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Access to healthcare as a human  
right: Perspectives from fishing  
communities in times of COVID-19

# Introduction

International organizations have emphasized ensuring adequate and timely access to health care during COVID-19. States, in order to guarantee this fundamental human right in the context of the health crisis whilst avoiding the collapse of health systems, shall<sup>1</sup> : 1) provide appropriate and reliable medical information, 2) facilitate access to basic and specialized health services, 3) have adequate and sufficient medical equipment and personnel, and 4) facilitate access to diagnostic tests and measures. At the same time, States shall ensure other rights such as privacy and confidentiality, information on health status, and dignified treatment. These obligations are within the international framework, as well as within political constitutions and national laws.

Despite the efforts of Latin American and Caribbean (LAC) countries to address the various consequences of the crisis, the COVID-19 pandemic represents a threat to the health-related human rights<sup>2</sup> . This is due to wide inequalities, being LAC, the region that reports the largest inequalities in the world<sup>1</sup>. In Mexico, the lack of access to potable water, drainage, and formal employment, are some of the inequalities that deepen social inequalities<sup>3</sup>. Moreover, this impacts the citizens' capacity to follow the sanitary measures and respond to the social and economic effects of the pandemic.

At present, 37% of the reported cases of COVID-19 in Mexico, occur in coastal states<sup>4</sup> . Comunidad y Biodiversidad, A.C. (COBI)<sup>5</sup> acknowledges coastal communities' vulnerability to the pandemic and created this analysis about the impact of COVID-19 on the access to comprehensive healthcare. This analysis offers a human-rights perspective and is based on a consultation with small scale fishers<sup>6</sup> from Mexico.

## What was done?

From 29<sup>th</sup> July to 10<sup>th</sup> August 2020, 2087 phone interviews were conducted (48 women and 160 men), in order to understand and show the adaptation of fishing communities to COVID-19 and their perception of health issues rights. The following topics were addressed: 1) measures to prevent COVID-19 spreading within the communities, 2) living conditions and access to water and drainage services, 3) infrastructure that guarantees the right to health, 4) medical history and risk factors related to COVID-19, and 5) an overview of infection spread and healthcare for non-COVID-19-related diseases.

The analysis covered 61 fishing communities located in 11 coastal states<sup>8</sup> in Mexico, including 21 small-scale<sup>9</sup> fisheries, 84 fishing organizations and 90 fishing right holders. Interviewees ranged from 20 to 72 years old, with an average age of 42. Of all the respondents, 61% participate in extraction (14 women and 114 men), 23% in administration (17 women and 31 men), 7% in processing and/or distribution (eight women and six men), 5% in other stages of the supply chain such as sales and cleaning (10 women, one man), and 4% in aquaculture (three women and six men).

We monitored 85 social media profiles (66 Facebook and 19 twitter). These include the profiles of 27 fishers were followed (17 men and 10 women), six fan pages of fishing cooperatives, and 14 profiles of health departments from coastal states. In addition, we monitored 38 profiles and fisheries related groups, of which 12 were closely linked to gender issues. In total, 1,827 messages were analyzed.



## Measures to prevent COVID-19 spreading within the communities

Like many other countries, Mexico has chosen a prevention-based strategy to fight the pandemic<sup>10</sup>. The most frequent measures among the interviewees are wearing face masks (96%), the use of hand sanitizer (91%), social distancing (91%), avoiding contact with large groups of people (84%), regular hand wash (80%), the sanitization of spaces and materials (71%), and wearing gloves (40%).

To avoid spreading COVID-19, 39 out of 61 communities restricted the access of visitors. To date, 34 communities have opened the access and five remain closed. Due to the reopening of those communities, the interviewees reported an increase in COVID-19 cases in 22 of the 34. Eleven communities allow visitors' access in a controlled manner (restricted access and hours, body temperature checks, sanitizing mats and vehicle sanitizing). Two communities on the Mexican Pacific coast have implemented special complementary measures, such as mandatory quarantine before or after arrival in the community.

