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Indigenous peoples and coronavirus disease (COVID-19) recovery

Report of the Special Rapporteur on the rights of indigenous peoples, José Francisco Calí Tzay*

Summary

In the present report, prepared pursuant to Human Rights Council resolution 42/20, the Special Rapporteur on the rights of indigenous peoples, José Francisco Calí Tzay, focuses on the coronavirus disease (COVID-19) recovery phase and related plans, and the impact that the pandemic has had on the individual and collective rights of indigenous peoples. He concludes with recommending greater inclusion and participation of indigenous peoples in the recovery process, in order to address their rights and unique needs, and calls for increased support for indigenous-led initiatives to sustain their cultures and economies in the COVID-19 recovery period.

* Agreement was reached to publish the present report after the standard publication date owing to circumstances beyond the submitter’s control.
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Introduction</td>
<td>3</td>
</tr>
<tr>
<td>II. Activities of the Special Rapporteur</td>
<td>3</td>
</tr>
<tr>
<td>III. Impact of COVID-19 recovery laws and policies of States on indigenous peoples</td>
<td>4</td>
</tr>
<tr>
<td>IV. Participation and inclusion of indigenous peoples in State COVID-19 recovery and post-recovery plans</td>
<td>11</td>
</tr>
<tr>
<td>V. Indigenous peoples-led COVID-19 recovery initiatives</td>
<td>12</td>
</tr>
<tr>
<td>A. Application of indigenous medicine and knowledge</td>
<td>13</td>
</tr>
<tr>
<td>B. Revitalization of indigenous knowledge, reconnection with traditional lands and recovery of traditional food resources</td>
<td>14</td>
</tr>
<tr>
<td>C. Exercising and expanding self-determination, self-governance, sovereignty and nation-building</td>
<td>14</td>
</tr>
<tr>
<td>D. COVID-19 awareness and vaccination campaigns</td>
<td>15</td>
</tr>
<tr>
<td>E. Collection and disaggregation of data</td>
<td>16</td>
</tr>
<tr>
<td>VI. Conclusions and recommendations</td>
<td>17</td>
</tr>
</tbody>
</table>
I. Introduction

1. The present report supplements and follows up on the report of the Special Rapporteur on the rights of indigenous peoples to the General Assembly in 2020.1 The findings from that report regarding the initial impacts of the COVID-19 health crisis on indigenous peoples are still, a year on, very valid. In that report, concerns were raised in the following areas: disproportionate health impacts; an increase in discrimination and marginalization; the exacerbation of economic and social inequalities; the lack of access to COVID-19 information, personal protective equipment, testing and treatment; the impact of restrictions imposed on indigenous human rights defenders; and the continued operation of business activities encroaching on indigenous lands during the pandemic.

2. Just as the impact of and responses to COVID-19 have disproportionately and negatively affected indigenous peoples, so have State recovery efforts. An equitable and comprehensive COVID-19 recovery requires building back better than pre-pandemic times, when indigenous peoples experienced multiple forms of social and economic discrimination. In many cases, COVID-19 recovery laws have been solely geared at managing the economic crisis generated by the pandemic. Reports around the world further indicate that State measures for economic recovery have prioritized and supported the expansion of business operations at the expense of indigenous peoples, their lands and the environment. Instead, States must focus on a transformative recovery that maximizes opportunities for well-being in the post-COVID-19 era and respects human rights as set out in the United Nations Declaration on the Rights of Indigenous Peoples and other relevant international human rights standards.

3. Indigenous peoples are leading initiatives to recover from the pandemic in ways that exercise their rights to self-determination and self-government, while reconnecting with their traditional lands and revitalizing cultural practices. State reconstruction and recovery need to support the efforts of indigenous peoples to restore traditional livelihoods and economies to sustain their communities.2

4. In the preparation of the present report, a public call for inputs was issued that led to 52 written submissions.3 The present study also draws on the observations gathered by the mandate of the Special Rapporteur on the rights of indigenous peoples in the context of country visits and communications on alleged human rights violations, as well as virtual events and meetings held since the start of the pandemic. In terms of the international human rights legal framework that applies in relation to COVID-19 and indigenous peoples, see the report of the Special Rapporteur on the impact of COVID-19 to the General Assembly mentioned above.

II. Activities of the Special Rapporteur

5. Since the previous report to the Human Rights Council, the proposed country visit to Denmark and Greenland, initiated in 2020, was postponed due to public health concerns and no official country visit has been undertaken. The Special Rapporteur has participated in numerous webinars and virtual events on the impact of COVID-19 impact and how to strengthen the inclusion of indigenous peoples in recovery and maintain collaboration with other specialized entities and regional human rights bodies of the United Nations through participation in events held by the Department for Economic and Social Affairs, the World Health Organization (WHO), the Office of the United Nations High Commissioner for Refugees, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the International Labour Organization (ILO) and the United Nations Population Fund in events related to the impact of COVID-19 and other themes.

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1 A/75/185.
3 All submissions will be available at www.ohchr.org/EN/Issues/IPeoples/SRIndigenousPeoples/Pages/CallforInputCOVIDRecovery.aspx.
III. Impact of COVID-19 recovery laws and policies of States on indigenous peoples

Rights to lands, territories and resources

6. Protection of indigenous territories is central to indigenous recovery from the health crisis as it promotes food security and sustainable livelihoods, increasing resilience in the face of future pandemics. In many countries, security of land tenure is more of a concern for indigenous peoples than the virus itself. They report rising illegal deforestation, incursions, land takings and violence during the pandemic with little government aid or oversight.⁴ Emergency orders are being used to accelerate resource exploration and extraction while stalling land demarcation and official recognition of areas that have been invaded. While government efforts to control illegal incursions into indigenous territories have declined, there have been amnesties for illegal logging, fishing and gold prospecting. Failing to formally recognize and protect indigenous lands is leading to violent incursions and killings, resource extraction, pollution, food insecurity, deforestation and evictions.⁵ Certain avenues that indigenous communities typically use to monitor and resist land incursions from proponents of industrial and commercial projects have been curtailed during the COVID-19 pandemic.

