INTERNATIONAL JOURNAL OF CIRCUMPOLAR HEALTH
2024, VOL. 83, 2361987
https://doi.org/10.1080/22423982.2024.2361987

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ORIGINAL RESEARCH ARTICLE

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Funding the pandemic response for Indigenous Peoples: an equity-based analysis of COVID-19 using a Health Equity Impact Assessment (HEIA) Indigenous lens tool

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ABSTRACT

This study examines the allocation of COVID-19 funding for Indigenous Peoples in Canada, Australia, New Zealand, and the United States during the pandemic's first wave. Indigenous communities, already facing health disparities, systemic discrimination, and historical forces of colonisation, found themselves further vulnerable to the virus. Analysing the funding policies of these countries, we employed a Health Equity Impact Assessment (HEIA) tool and an Indigenous Lens Tool supplement to evaluate potential impacts. Our results identify three major funding equity issues: unique health and service needs, socioeconomic disparities, and limited access to community and culturally safe health services. Despite efforts for equitable funding, a lack of meaningful consultation led to shortcomings, as seen in Canada's state of emergency declaration and legal disputes in the United States. New Zealand stood out for integrating Māori perspectives, showcasing the importance of consultation. The study calls for a reconciliation-minded path, aligning with Truth and Reconciliation principles, the UN Declaration on the Rights of Indigenous Peoples, and evolving government support. The paper concludes that co-creating equitable funding policies grounded in Indigenous knowledge requires partnership, meaningful consultation, and organisational cultural humility. Even in emergencies, these measures ensure responsiveness and respect for Indigenous self-determination.

ARTICLE HISTORY
Received 11 December 2023
Revised 28 May 2024
Accepted 28 May 2024

KEYWORDS
Health equity; indigenous health; COVID-19; health equity impact assessment (HEIA) tool; funding allocation; health disparities

Introduction

Beginning in March 2020, Canada, Australia, New Zealand, and the United States grappled with the best public health measures to contain the spread of COVID-19 within their respective populations. COVID-19 has exacerbated health inequities faced by Indigenous Peoples across Canada, Australia, New Zealand, and the United States, who also face systemic discrimination that negatively impacts their overall health. These impacts result from both the legacy and ongoing forces of colonisation, all of which lead, for Indigenous Peoples, to lower life expectancies, living with multiple comorbidities, and being unequally affected by the burden of infectious diseases, including smallpox, influenza, Tuberculosis, HIV, Hepatitis C, and H1N1 [1]. Moreover, each country has also had to deal with a virus that disproportionately affects specific segments of the population, including seniors and those with compromised immune systems [2]. The experience of COVID-19 in Canada, Australia, New Zealand, and the United States is compounded by shared stories of poverty, geographic remoteness, lack of housing and infrastructure, and communal housing, all of which place Indigenous Peoples at higher risk of acquiring and spreading COVID-19 [3].

This study critically analyzes how Canada, Australia, New Zealand, and the United States allocated funding for Indigenous communities to manage the impact of the virus on their people. Specifically, we aim to understand how Indigenous-specific state funding in Canada compares to those of Australia, New Zealand, and the United States during the first wave of COVID-19. Indigenous Peoples in these countries have long aimed to reclaim self-governance in health and policy matters and self-determination as an Indigenous right and practice while asserting various forms of nationhood. Previous research has identified trends in the process of Indigenous assertion of nationhood within

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Canada, Australia, New Zealand, and the United States during the COVID-19 pandemic [4]. As the virus began spreading worldwide, Indigenous governments, organisations, community leaders, and elders voiced their concerns about their communities' level of preparedness and the inadequate resources available to manage the spread of the virus. In Canada, long before the arrival of COVID-19, government officials and Indigenous Peoples have been aware of the poor infrastructure that plagues Indigenous communities [5]. Indigenous communities often lack running water, access to medical care, internet access, nutritious food, and adequate housing; as a result, they face heightened vulnerability to rapid respiratory illness spread [6]. Therefore, swift and substantial governmental funding is crucial to acquiring the appropriate PPE and health services while maintaining a steady income so families could obtain food and other essential supplies.

This study presents a comparative international and cross-Indigenous systems-level view of Canada, Australia, New Zealand, and the United States funding response to the first wave of COVID-19 in Indigenous communities. We aim to analyse how settler-colonial states account for Indigenous Peoples in their policy-making processes by highlighting public funding decisions during the first wave of the COVID-19 pandemic (December 2019 to January 2021). We have utilised a modified Health Equity Impact Assessment (HEIA) tool to evaluate policies found during a comprehensive search of policy and funding announcements related to COVID-19 and Indigenous Peoples in Canada, Australia, New Zealand, and the United States.

The HEIA tool was developed by the Ontario Ministry of Health and Long-Term Care to guide organisations in developing more equitable health and social services [7]. The tool aims to help health planners and policy-makers determine whether their interventions affect equity-seeking groups by assessing the potential impacts of programs and policies and proposing mitigation steps to attenuate these impacts. The tool identifies Indigenous Peoples as a population that requires special consideration. However, it does not provide details on why that is nor how to account for Indigenous specificities. As such, we will be guided in our analysis by a HEIA Indigenous Lens Tool supplement, "Supporting a Targeted Health Equity Assessment: An Indigenous Lens Tool", developed by and in consultation with Indigenous Peoples including members of this team [8]. The Indigenous supplement was developed to decolonise the traditional understandings of health equity and rebuild them with a focus on Indigenous worldviews and sit within the principles outlined in the United Nations Declaration on the Rights of Indigenous Peoples [9] and the [10] of Canada. This supplement offers invaluable guidance on applying the HEIA tool to policies and programs that involve Indigenous Peoples in a culturally appropriate way. It includes case examples of applying the HEIA tool in Indigenous contexts, enriching its usability. While the Indigenous supplement aims to support those using the existing/original HEIA tool to more fully engage with Indigenous perspectives/considerations by providing additional guidance about equity, health and Indigenous Peoples, it is intended as a placeholder until a more culturally relevant resource, developed through rigorous analysis led by Indigenous communities, is available.

