



Latin America's Uncoordinated Response in Tackling COVID-19

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Executive summary

The response of Latin American countries to the COVID-19 pandemic has been nationalistic, uncoordinated and varied in terms of effectiveness. Unlike in Africa, where there has been a great deal of coordinated action by continental bodies charged with public health, shared Latin American institutions (such as the Pan-American Health Organization) have been unable to develop common approaches and initiatives to deal with the pandemic. The two largest economies, Brazil and Mexico, have had some of the least effective policy responses to the virus and failed to either initiate or support the development of a common approach. Strategies adopted for the Zika virus in 2016 and lessons learned from this health crisis have not been reinstated for COVID-19, exposing and aggravating fault lines in Latin American societies. Moreover, excessive politicisation (as in the case of Brazil, Mexico and Nicaragua), coupled with insufficient resources for both healthcare and social support, has also hampered national responses. Economic consequences have been felt widely across the region, and poverty, unemployment and inequality have increased sharply.

Introduction

In mid-March 2020 all Latin American countries had registered cases of COVID-19, and many of them faced their first surges. Henceforth, most countries in the region would adopt more or less stringent quarantine measures and/or close their borders, except for the two largest regional economies: Brazil and Mexico. While the former has limited its response to strengthening border controls (particularly in the north) and suspending classes for a month, the latter has merely announced terrestrial border closures. Nevertheless, in Brazil quarantine measures have been enacted by governors and mayors across the country.¹

The absence of a comprehensive response from these countries has contrasted with the Pan American Health Organization's (PAHO) assessment. As a PAHO report published in early March pointed out, the region would need to scale up surveillance capacities, strengthen laboratory testing, improve local healthcare capacities, and communicate the risks to populations and travellers.² In the first week of April 2020, PAHO's director warned that Latin America was entering a new stage of contagion as most of its countries were already reporting local transmissions, rather than transmissions from returning travellers.³ The Ecuadorian outbreak began in April, and the surge in Ecuador's Guayas province was a reality check for the whole region. Ecuador's response showed critical gaps, both

1 COVID-19 Observatory in Latin America and the Caribbean, "Measures by Country: Brazil", <https://cepalstat-prod.cepal.org/forms/covid-countrysheet/index.html?country=BRA>.

2 Pan American Health Organization, "Response to COVID-19 Outbreak in the Region of the Americas", August 28, 2020, <https://www.paho.org/en/documents/response-covid-19-outbreak-region-americas>.

3 Arturo Wallace, "El Coronavirus en América Latina: Así Avanza la Pandemia de Covid-19 en la Región" (Coronavirus in Latin America: How the Covid-19 Pandemic is Advancing in the Region), *BBC*, April 3, 2020, <https://www.bbc.com/mundo/noticias-america-latina-52131238>.

in prevention and in mitigation. From testing to mortuary services, the country's lack of preparedness was evident⁴ and worryingly consistent with PAHO's assessment. The case also highlighted the difficulties Latin American countries would face owing to the lack of a coordinated regional response.

Uncoordinated responses

The extensive lack of coordination is alarming when considering the long regional tradition of robust health cooperation. Indeed, PAHO itself has its origins in the Pan-American Sanitary Bureau, established in 1902 during a yellow fever epidemic that had spread across the Americas. 'PAHO, emerg[ing] as a leading innovator in how to cross cultural, social, intellectual, and national borders in the name of international health', later became the World Health Organization's (WHO) regional office.⁵ For a long time PAHO coordinated national actions against communicable and non-communicable diseases such as tuberculosis, Chagas' disease, chikungunya, dengue fever and Zika, and provided technical support for the creation of national healthcare systems. This tradition underpinned the establishment of a transnational network of experts in public health who were ultimately responsible for establishing the South American Council of Health and the South American Institute of Government in Health (ISAGS); both under the Union of South American Nations (UNASUR).⁶ Whereas the health council operated as a decision-making forum, the ISAGS focused on knowledge management and health governance. The council drew up a five-year plan around six axes: surveillance, universal healthcare systems, universal access to medication, health promotion, social determinants for health, and the management of human resources for health.⁷ Health surveillance, a critical component in the containment of transmission, was 'handled by the Technical Group (TG) Health Surveillance and Response Network (2009), based on the 2010–2015 Five-Year Plan'.⁸ The plan aimed at developing capacities for strengthening oversight and information-sharing mechanisms concerning international health regulations in the region.

4 Irene Torres and Fernando Sacoto, "Localising an Asset-Based COVID-19 Response in Ecuador", *The Lancet* 395, no. 10233 (April 25, 2020): 1339.

5 Howard Markel, "Worldly Approaches to Global Health: 1851 to the Present", *Public Health* 128, no. 2 (2014): 124.

6 On the health policy community, see Paulo Esteves, Geovana Zoccal and João Fonseca, "The Sources of Moral Authority: Policy Networks and Structuring South-South Cooperation", in *Status and the Rise of Brazil: Global Ambitions, Humanitarian Engagement and International Challenges*, eds. Paulo Esteves, Maria Gabrielsen Jumbert and Benjamin de Carvalho (London: Palgrave, 2020); on health diplomacy in South America, see Paulo Buss and Sebastián Tobar, "Health Diplomacy in the Political Process of Integration in Latin America and the Caribbean", in *Oxford Research Encyclopedia of Global Public Health* (New York: Oxford University Press, 2018).

