



From the IIMHL and IIDL Update List

IIMHL and IIDL Special Update

COVID-19: Indigenous approaches and solutions

Janet Peters, Maria Baker, Carole Koha, Kerri Butler, Carol Hopkins, Kathy Langlois

ISSUE 14 - 24 July 2020

“Sir Mason Durie believes that the lower rates of COVID-19 in Aotearoa New Zealand occurred because of Māori leadership.

“If Maori are at the centre of what is needed, all Māori feel comfortable with what’s needed.”¹

“I can’t be any blunter....If COVID-19 gets into our communities, we are gone”
Pat Turner, National Aboriginal Community Controlled Health Organisation, Australia²

This research has confirmed existing inequities in First Nation communities, but it has also demonstrated First Nations’ people’s resilience and their ability to develop countermeasures in the face of COVID-19³.

Dr Myrie Ballard, Canada

“What we have also seen, however, is an indigenous population that can act swiftly, mobilise resources and change models of care to maintain the health and wellbeing of the nation”⁴

Prof. Helen Milroy, Australia

Key takeaways

¹ Sir Mason Durie, <https://www.youtube.com/watch?v=hZBqnXFwls0>

² Pat Turner, ABC News, <https://www.abc.net.au/news/2020-03-20/dire-warning-on-coronavirus-for-indigenous-communities/12076420>

³ Dr Myrie Ballard, Manitoba University <https://cihr-irsc.gc.ca/e/51980.html>

⁴ Dr Helen Milroy, Australia <http://www.news.uwa.edu.au/2020061712163/indigenous/covid-19-equity-and-ethics-pandemic-indigenous-perspectives?page=show>

1. Historically, Indigenous communities are more at risk of pandemics, and are more likely to die of communicable disease (for example Māori in Aotearoa and First Nations communities from Canada and the United States).
2. In general, Indigenous communities have poorer health outcomes as compared to other groups, which is a risk factor for COVID-19.
3. To ensure change, the issue of systemic racism needs to be faced openly among government and community agencies.
4. There have been successful targeted actions taken by indigenous groups which have led to less of their people contracting COVID-19.
5. These actions include:
 - Indigenous Public Health practitioners and researchers leading or being involved in efforts to:
 - Stop the spread of the pandemic
 - Communication to indigenous populations by indigenous media on hygiene, physical distance, quarantine and prevention
 - Online health issues
 - Indigenous telephone Healthline's
 - Indigenous communities taking charge of isolating their communities from other people
 - Indigenous communities implementing new harm-reduction measures for people who use drugs
 - Increased virtual service delivery
 - Collecting data on indigenous cases of Covid-19 and non-cases
 - Web-based therapeutic processes.
6. For Aotearoa/New Zealand examples of such strategies are shown in the video by Sir Mason Durie (from Aotearoa/New Zealand (Ngāti Rangitane, Ngāti Kauwhata, Ngāti Raukawa), who outlines the work undertaken and the successful outcome for Māori. "By Māori for Māori" is the phrase some use.
7. IIMHL hopes by sharing information we can assist indigenous peoples.

Introduction

IIMHL has asked Indigenous leaders from within IIMHL for examples of Indigenous solutions regarding COVID-19 approaches.

IIMHL supports the Wharerātā Declaration for Indigenous communities: "*which values partnership and collaboration between Indigenous and mainstream providers, cultural competence of mainstream mental health providers, and finally a declaration on the unique aspects of Indigenous leadership*".

<https://www.iimhl.com/files/docs/20180331.pdf>

This briefing is a **very rapid** look at examples of Indigenous approaches to COVID-19 in Australia, Canada, Aotearoa/New Zealand and the US. In general all these countries have poorer health outcomes for Indigenous communities as compared to other groups. All countries have kindly provided information for us.

<https://www.un.org/development/desa/dpad/publication/un-desa-policy-brief-70-the-impact-of-covid-19-on-indigenous-peoples/>

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.

<https://iwgia.org/en/news-alerts/news-covid-19/3797-ohchr-covid-19-ipr.html?highlight=WyJhdXN0cmFsaWEiLCJhdXN0cmFsaWEncyIsImNvdmlkLTE5II0=>

But in some countries, in the COVID-19 environment, there have been some successful targeted approaches and promising practices which have meant fewer than expected Indigenous cases. This briefing outlines examples of these.

International approaches

World Bank: Indigenous peoples

24th September 2019

Indigenous Peoples are culturally distinct societies and communities. Although they make up 6% of the global population, they account for about 15% of the extreme poor.

Over the last 20 years, Indigenous Peoples' rights have been increasingly recognized through the adoption of international instruments and mechanisms, such as the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) in 2007, the American Declaration on the Rights of Indigenous Peoples in 2016, 23 ratifications of the Indigenous and Tribal Peoples Convention from 1991, the establishment of the United Nations Permanent Forum on Indigenous Issues (UNPFII), the Expert Mechanism on the Rights of Indigenous Peoples (EMRIP), and the UN Special Rapporteur on the Rights of Indigenous Peoples (UNSR).

<https://www.worldbank.org/en/topic/indigenouspeoples>

WHO

United Nations Human Rights: Office of the High Commissioner: Human Rights Response COVID-19

29 June 2020

This 14-page document looks at the impact of COVID-19 on indigenous people's rights and offers solutions to the pandemic. It explores (among other issues):

- Impact on healthcare
- Impact on rights to consultation and participation
- Impact on livelihoods, territories, land and resources
- Impact on people living in voluntary isolation

https://www.ohchr.org/Documents/Issues/IPeoples/OHCHRGuidance_COVID19_IndigenousPeoplesRights.pdf

United Nations Department of Economic and Social Affairs: Indigenous Peoples

UN/DESA Policy Brief #70: The Impact of COVID-19 on Indigenous Peoples May 2020

Policy recommendations and guidelines include the following for Governments and Representative Institutions:

- Recognize indigenous peoples' representative institutions, authorities and governments as the legitimate representatives of indigenous peoples
- Include indigenous peoples' representatives, leaders and traditional authorities in the planning and design of health services and responses to the COVID-19 pandemic as well as in dealing with its repercussions
- Provide effective support to indigenous communities that have imposed lockdowns or other restrictions to stop the spread of the COVID-19
- Prepare public service announcements messages, such as on hygiene, physical distance, quarantine and prevention, in cooperation with indigenous peoples, in indigenous languages
- Improve the access and management of clean water and sanitation, particularly for indigenous peoples living in remote communities, to avoid further spread of the virus, taking into account relevant indigenous practices such as watershed management
- Ensure availability of disaggregated data of indigenous peoples, including on rates of infection, mortality, economic impacts, care burden, and incidence of violence, including gender-based violence

<https://www.un.org/development/desa/dpad/publication/un-desa-policy-brief-70-the-impact-of-covid-19-on-indigenous-peoples/>

The United Nations has a page dedicated to Indigenous strategies across a broad group of countries. This contains a huge list of strategies aimed at solving the pandemic for indigenous communities.