Methods

First, a search of Indigenous-specific COVID-19-related policies and actions between 1 December 2019, and 31 January 2021, in four settler-colonial countries (Canada, United States, New Zealand, and Australia) was performed in February 2021. This timeline was selected to cover the first wave of the COVID-19 pandemic, which ended in September 2021 [11] and any related data published until January 2021. These four countries have been identified as comparable examples of British settler colonialism situated within a settler-colonial context, and as such, they are well suited for investigating Indigenous-settler relations [12–14]. We used electronic databases and websites to search for relevant policy and funding announcements by federal/provincial governments and Indigenous-specific agencies (see Table 1). We limited our search to national Indigenous-specific government or agency websites from Australia, New Zealand, and the United States. The Canada-specific search included federal and provincial level websites as the study aims to understand the Indigenous experience within Canada compared to other settler-colonial states.

Table 2 outlines the keywords used for the search. The search yielded 1206 results, which were examined to determine the documents describing the general steps governments took to support Indigenous Peoples during the pandemic. We reviewed and filtered the results to 182 documents that met all inclusion criteria (see Table 3). Then, using NVivo 12 software

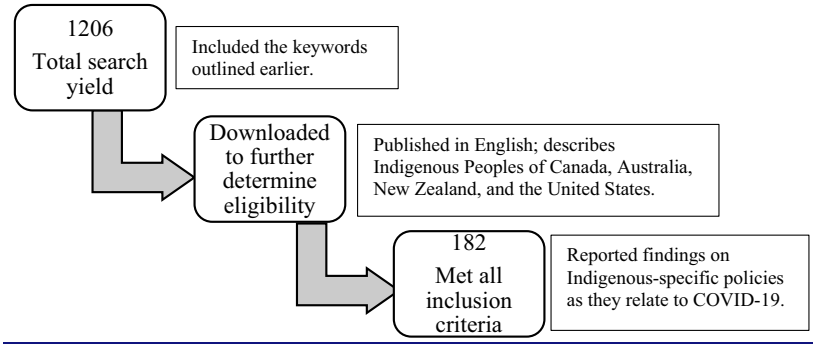
Table 1. Electronic databases and websites utilised to gather policy and funding announcements.

Canada	USA	Australia	New Zealand
•pm.gc.ca •sac-isc.gc.ca •novascotia.ca/dhw •ontario.ca •gov.bc.ca •phsa.ca •saskatchewan.ca •gov.mb.ca •gnb.ca •gov.pe.ca •canada.ca/en/indigenous-services-canada •fnha.ca	•bia.gov •ihs.gov	•ministers.pmc.gov.au/wyatt •indigenous.gov.au •niaa.gov.au	•tpk.govt.nz/en

Table 2. Keywords used in the google advanced search database.

Canadian government sources	Indigenous national organizations	Non-Canadian federal/national Indigenous agencies
•(COVID-19 OR Coronavirus) •(Indigenous OR First Nation OR Inuit OR Métis OR Aboriginal)	•(COVID-19 OR Coronavirus)	•(COVID-19 OR Coronavirus)

Table 3. Process of screening and filtering results according to scope and inclusion criteria.



for data analysis, we reviewed all documents to establish common themes and categorise the responses to COVID-19.

Our thematic analysis identified the following policy categories: funding, logistical support, health services support, community-led programs, and travel restrictions. Funding policies emerged as a major category of the policies that were identified through the initial search. In total, 26 funding-focused policies were identified and chosen for further analysis for this paper. The remaining policy categories will be the subject of subsequent papers. Using thematic analysis, funding policies were divided into categories according to their target area. We then conducted a secondary analysis of these target areas to evaluate their health equity impact on Indigenous Peoples. Importantly, our secondary analysis uses the HEIA process and the Indigenous Lens Tool supplement [as detailed below] [8]. By using the tool, we can retroactively determine whether government funding policies might be anticipated to

Table 4. Target areas of government funding policies for COVID-19 in indigenous communities.