7 Katherine E Bliss, Paulo Buss and Felix Rosenberg, *New Approaches to Global Health Cooperation: Perspectives from Brazil*, Report (Washington DC: CSIS Global Health Policy Center and Fiocruz, 2012).

8 Flávia Thedim Costa Bueno, "Health Surveillance and Response on a Regional Scale: A Preliminary Study of the Zika Virus Fever Case", *Ciência & Saúde Coletiva* 22, no. 7 (2017): 2311–2312.

Lessons from the Zika virus?

These arrangements were tested by the Zika virus epidemic. In November 2015 the Brazilian government declared the Zika epidemic a national public health emergency. In February 2016, as the virus was reported in most countries in South America, the WHO declared a Public Health Emergency of International Concern (PHEIC). The WHO and PAHO supported South American countries' surveillance systems, specifically the control and prevention protocols and mechanisms, through a series of activities encompassing capacity development, technical guidelines and recommendations, and the distribution of reagents. Even before the PHEIC declaration, the organisation allocated 'resources from its Epidemic Emergency Fund to fund actions involving monitoring the epidemic, vector controls, reinforcing healthcare systems and Zika virus research work'.⁹ In South America, UNASUR and Mercosur (a trade bloc of Argentina, Brazil, Paraguay and Uruguay) articulated their responses along with PAHO. The ISAGS and TGs created a Regional Protocol to combat the Zika virus 'to reinforce cooperation, guarantee ongoing communication, increase the exchange of experiences, reinforce joint frontier surveillance capacities, etc.'¹⁰

Regional bodies found wanting

The African case has shown that previous experience in containing contagious diseases and mitigating their effects contributes to a coordinated regional response. Nevertheless, the coordination to contain the Zika epidemic (and other diseases like the H1N1 pandemic or the dengue fever epidemic) contrasts acutely with the collective response to the COVID-19 pandemic. Despite the common protocols adopted by PAHO, institutions and mechanisms have fell short in harmonising approaches and confronting the region's demands. While the US has kept the Organization of American States silent,¹¹ South American countries,

The African case has shown that previous experience in containing contagious diseases and mitigating their effects contributes to a coordinated regional response

9 Bueno, "Health Surveillance and Response", 2310.

10 Bueno, "Health Surveillance and Response", 2311.

11 Even though the Organization of American States (OAS) as a regional parliamentary body did not play a significant role in responding to the COVID-19 pandemic, its Inter-American Commission of Human Rights became an important venue for protecting rights (particularly those of indigenous peoples) during the pandemic. The OAS dismissed the head of the commission with the blessing of the Trump administration. Jamil Chade, "Apoiado por Itamaraty, Chefe da OEA Derruba Brasileiro que investiga Abusos" (Supported by Itamaraty, Head of OAS overthrows Brazilian Investigating Abuses), *UOL*, August 25, 2020, <https://noticias.uol.com.br/colunas/jamil-chade/2020/08/25/brasileiro-que-investigava-violacoes-de-direitos-humanos-e-derrubado-na-oea.htm>.

led by Brazil, Chile and Argentina, already had dismantled the Union of South American Nations (UNASUR) and its health coordination mechanisms.¹² The Forum for the Progress and Development of South America (Foro para el Progreso de América del Sur), created to replace UNASUR, has been shown to be an empty vessel, unable to articulate any initiative beyond joint declarations signed by heads of state and/or ministers of foreign affairs. As for the Latin American region as a whole, the designated organisation, the Community of Latin American and Caribbean States (CELAC), only operates as a forum without a proper mandate or resources to cope with the pandemic. Despite its weak mandate, the Bolsonaro administration in Brazil withdrew from the organisation in January 2020.¹³ Weakened by ideological battles among its member states, and under the Mexican presidency, CELAC has not been able to articulate a meaningful response.

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These developments are indicative of the recent instrumentalisation of multilateral and regional organisations, which have been targeted by groups interested in feeding domestic political polarisation, and so hampering any possibility of collective action. Despite sharing 48 borders for 17 000km, South America's leaders have not engaged in any joint initiative beyond information sharing, leaving a gap in critical areas such as diagnosis, surveillance, control and prevention; collaboration among laboratories; and production and procurement of appropriate medical equipment, reagents or personal protective equipment.

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12 Buss and Tobar, "Health Diplomacy in the Political Process".

