COVID-19 and Building Back Better: Far-reaching implications for indigenous peoples

For centuries, indigenous peoples across the world have experienced the introduction of epidemics and pandemics into their communities by outsiders. During the colonial era, epidemics served as a tool of conquest, leading in some cases to the decimation of entire indigenous populations. More than a year following the outbreak of COVID-19, it is abundantly clear that the pandemic has exposed, and in many instances exacerbated, pre-existing inequalities whereby marginalized and disadvantaged segments of the population such as indigenous peoples have been hit much harder than others.

Indigenous peoples are more vulnerable to the direct (health) and indirect (economic, food security) effects of COVID-19, with generally higher infection and death rates than the overall non-indigenous populations. The impact on indigenous women and girls is even more severe. The Director-General of the World Health Organization (WHO) has stated\(^1\) that indigenous peoples also tend to have poorer access to healthcare than other groups and suffer disproportionately from various underlying health issues, including both communicable and non-communicable diseases. In most countries with indigenous populations, indigenous peoples have lower life expectancy than the general population, with the difference sometimes as high as 20 years.

As pre-existing inequalities have translated into increased vulnerabilities during the pandemic, indigenous peoples continue to be threatened by lack of access to healthcare services, augmented poverty rates, discrimination and violence. Nevertheless, they have employed resilient practices during the pandemic. Examples include:

- Indigenous peoples worldwide have turned to traditional practices during the pandemic, including village closures, community lockdowns and voluntary isolation to fight the spread of COVID-19.

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\(^1\) World Health Organization, Director-General’s opening remarks at the media briefing on COVID-19, 20 July 2020.
• Indigenous organizations in Brazil have gathered data and information on the spread of the pandemic over indigenous territories in the country.

• In Bangladesh, indigenous peoples composed health messages in indigenous languages and indigenous older youth provided informal schooling to younger children.

• By collecting data directly from communities, the Indigenous Navigator framework tracks the impact of state policies and the implementation of international standards on the rights of indigenous peoples. So far, information has been collected from indigenous peoples in 11 different countries. It also addresses indigenous peoples’ responses to the pandemic, showing that communities with land rights recognition and territorial security are notably more resilient and self-sufficient in facing the impacts of the pandemic.

Challenges

During the current pandemic, indigenous peoples and organizations have consistently called for mitigation strategies and social protection designed to address their specific needs and situations. They have pressed for effective mechanisms that include the participation of indigenous leaders, entities and institutions in decision-making processes — a major step towards facilitating inclusive and culturally appropriate measures to address the crisis. Insufficient access to culturally appropriate information about the pandemic in indigenous languages has also been cited. Furthermore, throughout the COVID-19 pandemic, there has been limited disaggregated data and insufficient inclusion and participation of indigenous peoples in State policy design and implementation.

Some States regard the health situation as a security issue, and in some cases intimidation of indigenous peoples in the defense of their lands has increased. Transnational corporations and some criminal organizations have used the pandemic to take control of indigenous peoples’ lands and territories and have violated national and international legal instruments for the protection of indigenous peoples.

Throughout the pandemic, there has also been minimal recognition of environmental impact regulations and free, prior and informed consent by transnational corporations and extractive industries, whose external workers have been brought into indigenous peoples’ territories, increasing the risk of contagion, which consequently has spread in indigenous communities.

During the COVID-19 pandemic, indigenous children and youth have been heavily affected by the closure of schools and lack of access to online education. Global shifts to online or remote

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2 The Indigenous Navigator is a framework and set of tools for and by indigenous peoples to systematically monitor the level of recognition and implementation of their rights. By using the Indigenous Navigator, indigenous organizations and communities, duty bearers, NGOs and journalists can access free tools and resources based on community-generated data. The website can be found at https://indigenousnavigator.org
education have created specific challenges for indigenous peoples, further deepening the already-existing digital divide between indigenous and non-indigenous segments of society, in terms of access to electricity, technology and internet connectivity. In numerous countries, when the health emergency was initially declared, no specific measures or protocols were made for indigenous peoples, with limited information provided in indigenous languages.

The situation for indigenous women and girls has also exacerbated, as they continue to experience increased rates of rape and domestic violence. Measures such as curfews, quarantines, and lockdowns, have negatively impacted those seeking support and help.

**Indigenous peoples’ rights to health**

Several articles in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) are central to health-related matters and the participation of indigenous peoples in decision-making regarding their own health.

Article 18 states that indigenous peoples have the right to participate in decision-making in matters that would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions.

Article 23 states that indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, they have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them.

Article 24 affirms indigenous peoples’ 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.

Article 29 (3) calls on States to take effective measures to ensure, as needed, that programmes for monitoring, maintaining and restoring the health of indigenous peoples, as developed and implemented by them, are duly implemented.

**Equitable access to vaccinations**

Many indigenous peoples have expressed concern about ongoing vaccination campaigns for COVID-19 and the possible rejection of vaccines by their communities due to historical mistrust. On this particular issue, the importance of free, prior and informed consent at all stages of planning and implementation of measures to fight against COVID-19 continues to be
emphasized. Vaccination campaigns must include an intercultural approach that includes the languages and health perceptions of indigenous peoples.

For its part, the United Nations has noted that it will continue mobilizing the international community to make vaccines affordable and available for all, to recover better, and to put a special focus on the needs of those who have borne the burden of this crisis on so many levels, and has identified indigenous peoples, among others, as belonging to this group.