

NEWSLETTERS

Project Contingency Plan for Health Protection of Highly Vulnerable
Indigenous Peoples and in Initial Contact

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Technical
mission to the
Tri-Border area:
Brazil, Peru, and
Colombia:
Letícia- Tarapacá

Project Contingency Plan for Health Protection of Highly Vulnerable Indigenous Peoples and in Initial Contact

This initiative consolidates the cooperation actions conducted in border territories in the Amazon Basin creating a favorable context to mitigate the impacts of Covid-19 and the threats of emerging and endemic tropical diseases in the highly vulnerable Indigenous Peoples that inhabit those areas, with special emphasis on the Indigenous Peoples in Isolation and Initial Contact (PIACI) and on the neighboring populations to these Peoples.

This project is being coordinated by the Amazon Cooperation Treaty Organization (ACTO) jointly with the Pan American Health Organization (PAHO) and is financed by the Inter-American

 Development Bank (IDB).

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Project Contingency Plan for Health Protection of Highly Vulnerable
Indigenous Peoples and in Initial Contact

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Cover: Training course - Tarapacá
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Technical mission to the Tri-Border area Brazil, Peru and Colombia: Leticia –Tarapacá

Based on the Health Situational Study under the project "Contingency Health Plan for Highly Vulnerable Indigenous Peoples in Initial Contact" (ACTO/PAHO/IDB), the project's technical team seek to validate the data and information identified in the desk work held during the year 2021.

To this end, the technical mission to the border region, particularly in the border region between Colombia and Peru, aimed at dialoguing with the main actors involved in the health protection of the Indigenous communities in the Putumayo River region, and also aimed at collecting additional information for the preparation of the Contingency Plan foreseen for this region.

Currently, several activities are being carried out to strengthen the articulated and culturally relevant response capacity of the different national and local Public Health Services to possible health emergencies such as Covid-19, as well as to post-emergency situations, by developing existing community early warning mechanisms in the transboundary areas, including the Putumayo River region.

This region comprises a heterogeneous population of several indigenous ethnic groups, mestizos of local origin, migrants of Andean origin, and migrants from other Amazonian territories, which was considered by the mission throughout the discussions.



ACTO technical team arriving in Tarapacá, Amazonas, Colombia.



- Image 1: map of the Amazonian Triple Frontier Region
- Source: Colombia-Brazil Amazon Tri-Border Action Plan

BILATERAL MEETING

Colombia and Peru exchange experiences on contingency and indigenous health plans

Representatives of governmental institutions, civil society and Indigenous representatives of the Amazon Cooperation Treaty Organization and the Pan American Health Organization (PAHO) met to discuss the Health Contingency Plan for Highly Vulnerable Indigenous Peoples in Initial Contact for the Putumayo River region in the triple border between Colombia, Peru, and Brazil.



At this meeting, held in Leticia on September 22 and 23, delegates presented the progress of the contingency plan including contributions from the participants and they established communication and decision-making flows to respond to the different types of alerts, including first contact with Indigenous peoples in isolation, as well as medical emergencies.

The meeting was attended by representatives from Colombia from the Ministry of Health and Social Protection, the Departmental Health Secretariat of Amazonas, the National Natural Park -Region Amazon Rio Puré-, the National Indigenous Organization of Colombia (ONIC), the *Cabildo Indígena Mayor de Tarapacá* (CIMTAR); from the Civil Society, the Amazon Conservation Team (ACT) participated. Moreover, delegates from the Ministry of Health, the Ministry of Culture and the Regional Health Directorate participated from Peru, and at the international level, representatives from the Subregional Program of the Pan American Health Organization (PAHO/WHO) participated. The activities were directed by the ACTO consulting team.



The first version of the Health Contingency Plan for Highly Vulnerable Indigenous Peoples in Initial Contact in the Triple Border of Brazil, Peru and Colombia was consolidated, taking into account specific recommendations considering intercultural contexts.

Secondly, the methodology of knowledge dialogues was developed with the active contribution of the delegates from Colombia and Peru, based on the presentation of the first version of the Contingency Plan prepared by ACTO consultants Lyli Chin doy and Lucas Albertoni.

Thanks to the participation of the delegates, the first version of the Contingency Plan for the Brazil-Peru-Colombia Triple Border was consolidated.



Recommendations included the design of the early warning flow for both health and emergency situations.

