

This is not an ADB material. The views expressed in this document are the views of the author/s and/or their organizations and do not necessarily reflect the views or policies of the Asian Development Bank, or its Board of Governors, or the governments they represent. ADB does not guarantee the accuracy and/or completeness of the material's contents, and accepts no responsibility for any direct or indirect consequence of their use or reliance, whether wholly or partially. Please feel free to contact the authors directly should you have queries.

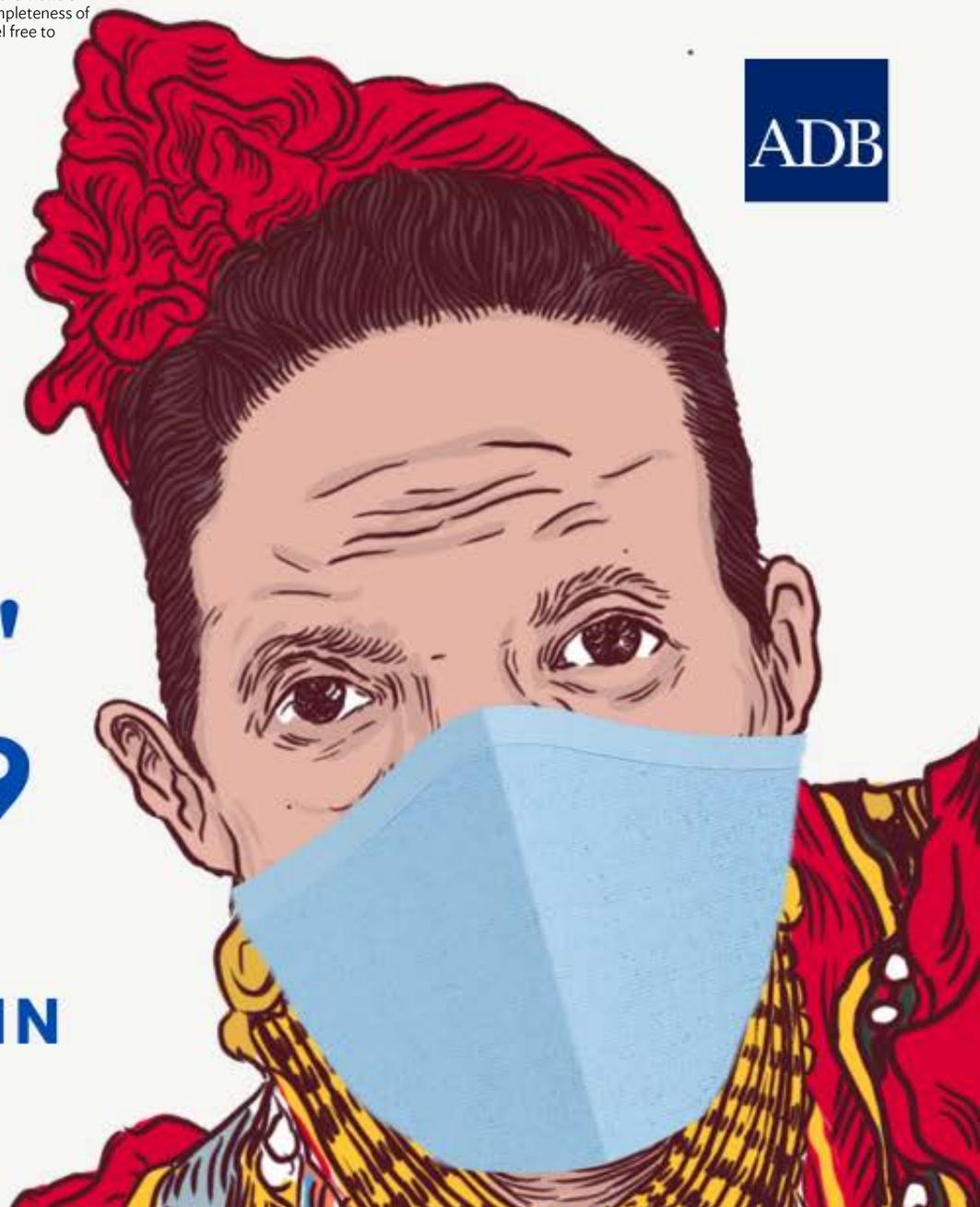


Webinar 2

INDIGENOUS PEOPLES' HEALTH AND COVID-19 PANDEMIC

EMERGING AND ONGOING ISSUES IN ASIA AND THE PACIFIC

A Webinar Series





The impacts of COVID-19 on indigenous peoples in Asia: An overview

Gideon Lasco, MD, PhD

Senior Lecturer, University of the Philippines Diliman

Research Fellow, Ateneo de Manila University

NEWS / INDIGENOUS RIGHTS

'A death trap': Measles blamed in Malaysia indigenous deaths

Some 15 indigenous people from marginalised Batek group have died in the past six weeks with scores more in hospital.

by Chris Humphrey



19 Jun 2019



A mother with her child in the village of Kuala Koh [Chris Humphrey/Al Jazeera]



Before COVID...

- Indigenous Peoples have already been facing a host of health challenges, rooted in a long history of exclusion, oppression, and marginalization
- Historically, pandemics and epidemic disease outbreaks have presented an additional layer of vulnerability, with smallpox, cholera devastating the New World, enabling colonization.
