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Reporting Period: as of 17 April 2020

Latin America and the Caribbean Region

COVID-19 Situation Report No. 1

United Nations Population Fund



Highlights

- Brazil is the most affected country in the region with 28,320 confirmed cases and 1,736 deaths, followed by Peru with 11,475 cases and 254 deaths, Chile with 8,807 confirmed cases and 105 deaths, and Ecuador with 8,225 confirmed cases and 402 deaths.
- Even where case numbers are low, the situation in many countries is concerning due to the low capacity of health systems to respond to the pandemic. PAHO/WHO foresees that the situation will deteriorate significantly in the next three to six weeks.
- Most countries have declared a state of emergency, a humanitarian emergency or a public health emergency, introducing restrictions on international air travel, prohibition of mass gatherings, preventive social isolation, regulation of non-essential commercial activities, mandatory quarantines for foreign travelers, or nation-wide lockdowns.
- Closures will exacerbate profound inequalities, put pressure on an already volatile political environment, and particularly impact refugees and migrants from Venezuela in host and transit countries of the Regional Refugee and Migrant Response Plan (RMRP).
- UNFPA is working in humanitarian and development contexts with multiple countries facing humanitarian needs including Colombia, Haiti and Venezuela which have national Humanitarian Response Plans, plus 17 countries covered by the RMRP, which is currently being revised to adapt to COVID-19.
- The UNFPA Crisis Response Team has been meeting regularly to identify needed support and promote sharing of experiences. Regional advisors and the humanitarian team are working with the respective SRH and GBV focal points in country offices to define UNFPA's response, including reorientation of activities to adapt to COVID-19 across the spectrum of humanitarian and development contexts.

Situation in Numbers

 **80,320** Confirmed COVID-19 Cases

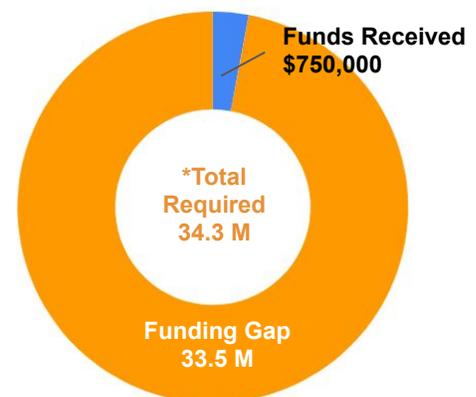
 **3,674** COVID-19 Deaths

Source: WHO April 17, 2020

Key Population Groups

-  **8 M** Pregnant Women
-  **172 M** Women of Reproductive Age
-  **165 M** Young People (age 10-24)
-  **58 M** Older Persons (age 65+)

Funding Status for Region (US\$)



* provisional figures

Regional Response Summary

The UNFPA response in the region aligns with the 2030 Agenda, the 2020 WHO Global Strategic Preparedness and Response Plan, the Inter-Agency Standing Committee Global Humanitarian Response Plan, and the [UNFPA COVID-19 Global Response Plan](#).

United Nations System Coordination

UNFPA is member of the of the various coordination bodies and structures, at country and regional level, led by the UN Resident Coordinators, Pan American Health Organization and the World Health Organization. UN Country Teams are coordinating the United Nations support to national governments in the region, to ensure a multi-sectoral response to the pandemic.

Continuity of sexual reproductive health interventions, including protection of health workforce

UNFPA Country Offices have supported continuity of SRH interventions by:

- Advocating with health authorities for the continuity of SRH services;
- Providing personal protective equipment (PPE) to the health sector;
- Supporting the ministry of health in the delivery of contraceptives to meet the demand for family planning services;
- Analyzing availability of SRH supplies to anticipate possible stock outs and supporting ministries of health to ensure the continued procurement and distribution of family planning commodities;
- Providing technical support to the Ministry of Health and training of health personnel for development and implementation of clinical norms and protocols for different aspects of SRH and COVID 19, particularly on maternal health, family planning, HIV and disabilities;¹
- Advocating, and supporting, for inclusion of most vulnerable and left-behind population groups, such as the elderly, refugees and migrants;²
- Strengthening capacity of midwifery associations, through definition of strategic interventions and training on guidelines related to COVID-19;³
- Supporting the Caribbean Regional Midwife association, strengthening capacity in infection and control measures, guidelines related to COVID and maternal care, and production of relevant materials; and
- Participating in the preparation of UN joint assessments and response plans on the socio-economic impact at country level.

Country examples:

- **Colombia:** Coordinating with other UN agencies the procurement of protection supplies in prioritized territories.
- **El Salvador:** Delivered contraceptives to regional and central warehouses that supply medicines to health units and hospitals.
- **Haiti:** Supporting the National Midwifery Association to develop Infection and Prevention Control training modules related to COVID-19 for all active midwives.
- **Mexico:** Developing online training courses for midwives and supporting the Ministry of Health in several states. This is meant to strengthen maternal and neonatal health service capacity through the deployment and training of professional and traditional midwives.
- **Panama:** Providing PPE to SRH service providers serving indigenous communities.
- **Paraguay:** Supporting the procurement of PPE and other essential commodities including medicines, and the development of a PPE logistic management system; contributed to the analysis of human rights and COVID-19 done by the Office of the High Commissioner for Human Rights.

