

A stylized map of the Americas, showing North and South America, rendered in a light blue color against a dark blue background.

XXVII

Summit of the Americas

Virtual Summit

**Pan-American
Health**

Organization

Committee Bulletin

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Welcome to HACIA XXVII

Dear delegates of HACIA Democracy,

It is my pleasure to be the first to welcome you to our HACIA's virtual summit for the twenty-seventh meeting of HACIA Democracy. My name is Juan C. Venancio and as the Director of English Committees at HACIA XXVII, it is my job to ensure that all of you have a rewarding experience in committee while substantively debating a series of intriguing topics endemic to Latin-America.

My interest in HACIA and Latin America stems from my own Mexican and Honduran heritage. Born and raised in Houston, Texas, I grew up in a predominantly Latin-American ethnic enclave, and this upbringing has driven my personal interests in government, economics, and law. It was through these influences that I developed a natural passion for the region, having participated in organizations like Model United Nations, since my time in high school. As is the case for many, conferences like Model UN allowed me to explore several world issues, contemporary political struggles, and engage with potential solutions with other brilliant minds throughout the country. Now, as a junior at Harvard, I have continued to explore these interests through my previous participation in HACIA, Harvard's Institute of Politics, and the David Rockefeller Center for Latin-American Studies.

At last year's HACIA, I co-directed the 1948 Costa Crisis Cabinet and was amazed by the talent that HACIA attracts every year. This year, I have worked with our talented team of committee directors to select a thematically and temporally diverse set of committees, ranging from the internal displacement of citizens in El Salvador, to women's rights through the OAS, and even current public health issues across the Latin-American region.

HACIA is unique because the issues that we discuss are diverse, well-researched, and relevant. Not only that, but all of you, as delegates, derive from a diverse set of countries, schools, and backgrounds, which all serve to provide multiple perspectives on these hot topics. This highly social type of group learning is an invaluable skill to refine, especially in the context of increased socio-political, environmental, and public health dilemmas. As a result, I would like to encourage all of you to come to this year's conference with unique ideas, well-researched arguments, and out-of-the-box proposals throughout the course of the conference.

In conclusion, I can't wait for our conference to begin and to meet all of you in March! I'm also looking forward to the productive conversations that we will facilitate over the course of our conference.

Sincerely,

Juan C. Venancio

Director of English Committees

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Topic A:
COVID-19 Pandemic

Introduction

Following an outbreak of a novel Coronavirus (COVID-19) in Wuhan City, Hubei Province of China, rapid community, regional and international spread has occurred with exponential growth in cases and deaths. On 30 January 2020, the Director-General (DG) of WHO declared the COVID-19 outbreak a public health emergency of international concern (PHEIC) under the International Health Regulations (IHR) (2005). The first case in the Americas was confirmed in the USA on 20 January 2020 and Brazil reported the first case for Latin America and the Caribbean on 26 February 2020. Since then, COVID-19 has spread to 50 countries and territories in the Americas.

COVID-19 began as a health crisis but is now a humanitarian crisis. Recently, even as in the United States and other Western nations the toll from COVID-19 has begun to ease, parts of Latin America are experiencing an entirely different situation. This has a lot to do with the difference in rollout of highly effective vaccines. As of mid-July, there were still 100,000 new cases per day and 2660 deaths per day in the Americas. As of mid-July, there were 73 million cumulative cases, and 1.9 million cumulative deaths. 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?

In order to become knowledgeable about the various economic, situational, political, and structural factors that come into play while debating potential solutions to dealing with COVID-19 in the current state of

Latin America, delegates will find the background guide an extremely useful source. First, we will discuss how the Pan-American Health Organization is able to contribute to solving problems such as COVID-19 within the scope of the committee and why it is so essential that we discuss the topic urgently. Then, we will address the goals this committee aims to accomplish over the course of Hacia Democracy 2021. Following that, we will examine the different questions that are raised surrounding the issue ranging from stopping the spread, equitable access to proper healthcare, and the vaccine rollout. Delegates will then be provided with a general list of questions that will be expected to be addressed within resolution papers, as well as various tips for composing their positions papers. Finally, we will take a look at some potential solutions that you may take into consideration and also leads on further research you may want to conduct in order to prepare for the committee. Hopefully this will provide you with some structure as to the background of the issues we will be addressing and the potential steps you must take moving forward.

History and Powers of the Committee

The Pan-American Health Organization (PAHO) is the specialized international health agency for the Americas, founded in 1902 with the mission of strengthening regional and national health systems and improving the health of all corresponding residents. Today, PAHO holds the distinction of being the oldest international public health organization, and throughout its history has contributed to important strides in health achievements and cooperation. The organization has a staff of scientific and medical experts as well as over 100 partners in PAHO/WHO (World Health Organization) Collaborating Centers, and it works with government agencies, professional associations, academic institutions, and other civil society organizations to achieve its outcomes. In Latin America, it is known as the OPS or OPAS (Spanish: *Organización Panamericana de la Salud*; Portuguese: *Organização Pan-Americana da Saúde*). PAHO is a member of the United Nations system as the Regional Office for the Americas of the WHO and is the dedicated health branch of the Inter-American system. In its constitution, adopted in 1947, the stated purpose of PAHO is “to promote and coordinate efforts of the countries of the Western Hemisphere to combat disease, lengthen life, and promote the physical and mental health of the people.” PAHO promotes universal health coverage and universal access to health and strengthening of health systems based on primary health care strategies. It assists countries in fighting infectious diseases such as malaria, cholera, dengue, HIV and tuberculosis as well as the region's growing epidemic of noncommunicable diseases such as cardiovascular disease, cancer and diabetes.

