

ARGENTINA

Prioritizing health for a swift and effective COVID-19 response despite economic fragility and substantial inequalities

Argentina: a complex socioeconomic context

An upper-middle income country of Latin America, Argentina is a vast country of 44 million people with abundant natural resources and well qualified human resource capacity. Despite this, Argentina, like most other countries in the region, suffers from substantial structural inequalities and an estimated 36 % of Argentines are living in poverty¹.

Argentina's cyclical economy over time with periods of high inflation, deficit and debt load have also taken its toll on the country. In 2019, inflation was greater than 50% and the economy slid into deep recession once again. After successfully negotiating a US\$56 billion-dollar loan from the IMF in 2018, the government was obliged to introduce austerity measures including a significant reduction in public spending and operate with restricted access to international financial markets.²



Dr Maureen Birmingham, WHO Representative, visits Villa Azul, one of Buenos Aires' vulnerable neighbourhoods affected by COVID-19.

Argentina's COVID-19 preparedness and response efforts: acting swiftly and decisively

Despite these tremendous fiscal challenges, Argentina's newly elected government, that took office in mid-December 2019, acted swiftly and decisively when the first COVID-19 cases were imported with rapid detection, isolation and care for those infected, and contact tracing and quarantine of contacts, while working quickly to scale up the health system in anticipation of more cases. National authorities also took early, bold decisions regarding public health measures, including the closure of borders, schools, public spaces, and businesses as part of a comprehensive "lockdown" to slow the spread of COVID-19. Simultaneously, the government increased social protection measures to try to mitigate the severe socio-economic consequences resulting from a prolonged lockdown of more than 2 months, especially among populations in vulnerable situations.

More specifically, Argentina's first COVID-19 case was detected on 3 March, at which time the country had already prepared for its arrival. Nevertheless, by 20 May 2020, Argentina was experiencing community transmission and had 8,371 confirmed COVID-19 cases, including 303 new cases in the previous 24 hours³. By 4 June a total of

¹ https://www.latinamerica.undp.org/content/rblac/en/home/library/crisis_prevention_and_recovery/social-and-economic-impact-of-covid-19-and-policy-options-in-arg.html

² <https://www.reuters.com/article/us-argentina-imf/imf-increases-argentina-financing-deal-to-56-3-billion-idUSKCN1N02GK>

³ https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200520-covid-19-sitrep-121.pdf?sfvrsn=c4be2ec6_4

World Health Organization teams at country, regional and global levels have helped verify and validate the information and data contained in this case study, at the time of the original publication (as of May 2020)

19,268 cases have been confirmed resulting in an incident rate of 43 per 100,000 of which 949 were reported in the last 24 hours with 36% of these cases classified as community circulation primarily in 3 of 24 jurisdictions: the City of Buenos Aires, the Province of Buenos Aires and the Province of Chaco.

With the technical cooperation of PAHO/WHO, Argentina worked quickly to scale up testing and now has a network of 338 public and private laboratories conducting PCR tests throughout the country, reaching a testing rate of 4000 per 1,000,000 population by 4 June. While the overall positivity rate of samples in the country is 13%, in the city of Buenos Aires it is 36% and in the Province of Buenos Aires 26% reflecting significant ongoing transmission in these jurisdictions.⁴ In all, 10% of all confirmed cases are among health workers. The median age of confirmed cases is 40 years, whereas the median age of fatal cases is 75 years. Overall, the case fatality rate is 3%, but, like other countries, this rate increases considerably with age reaching as high as 30% among persons aged over 80 years.⁵

Despite flattening the curve during certain weeks, Argentina continued on an overall upward trajectory of cases, primarily in the city of Buenos Aires and its greater metropolitan area which extends into the Province of Buenos Aires, currently representing 95% of all cases in the country and almost 50% of the population. In these two jurisdictions by 4 June, 50% of the cases detected were from informal urban settlements or slums while 14 of the 24 jurisdictions in the country were already reporting 0 cases and others were reporting 0 community transmission.⁶ Several of these jurisdictions with 0 cases or no community transmission have recently begun a phased approach to relax certain public health measures to restart socio-economic activity.