<https://www.un.org/development/desa/indigenouspeoples/covid-19.html>

IWGIA - International Work Group for Indigenous Affairs - is a global human rights organisation dedicated to promoting, protecting and defending indigenous peoples' rights

Statement: Safeguarding the health, wellbeing and livelihoods of indigenous peoples across the world in face of COVID-19
7th May 2020

The full statement is outlined in Appendix 1.

Group of Friends of Indigenous Peoples is a multi-regional group of 20 States, which include Argentina, Australia, Brazil, Bolivia, Canada, Colombia, Denmark, Dominica, Ecuador, El Salvador, Estonia, Finland, Guatemala, Mexico, Nicaragua, Norway, New Zealand, Spain, Paraguay, and Peru.

<https://iwgia.org/en/news-alerts/news-covid-19/3573-statement-group-of-friends-ips.html?highlight=WyJhdXN0cmFsaWEiLCJhdXN0cmFsaWEncyIsImNvdmikLTE5II0>

≡

Devi Sridhar, Professor of Global Public Health at the University of Edinburgh, on why people of colour are more likely to suffer bad health outcomes after being infected by COVID-19

World Economic Forum 2020

Discusses racism, discrimination and unconscious bias and conditions for poor outcomes.

https://www.weforum.org/agenda/2020/06/george-floyd-racial-injustice-protests-what-next/?utm_source=sfmc&utm_medium=email&utm_campaign=2724718_Agenda_weekly-3July2020&utm_term=&emailType=Newsletter

Cultural Survival: 9 ways indigenous rights are at risk during the COVID-19 crisis

20th May 2020

The COVID-19 pandemic has highlighted and exacerbated existing inequalities and human rights abuses that affect Indigenous Peoples around the world. At the same time, governments are taking advantage of the attention that is directed to virus response in order to proceed with projects and policies that further violate Indigenous rights. The following are brief examples of key ways the virus is threatening Indigenous human rights.

1. Deepening Health Disparities
2. Lack of access to information
3. Violence against indigenous people takes advantage of attention on COVID
4. Extractive industries greenlighted to continue operations despite threats to health and safety
5. Government responses to COVID-19 exacerbate bad policing
6. Exacerbation of poverty
7. Increased food insecurity
8. Increased land grabs
9. Mistreatment of migrants.

<https://www.culturalsurvival.org/news/9-ways-indigenous-rights-are-risk-during-covid-19-crisis>

“ Indigenous communities are resilient, and, empowered with ancestral knowledge, organized communities, Indigenous languages, and their own forms of communication and media, they are taking action.”

<https://www.culturalsurvival.org/news/indigenous-peoples-finding-solutions-own-communities-response-covid-19>

BioMedical Central: Systemic Reviews: Use and uptake of web-based therapeutic interventions (WBTI) amongst Indigenous populations in Australia, New Zealand, the United States of America and Canada: a scoping review 2020

The WBTI used were interactive websites, screening and assessment tools, management and monitoring tools, gamified avatar-based psychological therapy and decision support tools. Other sources reported the use of mobile apps, multimedia messaging or a mixture of intervention tools. Most sources reported moderate uptake and improved health outcomes for Indigenous people. Suggestions to improve uptake included as follows: tailoring content and presentation formats to be culturally relevant and appropriate, customisable and easy to use.

The authors concluded that culturally appropriate, evidence-based WBTI have the potential to improve health, overcome treatment barriers and reduce inequalities for Indigenous communities. Access to WBTI, alongside appropriate training, allows health care workers to better support their Indigenous clients. Developing WBTI in partnership with Indigenous communities ensures that these interventions are accepted and promoted by the communities.

<https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-020-01374-x>

Australia

COVID-19: The need to boost digital literacy in Indigenous communities Nilesh Makwana, 17 June 2020

Historically, Indigenous communities in Australia have experienced higher disease infection rates than the rest of Australia's population time and time again, dating back to and caused by the earliest days of European colonisation.

Just 15 months after the first arrival of the First Fleet in 1789 smallpox spread throughout the Sydney area wiping out almost all of the Gadigal people, with historians estimating a 50 to 90 per cent death rate.

Two hundred years later, when the Spanish flu hit at the end of the First World War, Aboriginal communities reportedly recorded a mortality rate of 50 per cent, despite Australia's death rate of 2.7 per 1000 people overall being one of the lowest recorded of any country during this pandemic.

The turn of a century didn't bring about much change: during the 2009 influenza pandemic (Swine Flu), one study focused on the Top End of the Northern Territory found that Indigenous Australians recorded higher hospitalisation rates than those reported elsewhere in Australia and overseas.

<http://www.news.uwa.edu.au/2020061712161/covid-19/covid-19-indigenous-perspectives>

COVID-19: Equity and ethics in a pandemic: Indigenous perspectives

Prof. Helen Milroy University of Western Australia, 7 June 2020

The pandemic raises a number of significant issues relating to equity, equality and ethical decision making with many valuable lessons to be learnt along the way. We have already witnessed the quick action of many of our Indigenous organisations to support, educate and protect our Indigenous communities. Imagine what could be achieved if these issues of equity, ethical decision making, power sharing and funding were shared equally along with support for self-determination for Indigenous communities.

What we have also seen, however, is a population that can act swiftly, mobilise resources and change models of care to maintain the health and wellbeing of the nation. We have also seen the great strengths of Indigenous organisations and communities coming together and acting quickly to protect their families. If we can do all of this, then surely we can solve the long-standing health crisis and disadvantage that impacts on our Indigenous Australians to ensure the future wellbeing of all our families.

<http://www.news.uwa.edu.au/2020061712163/indigenous/covid-19-equity-and-ethics-pandemic-indigenous-perspectives?page=show>

TIME

May 29 2020

In Australia, Aboriginal communities have been less affected by the virus than anticipated, which experts attribute to having Aboriginal and Torres Strait Islander public health practitioners and researchers play a pivotal role in leading response efforts that are culturally sensitive.

