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## **Challenges of Battling COVID-19 in Latin America**

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## Challenges of Battling COVID-19 in Latin America

Jason Berkun<sup>1</sup>

*"Nothing is possible without men; nothing is lasting without institutions." - Jean Monnet, 1979*

### Abstract

COVID-19 has upended the trajectory of world affairs to levels unseen since the outbreak of the influenza pandemic between 1918-1920. As of May 7, 2021, there have been over 152,000,000 reported cases and over 3,200,000 deaths worldwide.<sup>2</sup> Latin America, in particular, has been hit quite hard. Despite comprising of about 8% of the global population, it represents about 20% of cases and 28% of deaths.<sup>3</sup> Countries comparable in political and economic status, such as in Africa and Asia, have been spared from the devastation and exertion it has strained on Latin America, except very recently in select regions. This paper will provide an overview of COVID-19 development in Latin America and investigate three important political-economic factors that have contributed to the proliferation of the virus: the ineffectual role of intergovernmental bodies, political gamesmanship at the expense of public health, and the inadequate deployment of resources towards healthcare. Each of these factors will help explain how Latin America's response to COVID-19 could not match the wrath of a highly infectious airborne virus. While hope is on the horizon that vaccines will be properly distributed, the same problems that aided the spread of COVID-19 set progress of returning back to normal farther away, and potentially gives birth to more evasive mutations of the virus. Time will be the ultimate test of Latin America's ability to move forward from this deadly pandemic.

*Keywords: COVID-19, Intergovernmental Institutions, Gamesmanship, Healthcare*

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<sup>2</sup> "COVID-19 Dashboard." John Hopkins University of Medicine, May 7, 2021.

<sup>3</sup> "COVID-19 Observatory." University of Miami, May 7, 2021.

## Course of Progression

The first case of coronavirus was documented in Wuhan, China in 2019. It soon spread throughout East Asia and unknowingly travelled throughout the world. Along with the outbreak came the near shutdown of economic activity that could lead to higher transmission of the virus. The early warning signs of the devastation it brought came from Europe - cities overwhelmed by the number of sick individuals and a limited capacity to manage the consequences. For its part, Latin America had enough time to react to the developments from abroad and respond accordingly.

Three months after the first outbreak in China, coronavirus landed in São Paulo, Brazil on February 26, 2020. Over the next month, every country throughout the region shut down schools, limited travel, closed down non-essential businesses, and implemented a host of restrictions to control its own outbreak.<sup>4</sup> Never had it been before that the cogs of globalization stopped at such a pace that it threatened to backslide political and economic improvements of the past 50 years. Latin America had already suffered from high poverty rates, crime, poor healthcare, among an array of poor performance indicators. A pandemic was among the last things it could accommodate.

Cases soon sharply increased, however, not at the same size as compared to the United States or Europe. Brazil, Peru, Ecuador, Mexico and Chile received the brunt of new cases, although many countries struggled to get a proper testing and reporting regime to accurately assess the outbreak. This first wave marked stark contrasts to the policies and responses that would unfold throughout the coming year. Strict lockdowns, travel restrictions, and a shift towards remote work (although most work could not be accommodated) helped to reduce community transmission, but these policies were at the discretion of politicians, not scientists.

Out of concern that the economic fallout due to lockdown restrictions could slide the economy into a recession and stemming from a desire to return to a sense of "normalcy," some leaders prematurely removed restrictions to prevent the spread of COVID-19. Brazil and Mexico, two of the most populous and biggest economies in Latin America, sidelined public health guidelines and sought to advance their own political ambitions at the expense of science and even their own health (both Brazilian President Jair Bolsonaro and Mexican President Andrés Manuel López Obrador tested positive to COVID-19).<sup>5</sup> As a result, major outbreaks in both countries quickly spread to the surrounding region.

By September of 2020, cases had already reached over 8 million.<sup>6</sup> However, the months yet to come would outsize and undue any sort of progress that had been achieved in battling the spread of the virus. A new highly contagious and likely more dangerous variant of COVID-19 emerged in Brazil and within weeks contributed to outbreaks that had been unlike the size of any previously seen. Even countries that adopted strict measures and had advanced medical systems, such as Uruguay and Paraguay, failed to prevent a surge in new cases and deaths.<sup>7</sup> Every vulnerability, from distrust to poverty to exhaustion, could not handle the undoing of the new variant.