To avoid spreading COVID-19 at home, hand washing is the most frequent measure (94%), followed by the use of hand sanitizers (88%), sanitizing materials (84%) and restricting visits (68%). Likewise, 21% of the participants follow additional measures such as personal sanitation when arriving home, sanitizing mats at the entrance, limiting outings to necessity activities and using home remedies.

Although 78% of the interviewees indicated having access to protective equipment (face masks, soap, hand sanitizers, gloves), the remaining 22%, from 26 communities, reported difficulties obtaining this sort of equipment, mainly due to shortages and an increase in prices (51% mentioned higher prices, 30% the same prices, 19% did not know). A fisher from Baja California mentioned *"A few days ago I was fixing my boat and I needed a face mask, I tried to get one, but the price was unimaginable. Before the pandemic it cost around 30 pesos (1.5 USD) and now they wanted to sell it for 400 pesos (20 USD)"*.

Due to the difficulties in obtaining this sort of equipment, there is an effort by government, fishing cooperatives and different non-profit organizations to provide protective materials to rural communities. The interviewees reported that their communities located in the states Baja California Sur, Baja California and Sonora, the fishing cooperatives and/or communities have provided some of these supplies. For example, in Baja California Sur, women decided to make their own reusable face masks, and have also considered selling these products as an economic alternative to the current situation.

Fishers are aware of their vulnerability to COVID-19 and its socioeconomic consequences. This is reflected in their answers. For example, a fisher from Oaxaca said: *"If we get sick, it would be complicated for us as a family, because we are the ones providing for them"*.

## Living conditions and access to water and drainage services

According to the World Health Organization (WHO) the right to adequate housing is affected by overcrowding and the lack of access to potable water. Both factors put families in a vulnerable state and risk of spreading the virus. Most of the interviewees (75%) did not report overcrowded living (i.e., they reported one or two people sleeping per room), 22% share rooms with two to four people and only 3% accommodate between 5 to 6 people per room.

Although 75% of the interviewees reported having potable water, some of them disclosed that they *"struggle with the water supply"* or *"did not have water service in the community for a week, which led to several people getting sick"*. Ten people from nine communities reported not having a potable water service. They use rainwater stored in water tanks or go to the river to get water. In both cases, they chlorinate it.

## Infrastructure to guarantee the right to health

From the total, 66% of the communities have only one type of health service: health center or clinic. In only 3% of the communities there is a public hospital and in 5% a private clinic. Approximately one of 10 people do not have access to any of the services mentioned (19 out of 208). Almost all communities have doctors (91%) and nurses (86%). However, this service is not available 24 hours: *“It is forbidden to get sick here; yes, we have medical units, but there are no doctors available”* said a fisher from Quintana Roo.

Health centers and clinics have beds and a variety of medications. However, equipment is limited (i.e., 75% declared that there are no mechanical ventilators in their communities) or in bad condition. From the total, 26% of the

fishers reported that the healthcare service is within less than 5 km, 36% said it was between 6 and 50 km and 38% indicated that it is further than 51 km.

Regarding the hospitals located near the fishing communities, 67% interviewees declared that their hospital provides medical attention to patients with COVID-19, 13% answered that the closest hospital is unable to provide such medical attention and 20% did not know. In case of a medical emergency, they get to the hospital by private car (83%), walking (8%), public transportation (4%), and other means (3%). The remaining 2% mentioned they need two different forms of transportation to get to a hospital: boat and car.

## Medical history and risk factors related to COVID-19

Various studies have concluded that the prevalence of chronic diseases and bad habits increase the risk of a person to get infected from COVID-19<sup>11</sup>. In this analysis, 65% of the interviewees stated that they practice physical exercise frequently and 91% that have the basic vaccination schedule. Regarding other risk factors, 19% are smokers and 38% consume alcohol frequently. A quarter of interviewees suffer from chronic diseases, such as hypertension, obesity, diabetes, or heart disease. In addition, 42% indicate that someone in their home suffers from one of these diseases. These percentages are representative for both women and men.