Originally founded as the International Sanitary Bureau, the organization at first concentrated on dealing with information regarding the health status of the Americas and creating a framework of sanitary regulations and procedures to prevent a variety of communicable diseases such as cholera, yellow fever, and smallpox, while avoiding excessive quarantines. The International Sanitary Bureau became the Pan American

Sanitary Bureau in 1923 and the Pan American Sanitary Organization in 1947. To reflect the shift in focus from only the sanitary aspects of global health to a broader perspective on inter-American health cooperation, the name was changed to PAHO in 1958. Under the direction of the Chilean Dr. Abraham Horowitz, the first Latin American director of PAHO in 1958, the organization grew rapidly from its former narrow scope of occasionally exchanging information between regional health offices. Instead of relying solely on research produced in the United States, PAHO established several regional health centers that would work at a more local, grassroots level. This new outreach also served to increase local research capability and enabled each center to tailor health technologies and innovations to the needs of the community in which it served. The 1961 Punta del Este Charter recognized primary care as the most effective tool to provide health services to both rural citizens of member countries and rapidly growing urban populations. The Charter further adopted the promotion of health as an integral part of development. However, the significant disparities in health outcomes throughout the Americas despite recent gains in poverty reduction has indicated that simply promoting growth does not necessarily equate with promoting desired health outcomes. PAHO is currently composed of 35 Member States hailing from throughout the Western Hemisphere, as well as four Associate Members, three Participating States, and two Observer States. Each Member State is entitled to one vote. Associate Members may vote in technical commissions, but not in the governing bodies of PAHO. Participating States are granted votes only in PAHO budgetary matters; this status is typically given to states that are responsible for territories in the Western Hemisphere, despite having their seat of government in another part of the world. Observer States may engage in discussions with the governing bodies but cannot vote or make substantive proposals, procedural motions, or requests. PAHO is governed by three bodies: the Pan American Sanitary Conference, which meets every five years and serves as the supreme governing body of PAHO; the Directing Council, which meets annually in years that the Sanitary Conference does not convene; and the Executive Committee, which is composed of nine Member States elected for three year terms that meets

semiannually. At the twenty-seventh HACIA Summit of the Americas, the PAHO Committee will simulate the Directing Council, in which the 35 Member States are represented. The huge inequality prevalent throughout many parts of the region remains one of the greatest inhibitors of major progress on health objectives for a large portion of the population. Former PAHO director Dr. George A. O. Alleyne argued that the primary cause of major health problems in the Americas is the massive income inequality and other forms of inequality throughout the region. In an effort to provide what it calls “social medicine,” PAHO examines the social and economic roots of health concerns. A major challenge for the organization is the pursuit of greater equality in areas of physical, social, and ecological contributors to health impacts.



Aims of the Committee

Throughout this session of the Pan-American Health Organization, we will be in pursuit of comprehensive and appropriate solutions to address the COVID-19 pandemic in Latin America. Delegates will have to work together to create feasible, effective, and human rights fulfilling guidelines and policies for member nations to enact into their laws and medical systems surrounding COVID-19 pandemic control, care, vaccine rollout. Delegates are encouraged to be creative and innovative in developing potential solutions, however also bear in mind all of the moral, cultural, and political dilemmas that come into play when addressing health issues in communities around Latin America. Other financial and political real-world barriers must also be taken into consideration. The following bulletin as well as other links provided for further research should give delegates an inclusive background knowledge on the subject that prepares them to come to committee prepared and ready to collaborate. As delegates move forward with research, it will be important that they closely examine and consider their country's current laws, regulations, and policies as they relate to COVID-19 and the vaccine. Representing your country's position accurately while still being open to debate and collaboration will be a key to success throughout the committee. Additionally, delegates are encouraged to consider the standards currently held by PAHO, previous attempts to address these issues, and the success or failure they had in creating impactful change. With all of this in mind, the chairs are excited to see the innovative solutions developed in order to address COVID-19 around Latin America.

A glass of beer and a spilled pill container. The glass is filled with a golden beer, and the pill container is tipped over, spilling several green and white capsules. The background is a soft, warm gradient.

Topic in Context

As mentioned in the introduction, even as the pandemic is slowing down in other areas around the world, Latin America is still very much struggling with COVID-19. For reference, South America accounts for merely 5% of the world's population, but now accounts for over 25% of the global death toll. Below are some shocking statistics about the severity of the situation:

- Over a million people have died across 12 countries in Latin America from COVID-19.
- Single Handedly, Brasil passed 500,000 deaths since the beginning of the pandemic to July. Brasil kills seven times as many people per capita each day than in India, which in itself has also been hit hard by the virus.
- Colombia and Argentina together have three times as many deaths daily than the entirety of Africa. For reference, Africa has 1.37 billion people, while Colombia and Argentina together have 95 million people.
- South Africa's death rate per capita is eight times the world rate.
- South America is home to seven of the top 10 countries around the world with the highest daily death rates per capita.

