resources for all of them (Cárdenas, 2020). The communities of the Lenca, Misquito, Tolupán, Chortí, Pech, Tawahka and Garifuna peoples of Honduras also relied on their own medicine to prevent infection (Xinhua News Agency, 2020) following a lack of response from the State in the most isolated territories. One example of these efforts is the guide “Garifuna ancestral medicine: alternatives to combat the coronavirus”, published by the Black Fraternal Organization of Honduras (OFRANEH), which compiles the knowledge of Garinagu communities (OFRANEH, 2020).

Ensuring access to information about the pandemic has been a central concern for indigenous organizations. In the Plurinational State of Bolivia, in the absence of State measures, more than 400 indigenous women in La Paz, Oruro, Potosí and Cochabamba belonging to the Centre for Integral Development of Aymara Women (CDIMA) set up information campaigns targeting indigenous communities (Huancollo, 2020); in Honduras, with the support of the United Nations Population Fund (UNFPA) and Pan-American Health Organization (PAHO), indigenous organizations were able to translate information on disease prevention into the Garifuna language, as well as Misquito, Tawahka and Chortí. Those materials are used by health workers and local radio stations to promote safe behaviour (UNFPA, 2020). Indigenous communication networks and community radio stations have played a very important role in that regard in Brazil, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico and Nicaragua, providing information on self-care, government measures and local cases of COVID-19, as well as contributing to the organization of community responses to the crisis (Cultural Survival, 2020; Estarque, 2020; Lado B, 2020).

“We are a team of five people who have been working non-stop for more than a hundred days [...] From the outset we have transmitted and translated every piece of official information. We also take information from alternative media or analytical sources [...] We take the analysis and compare it with the official information before translating it into Kaqchikel [...] People are interviewed about their needs; older people are asked in Kaqchikel and it is translated into Spanish. For example, if there is a new protocol at the municipal market, we do a live report so

that all the communities are informed. If something important happens that the fire department or health post are announcing, we broadcast it in Spanish and Kaqchikel” (José Sián, Radio Naköj, Municipality of Santo Domingo Xenacoj, Department of Sacatepéquez, Honduras).

Source: A. Gutiérrez, “Una radio comunitaria informa del coronavirus a la población de Xenacoj en kaqchikel”, Guatemala City, Agencia Ocote, 30 July 2020 [online] <https://www.agenciaocote.com/blog/2020/07/30/guatemala-una-radio-comunitaria-informa-del-coronavirus-la-poblacion-de-xenacoj-en-kaqchikel/>.

Given the weak state response to contain and mitigate the impact of COVID-19 among indigenous peoples, many organizations have turned to the courts to uphold their rights. This is the case of the Association of Indigenous Peoples of Brazil (APIB), which filed an application for protection to that end. In its first instance judgment of 8 July 2020 (STF, 2020), the Federal Supreme Court ordered the Federal Government to: (i) create a situation room to manage the actions to combat the pandemic taken by indigenous peoples in isolation or in a phase of recent contact, with the participation of communities, through APIB, the Attorney General’s Office, and the Public Defender’s Office; (ii) present a plan to create health cordons in indigenous territories; (iii) develop and implement, with the participation of communities and the National Council on Human Rights, a plan to address COVID-19 among indigenous peoples; (iv) design measures to contain and isolate squatters on indigenous lands; and (v) ensure that all indigenous peoples in villages have access to the Indigenous Health Care Subsystem (SasiSUS), regardless of the legal status of the land or reserves.²² In addition, the Yanomami Hutukara Association and the National Council on Human Rights requested the Inter-American Commission on Human Rights (IACHR) to adopt precautionary measures on behalf of the Yanomami and Ye’kwana indigenous peoples. The IACHR accepted the request and asked the Government to adopt “the necessary measures to protect the rights to health, life and humane treatment of the members of the Yanomami and Ye’kwana indigenous peoples and to implement culturally appropriate measures to prevent the spread of COVID-19, as well as providing them with adequate medical care, ensuring its availability, accessibility, acceptability and quality, in accordance with applicable international standards”. It also ordered that these measures should be agreed with the beneficiaries and their representatives (IACHR, 2020b, p. 1). In Chile, the Original Assembly for Decolonization and Plurinationality (ASODEPLU), which comprises representatives of organizations of the Kawésqar, Aymara, Colla and Mapuche peoples in different parts of the country, has begun a campaign to demand that the Government apply a special policy so that aboriginal peoples can adequately address the health crisis (*El Desconcierto*, 2020). Together, 14 organizations have filed complaints with the Office of the Comptroller-General of the Republic against the Ministry of Health for failure to meet its obligation to provide statistical information on the situation of indigenous peoples as part of its epidemiological surveillance (*El Mostrador*, 2020). Indeed, Law No. 20,584, which governs the rights and duties of persons in relation to actions associated with their health care, recognizes the right of persons belonging to indigenous peoples to receive culturally appropriate health care (Ministry of Health of Chile, 2012). This right is not abrogated or suspended in times of pandemic, and one of the key elements for its implementation is to identify the holders of that right in health information systems.

During the pandemic, indigenous peoples have also managed to implement cooperation and reciprocity strategies. For example, in Ecuador, indigenous leaders of the Chachi and Tsáchila nationalities, facing food shortages, activated mechanisms for exchanging products with other peoples and communities (Velasco, 2020). In Peru, the indigenous communities of Paru Para, Chahuaytire, Amaru and Pampallacta, located in the province of Calca, provided food to help people who were quarantined in Cusco. The Sipaswarmi Women’s Medicinal Plant Collective joined this initiative and provided medicinal herbal teas (Valdivia, 2020). In Costa Rica, a virtual indigenous barter shop has been implemented, which allows the exchange of products to enable a more equitable distribution of

²² The judgment was ratified by the full court on 5 August 2020.

available resources (Alonso, 2020). In Chile, Mapuche communities in the Trapilhue and Mahuidanche sectors of the commune of Freire donated 6,000 kilos of food to supply common pots in the city of Temuco (Somos Noticia, 2020).

