COVID-19 AND INDIGENOUS PEOPLES’ RIGHTS

WHAT IS THE IMPACT OF COVID-19 ON INDIGENOUS PEOPLES’ RIGHTS?

The COVID-19 pandemic is disproportionately affecting indigenous peoples, exacerbating underlying structural inequalities and pervasive discrimination. These serious impacts need to be specifically addressed in the response to and aftermath of this crisis.1

Reaction by States to the pandemic has been mixed, with some States rolling out COVID-19 programmes specifically focusing on indigenous peoples. Others have been providing a more limited level of support and some States are failing to adopt specific policies and at times neglecting even to include indigenous peoples in general COVID-19 responses. At the same time, indigenous peoples, as active agents and drivers of change, are finding their own solutions to respond to the health crisis, relying on traditional knowledge and practices, through their own representative institutions or self-government, as noted by indigenous representatives from several countries.

Indigenous peoples, like all individuals, are entitled to all human rights. Specific rights that are of particular relevance to indigenous peoples during this crisis - both individual and collective in nature - include the right to self-determination, and the right of indigenous peoples to participate and be consulted on measures that affect them, including the requirement to seek their free, prior and informed consent.2

1. What is the impact on indigenous peoples’ health and access to healthcare?

The health rights of indigenous peoples were already at risk prior to the pandemic, and the vulnerable situation they are in has been exacerbated by the crisis, as the underlying challenges have not been addressed.4 In particular, indigenous communities are often located in remote regions, usually left behind with limited or no access to healthcare and medical support. Older indigenous persons5 and those with underlying medical conditions are more likely to require urgent and intensive respiratory care, and may have difficulty accessing medical care in these areas. Many live a communal way of life, highly exposing them to the danger of COVID-19. Limitations on movement affecting indigenous communities’ sources of livelihood may particularly burden indigenous women.6 Historically, they are considered as the bearer of the breath of life, thus in charge of providing food and as caregivers increasing their risk to the disease. Indigenous women are at an increased risk of exposure to COVID-19 also when they need to travel to access sexual and reproductive health services that may not be available in remote indigenous areas. The lockdown policies implemented by many countries throughout the world expose indigenous women to heightened risks of gender-based violence. New referral pathways and services may not be necessarily adapted to their needs or available in indigenous languages.8

Indigenous persons with disabilities face greater inequalities in accessing healthcare during the pandemic, including due to inaccessible health information, and other obstacles and barriers such as discrimination in accessing healthcare facilities.9

At the same time, indigenous peoples are particularly vulnerable to pandemics, as they have shown little resistance to respiratory illnesses in the past.10 Infectious diseases, like dengue fever and malaria have ravaged indigenous communities for decades. Many indigenous peoples have experienced reduced immunity due to illnesses as benign as the common cold.11
Disaggregated data on the rate of infection within Indigenous communities is either not yet available or not recorded by ethnicity. Culturally and linguistically accessible health services for indigenous peoples are often limited, resulting in more limited or no testing to identify cases of infection, as well as a reduced ability to treat those who become infected. The spread of an outbreak within indigenous communities might force indigenous peoples to leave their territories to travel and find refuge and medical assistance in bordering territories.

Indigenous peoples living in urban areas including many who migrated to cities due to land dispossession, poverty, militarization and the deterioration of traditional livelihoods, often have limited access to health services, live in inadequate housing and are unemployed or work in the informal sector. Lack of access to adequate information about services available to them in a culturally appropriate manner and in a language they understand also contributes to their continued marginalisation.

What are some promising practices?

- In New Zealand, regulations around cultural practices during the pandemic were amended to balance the need to keep people safe across the country and respect cultural practices. For example, Guidelines for Tangihanga or traditional Māori funerals were released.
- In May 2020, the Ministries of Health of Colombia and Peru established the COVID-19 Binational Committee, aimed at addressing the specific situation of the indigenous peoples living in the Amazon transborder areas.
- The Russian Federation is providing medical services to indigenous nomadic groups in remote and inaccessible areas, by ensuring the accessibility of medical assistance via telemedical technologies and the development of a monitoring system for the provision of medical assistance to victims of emergency situations.