As of May 7<sup>th</sup>, Latin America has had over 25 million cases and 900,000 deaths.<sup>8</sup> Governments continue to face fluctuations in caseloads and staunch resistance towards public health policies continuing to cripple their response. Their way out of the pandemic - vaccines - has been fraught with supply issues and allegations of favoritism.<sup>9</sup> GDP has been crippled. It is estimated that Latin America's economy shrunk by more than 6% in 2020 and poverty has grown to levels unseen

<sup>4</sup> Østebø, Peder, and Vegard Bye. Report. Norwegian Institute of International Affairs (NUPI), 2020.

<sup>5</sup> Østebø, Peder, and Vegard Bye. Report. Norwegian Institute of International Affairs (NUPI), 2020.

<sup>6</sup> "COVID-19 Dashboard." John Hopkins University of Medicine, May 7, 2021.

<sup>7</sup> Chauvin, Lucien, Anthony Faiola. "Brazil Has Become South America's Superspreader Event." The Washington Post. WP Company, April 6, 2021.

<sup>8</sup> "COVID-19 Dashboard." John Hopkins University of Medicine, May 7, 2021.

<sup>9</sup> Taj, Mitra, Anatoly Kurmanaev, Manuela Andreoni, and Daniel Politi. "'V.I.P. Immunization' for the Powerful and their Cronies Rattles South America." The New York Times. The New York Times, February 25, 2021.

since the 2008 Financial Crisis.<sup>10</sup> Whether or not Latin America recovers from the pandemic is unclear and will remain an irreversible legacy of the 2020s.

### **Ineffectual Role of Intergovernmental Bodies**

The response to COVID-19 in Latin America necessitated a coordinated effort to scale up surveillance capacities, strengthen laboratory testing, improve local healthcare capacity, and communicate the risks to their population.<sup>11</sup> The movement of people in between borders cannot be prevented if neighboring countries do not agree on terms of entry/exit. The policies (or lack thereof) of one government can cause outbreaks in another, such as with Uruguay's outbreak in January of 2021 because of its open border with Brazil. That is why the failure of intergovernmental bodies to produce a coherent and collective response to COVID-19 created imminent danger to the livelihood of Latin America.

To the contrary, Latin America has a long regional tradition of health cooperation. The Pan-American Sanitary Bureau (PASB) was established in 1902 when a yellow fever epidemic spread across the Americas. Part of the bureau included the creation of the Pan American Health Organization (PAHO) as a means to cross cultural and sovereign boundaries in the name of international health.<sup>12</sup> It would eventually integrate with the World Health Organization and become its regional branch for Latin America. As epidemics such as tuberculosis, dengue fever and Zika came and went, PAHO was integral in creating a coordinated effort to prevent future infections.

This tradition of transnational networks in public health was ultimately responsible for establishing the South American Council of Health (ISAGS) and the South American Institute of Government in Health (ISAGS) under the Union of South American Nations (UNASUR) that formed in 2008.<sup>13</sup> Included in the new organization were five-year plans aimed at improving the healthcare system of its countries and assist in cooperation as needed. However, by 2019, UNASUR had been rendered useless with Brazil, Chile and Argentina leaving and creating a replacement called The Forum for the Progress and Development of South America. The new platform had almost no success in spearheading any health-related initiatives and was weakened to an even greater degree when President Bolsonaro withdrew from the organization in January of 2020.<sup>14</sup>

The consequences of these decisions were put on full display during the pandemic. South American leaders did not engage in any joint initiatives beyond information sharing. There was no collaborative effort to engage in diagnosis, surveillance, control, prevention, research, or production of medical equipment. Because of this, vulnerabilities that affected poorer countries more than richer countries were illuminated distinctly without the help of each other. Many of them followed the isolationist practices of the Trump Administration and did not engage with other sovereign countries more than what was required or did not have the soft power to engage at all.

This response was counterproductive and antithetical to how COVID-19 has been transmitted across the region and has undeniably led to a greater caseload that could have been avoided. In Latin America, there are over 48 shared borders totaling 17,000 kilometers in distance. Each crossing point creates opportunity for individuals to carry COVID-19 and abide by a different set of precautions that may contribute to more cases. Unlike in Europe and Africa, in which previous experience in containing contagious diseases has helped guide the response to COVID-19, no capable government has demonstrated a leadership position internationally.

