One Amazon, Many Amazons

Since 2021, a consortium of academic institutions and NGOs, together with Indigenous, peasant, and Afro-descendant peoples and nations and their representative organizations, has been implementing the project One Amazon: A One Health assessment of emerging epidemic threats and resilience among Amazonian indigenous peoples, in the light of responses to the COVID-19 pandemic in Colombia, Ecuador, and Peru.

The project is led in Peru by Instituto del Bien Común (IBC) and Consorcio por la Salud, Ambiente y Desarrollo (ECOSAD); in Ecuador, by Fundación Salud, Ambiente y Desarrollo (FUNSAD) and Universidad Andina Simón Bolívar (UASB). Project leadership In Colombia is provided by Universidad del Valle (Univalle), Universidad Nacional (Unal - Amazonía Campus) / Instituto Amazónico de Investigaciones (IMANI) and Gaia Amazonas. The University of Brasilia (UnB) is a Brazilian consortium member. Funding is provided by the International Development Research Centre (IDRC) from Canada.

The **One Amazon** project helped reduce the risk and vulnerability to emerging zoonotic epidemics and socio-environmental changes and contributed to increasing resilience among indigenous, peasant, and Afro-descendant peoples and nationalities and their organizations in the Colombian, Ecuadorian, and Peruvian Amazon.

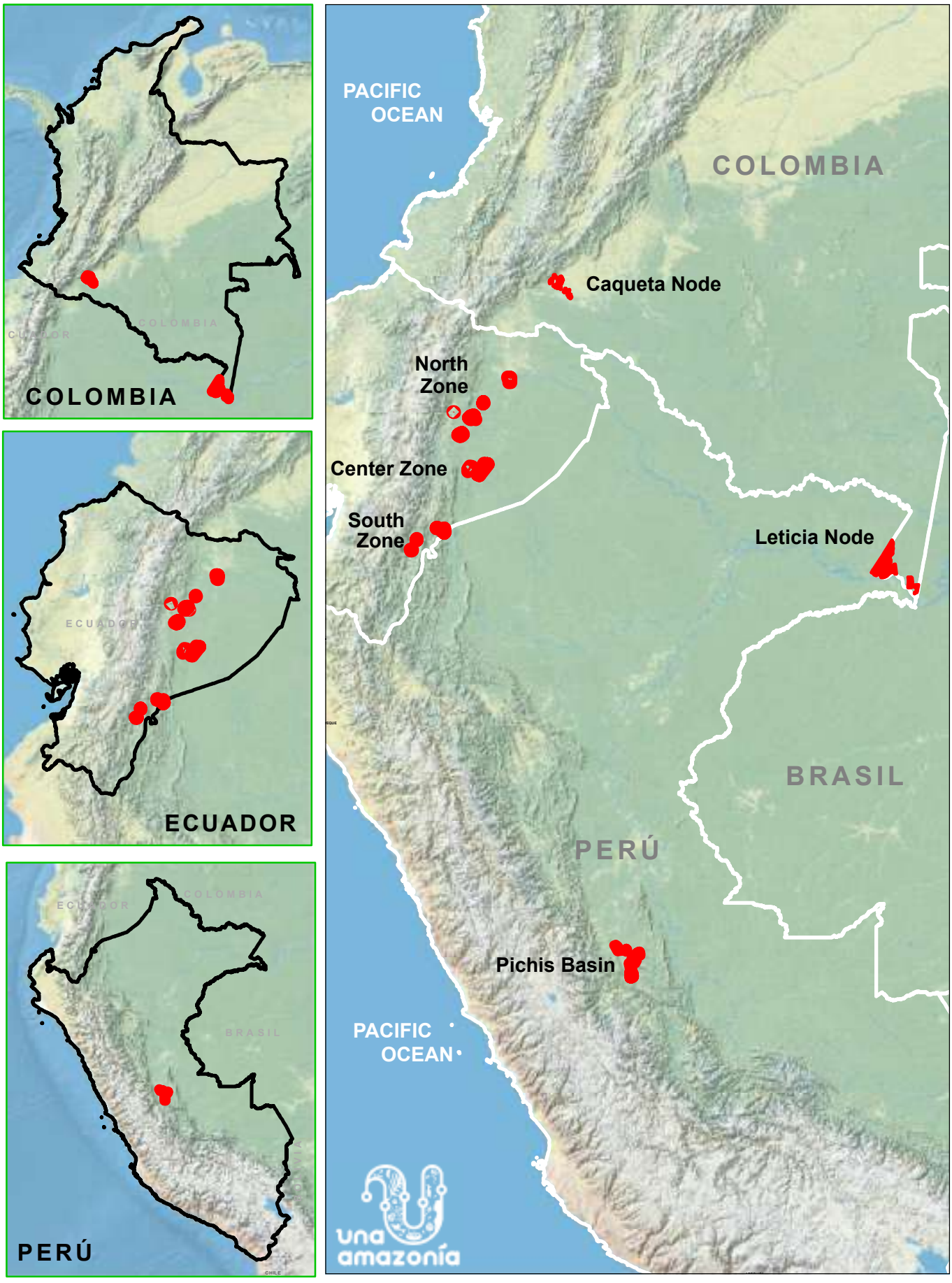
Indigenous, peasant, and Afro-descendant peoples, nationalities, and organizations are part of the project.