13 Guilherme Casarões, "Leaving the Club Without Slamming the Door: Brazil's Return to Middle-Power Status", in *Status and the Rise of Brazil*, eds. Paulo Esteves, Maria Gabrielsen Jumbert and Benjamin de Carvalho (London: Palgrave Macmillan, 2020); "Brasil Abandona la Comunidad de Estados Latinoamericanos y Caribeños (CELAC)" (Brazil Leaves the Community of Latin American and Caribbean States), Deutsche Welle, January 17, 2020, <https://www.dw.com/es/brasil-abandona-la-comunidad-de-estados-latinoamericanos-y-caribe%C3%B1os-celac/a-52035439>.

An expression of the Latin American response may be found in the words of Chilean President Sebastian Piñera about the Chilean armed forces: 'They have protected the borders so that immigrants do not bring the infection.'¹⁴

National responses are supported by PAHO around nine pillars:

- country-level coordination, planning and monitoring;
- risk communication and community engagement;
- surveillance, rapid response teams and case investigation;
- points of entry;
- national laboratories;
- infection prevention and control;
- case management;
- operational support and logistics; and
- maintaining essential health services.

Despite its efforts, extreme politicisation has hindered PAHO's initiatives. Its outputs include standards setting, knowledge and information sharing, training activities, in-kind donations and monitoring activities, as described in Figure 1.

Funding and political crises

Political polarisation has also undoubtedly hindered PAHO's response. In late May PAHO's director, Dr Clarissa Etienne, said the organisation was on the brink of insolvency owing to growing membership arrears.¹⁵ As of 30 April, non-payments totalled \$164.6 million, of which 67% was owed by the US. Indeed, the US has been responsible for almost 60% of PAHO's budget and has supported the organisation since 1902,¹⁶ until the Trump Administration

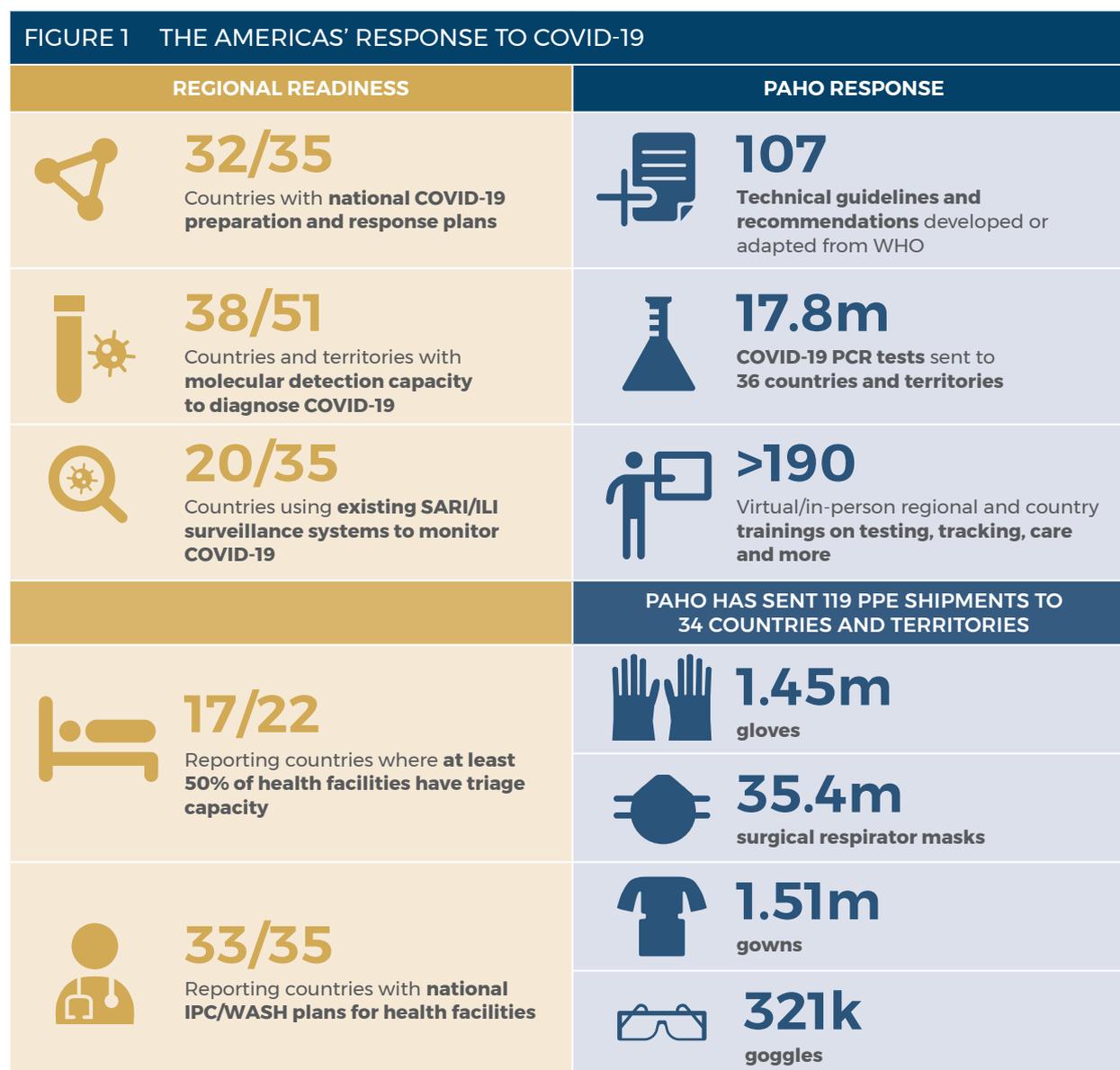
The Trump Administration turned PAHO into a political target

14 Jerónimo Ríos Sierra, "La Inexistente Respuesta Regional a la COVID-19 en América Latina" (The Non-Existent Regional Response to COVID-19 in Latin America), *Geopolítica(s)* 11, Special Edition (2020): 211.