Aboriginal-led health services ensured that public health messages were communicated to communities in their local languages. Aboriginal communities also protected themselves by camping out in the bush to protect elders. Like many Indigenous Nations in Canada, some Australian Aboriginal communities also shut their borders before the federal government did to avoid disease transmission.

“We can’t be waiting for the government to decide,” says Myrle Ballard, a Canadian Indigenous researcher studying effective health responses to COVID-19 for Indigenous communities. *“We Indigenous people know what is best for us.”*

<https://time.com/5808257/indigenous-communities-coronavirus-impact/>

Australian Government: Closing the Gap

2020

Australia has poor health outcomes for Aboriginal and Torres Strait Islander people, but the 2020 “Closing the Gap” work and COVID-19 strategies (as well as Indigenous people’s actions) have avoided high COVID-19 cases among Indigenous peoples.

Indigenous people, who make up 3 percent of the country's 24.6 million population, remain below the national average in terms of life expectancy. Those living in remote or very remote communities have shorter life spans than people living in urban areas - partly because social determinants of health, including employment and housing, are far more limited in such places, according to the government report.

<https://ctgreport.niaa.gov.au/sites/default/files/pdf/closing-the-gap-report-2020.pdf>

National Aboriginal Community Controlled Health Organisation

A report on engagements with Aboriginal and Torres Strait Islander people to inform a new national agreement on Closing the Gap

June 2020

This follow-up report provides an opportunity for all Australians to understand what representatives of Aboriginal and Torres Strait Islander people told the Coalition of Aboriginal and Torres Strait Islander Community-Controlled Peak Organisations (Coalition of Peaks) and Australian governments in those engagements.

Key findings/recommendations:

New Closing the Gap targets are needed, such as for the preservation of culture and languages, and existing targets need to be further developed, such as to expand health targets to include mental health and suicide prevention.

There is a need to improve engagement by governments with Aboriginal and Torres Strait Islander people on changes to policies and programs to ensure it is done fully and transparently.

Establishing and maintaining formal partnerships, such as agreements, between governments and Aboriginal and Torres Strait Islander people, are an important way of achieving priority reform one and were needed at a national, state/territory and regional/local level.

There should be region-specific targets, or targets that could be adapted to suit the individual strengths and requirements of different communities.

<https://apo.org.au/organisation/266626>

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 6 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.

https://www.ohchr.org/Documents/Issues/IPeoples/OHCHRGuidance_COVID19_IndigenousPeoplesRights.pdf

Four other Government examples of work aimed at reducing risk are below.

- **Australian Government**

Coronavirus (COVID-19) resources for Aboriginal and Torres Strait Islander people and remote communities: print, radio, video, poster etc.

<https://www.health.gov.au/resources/collections/coronavirus-covid-19-resources-for-aboriginal-and-torres-strait-islander-people-and-remote-communities>

- **A collection of resources for Aboriginal and Torres Strait Islander people and remote communities, about coronavirus (COVID-19)
COVID-19 Roadmap to Recovery A Report for the Nation**

This is an independent report by academics from eight universities aiming to answer the question: “*How can society recover from COVID-19?*” and it includes strategies for Indigenous peoples.

<https://go8.edu.au/wp-content/uploads/2020/05/Go8-Road-to-Recovery.pdf>

- **The Australia and New Zealand School of Government (ANZSOG)
Aurora Milroy, April 2020**

Specific measures to address risks to Aboriginal and Torres Strait Islander communities include restrictions on travel to and from remote communities as well as inter and intra-state travel restrictions. The government has also committed to 83 rapid testing sites across rural and remote communities returning test results in 45 minutes, along with a financial support package for Indigenous businesses.

In many cases, communities have led the response to coronavirus, including Mapoon, located in Far North Queensland, where a self-imposed lockdown was implemented in March, ahead of government advice. Additionally, NACCHO and NITV have been instrumental in spreading public health messages among communities, including messages in a variety of Indigenous languages.

<https://www.anzsoq.edu.au/resource-library/news-media/indigenous-people-and-covid-19>

- **Aboriginal Health Council of Western Australia Coronavirus (COVID-19)
Response Toolkit for Member Services, March 2020**

“The Aboriginal Health Council of Western Australia (AHCWA) acknowledges that we operate and function on the Lands of the Wadjuk Tribe of the Noongar Nation”. This AHCWA Coronavirus (COVID-19) Response Toolkit for Member Services has been devised to assist in planning and responding to the current Coronavirus (COVID-19) outbreak.

This Toolkit should be used in conjunction with:

- The advice from the Western Australia Health Department; Public Health Emergency Operations Centre (PHEOC) and the Commonwealth
- Communicable Disease Network Australia
- The local Aboriginal community; regional Population / Public Health units and emergency response teams, with reference to local emergency plans.

The Toolkit covers key areas such as:

- Aboriginal and Torres Strait Islander Communities Special Considerations for Coronavirus (COVID-19) Management
- Key drivers of increased risk of transmission and severity
- Key response strategies
- An outline of a Plan

<https://wacoss.org.au/wp-content/uploads/2020/03/AHCWA-COVID-19-Response-Plan-Toolkit.pdf>

Dr Mark Wenitong

This doctor delivered a special message of hope in this 1.5 minute video. *“We’ve been around for a 100,00 years or so and we will weather this virus”.*

<https://twitter.com/i/status/1243077728355655680>

Canada

Indigenous Peoples in Canada are collectively referred to as “Aboriginal Peoples”, although the term Aboriginal is no longer used, in favour of the term Indigenous Peoples. The Constitution Act of 1982 recognises three groups: Indians, Inuit and Métis. **First Nations** is the term used to describe Indigenous peoples in **Canada** who **are** not Métis or Inuit.

<https://iwgia.org/en/canada/3639-iw-2020-canada.html?highlight=WyJjYW5hZGEiLCJjYW5hZGEncyJd>

While experts say there is no single reason for why Indigenous populations face poorer health outcomes, Stephane McLachlan, a researcher looking into effective responses to COVID-19 for Indigenous populations says it can be explained by the long standing impacts of colonization which have left Indigenous people poorer on average and lacking access to nutritious food, clean water and adequate housing.

As well as higher rates of chronic illnesses that make them more vulnerable to the coronavirus, Indigenous communities may have difficulty implementing precautionary measures to stop the virus spreading rapidly.

In Canada, at least 61 First Nations communities have not had access to safe drinking water for at least a year. While some non-potable water sources can be effective for washing hands, the Canadian government says that communities on a “Do Not Use

Advisory” should not use tap water for washing hands. “The government keeps telling people to wash their hands,” Meredith Raimondi, a senior manager from the United States National Council of Urban Indian Health. “But how are Indigenous people supposed to do that when they don’t have clean water?”