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<sup>10</sup> Cottani, Joaquín. "The Effects of Covid-19 on Latin America's Economy." *The Effects of Covid-19 on Latin America's Economy* | Center for Strategic and International Studies, November 18, 2020.

<sup>11</sup> Esteves, Paulo. Report. South African Institute of International Affairs, 2020.

<sup>12</sup> Esteves, Paulo. Report. South African Institute of International Affairs, 2020.

<sup>13</sup> Esteves, Paulo. Report. South African Institute of International Affairs, 2020.

Although it is difficult to pinpoint exactly why countries in Latin America would not want to collaborate on a coordinated effort given that doing so can alleviate the economic and human burden, it is likely that the political differences prevented any significant effort to do so. Whereas almost every Latin American country imposed swift and stringent lockdowns and precautions to prevent the spread of COVID-19, Brazil and Mexico imposed lackluster measures. The leverage that these two countries exert on the region are immense and collective effort cannot be sustained without their commitment. That is part of the reason why these intergovernmental bodies were ineffective at dealing with cross-border collaboration.

## Political Gamesmanship

Two of the most notable exceptions to the science-based public health policies in Latin America are those that have the greatest capacity to lead by example. Leaders of both Brazil and Mexico have consistently minimized the threat posed by the virus and have undermined their country's ability to respond to crisis. On a federal level, governance of the spread and prevention is abysmal and downright contrary to the necessities of the situation. Limited use of masks and social distancing is readily apparent, and resources required to test, trace and isolate are nowhere to be found. The answer to these shortsighted policies lies in the political gamesmanship of the pandemic, not its preparation.

Starting with Brazil, President Bolsonaro decided in March of 2020 to not follow WHO guidelines nor any coherent health policy for that matter, believing that it would lead to negative economic consequences for the country.<sup>15</sup> The president and his supporters at various levels of the government advocated for pseudoscience such as striking deals with US President Donald Trump for 2 million doses of hydroxychloroquine albeit it had no evidence it affected COVID-19.<sup>16</sup> He did not close down the country's land borders, the Ministry of Justice did. He did not advocate for social distancing guidelines. He did not temporarily pause non-essential business activities. Because Brazil has a federal government, individual governors made most of the decisions.

The lack of seriousness for health measures and uncoordinated responses between state and federal governments meant that Brazil would be less capable of confronting this existential threat. By July 7, 2020 Brazil had over 1.6 million cases, more than any other country in the region.<sup>17</sup> Six months later in February 2021, cases would topple over 9.6 million and over 13 million by April 2021.<sup>18</sup> The healthcare system was overrun and simply could not handle the sheer volume of sick patients. Many of them died not because they could not have survived, but because too many people became sick for the hospitals to accommodate them.<sup>19</sup> Even after President Bolsonaro tested positive for COVID-19, he still continued to flaunt public health measures and reject evidence-based policies to reduce transmission.

A similar picture can be painted in Mexico. President López Obrador has contradicted public health advice, told Mexicans to ignore stay-at-home orders, and insisted that masks are "not

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<sup>15</sup> Fonseca, Elize Massard Da, Nicoli Nattrass, Luísa Bolaffi Arantes, and Francisco Inácio Bastos. "Covid-19 In Brazil: Presidential Denialism and the Subnational Government's Response." In *Coronavirus Politics: The Comparative Politics and Policy of COVID-19*, edited by Fonseca Elize Massard Da, Greer Scott L., King Elizabeth J., and Peralta-Santos André, 496. ANN ARBOR: University of Michigan Press, 2021

<sup>16</sup> Coleman, Justine. "White House: US Sends 2M Doses of Hydroxychloroquine, 1K Ventilators to Brazil." *The Hill*. The Hill, May 31, 2020.

<sup>17</sup> "COVID-19 Dashboard." John Hopkins University of Medicine, May 8, 2021.

<sup>18</sup> "COVID-19 Dashboard." May 8, 2021.