Land tenure

7. Formal State recognition in the form of land demarcation and titling is necessary to protect the lands of indigenous peoples during and after the pandemic. COVID-19 presents a unique opportunity for sustainable recovery. Securing land rights and engaging indigenous peoples as stewards of the environment and natural resources should be pillars for a better post-COVID-19 economic recovery.

8. Many indigenous communities have historically been denied recognized land tenure in areas traditionally used and inhabited by them. The Special Rapporteur adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context has specifically called for a moratorium on all evictions during the pandemic.⁶ Nevertheless, indigenous peoples continue to be subjected to forced evictions amidst the COVID-19 pandemic.⁷ Forced evictions and land grabs during the pandemic have made it particularly difficult for communities to protect themselves.

Regulatory rollbacks

9. There has been an alarming trend of States using the emergency situation and response created by the pandemic to weaken and suspend environmental enforcement, dismantle and bypass legal safeguards, loosen regulations to attract foreign investment and push through

⁴ See submissions by Alianza de Organizaciones de Derechos Humanos Ecuador; Confederación de Nacionalidades Indígenas de la Amazonía Ecuatoriana; Centro Mexicano de Derecho Ambiental, A.C. CEMDA; and Centro De Derechos Humanos Fray Bartolomé de Las Casas, A.C. See also Inori Roy (Unearthed), “Deforestation and land-grabs bring Covid-19 threats to Amazon and Gran Chaco residents”, 17 September 2020.
⁵ See submissions by Organización Sotzil; Cxhab Wala Kiwe-Asociación de Cabildos Indígenas del Norte del Cauca; Federación por la Autodeterminación de los Pueblos Indígenas; Organización Indígena de Antioquia; Almaciga; Centro por la Justicia y Derechos Humanos de la Costa Atlántica de Nicaragua; Centro de Asistencia Legal a Pueblos Indígenas; Alianza de Organizaciones de Derechos Humanos Ecuador; and Confederación de Nacionalidades Indígenas de la Amazonía Ecuatoriana.
⁶ See A/75/148.
legal reforms to undermine environmental protections and the rights of indigenous peoples.⁸ At the same time, emergency pandemic measures have restricted the ability of indigenous peoples and other human rights defenders to resist such legislation and enforce their rights. The weakening of legal protections has resulted in environmental harm, provoked violent conflicts over territory and led to viral exposure through contact with incoming workers.

10. Reports from Asia highlight legislative proposals and State-sanctioned laws that, reduce penalties for environmental violations, criminalize indigenous human rights defenders and weaken or remove environmental impact assessment and public participation requirements.⁹ Projects likely to have substantial impacts on the environment and human rights are being fast-tracked if they are categorized as strategic. That limits the ability of the public to raise concerns about potential human and environmental impacts. In Asia, States are reportedly taking ownership of untitled lands, suppressing the efforts of indigenous peoples to obtain communal title to their territories and delaying or complicating processes to recognize customary forests. The right of indigenous peoples to meaningful participation in environmental decision-making processes is difficult to exercise under such conditions.

11. In South America, land demarcation processes have come to a halt during the COVID-19 pandemic and some Governments have proposed legislative measures that authorize titling of indigenous lands to private companies, which encourages land invasions and territorial conflicts.¹⁰ Other policies in the region have been aimed at pushing through land-use changes and rezoning of uncultivated land for agroindustrial use in areas where indigenous peoples have customary land rights.

Acceleration of resource exploitation

12. While States roll back environment safeguards and policies, megaprojects that indigenous peoples have long opposed are being expedited while restrictions on protests and gatherings remain in place.¹¹ Reports indicate that Governments are proceeding with large-scale infrastructure projects to counter the economic recession caused by the pandemic.

13. States have reportedly supported extractive industries on indigenous lands,¹² granted official recognition of invaded areas,¹³ allowed forced evictions and displacement of indigenous communities,¹⁴ and failed to enforce private sector obligations to remedy adverse

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¹⁰ See submission by Amazon Cooperation Network and Cultural Survival.


¹² See Asia Indigenous Peoples Pact and Rights and Resources Initiative “Under the cover of Covid: new laws in Asia favor business at the cost of indigenous peoples’ and local communities’ land and territorial rights”.

¹³ See submission by Amazon Cooperation Network Instituto de Pesquisa e Formação Indígena.

¹⁴ See communications by Cxhab Wala Kiwe-Asociación de Cabildos Indígenas del Norte del Cauca; Federación por la Autodeterminación de los Pueblos Indígenas; Organización Indígena de Antioquia; and Almáciga. See also communications addressed to Kenya (KEN 3/2020) and Nepal (NPL 3/2020).
environmental impacts on indigenous territories. In response, indigenous groups have created campaigns to raise awareness and demand that prospectors be removed from their territory.

14. Governments are prioritizing mega-projects, the extractive industries, and agricultural development on the ancestral lands of indigenous peoples as a method of economic recovery. By framing coal and other extractive industries as vehicles to promote economic recovery, States have commercialized the coal mining sector and expanded coal mines to deal with the short-term economic fallout from the pandemic without obtaining mandatory legal clearances or considering long-term environment and climate change impacts.

15. The expansion of industrial agriculture has also been prioritized in some States as a method for economic recovery. Palm oil operations are rapidly expanding, forests are being cleared and the lands of indigenous peoples encroached on along the way. Untitled indigenous lands designated as “idle” are being targeted for industrial agriculture to increase food production.

Consultation impediments

16. The pandemic has been used as an opportunity to approve projects and policies, despite a lack of good faith consultations and the free, prior and informed consent of indigenous peoples. In instances where indigenous peoples have been invited to participate in consultations, they have been restricted by lockdowns or limited by COVID-19 measures prohibiting large gatherings. Consultations have at times been cancelled or prematurely concluded and communities have little recourse when courts are closed and judicial procedures suspended. In other cases, indigenous peoples have not received complete information in their language or had enough time to understand the environmental impact of projects on their traditional lands.