- Beyond health concerns, Indigenous Peoples have faced security and economic issues that have likewise impacted their health



An 'isolation hut' of the Tau't Bato community in Southern Palawan visited and photographed by the author in 2008

Before COVID...



- Long history of disease outbreaks means that many Indigenous Peoples have their own responses to health crises - from quarantine and isolation sites (see picture) to rituals
- Community closures have also been practiced all over the region (for instance, ubaya/tengaw in the Philippine Cordillera)



Kitanglad - Bukidnon - August 2020
Photo courtesy of Easter Canoy/KIN



Bontoc- April 2020
Photo courtesy of Karlston Lapniten



Health disparities framework

Anticipating future pandemics, Philip Blumenshine and colleagues (2008) identified

three sources of health disparity

in the event of major influenza outbreaks:

1. Disparities of exposure
2. Disparities in susceptibility
3. Disparities in treatment once disease has developed



The site of Kaliwa Dam: once the domain of the Dumagats in Sierra Madre but now the site of encroachment, construction, and struggle



Disparities of Exposure

- Indigenous Peoples as ‘isolated’ - enter and exit their villages regularly
- “As thousands of tribal migrant workers have lost their livelihood due to the nationwide lockdown and are on their way to their villages, reverse migration could destroy indigenous communities in tribal hinterlands.” - India (Mohanty 2020)
- “Collectivity is a core ethos” (Kaplan et al 2020)
- Indigenous Peoples in remote villages encounter people against their will
- Lack of access to PPEs