Funding for health measures	**Canada**: • $150 million to support federal public health measures such as enhanced surveillance, increased testing at the National Microbiology Laboratory, and ongoing support for preparedness in First Nations and Inuit communities [16]. • $82.5 million to improve access and address the growing demand for mental health services in Indigenous communities during the COVID-19 pandemic [17]. • $285.1 million to support ongoing public health response in Indigenous communities [18]. • $72.6 million to the governments of Yukon, Northwest Territories, and Nunavut to support their COVID-19 health and social services preparations and response [19]. **Australia**: • $74 million Indigenous mental health response package [20]. **United States**: • $2.4 billion in new funding to provide resources that support COVID-19 response activities across the Indian health system [21]. **New Zealand**: • $500 million fund to strengthen community and health services fight against COVID-19 [22].
Funding to replace lost income	**Canada**: • $270 million to supplement the On-Reserve Income Assistance Program [23]. • $75.2 million support for First Nations, Inuit, and Métis Nation post-secondary students affected by COVID-19 by increasing distinctions-based support [24].
Funding for community needs	**Canada**: • $305 million for a new, distinctions-based Indigenous Community Support Fund to address immediate needs in Indigenous communities and help them respond to COVID-19 [25]. • $2.3 million in support of the ongoing effort to combat COVID-19 in northwestern Saskatchewan [26]. • $2.6 million administered by the Territorial governments through their existing partnerships with regional and community-based Indigenous governments [27]. **Australia**: • $57.8 million Remote Community Preparedness and Retrieval package offering 45 flexible grants to help 110 remote communities across Australia protect themselves against COVID-19 [28]. **United States**: • $4.8 billion in disputed aid for US tribal governments[1] [29]. • The smallest tribes, with a population of less than 37, will receive a minimum of $100,000. The Navajo Nation, one of the country's largest tribes with about 350,000 citizens, will receive $600 million [30].
Funding for shelters	**Canada**: • $10 million for shelters on reserve and in Yukon to help them manage or prevent an outbreak in their facilities [31]. • $44.8 million over five years to build 12 new shelters for Indigenous women and girls experiencing and fleeing violence [32]: • $40.8 million to support operational costs for these new shelters over the first five years. • $10.2 million in annually ongoing support.
Indigenous-specific funding for urban areas	**Canada**: • $75 million for Indigenous organisations providing services to Indigenous peoples in urban centres and off-reserve [33].
Funding for Indigenous businesses	**Canada**: • $306.8 million in funding to help small and medium-sized Indigenous businesses and to support Aboriginal Financial Institutions that offer financing to these businesses [34]. • $133 million to help Indigenous businesses suffering the economic effects of the COVID-19 pandemic [35]. • $40 million to regional development agencies to support Indigenous-owned businesses and projects [36]. • $17.3 million to the governments of Yukon, Northwest Territories, and Nunavut to support northern air carriers [37]. • $15 million in non-repayable support for businesses in the territories to help address the impacts of COVID-19 [38]. • $25 million to Nutrition North Canada to increase subsidies [39]. **Australia**: • Over two financial years, $123 million is available for targeted measures to support Indigenous businesses and communities to increase their responses to COVID-19 [40]. **New Zealand**: • $12.1 billion economic package will help many Māori whānau, workers and businesses, whether it is through wage subsidies, income support and worker redeployment [22].

[1]Several major Native American tribes, intertribal groups and other Native organisations had sued the government in federal court to keep it from giving some of the $8 billion in coronavirus aid to for-profit companies known as Alaska Native Corporations.

negatively impact Indigenous Peoples by precipitating health inequities. A policy can have unintended negative consequences due to the complexity of decision-making and the challenges in fully anticipating policy effects [15]. Therefore, we aimed to determine whether Indigenous equity issues and associated negative pacts

Table 5. Health equity impact assessment of government funding policies in response to COVID-19 in indigenous communities.

	Step 1. SCOPING		Step 2. POTENTIAL IMPACTS				
FUNDING POLICIES	a) Populations	b) Determinants of Health and Indigenous People Health Equity Issues	Positive Impacts on Indigenous People	Unintended Negative Impacts on Indigenous People	Step 3. MITIGATION	Step 4. MONITORING	Step 5. DISSEMINATION
Funding for health measures	First Nations, Inuit, Métis, and Urban Indigenous Peoples.	Unique health and service needs. Limited access to culturally safe health services.	Enhanced surveillance and increased testing. Improve access to mental health services.	Funding is insufficient to meet the unique needs of Indigenous populations facing this pandemic. Funding does not account for systemic disparities in access to culturally safe health services.	Meaningful consultation with Indigenous communities. Engage in long-term strategic redesign of healthcare services to account for the needs of Indigenous people	Establishing Indigenous-led governance structure for Indigenous health services.	Share outcomes through community engagement and established reporting mechanisms.
funding to replace lost income	First Nations, Inuit, Métis, and Urban Indigenous Peoples.	Socioeconomic disparities.	On-reserve residents income assistance. Increased assistance for students.	Funding does not account for the increased prices for essential food and grocery. Funding does not account for disparities in Indigenous student income.	Meaningful consultation with Indigenous communities. Immediate supplies of affordable food, cleaning, and hygiene products.	Monitoring of price disparities of living expenses for Indigenous people.	Share outcomes through community engagement and established reporting mechanisms.
Funding for community needs	First Nations, Inuit, Métis, and Urban Indigenous Peoples.	Socioeconomic disparities. Limited access to community services.	Increased resource availability for communities to improve their logistic capabilities.	Peoples residing off-reserve do not qualify for community funding. Lack of organisation in distributing the funding equitably.	Meaningful consultation with Indigenous communities. Account for the needs of off-reserve Indigenous people in funding mechanisms. Ensure equitable distribution of funding to communities.	Establishing funding distributions that account for the needs of communities according to specific joint government-Indigenous reporting mechanisms.	Share outcomes through community engagement and established reporting mechanisms.
Funding for shelters	First Nations, Inuit, Métis and Urban Indigenous People.	Socioeconomic disparities.	Increased capacity for isolating COVID-19 cases. Increased availability of shelters for women.	Funding is not permanent and does not account for historical inequity in access to shelter for Indigenous people. Funding does not address current residential health disparities.	Meaningful consultation with Indigenous communities. Long-term funding for affordable, safe housing for Indigenous communities.	Establishing funding mechanisms according to community reporting of housing needs.	Share outcomes through community engagement and established reporting mechanisms.
Indigenous-specific funding for urban areas	Urban Indigenous Peoples.	Socioeconomic disparities. Limited access to community services. Limited access to culturally safe health services.	Increased provision of off-reserve services.	Funding is not proportional to the needs of Indigenous people living in urban areas.	Meaningful consultation with Indigenous communities. Increase support for urban Indigenous populations during the COVID-19 crisis.	Establish partnerships with urban Indigenous organisations to account for the community's needs.	Share outcomes through community engagement and established reporting mechanisms.