Argentina's health system is highly fragmented making control measures challenging, but not impossible. In this context, the swift decisions of national and subnational authorities at the highest levels coupled with intense action at local levels have thus far prevented an explosive increase in cases that would have overwhelmed the health system. Such actions bought time to increase capacity of the health system, establishing 12 modular hospitals in collaboration with UNOPS in strategic locations and dedicating additional space in the existing health infrastructure. As of 4 June, the number of intensive care beds available for patients with severe disease has never been surpassed by the number of patients needing them.

To date, the response may be characterized by five early actions by the government that considerably slowed transmission. These are: (1) strong and clear leadership at the highest political levels taking decisive and early

Argentina's response to COVID-19

Argentina initially flattened the curve by acting quickly and decisively. Some of the enabling factors of the response include:



⁴ https://www.youtube.com/watch?v=K_xNuVYGdvg&list=PLwad1oRGFEgCiP4Xyab68PBXGujJEWITE&index=7

⁵ <https://www.argentina.gob.ar/salud/coronavirus-COVID-19/sala-situacion>

⁶ <https://www.argentina.gob.ar/sites/default/files/04-06-20-reporte-matutino-covid-19.pdf>

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actions through a consultative process that included public health experts, business communities, trade unions, governors, opposition parties, and opinion leaders among others; (2) an evidence-based approach, with particular reliance on the interim guidance from PAHO/WHO contextualized to their own situation while leveraging their own significant technical capacities and capabilities; (3) effective communication with the public including periodic presidential announcements to inform communities in advance about possible forthcoming measures such as closures of schools such that the population was more prepared when measures were actually implemented; (4) enhanced social protection measures, including expansion of existing cash-transfer programs to help the most vulnerable populations and prevent potential social tensions due to lockdown measures; and (5) an adaptive strategy that involved learning by doing in a very dynamic, uncertain situation, adjusting constantly to the collateral effects of the measures and also learning from experiences elsewhere. These actions may explain the high degree of community engagement by the Argentine population to comply with the initial public health measures, although now the government is under pressure to find a way to lift these measures due to the severe socio-economic hardship.

Role of PAHO/WHO in the COVID-19 response in Argentina

Technical cooperation: interim guidance, needed equipment and diagnostic materials, and capacity-building and sharing of experiences through virtual webinars



ANLIS National Laboratory, with which WHO works to support the decentralization of COVID-19 diagnostic detection.

With a long history of close collaboration with the Ministry of Health at central and provincial levels, and in the context of a recent change in government, Argentina's PAHO/WHO Country Office has served as a neutral and objective partner providing evidence-based advice, continuity and institutional memory to reinforce the government's preparedness and response efforts. Furthermore, an important role of PAHO/WHO in Argentina was the rapid sifting of the abundant and evolving WHO/PAHO Interim guidance and tools, and then accompanying efforts to translate the most relevant resources into the Argentine context to support the government's development of national protocols and decision-making.

In the early phases of the pandemic, PAHO/WHO intensively supported Argentina's health authorities in rapidly building laboratory capacity - enabling the country to stay *ahead of the curve* in its testing capacity in order to effectively track transmission and take action. In doing so, the existing influenza surveillance platform was strengthened to detect and confirm COVID-19 cases.

Given Argentina's highly decentralized health system, there are variations among the 24 subnational jurisdictions with respect to their preparedness and response capacity to COVID-19. As such, PAHO/WHO also played a role at the subnational level across Argentina's 24 provinces in delivering numerous evidence-based webinars on key topics such as epidemiologic analysis and mathematical modeling, contact tracing, health system preparation, health and safety and management of health workers, infection prevention and control, case management, bioethics, public health measures, mental health, gender-based violence, maintaining essential health services and encouraging local innovation. Technical materials and webinar recordings are posted on the PAHO/WHO

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Argentina website, which is frequently updated and constantly accessed by the public.⁷ Several of these webinars also included an interchange of experiences with other countries. Furthermore, more than 6,000 people in Argentina took courses on various aspects of COVID-19 available on PAHO Public Health Virtual Campus.