In **Peru**, the Asháninka people are represented by the Asociación de Nacionalidades Asháninkas del Valle del Pichis (ANAP).

In **Ecuador,** the Waorani, Kichwa, Achuar and Shuar Indigenous peoples participate alongside their organizations: the Confederación de Nacionalidades Indígenas de la Amazonía Ecuatoriana (CONFENIAE), the Pueblo Shuar Arutam (PSHA) and the Federación Interprovincial de Centros Shuar (FICSH).

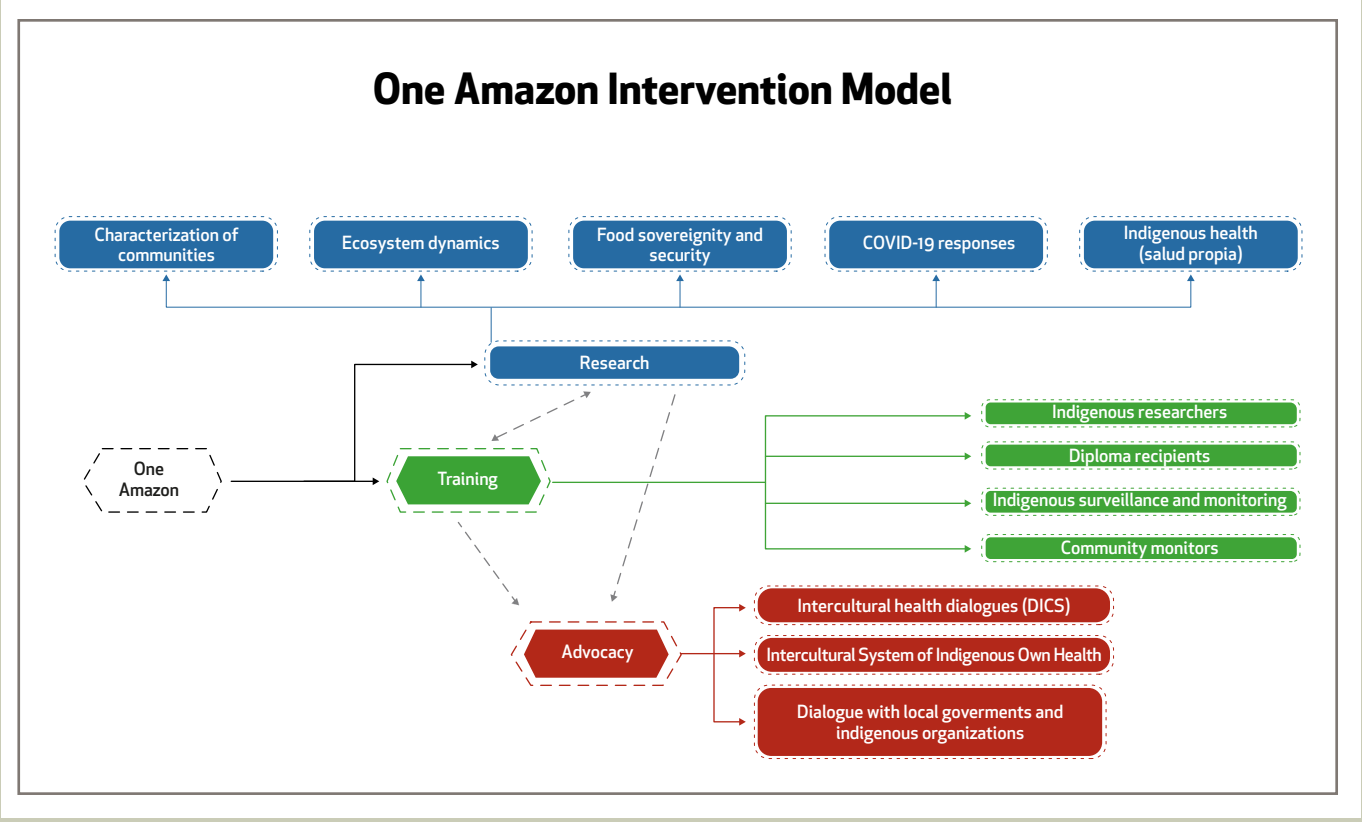
In Caquetá, **Colombia**, peasant communities from mestizos and Afro-Colombian populations are represented by the Coordinadora Departamental de Organizaciones Sociales, Ambientales y Campesinas del Caquetá (COORDOSAC) and the Cabildo Indígena Nasa Puerta de Saber. In Leticia, Colombia, 25 Indigenous peoples are represented by Indigenous organizations and resguardos (legal and sociopolitical entities comprised by indigenous communities), such as CAPIUL and TIWA.