¹ Honduras; Ecuador, Peru, Dominican Republic; Guatemala; Colombia

² Dominican Republic, Chile, Paraguay and all the countries in the [regional migrant and refugee plan](#) for Venezuela

³ Chile, Mexico, SROC

Regional Response Summary (continued)

Addressing Gender-Based Violence (GBV)

UNFPA Country Offices have addressed GBV by:

- Supporting governments and civil society organizations to map and provide integrated GBV prevention and response services through the Spotlight (on female genital mutilation) and Essential Services Package (for survivors of GBV) initiatives⁵, as well as disseminate GBV prevention messaging; and
- Coordinating the GBV sub-sector of the Regional Platform for Refugees and Migrants from Venezuela; establishing and revising referral pathways, distributing dignity kits and providing life-saving GBV services including case management, psychosocial support and clinical management of rape through modalities adapted to COVID-19⁶.

Country examples:

- **Peru:** Provided technical support to government ministries of health to integrate mental health concerns related to GBV, including an increase in the already-disproportionate burden of family care and domestic workload on women in context COVID-19.
- **Haiti:** Ensured, as co-lead of the infection prevention and control coordination pillar in the region under WHO, that GBV is included in communication/community awareness, epidemiologic surveillance and patient care.
- **Honduras:** The effort of translating information materials targeted at Afro-Honduran and indigenous communities has been a major step in the collaboration between PAHO/WHO and UNFPA in Honduras. Both UN agencies are working together to ensure information on measures to prevent and contain the virus as well as preventing GBV. Honduras is a country with more than nine million inhabitants, a broad ethnic and cultural diversity, and almost one million Afro-Honduran and indigenous people.

Assessment on the health and socioeconomic impact of COVID-19

The socio-economic impact of COVID-19 was discussed during the UN Sustainable Development Group regional meeting last week. The UN Economic Commission of Latin America and the Caribbean has indicated that the region will be impacted via five main external channels:

1. the decline of economic activity in its principal trading partners, especially China;
2. the fall in commodity prices;
3. the interruption of global and regional value chains;
4. the steep drop in demand for tourism services, which primarily affects the Caribbean; and
5. an increase in risk aversion and the worsening of global financial conditions and capital outflows from the region, with the consequent devaluation of LAC currencies.

Even before the COVID-19 pandemic, the social situation in Latin America and the Caribbean was deteriorating, as evidenced by the increasing rates of poverty and extreme poverty, the persistence of inequalities and widespread discontent. In that context, the crisis will have a negative impact on health and education, as well as on employment and poverty.

Health systems: The impacts on the health sector will be profound owing to shortages of skilled labour and medical supplies, and to escalating costs. Most countries have underinvested in health. Central government spending on the sector, which in 2018 stood at 2.2% of regional GDP (ECLAC, 2019; United Nations, 2020), is far from the 6% of GDP recommended by the Pan American Health Organization (PAHO) to reduce inequities and increase financial protection within the framework of universal access to health and universal health coverage. Additional resources would help to strengthen the first level of care, with an emphasis on disease prevention (PAHO, 2019). □

UNFPA is participating in the preparation of UN joint assessments and response plans on the socio-economic impact at country level e.g. in Paraguay, a joint assessment of the impact of COVID-19 on the health sector is conducted on a weekly basis.

⁵ Argentina, Guatemala and El Salvador

⁶ Venezuela and Colombia

Regional Response Summary (continued)

Risk communication and community engagement

UNFPA offices in the region are engaged in risk communication and community engagement and have used a range of materials and channels to reach people, including the most vulnerable, with information about COVID-19 and how they can protect themselves and mitigate negative consequences. Interventions include:

- Dissemination of key messages through print materials, radio, social media on topics including: COVID 19 prevention, home-based care, quarantine; GBV prevention and services; maternal health and family planning;
- Communication targeted to health care providers, women, adolescents and young people; and prevention of stigma and discrimination.

Country examples:

- **Uruguay:** through the project, "The Right to Equality and Non-Discrimination of Persons with Disabilities", UNFPA has promoted the production of an accessible video on Coronavirus COVID-19, with the aim of sharing information for persons with disabilities. Specific actions are also being organized jointly with the Montevideo Municipality's Secretary of Diversity, focusing on transgender women's vulnerability.
- **Dominican Republic:** UNFPA has held virtual meetings with youth organizations to provide them with information on prevention. A virtual meeting with the Youth Advisory Panel was held to provide information, assess experiences and community status, and inform them on protective actions regarding COVID-19.

Media & Communications

UNFPA offices are actively engaged in media outreach to raise awareness, share guidance, and showcase achievements.