17. Some States are authorizing virtual consultations in place of in-person meetings to fulfill the duty to consult. However, online formats generally do not align with the cultural protocols or traditional forms of decision-making of indigenous peoples. Moreover, participation in consultation processes carried out in a virtual format is undermined by the limited connectivity and Internet access in the vast majority of indigenous territories. At the same time, requiring indigenous peoples to gather for in-person meetings to make collective decisions during the pandemic is contrary to the recommendation issued in the Special Rapporteur’s report to the General Assembly in 2020.

18. The Inter-American Commission on Human Rights has also urged States to: “Refrain from introducing legislation and/or moving forward to carry out production and/or extractive projects in the territories of indigenous peoples during the period the pandemic may last, given the impossibility of conducting prior informed and free consent processes (due to the recommendation of the World Health Organization (WHO) that social distancing measures

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19 See communication addressed to Mexico (MEX 11/2020) and submission by Amazon Cooperation Network.

20 See submission by Centro Mexicano de Derecho Ambiental, A.C. CEMDA.

21 A/75/185, para. 107.
be adopted) provided for in ILO Convention 169 and other pertinent international and national instruments.”\textsuperscript{22}

**Correlation between deforestation and zoonotic diseases**

19. Securing the land rights of indigenous peoples further protects biodiversity and forest habitats, resulting in fewer pandemics.\textsuperscript{23} There is significant spatial overlap between the traditional lands of indigenous peoples and areas which retain the highest levels of biodiversity. Traditional indigenous territories encompass around a quarter of the world’s land surface and they coincide with areas that hold some 80 per cent of the planet’s biodiversity. It has been estimated that 50 per cent of protected areas worldwide have been established on lands traditionally occupied and used by indigenous peoples. Studies have demonstrated that the territories of indigenous peoples who have been given land rights have been significantly better conserved than the adjacent lands.\textsuperscript{24}

20. Importantly, there is a correlation between deforestation, habitat loss and outbreaks of infectious diseases.\textsuperscript{25} Deforestation not only threatens the survival of indigenous peoples, it disrupts fragile ecosystems, causing the emergence of infectious zoonotic diseases, such as COVID-19. For example, reports show that gold mining and associated land-clearing have caused a surge in malaria infections among indigenous peoples.\textsuperscript{26} Of all new human infectious diseases, around 75 per cent are zoonotic. Zoonotic diseases are attributed to people and their livestock encroaching further into animal habitats, allowing viruses, such as COVID-19 and other disease-causing agents, to jump from animals to humans.\textsuperscript{27} Scientists predict the next pandemic will come out of a cleared forest.\textsuperscript{28} Reducing deforestation and protecting biodiversity would enhance the availability of medicinal resources to treat the coronavirus and future pandemics. Climate change is further exacerbating habitat destruction through desertification, wildfires and other ecological changes, driving animals into closer contact with humans.\textsuperscript{29}

**Economic, social and cultural rights**

21. COVID-19 recovery measures need to address the long-term needs and financial impacts of the pandemic on indigenous peoples in terms of education, employment, housing, health and other social services.

22. Many countries lack the social protection measures needed to address the widening inequality experienced by indigenous peoples as a result of COVID-19, or have reduced budgets for existing social protections from which indigenous peoples benefit.\textsuperscript{30} The allocation of financial resources to mitigate economic losses caused by the pandemic have been insufficient or State agencies have underspent budgets earmarked for indigenous peoples,\textsuperscript{31} forcing some to migrate to cities in search of employment. Indigenous peoples do not always receive government COVID-19 benefits because of administrative requirements to present documents; the failure to consider “differing cultural definitions of a nuclear

\textsuperscript{22} Resolution 01/2020, para. 57.


\textsuperscript{24} A/71/229, para. 15.

\textsuperscript{25} See Bruce A. Wilcox and Brett Ellis “Forests and emerging infectious diseases of humans”, *Unasylva*, vol. 57, No. 224 (2006) and The Conversation, “How deforestation helps deadly viruses jump from animals to humans” 25 June 2020.

\textsuperscript{26} See Jill Langlois (National Geographic), “Amazon gold mining drives malaria surges among indigenous peoples”, 12 August 2020.

\textsuperscript{27} See Secretary-General of the United Nations, “COVID-19 recovery, planetary repair ‘two sides of the same coin’”, statement to Columbia University, New York, 2 December 2020.

\textsuperscript{28} See Katarina Zimmer (National Geographic), “Deforestation is leading to more infectious diseases in humans”, 22 November 2019.

\textsuperscript{29} See A/HRC/36/46.

\textsuperscript{30} See submission by Council of the Charrua Nation.

\textsuperscript{31} See submission by Cultural Survival.
family”; and the absence of national identity cards and mobile phone accounts. The inability to access banks and other payment agencies near communities forces people to travel to cities and increases their risk of viral infection and transmission.

23. Concerns have been raised by UNESCO that while Governments currently focus on short-term impulses towards an economic recovery, education is not sufficiently in focus and even facing financial cuts. COVID-19 recovery presents an opportunity to reorient curriculums to address local needs in culturally appropriate, collective ways and enhance learning about languages and traditions. States should support multilingual, intercultural education that incorporates sustainable development concepts in COVID-19 national recovery plans.32

24. A disproportionately high percentage of indigenous children do not have access to the Internet at home, which creates barriers to education and causes disengagement from learning. Closing the technological gap will allow indigenous communities greater opportunity to work and study remotely. Internet access is also necessary to communicate emergency information during future pandemics.33

25. There are examples of best practices in this area, as partnerships are formed between schools and cultural centres to provide sustainable education for indigenous peoples during COVID-19 (for example, in Chile, Malaysia and the Philippines). These partnerships have created new teaching centres and new curricula aimed at addressing local needs in culturally appropriate ways (for example, in Finland, New Zealand, Peru, Taiwan, the United States of America and the Bolivarian Republic of Venezuela).34 Canada has dedicated funds to helping indigenous early learning and childcare facilities to operate safely during the pandemic; adapting on-reserve community infrastructure to implement public health and safety measures in community buildings; and providing immediate support to indigenous post-secondary institutions.35

