

Correspondence

No indigenous peoples left behind on the rolling out of COVID-19 vaccines: considerations and predicaments

ABSTRACT

In recent correspondences, authors emphasized the need to consider vulnerable groups such as migrants, refugees, prisoners, and persons with disabilities in the interventions and plans of government and health authorities in combatting coronavirus disease 2019 (COVID-19). This paper discusses the urgent call for government and health authorities to ensure that indigenous peoples, being distinct ethnic communities, are included in the rolling out of COVID-19 vaccines with considerations to their unique culture, beliefs and traditions.

Keywords COVID-19, indigenous peoples, public health, vaccines

In recent correspondences, authors emphasized the need to consider vulnerable groups such as migrants, refugees, prisoners, and persons with disabilities in the interventions and plans of government and health authorities in combatting coronavirus disease 2019 (COVID-19),^{1–3} However, government and health authorities must not forget the indigenous peoples in these undertakings because they are also considered among the vulnerable population. Part of the interventions to mitigate the effects of COVID-19 is the rolling out of vaccines among the population.

Meanwhile, considerations and predicaments may also arise in the rolling out of vaccines among the indigenous peoples, being distinct ethnic communities, because of their unique beliefs, culture and traditions. There is a need for any government with indigenous peoples to be conscious of their distinct culture because it is a contributory factor in combatting the corona virus.⁴ Governments must safeguard that truthful data are to be gathered, processed and reported⁵ regarding the situation of the indigenous peoples so that they will not be left behind especially in the vaccination program. The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) Article 24 clearly stipulates that indigenous peoples have their own traditional ways, medicines and practices regarding their health.⁶ But the declaration also mentions that they must not be deprived of equal access to all social and health services. Indigenous peoples have their own health and hygiene practices and strategies that are distinctive to their culture.⁷ Thus, actively engaging the indigenous communities in

controlling the transmission of COVID-19 virus is imperative to any government intervention health programs.

Indigenous peoples are in dire need to access the rolling out of COVID-19 vaccines because they have been affected by the pandemic. They lack health facilities, access to clean drinking water and nutritious food to boost the immune system.⁸ With 370 million indigenous peoples around the world representing 5% of the population and 15% of the world's poorest people,⁹ COVID-19 vaccines can mean a lot to them as they thrive and survive the pandemic. Governments must ensure fair allocation of the COVID-19 vaccines¹⁰ when these are available which includes the indigenous peoples. The UNDRIP Article 29 Section 3 cites that 'States shall also take effective measures to ensure, as needed, that programmes for monitoring, maintaining and restoring the health of indigenous peoples, as developed and implemented by the peoples affected by such materials, are duly implemented'.⁶ Nevertheless, the safety and survival of everyone in this pandemic as a public health crisis is an ethical and social responsibility of government and health authorities around the world.

Authors' contributions

All authors contributed to all aspects of the manuscript.

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Conflict of interest

The authors declare no conflict of interest in this paper.

References

- 1 del Castillo FA, del Castillo C. Lessons from COVID19: advocacy toward the vulnerable. *J Public Health* 2020;**42**(4):869–70.
- 2 Kahambing, JG., Philippine prisons and ‘extreme vulnerability’ during COVID-19. *J Public Health*, 2021. <https://doi.org/10.1093/pubmed/fdaa259>.
- 3 Medallon, KGG. Of ensuring equitable participation of persons with disabilities during the COVID-19 pandemic. *J Public Health*, 2021. <https://doi.org/10.1093/pubmed/fdaa281>.
- 4 Lagman, JDN, Vergara RJD, and Sarmiento PJD. Culture as a contributory factor in combatting the Covid-19 pandemic. *J Public Health*, 2021. <https://doi.org/10.1093/pubmed/fdaa280>.
- 5 Sarmiento, PJD, Yap, JFC, Espinosa, KAG *et al.*, The truth must prevail: citizens’ rights to know the truth during the era of COVID-19. *J Public Health*, 2020. <https://doi.org/10.1093/pubmed/fdaa240>.
- 6 UN. *United Nations Declaration on the Rights of Indigenous Peoples 2007* [cited 2021]; Available from: https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf (23 January 2021, date last accessed).
- 7 Yang EM, Kim J, Biag A *et al.* A study on health and hygiene needs, strategies, and well-being of an Aeta indigenous community in the Philippines through photovoice methods. *Asian Soc Work Policy Rev* 2020;**14**(3):126–37.
- 8 UNESCO. *Indigenous Peoples: Vulnerable, Yet Resilient*. 2020 [cited 2021]; Available from: <https://en.unesco.org/courier/2020-3/indigenous-peoples-vulnerable-yet-resilient#:~:text=Indigenous%20populations%20%E2%80%93%20who%20suffer%20from,them%20at%20a%20disproportionate%20risk> (23 January 2021, date last accessed).
- 9 UN. Vulnerable People. [cited 2021]; Available from: <https://www.un.org/en/letsfightracism/indigenous.shtml>. (23 January 2021, date last accessed)
- 10 Munguía-López ADC, Ponce-Ortega JM. Fair allocation of potential COVID-19 vaccines using an optimization-based strategy. *Process Integr Optim Sustain* 2021. <https://doi.org/10.21203/rs.3.rs-83772/v1>.

Philip Joseph D. Sarmiento¹, Jose P. Serrano¹,
Ria P. Ignacio¹, Arlan E. dela Cruz², and
Jonald C. De Leon¹

¹Christian Living Education Department, Holy Angel University, #1 Holy Angel Avenue, Sto. Rosario, Angeles City 2009, Philippines

²School of Arts and Sciences, Holy Angel University, #1 Holy Angel Avenue, Sto. Rosario, Angeles City 2009, Philippines

Address correspondence to Philip Joseph D. Sarmiento,
E-mail: pjsarmiento@hau.edu.ph

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