Table 1. COVID-19 Cases, Deaths, and Mortality Rates in Latin American/Caribbean (LAC) Countries
(countries with more than 2,000 deaths, as of June 22, 2021)

Country	Cases (millions)	Deaths	Deaths per 100,000
Brazil	18.055	504,717	239.15
Mexico	2.483	231,505	181.47
Peru	2.031	190,645	586.41
Colombia	3.997	101,302	201.24
Argentina	4.299	90,281	200.9
Chile	1.526	31,690	167.21
Ecuador	.447	21,315	122.69
Bolivia	.424	16,243	141.08
Paraguay	.409	11,849	168.2
Guatemala	.283	8,785	52.91
Honduras	.255	6,818	69.96
Panama	.395	6,483	152.67
Uruguay	.358	5,350	154.55
Costa Rica	.356	4,546	90.06
Dom. Rep.	.318	3,769	35.1
Venezuela	.263	2,989	10.48
El Salvador	.077	2,341	36.27
Total LAC	36.332	1,245,855	—
United States	33.565	602,462	183.54

Source: Johns Hopkins University School of Medicine, Coronavirus Resource Center, “Mortality Analyses,” June 23, 2021, updated daily, at <https://coronavirus.jhu.edu/data/mortality>.

Note: Peru revised its official COVID-19 death toll in May 2021 to account for excess deaths attributed to COVID-19 not previously counted, which tripled the country’s reported death toll.

According to a May 2021 PAHO report, nearly 89% of deaths in Latin America and the Caribbean occurred in five countries: Brasil (44.3%), Mexico (22.1%), Colombia (8.3%), Argentina (7.3%), and Peru (6.7%). Three percent of the deaths were concentrated in Central America and 1% in the Caribbean. Recently, Peruvian officials made the announcement that Peru's actual COVID-19 death toll is nearly 3x the initially recorded count, catapulting Peru to the devastating title of having the world's highest coronavirus per capita death rate. The Peruvian government originally said that 68,000 people died from COVID-19 through May 22, but that number is actually 180,000.

Vaccination

Overall, Latin America has lagged behind significantly in terms of vaccination rates. As of July, only about 13.6% of Latin America had been fully vaccinated, with the Caribbeans at only 7.9%. This is compared to US & Canada, which are at 46.3% full vaccination rate, and the EU, which is at 34.9%. There is some concern that widespread vaccine access in some countries might be delayed until 2022 or even early 2023. As of June 23, 2021, according to Johns Hopkins University, Chile and Uruguay led vaccination rates in Latin America, with 50% and 42% of their populations fully vaccinated, respectively. On the opposite end of the spectrum, many countries have both very low vaccination rates and a high number of new cases, including Brazil (11.7%), Mexico (13.4%), Peru (7.8%), Colombia (9.9%), and Argentina (8.3%). Guatemala and Honduras both with less than 1% fully vaccinated, Jamaica has just over 1%, and Trinidad and Tobago has a 3.3% vaccination rate. Haiti is the only country in the region that has not yet received any vaccines.

Burden on the Poor

One significant issue is the inherent disadvantage that the socioeconomically poor are put at, especially in times of crisis such as COVID-19. There is a dichotomy where they have to keep working to feed their families, but at

the same time do not have access to proper medical care if they do get sick from working. Coupling this intuition with the fact that 76.8% of Latin America's population fell into a low-income or lower-middle-income bracket in 2019, it is not difficult to start seeing some of the underlying factors for the catastrophic health impact of COVID-19 on Latin America.

Assuming a 9.1% contraction in GDP in 2021, poverty in Latin America and Caribbeans may rise by 6.9 percentage points as compared to the previous year, which is equivalent to 45.4 million more people, affecting a total of 230.9 million people as compared to about 195 million people below the poverty threshold in 2019. According to the Social Panorama of Latin America, 72 million of this population are said to have experienced extreme poverty; This number has only increased with the 45.4 million additional people below the poverty line.

Burden on Women

The COVID-19 crisis is calculated to Increased poverty, economic uncertainty, and quarantine resulting from the pandemic has led to increased reports of violence against women and girls in Latin America. Since April, domestic violence and sexual abuse reports have increased dramatically. For instance, in the first week of quarantine, calls to Chile's domestic abuse helpline increased by 70% and in the first two weeks, phone calls to Colombia's domestic violence helpline increased by 130%. In Argentina, Brazil and Mexico, domestic violence reports increased by 67%, 45% and 25% respectively compared to a year earlier. Additionally, it is usually very difficult for women to denounce their aggressor, as they are very often confined to the same household. The United Nations estimates that, for every three months of lockdown, there will be 15 million additional cases of gender violence worldwide.



Topics for Discussion

Topic for Discussion

Vaccines

South America vaccine access is heavily reliant on COVAX (COVID-19 Vaccines Global Access Facility), a mechanism developed by global health organizations (including PAHO) with the goal of equitable access to COVID-19 vaccines. They do this through purchasing large quantities of the vaccine from manufacturers, and then distributing them to countries based on their populations. 22 countries in the region have agreements to access vaccines through this facility. Furthermore, 10 countries in the region are eligible for the COVAX AMC (Advance Market Commitment), which was launched by Gavi, the vaccine alliance, for the purpose of providing donor-funded vaccines for low and middle income countries. “The region is an epicenter for COVID-19 suffering. It should be an epicenter for vaccination, too,” American Health Organization Director Dr. Carissa F Etienne said. More than 153.5 million people have been immunized in the Americas, but only 21.6% of these are in Latin America and the Caribbean.

“We urge countries with extra doses to consider donating a significant portion of these to the Americas, where these life-saving doses are desperately needed and will be promptly used,” she has said. PAHO has delivered more than 12 million COVAX-procured vaccine doses to countries in Latin America and the Caribbean. Another 770,000 doses are on the way to Central American and Caribbean countries.