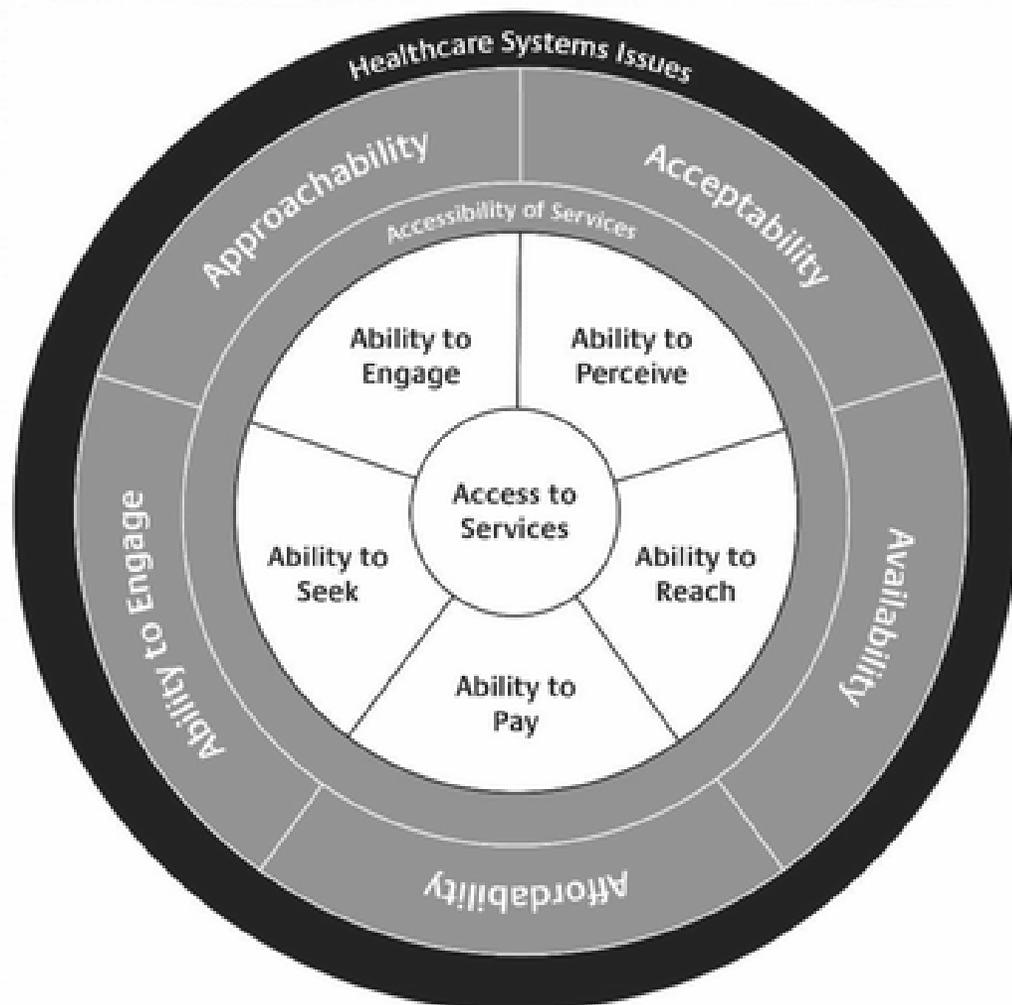


Photo courtesy of Jake Versoza



Disparities of Susceptibility

- Indigenous Peoples - immunity profile and susceptibility
- Indigenous Peoples and aging population
- A loss of an elder is an invaluable loss in a community



Disparities in Treatment

- Indigenous Peoples - among the most distant from testing and treatment services
- Geographic barriers, movement restrictions, and stigma
- Lack of documentation may render them ineligible for insurance

From Davy et al. (2016). "Access to primary health care services for Indigenous peoples: A framework synthesis" *International Journal for Equity in Health* 15:163



Tourism has been cut off as a major source of income for many indigenous peoples in the region (Photo by the author)



Beyond health disparities

- On top of disparities to the impacts of COVID-19 itself, we can also look at the following:
- Economic disparities
- Social and political disparities
- Disparities in access to services other than COVID-19 care



In times of crises, many IPs turn to various foods like root crops, but the movement restrictions have also cut off access to these coping mechanisms



Economic disparities

- Restrictions in movement
- Shutdown of tourism and other major livelihoods
- Distribution of economic aid
- Nepal (Gurung 2020): “While the government is distributing relief packages to some residents, most Indigenous Peoples do not have the required paperwork to receive these supplies”



Indigenous peoples facing political persecution are particularly vulnerable
(Photo by the author)



Social and political disparities

- Disruptions in traditional seasonal movement
- People taking advantage of the ‘fog of COVID-19’ to perpetuate land grabbing, militarization, arbitrary arrest
- Lack of regular means for redress (e.g. judiciary, public protests)



The ‘covidization’ of health care

COMMENTARY

GIDEON LASCO AND JOSHUA SAN PEDRO

The attention on COVID-19 is certainly warranted, given its grave human toll and its continued potential to kill far more people than it has already victimized. Even if it does not lead to death, COVID-19 can cause prolonged hospitalization and unbearable strain on health care systems around the world.