Moreover, in this period of crisis, indigenous peoples have shown themselves to be commendably technically adept at drawing attention to the impact of the pandemic in their territories and populations. While most governments in the region have been reluctant to disaggregate data by people of membership, indigenous organizations in several countries are constantly monitoring the situation by combining official data with community reports. In the case of the Plurinational State of Bolivia, in light of the invisibility of indigenous peoples in official statistics on COVID-19, the National Coordinator for the Defence of Indigenous and Campesino Territories and Protected Areas (CONTIOCAP) consolidated the information provided by community leaders and reported that, as of 27 July, there had been 154 recorded cases of COVID-19, 233 people in isolation with suspected cases and 4 deaths (CONTIOCAP, 2020).

Similarly, in Brazil, the National Committee for Indigenous Life and Memory, formed at the National Assembly of Indigenous Resistance organized by Association of Indigenous Peoples of Brazil (APIB) on 8 and 9 May 2020, is monitoring cases of COVID-19 in the indigenous population on a daily basis. Unlike State monitoring, which only reports cases in Special Indigenous Health Districts, the Committee's data include both indigenous peoples living in traditional territories and populations living in urban areas who identify as indigenous and maintain ties with their peoples. In its last update (1 October), 132 indigenous peoples were reported to have been affected, with a total of 23,356 positive cases, 670 deaths and a fatality rate that varies greatly from state to state; the most critical situation was recorded in Mato Grosso, with 4.5 deaths for every 100 confirmed cases (80% higher than the national average). The state of Amazonas, where the first case of COVID-19 was recorded among indigenous people, currently has the highest concentration of deaths among indigenous peoples. Indigenous organizations have warned about the role of SESAI in the spread of infection and denounce it as one of the main vectors in the propagation of the disease within indigenous territories, where it has reached the region with the largest number of people in isolation in the world: the Javari Valley (Emergencia Indígena, 2020) (see table 7).

Table 7
Brazil: cumulative cases and deaths from COVID-19 among indigenous peoples as of 1 October 2020

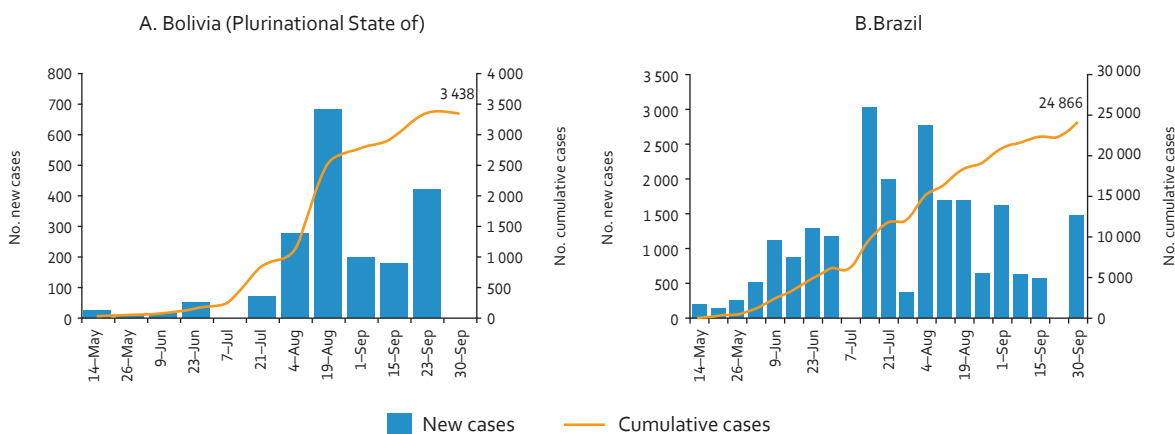
State	Cumulative cases		Deaths	
	No. cases	Percentage	No. cases	Fatality rate
Acre	2 161	8.5	27	1.2
Amazonas	5 977	23.6	205	3.4
Amapá	1 557	6.1	17	1.1
Maranhão	1 811	7.1	68	3.8
Mato Grosso	3 040	12.0	137	4.5
Pará	5 395	21.3	90	1.7
Rondonia	1 405	5.5	28	2.0
Roraima	3 133	12.4	85	2.7
Tocantins	877	3.5	13	1.5
Total	25 356	100.0	670	2.6

Source: Association of Indigenous Peoples of Brazil (APIB), "COVID-19 e povos indígenas na Amazônia brasileira", *Informativo COIAB*, Brasília, 14 September 2020.

From the early stages of the pandemic in the country, the National Indigenous Organization of Colombia (ONIC) took on the challenge of monitoring its impact on indigenous territories. The purpose of this initiative is “to contribute to timely and relevant decision-making by traditional authorities, acting in their own right for the protection of territories and communities, as well as by social and ethnic organizations, cooperation entities and government agencies, in order to join efforts to ensure the survival and integrity of indigenous peoples and nations during the pandemic”. The organization publishes a periodic bulletin that analyses risk in indigenous territories based on official data published by the Ministry of Health, combined with census microdata and other georeferenced data on indigenous territories.²³