Results

From discussions held on various topics, conclusions and recommendations were given based on the report of the tri-border region, the Contingency Plan proposal and the knowledge and perspectives of all the participants, among which the following stand out:

- The design of the potential flow of early health and emergency alerts and the organized and coordinated response of the health systems in Colombia and Peru, taking into account the scenario and the challenges posed by interaction in cross-border areas.
- During the meetings, the relevance of carrying out prior awareness-raising campaigns, highlighting the importance of immunizations, information on health promotion and disease prevention, considering the intercultural approach, was analyzed for immunizations carried out in Indigenous Peoples and in populations of difficult access located on the border.
- One of the key issues addressed at the meeting, was the recommendation to strengthen co-responsibility as a strategic aspect to be taken into account in the implementation of the Contingency Plans, and the consolidation of intersectoral relations to ensure optimal articulation and coordination. This will give an important impetus to the actions proposed in these plans.
- The role of the States, Indigenous organizations and other social actors related to the issue is fundamental in the preparation and implementation of the Contingency Plans; in particular, the inclusion of the representations of the different Indigenous organizations must be guaranteed. Through the project financed by the Inter-American Development Bank (IDB), ACTO has been promoting the necessary steps to set the process on track and meet the goals set in the different regions targeted for intervention.

New contributions to the Contingency Plan

The Contingency Plan presented in the meeting received contributions from the technical mission, specially one aspect related the establishment of a network for the reporting of shared data between local and national actors in the field of health, for a specific surveillance in the triple border. This information will be part of the health, community, and local cordons, for the establishment of a prevention phase within the Contingency Plan.

The involvement of the communities adjacent to the Isolated Indigenous Peoples in Initial Contact (PIACI) is essential aspect for both the Plan and the health actions in the triple frontier area. The use of Indigenous medicine and ancestral health care practices is a key aspect of these actions, for the articulation and consolidation of the health cordons.

The above must be accompanied by immunization campaigns with intercultural communication criteria applied in the environment of the populations adjacent to the PIACIs, taking into account the vulnerability of isolated populations and those of initial contact, to reinforce prevention activities and avoid outbreaks or epidemics.

One of the ideas expressed at the event clearly reflects the conception of this part of the Plan: "The health care of the PIACIs begins with health care and training of the neighboring communities to respond to contact situations".

Discussions included a broad reflection on the rapprochement with Indigenous populations, since this process must be framed under the understanding of the uses and customs of the local cultures. This poses a challenge for the implementation of actions framed in intercultural criteria.

The technical mission also analyzed the participatory and intercultural dialogues in the local areas related to the indigenous territories, to ensure better access to both traditional and western medicine, taking into account the recommendations of the Contingency Plan.



Participating delegates from governmental institutions, civil society, indigenous representatives, ACTO and PAHO.

TRAINING AND EXCHANGE OF EXPERIENCES

Indigenous agents participate in training for basic health care in Contingency plans



Agents from Indigenous communities in the Tarapacá region (Tikuna, Cocama, Bora, Muinane, Huitoto, Ocaina and Inga) participated in the training.

Health actors from the communities of the Tarapacá region in Colombia, during September 26 and 27 participated in the training "Update of Indigenous Health Agents of Lower Putumayo: dialogue of knowledge for basic health care and Contingency plans in case of contact with peoples in isolation", organized by the Amazon Conservation Team (ACT), with the participation and support of ACTO.

This initiative brought together the social actors of the Indigenous communities living in the non-municipalized area of Tarapacá in the Department of Amazonas. The event promoted exchange of community information complementing the situational health study, and at the same time, provided recommendations for the Contingency Plan for the triple border with emphasis on the PIACIs, from the community context.

The training was attended by nearly 20 agents from the communities of the Tarapacá region from different indigenous peoples, such as Tikuna, Cocama, Bora, Muinane, Huitoto, Ocaina and Inga, all of whom live in the Putumayo River region and tributaries of the department of Amazonas, Colombia, as well as by indigenous leaders, experts on the subject coming from Brazil, Colombia and Peru, along with the delegates from ACT, the Departmental Health Secretariat and ACTO consultants.

The mission members traveled from Leticia to the town of Tarapacá for the activities. One of the purposes of the training was to obtain information and inputs to broaden the understanding of the health status of the local populations in the border area, and the identification of elements to be included in the Contingency Plan.



Activity with the social stakeholders of the Indigenous communities

Delegates discussed actions to manage impacts of illegal mining in Brazil and Colombia



The workshop focused on the exchange of experiences on the impacts of illegal mining and mercury contamination.

The "National Workshop: Presentation of the Colombian Illegal Gold Mining Impact Calculator" was held in the city of Leticia with the purpose of exchanging information on the environmental, social, cultural, and economic impacts of illegal mining in the Amazon region of Brazil and Colombia.

This meeting was held on September 29 and 30 to exchange experiences on the effects of illegal mining and mercury contamination; it also provided an opportunity to learn about the functionalities of the tool Gold Mining Impact Calculator that can contribute to decision-making at the national and regional levels.

The event also sought to identify mechanisms for information management and inputs for the operation of the Calculator in the Colombian Amazon and the identification of cooperation opportunities regarding the necessary actions to manage the impacts of illegal mining, in an analysis of shared border watersheds with emphasis on pilot sites.

This event brought together indigenous representatives (OPIAC and Indigenous Traditional Authorities), the Colombian Ministry of Health, the Secretariat of Agriculture and Environment, the Government of the Department of

Amazonas, the Brazilian Public Prosecutor's Office, among other governmental and non-governmental institutions from both countries.