(*Continued*)

Table 5. (Continued).

	Step 1. SCOPING		Step 2. POTENTIAL IMPACTS				
FUNDING POLICIES	a) Populations	b) Determinants of Health and Indigenous People Health Equity Issues	Positive Impacts on Indigenous People	Unintended Negative Impacts on Indigenous People	Step 3. MITIGATION	Step 4. MONITORING	Step 5. DISSEMINATION
Funding for Indigenous businesses	First Nations, Inuit, Métis and Urban Indigenous Peoples.	Socioeconomic disparities.	Support for businesses to withstand the negative impact of the pandemic.	Funding does not account for the logistical burdens of conducting business in Indigenous communities.	Meaningful consultation with Indigenous communities. Long-term funding for Indigenous businesses and accounting for the increased costs of conducting business in Indigenous communities.	Establish an Indigenous business forum to communicate needs to governments.	Share outcomes through community engagement and established reporting mechanisms.

were considered in the development of the COVID-19 funding policies:

- Step 1 – Scoping: a) identify the populations that may experience significant health impacts of the funding policies; b) identify the determinants and health equity issues which Indigenous Peoples may experience;
- Step 2 – Potential impacts: identify the potential positive and the unintended negative impacts of the funding policies on Indigenous Peoples;
- Step 3 – Mitigation: identify ways to reduce the unintended negative impacts of the funding policies on Indigenous Peoples;
- Step 4 – Monitoring: identify ways to measure success for each mitigation strategy;
- Step 5 – Dissemination: identify ways to share results and recommendations to address equity.

Our analysis was grounded in existing literature concerning Indigenous Peoples and COVID-19 in Canada, Australia, New Zealand, and the United States. We considered potential positive and negative impacts on Indigenous Peoples by examining analogous situations documented in the literature. Our examination of relevant literature yielded insights into outcomes observed in comparable scenarios. Mitigation and monitoring steps were derived through inductive reasoning by proposing actions based on our generalised policy observations.

Results

Our analysis of funding policies in response to the COVID-19 crisis in Indigenous communities identified six funding areas. These include 1) funding for health measures, 2) funding to replace lost income, 3) funding for community needs, 4) funding for shelters, 5) Indigenous-specific funding for urban areas, and 6) funding for Indigenous businesses. Table 4 details the actions and policies resulting from our search.

Using the Indigenous Lens Tool supplement for the HEIA tool, we analysed these government funding responses to COVID-19. We identified the potential positive and unintended negative impacts of the different funding policy streams on Indigenous Peoples. We identified three major equity issues in the funding affecting Indigenous Peoples: unique health and service needs, socioeconomic disparities, and limited access to community and culturally safe health services (Table 5 details the results of the HIEA analysis).

Discussion

Our HEIA analysis shows that although government funding policies strove to provide equitable funding, they fell short due to a lack of proper consultation and engagement with Indigenous communities. In Canada, following the government's announcement of allocating a $100 million fund to support First Nations and Inuit communities, The Assembly of First Nations declared a state of emergency as the funds committed would not meet the unique needs of Indigenous populations facing this pandemic [41]. Importantly, Indigenous Peoples residing off-reserve did not qualify for the funding, "leaving them up the creek without a paddle" [42]. Consequently, The National Association of Friendship Centres and Chief Robert Bertrand of the Congress of Aboriginal Peoples expressed their discontentment and demanded increased support for urban Indigenous populations in Canada during the COVID-19 crisis [43]. Indigenous communities were less likely to see funding policies as adequate or meeting their varied and diverse needs if meaningful consultation was not conducted. Meaningful consultation is a requirement for nation-to-nation relations, and no policy should be developed or implemented without the direct input and sign-off of the Indigenous Peoples in question [9,44,45]. The resulting impact of the lack of meaningful consultation only continues the settler-colonial practices that exacerbates Indigenous People's vulnerability to the pandemic.

When funding was first announced in the United States, there was significant disorganisation when distributing the funds across Native American communities and organisations. Consequently, several Native American tribes filed lawsuits against the federal government, aiming to exclude the $8 billion in federal coronavirus relief for tribes from for-profit Alaskan Native corporations (ANC) [46]. The US Supreme Court settled this lawsuit, which sided with the ANC and instructed the US Treasury Department to disperse the requested funds to the corporations [47]. Moreover, at the start of the pandemic, Native American tribal leaders worried that the federal agencies that were supposed to help protect them were unprepared, as the Federal Indian Health Service faced significant shortages of supplies and services [48]. This situation exemplifies continued poor investment in Indigenous People's services by settler-colonial governments. Rather than ensuring Indigenous communities are prepared to respond to urgent health threats in their communities, settler-colonial governments use the disparity in service provision as a tool of assimilation, forcing Indigenous Peoples to either leave their communities to receive appropriate health and social

services [49] or to wait for action only after the urgent health threat has emerged.