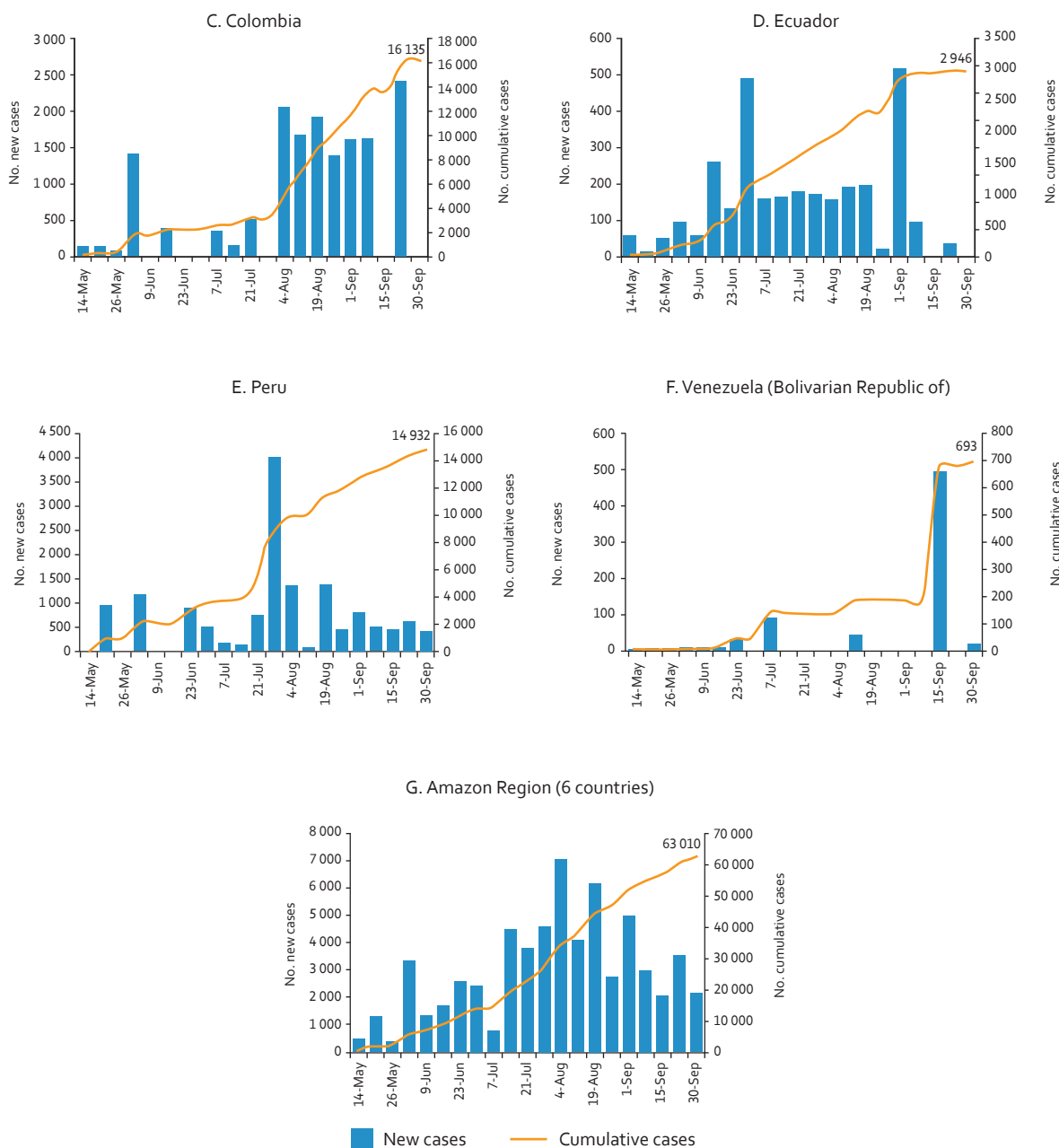
In May, the Coordinating Body for the Indigenous Peoples’ Organizations of the Amazon (COICA), in partnership with the Pan-Amazon Ecclesial Network (REPAM), began publishing a bulletin on the impact of COVID-19 on the indigenous peoples of the Amazon (Boletín del impacto del COVID-19 en los pueblos indígenas de la Panamazonía), which provides information (regularly updated) on confirmed cases, deaths and peoples affected by the pandemic in the countries of the Amazon region. The data come from the Organization of Indigenous Peoples of the Colombian Amazon-region (OPIAC), the Confederation of Indigenous Peoples of Bolivia (CIDOB), the Coordinating Body of Indigenous Organizations of the Brazilian Amazon (COIAB), the Confederation of Indigenous Nationalities of the Ecuadorian Amazon (CONFENIAE),²⁴ the Association of Amerindian Peoples (APA) of Guyana, the Federation of Indigenous Organizations of French Guiana (FOAG), the Inter-Ethnic Association for the Development of the Peruvian Rain Forest (AIDSESP), the Organization of Indigenous Peoples of Suriname (OIS), the Regional Organization of Indigenous Peoples of the Amazon (ORPIA) and the Wataniba Socioenvironmental Working Group of the Amazon of the Bolivarian Republic of Venezuela. In its last edition, the bulletin reported a total of 238 affected villages and 62,181 cumulative cases throughout the Amazon region, marking a significant rise in cases in the previous weeks (see figure 7).

Figure 7
Amazon Region (6 countries): new and cumulative cases of COVID-19 among indigenous peoples as of 30 September 2020



²³ See National Indigenous Organization of Colombia (ONIC) [online] <https://www.onic.org.co/>.

²⁴ CONFENIAE, with the collaboration of Amazon Watch, Fundación Aldea and the Institute of Geography of the University San Francisco of Quito (USFQ), has set up an interactive platform to monitor the pandemic among the indigenous nationalities of the Ecuadorian Amazon. See CONFENIAE (2020).



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Red Eclesial Panamazónica (REPAM), "Impacto del COVID-19 en los pueblos indígenas de la Cuenca Amazónica", Quito [online] <https://redamazonica.org/covid-19-panamazonia/pueblos-indigenas/>.

