Policy and Practice Recommendations for the Pandemic and Post-COVID Era for Indigenous People

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Virgilio Viana, Valcleia Solidade, Cleinaldo Costa, Euler Ribeiro, Marcus Lacerda, Ivo Jung, and Georgia Franco
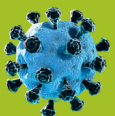
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AUTHORS

Virgilio Viana, General Director of Foundation for Amazon Sustainability (FAS)
Valcleia Solidade, Director for Sustainable Development of Communities, Foundation for Amazon Sustainability (FAS)
Cleinaldo Costa, Medical Doctor and Former Dean of the University of the State of Amazonas (UEA)
Euler Ribeiro, Medical Doctor and Dean of Foundation of Open University for Elderly (FUNATI)
Marcus Lacerda, Researcher at Carlos Borborema Clinical Research Institute, Foundation of Tropical Medicine Dr Heitor Vieira Dourado and Leonidas & Maria Deane Institute (Fiocruz)
Ivo Jung, Cognitive Behavioral Psychologist and Associate of Foundation of Open University for Elderly (FUNATI)
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Ozge Karadag, Research Scholar, Center for Sustainable Development (CSD), Columbia University

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The following report has been posted online by the Commission Secretariat, and has not been peer-reviewed or published in *The Lancet,* nor in any other journal. This reports intends to bring together expert views on key topics as the COVID-19 pandemic unfolds.

OVERVIEW

Indigenous peoples living in remote areas, in non-urban settings, usually have distinct social, economic, cultural, environmental and logistic characteristics as compared to other segments of the society. This has demanded different approaches to deal with the COVID-19 pandemic and it is important to focus on the lessons learned and policy recommendations.

As one of the best practices carried out for indigenous peoples around the World, The Amazon COVID Alliance carried out a program in remote areas of the Amazon. It included 214 partners, 6 donors and reached 154,986 thousand (rural and urban) families, and 1,304 villages in isolated communities. The Alliance had 9 member universities and research institutions, 35 civil society organizations, 57 municipal and state institutions, 48 private companies, 39 community organizations, 12 municipalities' mayor representatives, and 8 international institutions. The management strategy of the Alliance included a scientific committee to provide guidance, with 14 members from various research institutions. This committee supported the development of guidelines that were disseminated to all participants and made available for open access on the web. The Alliance had a general coordination at Foundation for Amazon Sustainability (FAS), which convened meetings of the scientific committee and coordinated regular meetings of all members. This intense dialogue and engagement process provided the basis for a bottom up strategic design, joint actions and participatory monitoring and evaluation.

The actions carried out by the Alliance were divided into 7 strategic components, all guided by the Technical-Scientific Committee:

1. Contagion reduction: communication material, distribution of masks, hygiene and cleaning supplies, food baskets and support for obtaining government aid;

2. Mental health: communication material and psychological assistance;

3. Diagnosis and basic health care in communities and villages: health agents, telehealth, small forest pharmacies, guide to the use of herbal medicines, vaccination;

4. Emergency transportation to municipal hospitals: speedboat ambulances, fuel, oxygen kit, personal protection equipment (PPE) for logistics professionals;

5. Treatment in municipal hospitals: demand planning for beds and equipment, oxygen concentrators, lung ventilators, oximeters and thermometers, PPE for health professionals;

6. Emergency transportation to Manaus: air ICU and speedboat ambulances;

7. Post-COVID-19 calamity recovery: improving public health and education systems, sustainable entrepreneurship, renewable energy and connectivity.

Results included practical actions in 8,074 communities in remote areas of the Amazon, such as basic food supplies, boat ambulances, telehealth facilities, oxygen concentrators.[1] In addition, the Alliance carried out training programs for community health agents to support a telehealth program in partnership with the Amazonas State University (UEA), the Open University Foundation for the Tertiary Age (FUNATI), Amazonas Technological Education Center (CETAM), and Nilton Lins University (UNL). In addition to practical action, the Alliance engaged in policy-making initiatives to improve strategies and actions of governmental institutions, including a change in the strategy of age group vaccination to total vaccination of all ages in remote villages. This recommendation, backed by the scientific committee, was presented and endorsed by all state secretaries of health of the Brazilian Amazon. The recommendation was then presented by the secretaries to Brazil's Minister of Health, who incorporated a special policy guideline for the pandemic.

POLICY RECOMMENDATIONS

Tackling pandemics such as COVID-19 requires:

1. **Differentiated approaches** to indigenous people, given their differences to mainstream urban societies. These differences point to the need for a comprehensive rethinking of public health systems for indigenous people.

2. Designing these new approaches require **engagement of multiple stakeholders** with complementary resources and skills to bring realities that are often alien to policy makers in urban areas. This also incorporates different perspectives to develop creative and innovative solutions and mobilize resources that can be used in a coordinated fashion.

3. Implementation of concrete action benefits from **shortening the gap between science and practice** of health programs. Online meetings can play a key role in creating new communication channels between health professionals in action and researchers. These new linkages benefit both actors and practitioners to access researchers for latest scientific information while also providing feedback and demands deriving from practical action.

4. Special attention should be given to the **costs of logistics**, given the long distance to remote villages of indigenous people. Multi-institutional and integrated action can reduce costs and improve efficiency in delivering health care and bringing goods and various services.

5. **Telehealth** can play an important role, specially for very isolated and remote communities. Solar energy and internet systems play an important role in supporting the work of community health agents. This connectivity also allows specialized education and training for these agents, which is an essential part to tackle a new health crisis such as COVID-19 and expands the presence and coverage of Telehealth satellite antennas in villages and indigenous communities in the Amazonas state.

6. **Clinical research to assess safety and efficacy of traditional medicine practices** by indigenous people such as mixed herbs teas that have been widely used during the pandemic. Scientific research and evidence are essential to provide backing to the demand of indigenous people to incorporate their ethnopharmacological knowledge into public health systems.

7. Public health programs for indigenous people can benefit from **systemic approaches** to build resilience to pandemic crises.[2] This includes improving access to drinking water and sanitation, improved quality nutrition and economic inclusion.

8. **Engagement of local grassroots leaders** can play an important role in fighting misinformation about vaccination and the appropriate pharmaceutical products. This engagement has to give opportunities to community leaders to solve their doubts and challenges with the support of specialists and health professionals.

9. **Strengthening public health systems and access to health care** are essential to ensure long term changes so that policy recommendations are derived from the lessons learned from the pandemic.

10. **Mental health** needs to be mainstreamed in public health systems, using telehealth systems and capacity building for community health agents to provide local assistance and increase resilience of local communities.

PRACTICE RECOMMENDATIONS

Governments, parliaments, international organizations and donors should mobilize resources and take priority practical actions such as:

1. Create a process to rethink and redesign public health systems including a multi-stakeholder working group with a concrete target of producing an action agenda and policy recommendations. This process should consider the need for appropriate and ethical dialogue between health professionals and leaders of indigenous people.

2. Mobilize resources for short term practical action that do not depend on major policy changes and can become catalysts for more ambitious structural policy reform. This includes adaptation of health centers to better meet the cultural needs of indigenous patients, considering their specific diet, language and other cultural characteristics.

3. Prepare baseline indicators to measure impacts of new practical action and policy instruments for practical purposes.

4. Strengthen local grassroots organizations that represent indigenous people with the goal of empowering and developing a systemic approach to human development.

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