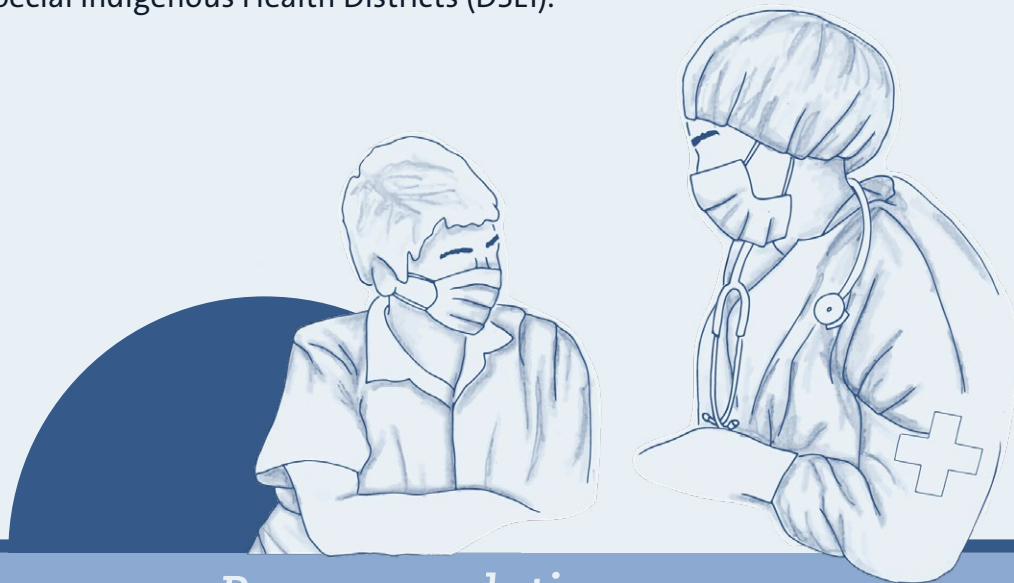


COVID-19 & Indigenous Peoples



Access to health care and vaccines during the COVID-19 pandemic

Indigenous communities are often located in remote regions, usually **excluded** from, or with **limited access** to, healthcare.¹ In addition, indigenous peoples are **particularly vulnerable** to pandemics, and have shown little resistance to respiratory illnesses in the past.² Indigenous peoples living in urban areas including many who migrated to cities due to land grabbing, poverty, militarization and the deterioration of traditional livelihoods, often have limited access to health services due to an array of barriers such as poverty, racism and discrimination.³ In Brazil, by law, the Special Secretariat of Indigenous Health has the obligation to provide with health services to indigenous peoples located in indigenous lands. However, many of them do not live in demarcated indigenous lands, they live in urban areas, or they have to move to other cities where Brazil's public health system (SUS) is located due to the lack of equipment and capacity at the Special Indigenous Health Districts (DSEI).⁴



Recommendation

Ensure **non-discriminatory access** to quality, **culturally appropriate**, age and gender-sensitive, medical care and treatment for indigenous peoples during COVID-19. Access to personal protective equipment, testing, hygiene, cleaning and disinfection materials, and urgent emergency care are essential.⁵



Franciscans International
A voice at the United Nations

Specific Recommendations:

Report of the Special Rapporteur on the rights of indigenous people⁶

- “Indigenous authorities, communities and associations should prepare or update contingency plans for pandemics, identifying the areas they can manage entirely independently and those where they may require support. The plans should include options for the isolation of sick members of the community, as well as a communication tree, clearly identifying the counterparts within the local and regional governments with which they will coordinate or collaborate. They should designate individuals within the community as focal points for implementation.”

OHCHR: COVID-19 and Indigenous Peoples’ Rights⁷

- “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.”
- “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.”
- “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.”

Public Letter to Brazil from the Committee on the Elimination of Racial Discrimination⁸

- “To ensure that indigenous peoples, Afro-Brazilians and *quilombola* have access without discrimination to quality and culturally appropriate medical care and treatment, as well as COVID-19 testing; accurate and culturally adapted information; hygiene, cleaning and disinfection materials; as well as to the emergency income aid provided in the context of the pandemic.”

Report of the United Nations High Commissioner for Human Rights on the situation of human rights in Guatemala⁹

- “Continue to strengthen dialogue and coordination between the traditional and the national health systems, and enhance access to health services with cultural adequacy to indigenous peoples, including women and girls.”

Statement on universal and equitable access to vaccines for the coronavirus disease (COVID-19)¹⁰

- “States have an obligation to take all the measures necessary, to the maximum available resources, to guarantee access to vaccines for COVID-19 to all persons, without discrimination. The duty of States to provide immunization against the major infectious diseases and to prevent and control epidemics is a priority obligation concerning the right to health. Under the current conditions, States are required to give maximum priority to the provision of vaccines for COVID-19 to all persons.”

The right to health care for indigenous peoples is expressly recognized in the:

ILO Convention No.169¹¹

- “Article 25:
 1. Governments shall ensure that adequate health services are made available to the peoples concerned, or shall provide them with resources to allow them to design and deliver such services under their own responsibility and control, so that they may enjoy the highest attainable standard of physical and mental health.
 2. Health services shall, to the extent possible, be community-based. These services shall be planned and administered in cooperation with the peoples concerned and take into account their economic, geographic, social and cultural conditions as well as their traditional preventive care, healing practices and medicines.
 3. The health care system shall give preference to the training and employment of local community health workers, and focus on primary health care while maintaining strong links with other levels of health care services.
 4. The provision of such health services shall be coordinated with other social, economic and cultural measures in the country.”

UN Declaration on the Rights of Peasants¹²

- “Article 23:
 1. Peasants and other people working in rural areas have the right to the enjoyment of the highest attainable standard of physical and mental health. They also have the right to have access, without any discrimination, to all social and health services.
 2. Peasants and other people working in rural areas have the right to use and protect their traditional medicines and to maintain their health practices, including access to and conservation of their plants, animals and minerals for medicinal use.
 3. States shall guarantee access to health facilities, goods and services in rural areas on a non-discriminatory basis, especially for groups in vulnerable situations, access to essential medicines, immunization against major infectious diseases, reproductive health, information concerning the main health problems affecting the community, including methods of preventing and controlling them, maternal and child health care, as well as training for health personnel, including education on health and human rights.”

International Convention on the Elimination of All Forms of Racial Discrimination¹³

- “Article 5:

In compliance with the fundamental obligations laid down in article 2 of this Convention, States Parties undertake to prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law, notably in the enjoyment of the following rights:

(e) Economic, social and cultural rights, in particular:

(iv) The right to public health, medical care, social security and social services.”

General Comment No. 14 on the Right to the Highest Attainable Standard of Health¹⁴

- “The Committee considers that indigenous peoples have the right to specific measures to improve their access to health services and care. These health services should be culturally appropriate, taking into account traditional preventive care, healing practices and medicines. States should provide resources for indigenous peoples to design, deliver and control such services so that they may enjoy the highest attainable standard of physical and mental health.”

UN Declaration on the Rights of Indigenous Peoples¹⁵

- “Article 24:
 1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.
 2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.”



References

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8. Committee on the Elimination of Racial Discrimination (CERD/EWUAP/101st session/2020/Brazil/CA/ks)
9. Human Rights Council 46th session (A/HRC/46/74), para. 93(C)
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12. United Nations Declaration on the Rights of Peasants and Other People Working in Rural Areas (A/HRC/RES/39/12), p. 14
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15. United Nations Declaration on the Rights of Indigenous Peoples, p. 18