In addition, the PAHO/WHO country office has worked continuously with the government and other UN agencies and financial institutions to procure needed supplies and equipment through the global COVID Supply Chain System as well as for other essential services such as vaccines through the PAHO Revolving Fund and essential medicines through the PAHO Strategic Fund.

Investment in communications for a stronger COVID-19 response

PAHO/WHO in Argentina has invested considerable time and energy in communications directly with the public to help keep communities informed and engaged on matters related to COVID-19. This has been through regular and active participation in TV and radio interviews as well as timely and cutting-edge written pieces on matters such as mental health, safe return to work, food safety and security, International Health Regulations and migration, infection prevention and control in vulnerable contexts such as informal urban settings, geriatric centers, psychiatric hospitals and prisons, and the rationale behind various public health measures⁸. These articles were sometimes done in collaboration with other UN colleagues and entities such as the UN Resident Coordinator, UNOPS, FAO and IOM. In addition, to amplify accurate reporting and combat misinformation, PAHO/WHO leveraged its existing collaboration with the media community and forged new ones, holding briefings and trainings for journalists to build capacity in public-health oriented journalism, increase understanding on the topic of COVID-19, and engage them as key players in the response efforts.

Maintaining essential health services

PAHO/WHO has also been providing technical cooperation in the maintenance of essential health services especially at the primary level of care and particularly for maternal and child health, mental health and continued care for chronic diseases such as hypertension, diabetes, HIV and TB. The issue of hypertension and diabetes are of concern given the 40% and 13% prevalence, respectively, in adults in Argentina. An interruption of services

Successful containment in the province of Córdoba^{9,10}

With testing rates 3 times higher than the national average and full implementation of isolation of cases and quarantine of contacts, Córdoba has demonstrated “best practice” in Argentina with respect to its preparedness and response to COVID-19.

Through its sophisticated mapping and monitoring of COVID-19 cases and contacts, health workers and the health system, including monitoring of bed occupancy and performance indicators and operations coordinated by the Emergency Operations Center—the province was able to contain three outbreaks of COVID-19.

By 1 June 2020, the Ro of COVID-19 in Córdoba had been lowered to 0.9 and the epidemiological curve had started to descend.

“I am certain that Córdoba’s attitude—of being responsible, of practicing solidarity—this attitude of the people of Córdoba, is what will guarantee that our Córdoba will overcome this pandemic.”¹¹

—Juan Schiaretti, Governor of Córdoba

⁷ www.paho.org/arg/coronavirus

⁸ Found in section “Entrevistas a la representante de OPS/OMS en Argentina, Dra. Maureen Birmingham” of www.paho.org/arg/coronavirus

⁹ <https://fm-comunicar.com.ar/contenido/15345/schiaretti-hemos-podido-controlar-el-brote-de-covid-19>

¹⁰ <https://lmdiarlo.com.ar/contenido/224881/coronavirus-destacan-que-cordoba-es-un-ejemplo-de-buenas-practicas>

¹¹ https://www.youtube.com/watch?time_continue=249&v=DhXvPJl8lyw&feature=emb_title

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Dr Maureen Birmingham, WHO Representative, visits the Emergency Operation Centre in the province of Córdoba.

could result in a major shadow epidemic of cardiovascular events and other complications. PAHO/WHO is also working with health authorities to understand and eliminate barriers to accessing such services, including a hesitation to seek care due to fear of getting infected with COVID-19. This highlights a unique and timely opportunity for Argentina to strengthen the role of telemedicine in its health systems and services.

Vaccination services have also been a concern given the immediate need to vaccinate against influenza in time for the peak season in winter, continue routine vaccination services which have experienced a decline in the previous years and address the ongoing measles outbreak since 2019¹². PAHO/WHO has been providing urgent and direct assistance to address vaccine supply issues through urgent purchases in the PAHO Revolving Fund and financing additional human resources to help vaccinate susceptible populations especially in areas affected by the measles outbreak. Going forward, PAHO/WHO will remain an important partner in maintaining essential health services in Argentina with an emphasis on building strong primary health care for maximum efficiency, effectiveness, equity and resiliency against future health emergencies.