The United States is also speeding up the delivery of COVID-19 vaccines to Latin America. U.S. President Joe Biden declared the United States would export up to 80 million vaccines to other countries, and in recent weeks, his administration announced a slew of deliveries to countries in Central and South America—

including initial shipments of 2.5 million vaccine doses to Colombia, 2 million doses to Peru, 3 million doses to Brazil, 1 million doses to Paraguay, 1.5 million doses to Honduras, and 1.35 million doses to Mexico. The Biden administration is not planning on delivering vaccines to autocratic countries that could use the vaccines to consolidate power—namely, Nicaragua, where Nicaraguan President Daniel Ortega appears to be using vaccine supplies to garner political support amid a sweeping crackdown on political opponents.

The flurry of announcements signal the United States is turning a corner in vaccine diplomacy in Latin America after lagging behind both Russia and China for months in early vaccine exports to the region. “An important criteria when it comes to the sharing of vaccines is we want to make sure they’re not being used politically or for social control,” said Juan Gonzalez, senior director for the Western Hemisphere on the White House National Security Council.

Healthcare System

As mentioned previously, the COVID-19 pandemic is the ultimate stress test for the heavily underfunded and overburdened Latin American public healthcare system. With most of the population living in poverty, Latin America routinely comes face to face with problems due to overcrowding, limited sanitation, and food insecurity. On top of this, as many Latin American countries already were struggling with the seasonal spike in vector-borne diseases such as dengue and yellow fever, not to mention the constant issue of tuberculosis (TB) and non-communicable diseases such as cancer and diabetes. Even so, in these regions, public healthcare systems are often the only source of medical care for a significant portion of the population that either cannot afford personalized health care or work in the informal economy. Unfortunately, ideological misconceptions and denial among Latin America’s political leaders such as the well-documented errors of President Jair Bolsonaro of Brazil prevented timely preparations for the pandemic and added to chronic governance problems. As ethical expertise in Latin America focuses on research ethics, few hospitals in the region have functioning clinical ethics

committees or clinical ethics policy, forcing healthcare personnel to make excruciating treatment decisions in an environment dominated by material scarcity and public distrust.

Political Conflict

One crucial aspect to consider while addressing this issue is the underlying political ramifications of the actions taken. Prior to the pandemic, the few instances in which discussion of policies on the allocation of healthcare resources and the rationing of certain procedures has become public have generated deep distrust of policy makers' motives across the vast sectors of society accustomed to politicians' exploitation of governmental power structures to obtain benefits that are generally inaccessible to the majority.

On the right, Brazil's federal government and the administration of President Jair Bolsonaro have refused to adopt measures at the national level, leaving the states, municipalities and the senate to establish such containment strategies as suspension of classes and prohibition of public events in some Brazilian states. Despite recommendations against public gatherings provided by the Brazilian Minister of Health, on March 15, President Bolsonaro called for countrywide street demonstrations against the Congress and the Supreme Federal Tribunal, which he perceives to be his principal political opponents.

The asymmetry between the governed and the ruling class may be explained, in part, by Latin America's largely dysfunctional past, a past shaped by colonialism, military coups, partisan violence, corruption, foreign intervention and disregard for the rule of law. The political use of the COVID-19 pandemic by some Latin American leaders is creating additional tensions that contribute to the erosion of a basic sense of community and principles of solidarity necessary for public support of mitigation strategies. The politicization of the pandemic may also undermine the public trust essential to future suppression initiatives.

Thus, in Argentina, President Alberto Fernandez highlighted that it was "those privileged who traveled to Europe" who brought COVID-19 to Argentina. By deliberately signaling that it was Argentina's middle and

upper classes who were responsible for an illness whose victims now come primarily from among the most disadvantaged, Fernandez is further deepening the existing gap between his supporters and opponents. If the situation worsens as expected, this declaration may generate unforeseen consequences in the already broken Argentinean social network, as Fernandez has implied that a broad sector of Argentinean society is not worthy of solidarity.

Healthcare professionals across Latin America will likely be drawn into this seeming conflict between the haves and have nots, as at some point soon clinical providers will be forced to make difficult and unavoidable choices for allocating already scarce healthcare resources, including hospital beds, ventilators, and medication among the ill and dying who will flood hospitals and clinics. In most developed countries institutional clinical ethics committees have been working with physicians, nurses, and hospital administrators to create policies and protocols that define clinical benchmarks for starting, withholding and stopping healthcare treatment, establishing the proportionality of interventions in light of the general scarcity of resources in the context of the COVID-19 pandemic.

Although clinical ethics committees and consultation systems are well established in Europe, Canada, and the United States, few hospitals in Latin America have such structures since most of the bioethics initiatives in the region are mostly oriented to research ethics. Few individuals have formal ethics education in clinical ethics, therefore overburdened health officials and caregivers will often be left with the responsibility for making excruciating choices on emergency policies and triage without prior discussion of how to prioritize their allocation of time and resources.