<sup>19</sup> Lucien Chauvin, Anthony Faiola. "Brazil Has Become South America's Superspreader Event."

essential."<sup>20</sup> He has tried to hide the true number of COVID-19 deaths and fudged figures to avoid lockdown rules.<sup>21</sup> He has also been a leading source of misinformation and has consistently painted a rosy picture even when WHO experts warn of rapid community spread if more actions are not taken. When Europe faced a resurgence of COVID-19 in December of 2020, López Obrador called the new restrictions "authoritarian" and vowed to avoid one in Mexico.<sup>22</sup>

Although Mexico has not had the same number of confirmed cases per capita compared to Brazil, Argentina, Colombia or Peru, it possesses amongst the worst testing regimes in Latin America, skewing reliable data on the outbreak. Tests per 1,000 people stood at 33.8 as of February 1, 2021 - incredibly low compared to 421.1 in Chile and 905.6 in the US.<sup>23</sup> Part of the reason relates back to Obrador's response, calling testing a "waste of resources."<sup>24</sup> That is why, although cases seem lower than typical given its population, with over 2.5 million as of April, the healthcare system has been overrun like Brazil and people have been dying because hospitals have been overburdened by outbreaks. Among the most important resources, oxygen is almost impossible to receive outside hospitals and the insufficient quantity of it has contributed to many preventable deaths.

The effects of presidential denialism by President Bolsonaro and López Obrador have produced deadly consequences. There is no other person in either country that can affect public opinion and guidelines to the near extent that is demonstrated by their power or bully pulpit. The result is a deflection of responsibility to state governments and public health organizations in the hope that their policies can undo the lack of response on the federal level. However, this has produced an uncoordinated and inconsistent response to a virus that does not discriminate against sovereignty, state, or person.

## Inadequacies of Healthcare

From the beginning of the pandemic, it was assumed that poor, underfunded and unstable countries would bear the brunt of the toll caused by an influx of cases. According to the 2019 Global Health Security Index, countries like Venezuela, Nicaragua, and Honduras ranked among the least prepared countries, whereas larger countries like Mexico and Brazil ranked among the top 30 best prepared countries because of their more advanced and better resourced healthcare system.<sup>25</sup> Ironically enough, and to the point that accessible healthcare is not enough to mitigate the effects of a pandemic, the country that ranked best prepared for a pandemic, the US, has the most cases in the world at over 34 million as of May 7, 2021.<sup>26</sup>

Unlike in the US or Europe, countries in Latin America that suffered from high rates of poverty, violence and instability did not face an initial surge of COVID-19 cases. Time and distance had granted them enough protection to effectively shut down public life and prevent rapid community transmission. Although testing regimes remained scarce and counts presumably underestimated, much of the outbreak in Latin America was focused on regional epicenters such as in Ecuador, Brazil, Chile and Peru where they had a better infrastructure to deal with outbreaks. That remained the case until a surge of cases near the end of 2020, possibly fueled by a new Brazilian variant, pushed many countries to the edge.

Health disparities were put on full display when the healthcare capacity simply could not

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<sup>20</sup> Vivanco, José Miguel. "Will López Obrador continue playing with Mexicans' health?" Univision. February 2, 2021.

<sup>21</sup> Vivanco, José Miguel. "Will López Obrador continue playing with Mexicans' health?" Univision, February 2, 2021.

<sup>22</sup> "Mexican President Slams European Coronavirus Lockdown Measures." Reuters. Reuters, October 28, 2020.

<sup>23</sup> Gonzalez, Elizabeth, Chase Harrison, Katie Hopkins, Paola Nagovitch, Holly K Sonneland, Carin Zissis, and Luisa Horwitz. "The Coronavirus in Latin America." AS/COA, February 10, 2021.

<sup>24</sup> Vivanco, José Miguel. "Will López Obrador continue playing with Mexicans' health?" Univision. February 2, 2021.

<sup>25</sup> Fonseca, Elize Massard Da, Nicoli Natrass, Luísa Bolaffi Arantes, and Francisco Inácio Bastos. "Covid-19 In Brazil: Presidential Denialism and the Subnational Government's Response." 494.

<sup>26</sup> "COVID-19 Dashboard." John Hopkins University of Medicine, May 9, 2021.

handle its load. At the peak of infections in Caracas, Venezuela, every bed in the capitol was occupied.<sup>27</sup> Even if individuals were in a hospital, they often had to supply their own resources or incur exuberantly high fees to purchase masks, gloves, and miscellaneous equipment.<sup>28</sup> Most notably, hospitals did not have enough oxygen and if patients could not pay for the care, they could suffocate to death. Unfortunately, and due to the ill-prepared nature of the healthcare system of these countries, many of them died from preventable deaths in a way that much of the developed world avoided those problems when faced with the same surge.