26. In terms of employment, many indigenous peoples work in the informal economy taking jobs as domestic workers, day-labourers and farmers without access to social benefits. In the context of COVID-19 recovery, targeted employment programmes are necessary to assist workers and these should have a special focus on women who are experiencing the highest rates of unemployment during the pandemic.36 However, States have reportedly pushed through reforms and changes in labour laws that dismantle rights leaving the most vulnerable to bear the financial burden of economic recovery.37 Indigenous workers are particularly vulnerable to poor working condition due to discrimination and systemic exclusion, high levels of poverty, lack of education and unemployment. In addition, workers’ and employers’ organizations have a key role to play, through social dialogue, in building a social and economic COVID-19 response and recovery that includes indigenous peoples and is respectful of their rights.38

27. Provision of adequate, safe, affordable and sustainable housing is necessary to allow for isolation and quarantining in future pandemics and to strengthen the preparedness of indigenous peoples to respond to health emergencies in the future.39 In devising housing and land-related policies, States should ensure the full recognition of the customary land tenure

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33 See Inter-American Commission on Human Rights, “How to promote universal internet access during the COVID-19 pandemic?”.
34 See submission by UNESCO.
39 See submission by the United Nations Human Settlements Programme.
systems of indigenous peoples; their rights to self-determination and self-governance; meaningful participation in all decision-making processes that may affect them; and non-discrimination and equality.

28. Indigenous peoples have the right to the enjoyment of the highest attainable standard of physical and mental health, free of discrimination. That requires States to implement culturally appropriate access to health facilities in or near indigenous communities and to combat systemic racism in national health-care systems.

29. Indigenous peoples have been severely and disproportionately affected by COVID-19 and face higher risks of infection and death from it, especially as new variants of the virus continue to emerge. Despite the increased vulnerability of indigenous peoples to the virus caused by lack of basic health services, sanitation and other infrastructure vaccine roll-out for indigenous peoples, in particular those living in remote areas, has mostly not been prioritized. Canada and Brazil have taken certain measures to prioritize indigenous peoples for vaccination. In the Amazon, vaccines are reaching some isolated communities who are experiencing high rates of contagion and death.

30. Traditional doctors, ancestral experts and community promoters are central to the recovery plans, due to their cultural and medical knowledge and their role in coping with the pandemic. Indigenous organizations are calling for the implementation of “culturally appropriate vaccination actions, paying attention to local practices, collective memory of epidemics and vaccination campaigns, audiovisual and printed materials in the indigenous languages”.

31. Education campaigns are necessary to combat the spread of misinformation about vaccines. Vaccine scepticism and mistrust of the health authorities has deep roots among indigenous peoples who have experienced centuries of mistreatment. Public health officials need to acknowledge the historical harm done to indigenous peoples and communicate evidence of vaccine safety in culturally appropriate ways to overcome distrust of the medical system.

32. Some State vaccination plans restrict the eligibility of indigenous peoples to those living in recognized and demarcated indigenous lands. As a result, indigenous peoples living in cities and unrecognized indigenous lands are excluded from national vaccination plans. States should respect the rights of indigenous peoples to self-identify and not exclude from national vaccine plans indigenous individuals who reside in urban areas or remote locations. Vaccine delivery also needs to consider the specific situation of peoples living in voluntary isolation and initial contact, nomadic and semi-nomadic communities and indigenous peoples living in urban areas.

33. Swift international cooperation is required for the equitable and universal distribution of COVID-19 vaccines. “Vaccine nationalism” risks infringing the extraterritorial obligations of States and the human rights related to the right to health, as it results in a shortage of vaccines for those who are most in need in the least developed countries. States should ensure that vaccines are available to all persons free of discrimination, including indigenous peoples, and should support programmes such as COVAX, the global initiative for equitable access to COVID-19 vaccines.

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40 See A/75/185; submission by Instituto de Pesquisa e Formação Indígena; and Asia Indigenous Peoples Pact, “Covid-19, a special volume on indigenous women and indigenous persons with disabilities” (November 2020).

41 See submission by Ogiek Peoples’ Development Program.


43 See submissions by Centro de Investigación y Educación Popular/Programa por la Paz; la Fundación Gaia Amazonas y la Fundación Natura; Amazon Cooperation Network and Cultural Survival.

44 See submission by Instituto de Pesquisa e Formação Indígena.

45 See submission by Cultural Survival.

46 See submission by Amazon Cooperation Network.

47 See E/C.12/2021/1.
At-risk populations

34. The United Nations Declaration on the Rights of Indigenous Peoples states that: “States shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions. Particular attention shall be paid to the needs of indigenous elders, women, youth, children and persons with disabilities.” (art. 21 (2)). The risk of indigenous peoples being overlooked both in pandemic mitigation efforts and in the post-COVID-19 recovery process, including, in particular, indigenous women, children, persons with disabilities and older persons, is growing exponentially.

35. A gender-based approach is needed when planning and implementing COVID-19 recovery measures to address inequalities and the unique impacts on women. Women are often the primary caregivers for children and other dependents and tend to bear the burden of domestic labour, which has increased in the light of stay-at-home orders.

36. The educational needs of children and youth need to be considered to catch up from extended periods of school shutdowns and difficulty accessing remote learning. One of the benefits of indigenous children remaining at home and learning remotely has been the increased opportunity for cultural teachings and the transmission of knowledge between generations. In many cases the pandemic has deepened “connections to land, culture and language which provide some potential for pathways forward”. Unfortunately, school closures have also led to increased levels of pregnancy and early marriage among school-aged girls. Girls are also less likely to receive support to continue with their education due to increased domestic responsibilities and will need targeted support in COVID-19 recovery measures.

37. Indigenous elders, who are generally the holders and transmitters of traditional knowledge, culture and language, require special attention due to their greater vulnerability to COVID-19.

38. Special consideration should also be given to peoples living in voluntary isolation or in a phase of initial contact and those practicing a nomadic or semi-nomadic way of life. COVID-19 measures have failed to adequately address the nomadic lifestyle of indigenous communities. In West Africa, lock downs have reportedly prevented nomadic groups from engaging in pastoralism. Indigenous peoples in voluntary isolation and in initial contact have been overlooked during the pandemic and are at greater risk of physical harm and irreversible loss of culture, traditional knowledge and language extinction. Deaths from COVID-19 have reduced the number of indigenous language speakers and dwindling populations impact the transmission of traditional knowledge, customs and practices.