More recently, in Chile, the Mapuexpress Mapuche Communication Collective and the Disaster preparedness and risk governance group of the Research Center for Integrated Disaster Risk Management (CIGIDEN) launched the digital platform "Coronavirus mapping in Wallmapu" (Mapeando el coronavirus en Wallmapu), whose objective is to record and monitor the effects of the COVID-19 pandemic on families, communities and natural ecosystems in Mapuche territories. Unlike the other experiences described, this initiative does not seek to track positive cases or deaths from COVID-19, but rather aims to record the various actions taken by Mapuche communities to address the pandemic, as well as the threats experienced in the context of the health emergency in indigenous territories (see box 4).

Box 4**Chile: dimensions of the monitoring under the “Coronavirus mapping in Wallmapu” initiative**

Territorial control: actions and statements by the Mapuche communities of Wallmapu that strengthen or weaken territorial control in political, economic, health or cultural terms. Includes: description of zone closures, health cordons, mobility control and public statements about territorial control.

Spiritual protection: acts or statements by Mapuche communities concerning Mapuche spiritual practices or having regard to actions that help to confront, understand and live through this pandemic (ceremonies, greetings, reflections). Includes: positive or negative effects on the spiritual values and practices of communities, families and individuals.

Food sovereignty: positive or negative events that have had an impact on access to food (marketing, distribution, exchange) or its production (access to seeds, community plantings), as well as acts that have affected communities' right to knowledge, autonomy and decision making on the food systems of communities, families or organizations (meetings, political action, academic seminars, etc.).

Ancestral medicinal heritage: situations in which Mapuche communities, the State health network, organizations, families or individuals have used, defended, shared or disseminated traditional Mapuche medicinal practices and knowledge.

Political violence: situations of physical, psychological or social violence that have occurred in Wallmapu territories and in which State officials (police, Criminal Investigation Department, armed forces, politicians and prosecutors) are involved. Also, those situations in which Mapuche communities or other Chilean groups are involved. In particular, paramilitary groups and the whole Jungle Command (Comando Jungla) system, which is still trying to establish itself in Wallmapu.

Needs and territorial solidarity (Trafkintu): Mapuche communities and their allies can write down their needs or offers to obtain, exchange or market products, services or knowledge (medicine, spirituality, education). Citizens are called upon to pay attention to any specific incident (raid, political or police persecution or request for support to promote extractive projects).

Extractive developments: concerns about the physical advancement and movement of outsiders in connection with extractive development activities. It includes the following: (a) projects that are implemented or already operational in Mapuche territory without prior consultation with the indigenous population, in disregard of ancestral authorities or through the manipulation of environmental and indigenous law to enable extractive projects involving mining, forest resources, energy, fishing, real estate, aquaculture, etc.

Source: Colectivo de Comunicación Mapuche Mapuexpress, “Coronavirus en Wallmapu: ayúdanos a mapear la pandemia” [online] <https://www.mapuexpress.org/coronavirus/>.

One of the initiatives aimed at drawing attention to indigenous peoples' strategies in the context of the social and health crisis is the Regional Indigenous Platform against COVID-19 “For Life and the Peoples” (Plataforma Indígena Regional frente al COVID-19 “Por la Vida y los Pueblos”), which since May has presented three reports with a detailed record of the initiatives deployed by indigenous organizations in Abya Yala (see box 4). In the same vein, the Centre for Indigenous Cultures of Peru (CHIRAPAQ) and the Continental Network of Indigenous Women of the Americas (ECMIA) prepared a report that highlighted possible violations of indigenous women's rights and presented a compilation of various initiatives implemented by indigenous women to confront the pandemic and ensure the health and well-being of indigenous peoples (ECMIA, 2020).

Box 5**Regional Indigenous Platform against COVID-19 “For Life and the Peoples”**

The Regional Indigenous Platform against COVID-19 “For Life and the Peoples”, which comprises the main regional indigenous organizations and several of the most important organizations at the national level, under the coordination of the Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean (FILAC) and the Abya Yala Indigenous Forum (FIAY), began in March to record, analyse and report on the effects of COVID-19 on the territories and communities of the continent’s indigenous peoples. In the course of its work, it has collected evidence on: the evolution of trends at the regional and global levels; individuals, communities and indigenous peoples affected by COVID-19; communities and indigenous peoples with potentially serious social and economic risks; and prevention, containment, mitigation and recovery measures put in place by indigenous peoples and authorities.

The successive reports published by the platform, as well as the information included on its portal, describe hundreds of measures taken by indigenous communities throughout the continent to confront the virus. These measures have been taken, to a large extent, as a result of the lack of an adequate response on the part of State agencies, but also in full compliance with the collective rights of indigenous peoples, as enshrined both in international instruments and standards and in national laws in the region.

A large number of measures taken at community level to address the effects of the virus have been recorded. These relate either to communication and awareness raising or to protective and mitigation actions against the virus.

Although most of the cases analysed are linked to several individual and collective rights simultaneously, there is a noticeably large number of practices related to the exercise of collective rights of self-government and legal pluralism, food security, production systems, the use of ancestral traditional medicine and outreach initiatives in native languages, among other aspects.

Analysing their characteristics, contents and scope, we see very clearly that these are measures that put into practice the ancestral paradigm of their worldview and culture, so that, in general terms, they can be considered tangible expressions of the principle of “good living/living well” that is typical of indigenous cultures.

Source: Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean/Foro Indígena de Abya Yala (FILAC/ FIAY), *Primer informe regional: los pueblos indígenas ante la pandemia del COVID-19*, La Paz, 2020; *Segundo informe regional: comunidades en riesgo y buenas prácticas*, La Paz, 2020; *Tercer informe regional: buenas prácticas de los pueblos indígenas ante la pandemia. Comunidades resilientes*, La Paz, 2020.