<https://time.com/5808257/indigenous-communities-coronavirus-impact/>

The inequalities of Indigenous communities are clearly felt in small, isolated communities.

<https://theconversation.com/canadas-unequal-health-system-may-make-remote-indigenous-communities-more-vulnerable-to-the-coronavirus-134963>

Government of Canada

In Canada the Government has put in place strong strategies and additional funding for Inuit and First Nations communities as is shown in the website below.

The Government of Canada supports First Nations and Inuit communities in preparing for, monitoring and responding to COVID-19.

- Confirmed cases of COVID-19
- How to protect your health and your community
- Indigenous awareness resources
- Support for Indigenous
- Individuals
- Students
- Organizations and communities
- Businesses
- How we have prepared
- Who to contact
- Examples of how COVID-19 supports can help Indigenous individuals.

<https://www.sac-isc.gc.ca/eng/1581964230816/1581964277298>

Indigenous Services Canada

- General approach
- Preparedness
- Health human resources
- Infrastructure
- Infection prevention and controls
- Medical transportation
- Governance
- Communications and surveillance

<https://www.sac-isc.gc.ca/eng/1584456952392/1584456999460>

Preparedness and response to COVID-19

One page summary

https://www.sac-isc.gc.ca/DAM/DAM-ISC-SAC/DAM-HLTH/STAGING/texte-text/preparedness_response_COVID-19_1584463875030_eng.pdf

The First Peoples Wellness Circle (FPWC)

This is a national not-for-profit corporation governed and managed by Indigenous Leaders and exists to improve the lives of Canada's First Peoples by addressing healing, wellness and other mental health challenges. FPWC is a national corporation with membership open to all Canadians who are committed to similar goals.

<https://www.fpwc.ca/>

- **COVID-19 printable resources**
<https://www.fpwc.ca/covis-19-resources>
- **Promoting Wellness and Providing Support During COVID-19**
National Virtual Gatherings with Mental Wellness Teams
<https://www.fpwc.ca/promoting-wellness-providing-support>

On 29th May 2020, the Government of Canada gave more funding (\$650 million) for more nurses and specialized supplies to further support work with First Nations, Inuit and Métis communities on continued community-driven responses.

<https://globalnews.ca/news/7001491/coronavirus-canada-indigenous-support/>

In addition, some Indigenous communities are keeping people out by manning the entry to COVID-19-free communities. For example, Guardian watchman are looking after both land and water entries to the Heiltsuk Nation in order to keep elders and other people safe.

<http://www.bbc.com/travel/story/20200525-why-first-nations-communities-are-uninviting-visitors>

Thunderbird Partnership Foundation

“During this uncertain time with COVID-19, Thunderbird Partnership Foundation wants you to know that we are here for you. Our support for First Nations treatment centres and communities continues”.

Carol Hopkins

Messages of hope:

- First Nations Mental Wellness Continuum Framework and COVID-19: A Message of Belonging to support Mental Wellness
- First Nations Mental Wellness Continuum Framework and COVID-19: A Message of Hope to support Mental Wellness

This website also has fact sheets, information for addiction issues and webinars and online courses.

<https://thunderbirdpf.org/covid-19/>

Virtual community of practice

Thunderbird has also created a virtual community of practice for First Nations workforce in mental wellness. Through the site, participants can access First Nations specific resources, share information, offer peer support, and highlight needs which can be responded to through the development of fact sheets and training courses.

Addictions Treatment Centres have also developed and offered virtual treatment services focused on psycho-educational chats, webinars, and referrals to individual counselling. Thunderbird is supporting the development of a national virtual treatment program, that will in the long term fill gaps in the continuum of care for early intervention, pre-treatment readiness, and continuing care post treatment services.

Data collection continues with revised survey instruments for adults and youth who use opioids and crystal meth to include the impact of Covid-19. The data will support First Nations communities in understanding harm reduction methods, community strengths, and ways they can support people who use drugs, and address impacts on the community.

<https://thunderbirdpf.org/covid-19/>

The First Nations Health Managers Association

“As the COVID-19 virus grips the general public, FNHMA is committed to serving health professionals by providing the most up to date information on COVID-19. Visit this page for regular updates. Together we can all get through this incredibly difficult time”.

This website also has resources and videos to assist with COVID-19 issues.

<https://fnhma.ca/news-publication/covid-19-resources-and-announcements/>

InfoPoint

To support First Nations Health Managers in Canada, First Nations Health Managers Association announced its newest initiative, [InfoPoint](#). InfoPoint is an information sharing initiative developed for First Nations health managers and leaders. COVID-19 has created challenges for First Nations health managers and workforce in communities across the country. These challenges have given rise to questions without a clear place to ask them.

InfoPoint is a help line where First Nations Health Managers and workforce may call if they have questions or are searching for reliable, credible resources around COVID-19.

Access InfoPoint Monday – Friday from 8:00 am – 8:00 pm (ET):
Phone: [1-855-446-2719](tel:1-855-446-2719) to speak directly to a team member
Or Email: InfoPoint@fnhma.ca

<https://ihtoday.ca/infopoint-by-fnhma/>

Online resources

NationTalk connects tens of thousands of people yearly through a network newswire, employment, event and tender services being sent to a largely Indigenous audience. The NationTalk information network fosters co-operation among governments, not for profits, businesses and communities; and stimulates growth and prosperity for Indigenous peoples and Canada as whole.

Indigenous Health Today

A digital platform is designed to ensure consistent, coordinated and appropriate communication relating to health issues pertinent to Indigenous Communities and Peoples in Canada.

<https://ihtoday.ca/about/>

England

Three brief articles from England that focus on racism are given.

1. Gov.UK: Civil Service: Zamila Bunglawala 8th July 2020

In the UK “BAME” stands for Black, Asian and Minority Ethnic” and this is used widely by government and community sectors. To note however that many do not like this term.

<https://civilservice.blog.gov.uk/2019/07/08/please-dont-call-me-bame-or-bme/>

2. Nothing can be changed until it is faced: Facing up to inequalities in COVID-19

Peter Molyneux 26 June 2020 Blog

That will mean creating the space to discuss uncomfortable issues. If we truly want to understand what is happening in our communities then we need to look at issues like racism, homophobia and misogyny. We need to trust people as experts in their own lives. We need to transform their experience by transferring power to them and involving them in decision making processes.