An exception to the lack of consultation was seen in New Zealand. Although there has been a lack of documentation of Māori's needs and concerns around the pandemic, in New Zealand, Māori communities are represented and consulted within the central government structures and processes, allowing for more immediate and comprehensive consideration of their interests and demands [50]. As a result, COVID-19-related planning and responses for Māori populations have been integrated within the New Zealand national government's general plan of action [51,52].

As the pandemic unfolded and people began to "panic buy" in Australia, Indigenous communities faced severe shortages and staggering prices for essential food and grocery items [53]. This led to the formation of a coalition of 13 health services, land councils, and other Aboriginal organisations in Australia's Northern Territory, which demanded immediate supplies of affordable food, cleaning, and hygiene products, as well as winter bedding and clothing in remote community stores [54]. This exemplifies Indigenous communities centring kinship and relationality to one another as a foundation to their response and acting as a united front. Such unity can make policy demands heard and met when dealing with settler-colonial actions or inaction.

Amidst the COVID-19 pandemic, governments allocated significant funding to support Indigenous businesses. In Canada alone, initiatives total over $500 million for support to Indigenous businesses, including $17.3 million designated for northern air carriers [34–38]. Australia earmarked $123 million for targeted business support, while New Zealand assisted Māori whānau, workers, and businesses with additional funding [22,40]. While lauded for providing support for struggling Indigenous businesses during the pandemic, these policies also reflect the deep neoliberal focus of settler-colonial governments, emphasising support directly for businesses amidst economic challenges and thus bypassing community input on matters of economic development directly impacting them during a crisis.

Health equity can be understood as reducing and eliminating health disparities by targeting and addressing a specific population's social, economic, and political determinants [55,56]. This means striving for equity of access, quality, and outcome of care and services facilitated by effective funding mechanisms from a funding policy perspective. The current state of funding inequity among Indigenous populations must be considered within this colonial framework. In a Canadian context, calls for reconciliation have risen within the health system. The Truth and Reconciliation Commission of Canada [57], defines reconciliation as "coming to terms with events of the past in a manner that overcomes conflict and establishes a respectful and healthy relationship among people, going forward" (p.3). In keeping with the spirit of reconciliation between Indigenous Peoples and settlers for the ongoing harms caused by colonisation in Canada, health equity models and assessment tools targeted towards First Nations, Inuit, and Métis Peoples must be grounded within their specific knowledge systems, ways of knowing and being, and values regarding health and wellbeing. For example, wholism, reciprocity, resiliency, interdependency, respect, and relationality are often representative of such worldviews. These were seemly absent from much of the government's response to the first wave of the pandemic. There is a need for funding that allows for flexibility in responding to hyper local needs and contexts while avoiding the implementation of a one size fits all (pan-Indigenising) approach to Indigenous Peoples. An effective policy response in one community may not translate to others, thus self-determination in policy outcomes must account for a hyper local need & response.

Finally, a reconciliation-minded/based path towards health equity for Indigenous populations in Canada must align with the emerging rights-based focus captured in the TRC Reconciliation principles, where Indigenous Peoples call for creating Indigenous-inclusive health tools [10] 1). Similarly, the United Nations Declaration of the Rights of Indigenous Peoples (UNDRIP) calls on Canada, Australia, New Zealand, and the United State to provide basic guidelines for reconciliation that can be applied in reforming their respective health systems to be accessible, safe, and effective for Indigenous Peoples [9]. Although the four countries originally voted against the passing of UNDRIP, their governments have, years later, reversed their position and now support the declaration [58–61].

Applying an equity framework to the development of funding policies can move further along the path of reconciliation. However, co-creating equity requires knowledge and understanding of the power and privilege held by the dominant culture and demands that we recognise how those structures have created and continue to prop up a system of inequity for the non-dominant group [8]. Indigenous communities/Nations must be not only be consulted but ultimately be the leaders of determining the funding policies that work for them. In addition to partnerships and meaningful consultations with Indigenous communities,

governments should critically reflect on the systemic issues inherent in their relationship with Indigenous people. This includes addressing systemic racism and discrimination that have historically marginalised Indigenous communities. Through this process of self-reflection, Canada, Australia, New Zealand, and the United States can move towards developing respectful funding policies based on mutual trust. The adequacy of funding policies requires meaningful consultation (as required by UNDRIP) with Indigenous communities but we must see this as only the first step to furthering the right to complete self-determination in funding decision making. Without it, settler-colonial practices persist, perpetuating Indigenous vulnerability to pandemics. To reinforce this, establishing mutually agreed-upon strategies (positions, policies, pathways) to support urgent discussion is vital. Swift consultation during emergencies with Indigenous Peoples will ensure that policies incorporate Indigenous Peoples and communities needs. Governments must institute clear protocols for these rapid consultations and decision making process that will lead to self-determination in outcomes, thereby affirming their commitment to Indigenous wellbeing and breaking free from settler-colonial patterns. Additionally, cultural safety and humility can be expressed at an organisational level by supporting self-determination and greater control over health funding among Indigenous communities [62,63].

Limitations

The nature of the pandemic rendered it challenging to produce policies that are detailed and explain how funding was earmarked and how they were implemented. An additional search was conducted to gain more insight into the funding amounts indicated in these policies; however, we could not determine the process which led to the specific funding amounts in most cases. Consultation, as directed by UNDRIP, with Indigenous communities might or might not have occurred during the policy development process; however, we could not find documentation that they occurred.