Economic Impact

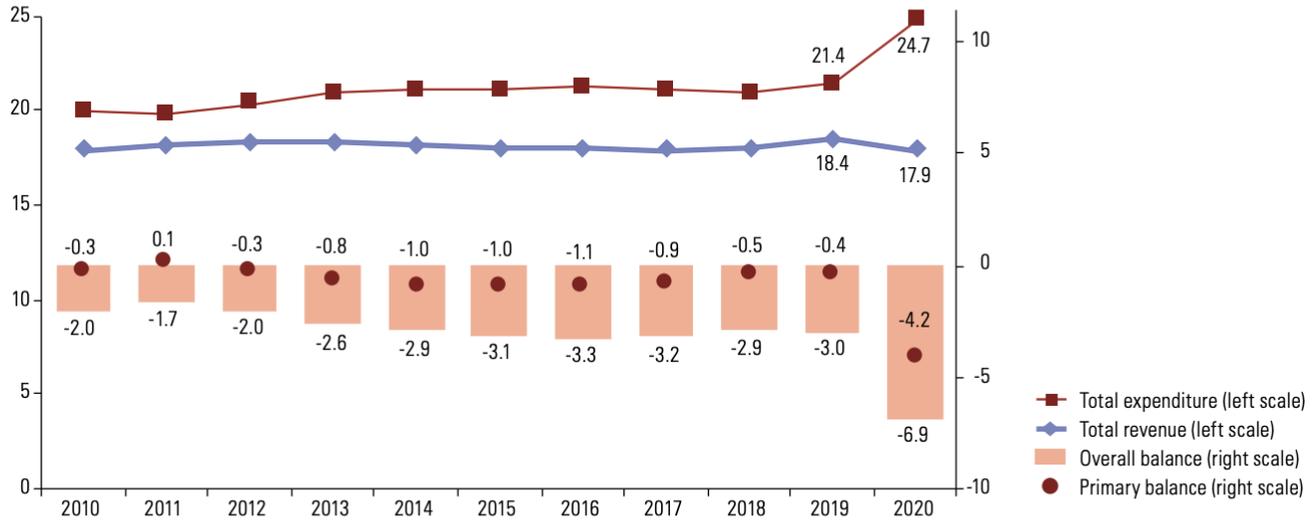
In the World Economic Outlook update in April 2021, the International Monetary Fund (IMF) estimated that the region registered a 7.0% economic contraction in 2020. As for the future, recovery will nearly certainly rely heavily on global investment and trade. This is especially as Latin America was already the most unequal region in the world in terms of income inequality pre-COVID, according to the U.N. Economic Commission for Latin America and the Caribbean (ECLAC). A March 2021 ECLAC report estimated 22 million people in Latin America moved into poverty in 2020, with overall poverty rising to 33.7% of the region's population from 30.5% in 2019. A number of countries in the region have implemented relief programs to help protect their economies and vulnerable populations, but many have needed external financing to address the pandemic and associated economic downturn. In response, international financial institutions, including the IMF, the Inter-American Development Bank, and the World Bank, significantly increased lending to countries in the region. Even still, although most countries in the region are expected to begin economic recovery in 2021, the IMF regional growth forecast of 4.6% lags behind the expected world economic growth forecast of 6.0%. Several South American nations hard-hit by the pandemic are projected to register economic contractions over 10%. Also, various Caribbean nations that depend on tourism face deep economic recessions, several with projected economic declines over 15% in 2020. The widespread closure of businesses, particularly micro-, small and medium-sized enterprises (MSMEs), led to a sharp increase in the unemployment rate, which is estimated to have risen from 8.1% in 2019 to 10.7% in 2020.

these fiscal deficits drove up public borrowing, which in turn pushed up debt levels in 2020.

Figure I.11

Latin America (16 countries):^a central government fiscal indicators, 2010–2020^b

(Percentages of GDP)

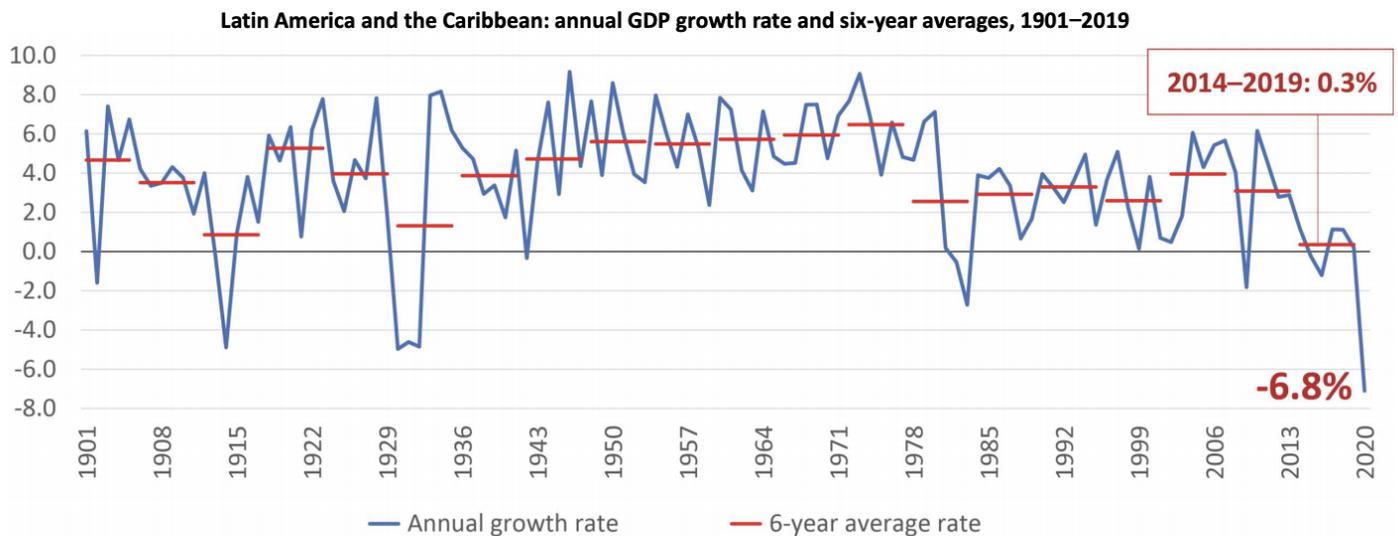


Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of official figures.

^a The countries included are: Argentina, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru and Uruguay.

^b Simple averages. In the cases of Argentina, Mexico and Peru, the figures refer to the national public administration, the federal public sector and general government, respectively.