We also asked for changes in eating habits due to the pandemic. In general terms, 50% of the interviewees reported no modifications to their eating habits. However, one fisher mentioned: *“Now we have to spend more money in order to be able to continue with our usual diet”*. The interviewees who reported a change in their diet mentioned an increase in intake of nutritious foods, such as fruits/vegetables (25%) and animal protein (21%), as well as a decrease in the consumption of sugars (33%) and refined carbohydrates (26%). A fisher from Tabasco said: *“We are lucky, because we can go fishing and maybe get some seafood to eat with the family”*.

## Overview of infection spreading and health care for non-COVID-19-related diseases

In April 2020, when we began these series of consultations<sup>12</sup>, no community had reported a COVID-19 case. The first cases were reported in June 2020. By August 2020, 50% of the interviewees reported that some people in their community had presented COVID-19 symptoms and 71% indicated knowing about confirmed cases through diagnostic testing. Most of those patients (88%) received medical care. The health status of the patients, at the date of publication, are the following: 50% recovered, 30% passed away, 11% have mild sequelae and 9% is unknown.

Within fishers' families, 21% percent of the interviewees suspected that they themselves or someone in their close family had had

COVID-19 symptoms at some point, but less than half (48%) had a diagnostic test. Out of the confirmed cases, 17% received some type of medical attention.

Interviewed fishers indicated that non-COVID-19-related diseases and other medical emergencies are attended in hospitals (68%), health centers (24%) and private medical units. A fisher women from Baja California Sur said *"with the pandemic, the health services were suspended"*. Moreover, 72% of the people indicated that they have ambulance service (private or public) in their community. Nonetheless, they point out difficulties in its use, such as the cost and availability.

## Social media findings

Out of the 1,827 messages analyzed, 50% were related to a COVID-19 and health issue, 91% were posted by the Ministry of Health and 9% by fishers and fisheries related groups, showing less interest towards the subject from non-health related social media profiles.

The most used key words (referring to COVID-19 cases) were cases, face masks, health, social distancing and #QuédateEnCasa (#StayHome). Eighty-one percent of the posts corresponded to content made by the same profiles, while only 19% were shared content from other pages. Less than one percent of the publications were "fake news", related

to the promotion of self-medication at the beginning of COVID-19 symptoms and "miracle products". The use of face masks, avoiding crowds and social distancing were the main prevention measures promoted, with 236, 230 y 127 messages, respectively.

Six messages were about closing or restricting access communities (the latter are related to the regions of Baja California peninsula and the Gulf of California). It was identified that 8% (72) of the messages were about resuming work, 67% of those referred to the use of protective equipment.

Overall, 96% of the messages were related to the infrastructure that guarantees the right to health, including issues about hospital capacity, medication, equipment, or personnel shortages. Messages regarding medication deliveries, protection supplies, free checkups and diagnostic tests, renewal of medical equipment and hospital facilities were found in the profiles of the secretariats.

Ten percent of the messages promoted healthier eating habits to help reduce the risk of

COVID-19 infection. Healthy diet and breast-feeding were promoted as measures to prevent spreading amongst babies. Those messages were found mainly in profiles from FAO Mexico, InfoSardinaMx, GRUPOMAR, community partners (one woman and one man) and the Ministry of Health. Regarding the promotion of physical exercise, only 2% of the messages talked about that subject, and online coaching was also offered. Lastly, mental health advice was found in 3% of the messages, including guidelines to control anxiety and seek professional advice.

## Recommendations

There are important opportunities to guarantee the right to comprehensive health of small-scale fishing communities in the context of the pandemic. We recommend the following:

**Health protocols for fisheries.** Establish specific health protocols for fisheries to ensure the health of the people employed in the entire supply chain to facilitate economic reactivation, as well as to guarantee the right to health and food safety. We acknowledge that this report is based on the perception of small-scale fishers. Thus, this information shall be complemented with medical diagnostics for a more holistic understanding of the health status and risk factors of small-scale fishers.