- UNFPA is participating in national and regional UN communications groups to position prevention of COVID-19 among pregnant women, adolescent girls, women and youth. UNFPA is also positioning the needs of indigenous women and other vulnerable populations (women with disabilities, transgender women, women living with HIV and sex workers).
- Communication teams conducted a rapid behaviour assessment to understand the key target audience, perceptions, concerns, influencers, and preferred communication channels with the following outcomes:
 - A social media strategy has been finalized aimed at engaging the public, facilitating peer-to-peer communication, creating situational awareness, monitoring and responding to rumours, public reactions, and concerns during an emergency, and to facilitate local-level responses.
 - Key messages by thematic areas in SRH, Gender, Youth have been finalized with specific actions among at-risk groups can realistically take to protect their health.
 - The strategy has identified trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women's groups, youth groups, business groups, traditional healers, etc.)
- A regional media engagement strategy is being finalized to reach top tier media.

Media Stories:

Venezuela: Supplies arrive in country to support the response to COVID-19 and save lives <https://bit.ly/2Vg2bTW>

El Salvador: UNFPA and UN Women deliver supplies for 1,363 emergency dignity kits for COVID19 <https://bit.ly/3bkc3Sd>

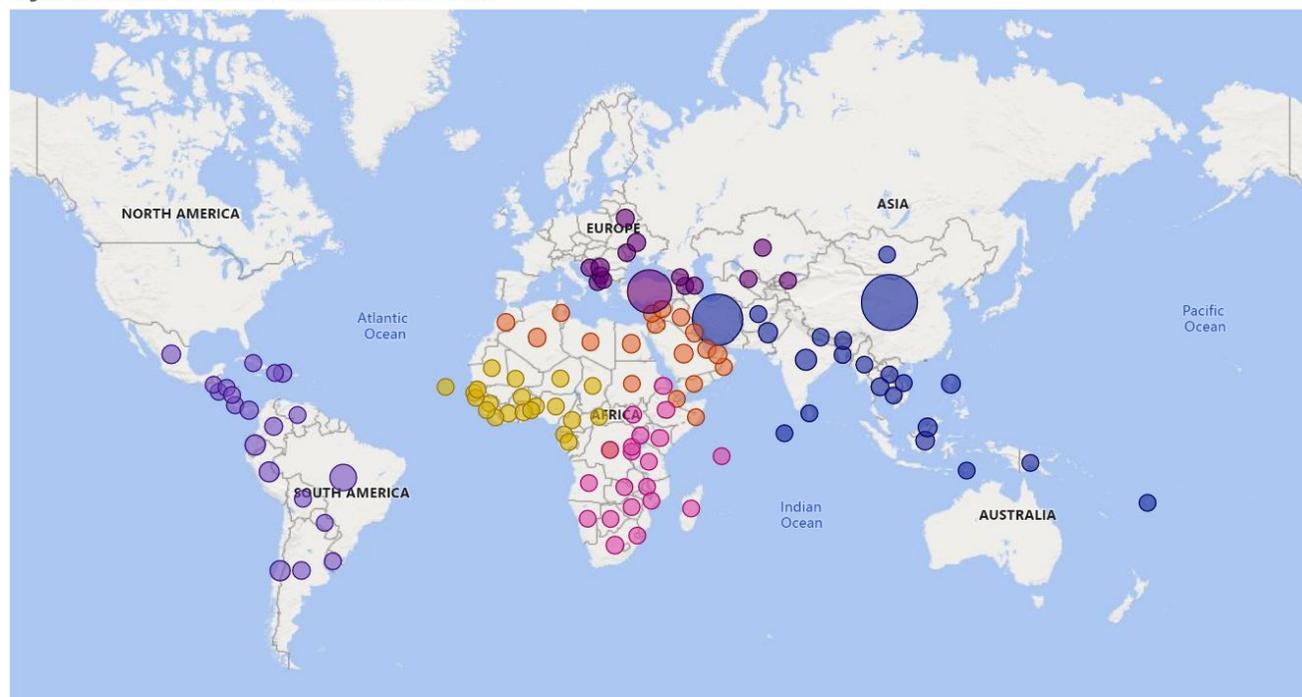
Perú: Women, girls and health personnel should not be ignored in the global response to COVID-19 <https://bit.ly/2VDqyOz>

Annex: Confirmed COVID-19 Cases and Deaths in LACRO (WHO, 17 April 2020)

Country	Confirmed Cases	Deaths
Argentina	2,598	115
Bolivia (Plurinational State of)	441	29
Brazil	28,320	1,736
Caribbean*	808	46
Chile	8,807	105
Colombia	3,105	131
Costa Rica	626	4
Cuba	862	27
Dominican Republic	3,755	196
Ecuador	8,225	403
El Salvador	164	6
Guatemala	196	5
Haiti	41	3
Honduras	426	35
Mexico	5,847	449
Nicaragua	9	1
Panama	3,751	103
Paraguay	174	8
Peru	11,475	254
Uruguay	493	9
Venezuela (Bolivarian Republic of)	197	9
Total LACRO	80,320	3,674

Confirmed Cases by Country and Region

Region ● APRO ● ASRO ● EECARO ● ESARO ● LACRO ● WCARO



* Belize, Guyana, Saint Lucia, Jamaica, Suriname, Trinidad and Tobago, Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Montserrat, Netherlands Antilles, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Turks and Caicos Islands