But what about other medical conditions and health concerns? Governments have poured resources on public health, but if we are to be precise, what we see right now is a dramatic escalation of COVID-19-specific care in particular, not health care in general. However unintentional, this “covidization” of health care is taking attention away from other health concerns, many of which are likewise a matter of life and death.

Consider, for instance, the conversion of many health facilities into dedicated COVID-19 facilities, and the suspension of other essential health services, including outpatient care and surgeries. Even though hospitals are opening, many individuals today would rather deal with their health conditions on their own for fear of contracting the disease. When combined with a history of neglect of public health systems, cases of patients with poor health access tragically add to the disaster.

Consider also the impacts of pandemic-related policies on health. Quarantine measures may be necessary, but the restrictions are limiting the ability and mobility of people to avail themselves of preventive and therapeutic measures, from doing exercise to availing themselves of medicines and basic

needs, as well as vaccination.

Related to the above, the economic impacts of the pandemic are leading to, and worsening, food insecurity, and consequently poor nutrition and dire health outcomes. How are families coping as an increasing number of children’s “first 1,000 days” are spent in this situation? Alas, it will take years for the full impact of malnutrition to manifest, though developmental and mental concerns will be seen earlier.

Physical distancing, for all its intentions to prevent the spread of disease, also has a polarizing effect in highly stratified societies. The gap between the rich and poor becomes highlighted, especially in terms of health access and sustainability during quarantine. More layers of structural violence are added in the way COVID-19 disproportionately affects the poor and the marginalized.

Finally, academic research and funding are being channeled to the pandemic, potentially taking away resources from other vital areas of research. The fact that close to 2 million people will die this year of tuberculosis should serve as a sobering reminder that public health is broader than pandemics, and scholarship (and funding) should reflect this full picture.

Of course, the sooner the pandemic is over, the sooner we can turn our attention back to other health conditions; the sooner

testing gets scaled up, the sooner health care workers can return to work and health facilities can reopen. This is why, in many ways, proactively addressing COVID-19 is key to ending the covidization of health care.

Even as we are still in the midst of the pandemic, however, we do not have to make the false choice between COVID-19 and other medical conditions. Telemedicine, for instance, is experiencing explosive growth and can help bring health to Filipinos during the pandemic and beyond—provided that we deal with issues of privacy, digital competency, and equity. Enabling primary care, especially community health workers, can also bridge the gaps.

Government should also make sure that quarantine rules—often unevenly and unreasonably implemented—do not get in the way of access to medicines and provision of essential services.

Any talk of a “new normal” should be about better funding and appreciation for public health and preventive care. As we move into less stringent quarantine measures, the fight against COVID-19 is no longer merely in the hospitals, but also in the communities, workplaces, and schools. Improving health centers in communities, as well as occupational and school health, must be among the priorities alongside testing, tracing, and treatment.

What we need is not just COVID-19 care for all, but health for all.

Gideon Lasco and Joshua San Pedro are both physicians and anthropologists.

Disparities in services

- Practicing Indigenous health knowledge
- Stigma and discrimination, compounded by bureaucratic requirements
- “Covidization” of health care
- Lack of access to sanitation, water, and electricity
- Lack of Internet access
- “Education is another challenge facing indigenous youth.” (UNESCO 2020)



Photo: EV Espiritu/Philippine Daily Inquirer



Urgent responses

- Governments: address the needs of Indigenous Peoples
 1. Participatory, inclusive, and culturally-sensitive
 2. Priorities: food and economic security, access to health, and protection from abuses
 3. Beyond 'ayuda', supporting livelihoods
- Intersectionality: Indigenous children and education; Indigenous women and reproductive health; Indigenous Peoples with disability
- Assessment of Indigenous perceptions
- Beyond symbolism



Summary

- Indigenous Peoples suffer from disparities of exposure, susceptibility, and health care access for COVID-19, as well as economic, social, political, and service-related disparities
- Longstanding marginalization and history of oppression, forced eviction, and discrimination
- Indigenous Peoples are especially vulnerable, and therefore require special protection and support.