**Batwa people and COVID-19**

The Batwa people of Burundi are recognized as an indigenous people by the African Commission on Human and Peoples’ Rights, and the UN System.[[1]](#footnote-1) A history of dispossession from traditional lands, and pervasive stigma and discrimination, mean that Batwa people are among the very poorest of the poor in Burundi: official documents recognize that they experience “extreme poverty” and are a “vulnerable group”, “living on the margins of society”.[[2]](#footnote-2)

This background means that Batwa people are extremely vulnerable both to the health effects of COVID-19, and to the economic effects of potential measures to contain the disease. For example:

* **Most Batwa people have little access to food.** A study on over 1000 Batwa households in 2015 found that 80% of these households had only one meal per day.[[3]](#footnote-3)
* **Most Batwa people live a “hand-to-mouth” existence[[4]](#footnote-4) and have absolutely no resources to fall back on if the country goes into shutdown.** Batwa children are particularly exposed to the effects of poverty.[[5]](#footnote-5)
* **Most Batwa people have no access to healthcare.** Most cannot afford to pay for health insurance, and even those who would qualify for free treatment have in many cases been thwarted by administrative barriers (e.g. lack of identity documents or lack of access to the *carte d’indigence*).[[6]](#footnote-6)
* **Most Batwa people live in overcrowded houses, and many do not have access to clean water and sanitation.[[7]](#footnote-7)**
* **Batwa people have very little access to information about COVID 19.** It is estimated that over 90% of Batwa people are illiterate, and – due to poverty – very few have access to radios.
* **Batwa women face a heightened risk of gender-based violence** (for example, due to the erosion of traditional gender relations as Batwa people lost their land, and because many Batwa women do not have access to information on their rights).[[8]](#footnote-8) **This risk is likely to increase further if the country goes into shutdown**.
* **Elder members of the Batwa community** **are at extreme risk from the virus**. Although no disaggregated data on older Batwa people exists, we know from our own observations that elder members of the community live in extremely precarious conditions. Since it is known that older people tend to experience more severe symptoms from COVID-19, we are deeply concerned for these people’s survival.

We would also note that, due to the many barriers Batwa people face, they are at high risk of being excluded from international interventions – unless deliberate steps are taken.[[9]](#footnote-9)

**We would ask that development partners ensure their response to the spread of COVID-19 in Burundi takes into account the urgent risks affecting Batwa people**. In particular, we urge development partners to take the following steps, which are consistent with recommendations from the Food and Agriculture Organization of the United Nations, and the United Nations Department for Economic and Social Affairs:[[10]](#footnote-10)

* **Consider the situation of Batwa people explicitly** in planning their COVID-19 response. This should include consideration of gender, and other characteristics that can intensify marginalization (e.g. age, disability).
* **Work with organizations of Batwa people** throughout planning, implementation, and monitoring, to ensure that Batwa people are able to access response measures. They should also advocate for Batwa representatives to be included at all levels of the Government’s emergency planning processes.
* **Call for other development partners to include Batwa people** in their responses to the virus.

**Prioritized actions to prevent COVID-19 within the Batwa community are:**

* To lead a campaign of sensitization on hygiene among the Batwa people, taking into account this community’s group-based living arrangements. Organizations of Batwa people, such as l’Association pour l’Integration et le Developpement Durable au Burundi **(**AIDB**)**, stand ready to implement such a campaign.
* To take urgent measures to ensure food security.
* To distribute disinfectant products together with other materials such soaps and buckets for hygiene.

* To ensure that Batwa people are included in all aspects of the health system’s response, from testing to hospital care. Access to healthcare should not depend on ability to pay, nor on possession of identity documents or of the *carte of indigence*.

**About the Association for Integration and Sustainable Development in Burundi, (AIDB)**

**About AIDB:** AIDB is a Burundian NGO, led by Batwa people. Its mission is to give the indigenous Batwa people of Burundi effective means to put an end to the violation of their rights, and to the marginalization and discrimination that they currently face in all aspects of life. AIDB is an NGO in Special Consultative Status with the United Nations Economic and Social Council (ECOSOC) and observer status with the UN Environment Governing Council, which was renamed the United Nations Environment Assembly (UNEA) for UN Environment. It has collaborated extensively with international organizations such as the UN Voluntary Fund on Contemporary Forms of Slavery, UNICEF, Global Fund to fight HIV/AIDS, Tuberculosis, Malaria, the United Nations Population Fund (UNFPA) and CIVICUS.

1. International Work Group for Indigenous Affairs, Country Technical Note on Indigenous Peoples’ Issues: Burundi, 2014 [↑](#footnote-ref-1)
2. Ministere de la Santé Publique et de la Lutte contre le SIDA, Projet Nkuriza: Cadre de Planification des Peuples Autochtones (Batwa), 2019, p.12; and Republic of Burundi, Vision Burundi 2025, (2011), p.76. [↑](#footnote-ref-2)
3. Ministere de la Santé Publique et de la Lutte contre le SIDA, as above [↑](#footnote-ref-3)
4. Vision Burundi 2025, as above [↑](#footnote-ref-4)
5. International Work Group for Indigenous Affairs, as above; and Ministere de la Santé Publique et de la Lutte contre le SIDA, as above [↑](#footnote-ref-5)
6. International Work Group for Indigenous Affairs, as above; and Ministere de la Santé Publique et de la Lutte contre le SIDA, as above [↑](#footnote-ref-6)
7. International Work Group for Indigenous Affairs, as above [↑](#footnote-ref-7)
8. International Work Group for Indigenous Affairs, as above [↑](#footnote-ref-8)
9. Ministere de la Santé Publique et de la Lutte contre le SIDA, as above, pp. 36-37 [↑](#footnote-ref-9)
10. Food and Agriculture Agency of the United Nations, 2020, ‘[Indigenous Peoples’ Health and Safety at Risk due to Coronavirus (COVID-19)](http://www.fao.org/indigenous-peoples/covid-19/en/)’ and United Nations Department for Economic and Social Affairs, 2020, ‘[Indigenous Peoples and the COVID-19 Pandemic: Considerations](https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2020/04/COVID19_IP_considerations.pdf)’ [↑](#footnote-ref-10)