[https://www.centreformentalhealth.org.uk/blog/commission-equality/nothing-can-be-changed-until-it-faced-facing-inequalities-covid-19?utm_source=Centre+for+Mental+Health+E-bulletinandutm_campaign=e43717fadf-EMAIL_CAMPAIGN_2020_JUNEandutm_medium=emailandutm_term=0_1b1a504c55-e43717fadf-212017465andct=t\(EMAIL_CAMPAIGN_2020_JUNE\)](https://www.centreformentalhealth.org.uk/blog/commission-equality/nothing-can-be-changed-until-it-faced-facing-inequalities-covid-19?utm_source=Centre+for+Mental+Health+E-bulletinandutm_campaign=e43717fadf-EMAIL_CAMPAIGN_2020_JUNEandutm_medium=emailandutm_term=0_1b1a504c55-e43717fadf-212017465andct=t(EMAIL_CAMPAIGN_2020_JUNE))

3. Now is the time to act: keeping race in mind

Kadra Abdinsair 25 June 2020 Blog

“The groups of people who are disproportionately impacted by the pandemic are the very same people affected by systemic racism - the two are strongly interrelated. In fact, it is being described as a ‘dual crisis’ or ‘dual viruses’ of racism and Covid-19 faced by people of colour and therefore there are calls to see racism as a public health issue”.

[https://www.centreformentalhealth.org.uk/blog/centre-mental-health-blog/now-time-act-keeping-race-mind?utm_source=Centre+for+Mental+Health+E-bulletinandutm_campaign=e43717fadf-EMAIL_CAMPAIGN_2020_JUNEandutm_medium=emailandutm_term=0_1b1a504c55-e43717fadf-212017465andct=t\(EMAIL_CAMPAIGN_2020_JUNE\)](https://www.centreformentalhealth.org.uk/blog/centre-mental-health-blog/now-time-act-keeping-race-mind?utm_source=Centre+for+Mental+Health+E-bulletinandutm_campaign=e43717fadf-EMAIL_CAMPAIGN_2020_JUNEandutm_medium=emailandutm_term=0_1b1a504c55-e43717fadf-212017465andct=t(EMAIL_CAMPAIGN_2020_JUNE))

Aotearoa/New Zealand

Pandemic history

Indigenous communities have long received worse care during pandemics and witnessed higher mortality rates than the rest of the population. The New Zealand Māori mortality rate during the 1918 Spanish flu was 7.3 times higher than the non-Indigenous mortality rate.

<https://time.com/5808257/indigenous-communities-coronavirus-impact/>

Pandemic 2020 for Māori

In New Zealand Māori accounted for 9% of reported cases as of 4 June, but represent more than 16% of the country's population. Successful practices as outlined by Sir Mason Durie and Te Rau Ora and others (below) have assisted this low infection rate.

<https://www.weforum.org/agenda/2020/06/covid-19-presents-an-inordinate-threat-to-indigenous-people/>

Experiences of Māori of Aotearoa New Zealand's public health system: a systematic review of two decades of published qualitative research

June 2020

Of note is that for Māori (as for many indigenous peoples) the existing public health system is experienced as hostile and alienating. Whānau members provide support to mitigate this, but it comes as a cost to whānau.

The authors suggested that this has Implications for public health: “*Public health providers must find ways to ensure that Māori consistently experience positive, high-quality healthcare interactions that support Māori ways of being*”.

<https://onlinelibrary.wiley.com/doi/10.1111/1753-6405.12971>

Unite Against COVID-19

The Ministry of Health established a website for all information for the public.

“Unite against COVID-19”

<https://covid19.govt.nz/>

The “Bubble system”

The Ministry of Health had a system of bubbles to keep people contained in their residence:

“Everyone in New Zealand is to be isolated or quarantined at their current place of residence except as permitted for essential personal movement.

This means that a “bubble” is where a person is kept safe from others.

The four levels system

The Ministry of Health had a four level system during the first few months of 2020.

New Zealand’s 4-level Alert System specifies measures to be taken against COVID-19 at each level.

<https://covid19.govt.nz/assets/resources/tables/COVID-19-alert-levels-summary.pdf>

UPDATED COVID-19 MĀORI HEALTH RESPONSE PLAN

Ministry of Health, July 2020

The Updated COVID-19 Māori Health Response Plan (the Plan) builds on the progress made by the Initial COVID-19 Māori Response Action Plan and provides an updated framework to protect, prevent, and mitigate the impacts of COVID-19 within whānau, hapū, iwi and Māori communities.

This Plan responds to a range of feedback received since the release of the initial plan and adjusts the strategic approach against the Government’s evolving approach to COVID-19.

<https://www.health.govt.nz/system/files/documents/publications/updated-covid-19-maori-health-response-plan-jul20.pdf>

Mental health resources from the Ministry of Health and others

A huge array of resources is available in Aotearoa.

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-general-public/covid-19-mental-health-and-wellbeing-resources>

Whānau and COVID-19

Sir Mason Durie (Ngāti Rangitane, Ngāti Kauwhata, Ngāti Raukawa) and Michael Naera (Te Arawa) for a 25 minute pre-recorded kōrero about whānau and COVID-19

Sir Mason believes that the lower rates of COVID-19 in Aotearoa occurred because of Māori leadership.

*“If Maori are at the centre of what is needed,
all Māori feel comfortable with what’s needed.”*

Together, they discuss how past pandemics have affected Māori and what this tells us about how COVID-19 has affected and will continue to impact Māori. They also explore the importance five actions that were taken:

- Whānau decision-making – The decision was made to close Sir Masons marae as it was deemed unsafe (e.g. eating, sleeping, hongi). Other marae in Aotearoa then followed suit.
- Whānau support – worried about elders (kaumatua and kuia) health so Whānau Ora Commissioning Agency undertook a nation-wide distribution of protection kits was undertaken by. End April 90,000 kits were distributed by Whanau Ora providers. \$15k from government was later made available to assist.
- Whānau protection – Iwi leaders wanted to protect whanau in areas that had no COVID-19 so action stations leading into the Roha (areas) where whanau were at risk were established to stop people entering the area. This was supported by local Police after much discussion about legality of this action.
- Whānau connections – Enhancing connections are critical for Māori so online communication was established for example:
 - Online with whanau overseas or in cities
 - Use of Zoom
 - Online karakia (prayers)
 - Kapa haka – people in bubbles supporting each other
 - Fitness
 - Tangihanga/funerals shared on social media
 - Te Reo (Maori language)
 - Tikanga/cultural ways
 - Online cooking shows
- Whānau workers – Māori workers learnt new skills for example:
 - Testing for COVID-19
 - Flu vaccinations
 - Antibiotic administrations
 - Temperature readings
 - Mobile testing (drive-through)
 - Advice and referral

Staying safe and staying well are at the centre of all actions. Difficult areas for all Māori were births of bebe/babies and tangihanga/funerals.