15 Arlene King, Jon Kim Andrus and J Peter Figueroa, "Financial Crisis at PAHO in the Time of COVID-19: A Call for Action", *The Lancet* 396, no. 10244 (2020).

16 "WHO Director for Americas Urges US Help as Coronavirus Surges in the Region", *Reuters*, June 2, 2020, <https://www.reuters.com/article/us-health-coronavirus-americas/who-director-for-americas-urges-u-s-help-as-coronavirus-surges-in-region-idUSKBN23929P>.

turned PAHO into a political target. As its regional branch, PAHO has also suffered from the US' withdrawal from the WHO. Still, PAHO is independent of the WHO in financial terms, and hitherto there has been no bureaucratic reason for the US to withhold its contribution.¹⁷



Source: Pan American Health Organization, *COVID-19: PAHO/WHO Response*, Report 30 (Santiago: PAHO, October 19, 2020), <https://www.paho.org/en/documents/covid-19-pahowho-response-report-30-19-october-2020>

For the Trump Administration (and backed by the Brazilian government), the attacks against PAHO are part of a broader anti-Cuba policy. On many occasions the US and Brazilian governments have accused the organisation of facilitating the Cuban Medical Brigade cooperation programme. Both governments also claim it is 'not fully disclosing' its role in an unrelated programme, Mais Médicos, involving Cuban doctors (along with other

¹⁷ Elaine Ruth Fletcher and Grace Ren, "US Gives Formal Notice on Withdrawal from WHO – Critics Say It Leaves America 'Sick And Alone'", *Health Policy Watch*, July 7, 2020, <https://healthpolicy-watch.news/us-gives-formal-notice-on-withdrawal-from-who-as-of-7-july-2021/>.

nationalities) providing healthcare in remote regions of Brazil, ‘falsely implying a lack of auditing’.¹⁸ Publicly, in order to mobilise their own electoral base, US Senator Marco Rubio, US Secretary of State Mike Pompeo and Brazilian President Jair Bolsonaro have accused Cuba of using forced labour or even enslaving its doctors.¹⁹

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To sum up, while facing the pandemic, Latin American countries not only are unable to articulate a collective response but have also crippled the support they could have gotten from regional institutions such as PAHO. Moreover, excessive politicisation (in the case of Brazil, Mexico and Nicaragua) and insufficient funds and resources both for healthcare and social support also hamper national responses. These variables either preclude the adoption of more stringent quarantine measures (Brazil and Mexico) or jeopardise the effectiveness of those measures, leading to early reopening or lack of enforcement (Chile). Table 1 shows the quarantine and control of social mobility measures adopted by countries in the region.

TABLE 1 MOVEMENT CONTROL AND QUARANTINE: MEASURES ADOPTED IN SELECTED COUNTRIES

	Argentina	Bolivia	Brazil	Chile	Colombia	Costa Rica	Cuba	Ecuador	El Salvador	Guatemala	Honduras	Mexico	Nicaragua	Panama	Paraguay	Peru	Uruguay	Venezuela
Restrictions or prohibition on the entry of foreign travellers	Stringent	Stringent	Stringent	Stringent	Stringent	Stringent	Stringent	Stringent	Stringent	Mild	Weak	Weak	Weak	Stringent	Stringent	Stringent	Stringent	Stringent
Border closures and controls	Stringent	Stringent	Weak	Stringent	Stringent	Stringent	Stringent	Stringent	Stringent	Mild	Weak	Weak	Weak	Stringent	Stringent	Stringent	Stringent	Stringent
Border controls	Stringent	Stringent	Weak	Stringent	Stringent	Stringent	Stringent	Stringent	Stringent	Mild	Weak	Weak	Weak	Mild	Stringent	Stringent	Stringent	Stringent
Restriction of public places & mass gatherings	Stringent	Stringent	Weak	Stringent	Stringent	Stringent	Stringent	Stringent	Stringent	Mild	Weak	Weak	Weak	Stringent	Stringent	Stringent	Stringent	Stringent
Mandatory quarantine for travellers, and cases	Stringent	Weak	Weak	Stringent	Stringent	Stringent	Stringent	Stringent	Stringent	Mild	Weak	Weak	Weak	Mild	Stringent	Stringent	Stringent	Stringent
Mandatory general quarantine	Stringent	Stringent	Weak	Stringent	Stringent	Stringent	Stringent	Stringent	Stringent	Mild	Weak	Weak	Weak	Stringent	Stringent	Stringent	Weak	Stringent
Curfew	Stringent	Stringent	Weak	Stringent	Stringent	Stringent	Stringent	Stringent	Stringent	Mild	Weak	Weak	Weak	Stringent	Stringent	Stringent	Weak	Stringent