Inter-agency cooperation in the fight against COVID-19

The United Nations Country Team (UNCT) has been active in supporting COVID-19 efforts in Argentina. For example, UNHCHR and PAHO/WHO are involved in the human rights and health of persons in closed settings or deprived of liberty. UNICEF together with UNESCO have been highly active with the government on the effects of school closures and distance learning, including the mental health and well-being of children during the “lockdown”. UNICEF has also provided direct support to civil society groups in informal urban settings highly affected by COVID-19. UNOPS worked intensively with the Ministry of Public Works in the rapid establishment of modular hospitals and purchase of needed equipment. UNDP also purchased needed equipment and supplies for the COVID-19 response. ILO, UNOPS and PAHO/WHO are supporting safety in the workplace as work gradually resumes in certain sectors, and ILO is particularly focused on the impact of COVID-19 on the workforce especially informal workers. UN-Women has been convening regularly the Ministry of Women, Gender and Diversity at national and subnational levels along with other members of the UNCT and key partners in the “Spotlight Initiative” to address the rise in gender-based violence during the “lockdown”. UNFPA, UNICEF and PAHO/WHO

¹² https://www.argentina.gob.ar/sites/default/files/biv_478_1.pdf

have collaborated on advocacy efforts and promotional materials to ensure access to essential services such as for maternal and child health as well as sexual and reproductive health. UNAIDS and collaborating agencies have provided support to populations in situations of vulnerability due to the pandemic and practical measures to ensure continued access to HIV medicines. IOM and UNHCR have been providing direct support to promote the rights and protection of migrants and refugees in the country, facilitating their insertion into the workforce when possible, and strengthening protection and needed supplies in shelters and at the border in the context of COVID-19. The United Nations Information Centers (UNIC) was repurposed to directly support PAHO/WHO early on in its communication efforts resulting in an intensification of media monitoring and messaging through social media and the development of a UN/WHO/PAHO “spot” for screens in the extensive subway system in the Greater Metropolitan Area of Buenos Aires regarding personal hygiene and actions to prevent COVID-19 (<https://youtu.be/5VpSTAPVHpM>).

Looking ahead to the recovery phase, UNDP has taken the lead in drafting an early analysis of the socio-economic impacts of the pandemic, while the UNCT is developing its *UN framework for both the immediate socio-economic and humanitarian response to COVID-19* in Argentina. UNEP is promoting a green recovery as well as micro-enterprise that also creates more resilience against climate change, and ECLAC is looking at innovation and technology as a potential motor for economic recovery. More than ever, COVID-19 is stimulating a maximum synergy among the agencies, funds and programs of the UN system to contain the pandemic and recover from its very profound socio-economic impacts.

Next steps for Argentina: COVID-19 and beyond

Despite its great strides in managing the effects of the COVID-19 pandemic, Argentina still has a long road ahead to contain the pandemic and gradually lift social distancing measures to return to a “new normal”. This will require further scaling up of active case finding and isolation as well as more intensive contact tracing and quarantine to aggressively drive down the epidemic curve while maintaining strong engagement of the community to do its part in prevention. This is particularly urgent given the pressure to relax the extensive social distancing measures that have caused significant socio-economic hardship.

Importantly, this pandemic has laid bare the structural inequalities and chronic, longstanding underinvestment in the health systems in the Region of the Americas, including in Argentina, and the strong, now undeniable link between healthy populations and healthy economies. Despite the pandemic’s devastating consequences, it may represent an important turning point to finally invest sufficiently in building the needed health infrastructure and public health architecture to ensure healthy populations, health security and resilience against future pandemics and other health shocks. PAHO/WHO will continue its technical cooperation with Argentina to learn from its experience, work to recover socio-economically and continue building upon its considerable human resource capacities and other assets to advance towards a healthy, productive population that has universal access to essential health services and resilience to face future health threats, so that no one is being left behind.

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[WHO Website for Argentina's response to COVID-19 pandemic](#)

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