One Amazon Project
Work Areas



Research, training, and political advocacy for change

One Amazon has worked within 30 indigenous and rural communities in Colombia, Ecuador, and Peru, where transdisciplinary research was coordinated with community and organizational capacity strengthening. Project-trained co-researchers and local health and environment monitors generated scientific and social data. Based on this scientific evidence, political advocacy actions were designed and conducted at the local, subregional, and national levels.



The new knowledge arising from the project´s findings should facilitate the rethinking of the model of health, food, land occupation, and development in the Amazon to generate proposals from the indigenous, rural, and Afro-descendant communities and the organizations that inhabit it.


Reflexión sobre tratamientos (de enfermedades propias y occidentales)
Abuelo Bonifacio cura un derrame cerebral
Discapacidades, dónde entran?
Esquizofrenia, adicción y otras enfermedades 'mentales'
Enfermedades espirituales 'mortales'
Pereza
Chisme
Celos
No son ni enfermedades 'sociales' ni 'mentales', son enfermedades espirituales que afectan el tejido social, llevan a criminalidad, feminicidio, etc. También tienen un componente físico, en bailes, rituales, manejo de la sangre, dietas, etc.


OREGANO


Paira

The knowledge and practices of Indigenous, peasant, and Afro-descendant peoples and nationalities contributed to reducing the risk of COVID-19 contagion

The government's health response to the COVID-19 pandemic was limited and did not reach many Amazonian communities. This situation highlighted deficiencies in the accessibility to health services, social inequality, geographical and institutional barriers, the precariousness of infrastructure, and the inefficient pandemic management in the border area shared by Brazil, Colombia, and Peru. In contrast to the official health response based on Western medicine, a community response rooted in ancestral knowledge allowed the implementation of community health practices such as epidemiological barriers through so-called community guards and isolation of probable cases. Communities provided solidary care, and traditional medicine was used through vaporization, nasal drops, healing beverages, and rubs. These practices contributed to reducing the risk of contagion and the number of deaths from COVID-19.

In the **Ecuadorian Amazon**, the communities with the highest number of cases per inhabitant were Washintza, with 76 cases out of 105 inhabitants, and Awenkaro, with 19 cases out of 25 inhabitants. Their treatments were based on preparations with medicinal plants from their farms, such as Guayusa (*Ilex guayusa*), Uña de Gato (*Rubiaceae*), Dulcamara (*Solanum dulcamara*), and others. No residents died from COVID-19.