Conclusion

The first step towards reconciliation and effective institutional decision making is for governments to meaningfully reflect on their relationship with Indigenous Peoples. The process of decolonisation demands that governments critically examine funding policies and deconstruct institutions that perpetuate the privilege and superiority of the dominant culture and to value as equal Indigenous knowledges and ways of being.

It is crucial to recognise the need to allow for Indigenous sovereignty of action during times of emergency. While some may argue that this happened during the initial outbreak, refocusing the argument on self-determination based on meaningful consultation is both essential and a requirement by UNDRIP. This emphasis should not be limited to convenient or favourable times, but rather, these structures should always be in place to respond quickly to ever-changing emergent situations, which we increasingly face each day.

Reflecting on and critically examining Indigenous health policy post-implementation is vitally important in addressing health inequities; however, these steps should be understood as preludes to meaningful consultation with Indigenous communities when developing policy. By integrating Indigenous-led actions and maintaining consistent structures, governments can foster a more responsive and equitable approach to address the urgent needs of Indigenous communities during emergencies. This inclusive approach ensures that self-determination and meaningful consultation are not merely lip service but integral components of decision-making processes, even in challenging circumstances.

Acknowledgments

We are grateful for the support of the Social Sciences and Humanities Research Council of Canada for Imagining Age-Friendly "Communities" within Communities: International Promising Practices (https://imagine-aging.ca/). Dr. Sean Hillier is a member of the Global 1 Health Network (http://global1hn.ca/), supported by a grant from the Canadian Institutes of Health Research (CIHR), Funding Reference No: NGR–167542, with additional research funding from CIHR, Funding Reference No: 439801. Additionally, this research was supported by the Canadian Institutes for Health Research Grant No: PHE129900. Research findings from these grants do not necessarily reflect the opinions of SSHRC or CIHR.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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References

[1] Duncan KC, Reading C, Borwein AM, et al. HIV incidence and prevalence among aboriginal peoples in Canada.

AIDS & Behav. 2011;15(1):214–227. doi: 10.1007/s10461-010-9792-y

[2] Power T, Wilson D, Best O, et al. COVID-19 and indigenous peoples: an imperative for action. J Clin Nurs. 2020;29(15–16):2737–2741. doi: 10.1111/jocn.15320

[3] Shadmi E, Chen Y, Dourado I, et al. Health equity and COVID-19: global perspectives. Int J Equity Health. 2020;19(1):1–16. doi: 10.1186/s12939-020-01218-z

[4] Hillier S, Chaccour E, Al-Shammaa H. Indigenous nationhood in the age of COVID-19: reflections on the evolution of sovereignty in settler-colonial states. Journal Of Indigenous Social Development. 2020;9(3):23–42.

[5] Walsh M. Indigenous leaders raise concerns about potential impact of coronavirus on rural communities. The Globe and Mail. 2020 Mar 12. Available from: https://www.theglobeandmail.com/politics/article-indigenous-leaders-raise-concerns-about-potential-impact-of/

[6] Klemko R. Coronavirus has been devastating to the Navajo Nation, and help for a complex fight has been slow. Washington post. 2020 May 16. Available from: https://www.washingtonpost.com/national/coronavirus-navajo-nation-crisis/2020/05/11/b2a35c4e-91fe-11ea-a0bc-4e9ad4866d21_story.html

[7] Ontario Ministry of Health and Long-Term Care. Health equity impact assessment (HEIA) - ministry programs - health care professionals. 2020. Available from: http://www.health.gov.on.ca/en/pro/programs/heia/tool.aspx

[8] Jumah NA, Kewayosh A, Downey B, et al. Developing a health equity impact assessment 'indigenous lens tool'to address challenges in providing equitable cancer screening for indigenous peoples. BMC Public Health. 2023;23(1):2250. doi: 10.1186/s12889-023-16919-7

[9] United Nations (General Assembly). United Nations declaration on the rights of indigenous peoples. UN Wash. 2007;12:1–18.

[10] Truth and Reconciliation Commission of Canada. Canada's residential schools : the final report of the Truth and Reconciliation Commission of Canada: IR4-9/2015E-PDF. Montreal; Kingston; London; Chicago: Published for the Truth and Reconciliation Commission of Canada by McGill-Queen's University Press; 2015.

[11] Trudeau J. Prime Minister's remarks addressing Canadians on the COVID-19 situation. Justin Trudeau, Prime Minister of Canada; 2020. Available from: https://pm.gc.ca/en/news/speeches/2020/09/23/prime-ministers-remarks-addressing-canadians-covid-19-situation

[12] Cavanagh E, Veracini L, editors. The Routledge handbook of the history of settler colonialism. (NY): Routledge; 2017.

[13] Coombes AE. Introduction: memory and history in settler colonialism. In: Rethinking settler colonialism. Studies in Imperialism. Manchester, England: Manchester University Press; 2017. p. 12.

[14] Whyte K. Indigenous experience, environmental justice and settler colonialism. Environmental Justice And Settler Colonialism (April 25, 2016). 2016. doi: 10.2139/ssrn.2770058

[15] Oliver K, Lorenc T, Tinkler J, et al. Understanding the unintended consequences of public health policies: The views of policymakers and evaluators. BMC Public Health. 2019;19(1):1057. doi: 10.1186/s12889-019-7389-6

[16] Prime Minister of Canada. Prime Minister outlines Canada's COVID-19 response [press release]. 2020 Mar 11. Available from: https://pm.gc.ca/en/news/news-releases/2020/03/11/prime-minister-outlines-canadas-covid-19-response

[17] The Canadian Press. Feds pledge $82.5M to support indigenous mental health during pandemic. APTN News. 2020 Aug 25. Available from: https://www.aptnnews.ca/national-news/feds-pledge-82-5m-to-support-indigenous-mental-health-during-pandemic/

[18] Prime Minister of Canada. Prime Minister announces additional funding for health, economic, and social support for indigenous peoples and communities [press release]. 2020b May 29.