Source: prepared by the author, based on data from COVID-19 Observatory in Latin America and the Caribbean, <https://www.cepal.org/en/topics/covid-19>; Oxford COVID-19 Government Response Tracker, <https://covidtracker.bsg.ox.ac.uk/>

18 Mark L Schneider, “Trump Administration Cripples Latin America’s Ability to Fight Covid-19”, Center for Strategic and International Studies, July 2, 2020, <https://www.csis.org/analysis/trump-administration-cripples-latin-americas-ability-fight-covid-19>.

19 Shasta Darlington, “Cuba Is Pulling Doctors from Brazil after Derogatory Comments by Bolsonaro”, *The New York Times*, October 14, 2018, <https://www.nytimes.com/2018/11/14/world/americas/brazil-cuba-doctors-jair-bolsonaro.html>; Miguel González Palacios, “Pan American Health Organization in Intensive Care”, Open Democracy, August 11, 2020, <https://www.opendemocracy.net/en/democraciaabierta/pan-american-health-organization-in-danger/>; Marco Rubio, “Letter to the Honorable Mike Pompeo”, June 24, 2019, <https://www.nationalreview.com/wp-content/uploads/2019/06/20190624-Rubio-Letter-to-SECDCS-and-SECSTATE-on-UK-Forced-Late-Term-Abor...-1.pdf>.

While facing the pandemic, Latin American countries not only are unable to articulate a collective response but have also crippled the support they could have gotten from regional institutions such as PAHO

During the last decade investment in healthcare in the region has dropped significantly. As Oxfam reported, in 2020 such investment accounted for an average of 2.2% of gross domestic product (GDP), half of what is recommended by the WHO.²⁰ As a result, by March 2020 the region had ‘approximately 23 hospital beds and 18 physicians for every 10,000 inhabitants, around half of the averages in OECD [Organisation for Economic Co-operation and Development] countries’.²¹ The underfunded Latin American healthcare systems thus have had to deal with growing pressure, generating an unprecedented number of deaths. As Figure 2 shows, except for Uruguay, Paraguay, Costa Rica and Nicaragua (which do not provide reliable data), all other countries have had a cumulative number of deaths per million people above the global ratio (109.16).

Figure 2 Cumulative confirmed COVID-19 deaths per million (as at 1 September 2020)



Source: prepared by the author, based on Oxford COVID-19 Government Response Tracker, <https://covidtracker.bsg.ox.ac.uk/>

20 Oxfam, “Coronavirus Doesn’t Discriminate, But Inequality Does: Beating the Pandemic Means Dealing with Inequality” (Briefing, Oxfam, Oxford, March 2020), <https://oi-files-d8-prod.s3.eu-west-2.amazonaws.com/s3fs-public/2020-04/Coronavirus%20doesn%2C%B4t%20discriminate%2C%20but%20inequality%20does%20-%20Brief.pdf>.

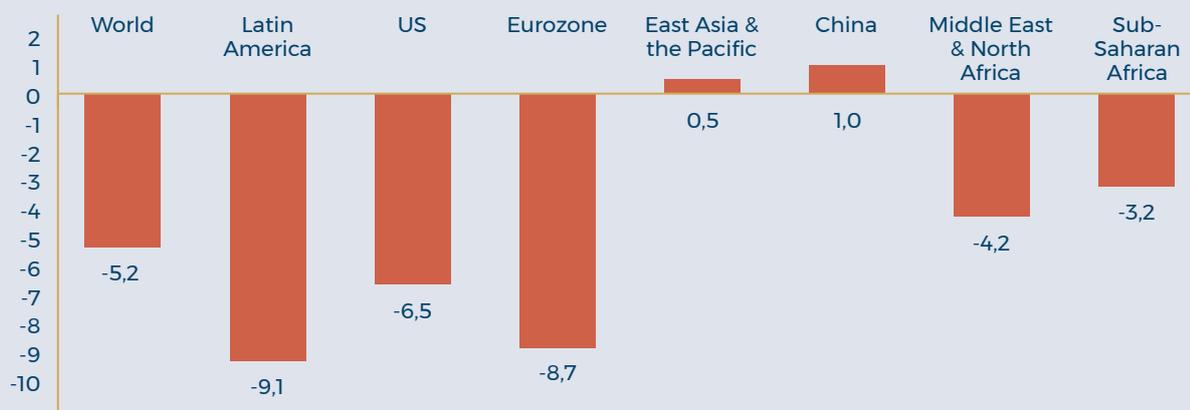
21 Oxfam, “Coronavirus Doesn’t Discriminate”, 11.

