Editorial

COVID-19 in Latin America: a humanitarian crisis

Latin America has some of the highest COVID-19 death rates in the world. Why? For outsiders, much of the discussion of COVID-19 in Latin America has focused on Brazil and the errors of President Jair Bolsonaro. But the region as a whole is facing a humanitarian crisis borne out of political instability, corruption, social unrest, fragile health systems, and perhaps most importantly, longstanding and pervasive inequalityin income, health care, and education-which has been woven into the social and economic fabric of the region.

An estimated 231 million people in Latin America are predicted to be living in poverty by the end of 2020 (reaching a level last seen 15 years ago). Latin American countries have long had some of the most scarring income inequalities in the world, and they are predicted to worsen. The informal labour market is huge, making up 54% of all work across the region (up to 70% in some countries, such as Peru). Informal workers have little access to social protection and have no choice but to continue to work daily to earn a living. The result is that their capability to follow guarantine and social distancing measures is limited. Informal workers also have less access to health care.

The overall population health status in Latin America and the Caribbean has improved, as measured by life expectancy, under-5 mortality, and maternal mortality, but progress remains unequal across and within countries. In Venezuela and Cuba, for example, population health has worsened, with disabilityadjusted life-years increasing by more than 10% over the past decade. The syndemic nature of the pandemic-a combination of viral infection and non-communicable diseases embedded in social inequities-is acute in the region. The increases in obesity and diabetes in Latin America are surely major contributors to the high mortality rates. In Mexico and Chile, more than 75% of the female population is overweight. Nutrient-poor and energy-dense processed foods are often the only type of food readily affordable to the most disadvantaged people.

Although some countries, including Brazil and Costa Rica, have a universal health-care system, most Latin American countries have large gaps in accessibility caused mainly by out-of-pocket health

expenditure, which is 34% of total health spending. Political power is overly concentrated. There is corruption in the use of public resources. Often, the result is a strengthened private sector to the detriment of public health services. Without universal health coverage, tackling the pandemic will be impossible.

Displacement of people has soared in central America, and the Venezuelan migrant crisis is impacting the region. Rising inequalities have driven domestic political tensions and social unrest in Colombia, Bolivia, and Chile. Gender inequalities are also important in Latin America's pandemic. 73% of those employed in the region's health sector are women, and gender-based violence is increasing.

COVID-19 began as a health crisis but is now a humanitarian crisis. On Oct 28, 2020, at the 38th UN session of the Economic Commission for Latin America and the Caribbean, foreign ministers from 33 countries in the region signed a political declaration on a sustainable, inclusive, and resilient recovery from COVID-19. The declaration recognises that inequalities remain pervasive, even in countries with high levels of economic growth. Further investment in social protection is needed to reduce inequalities and ensure that economic growth is sustained, inclusive, and equitable. While this declaration is promising, political will is notoriously difficult to translate into meaningful action. How can Latin America address these issues?

A regional approach may help, but is under threat. While the Latin American Alliance for Global Health facilitates cooperation among academics in the region, national governments have left the PAHO at risk of insolvency through a lack of solidarity. It is imperative that Latin American countires work to strengthen PAHO. There is also a role for the global health community. Historically, middle income countries, including many in Latin America, have been overlooked in global health. There is an African CDC, but no Latin American CDC, for example. Many global health experts in Latin America feel that the region is too often neglected. To deal with the core drivers of the pandemic in the region, and perhaps to salvage some good from a disaster, global health initiatives need to take Latin America more seriously. ■ The Lancet





For more on health systems in countries in Latin America and the Caribbean see https://www.oecd-ilibrary.org/ docserver/6089164f-en.pdf?exp ires=1604107067&id=id&accna me=quest&checksum=61F3AFF7 E3161B5DDE4715E531CC23CB

For more on health spending in Latin America and the Caribbean see https://repositorio. cepal.org/bitstream/ handle/11362/46071/85/ S2000370_en.pdf

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For the political declaration on COVID-19 recovery in Latin America and the Caribbean see https://periododesesiones.cepal. org/38/sites/pses38/files/ political declaration of latin america and the caribbean final_23.10_ing.pdf