Negligible growth as 2020 saw the worst economic contraction in 120 years



Source: ECLAC, on the basis of Maddison Project Database, version 2020; J. Bolt and J. L. van Zanden, "Maddison style estimates of the evolution of the world economy: a new 2020 update", *Maddison-Project Working Paper*, Nº WP-15, 2020; and official figures.



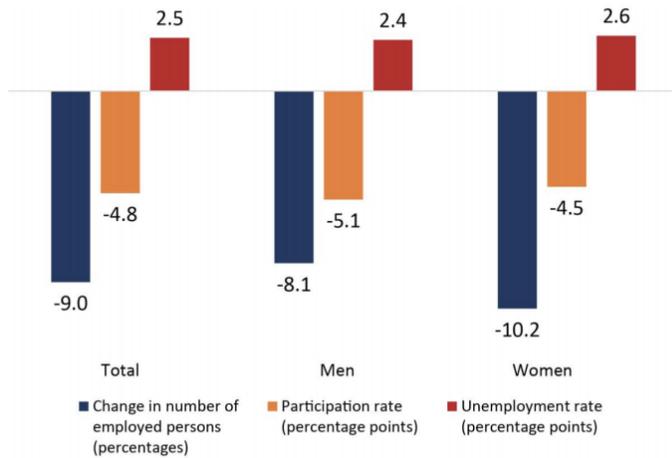
COVID-19 Observatory
in Latin America and the Caribbean
Economic and social impact

Additionally, women are hit harder with the economic collapse than men. The year-on-year percentage change in the number of employed persons in Latin America and the Caribbean were -8.1% in men, while for women it was -10.2%. The year on year change in the number of employed workers in the domestic service industry was -20.9%, as compared to average wage earners' -7.3%.

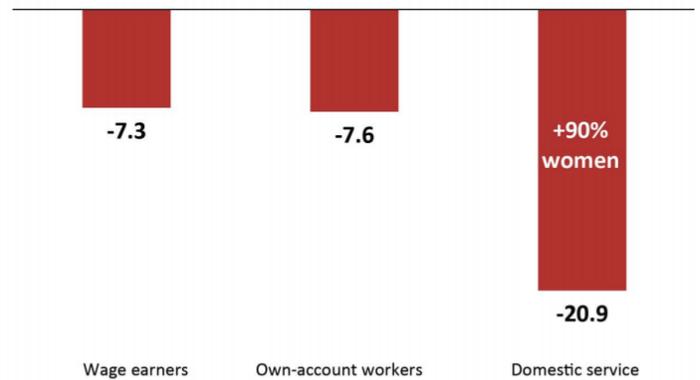
Collapse in women's labour market participation

Latin America and the Caribbean: employment, participation and unemployment

Year-on-year change in the number of employed persons, overall participation rate and unemployment rate, 2019–2020
(Percentages and percentage points)



Year-on-year change in the number of employed persons, by occupational category, 2019–2020
(Percentages)



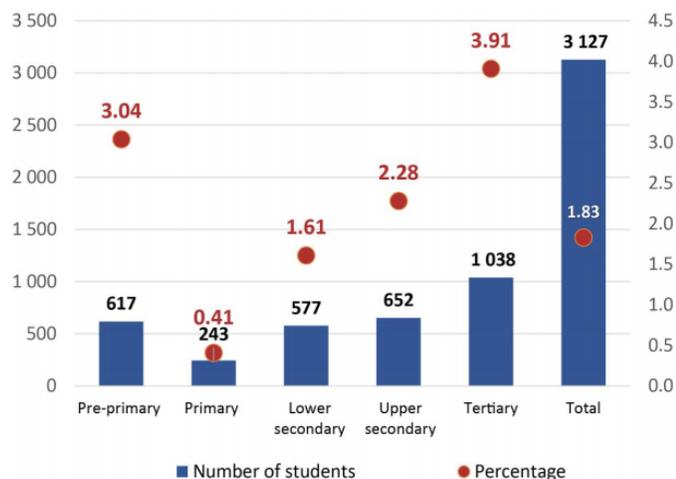
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of official figures.



The impact of COVID-19 on the quality of education cannot be understated. As shown by the figures below, a tremendous amount of students of all ages lost a year or more of face-to-face schooling. The negative impact is further exacerbated when taking into account the fact that schools are often the only stable source of food for low-income children.

The risk of a lost generation

Latin America and the Caribbean (30 countries): students at risk of not returning to education, projections to June 2020
(Thousands of students and percentages)



- 167 million students lost up to one year of face-to-face schooling with an impact on their education
- 3.1 million young people girls and boys are at risk of dropping out of school
- Food insecurity: school feeding programmes
- Greater impact of the digital divide: 66 million households without an Internet connection
- Five-year setback in reducing the adolescent fertility rate
- Increase in violence and exposure to child labour

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations Educational, Scientific and Cultural Organization (UNESCO), "How many students are at risk of not returning to school?: Advocacy paper", UNESCO COVID-19 Education Response, Paris, 30 July 2020.





Powers of the Committee to Address this Topic

The power of the Pan-American Health Organization to force standards set by the committee upon current states is limited. However, when member states sign a final resolution paper, it is the expectation that their respective governments will adhere to the standards set forth in the said resolution. This can be enforced indirectly through various economic sanctions initiated by trading partners and fellow PAHO member states, especially if certain member states refuse to comply with these regulations and policies. The strength of PAHO relies on making strong recommendations of guidelines for improved healthcare systems, studies on regulatory agencies, promoting vaccine equality, and other support systems meant to improve the constituents' health.