Pandemic compounds economic problems

The impact of the COVID-19 pandemic on Latin American economies has been devastating. As Figure 3 shows, these impacts are much more severe in Latin America than in any other region. Three sets of variables have combined to produce this outcome. First was the economic situation before the pandemic. As forecasted by ECLAC, the regional growth rate was below the global average, indicating the poor economic performance of Latin American countries even before the pandemic.

The impact of the COVID-19 pandemic on Latin American economies has been devastating

Figure 3 Selected regions and countries: GDP growth rate projections for 2020



Source: prepared by the author based on ECLAC, *Addressing the Growing Impact of COVID-19 with a View to Reactivation with Equality: New Projections*, Special Report 5 (Santiago: ECLAC, July 15, 2020), https://repositorio.cepal.org/bitstream/handle/11362/45784/S2000470_en.pdf?sequence=1&isAllowed=y

The second set of variables is national and regional responses to the pandemic, encompassing sanitary, social and economic measures adopted by national governments. As discussed above, although most countries have adopted stringent measures, some, like Argentina and Ecuador, were barely recovering from deep recessions and debt crises. Furthermore, Brazil and Mexico, the largest economies in the region, are governed by two of the world's fiercest COVID-19 denialists: Bolsonaro and Andres Manuel Lopez Obrador. Their position on the pandemic has not only harmed their national economies but also

precluded a more consequential regional response. Without either regional leadership or consistent coordination mechanisms, Latin America has been unable to articulate a collective response.

Although economic impacts are conditioned by these domestic variables, according to ECLAC, five external variables are also affecting Latin American economies:²²

- the pandemic's impact on trade partners;
- primary goods prices;
- resilience of global value chains;
- demand for tourism services; and
- overall impacts on financial markets.

These external variables have had devastating effects. Considering that 20% of Latin America and the Caribbean's GDP is made up of goods exports, and their main trading partners are the US (8.5%), China (2.2%) and the EU (1.9%), the impact on the demand for goods produced in the region is significant.²³ This declining demand has also affected the prices of primary goods. The energy sector has been particularly affected, and oil prices have reached rock bottom, hitting energy product exporters hard. Lower prices also affect metal and agricultural products. The decrease in the demand for primary goods, quarantine measures and border closures have squeezed the demand for services in general and tourism in particular. Finally, a growing risk-aversion has led foreign investors in the region to flee, affecting investments and pressuring national currencies.

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After considering Latin American countries' prior conditions, their weak and erratic responses to the pandemic, and international conditions, by July 2020 ECLAC was expecting an average regional contraction of 9.1% in GDP, and 9.9% in GDP per capita in

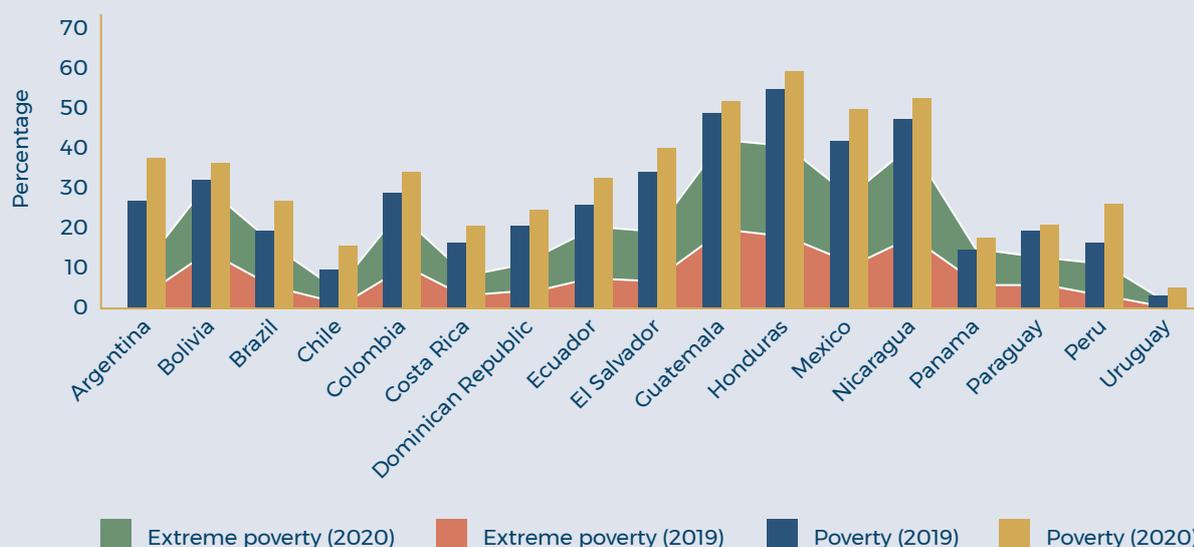
22 Economic Commission for Latin America and the Caribbean, *Latin America and the Caribbean and the COVID-19 Pandemic: Economic and Social Effects*, Report (Santiago: ECLAC, April 2020), <https://www.cepal.org/en/publications/45351-latin-america-and-caribbean-and-covid-19-pandemic-economic-and-social-effects>.