39. Recovery from COVID-19 should include efforts to mitigate the threat of extinction for remote indigenous communities with small numbers, or who have been hit hard by the pandemic. Illegal incursions are threatening the security of indigenous peoples whose immune systems have never been exposed to a coronavirus and who lack access to a national health-care system. The increased development of mega-projects in indigenous territories during the COVID-19 pandemic has created aggravated health risks from pollution, as well as from contact with external workers. To address these threats, indigenous communities

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48 See submission by Tsilhqot’in Nation.
50 See submission by Union des Professionnels de l’Élevage de la Région de l’Est (UPERE).
52 The Impact of COVID-19 on Indigenous Peoples in Latin America (Abya Yala): Between Invisibility and Collective Resistance, p. 29. See also submissions by Articulação dos Povos Indígenas do Brasil Aporíne; Arpin Sudeste; Arpinsul; Comissão Guaraní Yvyrupa; Conselho do Povo Terena; Aty Guasu; and COIAB.
53 See submissions by Alianza de Organizaciones de Derechos Humanos Ecuador and Confederación de Nacionalidades Indígenas de la Amazonía Ecuatoriana.
and organizations have encouraged the creation of buffer zones and the exclusion of outsiders.

40. The inclusion and participation of indigenous peoples in recovery plans is impossible when States neglect or refuse to recognize the existence and identity of indigenous peoples. If indigenous peoples and their territories are left unrecognized, States will not consult on recovery laws or policies, or develop plans to protect indigenous territories in the interest of economic recovery.

41. The lack of disaggregated data presents challenges in achieving recovery from COVID-19, because statistics do not accurately reflect the impact of the pandemic on indigenous peoples. Data should include both indigenous peoples living on traditional lands and territories as well as populations living in urban areas.

**Militarization, violence and criminalization**

42. Indigenous human rights defenders are suffering high levels of violence, intimidation, harassment and even killing. The enforcement of COVID-19 measures is being used to strengthen authoritarian and militarized responses and crackdowns on civic space, as laws are enacted that restrict freedom of expression and target human rights defenders.

43. In several regions, peaceful protests are being restricted in the interest of public health while the expansion, construction and operation of commercial and extractive industries continues in order to promote economic recovery. Illegal land encroachments that destroy the forests, land and natural resources of indigenous peoples have increased, while Governments have focused on pandemic measures and dedicated less attention or taken fewer measures to protect land and natural resources.

44. Indigenous communities are at increased risk of being criminalized and removed from their lands owing to regulatory rollbacks in environmental impact determinations for the extractive industries. In Bangladesh, an increase in military surveillance and harassment of indigenous peoples have been reported in the Chittagong Hill Tracts. Community members are being subjected to intimidation, death threats and threats of arrest for participating in alleged terrorist activities. In Nepal, concerns have been raised over allegations that peaceful protests against the Fast-Track Expressway project have been countered by police violence; the project was under night-time construction despite COVID-19 curfews for the general public.

45. Reports from several countries indicate that since the outbreak of COVID-19, activities related to the participation of indigenous peoples in the protection of natural conservation areas, including patrolling forests, have been prohibited.

46. In other instances, in urban areas indigenous workers who rely on the informal economy are being arrested for violating lockdown orders to guarantee the subsistence of their family.

**IV. Participation and inclusion of indigenous peoples in State COVID-19 recovery and post-recovery plans**

47. Indigenous peoples should be involved in the planning and implementation of COVID-19 recovery measures that affect them.

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57. See communication addressed to Nepal (NPL 1/2021).
48. In many States, over one year after the pandemic broke out, there has been little or no effort to involve or consult with indigenous peoples on the design of recovery policies, address their specific needs for assistance or adopt culturally appropriate recovery measures. By failing to consult with indigenous peoples, Governments have designed economic recovery plans that fail to take into account appropriately the needs of indigenous peoples.

49. Vaccination campaigns are often implemented without adequate planning and communication. Vaccination plans are being adopted in the absence of meaningful consultations with indigenous communities to ensure that they are informed, to address their cultural and linguistic needs, physical isolation and the lack of health-care infrastructure and personnel and medicines. That in turn, compounded by systemic marginalization and discrimination, has resulted in low vaccination rates among indigenous peoples.

50. Globally, indigenous peoples have often been excluded from participating in national and local bodies taking decisions about the health risks of COVID-19. As a result, those bodies have not taken measures that address the vulnerability of indigenous peoples.

51. Some States have initiated programmes that could have positive impacts on indigenous peoples during the COVID-19 recovery phase. First Nations in British Columbia, Canada, already had an agreement in place between the national and provincial Governments to improve emergency management services and indigenous leaders report that results were achieved. As part of a COVID-19 recovery spending package, Canada allocated funding to indigenous peoples to enhance public health measures and assist with supportive care costs, conducted round tables and surveys with indigenous communities and launched a violence prevention programme to provide culturally relevant support to indigenous women, children, lesbian, gay, bisexual, transgender and intersex persons and two-spirit people.

52. The National Institute of Indigenous Peoples in Mexico created and disseminated a COVID-19 awareness and assistance guide in indigenous languages and supported a network of radio stations to broadcast information about COVID-19 in 35 indigenous languages.

53. Germany is funding the indigenous peoples’ and community conserved territories and areas global support initiative to support indigenous communities in 45 partner countries in their fight against COVID-19, while encouraging nature conservation. India, as part of its recovery package, has created the Compensatory Afforestation Fund Management and Planning Authority to provide jobs for tribal communities in forest management, wildlife protection and other related activities. The Ministry of Public Health and Social Assistance in Guatemala has published a sociocultural guide for prevention, containment and management of cases of COVID-19 among indigenous peoples.

