The public health impact of COVID-19 in Latin America

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The public health impact of COVID-19 in Latin America

1. Characteristics of the health system in Uruguay
2. Current Situation of COVID in Uruguay
3. Main health policy actions related to COVID
4. What has worked well
5. What should be improved
6. Main social and economic impacts
7. Future steps
Uruguay  
Population density

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Area</td>
<td>176,215 km²</td>
</tr>
<tr>
<td>Population</td>
<td>3,353,912</td>
</tr>
<tr>
<td>Population density (hb/km²)</td>
<td>20 (5 – 2500)</td>
</tr>
</tbody>
</table>

Instituto Nacional de Estadística  
[www.ine.gub.uy](http://www.ine.gub.uy)
## Uruguay
### Socio-economic characteristics

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDP per capita (US dollars PPP)</td>
<td>23.581</td>
</tr>
<tr>
<td>Poverty rate (%)</td>
<td>8.8</td>
</tr>
<tr>
<td>Unemployment (%, ILO)</td>
<td>8.7</td>
</tr>
<tr>
<td>Informal employment (%NA)</td>
<td>23.7</td>
</tr>
<tr>
<td>Income share by richest 10%</td>
<td>29.7</td>
</tr>
<tr>
<td>HDI index</td>
<td>0.808</td>
</tr>
<tr>
<td>Access to basic sanitation (%)</td>
<td>97</td>
</tr>
<tr>
<td>Access to drinking water (%)</td>
<td>99</td>
</tr>
<tr>
<td>Literacy rate (%)</td>
<td>98.7</td>
</tr>
</tbody>
</table>

*UNPD 2019 Human Development Report*
*https://data.worldbank.org/
Instituto Nacional de Estadística  [www.ine.gub.uy](http://www.ine.gub.uy)*
*Health at a Glance: Latin America and the Caribbean 2020, OECD.*
## Uruguay

### Health risk factors

<table>
<thead>
<tr>
<th></th>
<th>Uruguay</th>
<th>OECD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy (y)</td>
<td>78</td>
<td>80,7</td>
</tr>
<tr>
<td>Population &gt; 65 y (%)</td>
<td>20</td>
<td>17,4</td>
</tr>
<tr>
<td>Obesity (a.s. %)</td>
<td>40</td>
<td>19,5</td>
</tr>
<tr>
<td>Diabetes (%)</td>
<td>8</td>
<td>9,7</td>
</tr>
<tr>
<td>Hypertension (%)</td>
<td>30</td>
<td>21,6</td>
</tr>
<tr>
<td>Death rate CV disease</td>
<td>160</td>
<td>---</td>
</tr>
<tr>
<td>Smoking (%)</td>
<td>20,4</td>
<td>18</td>
</tr>
<tr>
<td>Alcohol (L/cap)</td>
<td>11</td>
<td>8,9</td>
</tr>
<tr>
<td>Vaccinated &lt; 1 y (%)</td>
<td>91-97</td>
<td>91-95</td>
</tr>
</tbody>
</table>

![Uruguay: Piramide de población](image)
1. Health system

Sources
- Taxes
- Employees (3-6%)
- Employers (5%)
- Households

Funds
- FONASA
- FNR
- Private

Providers
- ASSE (public)
- IAMC (mutuals)
- IMAE (HT)

Global capitation system

# Uruguay National Health System (SNIS)

<table>
<thead>
<tr>
<th></th>
<th>Uy</th>
<th>OECD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population covered (%)</td>
<td>97</td>
<td>98.4</td>
</tr>
<tr>
<td>Public (%)</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Mutuals and private (%)</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>Health Care Expenditure (%GDP)</td>
<td>9.4</td>
<td>8.8</td>
</tr>
<tr>
<td>HCE (dol per capita, PPP)</td>
<td>2102</td>
<td>3994</td>
</tr>
<tr>
<td>OOP Health Expenditure (%)</td>
<td>17.5</td>
<td>21</td>
</tr>
</tbody>
</table>

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**Gráfico 2** Evolución comparada del gasto total en salud y del PIB para el periodo 2005-2017 (base 2005=100)

Fuente: Economía de la Salud, MSP.
## Uruguay National Health System (SNIS)

<table>
<thead>
<tr>
<th>Service</th>
<th>Uy</th>
<th>Upscaled</th>
<th>OECD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital beds (per 1k hb)</td>
<td>2.8</td>
<td></td>
<td>4.7</td>
</tr>
<tr>
<td>ICU beds (per 100k hb)</td>
<td>21</td>
<td>33</td>
<td>--</td>
</tr>
<tr>
<td>Ventilators (per 100k hb)</td>
<td>18</td>
<td>29</td>
<td>--</td>
</tr>
<tr>
<td>Physicians (per 1k hb)</td>
<td>5.1</td>
<td></td>
<td>3.5</td>
</tr>
<tr>
<td>Nurses (per 1k hb)</td>
<td>7</td>
<td></td>
<td>8.8</td>
</tr>
</tbody>
</table>

*Health at a Glance: Latin America and the Caribbean 2020, OECD*  
*Hospital Español-ASSE*
2. Current Situation of COVID in Uruguay

Cumulative PCR tests

Cumulative COVID-19 tests, confirmed cases and deaths per million people, Uruguay

The confirmed counts shown here are lower than the total counts. The main reason for this is limited testing and challenges in the attribution of the cause of death.