23 ECLAC, *Addressing the Growing Impact of COVID-19 with a View to Reactivation with Equality: New Projections*, Special Report 5 (Santiago: ECLAC, July 15, 2020), 3, https://repositorio.cepal.org/bitstream/handle/11362/45784/S2000470_en.pdf?sequence=1&isAllowed=y.

2020.²⁴ The rapid deterioration of economic conditions is having germane impacts upon social indicators. By the end of 2020, ECLAC figures predict 44.1 million unemployed across the region, against 26.1 million in 2019.²⁵ Protracted responses to the pandemic have made the situation even worse, contributing to growing unemployment and informality. As a result, poverty rates are skyrocketing in the region, reaching half of the population in countries such as Honduras, Guatemala, Mexico and Nicaragua. Figure 4 shows the effects of the pandemic on poverty in Latin America. Inequalities are also expected to increase. In Brazil, Mexico, Chile and Argentina, ECLAC estimates that the Gini index – which measures inequality – will increase between 5 and 6%.

Protracted responses to the pandemic have made the situation even worse, contributing to growing unemployment and informality

Figure 4 Poverty rates in selected countries (2019–2020)

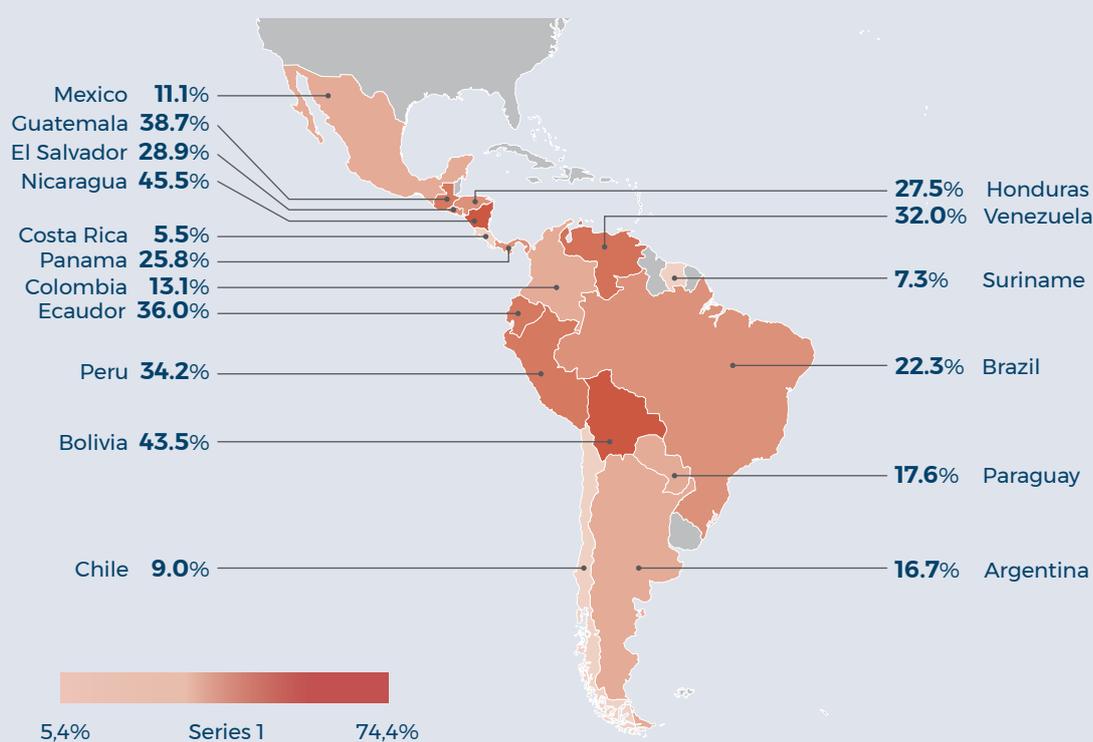


Source: prepared by the author based on ECLAC, *Addressing the Growing Impact of COVID-19 with a View to Reactivation with Equality: New Projections*, Special Report 5 (Santiago: ECLAC, July 15, 2020), https://repositorio.cepal.org/bitstream/handle/11362/45784/S2000470_en.pdf?sequence=1&isAllowed=y

24 ECLAC, *Addressing the Growing Impact*.
 25 ECLAC, *Addressing the Growing Impact*, 11.

The pandemic has disproportionately affected 21% of the urban population in Latin America living in informal settlements (see Figure 5). As mitigation strategies have been based on quarantines and basic sanitation measures, overcrowded informal settlements without access to clean water²⁶ or garbage collection have become contagion hotspots.²⁷ Informal settlements manifest structural vulnerabilities and intersectional inequalities where class, gender and race inequities operate in tandem.²⁸ Restrictions of movement overly affect informal workers who depend on daily earnings, worsening their already vulnerable conditions.²⁹

Figure 5 Urban population living in slums, informal settlements or inadequate housing in Latin America