**Attention to vulnerable groups.** Verify the correct functioning of basic sanitation services, such as access to water of sufficient quality. Likewise, ensure access to health services free of COVID-19, especially for vulnerable groups such as pregnant women, cancer patients or patients with autoimmune diseases.

**Infrastructure and resources.** Ensure that the basic infrastructure that exists in the communities has sufficient supplies to guarantee the population's right to health.

In COBI, we will continue to integrate the voices of small-scale fisheries to support countering the effects of COVID-19 and the path to an inclusive and sustainable reactivation. The next report will focus on the expanded use of technology in small-scale fisheries and will be distributed in the first week of October.

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**“Dedicated to all the people of the coastal communities we have lost in the COVID-19 pandemic. We will not forget.”**

1 Organización de los Estados Americanos (OEA), Comisión Interamericana de Derechos Humanos (CIDH) Derechos Humanos de las Personas con COVID-19. Resolución 4/2020 Available at:

<http://www.oas.org/es/cidh/decisiones/pdf/Resolucion-4-20-es.pdf>

2 IDH-América (2020). Pandemia y derechos Humanos en las Américas. OEA. Available at:

<https://www.scjn.gob.mx/sites/default/files/igualdad-genero/2020-04/Resolucion-1-20-es.pdf>

3 ACAPS (2020). Assessment Capacities Project Vulnerability to COVID-19 containment measures: Key factors which will shape the impact of the crisis, 21 Apr 2020. Available at:

[https://www.acaps.org/sites/acaps/files/products/files/20200421\\_acaps\\_thematic\\_report\\_vulnerability\\_to\\_covid-19\\_containment\\_measures.pdf](https://www.acaps.org/sites/acaps/files/products/files/20200421_acaps_thematic_report_vulnerability_to_covid-19_containment_measures.pdf)

4 CONACYT (2020). COVID-19, México. Casos diarios por Estado + Nacional. Accessed:

<https://COVID-19.gob.mx/datos/>, 21 August 2020.

5 Comunidad y Biodiversidad, A.C. (COBI) ([www.cobi.org.mx](http://www.cobi.org.mx)), is a civil society organization that has promoted marine conservation and sustainable fisheries since 1999 through the participation of all stakeholders. Email: [covid19@cobi.org.mx](mailto:covid19@cobi.org.mx)

6 In the text we refer to “fishers” as both women and men

working directly in the extraction and/or processing of fishery products.

7 The interviews were conducted by COBI with the support of Smartfish, A.C and The Nature Conservancy, A.C.

8 Baja California, Baja California sur, Sonora, Sinaloa, Oaxaca, Nayarit, Yucatán, Quintana Roo, Campeche, Tabasco y Guerrero.

9 Abalone, clam, squid, penshell, shrimp, crab, crown conch, conch, sea urchin, swimming crab, spiny lobster (California and Caribbean), seaweed, jellyfish, oyster, finfish, ornamental fish, sea cucumber, octopus, shark, yellowtail (mariculture) and sportfishing.

10 PNUD (2020). Desafíos de desarrollo ante el COVID-19 en México. Panorama desde la perspectiva de la salud. Programa de las naciones unidas para el desarrollo, México. Available in:

<https://www.mx.undp.org/content/dam/mexico/docs/Publicaciones/PublicacionesReduccionPobreza/estudioscovid19/Panorama%20desde%20la%20perspectiva%20de%20la%20salud.pdf>

11 Guan, W. J., Liang, W. H., Zhao, Y., Liang, H. R., Chen, Z. S., Li, Y. M., ... & Ou, C. Q. (2020). Comorbidity and its impact on 1590 patients with Covid-19 in China: A Nationwide Analysis. *European Respiratory Journal*, 55(5).

12 <https://cobi.org.mx/wp-content/uploads/2020/06/COBI-Reporte-1-Covid19-y-Pesca-Ingles-1-mayo-1.pdf>