The academic sector has also promoted initiatives to draw attention to the situation of indigenous peoples in the context of the pandemic. For example, in Chile, the Center for Intercultural and Indigenous Research (CIIR) has presented two reports entitled “The socioeconomic and cultural effects of the COVID-19 pandemic and of social, preventive and obligatory isolation on indigenous and Afro-descendent peoples in Chile” (*Los efectos socioeconómicos y culturales de la pandemia de COVID-19 y del aislamiento social, preventivo y obligatorio en los pueblos indígenas y afrodescendientes en Chile*), which aim to provide a locally relevant diagnosis of the real effects of the coronavirus on indigenous communities (CIIR, 2020). In addition, the Institute of Indigenous and Intercultural Studies of the Universidad de la Frontera maintains a news observatory on COVID-19 and indigenous peoples (IEII, 2020a) and produces epidemiological reports on the pandemic in the territories of the Mapuche people (IEII, 2020b). In Argentina, anthropology research groups of the National Council of Scientific and Technical Research and universities throughout the country have produced two extensive reports on the socioeconomic and cultural effects of the pandemic and of social, preventive and mandatory isolation on indigenous peoples (CONICET, 2020). In Mexico, researchers with the Program for the Study of Cultural Diversity and Interculturality at the National Autonomous University of Mexico (UNAM) are keeping an up-to-date map of indigenous and black peoples in Latin America impacted by COVID-19 (PUIC, 2020). Similarly, the Special Programme on Geographic Information Systems for Social Sciences and Humanities of the Centre for Research and Advanced Studies in Social Anthropology provides a dashboard on Mexico’s indigenous population in the context of COVID-19 (*Tablero: la población indígena de México ante el COVID-19*) on its interactive platform (CIESAS, 2020).

F. The endemic problems faced by indigenous peoples in their territories persist in the midst of the health crisis

In the midst of the pandemic, indigenous peoples continue to face tensions and conflicts arising from failures in ensuring their territorial rights, the general trends of which have been examined in previous ECLAC studies (2014a and 2020a). In most countries in the region, mining, hydrocarbon exploitation and agribusiness were quickly seen as essential in the context of the health crisis and were thus exempted from the restrictions imposed by governments to prevent the spread of infections.²⁵ Thus, extractive activities continue their onslaught against indigenous territories unabated and have become vectors of infection within them. For example, this is the case with gold mining, both legal and illegal, in the Plurinational State of Bolivia, particularly in the municipalities of Teoponte, Guanay, Tipuani, Mapiri, Apolo and San Buenaventura in the highlands of La Paz, as well as in the municipality of Rurrenabaque in Beni, where the pollution of rivers has continued, despite being an important source of food for the indigenous communities that live on their banks (CEDIB, 2020). Another example is the situation in the Jach'a Marka Tapacarí Cónдор Apacheta indigenous territory in Oruro, where an emergency has been declared as a result of the invasion of mining companies (ERBOL, 2020b). In Argentina, indigenous and environmental organizations have denounced advances in the Suyai exploration by the Canadian company Yamana Gold in the province of Chubut (Aranda, 2020). In Ecuador, several indigenous communities have reported that mining companies, taking advantage of the state of emergency decreed by the Government, have moved ahead with explorations that had been disallowed. Similarly, illegal mining activity has not halted in the parishes of Pacto (Pichincha), Larama (Loja) and Buenos Aires (Imbabura); and the Shuar Arutam people in the province of Morona Santiago are demanding the expulsion of mining companies from their territories amid fears that they could spread the virus (Castro, 2020). In Brazil, the Yanomami and Ye'kwana peoples have called for the withdrawal of mining companies from their territories as part of their demand for a COVID-19 emergency plan (IACHR, 2020b). In Guatemala, the Mayan communities in the municipalities of Izabal and El Estor have redoubled their efforts to halt the operations of El Fénix nickel mine, owned by the Solway Investment Group, a Swiss concern, which has gone on working as normal, endangering the lives of community members, despite the fact that the Guatemalan Constitutional Court suspended its operating licence a year ago (Brigida, 2020). In Colombia, the continued operation of El Cerrejón mine, located in the Tajo Patilla area of La Guajira, poses a serious risk to the Wajúu communities, as air pollution can make cases of COVID-19 more severe. This situation prompted the Special Rapporteur on human rights and the environment to request the Government of Guatemala to suspend those operations for the duration of the health crisis (OHCHR, 2020d).

Other examples of tensions and territorial conflicts in the midst of the health crisis have been reported in El Salvador, where the indigenous community has denounced that its right to water is threatened by the construction of an eighth dam on the Sensunapán River, prompting demonstrations, the current emergency measures notwithstanding (Amaya and Hernández, 2020; Orellana, 2020a and 2020b). In Mexico, several indigenous organizations have filed lawsuits to block five Federal Government megaprojects (the so-called Mayan Train, the Interoceanic Corridor on the Isthmus of Tehuantepec, Santa Lucia International Airport, the Dos Bocas Refinery and the Morelos Integral Project), which are moving ahead in spite of indigenous resistance. Indigenous organizations have also filed a petition with the IACHR, alleging the State's breach of its obligation to conduct a free, prior, informed, culturally appropriate and good-faith consultation, as well as to guarantee a healthy environment (Pulso, 2020).