[19] Prime Minister of Canada. Prime Minister announces health and social support for northern communities [press release]. 2020c Apr 14.

[20] Kilmister R. Indigenous allied health Australia welcomes funding for mental health during COVID -19. Indigenous Allied health Australia. 2020 Apr 14. Available from: https://iaha.com.au/iaha-media-release-indigenous-allied-health-australia-welcomes-funding-for-mental-health-during-covid-19/

[21] Indian Health Services. Critical care response team will further enhance patient care across the Indian health service. 2020 June 2. Available from: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjg8pXLr_fxAhXRmuAKHSAaDK8QFjAAegQICBAD&url=https%3A%2F%2Fwww.ihs.gov%2Fsites%2Fnewsroom%2Fthemes%2Fresponsive2017%2Fdisplay_objects%2Fdocuments%2FIHSPressRelease_CriticalCareResponseTeam_06022020.pdf&usg=AOvVaw3r6kgss1NAoK_3S4T45mGw

[22] Ministry of Maori Development. Support package for Māori communities and businesses through covid-19 [press release]. 2020 Mar 22. Available from: https://www.tpk.govt.nz/en/mo-te-puni-kokiri/our-stories-and-media/121-billion-to-support-maori-communities-and-busin

[23] Prime Minister of Canada. Prime Minister announces additional funding for health, economic, and social support for indigenous peoples and communities [press release]. 2020d May 29.

[24] Prime Minister of Canada. Support for students and new grads affected by COVID-19 [press release]. 2020e Apr 22. Available from: https://pm.gc.ca/en/news/news-releases/2020/04/22/support-students-and-new-grads-affected-covid-19

[25] Prime Minister of Canada. Prime Minister announces additional support for indigenous peoples living in urban centres and off reserve [press release]. 2020f May 21. Available from: https://pm.gc.ca/en/news/news-releases/2020/05/21/prime-minister-announces-additional-support-indigenous-peoples-living

[26] Indigenous Services Canada. Government of Canada, the Meadow Lake tribal council and Métis nation–Saskatchewan announce emergency suppo … [press release]. 2020a May 14. Available from: https://www.canada.ca/en/indigenous-services-canada/news/2020/05/government-of-canada-the-meadow-lake-tribal-council-and-metis-nationsaskatchewan-announce-emergency-support-for-covid-19-response-in-northwestern-s.html

[27] Indigenous Services Canada. Indigenous, territorial and federal leaders mobilize funding to support unique northern physical distancing … [press release]. 2020b June 10. Available from: https://www.canada.ca/en/indigenous-services-canada/news/2020/03/indigenous-territorial-and-federal-leaders-mobilize-funding-to-support-unique-northern-physical-distancing-initiative.html

[28] Australian Government. Government backs remote communities with COVID-19 support [press release]. 2020a Mar 25. Available from: https://ministers.pmc.gov.au/wyatt/2020/government-backs-remote-communities-covid-19-support

[29] Nicholson J. Treasury will disburse $4.8 billion of disputed coronavirus aid to Native American tribes. MarketWatch. 2020b May 5. https://www.marketwatch.com/story/treasury-will-disburse-48-billion-of-disputed-coronavirus-aid-to-native-american-tribes-2020-05-05

[30] Fonseca F. Treasury to begin distributing virus relief money to tribes. CityNews Toronto. 2020 May 6. Available from: https://toronto.citynews.ca/2020/05/05/treasury-to-begin-distributing-virus-relief-money-to-tribes/

[31] Indigenous Services Canada. Family violence prevention program. 2020c Aug 14. Available from: https://www.sac-isc.gc.ca/eng/1100100035253/1533304683142

[32] Prime Minister of Canada. Prime Minister announces additional funding for health, economic, and social support for indigenous peoples and communities [press release]. 2020g May 29.

[33] Indigenous Services Canada. Indigenous community support fund [press release]. 2020d May 21.

[34] Prime Minister of Canada. Prime Minister announces support for indigenous businesses [press release]. 2020h Apr 18. Available from: https://pm.gc.ca/en/news/news-releases/2020/04/18/prime-minister-announces-support-indigenous-businesses

[35] Wyld A. Ottawa commits $133M in further aid for Indigenous businesses - BNN bloomberg. The Canadian Press. 2020 June 11. Available from: https://www.bnnbloomberg.ca/ottawa-commits-133m-in-further-aid-for-indigenous-businesses-1.1449040

[36] O'Kane J. Ottawa announces additional funding for indigenous businesses and projects. The Globe and Mail. 2020 Aug 9. Available from: https://www.theglobeandmail.com/business/article-tktktk-feds-to-announce-additional-funding-for-indigenous-businesses/

[37] Prime Minister of Canada. Prime Minister announces health and social support for northern communities [press release]. 2020i Apr 14.

[38] Prime Minister of Canada. Prime Minister announces health and social support for northern communities [press release]. 2020j Apr 14.

[39] Prime Minister of Canada. Prime Minister announces health and social support for northern communities [press release]. 2020k Apr 14.