Traditional indigenous midwives are playing a key role in responding to the health COVID-19 crisis, As such, they are recognized as essential and emergency personnel, and are allowed to circulate during curfews, for example in Guatemala, playing a key role in keeping women and newborns safe. Traditional medicine safeguarded by Amazigh women in Morocco is also proving to be extremely valuable in this period of pandemic.

In several places, including in Bolivia, Mexico and Peru, indigenous peoples are resorting to traditional medicine to prevent and counteract the symptoms of the pandemic in their communities. They are also actively planning to recover traditional medicine and practices of health and self-care, by safeguarding traditional knowledge of healing plants and herbs and community self-care measures. While the efficacy of these practices in avoiding COVID-19 infection and in treating the illness is not established, these traditional remedies allow indigenous peoples to take steps within their communities to fight the pandemic.

- For example, indigenous people in the province of Quebec, Canada, are using traditional medicine such as herbal tea made with cedar leaves to help stave off COVID-19 infections.
- In Colombia, spiritual authorities and indigenous Nasa women are providing Training Programs in the Time of the Wee Wala (i.e. the disease of these times), aimed at strengthening their traditional medicine.
- In the Democratic Republic of the Congo, indigenous communities in Kananga, Tshikapa and in the Kasai region are increasing their consumption of "Vernonia amygdalina," a traditional plant believed to cure several diseases, including alleviating COVID-19 symptoms.
• In Nepal, the customary institutions and representative organizations of indigenous peoples have focused on increasing their immunity to survive disease, building on their knowledge and practice of using herbs and wild spices available in the forest.
• In Uruguay, the Conacha, an umbrella organization for 10 Charrúa indigenous groups, is utilizing an online educational platform of the “Charrúa Intercultural School – ESICHAI” where they exchange ancestral knowledge about the use of medicinal plants to strengthen the immune system.
• In Indonesia, there was an appeal as a symbolical gesture in April 2020, by the Mayor of Jayapura to ask the indigenous peoples' Institutions of Port Numbay to perform traditional rituals to drive out the plague.

In addition, indigenous peoples are also revitalizing traditional knowledge relating to the manufacture of local disinfectants, soaps and other sanitary products using locally sourced raw materials, for example:

• In Ethiopia, indigenous peoples are using various roots and tree-barks in combating COVID-19.
• In Morocco, disinfection and purification plants used by the Amazigh people are now reportedly playing an important role in preventing the spread of the pandemic.
• In Paraguay, Mbya-Guarani indigenous leaders are sharing their traditional knowledge on how to produce natural and homemade disinfectants.\(^{22}\)
• Indigenous women in Guatemala and Mbororo youth and women from the MBOSCUA association in Cameroon are producing facemasks for distribution in various communities.

Indigenous communities worldwide are sealing themselves off to prevent devastating COVID-19 outbreaks in their communities:

• For example, the Indigenous Customary Senate of the French overseas territory of New Caledonia has taken decisions to avoid a spread of COVID-19 to remote tribes by closing the borders. In Honduras, several Lenca and Maya Chortí communities have put in place sanitary cordons to prevent outsiders from entering their territories. In Thailand, the Huay-E-Khang community has identified areas for self-isolation or quarantine for returnees, providing instructions to the individuals on health care and community rules.\(^ {23}\) Some have resorted to their traditional community guards, watchmen, and traditional authorities to increase surveillance within their community and ensure compliance with community health measures.\(^ {24}\) For example, in Colombia, indigenous guards are monitoring the borders in the communities of Putumayo, in each of the indigenous territories, including the Inga, Kamentsa and Yanacona indigenous guards. Indigenous peoples in Belize, including the Maya Q’eqchi, Mopan and Yucatec, are applying their own traditional governance systems to establish border control points.\(^ {25}\)