The ACTO was represented by the advisor for Indigenous Affairs, Carlos Macedo, and by the technical team comprising the physician Lucas Albertoni from Brazil, the bacteriologist Lyli Chindoy from Colombia and the anthropologist Fritz Villasante from Peru.

At the meeting, the Brazilian representative presented the experiences in the application of the Calculator and pilot cases. Case 1: Upper Puré River (Colombia), Lower Puré River (Brazil), Purité River Basin (Colombia-Brazil). Case 2: Upper Cotuhé River Basin (Peru-Yaguas), Lower Cotuhé -Amacayacu River Basin (Colombia). Finally, the implementation of the Calculator and the context of priority sites was discussed, considering environmental, health and law enforcement impacts.

The meeting was organized by the Foundation for Conservation and Sustainable Development (FCDS) and the Regional Alliance for the Suppression of Mining Impacts, supported by the Amazon Sustainable Landscape Program led by the World Bank, with financial support from the Global Environment Facility (GEF).

HANDOVER OF RADIO EQUIPMENT TO INDIGENOUS COMMUNITIES

radio kits will contribute to consolidate the communication network of the sanitary control and surveillance system in the Yavari Valley.



The radio equipment will be installed in the Soles communities of the Matsés people, Estirão do Kumaru of the Kanamari people and Komãya of the Marubo people.

The technical team of ACTO traveled to the Yavari Valley region to deliver three kits to the Union of Indigenous Peoples of the Yavari Valley (UNIVAJA), to support the implementation of cross-border health contingency plans.

This donation was held on September 21, at UNIVAJA's headquarters in the city of Atalaia do Norte, in the State of Amazonas.

The radio equipment will be installed in the communities Soles, of the Matsés people, on the Yaquerana river, which is located on the border between Brazil and Peru in the upper Yavari basin; Estirão do Kumaru, of the Kanamari People, on the Itacoai river; and Komãya, of the Marubo People, on the upper Curuçá river.

The communities were selected according to technical criteria such as lack of availability, strategic and logistical location, and especially, vulnerability characteristics of the communities, which were analyzed and presented by UNIVAJA representatives and further validated by the ACTO team of consultants.

These communities are located in the border region between Brazil and Peru home to the Mastés ethnic group between the two countries.

These donated kits are expected to increase communication and cross-border articulation for early warnings, which is a critical aspect of health intervention.

It also targets the communities of Estirão do Kumaru and Kumaia, located in the

extreme south of the Indigenous Land, which are subject to unsupervised incoming and outgoing mobility flows (varadouros), carrying precursors of contagious diseases transported by the indigenous or non-indigenous populations that use these roads for illegal invasion of the territory or exploitation of natural resources. In addition, in both regions Isolated Peoples have been recorded through frequent sightings and traces. Given the great distance of these communities from the base pole, it is important to optimize communication

in order to generate early warnings, which is intended to be part of the community surveillance mechanisms established from a sanitary cordon for the protection of the isolated communities that share territory with the Kanamari and Marubo.

The signing ceremony was attended by the UNIVAJA Coordinator, Paulo Marubo, the advisor of the DSEI office of the Yavari Valley, Bruna Lima, and the representative of the District Council of Indigenous Health (CONDISI) of the Yavari Valley, Vitor Mayuruna.

Angamos and Buenas Lomas health centers receive donation of communication equipment

On September 18, in the city of Iquitos, prior to the technical mission, consultant Fritz Villasante, representing ACTO's technical team, donated radio equipment to the Regional Health Management of Loreto (GERESA LORETO), which will be destined for the Health Service Providers Institutions (IPRESS) of the communities of Angamos and Buenas Lomas, Maynas Province, Requena District, Loreto Department, Peru.

Both radios will serve as a means of communication in health emergencies in the 21 Indigenous communities, in the health cordons for the Indigenous Peoples in isolation, for the families of the neighboring Matse communities, and to the communities and IPRESS I-3 of the Micro Health Network of Angamos.



The donation was made by the ACTO technical team to the representative of the Indigenous Health sector of DIRESA, Rosa Valera.



PARTICIPATORY CONTINGENCY PLAN

In a participative process the technical mission meets the objective of preparing the first draft of the Contingency Plan for the triple border region.



After the technical mission, a review was conducted to verify compliance with the objectives. As conclusion, the participation of the different governmental and non-governmental health actors from Peru and Colombia, as well as the delegates from the Indigenous organizations, contributed decisively to the first draft of the contingency plan for the tri-border region.

Another of the objectives achieved through the technical roundtables was the validation of the information contained in the health situation

analysis report for this region, which gives consistency to the plan.

On behalf of ACTO, the technical mission was led by Carlos Macedo, Lyli Chindoy, Fritz Villasante, Lucas Albertoni and the presence and support of Roberta Cerri from Fio Cruz Brazil.



BOLIVIA



Brazil



Colombia



Ecuador



GUYANA



PERU



Suriname



Venezuela