V. Indigenous peoples-led COVID-19 recovery initiatives

54. In the face of historic and ongoing colonialism and the triggering of intergenerational trauma from memories of past pandemics spread through colonization, indigenous peoples have shown great resilience and collective strength during the pandemic. Many indigenous communities are still in the disaster management and response phase and have not been able to engage in recovery efforts. Challenges remain in addressing the setbacks and aftershocks
from COVID-19 that will resonate for years to come, such as long-term impacts on health, economic and social development and nation-building, especially for communities with limited capacity for recovery.

55. Despite these challenges, there are still many examples of indigenous-led initiatives achieving positive outcomes. Rather than relying on government aid, indigenous nations are exercising their sovereignty, laws and jurisdictions to implement and enforce measures against COVID-19, in some cases across jurisdictional patchworks. States should provide support for such community protection plans devised autonomously by indigenous peoples. Indigenous nations and organizations have led coordinated, community-level responses that include reconnecting with traditional territories and knowledge, increasing food sovereignty, managing humanitarian and mutual aid networks, implementing culturally appropriate information campaigns in indigenous languages, broadcasting education campaigns on indigenous community radio, and assisting with the roll-out of vaccine programmes.64

A. Application of indigenous medicine and knowledge

56. Indigenous peoples are contributing to fighting the pandemic through traditional medicine and intercultural medical approaches to strengthen their immune systems and resistance to the virus.

57. In Bangladesh, the Santa community are taking traditional germ-killing herbs and have resumed to practising dobok johar, a traditional greeting system that maintains physical distance.65 In the Mato Grosso region in Brazil, the Kuikuro people formed partnerships with hospitals, set up their own health centre and hired doctors and nurses to stay with them and help with prevention. Combining traditional treatment, indigenous food and a safe environment, they were able to keep the community safe.

58. Indigenous midwives have redoubled their efforts to meet the growing demand for care, as indigenous women have preferred not to go to official health centres for fear of contagion.

59. In Nicaragua, the disease was attended and treated with ancestral knowledge through the use of plants, roots and medicinal practices historically used to treat respiratory diseases and strengthening of the immune system, reportedly leading some communities to being less seriously affected by the pandemic.66

60. In Canada, the Tsilhqot’in Nation reported that new positive relationships have emerged from the pandemic, including food delivery and virtual access to health-care specialists.67

61. In Thailand, Karen people have performed rituals by shutting down their villages and not allowing anyone to enter and in Bangladesh the Mro indigenous communities put up a bamboo fencing (khasur) at the entrance of their territory to isolate their villages.68

62. States should implement culturally appropriate health care, respecting the diverse forms of social organization, knowledge and practices of indigenous communities.69 In this regard, article 24 of the United Nations Declaration on the Rights of Indigenous Peoples provides that: “Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants,

64 See submissions by Colectivo de Geografía Crítica del Ecuador and Land is Life; Cxhab Wala Kiwe-Asociación de Cabildos Indígenas del Norte del Cauca; Federación por la Autodeterminación de los Pueblos Indígenas; Organización Indígena de Antioquia; Almáciga; and Asia Indigenous Peoples Pact.
66 See submission by Centro por la Justicia y Derechos Humanos de la Costa Atlántica de Nicaragua.
67 See submission by Tsilhqot’in Nation, p. 79.
68 See submission by Asia Indigenous Peoples Pact.
69 Inter-American Commission on Human Rights, resolution 4/2020, para. 17.
animals and minerals. Indigenous individuals also have the right to access, without any
discrimination, to all social and health services.”

B. Revitalization of indigenous knowledge, reconnection with traditional
lands and recovery of traditional food resources

63. In their recovery efforts, indigenous communities are mindful of the relationship
between health and nature and are depending on or reviving traditional practices, such as
food gathering. By relying on historical wisdom regarding food and forest sustainability,
indigenous peoples have found strength in traditional teachings and their connection to the
land. Physical distancing guidance has encouraged indigenous peoples to connect more
strongly with their land, creating a resurgence of traditional practices and a transmission of
indigenous customary law and cultural knowledge.

64. Pre-existing food insecurity in indigenous communities has been exacerbated by
climate change and pandemic lockdowns. Communities have responded by relying on food
sovereignty networks and traditional food systems to guarantee their food and nutritional
security. According to one report: “The strengthening of the traditional diet has been recorded
during the pandemic, whether because of the lack of access to processed food or because of
a critical reflection on the habit of consuming these products and the harm they cause to
people’s health.”

65. The native seed and food sovereignty project for COVID relief launched by
indigenous communities in the United States “supports indigenous peoples’ food sovereignty
and restoration of traditional seed, food and medicinal plant use. The project facilitates and
supports the establishment of family and community gardens for reservation households to
supply and supplement their food needs and provides access to fresh grown foods...in
response to the pandemic and for long term health and resiliency.”

66. In Latin America, young people have played a fundamental role in designing solutions
for COVID-19, revitalizing indigenous knowledge and languages, promoting food security
and protecting ancestral territory. Indigenous youth have planted gardens for indigenous
medical plants and traditional foods, created cultural and intergenerational information
materials on COVID-19, distributed masks with cultural patterns, used street art to promote
indigenous languages and knowledge, documented elders’ knowledge and created cultural
maps to protect their ancestral territory. In Colombia, indigenous peoples have strengthened
ancestral practices to promote food sovereignty and customs to help in recovery from
COVID-19 and prevention. In Paraguay, indigenous organizations coordinated with
governmental institutions to train indigenous communities to monitor forests in protected
areas. In Ecuador and the Plurinational State of Bolívia, indigenous organizations have
promoted the Numi project experience restoring territories of life that rely on traditional
practices to restore the Amazonian ecosystem and protect against deforestation.

C. Exercising and expanding self-determination, self-governance,
sovereignty and nation-building

67. In many instances, indigenous communities are devising their own measures to
respond to the pandemic in ways that exercise their right to self-determination and expand
their sovereignty, especially where States have been slow to act. They are exerting their own
jurisdiction and control over territories and resources by proactively distributing food and
goods, restricting or closing borders, suspending tourism to prevent virus transmission and
taking legal action to protect their communities.