Prepared by the author based on CEPALSTAT, <https://cepalstat-prod.cepal.org/cepalstat/Portada.html>

- 26 Boris Miranda, "Coronavirus: Qué Pasa con los 3.000 Millones de Personas sin Acceso a Agua Potable en América Latina y el Mundo" (Coronavirus: What Happens to the 3 000 Million People Without Access to Potable Water in Latin America and the World), *BBC*, April 16, 2020, www.bbc.com/mundo/noticias-52161772; Abel Gilbert, "El Coronavirus Acecha a los Barrios Marginales de Argentina" (Coronavirus Stalks Argentina's Slums), *Elperiodico*, April 4, 2020, <https://www.elperiodico.com/es/internacional/20200404/buscar-comida-en-buenos-aires-en-tiempos-de-crisis-sanitaria-7917092>; Robert Mur, "La Pandemia Llega a las Villas Miseria de Argentina" (The Pandemic Comes to Argentina's Villas Miseria), *La Vanguardia*, May 10, 2020, <https://www.lavanguardia.com/internacional/20200510/481055628357/la-pandemia-llega-a-las-villas-miseria-virus-y-hambre.html>.
- 27 Rosa María Cañete, "Privileges that Deny Rights" (Policy Paper, Oxfam International, Oxford, September 30, 2015), <https://www.oxfam.org/en/research/privileges-deny-rights>; Oxfam, "Coronavirus Doesn't Discriminate".
- 28 Catalina Ortiz and Camillo Boano, "Stay at Home: Housing as a Pivotal Infrastructure of Care?", University College London, Bartlett Development Planning Unit, April 6, 2020, <https://blogs.ucl.ac.uk/dpublog/2020/04/06/stay-at-home-housing-as-a-pivotal-infrastructure-of-care/>.
- 29 "El Virus del Hambre" (The Hunger Virus), *El Mercurio*, May 29, 2020, <https://www2.elmercurio.com.ec/2020/05/29/el-virus-del-hambre/>; Oxfam, "Coronavirus Doesn't Discriminate".

Prevalent gender inequalities have generated even direr conditions for women and girls

Furthermore, prevalent gender inequalities have generated even direr conditions for women and girls in at least three dimensions. First, 72.8% of health workers and 77.5% of domestic workers in the region are women, making them more exposed to infection.³⁰ Second, women's dual responsibilities, amid closed schools and lockdowns, increase their unpaid care workload in an unprecedented way.³¹ Finally, quarantine measures have led to an increase the number of violent criminal acts against women and girls in the most violent region in the world.³²

Conclusion

This policy insight has given a broad overview of efforts to combat the COVID-19 pandemic in Latin American countries. It highlights the distinct lack of a regional approach, where responses have been politicised with 'every country for itself'. A retreat from regional health organisations, the US' withholding of funding, and the nationalism and COVID denialism of continental leaders such as Brazil and Mexico have hampered the region's ability to act in concert. The pandemic has been politicised. This has compromised both healthcare and economic interventions across Latin America.

The pandemic has been politicised. This has compromised both healthcare and economic interventions across Latin America

30 Isabel Duque Franco et al., "Mapping Repertoires of Collective Action Facing the COVID-19 Pandemic in Informal Settlements in Latin American Cities", *Environment & Urbanization* (July 2020).

31 Oxfam, "Coronavirus Doesn't Discriminate"; Clare Wenham, Julia Smith and Rosemary Morgan, "COVID-19: The Gendered Impacts of the Outbreak", *The Lancet* 395, no. 10227 (2020): 846-847.

32 ECLAC, "La Pandemia del COVID-19 Profundiza la Crisis de los Cuidados en América Latina y el Caribe" (COVID-19 Pandemic Deepens Care Crisis in Latin America and the Caribbean) (ELAC, Santiago, April 2020), https://repositorio.cepal.org/bitstream/handle/11362/45335/5/S2000261_es.pdf; Franco et al., "Mapping Repertoires of Collective"; Rosa Muñoz Lima, "América Latina Lucha contra la Violencia de Género en Tiempos del Coronavirus" (Latin America Fights against Gender Violence in Times of Coronavirus), DW, March 31, 2020, <https://p.dw.com/p/3aGOO>; Sandra Weiß, "Cuarentena por Coronavirus Dispara Violencia Contra las Mujeres en América Latina" (Coronavirus Quarantine Triggers Violence Against Women in Latin America), DW, April 27, 2020, <https://p.dw.com/p/3bTqO>.

Lessons from handling the Zika virus appear to have been forgotten in the COVID-19 crisis, which – apart from its devastating effects on healthcare – has had profound economic consequences for the region. It will increase unemployment, exacerbate inequality and undo long-term efforts to reduce poverty. The pandemic also disproportionately affects women. The region would do well to see how African countries have worked together in buying personal protective equipment, ensuring the common sourcing of medicines and demanding a fair distribution of eventual vaccines.

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Acknowledgement

SAIIA and the BRICS Policy Center would like to acknowledge the generous support for this publication from the Konrad Adenauer Foundation.

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