**What are some of the key actions States and other stakeholders can take?**

• Take into account indigenous peoples’ **distinctive concepts of health**, which are inextricably linked with the realization of other rights, including the rights to self-determination, development, culture, land, language and the natural environment.\(^ {26}\)
• Create plans to provide non-discriminatory access to **culturally acceptable**, age and gender-sensitive healthcare; sexual and reproductive health services should be included as well.
• Provide access to **personal protective equipment, testing and urgent emergency care** paramount for indigenous peoples. Protect, recognize and provide **indigenous midwives**, as frontline health workers, with the same **personal protective equipment** as other frontline health workers.
• Put in place measures for **strict control over the entry** of any person in indigenous territories - in consultation and cooperation with the indigenous peoples concerned, through appropriate procedures and their representative institutions - including health professionals, public officials, visitors and partner institutions. Any person entering
indigenous territories should be tested for COVID-19 and undergo a medical evaluation beforehand. These measures should not, however, hamper the delivery of medical and humanitarian assistance to indigenous peoples in times of emergency or the transit of those seeking to move outside their community for medical assistance.

- Allow **indigenous people to leave their territories** when needed and provide them with **appropriate shelter** and accommodation. If freedom of movement needs to be restricted due to public health reasons, such limitations must comply with international human rights law and standards and be respectful of traditional indigenous practices and beliefs.27

- Ensure the **collection of disaggregated data**, including on rates of indigenous peoples’ infection, mortality, economic effects and gender-based violence.

- Pay particular attention to ensure that the health crisis does not lead to an increase in maternal mortality among **indigenous women and adolescent girls**. Ensure that health structures for indigenous women receive adequate funds to assist them.

- Provide targeted attention to **indigenous people living in urban contexts**, by supporting local health committees in urban areas, and involving indigenous health representatives in the prevention and treatment of patients with COVID-19, without discrimination.

- Ensure that no one is denied treatment on the basis of **disability**, as well as any form of medical bias against indigenous persons with disabilities. Identify and remove barriers to treatment, including ensuring accessible environments.

### 2. What is the impact on indigenous peoples’ right to participation and consultation?

States failing to comply with their duty to **consult** with indigenous peoples are **matters that affect them**. The lack of appropriate mechanisms for the consultation and **participation of indigenous peoples** in designing, implementing and evaluating measures which may affect them often leads to responses that are not culturally appropriate and that may not be in conformity with indigenous peoples’ rights in international law, including with the requirement to seek their **free, prior and informed consent**. Some States are **adopting measures** to combat the COVID-19 health crisis that directly affect indigenous peoples, without their participation and without meaningful **consultation** and cooperation with the indigenous peoples concerned.

### What are some promising practices?

The **Australian Government** is working in conjunction with Aboriginal and Torres Strait Islander peoples to develop and implement tailored, culturally appropriate evidence-based responses to COVID-19. The *Management Plan for Aboriginal and Torres Strait Islander Populations* was developed by an Advisory Group, co-chaired by the Department of Health and the National Aboriginal Community Controlled Health Organisation to ensure indigenous perspectives based on the principles of shared decision making and co-design and to ensure a two-way flow of information with Aboriginal Community Controlled Health services.30 The Ministry of Health in **New Zealand** developed a COVID-19 Māori response action plan considering existing indigenous health inequities and identifying Māori health specific actions. The Action Plan underlines that “Māori are key decision makers in the design, delivery, and monitoring of health and disability services and the response to COVID-19.”31

Based on indigenous peoples’ customary norms and traditional methods of decision-making, indigenous communities in many places, including Brazil, Colombia, Ecuador, Mexico, Paraguay, Peru, New Zealand, the French territory of overseas territory of New Caledonia and Canada are developing and implementing their own community protocols in response to the pandemic.32 The indigenous leaders of the nine communities of the Innu Nation of the province of
Quebec, Canada, established a strategic unit aimed at mitigating COVID-19 health risks in the Innu communities, due to the high rate of chronic diseases and overcrowding housing. Indigenous communities in Quebec have set up essential services and local monitoring units within their communities. In Colombia, the National Indigenous Organization (ONIC) developed a Monitoring and Information System, gathering information on the impact of COVID-19 in indigenous territories. The content of the community protocol in the face of the COVID-19 crisis developed by the Ka’ Kuxtal Much Meyaj, Mayan communities in Mexico focuses on: 1) identifying the community’s basic needs, 2) monitoring the contingency plan 3) protecting the population at risk, and 4) monitoring signs of infection.