For example, in terms of COVID-19 specifically, PAHO has taken steps on several fronts to continue upholding its mission of combating disease and promoting the physical and mental health of the people. PAHO publishes COVID-19 Situation Reports and also has weekly press briefings on the COVID-19 situation which are carefully monitored and have an effect on various government policies. The PAHO/WHO activated regional and country incident management system teams to provide direct emergency response to Ministries of Health and other national authorities for surveillance, laboratory capacity, support health care services, infection prevention control, clinical management and risk communication; all aligning with priority lines of action. The Organization has developed, published, and disseminated evidence-based technical documents to help guide Member States' strategies and policies to manage this pandemic in their territories. Importantly, PAHO has worked in conjunction with WHO to implement the COVAX Facility in the Americas. COVAX works to enable equitable access to COVID-19 vaccine and supporting countries in their preparedness efforts.

Questions a Resolution Paper Must Answer

As we strive towards a comprehensive solution to minimizing further damage and recovering from COVID-19 in Latin America, regardless of the income level or demographic of the people, there are many issues that must be addressed. This committee has the health of hundreds of millions of people in their hands, meaning it is vital that resolutions are feasible, all-encompassing, and human rights fulfilling. In order to bring each and every Latin American country up to basic standards and make sure each country has put in preventative measures and built a sustainable system designed to provide care to the sick and controlling the spread of the pandemic, The Questions the Resolution Paper Must Answer (QARMAs) include, but are not limited to:

- How can we decrease current levels of COVID-19 infection rate?
- How can we increase vaccination rates?
- Specifically, how can we decrease the inequality in vaccine availability between Latin America and other regions such as the USA and Europe?
- How can we, while maintaining health as the primary concern, minimize the negative impact on the economy?
- How will the committee address the disproportionate negative effects of this pandemic on already vulnerable populations, such as the socioeconomically poor?

- How will the committee address rising levels of domestic violence caused by the quarantine?
- How will the committee strengthen the structural weaknesses exposed by COVID-19 to ensure that Latin American countries are better prepared for future potential health threats?

It will be expected that each and every one of these questions is answered thoroughly in the resolutions presented in committee. While these are the bare minimum, do not feel restricted by any means to do your own research into more specific issues that your delegation may have the need and power to address.

Position Papers

As you prepare to write position papers covering your country's actions to deal with COVID-19, there are various factors that delegates must consider.

When writing position papers, it is critical for delegates to understand their country's established position and priorities regarding indigenous health, as well as the justification and guidance behind their country's leadership. Remember, your job is to represent your country's stance, not your own. In addition, delegates should analyze the efficacy of existing policies and programs in their own country, as well as any other policies or programs that you deem important for debate. You should identify and analyze shortcomings and potential improvements of existing national policies and programs in healthcare.

Beyond critiquing existing policies, we also expect new idea generation in position papers. We have identified some of the most crucial challenges and determinants in effectively combating COVID-19 epidemic. We expect delegates to propose new solutions to these challenges and any improvements to policies regarding these challenges. We hope that we have taken care to not overly restrict the debate while also helping guide delegates to the most pressing challenges in the COVID-19 situation. A strong position paper will include the above as well as an overall thesis defining the most important areas for PAHO to prioritize and the most effective solutions. Throughout all position papers, delegates should keep in mind the overall priority of preserving the natural and equitable right to health.



Proposed Solutions

In order to help assist you in the process of creating comprehensive and feasible solutions, this section of the guide should serve as reference to just a few possible solutions and the strengths and weaknesses that can be found within each. These solutions stem from solutions that have been implemented by other governmental bodies ranging from individual state governments up to the United Nations. These proposed solutions may act as references and inspiration rather than confine to a specific route of resolution.

- Expansionary fiscal and monetary policy
 - It is necessary to maintain an expansionary fiscal policy that links the spending needed to promote recovery in the short term with the investments required to transform the region's economies and societies in the medium and long term. In the short term, working together internationally will be key, including providing debt relief for low income countries, and increasing global liquidity to middle income countries. In the medium term, strengthening of tax collection in a progressive manner will be crucial in order to avoid incurring unsustainable costs for the recovering population. Below are some administrative measures taken by select Latin

American countries to provide inspiration.

Table I.1

Latin America (7 countries): selected administrative measures and special normalization tax regimes to strengthen tax revenues, 2020–2021