<https://www.youtube.com/watch?v=hZBqnXFwls0>

Dr Papaarangi Reid (Te Rarara) University of Auckland

In this one minute video Dr Reid (Māori doctor and academic) is clear that the pandemic strategy must be developed in partnership with Māori and through an equity lens. Addressing COVID-19 through a lens of equity means thinking about vulnerability in ways that aren't necessarily limited to age. As she says,

“So I think, while we are very worried about our elderly, we are also worried about our precariat, those who are homeless. We are worried about those who are impoverished, the working poor, those who are in prisons and institutions”.

<https://twitter.com/i/status/1239696884085616641>

The Ministry of Health initial COVID-19 Māori Response Action Plan (the Plan) is a living document which outlines a framework to ensure the health and wellbeing of Māori is protected during the COVID-19 pandemic. It sets out a strategic approach and suite of actions that the COVID-19 response can adopt to uphold Te Tiriti o Waitangi and support the achievement of Māori health equity.

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.

https://www.health.govt.nz/system/files/documents/publications/initial_covid-19_maori_response_action_plan_-_web_.pdf

Te Rau Ora is Aotearoa New Zealand's lead indigenous Māori organisation in national health workforce development mental health and addiction and mental wellbeing across the lifespan. Te Rau Ora have a number of resources on their website to support people during the Rāhui and beyond, #RespectTheRāhui.

These resources include:

- Helping frontline workforces with stress
- Helping our tamariki deal with stress
- Preventive measures for yourself and whānau
- What physical distancing to COVID-19 means for Māori
- Be prepared
- Supporting a colleague

<https://terauora.com/about/our-purpose/>

Dr Maria Baker Pouwhakahaere Matua /CEO of Te Rao Ora noted key actions taken which helped to keep Māori safe included:

- Maori took affirmative action and we made it clear we would protect our elders (kuia and kaumatua) and whanau vulnerable to COVID 19
- Iwi Check Points were established to prevent wayward travellers
- Maori Health and Social Service Providers dominated the community responses, mostly increasing services / supports to our communities, people

and regions (when in many cases GP practices and businesses closed their doors)

- COVID 19 CBAC - Testing was established; Flu Vaccinations were provided; in addition to continuing any health and social support - these were done in creative ways - drive through options; at the Marae; to peoples doors - you name it - it happened!
- Maori are a relational people - and we leveraged key relationships among partners to get access to supplies, food, extra workforces where necessary, and supports. This was a major fete for many who drew on reserves to do this - there was no front up govt \$ for this and in many cases Maori organisations and Iwi dug deep and did what they could for all people. There were examples in places where Iwi bought water for communities (Maori and non-Maori); helped accommodate the homeless; fed the hungry - and the list goes on.
- Information and media packages were created in our language, using our values and practices ,and utilising our creative means to put our messages across that also included Govt precautionary measures
- There was also an increased utility of digital /social media to connect and communicate with people - often we saw our knowledge, information transferred onto the Facebook - livestreamed prayer (Karakia), cultural practices (tikanga) even funerals (tangi) occurred on line!
- of course we cannot forget the people - we had so many people working tirelessly - day in and day out - doing what they could for others - this involved communities - businesses who did things like instead of wasting their produce - ask iwi to redistribute it for free among communities etc.....

Dr Baker's organisation (with its research unit - Te Kiwai Rangahau) is currently compiling a Maori COVID 19 Response Publication with Whakaauae Research Unit, this work is under way now which will have national reach - and the publication will be ready in Sept. ⁵

Benefits and learning from the COVID-19 environment have been shared:

<https://terauora.com/news/update-from-te-tai-tokerau/>

Te Rau Ora's website has several panui/resources for Māori

<https://terauora.com/our-work/public-health/coronavirus-covid-19/>

One example:

One page panui about physical distancing for Māori
March 17th 2020

<https://www.facebook.com/TeRauOra/posts/2616126605335592/>

Kerri Butler sent through the May 2020 Te Kete Pounamu (National Organisation of Māori with lived experience) e-pānui (newsletter).

⁵ Email communication 23rd June 2020 Dr Maria Baker

This shows how different regions are raising the voice of Māori with lived experience and also discusses the COVID-19 response.

<https://mailchi.mp/terauora/tkp-may2020-631012?e=47cd94cab4>

Also the 0800 line is Te Kete Pounamu, Te Rau Ora. There is a Te Rau Ora page devoted to increasing online solutions for Māori.

<https://terauora.com/news/0800-pounamu/>

Te Rau Ora also has published an annotated bibliography:

“to provide insights from international literature regarding the emerging learnings about the impacts of COVID 19, and other pandemic events upon the mental health and wellbeing of people. We ask you to reflect on these to provide encouragement in how we respond and recover from COVID 19”.

<https://terauora.com/wp-content/uploads/2020/04/Te-Rau-Ora-Annotated-Bibliography-2-April-2020.pdf>

Te Rōpū Whakakaupapa Urutā National Maori Pandemic Group

This group has developed a website for resources and information for whānau.

“COVID-19 ADVICE FOR MĀORI
Nau mai, haere mai!

Here you will find information and resources specifically for Māori about the COVID-19 pandemic. This information has been developed by leading Māori medical experts for whānau Māori.”

https://www.uruta.maori.nz/?fbclid=IwAR3VPiKiRZn7jk_WcP3-0h_reRzI51r_kuUtl2DEpeTT1f_gAP1xa3z8xcl

With regard to COVID-19, in some areas (e.g. Northland) Māori also took matters into their own hands (similar to those in Australia and Canada) by setting up checkpoints in rural areas so that people could not access such areas. This action was supported by local police.

<https://www.rnz.co.nz/national/programmes/checkpoint/audio/2018744657/covid-19-northland-checkpoint-remains-with-police-help>

Two Māori Non-Government Organisations: Te Menenga Pai and Te Waka Whaiora

Carole Koha notes⁶: We have 2 sites Te Menenga Pai in Newtown Housing and Recovery for 12 Adults who have mental health and/or addiction problems. Te Waka

⁶ Carole Koha, email communication 12th July 2020

Whaiora in Porirua providing community support, home support and acute respite both services are in the Wellington region.