In other places, such as Honduras and Paraguay, OHCHR is providing technical assistance to the relevant authorities and newly established working groups, where protocols are being developed or practical measures are discussed in consultation with indigenous peoples and based on their concerns, needs and requests.

**What are the key actions States and other stakeholders can take?**

- **Ensure the participation** of indigenous peoples in decision-making regarding the planning, development, and implementation of programmes and in the development of preventive measures against COVID-19.34

- **Consider indigenous peoples as fundamental partners in addressing the pandemic.** States should consult with indigenous peoples, including those living in urban contexts, women, youth, older persons and LGBTI members and those living in urban contexts. Special attention should be paid to the needs and rights of indigenous peoples living in transborder territories, including transborder cooperation between the concerned States, particularly in the Amazon region.

- **Consult and cooperate in good faith** with indigenous peoples, through their own representative institutions, to ensure that their views and specific rights and needs are included, when adopting and implementing legislative, administrative, policy, budgetary or regulatory measures in response to COVID-19, that may impact their lives.

- **The right of indigenous peoples to be consulted with the objective of obtaining their free, prior and informed consent** remains applicable during the pandemic. Seek to obtain the free, prior and informed consent of indigenous peoples when making decisions directly affecting them, including in the prevention and containment of the disease.37

**3. What is the impact on indigenous peoples’ right to access information?**

The pandemic presents even greater risks for indigenous peoples when public information on prevention and access to healthcare is not available in indigenous languages. Indigenous communities often do not have a full command of mainstream languages. In some cases, they lack access to electricity, and often cannot access the Internet, or other communication channels. As mentioned above, indigenous peoples with disabilities face additional challenges. Given these circumstances, public information on COVID-19 measures has not been systematically communicated or disseminated in accessible formats and means to reach them.38

**What are some promising practices?**

Authorities in a number of countries, including Australia, Bolivia, Brazil, Canada, Chile, Colombia, Denmark, Ecuador, Finland, Guatemala, Mexico, New Zealand, Norway and Peru are disseminating information in indigenous languages.40

- The Australian Government has engaged an Aboriginal-owned media company to develop communications materials on COVID-19 prioritising remote indigenous areas and indigenous language translations to supplement
existing communication messages by the Department of Health. The Northern Territory Government has also released a series of COVID-19 related videos in 18 indigenous languages produced by the Northern Land Council.41

- In Chile, information on health safety measures in indigenous languages is disseminated by radio campaigns and through social networks and printed documentation in various indigenous languages (Aimara, Mapudungun and Rapa Nui).42

- The Government of Canada is supporting First Nations and Inuit communities in preparing for, monitoring and responding to COVID-19, including by disseminating awareness resources created for indigenous communities in indigenous languages by the Public Health Agency of Canada, the indigenous Services Canada, and various Indigenous organizations.43

- In Denmark, the government of Greenland established a telephone hotline regarding the COVID-19 virus, as well as a hotline dedicated for children.44

- In Mexico, the National Council for the Prevention of Discrimination (CONAPRED) requested the Mexican State’s Public Broadcasting System and the Network of Educational Radio and Television Broadcasters of Mexico to generate accessible content for indigenous groups in order to ensure that news coverage of the pandemic is accurate, timely and accessible to them.45

- In the French overseas territory of New Caledonia, public institutions launched a communication campaign in Nââ Kwenyii, one of the 28 indigenous languages.

- In Argentina, indigenous teachers, nurses, and other members of the Qom indigenous communities are translating COVID-19 related information into indigenous languages.