70 See submission by Instituto de Pesquisa e Formação Indígena, p. 10.
72 See submissions by Cxhab Wala Kiwe-Asociación de Cabildos Indígenas del Norte del Cauca;
Federación por la Autodeterminación de los Pueblos Indígenas; Organización Indígena de Antioquia;
Almáciga; and Colectivo de Geografía Crítica del Ecuador and Land is Life.
68. Throughout Latin America indigenous communities and organizations are promoting self-confinement measures; instituting health protocols; and collecting and distributing food and essential goods. For example, in Ecuador, communities have provided food kits for those living in urban areas and promoted exchange of products for mutual aid between the countryside and the city.73

69. In the Navajo Nation in the United States, local community members have launched efforts to provide donated food, firewood and other necessities to vulnerable families and elders when off-reservation store inventories were depleted or closed in response to the pandemic.74 In Kenya, Endorois women have distributed face masks and hand sanitizers in their community.75

70. Indigenous communities are attempting to restrict outside intrusions and reduce COVID-19 transmission by instituting roadblocks, sanitary barriers, checkpoints and disinfection points. However, in some cases these initiatives reportedly encountered resistance from governmental authorities. For instance, in North America reports indicate that Governments have taken steps to prevent the implementation of checkpoints set up on roads into indigenous territories to limit exposure and spread of the virus by filing lawsuits and threatening to reduce funding.76

71. In Latin America, indigenous peoples have taken political and legal actions to obtain equal access to medical care and oppose the development of mega-projects in their territory. Indigenous communities have developed alliances with non-governmental organizations, international actors and religious entities to provide COVID-19 emergency responses and to protect indigenous environmental defenders.

72. Indigenous communities and organizations have promoted initiatives to cope with violence and discrimination against indigenous women during the pandemic. In Brazil, the Pelas Mulheres Indígenas have reported on cases of sexual violence and femicide and disseminated information on gender violence, depression and suicide prevention within indigenous communities.

73. Indigenous communities and organizations have taken action to protect indigenous peoples in voluntary isolation and in initial contact. In Ecuador, the Waorani have required precautionary measures to safeguard the Tagaeri and Taromenane indigenous peoples against the spread of COVID-19 in their communities. In the Plurinational State of Bolivia, indigenous organizations have implemented isolation measures to protect voluntarily isolated tribes. In Brazil, indigenous organizations obtained a Supreme Court ruling ordering the federal Government to install sanitary barriers for indigenous peoples living in voluntary isolation and initial contact and provide equal access to health care for indigenous peoples.77

D. COVID-19 awareness and vaccination campaigns

74. Worldwide, indigenous communities have taken specific action to overcome insufficient national COVID-19 information campaigns and the failure of Government to provide education and awareness of vaccine campaigns. They have instituted their own intercultural communication projects to disseminate COVID-19 prevention advice, treatment measures and vaccine information. Recognizing the risks to their cultural identity and survival posed by the virus, indigenous peoples have organized creative and culturally appropriate educational and outreach approaches to ensure members are able to make informed decisions, including efforts to combat vaccine hesitancy.

75. Throughout Latin America and Africa, social media and community radio have played an important role in relaying information on COVID-19 to indigenous communities and are the main way that indigenous people receive news and information. In Ecuador, indigenous organizations have launched a COVID-19 community radio programme to disseminate

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73 See submission by Colectivo de Geografía Crítica del Ecuador and Land is Life.
75 See OHCHR and Defenders Coalition, “Kenya: Leaving no one behind in the COVID-19 crisis”.
77 See submission by Colectivo de Geografía Crítica del Ecuador and Land is Life.
preventive measures. An initiative implemented by the Shipibo indigenous peoples in Peru was recognized by the regional health authorities and expanded to other departments and regions.78 The Yuqui people of the Plurinational State of Bolivia created a campaign featuring characters adapted from the Yuqui worldview.79 In the Bolivarian Republic of Venezuela, indigenous organizations are broadcasting COVID-19 information and distributing prevention manuals in 20 languages.80

76. Indigenous organizations in Brazil are using bilingual print, radio, social media and other audiovisual messaging to inform the community of vaccine effectiveness and limitations, and address the spread of misinformation. A Brazilian indigenous leader and one of the first indigenous persons to receive the COVID-19 vaccine in her country, utilized social media to fight against vaccine misinformation, having indigenous doctors and leaders explain vaccine benefits and address concerns.81 In Kenya, the Government is using the national languages to convey COVID-19 information, which is being further circulated by indigenous radio stations and civil society.82

77. In North America, indigenous peoples have set their own vaccination priorities, which may be different from those of individual states. The Cherokee Nation successfully mobilized its members to combat fears and suspicion of the vaccine by organizing virtual meetings between its citizens, trusted health experts and traditional leaders.83 The Navajo Nation was vaccinating its members faster than any state in the United States: by April 2021, nearly 90 per cent of the population had received at least one vaccine dose and 36 per cent were fully vaccinated. Several Canadian indigenous health organizations have worked in partnership to develop a virtual hub, Maad’ookiing Mshikiki, that provides culturally relevant information on the COVID-19 vaccine and resources on traditional knowledge and healing practices by and for indigenous peoples in Canada.84

E. Collection and disaggregation of data

78. Some indigenous communities are collecting their own COVID-19 data, when States fail to accurately and sensitively disaggregate the data to identify their specific needs, understand challenges and implement measures to move forward with recovery. In most countries, indigenous communities are hampered by COVID-19 statistics that do not reflect the breakdown of patients. Disaggregated data allows for evidence-based, informed decision-making with respect to the planning of services and evaluating the effectiveness of policies implemented by both Governments and indigenous organizations.