- When govt announced L2 we started preparing our services to be able to support all our registered Tangata motuhake (people with lived experience) plus my added responsibility to all employees and ensure everyone was kept informed and safe.
- Health and Safety. Correct use of Personal Protective Equipment (PPE) gear. training for all front line Kaitautoko (Support Workers).
- By Level 3 we were already in lockdown both services.
- For 3 days prior to total lock down we developed a survey for Tangata motuhake and their whanau to ascertain what they needed to maintain their wellness the survey was collated and the purchasing of goods started.
- PPE gear was provided by Capital and Coast prior to being aware of this supply we made our own hand sanitizer
- We purchased toiletries, cleaning products, cell phones, blankets, heaters, cell phones were also purchased through CCDHB.
- We made and built meaningful relationships with Salvation Army for extra food, Ora Toa PHO for extra clinical needs including home visits for Flu vaccines.
- We continued to provide services to our registered population plus a high number of extra whanau needing food parcels and cleaning products.
- Both organizations were aware that we had to do things differently and our response to Covid#19 went way and beyond our contractual outputs.
- We worked from a outcomes whanau ora framework Te Menenga Pai 12 beds and Te Waka Whaiora 4 beds Kaitautoko changed to work 3.5 days and night this was to prevent the 3 shift a day changes with multi Kaitautoko coming and going, went back to normal shifts 3rd July 2020.
- Te Menenga Pai moved rooms to provide a 2 bedded isolation room if need with access to bathroom and a TV room.
- Extra Kaitautoko was employed to accommodate the extra needs which included, games, te reo, waiata, karakia (prayers), baking cooking, gardening, role plays, education on Covid-19, wearing masks, breaking down the news. Short walks in small groups, teaching hygiene practices.
- COVID-19 brought some Maori Tangata Motuhake out of poverty, no homelessness and extra benefits.

- The one disappointing factor was Alcohol outlets were classified as ESSENTIAL services.

“We were in our own large bubbles”.

There were no cases of COVID-19 in either organisation.

US

The indigenous population in the United States of America is estimated between 2.5 and 6 million people, of which 23% live in American Indian areas or Alaska Native villages. Indigenous peoples in the United States are more commonly referred to as Native groups.

<https://www.iwgia.org/en/usa.html#:~:text=The%20indigenous%20population%20in%20the,referred%20to%20as%20Native%20groups.>

"When talking about COVID-19, it's important to acknowledge the impact of historical trauma on the health of our communities. Many Indigenous people have underlying health conditions and compromised immune systems; research demonstrates the serious impacts that historical trauma, colonization, and oppression have on immune system health.

On top of this, the federal government has failed to meet its obligations to provide adequate healthcare services for Native nations. As we think about precautions to help prevent the spread of COVID-19, we must acknowledge that individual communities experience this threat differently based on their current realities." Native Governance Center.

<https://guides.lib.berkeley.edu/NAS/COVID19>

Centers for Disease Control (CDC)

The United States federal government maintains a government-to-government relationship with federally recognized American Indian tribes and Alaska Native (AI/AN) entities.

The CDC has a page devoted to tribal communities and COVID-19: “Plan, Prepare and respond”.

<https://www.cdc.gov/coronavirus/2019-ncov/community/tribal/index.html>

American Psychological Association (APA)
APA's action plan for addressing inequality
1st July 2020

Arthur C Evans states:

“This historic tipping (George Floyd’s murder) point presents us with an urgent challenge—as an association, as a profession and as individual psychologists—to use our expertise to address the discrimination and racism that have resulted in long-standing social, economic and political inequalities. APA recognizes that an important aspect of this work is to examine the role that the field and association have played in perpetuating racism. Working together, we can make an impact. Toward that goal, APA has a three-tiered plan to address these deep inequities:

- **Communicating our vast research.** APA will make psychological science and its applications to real-world bias, discrimination and trauma highly visible, communicating the association’s position regarding the incident involving George Floyd, as well as our stance on racial bias broadly. This will include articles in public-facing publications, blogs, podcasts and media interviews.
- **Reducing police violence.** We plan to appoint an APA Presidential Task Force to develop science-based recommendations to reduce the incidence of police killings, particularly of unarmed black men.
- **Addressing systemic and institutional racism.** With the understanding that racism dates back hundreds of years in this country, APA is making a long-term commitment to use psychological science to reduce racism and discrimination. Because of the immense nature of these issues, we are giving careful thought to the aspects on which APA can have the greatest unique and positive impact.

Across all these levels, APA’s ability to form partnerships with other organizations and stakeholders, as well as tap into the broad expertise of our members, is critical. If you have thoughts and recommendations on ways psychology can help ameliorate this crisis, send them to APA's [Pandemic of Racism](#).

<https://www.apa.org/monitor/2020/07/ceo>

Center for American Progress: The COVID-19 Response in Indian Country 18th June 2020

Note: “*This report mostly uses the census-defined term “American Indian and Alaska Native (AI/AN)” in keeping with the majority of AI/AN organizations. It occasionally uses terms such as “Native,” “tribal,” and “Indian Country” in keeping with the conventions through which AI/AN communities refer to themselves*”

This report recommends the U.S. government take urgent action on seven areas of high priority:

1. Ensure the inclusion of AI/AN people in COVID-19 data
2. Develop executive branch infrastructure to address bureaucratic barriers
3. Support the development of tribal economies
4. Address the chronic underfunding of the Indian Health Service system
5. Support the development of Indian Country’s critical infrastructure
6. Support vulnerable populations by funding tribal public safety and justice needs
7. Restore tribal homelands and support tribal ecocultural resource management

<https://www.americanprogress.org/issues/green/reports/2020/06/18/486480/covid-19-response-indian-country/>

CBS documentary: Coronavirus in Navajo Nation

May 11 2020

A history of unfulfilled promises between the Navajo Nation and the U.S. government has helped fuel one of the highest coronavirus infection rates in the country among Navajo People.

The Navajo Nation imposed extensive lockdown orders, but inadequate infrastructure and lack of access to basic needs like running water, healthcare infrastructure is intensifying the crisis.

<https://www.cbsnews.com/video/coronavirus-in-navajo-nation/>

For Native Americans, COVID-19 is ‘the worst of both worlds at the same time’

The Harvard Gazette May 8 2020

When the Hualapai tribe imposed a stay-at-home order and closed its Skywalk, the horseshoe-shaped, glass-bottomed walkway that extends over the south rim of the Grand Canyon, last month, it gave its members an added layer of protection against the raging coronavirus. But it also deprived them of their primary source of revenue. In a Catch-22, by following the government’s health recommendations, the Hualapai denied themselves the ability to fund government-mandated services on its lands.