- In Belize, the Julian Cho Society, the Maya Leaders Alliance and the Toledo Alcaldes Association provide up to date information to the 39 Maya villages using WhatsApp, text messaging, radio with materials translated into the Maya languages.

- In Cambodia, local authorities in Ratanakiri, Stung Treng, Mondulkiri, Koh Kong, Pursat and Banteay Mancheay provinces communicate COVID-19 messages through loudspeaker, TV47 and radio in local indigenous languages.

- In Colombia, a collaboration alliance was established with the ONIC and the United Nations Information Centre (UNIC), through which seven radio messages on prevention, care and attention from COVID-19 were developed. Messages have been successfully disseminated throughout indigenous territories, thanks to agreements established by ONIC with the Colombian National Army’s broadcasting system, and by UNIC-UNFPA with the Colombian Public Information System.

- In Mali, indigenous associations are promoting awareness-raising campaigns in nomadic indigenous groups in Tuareg and Fulani languages. However, the absence of broadcast media, television, telephone networks and social networks in their community represents a challenge in disseminating accurate and timely information.

- In Morocco, Amazigh leaders are producing videos in their language, including in child-friendly formats, to reach the younger and the older generation.

- In Nepal, indigenous media platforms such as the Indigenous Community Radio Network and Indigenous Television produced several public service announcements about the pandemic in 19 indigenous languages. It is massively broadcasted through indigenous community radio, indigenous television and shared through social media. Similar actions are being taken in Bangladesh and Cameroon, lead by indigenous youth organisations.

- In the United States of America, the Pueblo of Pojoaque has developed an extensive health information webpage, featuring information about closures, programme activities, memorandums, and educational materials.
The Ye’kwana peoples of Venezuela and the Lenca peoples of Honduras have been preparing informative radio messages and videos in their native language regarding COVID-19 risks and measures. Venezuelan indigenous organizations have created a working group on the pandemic, with 20 indigenous leaders representing various communities in the Amazon region of Venezuela. They are working full-time on the impact of the pandemic on indigenous peoples carrying out various activities such as radio announcements.48

What are the key actions States and other stakeholders can take?

• Ensure that timely, accessible and accurate information about prevention and care, how to seek help in case of symptoms, and what is being done to address the pandemic, is made available to indigenous peoples living in their ancestral territories and in urban contexts, in as many indigenous languages and formats (oral, written, child-friendly) as possible.

• Support information campaigns with and for indigenous peoples on the pandemic, including health information specific to persons with disabilities, communicated in accessible modes, means and formats and developed in consultation with organisations of persons with disabilities and indigenous representatives.49 Provide information on preventive measures in indigenous languages, and through their own representatives and institutions, to ensure information is accessible and culturally appropriate and inclusive to all, including indigenous persons with disabilities.50 Involve indigenous youth in the dissemination of COVID-19 related messages within the communities, particularly through social media.51

• Ensure access to information about preventive measures and support services for victims of gender-based violence and about how to access essential sexual and reproductive health services during the pandemic.

4. What is the impact on indigenous peoples’ livelihoods, territories, land and resources?

In many indigenous communities, recent environmental degradation - from deforestation and loss of biodiversity to environmental contamination - has affected the quality of indigenous food or restricted its availability.52 Prior to the pandemic, the livelihoods systems of indigenous peoples from the Amazon region,53 one of the most biodiverse territories on earth and home to some 420 indigenous and tribal peoples,54 were already disproportionately affected by environmental pollution, the contamination of their rivers and water sources and the consequences of the extraction projects in their land and territories.55 A majority of indigenous communities depend on agricultural production, seasonal jobs in agriculture, fishing or pastoralism. Restrictions on movement may result in their livelihoods being destroyed,56 and markets in indigenous areas being closed.57 The COVID-19 effect on tourism is also adversely affecting some indigenous communities.58 In some countries, despite the socio-economic challenges indigenous peoples are facing, they have not been identified as a vulnerable group in the relief packages established by the governments.