In **Colombia**, reports from the country's epidemiological surveillance system showed that the region's first peak of COVID-19 cases was recorded in the department of Amazonas. Local public health systems were overwhelmed, and the department's lethality and mortality indicators exceeded the national rate by 7.8 times. Community organization and traditional medicine were fundamental in responding to the pandemic health emergency. Communities implemented epidemiological barriers, care networks, and community surveillance teams and used medicinal plants such as Abuta (*Abuta grandiflolioa*), ginger (*Zingiber officinale*), botoncillo (*Spilantes oleracea*), and achiote (*Bixa orellana*).

In the **Pichis River basin, Peru**, in the first two years of the COVID-19 pandemic, official data provided by the Ministry of Health indicate that, of the 24 deaths from COVID-19, only 2 were Asháninka who came from other districts or provinces.

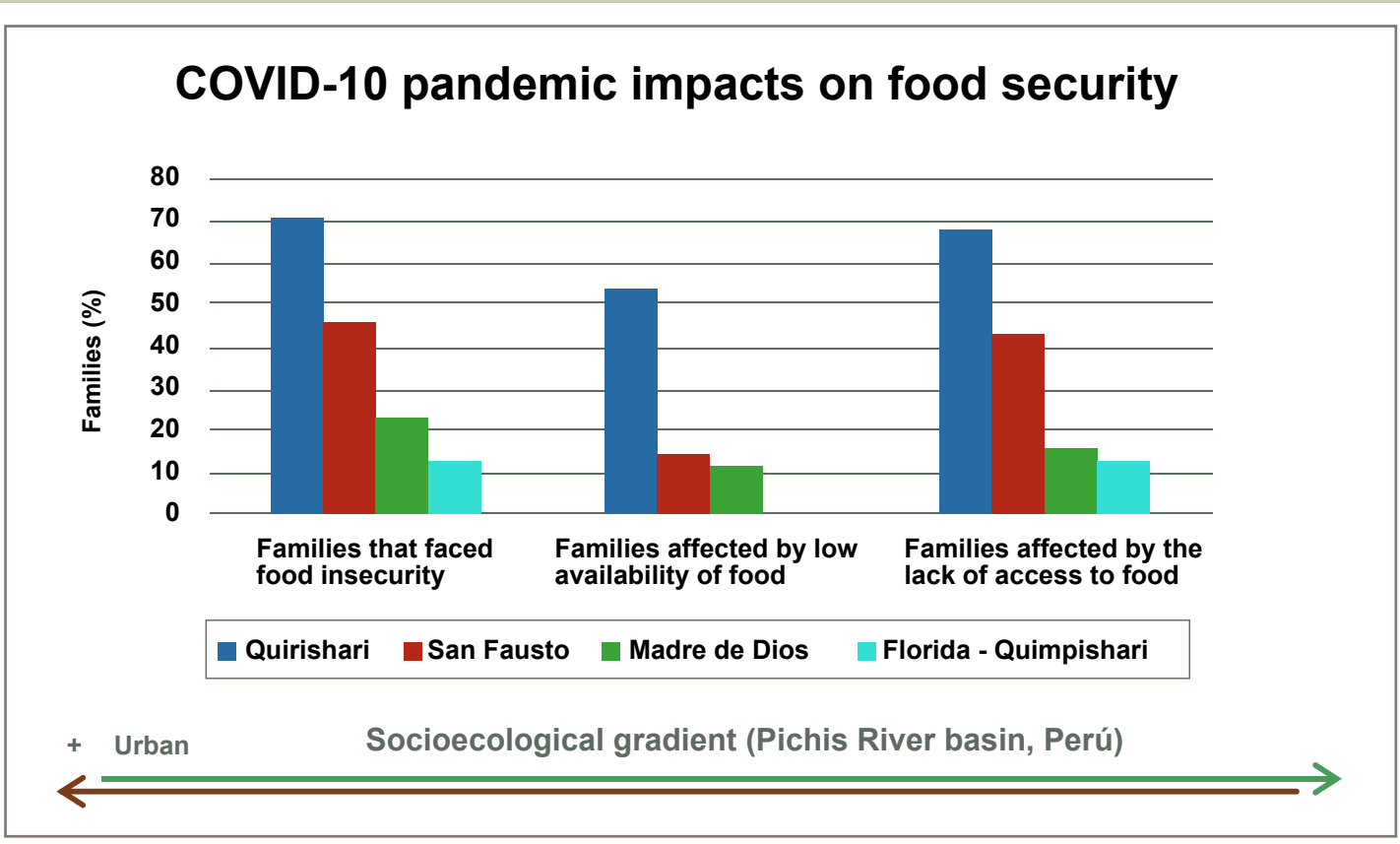
The territorial and food sovereignty of Amazonian communities contributed to reducing the risk of facing food insecurity situations and experiencing symptoms similar to those of COVID-19.