Deforestation in the region has also not stopped as a result of the pandemic. Indeed, in several cases it has increased as environmental monitoring has diminished. This is demonstrated by a report from the National Institute for Space Research of Brazil, which found that between January and June 2020 the Brazilian Amazon registered a record amount of deforestation in a six-month period, with 3,070 square

²⁵ See, for example, resolution No. 135/GM of the Ministry of Mines and Energy (2020) of Brazil, which states that mineral exploration and extraction activities are essential in the context of the pandemic, including ore processing and transformation, marketing and disposal of products generated in the mineral production chain, and supply freight deliveries in the production chain.

kilometres of forest lost to illegal logging, mining and livestock farming in protected areas (*Semana Sostenible*, 2020a). In Colombia, the Corporation for the Sustainable Development of the Southern Amazon has denounced that “the deforestation mafias are taking advantage of the coronavirus lockdown to burn and cut down more forest” (*Semana Sostenible*, 2020b). Furthermore, data on the Colombian Amazon from the Amazon Institute for Scientific Research (SINCHI) show that, in April, environmental damage began to double in areas of special ecological importance and natural protected areas during the obligatory isolation decreed as a result of the pandemic, especially in San Vicente del Caguán and Cartagena del Chairá in Caquetá. Similarly, reports from the Foundation for Conservation and Sustainable Development (FCDS) indicate that the loss of 75,031 hectares of forest had already been recorded throughout the area in the period from January to April (*Semana Sostenible*, 2020b). In Mexico, significant increases in illegal deforestation were reported in Chihuahua, Hidalgo, Tlaxcala and the Yucatan Peninsula in the early months of the pandemic (López-Feldman and others, 2020).

In several countries, including Brazil, Ecuador, Mexico and Uruguay, the increase in illegal environmental destruction coincided with significant cuts in government environmental control budgets (ECLAC, 2020c; Hanbury, 2020). While those cuts had begun before the pandemic, they were accentuated by the associated austerity measures.

It is necessary to keep monitoring these territorial conflicts and socioenvironmental crises lest they continue and expand, not only for what they might mean for the survival of indigenous peoples, but also because of the complex links between the environment in general, biodiversity and emerging infectious diseases, including zoonoses, such as the one that ravaging the world today. Indeed, a recent report by the United Nations Environment Programme (UNEP) states that “seven human-mediated factors are most likely driving the emergence of zoonotic diseases: (1) increasing human demand for animal protein; (2) unsustainable agricultural intensification; (3) increased use and exploitation of wildlife; (4) unsustainable utilization of natural resources accelerated by urbanization, land use change and extractive industries; (5) increased travel and transportation; (6) changes in food supply; and (7) climate change” (UNEP/ILRI, 2020b). As with other phenomena, indigenous peoples are not responsible for the origin and development dynamics of these factors; however, they are disproportionately affected by them. However, what they have to offer in terms of culture, science and technology can make a very important contribution in addressing these structural problems in the framework of a new development paradigm.

“Not one more drop of blood and pain from consumer products in the cities of the world. There is a resistance movement among the communities of the forest, the countryside and the cities that are organizing against the devastation and hunger, which will continue after this pandemic, because the advance of ecocide, ethnocide and terracide is worse than the virus” (Fanny Cuiru, Organization of Indigenous Peoples of the Colombian Amazon-region (OPIAC)).

Source: La Vanguardia, “Indígenas exigen moratoria a actividades extractivistas en la Amazonía”, Lima, 20 July 2020 [online] <https://www.lavanguardia.com/vida/20200720/482421728901/indigenas-exigen-moratoria-a-actividades-extractivistas-en-la-amazonia.html>.

At the same time, even before the social and health crisis caused by the coronavirus, the Government-promote prior consultation processes had generally accorded a certain pre-eminence to State and business interests over the interests and rights of indigenous peoples, shielding decisions that violated those rights, in particular the right to establish their development priorities and to guarantee the integrity of their habitat. Indeed, the situation in some countries has become even more problematic. As noted above, in Colombia the Government tried to promote virtual prior consultation processes, despite limited connectivity and Internet access in the vast majority of indigenous territories. The Peruvian Ministry of Economy and Finance announced a similar administrative measure to resume processes under its portfolio that were suspended by the preventive measures adopted in the country (mine explorations in Pucacruz, Monica Lourdes and Lourdes, in Ayacucho; Block 92 in Loreto; Block 200, in Ucayali; Turipampa Sur 1

mine exploration in Apurímac; expansion of the Antapaccay mine in Cusco; and San Gabriel exploration in Moquegua) (OCMAL, 2020). The announcement prompted an outcry from indigenous organizations because of the threat the measure posed to indigenous territories (Infobae, 2020d; CNDDHH, 2020), while the IACHR expressed its opinion on the matter on social media (IACHR, 2020d), which led to a backdown by the government, as reported by the Ministry of Energy and Mines (RPP, 2020b). In the case of Chile, successive resolutions adopted by the Executive Directorate of the Environmental Assessment Service between May and August suspended the deadlines of environmental appraisal processes. However, human rights bodies and indigenous organizations say that these measures have been erratic and have generated a state of permanent legal uncertainty in the communities concerned (Yagán Indigenous Community of Bahía de Mejillones and others, 2020). Recently, even with the health situation critical in many of the country's regions, this agency arranged for the resumption of environmental assessment processes from 21 September onward (Ministry of the Environment, 2020). In Mexico, while the coronavirus spread rapidly throughout the country, a consultation process was launched on a critical legislative measure for the peoples, namely the Constitutional and Legal Reform on the Rights of Indigenous and Afro-Mexican Peoples (INPI, 2019).