Lockdowns and restrictions on movement can negatively affect indigenous peoples right to adequate food,59 as well as their right to land, natural wealth and resources, particularly for those who already face food insecurity as a result of land confiscation or grabbing and the loss of their territories.60 Prior to the COVID-19 crisis, the expropriation of indigenous lands and natural resources and the increase in conflicts on their territories were already placing indigenous peoples in a particularly precarious situation.61 The crisis has led to reports of encroachment upon indigenous land by opportunists, such as illegal loggers and miners.62
What are some promising practices?

Several states have taken measures to address the socio-economic impact of the pandemic on indigenous peoples:

- In Australia the Remote Community Preparedness and Retrieval package aims at supporting Indigenous Australians prepare and adapt to the pandemic, including funding to support remote areas, to minimise the likelihood of exposure to COVID-19, increase their capacity to evacuate early cases and enable an effective response, if an outbreak occurs. As part of this package, 45 remote community organisations (including Aboriginal Community Controlled Health Services and local health clinics) supporting 110 remote areas have been offered grants to combat the spread of COVID-19. The grants will be flexible ensuring the development and implementation of culturally safe measures. This will provide remote communities with the opportunity to develop local and flexible solutions in planning their response to COVID-19.

- Chile is providing economic support to indigenous families in need, including subsidies for basic services, an emergency family income and a minimum guaranteed income, among others. The Government is also working on the possibility of delivering seed kits to strengthen the productivity and food supply of indigenous communities, as well as to facilitate their access to new technologies, under the Program “Chile Indigena.”

- New Zealand is providing Government funding (via Whānau Ora Commissioning Agencies, a contemporary indigenous social development and health initiative based on Māori cultural values) for Māori communities to tackle COVID-19. Those agencies also provide funding boosts to Māori health providers for the purposes of outreach and testing, setting up community-based assessment centres, delivering care and hygiene packages.

- Norway includes the Sami in the national measures taken to impede the spread of the virus and reduce its negative impact. Additional targeted measures are being considered. Food production, including reindeer herding, is defined in Norway as a critical function. Specific measures are in place so that the cross-border reindeer husbandry can continue as before.

- In Panama, the Ministry of Government, in coordination with the Ministry of Health, is implementing a project to improve basic services and infrastructure and to strengthen the health response capacities in the 12 indigenous territories of the country. This economic support would include the purchase of water and land ambulances, medical supplies to care for the indigenous population infected with the virus and adequate equipment.

- The Russian Federation is paying particular attention to the provision of essential products and goods used by indigenous peoples for their traditional economic activities, to help them in maintaining a regime of general self-isolation. It is also supporting the sale of traditional crafts by indigenous communities to provide working capital for the continuation of their activities and the livelihood of community members.

- The government of Greenland established three stimulus packages to support indigenous peoples working the private sector and indigenous employees financially.

The pandemic can also be a turning point and an opportunity to promote, preserve and strengthen indigenous traditional food production systems, further contributing to building societies that are more resilient in the face of pandemics and climate change. It is a prominent feature for States in meeting the sustainable development goals on achieving zero hunger and greater environmental sustainability.

- In Bangladesh, indigenous families living in the remote areas of Chittagong Hill Tracts, mostly from the Tripura community, are suffering from acute food shortages. In solidarity, a number of government food assistance agencies, local and national non-governmental organizations, students bodies and individuals are engaged in providing food and other support to families in need and recommend the Tribal Health, Nutrition and Population Plan to be promptly implemented.

- Maya Q’eqchi, Mopan and Yucatec indigenous peoples in Belize are revitalizing their local food production.

- In Bolivia, indigenous communities are exchanging basic agricultural products in their villages.

- In Colombia, the importance of the “chagra” - traditional agricultural system used by indigenous people, particularly in the Amazon, takes on even more relevance for indigenous youth. The indigenous communities
strongly believe that the “chagra” has given them continued access to food, medicine and knowledge. A Plan to Strengthen Food Sovereignty for Indigenous peoples in Colombia was also developed.\textsuperscript{71}

- In the Democratic Republic of the Congo, a project lead by a non-governmental organization is supporting indigenous peoples in achieving food security in the Province of North Kivu, grouping indigenous communities in committees called "solidarity groups", and providing them with farming tools for agricultural work.