For Native Americans, who, like other minority groups and those in lower-income communities, have been disproportionately affected by COVID-19, it’s a double whammy, said adjunct lecturer Eric Henson, who teaches the field research class “Native Americans in the 21st Century: Nation Building II.”

“Native American tribes are having a disproportionate health effect that is highly problematic, and they’re having a disproportionate impact to the revenues that can be used to take on the health crisis,” said Henson. “A lot of tribes are having the worst of both worlds at the same time.”

<https://news.harvard.edu/gazette/story/2020/05/the-impact-of-covid-19-on-native-american-communities/>

Urban Indian Health Institute

Urban Indian Health Institute created multiple fact sheets about COVID-19 (2019 Novel Coronavirus) for tribes and urban Indian communities to help keep people informed about preventing the spread of the virus. They indicate they will continue to make these resources as gaps are identified.

<https://www.uihi.org/resources/covid-19-fact-sheets-for-providers-employers-and-the-general-public/>

Bold actions

Native communities are taking decisive action to reduce the spread of COVID-19. They're imposing aggressive quarantine measures like lockdowns, curfews and border closures. Communities are ramping up health care capacity and elder support services, and banishing nontribal members who violate travel restrictions.

Other strategies include helping hunters provide traditional foods to their communities, mobilizing to support tribal health care workers, and linking the pandemic and the climate crisis. Looking ahead to a post-COVID future, we believe one priority should be attending to front-line environmental justice struggles that center tribes' sovereignty to act on their own behalf at all times, not just during national crises.

<https://theconversation.com/native-american-tribes-pandemic-response-is-hamstrung-by-many-inequities-136225>

Guardian: Why Native Americans took Covid-19 seriously: 'It's our reality'

In New York, where significant ethnic disparities have emerged, no data is being collected on indigenous peoples. "This oversight is especially hammering... it's a painful blindspot in New York," said Andi Egbert, senior demographer at APMResearch.

More than 70% of Native Indians and Alaskan Natives live in urban areas, where many use county and state health services where the data black holes exist. Native peoples with Covid-19 are being "eliminated from the data" because their ethnicity is so frequently misclassified or ignored, according to Abigail Echo-Hawk, director of the national tribal epidemiology centre based in Seattle.

"Without the data, we're going to keep dying and nobody is going to acknowledge that... and resources allocated by congress won't reach the communities," said Echo-Hawk. Yet native communities have demonstrated a greater historical awareness of the experience of pandemics, and tried to protect their citizens through measured emergency responses with limited resources, but which assert their right to self-determination and governance.

In South Dakota, tribes set-up roadblocks to protect their citizens after the pro-Trump governor refused to issue a stay at home order. In Washington, the Lummi Nation created the country's first field hospital, while the Navajo Nation, the second largest tribe in the US, has tested over 13% of those on the reservation compared to 4% in the US.

"Indigenous nations have been through so many waves of pandemics and epidemics that they have a well of resilience, stamina and intergenerational knowledge that others just do not have," said Jessica Kolopenuk, a political theorist and indigenous studies scholar at the University of Alberta. "I am of the strong opinion that indigenous knowledge and world views can really help change the course of this pandemic."

<https://www.theguardian.com/us-news/2020/may/26/native-americans-coronavirus-impact>

Reuters, June 23 2020

Black Americans enrolled in Medicare were around four times as likely as their white counterparts to be hospitalized for COVID-19, U.S. government data released on Monday showed, highlighting significant racial disparities in health outcomes during the pandemic.

“The disparities in the data reflect longstanding challenges facing minority communities and low income older adults,” said Seema Verma, administrator of the Centers for Medicare & Medicaid Services (CMS), which released the data.

The data showed that more than 325,000 Medicare beneficiaries were diagnosed with COVID-19 between Jan. 1 and May 16. Of those, more than 110,000 were hospitalized.

<https://www.reuters.com/article/us-health-coronavirus-usa-race/black-americans-hospitalized-for-covid-19-at-four-times-the-rate-of-whites-medicare-data-shows-idUSKBN23T34D>

Appendix 1: Safeguarding the health, wellbeing and livelihoods of indigenous peoples across the world in face of COVID-19

07 May 2020

Statement by the Group of Friends of Indigenous Peoples

We call on Member States and on the United Nations system to protect the health and the lives of indigenous peoples, and to include the specific needs of indigenous peoples in addressing the COVID-19 pandemic, guided by the United Nations Declaration on the Rights of Indigenous Peoples, as well as by the UNDESA considerations for governments, United Nations entities, private sector and NGOs as regards to indigenous peoples and the COVID-19 pandemic, and by the relevant guidance provided by the World Health Organization (WHO), the Food and Agriculture Organization (FAO), and other relevant UN bodies and agencies.

We strongly support the calls to the protection of the health and wellbeing of indigenous peoples made by the Chair of the Permanent Forum on Indigenous Issues, the UN Special Rapporteur on the Rights of Indigenous Peoples, the Expert Mechanism on the Rights of Indigenous Peoples, and the FAO.

As the international community responds to the rapidly evolving COVID-19 pandemic situation, we stress the importance of providing indigenous peoples with adequate, accessible, and culturally appropriate information, including through the use of indigenous languages; of engaging and including indigenous peoples in the response measures; of ensuring access to medicines, vaccines, medical equipment, and healthcare; of implementing measures to prevent, protect and mitigate the consequences of all forms of violence, especially those against indigenous women and girls, and of respecting the human rights of indigenous peoples. We also recommend providing, where appropriate, opportunities for indigenous-led initiatives.

We believe that equality and non-discrimination must guide COVID-19 responses, and indigenous peoples should take part in the design, implementation and evaluation of these responses. The COVID-19 crisis cannot be solved with public health and emergency measures alone; all human rights must be respected and protected.

Furthermore, we highlight that the recovery efforts should not overlook the needs nor the rights of indigenous peoples. Hard-won development gains should not be reversed, and rights must be respected. As the world recovers from the immediate health-related consequences of the COVID-19 pandemic, and assesses and addresses its socio-economic impacts, the international community must renew its pledge to leave no one behind.

<https://iwgia.org/en/news-alerts/news-covid-19/3573-statement-group-of-friends-ips.html?highlight=WyJhdXN0cmFsaWEiLCJhdXN0cmFsaWEncyIsImNvdmikLTE5II0>

≡