Violence by State and private actors in indigenous territories has also not diminished amid the pandemic. In Colombia's indigenous reserves, murders of defenders of indigenous rights and territories have risen dramatically. According to reports by the Institute for Peace and Development Studies (INDEPAZ), 47 indigenous leaders have been killed so far in 2020; 14 of them during the Government-decreed lockdown to prevent the spread of SARS-CoV-2. In Argentina, Amnesty International has reported abuses and violence by police against indigenous communities in the Chaco, Rio Negro, Santa Fe and Tucuman (Amnesty International, 2020). In Nicaragua, settlers continue to violate the rights of indigenous communities on the Caribbean Coast, where three people were murdered and four seriously injured in the Wasakin community (Mayagna people) in Rosita municipality (*100% Noticias*, 2020). In Costa Rica, violence is on the rise in indigenous territories, while the Government is delaying the implementation of the Recovery Plan designed to restore the rights that settlers have usurped from communities (Alvarado, 2020; Osorio, 2020; Castro, 2020). In Chile, the Mapuche communities of Araucanía, territories that have been militarized for several years, denounce repression and violence during the pandemic, including the murder of the *werken* (chief) of the We Newen Autonomous Community (commune of Collipulli) (Neira, 2020). Faced with escalating violence in the Amazon, indigenous organizations recently reported to the IACHR threats and human rights violations recorded in recent months in Peru, the Plurinational State of Bolivia, Colombia, Ecuador and Brazil (COICA and others, 2020). In Mexico, the Popular Indigenous Regional Council of Xpujil (CRIPX) denounced attacks, acts of intimidation and threats against its members and leaders for opposing the construction of the Mayan Train in that region (CRIPX, 2020).

Indigenous organizations have reported a long list of spiritual leaders and authorities infected or killed by COVID-19. This is most likely due to the risk they face in continuing their uninterrupted work in defence of their territories, as well as to their efforts to ensure the collective well-being of their peoples during the health crisis.

G. Concluding remarks and recommendations

The structural inequalities that have affected indigenous peoples in the countries of the region for decades are the main factor in their vulnerability to the pandemic. They have a particular impact on women, young people and children. This situation is exacerbated by the general weakness of the State responses outlined above. Indeed, despite the fact that in 11 of the 13 countries analysed there is some specific technical standard or guideline for dealing with COVID-19 among indigenous peoples, in most of them the measures were established when infections had already spread significantly. In addition, delays were observed in the deadlines for their implementation, as well as deficient coverage, according to reports by indigenous peoples' organizations. One of the most widespread measures (10 countries)

is the production of audiovisual material in indigenous languages to ensure that those peoples have access to information about the disease. This measure is immensely important in countries and territories where those languages are widely spoken but has little impact on those where linguistic rights are most violated. Furthermore, in many cases, such material has been poorly disseminated among the indigenous communities for which it is intended.

Measures to ensure access to food for the indigenous population have also been extended. Although such initiatives can be seen in nine of the countries reviewed, their coverage is still limited, and they generally do not include traditional products specific to indigenous peoples. One of the main weaknesses is access to information on the health impact of COVID-19 on the indigenous population, as only four countries regularly provide information disaggregated by ethnicity. That aside, these are general data that do not account for the interaction between indigenous morbimortality due to COVID-19 and territorial, gender-based and generational inequalities, and therefore contribute little to the search for evidence-based responses by citizens and the State. Only in Colombia and Mexico, where the complete databases can be accessed through open data platforms, is more detailed and comprehensive analysis possible. It is also problematic that Governments do not report on the amount of public spending to contain and mitigate the pandemic that is allocated to indigenous peoples. This information, without much breakdown, is only available for three countries.

For their part, indigenous peoples have come up with multiple collective responses to address the pandemic and State neglect. Measures such as closing the territorial boundaries of communities have been implemented in almost all countries in the region, and without them it is likely that the health impact among indigenous peoples would be even greater. Strategies of reciprocity and inter-community cooperation have made it possible to alleviate to some extent the deficits in the coverage of humanitarian aid provided by Governments. By using traditional medicine, they try to overcome the lack of access to health care or to complement the therapeutic resources offered by formal health systems with their own. Similarly, thanks to the creation of their own epidemiological monitoring systems, they have managed to show the progress of SARS-CoV-2 in indigenous peoples who are excluded or under-registered in official information systems.

Undoubtedly, indigenous peoples are facing a very adverse situation in the context of the COVID-19 pandemic, and its true impact, both in health terms (incidence and deaths) and from a socioeconomic perspective, can only be quantified with subsequent evaluations. Although it is not possible to predict today what the future of indigenous peoples in the region will be like, it can be said that the irreparable loss of life, food and nutritional deficiencies, the loss of permanent and seasonal income, the reduction in trade and tourism and the reversal of migratory flows will have consequences to which the States will inevitably have to respond (ILO, 2020a). However, it is still possible to redirect and define specific strategies to stop the spread of the disease among these peoples and to mitigate its impact on the exercise of their economic, social and cultural rights. To this end, the following **recommendations** are designed **to enhance containment of the impacts of the pandemic and carry out a transformative recovery.**

- Ensure the participation of indigenous peoples through their representative organizations –including indigenous women’s and youth organizations– in decision-making bodies at all levels established by Governments to curb or mitigate COVID-19, including national, regional and local plans of action. Where necessary, and for the duration of the health emergency, equip indigenous peoples’ representatives with the necessary connectivity to participate in those bodies.
- Refrain from adopting legislative and administrative measures that affect the rights of indigenous peoples during the pandemic, as well as from approving extractive, agricultural or forestry expansion projects in indigenous territories. This is a fundamental component of strategies to control disease transmission and its effects on indigenous territories, which must also be central to the design and implementation of economic recovery measures in the wake of the public health emergency caused by COVID-19.