- In Guatemala, OHCHR, in partnership with indigenous communities is supporting a platform for exchange of vegetables produced by indigenous communities.

- In French Guiana, following the closing of an Arowaka/Lokono people village after positive testing, all six indigenous peoples of French Guiana have supported this village through actions on social networks and provision of food supplies.

- In Puebla, Mexico, to counter any speculation on the price of corn, members of the indigenous Totonaco regional council bought corn without intermediaries and sell it at a fair price to the members of the indigenous communities. They are also discussing land loans among community members to plant corn in the June planting season. In the northern jungle region of Chiapas, communities are promoting collective gardens to guarantee healthy food in the indigenous communities.

- In Peru, indigenous peoples from the Abya Yala region, as well as other indigenous farming communities expressed solidarity by sending food aid to the cities.

- In Thailand, indigenous communities are resorting to their traditional management of land and natural resources to ensure their food security.\textsuperscript{72}

- The Charruas people of Uruguay are delivering food baskets to families who need it most, including informal or independent indigenous workers who cannot secure income anymore, putting them on the edge of survival during the lockdown. The Conchaca indigenous organization in the country is organizing a seed bank to have a reserve to exchange among the indigenous population.

**What are the key actions States and other stakeholders can take?**

- Put in place support schemes to address the socio-economic effects of COVID-19, including threats to their traditional livelihood, food insecurity and food sovereignty. For indigenous peoples not to be left behind, there should be an expansion of safety net programs to include those most affected by the coronavirus, including ensuring food access in isolated areas.\textsuperscript{73}

- Include indigenous peoples in economic and disaster relief packages,\textsuperscript{74} which must be respectful of traditional dietary requirements.

- Ensure indigenous territorial protection and the health of indigenous peoples during the pandemic by considering a moratorium on extractive mining, oil, and logging activities,\textsuperscript{75} industrial agriculture, and all religious proselytization\textsuperscript{76} within or on the border of indigenous territories,\textsuperscript{77} and take mitigating measures against encroachment upon indigenous land.\textsuperscript{78}

- Avoid removal of indigenous peoples from their lands; diminishing or using indigenous lands for military activity, especially for the duration of this pandemic.\textsuperscript{79}

- Support indigenous peoples environmental conservation projects and initiatives in the Amazon region and elsewhere, including the conservation of their vital medicinal plants, animals and minerals, taking into account and highlighting their traditional knowledge, medicines and health practices.

- Ensure that the specific needs of indigenous women and girls\textsuperscript{80} are addressed in measures to mitigate the socioeconomic impact of the pandemic.
5. What is the impact on indigenous peoples’ right to access clean water and sanitation facilities?

Containing the spread of COVID-19 is closely related to water and sanitation. Washing hands with soap and clean water is vital in the fight against the virus. However, indigenous peoples often lack access to safe water and sanitation, depriving them of a crucial tool to help avoid becoming infected. The harmful effects of climate change continue to compromise the ability of indigenous communities to access safe and clean water. Moreover, without access to safe drinking water, indigenous peoples are also at a higher risk of other water-borne diseases, making them more vulnerable to the virus.

What are the key actions States and other stakeholders can take?

- Provide continuous access to sufficient clean water and soap to indigenous peoples, particularly those living in the most vulnerable conditions. Water service continuity, where possible, should be maintained during the pandemic, including proper treatment and accessibility for all.

- For indigenous areas unserved with safe drinking water, temporary measures should be taken to facilitate access to safe water, or to facilitate household water treatment.