Communities with greater control over their territories' food systems and better-conserved ecosystems were less likely to experience episodes of food insecurity and symptoms like those of COVID-19 than communities located near more highly populated centers. The food security approach promoted by governments that sought to guarantee food availability and delivery to social programs did not prevent food insecurity.

Five Asháninka communities distributed along a social and ecological gradient from rural to urban were studied in the **Pichis River basin, Peru.**

- The communities furthest from urban centers have territories with more conserved ecosystems and greater control over their food systems. These communities were at low risk of food insecurity due to hunting, fishing, agricultural production, and food exchange and gift networks that guaranteed broad access to food during the COVID-19 pandemic.

- The communities closest to populated centers have territories with more degraded ecosystems and thus greater dependence on processed and ultra-processed foods. In these communities, social food aid programs that sought to guarantee food availability were inefficient in preventing food insecurity during the pandemic. People living in communities with less territorial and food sovereignty faced a tough choice. Those who reduced their mobility due to mandatory confinement, fear of infection, or lack of financial resources to buy food in urban centers faced difficulties accessing food and, therefore, a higher risk of food insecurity. Those who had to go out to markets or stores to buy food were 13 times more likely to present very high fevers, unlike anything they had experienced in the past, muscle pain, fatigue, headache, and loss of appetite. All these symptoms indicate a probable COVID-19 infection.


COVID-10 pandemic impacts on food security
Families (%)
80
70
60
50
40
30
20
10
0
Families that faced food insecurity
Families affected by low availability of food
Families affected by the lack of access to food
Quirishari
San Fausto
Madre de Dios
Florida - Quimpishari
+ Urban
Socioecological gradient (Pichis River basin, Perú)

Women, households with less formal education, and victims of armed conflict living in Indigenous and peasant communities are at higher risk of food insecurity

Forced displacement associated with armed conflict, the presence of legal and illegal crops and extractive activities, and land dispossession to benefit forms of extensive agriculture and mining disproportionately affect the indigenous, mestizo, and Afro-descendant populations living in the Amazon. These populations also have a high food dependency on commercial offerings.

In Caquetá, Colombia:

- Moderate and severe food insecurity affected 30.2% of the indigenous, mestizo, and Afro-descendant population in the communities of Currillo and San José del Fragua. A very close relationship was identified between being a victim of armed conflict and facing situations of moderate to severe food insecurity. The most affected were women, households headed by individuals with less formal education, and those with subsidized health systems. The studied municipalities showed a prevalence of food insecurity of 77%. This is, on average, 22% higher than the national (54.2%) and departmental (55.5%) prevalence.

- Local food consumption is highly dependent on commercial offerings: 4 out of 5 foods consumed are bought in markets and stores, and only 14.1% come from self-supply and exchange.