- Adequate and timely recognition of the specific demographic dynamics of each indigenous people, as well as the intersections between gender, generational, territorial and inter-ethnic inequality factors, in State responses to contain and mitigate the pandemic and its socioeconomic impacts.
- Ensure access to diagnosis, traceability, care and recovery for indigenous people in all their territories, which implies, at least: (i) allocating specific resources to strengthen health care networks in indigenous territories and ensuring that health teams do not become a contagion risk in those territories; (ii) incorporating the participation of indigenous cultural leaders and facilitators as a condition for the adaptability and acceptability of the strategies to be implemented; and (iii) coordinating such measures with traditional indigenous medical specialists, who should be provided with personal protection equipment and supplies, at least to the same extent as technicians and professionals in formal health systems. Similarly, during the pandemic, access to adequate and culturally appropriate health services should be ensured in all areas, including mental health, sexual and reproductive health and care for indigenous people living with HIV.
- Establish special financial assistance measures to enable indigenous peoples to cope adequately with the health emergency and its impacts, and ensure access to subsidies in indigenous territories themselves, with a view to reducing the risk of contagion posed by travel to cities to process them. Special attention should be given to indigenous self-employed and unpaid workers, as well as to indigenous women employed in paid domestic work, whose survival has been jeopardized by isolation and physical distancing measures.
- Pay attention also to the increase in the burden of unpaid work and care, both in its individual and collective dimensions, taking into account not only activities within the household, but also those aimed at ensuring the survival and well-being of the community, as well as the functions of political mobilization to demand State responses to the pandemic and defend territorial rights in the face of external threats, which have intensified in this context. To that end, together with representative organizations of indigenous peoples, including indigenous women's and youth organizations, conduct rapid assessments of the differentiated impacts of this added burden on indigenous men, women, girls, boys, youth and older persons, in order to design and implement relevant and contextualized measures.
- Recognize the importance of community-based (and informal) social protection mechanisms implemented autonomously by indigenous peoples, which have made a fundamental contribution to their protection during the pandemic; and implement strategies to strengthen, expand and coordinate them with formal social protection systems in order to maximize their productive, social, economic, environmental and cultural potential at the territorial level. Such measures could serve as a basis for establishing extended, inclusive and culturally appropriate social protection.
- Strengthen communication strategies on COVID-19 together with and for indigenous peoples, giving priority not only to biomedical content, but also to knowledge and practices of self-care and prevention that are part of the cultural heritage of indigenous peoples and their traditional health systems. In particular, design messages with indigenous peoples that respond to their particularities, both in indigenous languages and in the dominant language, and ensure their wide dissemination, both in traditional territories and in urban areas, through the means that are most accessible to indigenous peoples.
- Establish specific, culturally appropriate food and nutrition security measures, such as including local products in baskets that are delivered, which can stimulate traditional economies and strengthen indigenous food systems.
- Disaggregate data by ethnicity, in addition to by sex and age, when providing information on confirmed cases, deaths, recoveries and hospitalizations, as well as access to assistance programmes (food baskets, financial vouchers, reduction or moratorium on payment for

basic services, etc.), and make them available to the public through open data platforms. While it is difficult to make progress in this area, States should begin this process by taking into account the relevant international consensus, which calls for the inclusion of questions of ethnic self-identification in information systems and their universal coverage.

- Strengthen government information systems related to COVID-19 and promote their linkage with follow-up initiatives undertaken by indigenous organizations in several countries of the region, as a fundamental component in the design, implementation and evaluation of adequate and relevant responses to address the social and health crisis and recover from the pandemic. Lessons learned from such experiences can contribute significantly to the implementation of the neglected ethnicity variable in information systems and become a useful tool for monitoring regional and global development agendas.
- Strengthen mechanisms for monitoring and protecting the territories of indigenous peoples in voluntary isolation to ensure that they are not invaded by settlers involved in illegal activities that put these peoples at high risk of contagion.
- Strengthen mechanisms to prevent, investigate, clarify and punish all acts of violence committed by State and non-State actors against indigenous communities, and redouble efforts to end criminalization of defenders of indigenous peoples' rights and territories.
- Provide for special measures to ensure access to SARS-CoV-2 vaccination, so that the participation of indigenous authorities, organizations and leaders is taken into account in the design and implementation of vaccination strategies and campaigns; and that cultural appropriateness is ensured, and additional measures are considered to make certain that all indigenous territories are covered.
- Promote nature-based solutions anchored in the recognition of the collective territorial rights of indigenous peoples. In this context, forests in indigenous and tribal territories in Latin America play a decisive role in climate mitigation actions undertaken at local, regional and global levels.
- National governments, the international community and other actors should strengthen their collaboration with indigenous and tribal peoples to improve governance of their territories and ensure their collective territorial rights.
- Specify the necessary actions to ensure the tenure, use and legal certainty of indigenous lands and territories, as a key tool for developing sustainable socioproductive strategies that are compatible with care for nature and the indigenous peoples' own world view.
- Reaffirm and revitalize indigenous and tribal cultures and ancestral knowledge and strengthen indigenous and tribal peoples' organizations and the full participation of indigenous and tribal women and youth in decision-making processes as essential components of these efforts.
- Learn from experience, reverse the structural causes of the crisis and prepare for outbreaks of other infectious diseases, as everything seems to indicate that the nations of the world must redesign their development models. In this process, a review of the concept of "good living", as applied by these peoples, would provide an opportunity not only to build new models that are more people-centric, supportive and sustainable, but also to establish new political and social pacts that lay the foundations for building a welfare state that also recognizes the plurinational character of the countries of Abya Yala.

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The health and socioeconomic crisis triggered by the COVID-19 pandemic has hit the countries of Latin America hard and laid bare the profound inequities about which numerous international, regional and national reports have sounded warnings in recent decades. In this context, the historical political and economic exclusion and marginalization of the more than 800 indigenous peoples in the region has been accentuated as a result of insufficient State responses to the crisis, which have not adequately considered the collective rights of these peoples and have had little cultural relevance.

This document provides an overview of the situation of indigenous peoples in the region in the face of the COVID-19 pandemic. It analyses both the State's and indigenous peoples' own responses to the crisis, as well as offering a set of recommendations to rectify the neglect of these peoples in the management of the pandemic, centring on their collective rights.