6. What is the impact on indigenous peoples living in voluntary isolation or initial contact?

Based on their right to decide on their way of life and level of interaction with the environment, reflecting their right to self-determination, some indigenous peoples have chosen to remain isolated as a survival strategy, shunning any type of contact with outsiders. Most isolated peoples live in tropical forests and/or in remote, untraveled areas. Forcibly breaking this isolation carries massive risks, including health wise. For decades, this isolation has protected them from infections and death, contributing to their survival. These groups of indigenous peoples, who are highly vulnerable and, in most cases, at high risk of extinction, are thus even more at risk from COVID-19.

What are the key actions States and other stakeholders can take?

- Indigenous peoples living in voluntary isolation or initial contact should be particularly protected. States and other parties should categorize indigenous peoples living in voluntary isolation or initial contact as groups in particularly vulnerable situations.

- Sanitary cordons that prevent outsiders from entering the territories of these peoples should be strictly implemented to avoid any contact. However, the presence of such cordons should not lead to a complete halt in existing communication efforts between the State and the indigenous (non-isolated) communities living near them.

- States should dialogue and work together with non-isolated indigenous leaders living near or in the same territories as indigenous peoples living in voluntary isolation or initial contact, so as to be informed of any possible outbreaks within such communities. This way, they can ensure their protection from the spread of the pandemic in indigenous territories.


For example, only in 2018, the Yanomami in northern Brazil suffered a devastating measles outbreak introduced by illegal gold miners. During the H1N1 pandemic, indigenous peoples in Canada in 2009 were disproportionately affected, accounting for 10 percent of the hospitalizations when they only represented about four percent of the country's population. See more at: https://rainforestfoundation.org/indigenous-peoples-and-covid-19/


See: UNDRIP, article 19.


Letter from the Permanent Mission of Chile, May 2020

See: https://www.saccommunities#resources


For example, a list of audio-visual resources on COVID-19 in several indigenous languages is available at: https://mycielo.org/resources-in-indigenous-languages/

See for example prevention campaign in Tampouline Language on local TV Ratanakiri province: https://www.facebook.com/ratanakirity/videos/2308360122802487/

https://www.facebook.com/330090244224961/videos/449792565817223/


See: https://undocs.org/A/HRC/39/17
59 In Honduras, on 29 April, the Court of Administrative Litigation in San Pedro Sula granted an injunction lawsuit for the protection of the Indigenous Peoples of the Tolupan tribe of San Francisco Locomapa, Yoro. The court adopted precautionary measures and ordered the Municipality of Yoro to provide sufficient and quality food to all members of the Tolupan indigenous people within 24 hours and in coordination with the indigenous authorities of the community.
64 Letter from the Permanent Mission of Chile, May 2020.
67 Letter from the Permanent Mission of Panama, May 2020
69 Letter from the government of Greenland, May 2020. See more at: www.big.gl
In Brazil, a court ruling prohibited evangelical missionaries from entering the territory of indigenous peoples living in the Javar Valley. See: https://actualidad.rt.com/actualidad/350381-juez-decision-historica-prohibe-misioneros-territorio-tribus-brasil/amp?__twitter_impression=true

In Brazil, a decision from the Supreme Court suspended all judicial processes dealing with indigenous peoples lands, as well as land seizures and land demarcations during the COVID-19 pandemic. See: http://www.stf.jus.br/portal/cms/verNoticiaDetalhe.asp?idConteudo=442822

See: https://www.ohchr.org/EN/Issues/IPeoples/EMRIP/Pages/EMRIPIndex.aspx


See: https://us19.campaign-archive.com/?e=&u=2dca09f67efb6fc090574aa83f&id=d5de5ff834

See: https://us7.campaign-archive.com/?e=&u=08290e3a846ca058a018ab6a&id=8fe41e012b


In Brazil, on 17 March, FUNAI (the technical body in charge of indigenous peoples) issued a directive restricting contact between non-indigenous peoples and indigenous peoples, suspending activities in areas of isolated indigenous peoples and entrance on indigenous territories. See: http://www.funai.gov.br/arquivos/conteudo/cogedi/pdf/Boletim%20de%20Servicos/2020/Boletim%20Extra%20In%20%202017%20March%2020.pdf