[40] Australian Government. $123 million boost to Indigenous response to COVID-19 [press release]. 2020b Apr 2. Available from: https://ministers.pmc.gov.au/wyatt/2020/123-million-boost-indigenous-response-covid-19

[41] Wright T. 'We need to act now': indigenous leaders say coronavirus funding won't go far enough. Global news. 2020 Mar 27. Available from: https://globalnews.ca/news/6740454/coronavirus-indigenous-leaders-first-nations/

[42] Mendleson R. Has Canada's urban indigenous population been forgotten amidst the coronavirus pandemic? Thestar.Com. 2020 Apr 17. Available from: https://www.thestar.com/news/canada/2020/04/16/has-canadas-urban-indigenous-population-been-forgotten-amidst-the-coronavirus-pandemic.html

[43] The Canadian Press. Urban indigenous left behind by Ottawa's COVID-19 response. Canada's national observer. 2020 Apr 22. Available from: https://www.nationalobserver.com/2020/04/22/news/urban-indigenous-left-behind-ottawas-covid-19-response

[44] Government of Canada. Aboriginal consultation and accommodation. Crown-Indigenous Relations and Northern Affairs Canada; 2011 Sep 15. Available from: https://www.rcaanc-cirnac.gc.ca/eng/1100100014664/1609421824729

[45] Brideau I. The duty to consult indigenous peoples. Parliament of Canada; 2019 June 12. Available from: https://lop.parl.ca/sites/PublicWebsite/default/en_CA/ResearchPublications/201917E

[46] Nicholson J. Battle rages over $8 billion in coronavirus relief set aside for 'Indian country. MarketWatch. 2020a Apr 18. https://www.marketwatch.com/story/battle-rages-over-8-billion-in-coronavirus-relief-set-aside-for-indian-country-2020-04-17

[47] Yellen V. Confederated tribes of the Chehalis Indian reservation (Chehalis). Supreme Court Opinions (Supreme Court Of The United States June 25, 2021). 2021. https://supremecourt.gov/opinions/20pdf/20-543_3e04.pdf

[48] Frosch D, Weaver C. Coronavirus hits native American groups already struggling with poor health care. WSJ. 2020 Mar 22. https://www.wsj.com/articles/coronavirus-hits-native-american-groups-already-struggling-with-poor-health-care-11584906562

[49] Dyck LE. How did we get here?: a concise, unvarnished account of the history of the relationship between indigenous peoples and Canada. Senate Canada; 2019. Available from: https://publications.gc.ca/collections/collection_2019/sen/yc28-0/YC28-0-421-15-eng.pdf

[50] Pihama L, Lipsham M. Noho haumaru: reflecting on Māori approaches to staying safe during Covid-19 in Aotearoa (New Zealand). Journal Of Indigenous Social Development. 2020;9(3):92–101.

[51] McMeeking S, Savage C. Maori responses to Covid-19. Policy Quarterly. 2020;16(3). doi: 10.26686/pq.v16i3.6553

[52] Te One A, Clifford C. Tino rangatiratanga and well-being: Māori self determination in the face of Covid-19. Front Sociol. 2021;6:613340. doi: 10.3389/fsoc.2021.613340

[53] Parliament of Australia. New inquiry into food prices [press release]. 2021 Apr 13. Available from: https://www.aph.gov.au/About_Parliament/House_of_Representatives/About_the_House_News/Media_Releases/New_inquiry_into_food_prices

[54] Archibald-Binge E. Relief on the way for aboriginal towns, but "perfect storm" brewing. The Sydney Morning Herald. 2020 Apr 14. Available from: https://www.smh.com.au/national/nsw/relief-on-the-way-for-

aboriginal-towns-but-perfect-storm-brewing-20200414-p54jpn.html
[55] Braveman P. What are health disparities and health equity? We need to be clear. Public Health Rep. 2014;129(Suppl 2):5–8. doi: 10.1177/00333549141291S203
[56] Ontario Ministry of Health and Long-term Care. HEIA workbook. Queen's Printer for Ontario. Toronto; 2017. Available from: http://www.health.gov.on.ca/en/pro/programs/heia/docs/workbook.pdf
[57] Truth and Reconciliation Commission of Canada. Final report. 2015.
[58] Canada. Canada's statement of support on the United declaration on the rights of indigenous peoples. 2010 Nov 12. Available from: http://www.ainc-inac.gc.ca/ap/ia/dcl/stmt-eng.asp
[59] Macklin J. Statement on the United nations declaration on the rights of indigenous peoples. Canberra: Statement presented at Parliament House; 2009 Apr 3.
[60] Sharples P. Supporting UN declaration restores NZ's mana. 2010 Apr 20. Available from: https://www.beehive.govt.nz/release/supporting-un-declaration-restores-nzs-mana
[61] U.S. of America Government. Remarks made by the President at the White House tribal nations conference. 2010 Dec 16. Available from: http://www.whitehouse.gov/the-press-office/2010/12/16/remarks-president-white-house-tribal-nations-conference
[62] Brascoupé S, Waters C. Cultural safety: exploring the applicability of the concept of cultural safety to aboriginal health and community wellness. J Aborig Health. 2009;5(2):6–41.
[63] Churchill M, Parent-Bergeron M, Smylie J, et al. Evidence brief: wise practices for indigenous-specific cultural safety training programs. Toronto (ON): Well Living House Action Research Centre for Indigenous Infant, Child and Family Health and Wellbeing, Centre for Research on Inner City Health, St. Michael's Hospital; 2017.