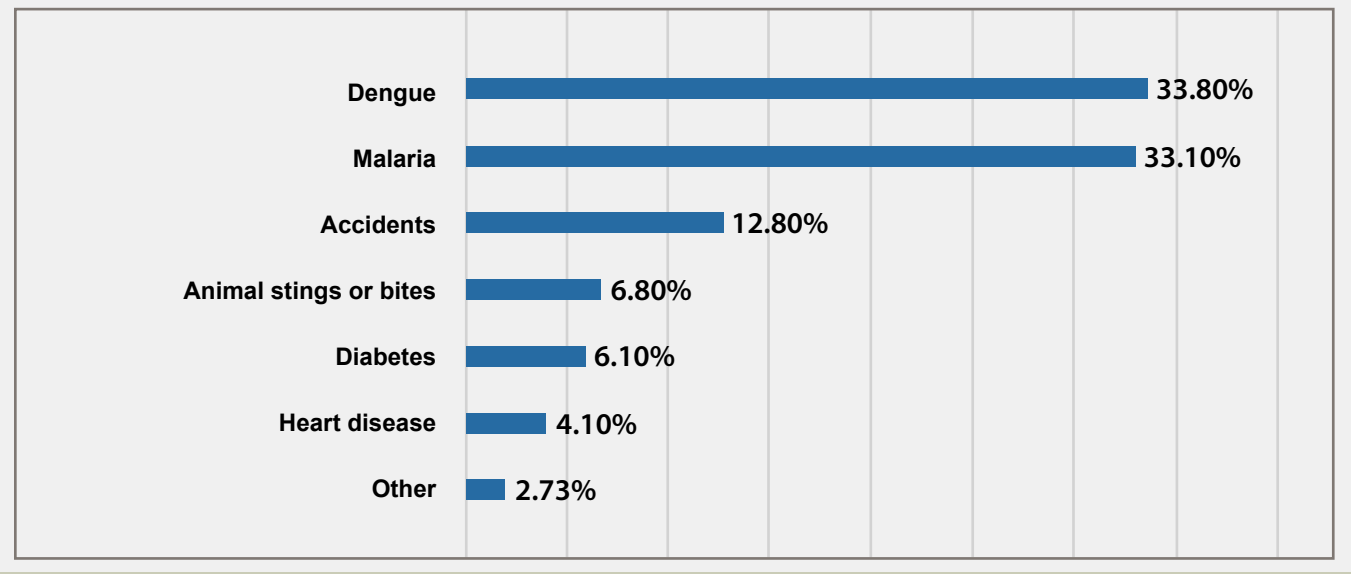
Ingresa a la web

The economic development model based on legal or illegal extractive activities applied in the Amazon does not improve the health or care of life in Amazonian communities or ecosystem health.

The economic development model based on legal and illegal extractive enclaves (oil, gas, timber, minerals), extensive livestock farming, and monocultures (African palm to supply the global food industry) pressures natural ecosystems, impacting the distribution of wild species that guaranteed the food supply of many communities. The favoring of processed and ultra-processed foods and products in this development model in the Amazon also increases the risk of death due to new health problems.

In the **Pichis River basin, Peru,** the extractive pressure on natural ecosystems associated with deforestation and the fragmentation of habitats and hunting territories has decreased the consumption of medium and large animals, replaced by more residual species adapted to fragmented ecosystems (smaller mammals and game birds). The fragmentation of territories and habitats impacts protein availability from animal sources derived from bushmeat, increasing the risk of food insecurity.

In the **Ecuadorian Amazon,** motorcycle collisions in communities represent the third most reported health problem, after dengue and malaria and before snake bites. These externally cause lesions are considerably more frequent among young people living in communities close to extractive activities such as oil and mining. They buy a motorcycle with their first salary without knowing how to ride properly. Many of these events occur among young people who have been drinking alcohol.



In **Caquetá, Colombia,** deforestation increased during the pandemic and continues to grow today due to the lack of state control, the economic interests of the livestock industry, oil exploration, monocrop agriculture, illicit crops, and legal and illegal mining extractivist activities. The overlap of environmental pressures and biodiversity is a concern for the potential emergence of new pandemics.

Ecosad
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FUNSAD
FUNDACIÓN SALUD AMBIENTE Y DESARROLLO

Gaia Amazonas

INSTITUTO DEL BIEN COMÚN

UNIVERSIDAD ANDINA SIMÓN BOLÍVAR
Ecuador

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UNIVERSIDAD NACIONAL DE COLOMBIA

Universidad del Valle

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