Source: Official data collated by Our World in Data, European CDC – Situation Update Worldwide

OurWorldInData.org/coronavirus • CC BY
Current Situation of COVID in Uruguay
Positive PCR tests

The share of daily COVID-19 tests that are positive
Shown is the rolling 7-day average. The number of confirmed cases divided by the number of tests, expressed as a percentage. Tests may refer to the number of tests performed or the number of people tested – depending on which is reported by the particular country.

Source: Official data collated by Our World in Data
Cumulative PCR confirmed cases

Cumulative confirmed COVID-19 cases

The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

Source: European CDC – Situation Update Worldwide – Last updated 11 November, 11:06 (London time), Official data collated by Our World in Data

CC BY
Daily new cases and outbreaks
COVID Risk Level map

Harvard Global Health Institute
COVID 19 case – fatality ratio

Active cases Nov 11th  |  ICU beds  |  Ventilators
---|---|---
524 | 1100 | 980

https://coronavirus.jhu.edu/data/mortality
3. Main health policy actions
First Stage

- **March 3-6**: Four cases arrived from Milano, Italy
- **March 13th**: Mitigation and containment

  - Health Emergency declaration
  - Borders were closed to non-Uruguayan residents
  - Quarantine for travelers coming from at-risk countries
  - Suspension of public events
  - Schools and universities were closed to face-to-face assistance.
  - “Stay at home” directive (no mandatory lock down)
  - Exhortation to >65y to comply with preventive quarantine
  - Hygiene measures, face mask and sustained physical distance of 2 meters.
  - Responsible use of public spaces
Main health policy actions
Second Stage

• April 16\textsuperscript{th}:  

• **Honorary Scientific Advisory Group (GACH) 55 pro bono experts**

  Exclusively advisory role  
  Health planning and mathematical models  
  No political interference  

• **Main duty** is to advise the government:  
  – on the management of the pandemic  
  – how to transit to the “new normal”:  

    • Resume activities following these criteria:  
      – progressiveness  
      – regulation  
      – monitoring  
      – evidence-based
Consortium:
Universidad de la República
Institut Pasteur de Montevideo
ATG Biotec
Funds: ANII, IDB, MSP

- local development and manufacturing of PCR tests
- sequenced the first complete genomes of SARS COV 2 from 10 patients with COVID-19 in Uruguay.
- local development of LAMP and serologic tests
Health policy actions

• Massive testing
  – (from 30/day, in March, to 4000/day in November)

• Extensive tracing
• Home assistance was encouraged
• Telephone and telemedicine is generally available
• Clear cut protocols for hospital consultations
• Surgical procedures restricted to emergencies and oncology
Timing and Stringency of measures
4. What has worked well

• Border closure and isolation measures taken immediately and voluntarily carried out by the population.
• Test availability rapidly developed
• Decisions taken by the political system in conjunction with the scientific community.
• Progressive opening of schools and resuming public activity.
How did the number of visitors change since the beginning of the pandemic?, Uruguay

The data shows how visitors to (or time spent in) categorized places change compared to baseline days – the median value from the 5-week period from January 3rd to February 6th 2020. This index is smoothed to the rolling 7-day average.

Source: Google COVID-19 Community Mobility Trends – Last updated 9 November, 21:02 (London time)
Note: It's not recommended to compare levels across countries; local differences in categories could be misleading. OurWorldInData.org/coronavirus • CC BY
What has worked well

- Central coordination of information
- Transparency in the handling of data and trust of the population.
Severe Acute Respiratory Infections surveillance


5. What should be improved

Interventions to limit the spread of the coronavirus also carry negative health effects

• Excess deaths:
  Research in low and middle income countries, has found higher mortality rates during economic recessions.

• Negative health effects:
  delayed laboratory studies and treatments

• Effect on vulnerable populations
  low wage workers who depend on their daily income
6. Social and economic impact

- Sudden contraction in economic activity
- Negative effects on employment, incomes, poverty and inequality.
- Drop in GDP is expected at 4.7% and an increase of 3.7% in 2021

- Labour market is affected (Unemployment ↑2%)
Social and economic impact

Measures designed to protect the most vulnerable population

• Expanding and facilitating access to unemployment insurance.

• COVID-19 declared as an occupational disease. This covered insurance for dependent workers, medical and non-medical who become infected.

• Sickness leave for private workers over the age of 65 years.

• Coronavirus Fund: discount of 5, 10 and 20%, public officials’ salaries

• Deferring payment of taxes and social security contributions for micro and small enterprises.

• Expand Internet access to homes.
7. Future steps

Summer tourist season
Future steps

• Containment and mitigation to return to “green zone”
  – Early Detection and Isolation
  – Tracing (<2 days) and Surveillance
  – Implement serological tests for epidemiological purposes

• Borders will remain closed during summer (SARS-CoV-2 has shown a non seasonal behavior)

• Maintain social distancing measures (Christmas celebration, holiday season, beaches)

• Uruguay signed the COVAX Facility (PAHO-WHO) to acquire vaccines for 20% of the population
Thank you!

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