While it was expected that countries like Venezuela, Guatemala, or Nicaragua would have great difficulty in handling a virus when much of their efforts appeared beyond the control of their capabilities, that was not the case with wealthier countries like Brazil or Uruguay. Brazil has one of the largest public health systems in the world and has successfully responded to epidemics such as HIV/AIDS, hepatitis C, and H1N1 influenza.<sup>29</sup> Likewise, Uruguay was championed as an early success story in the pandemic and managed to keep transmission to a minimum. Despite the better pre-existing healthcare industry, the same identical problems in Venezuela would run parallel to the situation in both of these countries: high ICU capacity, depleted medications and supplies, deficient contact tracing.<sup>30</sup> Much of it causing the same excess and preventable deaths seen in poorer countries.

Latin America's way out of the pandemic, through the inoculation of millions with a highly effective vaccine, appears to have optimistic momentum but justified concern about the ability of each respective government to properly distribute the vaccine. South American countries that include Argentina, Brazil, Chile, Mexico and Peru have secured over 286 million doses of the vaccine through agreements with pharmaceutical companies, much of it boosted by their participation in advanced clinical trials of the vaccines.<sup>31</sup> In the rest of Latin America, 22 countries will obtain millions of effective doses through the COVAX Facility, an initiative sponsored by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, and the WHO.<sup>32</sup>

That said, Latin America's vaccination rate is much lower than that of other developed nations such as the US, outside of a couple prominent exceptions in Chile and Uruguay where 73.81 and 46.11 doses per 100 people have been administered as of April 26, 2021.<sup>33</sup> In places like Honduras and Venezuela, less than 1 dose has been administered for 100 people - a grave reality of the disparities between the developed and developing world. If Latin America is to emerge from the pandemic without significant community transmission, it must overcome the same sorts of factors that weaken its response to managing the virus, from the lack of contact tracing to inadequate deployment of healthcare resources. The longer this takes, the greater the possibility that more variants may threaten the effectiveness of the vaccines and cause more outbreaks.

## Conclusion

COVID-19 has devastated Latin America in ways that few would have predicted before the beginning of the 2020s. Many had hoped that years of conflict, civil unrest and poverty would be reduced, and that economic growth would propel its way to prosperity and compete with developed

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<sup>27</sup> Herrero, Ana Vanessa, Anthony Faiola. "In the Venezuelan 'Workers' Paradise,' Very Different Pandemics for the Haves and Have-Nots." The Washington Post. WP Company, April 24, 2021.

<sup>28</sup> Herrero, Ana Vanessa, Anthony Faiola. "In the Venezuelan 'Workers' Paradise,' Very Different Pandemics for the Haves and Have-Nots." The Washington Post. WP Company, April 24, 2021.

<sup>29</sup> Fonseca, Elize Massard Da, Nicoli Natrass, Luísa Bolaffi Arantes, and Francisco Inácio Bastos. "Covid-19 In Brazil: Presidential Denialism and the Subnational Government's Response." 494.

<sup>30</sup> Herrero, Ana Vanessa, Anthony Faiola. "In the Venezuelan 'Workers' Paradise,' Very Different Pandemics for the Haves and Have-Nots." The Washington Post. WP Company, April 24, 2021.

<sup>31</sup> Zhang, Pepe. Report. Atlantic Council, 2020.

<sup>32</sup> Zhang, Pepe. Report. Atlantic Council, 2020.

<sup>33</sup> "Vaccine Tracker." John Hopkins University of Medicine. May 10, 2021.



countries. Instead, Latin America has dealt with a pandemic that has reimagined every aspect of life from business closures to isolation to healthcare. Since its first case on February 26, 2020, over 20% of global cases and 28% of global deaths have occurred in Latin America, while many economies have contracted by 5-10% in 2020. This paper set out to examine three political and economic factors that could help explain this disparity: the ineffectual role of intergovernmental bodies, political gamesmanship, and the inadequacies of the healthcare system in Latin America. While estimates of each factor remain unknown on how much they contributed to the proliferation of the virus and a greater share of deaths, each resulted in a further breakdown of a fragmented system intended to prevent and control the spread of COVID-19. For Latin America to overcome the pandemic, it must learn from the mistakes of its past and work collectively to vaccinate everyone - because a threat to one country can pose an existential threat to another.

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