Country	Measure	Period of implementation	Benefit or requirement
Colombia	Legislative Decree No. 678 of 2020	20 May 2020–31 May 2021	Up to 31 October 2020, taxpayers could pay only 80% of the balance of outstanding taxes, fees, contributions and fines owed to local authorities, without being charged interest or penalties. Between 1 November and 31 December 2020, they had to pay 90%, and between 1 January and 31 May 2021, 100%, in each case without interest or penalties.
	Normalization tax applied to undeclared assets or liabilities ^a	Up to 25 September 2020	Single tax at a rate of 15% applied to the taxable base. If assets are repatriated and invested permanently in the country, the taxable base could be reduced by 50% and the taxpayer could benefit from a reduced rate of 7.5%.
Dominican Republic	Law No. 46-20 of 19 February 2020	Effective 19 February 2020 and for a period of 180 days	A normalization tax regime was established to declare or revalue assets. Taxpayers could pay a single rate of 2% to settle their tax liabilities.
Ecuador	Executive Decree No. 1137 of 2 September 2020	Payment due by 12 September 2020	Stipulated mandatory prepayment of income tax for the 2020 fiscal year for taxpayers who earned a profit in the first half of 2020 and reported income of US\$ 5 million or more in 2019.
El Salvador	Legislative Decree No. 643 of 14 May 2020	15 May–30 June 2020	Taxpayers who had not complied with the requirement to file income tax returns or the special contribution to large taxpayers for the Citizen Security Plan could file their returns and settle their tax liabilities without fines, interest or surcharges.
Honduras	Decree 79-2020, No. 35,296 of 27 June 2020	27 June–31 December 2020	Municipalities were authorized to grant a tax amnesty. Taxpayers could settle their tax liabilities without interest, fines or surcharges for non-payment of all municipal taxes and fees.
Panama	Law No. 99 of 11 October 2019, Law No. 134 of 20 March 2020 and Law No. 160 of 1 September 2020	15 October 2019–29 February 2020, extended until 30 June 2020 and then until 31 December 2020	The payment of interest, penalties and surcharges for all types of tax was waived (100% if payments made from October to November 2019, 95% for payments in December 2019, 90% for payments in January 2020, 85% for payments in February 2020, and up to 85% for payments from March to December 2020). Law No. 160 also established an early payment rule whereby a 10% discount of the total amount due was offered to taxpayers with a gross income of less than 2,500,000 balboas and who paid taxes due or payable between 20 March 2020 and 31 July 2020 by 2 December 2020.
Peru	Ordinance No. 2259 of 15 May 2020	15 May–30 November 2020	Discounts were offered for the payment of tax liabilities, as well as fines and interest, corresponding to taxes and fees of the Metropolitan Municipality of Lima.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of national legislation.

^a National Directorate of Taxes and Customs (DIAN) of Colombia “El abecé de normalización” [online] <https://www.dian.gov.co/impuestos/personas/Paginas/Normalizacion-Tributaria.aspx>.

- New approaches to the labor market, welfare, and production policies.
- Maintain emergency transfers
 - Countries like Argentina created emergency funds and programmes to help companies and workers from the most affected sectors such as tourism, entertainment, culture, health and sports. The governments of Ecuador, Paraguay and Peru helped workers retain their jobs by providing complementary salaries up to the minimum wage, absorbed part of some workers’ salaries and

gave advantages, including zero-interest loans, to self-employed workers in Chile and Argentina.

- Non-conditional cash transfers, with a particular focus on female-headed households, were implemented in Argentina, Chile, Ecuador the Dominican Republic and Uruguay. The “Quedate en casa” programme in the Dominican Republic, the reinforcement of transfer programmes such as the Social Card in Uruguay and Costa Rica and the COVID-19 bonus in Chile aimed to support vulnerable households, and in particular, women and children.
- Strengthen social protection systems
 - To address the increasing rates of domestic violence, several countries implemented measures to prevent and denounce violence against women. Chile, Colombia and Uruguay rapidly implemented measures to stop the rise of gender-related domestic violence during social distancing. Uruguay launched an awareness campaign on social media, a phone number for emergencies and a protocol created together with the Health Ministry for personnel to detect possible instances of domestic violence. Others created specific places to take in women victims of domestic violence. Colombia, Mexico and Peru increased their budgets for places in safe houses and specialised shelters for women who are victims of gender-based and domestic violence. In Chile, the code word “Facemask 19” is used in pharmacies to identify women seeking assistance. The Chilean Ministry of Women and Gender Equality has also put in place significant preventive and containment measures such as continued operations centres for women and 100% operative shelters, campaigns to encourage reporting, and online prevention courses.

- Restructure education and health systems
 - Health system fragmentation, an absence of quality data and a lack of investment in health and innovation are some of the challenges that hinder effective prevention programs and optimal diagnosis and treatment, generating high out-of-pocket costs and inequities in access to care.
 - Digital solutions, for example, can support access to quality health data that will allow governments and the private sector to understand where the most pressing needs are to ensure resources are being allocated where they are needed most. This data will also allow us to understand the effectiveness of existing medicines as well as inform the development of future treatments, making investment in innovation more efficient. We have an opportunity today to build on the collaborative spirit we are seeing to promote more public-private partnerships
- Develop legal and organizational frameworks.
 - The limited or complete lack of legal and organizational frameworks for regulatory systems in a number of countries in the Americas today is worrisome. Since this increases the risk that their populations will not have access to safe, quality, and effective medicines, the development of such frameworks should be addressed and prioritized as soon as possible.
 - Prioritize resources for NRA assessment. Resources are needed for PAHO/WHO and peer assessment teams to continue to spur regulatory system strengthening through the assessment and

IDP processes.

- Boost sustainability and efficiency. Governments and NRAs must consider ways to increase sustainability and efficiencies of regulatory systems. Elements and strategies to secure adequate funding, autonomy, and institutional development should be assessed and properly addressed if needed.
- Participate in harmonization initiatives. NRAs should continue to increase their engagement in global harmonization activities and take up foundational guidelines adapted to their health system context.
- Regulatory system strengthening has remained one of PAHO's technical cooperation priorities over the past decade. The Organization continues to advocate for, and invest in, the development of robust, context-specific regulatory systems in the Region, increasing efficiencies through convergence, harmonization, and reliance wherever possible and appropriate. At a global level, regulatory system strengthening was formally recognized as a public health priority in 2014 when the World Health Assembly (WHA) adopted Resolution WHA 67.20 (2). Like CD50.R9, WHA 67.20 calls on Member States to evaluate their regulatory systems and collect data that enable analysis and benchmarking for improvement. It also urges countries to network and collaborate as a way of pooling their regulatory capacities and strengthening any local production of quality-assured, safe, and effective medical products.

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