Table Implementation strategies and local considerations of essential elements for a COVID-19 prevention and containment plan

	Implementation strategies	Local considerations
Phase 1		
Coordination of tribal leaders	Discussions about existing plans; assessing local awareness; requested assistance from non-tribal sources	Is there centralised tribal representation or a dispersed governing structure? Attitudes towards non-indigenous individuals? Relationships and trust with regional governments and health-related NGOs?
Education and awareness	Community meetings in native language; flyers; radio broadcasts; WhatsApp; social media	Communication modalities available; existing knowledge of COVID-19; understanding of disease transmission; language(s) spoken
Collective decision making	Community meetings; consideration of collective isolation; formation of committees to enforce decisions; documentation of collective decisions	Legal status of tribal territory and ability to collectively isolate; cultural practices about decision making; ability and use rights to produce own food
Coordination with regional government and public health authorities	Understanding of existing COVID-19 management strategies; needed assistance from non-tribal sources; communication and enforcement of community isolation decisions	Is there an existing containment plan? Is there a policy directed towards indigenous communities? Potential role of NGOs in plan and structure of decision process?
Purchase of and training in use of PPE	Understanding existing supply and shortages; sourcing supplies; sourcing funds for purchase; distribution to communities; instructional videos	Are there local or national stockpiles? Is PPE locally available? Are health-care workers trained in its use?
Medical care in territory for non-COVID-19 diseases to prevent exposure in hospital environment	Health posts; roving medical team; medicine support	Local medical infrastructure; availability of medication and diagnostic equipment; common morbidities and their symptom overlap with COVID-19
Transition between phase 1 and 2		
Isolation support	Safe supply chain of medication, tests, and basic necessities; blockades and enforcement	Territorial autonomy; subsistence autonomy *vs* need for markets; transportation and community access; supply chains in place?
Phase 2		
Case reporting to indigenous populations	Network of contacts within each village; social media groups; cell phone; amateur radio; financial support for communication	Availability of communication modalities; nature of interactions within and between communities
Case reporting to local authorities	Communication with local COVID-19 response team to investigate suspected cases	Local infrastructure for case investigation; existing human resources; trust between local population and authorities
Mapping of suspected and confirmed cases	Generate map of cases and affected households or communities; adjust containment plan to local hotspots	Availability of census and geographical information; fluidity of communication with local communities
Coordinate isolation responses	Radio, telephone, and in-person communication to isolate affected individuals or families from other families and to isolate unaffected communities from affected communities	All of the above considerations; geographical distribution of households and communities; obstacles for isolation at individual, family, and community levels
Testing and contact tracing	Investigate each case, how it entered community, and test all potentially affected individuals	Availability of test kits; human resources for case investigation; frequency of contacts among families and with outside world
Patient management	Isolation of patients who are less sick; periodic measurement of blood oxygen of symptomatic patients; high-flow oxygen support; prone patient positioning; antiviral and other treatments as they become available	All of the above considerations; changing best practices and availability of treatment modalities

NGOs=non-governmental organisations. PPE=personal protective equipment.