79. In Paraguay, indigenous organizations are collecting, analysing and publishing data on districts and territories affected by the virus to strengthen the protection and control mechanisms of indigenous communities, and are requesting the authorities to assist communities at risk.85 Indigenous-led data collection initiatives in the Plurinational State of Bolivia, Brazil, Colombia, Ecuador, Peru and the Bolivarian Republic of Venezuela involve the collection and monitoring of data, updating registries, guaranteeing regular

79 See submissions by Cxhab Wala Kiwe-Asociación de Cabildos Indígenas del Norte del Cauca; Federación por la Autodeterminación de los Pueblos Indígenas; Organización Indígena de Antioquia; and Almáciga.
80 See submission by Colectivo de Geografía Crítica del Ecuador and Land Is Life.
81 See Fabio Teixeira (Thomson Reuters Foundation), “Virus and fake news: Brazil indigenous leader fights on two fronts”, 28 January 2021
82 See submission by Ogiek Peoples’ Development Program, p. 4.
85 See submissions by Cxhab Wala Kiwe-Asociación de Cabildos Indígenas del Norte del Cauca; Federación por la Autodeterminación de los Pueblos Indígenas; and Organización Indígena de Antioquia.
communication of the impact of COVID-19 on indigenous communities, creating interactive portals on COVID-19 data and disseminating information on accessing the health system.86

80. Using national data, the National Institute of Indigenous Peoples in Mexico disaggregates data on indigenous peoples to offer daily and weekly reports and a virtual map to show the geographical distribution of cases in indigenous communities.87

81. The Association of Indigenous Peoples of Brazil, together with other indigenous groups, has been collecting data that specifically includes people living on traditional lands and those living in urban areas.88 Brazilian indigenous organizations have also set up their own monitoring and notification system for the collection and timely dissemination of data on the number of indigenous peoples affected by the pandemic, including indigenous people living in urban contexts.89

VI. Conclusions and recommendations

82. During the COVID-19 recovery phase, States must fulfill their obligations to indigenous peoples in accordance with the commitments made under the United Nations Declaration on the Rights of Indigenous Peoples and other relevant international human rights standards. Recovery and post-pandemic decision-making must involve the representatives, leaders and traditional authorities of indigenous peoples in the design and implementation of culturally appropriate recovery efforts.

83. In order to effectively recuperate from the current pandemic and better prepare for future health crises, States should adopt the measures set out below.

84. In the short-term, States should:

(a) Involve indigenous organizations and leaders in the design and implementation of vaccine programmes to combat anti-vaccine misinformation, address historical mistrust, ensure cultural and language protocols are followed and provide comprehensive coverage;

(b) Consult indigenous peoples and obtain their free, prior and informed consent, through their representative organizations before planning and implementing rights-based COVID-19 responses and recovery measures;

(c) Provide emergency financial aid to cover lost revenues for indigenous communities unable to carry out their traditional economic activities, including pastoralism, animal husbandry, fishing, hunting and gathering;

(d) Adopt effective measures to ensure culturally appropriate access to health facilities and remove barriers to accessing health care and the delivery of necessary services to address the COVID-19 pandemic, such as testing and treatment;

(e) Ensure that vaccination strategies and health guidelines targeted at indigenous peoples are culturally appropriate and communicated in indigenous languages;

(f) Provide vaccines to all persons free of discrimination, including indigenous peoples, and support programmes such as COVAX, the global initiative for equitable access to COVID-19 vaccines;

(g) Prioritize indigenous peoples for vaccine delivery because of their vulnerability, with due consideration of the specific situation of indigenous peoples living in urban areas, off reserve and outside their communities, indigenous peoples living in voluntary isolation and initial contact and those living nomadic or semi-nomadic lifestyles, and pay due respect for their right to self-identification;

86 See submission by Colectivo de Geografía Crítica del Ecuador and Land is Life.
87 See submission by National Institute of Indigenous Peoples (Mexico).
88 See submission by Cultural Survival.
89 See https://emergenciaindigena.apiboficial.org.
(h) Develop resources and expand social safety nets to respond to increased incidents of gender-based violence, child abuse, mental illness and addiction exacerbated by the pandemic;

(i) Ensure urgent and effective measures to ensure the survival of indigenous peoples living in remote areas who are affected by the pandemic;

(j) Adopt moratoriums on extractive projects impacting the lands of indigenous peoples during the COVID-19 recovery phase and ensure that private companies adopt COVID-19 protocols that respect the right of indigenous peoples to free, prior and informed consent;

(k) Implement effective measures to end the criminalization of defenders of the rights of indigenous peoples and repeal counter-terrorism laws targeting indigenous peoples;

(l) Refrain from promulgating legislation that undercuts the rights of indigenous peoples to lands, self-determination and free prior and informed consent;

(m) Adopt effective national responses that include measures to secure land rights and implement conservation approaches that recognize the close relationship of indigenous peoples with nature and engage them as stewards of the environment and natural resources;

(n) Ensure that pandemic emergency plans, responses and recovery measures recognize and support indigenous autonomy and inherent jurisdiction;

(o) Prevent, investigate and punish acts of violence committed by State and non-State actors against indigenous peoples during the pandemic.

85. In structural terms, States should:

(a) Adopt measures to eliminate systemic, institutional racial discrimination and implicit bias in public health-care systems and emergency response planning through awareness raising and anti-racism training;

(b) Engage in a sustained dialogue with indigenous peoples on the long-term consequences of the pandemic for cultural heritage and livelihoods;

(c) Ensure that COVID-19 recovery measures address the long-term needs and financial impact of the pandemic on indigenous peoples in terms of education, employment, housing, health and other social services;

(d) Collect disaggregated data to inform future decision-making and implement strategies to collect disaggregated data on indigenous communities that (i) are approved and carried out by the communities themselves, (ii) will assist in better understanding the disproportionate impact on indigenous peoples and (iii) are regularly and accurately updated and maintained in future;

(e) Address food and nutritional insecurity with culturally appropriate health resources that reinforce and support the resilience of indigenous food systems, focusing on land-based solutions that recognize the collective territorial rights of indigenous peoples;

(f) Implement measures to bridge the digital divide and technology gap by increasing the number of mobile phone towers, improving Internet access and funding indigenous community radio stations;

(g) Adopt measures to address gender inequality in accessing health services, social benefits and employment;

(h) Promote policies to strengthen the transmission of indigenous languages and knowledge to future generations and the role of women as knowledge keepers as a way to prevent and mitigate future pandemics;
(i) Implement the United Nations Declaration on the Rights of Indigenous Peoples, in particular articles 21, 22, 23 and 24 recognizing the right to health and the right to be actively involved in developing health programmes;

(j) Support mutual aid initiatives within and between indigenous peoples.