
WEEKLY PRESS BRIEFING ON COVID-19 DIRECTOR'S REMARKS—4 AUGUST 2021

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Good morning and thank you for joining today's press briefing.

Over the last week, more than 1.2 million COVID-19 cases and 20,000 COVID-related deaths were reported in the Americas.

COVID infections are accelerating in North America, driven primarily by a surge in cases in the southern and eastern United States and in central Mexico.

In Central America, Guatemala is reporting a rise in COVID infections, particularly among people younger than 50.

Cases are also on the rise in the Caribbean, where Cuba, Martinique and the British Virgin Islands are continuing to see an increase in new cases.

Meanwhile, cases are dropping across South America, although some Brazilian states have seen an increase in infections. This underscores the fact that, until we effectively contain transmission, infections can surge quickly. So masks, social distancing and other public health measures remain crucial.

Unfortunately, this week we also mark another grim pandemic milestone: over two million people in the Americas have died from COVID-19 complications. That's roughly the population of Houston, Texas.

This loss hangs heavy in our hearts and it is a distressing reminder that we must act urgently to prevent further suffering.

Today, vaccines, which are a beacon of hope to control this pandemic, remain out of reach for far too many people in the Americas. Just 18% of people in Latin America and the Caribbean have been fully vaccinated against COVID-19.

While this pandemic has impacted all of us, today, I wish to spotlight the challenges facing our indigenous communities.

The Americas are home to more than 62 million indigenous peoples that represent a rich fabric of languages, cultures, and societies.

And while each group is unique, no matter where you look, our indigenous communities are more vulnerable to COVID infections.

Nearly half of indigenous peoples live and work in urban centers and travel back and forth to visit their families and communities.

Many of them live in communal societies that make practicing social distancing and isolation very difficult.

Together, this frequent movement and gathering creates opportunities for COVID to spread.

Although we lack robust data for all indigenous communities, based on the data we do have from countries like Brazil, Colombia, Ecuador, and Peru, at least 617,000 indigenous people have been infected with COVID in the Americas and nearly 15,000 have died from COVID complications since the start of the pandemic.

It's likely that many more have been infected, and many more have died, but we may not know it because they have struggled to get the COVID care that they deserve.

Many of our indigenous peoples live in remote and isolated areas where a clinic or a doctor may be many kilometers or days away. Even those who live in urban centers still face invisible barriers – like language, stigma, and poverty – that can keep health care out of reach.

We've long said that the pandemic has exacerbated inequalities in our region. And this is especially true for indigenous peoples, since most lack the financial and social safety nets to ensure they can continue to provide for their families and communities, even when they're sick.

As countries continue to be challenged by COVID-19, we call on them to prioritize the needs of our indigenous peoples.

We're pleased to see that 17 countries across our region have listed indigenous peoples as a priority group for COVID vaccinations, and vaccination campaigns are already underway. So far, more than 134,000 indigenous people have been fully vaccinated across Guatemala and more than 312,000 have completed their COVID-19 vaccinations in Brazil. But we, unfortunately, don't have data from every country.

That's why we urge countries to collect more and better data in disaggregated format to understand and resolve the challenges facing our indigenous groups.

Data are essential to guide effective policies. Too few countries collect data on the pandemic's impact across ethnic groups, leaving ministries of health blind to important and valuable trends on how the virus is affecting our indigenous communities.

In places where there has been robust data, like Brazil and Colombia, this has made all the difference in tailoring culturally adequate responses to the specific needs of indigenous groups. This should be the rule, and not the exception.

To adequately address the needs of our indigenous peoples, we must ensure that our strategies are designed by, for, and with the communities they are intended to serve.

Countries must engage indigenous groups as they design pandemic policies and adjust their COVID responses to ensure that they align with their needs and customs. PAHO has worked closely with organizations that represent indigenous groups in our region – like FILAC, the Fund for Development of Indigenous Peoples of Latin America and the Caribbean, and COICA, the Coordinator of Indigenous Organizations of the Amazon River Basin – to issue culturally appropriate recommendations to countries across our region. PAHO has also been supporting a cross-border vaccination campaign to reach indigenous communities in the Amazonian regions of Colombia, Ecuador, Peru, and Bolivia, where we've seen the importance of intercultural dialogues to build support for COVID vaccinations.

And finally, countries must expand access to health, especially during a pandemic.

Indigenous communities have long understood that the best way to provide care is by making it available within their communities, where it can reach the needs of more people, close to home. As countries expand their health care capacity, they must ensure that health workers are sensitive to the needs and the languages of our indigenous communities, and that they respect the tradition of ancestral medicine which is still practiced by many of our indigenous peoples.

As we commemorate the upcoming World Indigenous Peoples Day, we are reminded that, for many of our indigenous peoples, the right to health remains a promise unfulfilled.

As we continue to be challenged by the pandemic, we must ensure our responses and our COVID vaccination campaigns do not widen inequities that have long plagued our region.

Instead, we must use this pandemic as a lesson that we cannot afford to leave anyone behind.