



## AIM Latin-America Declaration Better Preparedness for Future Pandemics

The COVID-19 pandemic has had a tremendous impact on individuals, communities, economies, and healthcare and social security systems of the Latin American region. The long lasting consequences of the crisis are expected to be unprecedented and the economic crisis lurks populations, especially the most vulnerable. AIM members are aware of the breadth of the social catastrophe which lays ahead and the many threats to come. Yet, they are convinced that the pandemic can also represent an opportunity in many ways: the opportunity to focus on what really matters: people's health and wellbeing.

AIM members are key partner in both the recovery and preparedness processes. The following recommendation have been prepared for policy makers and key stakeholders to be better prepared for future crises and to help improve health and social protection systems in Latin America.

### 1. *Tackling inequities as a prerequisite to proper preparedness for future pandemics.*

The Covid-19 Pandemic has hit the most vulnerable and laid bare inequities which were already present before the crisis. Overcoming the pandemic and its effect on people and economies will require societies to put people first and strengthen the principle of solidarity. Mutuels and decision makers have the capacity to tackle inequities by ensuring access to essential services and social protection for all, regardless of individuals' employment status. To reach those objectives:

- AIM calls on the United Nations and the WHO/PAHO to support national governments and other key actors in the region (including mutuels) in order to achieve the sustainable development goals (SDGs), e.g. SDG 1 (no poverty),3 (good health and well-being) or 10 (reduced inequalities), as well as strong, resilient healthcare systems. (e.g. by providing technical guidance)
- AIM calls on national governments to support mutuels and closely collaborate with them in the path towards both Universal Healthcare Coverage and the achievement of the SDGs. As entities rooted in communities, mutuels have a clear potential to contribute to reaching those goals.
- AIM calls on national governments to ensure the coverage of the most vulnerable groups by strengthening social protection systems and statutory coverage for lower socio-economic groups, including informal workers.



AIM members commit themselves to support individuals and communities to attain access to quality essential services such as water, sanitation (notably essential for the compliance with COVID-19 preventive measures), education, healthcare or housing. To do so, mutuels will continue to work closely with governments and with other actors of the social economy.

## 2. *Ensuring the continuity of healthcare services during the pandemic.*

In all countries, lockdown measures, lack of equipment and fear of the illness have caused and are still causing a strong disruption of healthcare services. Essential treatments are being postponed, preventive care is cancelled (including immunization) or delayed, and mental healthcare deeply impacted. The consequences of that disruption is yet to be seen but the backlash is expected to put further pressure on healthcare systems. It is essential to ensure the continuity of services in times of crisis.

- WHO/PAHO should contribute to ensure the availability and the fair distribution of protective equipment and of vaccines, once they are available, to countries in the region.
- National governments should establish clear preparedness plans and ensure a proper coordination between all actors and sectors, following the Health in all Policies approach. Countries also have a role to play in ensuring that the necessary resources are available (equipment etc) for healthcare professionals and other frontline workers to carry their tasks. Such a task requires both proper planning and a better allocation of resources.
- AIM calls on governments to recognise the key role played by mutuals in the region and to consider them as key actors in both recovery and preparedness.



Mutuals are committed to make the most of innovation in order to allow both continuity of care and of their services. They will also endorse their role in ensuring the success of cross-sectoral coordination and in making health in all policies a reality.

## 3. *Ensuring better preparedness for future pandemics*

Better preparedness depends on the aspects previously described. Strong healthcare and social protection systems as well as reduced inequities are pre-requisites to a proper response to healthcare crises. Yet the COVID-19 pandemic has made other specific weaknesses and issues evident. They are to be addressed to mitigate the impact of future crisis.

*Overall Health Care Prevention is key for better preparedness*

Poor health status increases the risk of complications and hospitalisation for COVID-19 patients. Overweight, for example, is one of the risk factor for complications and it is present in over half adult population in Latin America.<sup>1</sup> It is therefore vital to improve the overall health status of the population to weaken the potential impact of infectious diseases.

- WHO/PAHO should continue to gather data on the prevalence of NCDs in the region and provide guidance to countries of the region based on the evidence collected. That guidance should follow the Health in all Policies approach.

1. OECD, [Health at a Glance: Latin America and the Caribbean](#), 2020

- National Governments should change the focus of their policies and place it on sustainability and prevention rather than economic efficiency. Infectious disease risks should be taken into account in the development of all policies (climate change, land use, urban planning etc). Here too, looking at all policies for health is an asset as working across sectors ensures greater impact on public health.



AIM members endorse their responsibility to inform individuals about their behavioural choices and the impact those can have on their health. They will also contribute to the creation of a health-friendly environment, by striving to provide people with proper living conditions but also by advocating governments and other decision-makers and persuade them to put people and their health first in all decisions.

### *Digitalisation*

Health information systems and data gathering are key in monitoring the evolution of the pandemic and in ensuring efficient response measures are taken. The digital health transformation can act as an excellent accelerator for reaching the Sustainable Development Goals (SDGs). While digitalisation has a clear potential in ensuring continuity of services and professional activity, in allowing for some treatments in time of lockdown while minimizing risk of contagion and in the lifting of containment measures, it can also reinforce inequities if action fails to be taken to bridge the digital divide. Moreover, levels of digital literacy of healthcare professionals and populations as a whole should be improved and their right to data protection should not be disregarded.

- WHO/PAHO should establish guidance on data gathering and the use of health information systems in the context of the pandemic (including on tracking devices).
- PAHO/WHO should establish guidance and provide training of healthcare and frontline workers in the context of healthcare crisis.
- National Governments should ensure internet connectivity and provide marginalized groups with devices that allow them to access services remotely and to be tracked, in view of expanding digital inclusion. They should also ensure that, despite any healthcare emergency, individuals' data protection rights are respected.
- National Governments have the responsibility to ensure a proper data gathering to inform their policy decisions. They should be transparent about the data that they gather and provide clear guidance on the data to be collected by all stakeholders under their coordination.



Mutuals commit themselves to improve their own internal information systems and train their staff in order to improve their digital skills. They will seek to provide quality data on their affiliates, always respecting data protection rules.

Like most countries around the globe, Latin American nations were taken by surprise. No country was ready to face a healthcare and consequent societal crisis of such a magnitude. COVID-19 will hopefully have taught nations to be on their guards and prepare their weapons for the next battles to come.

- PAHO/WHO should develop guidance or agreements on containment measures: what should be done, how and at which moment.
- National Governments should establish clear preparedness plans and protocols for future crisis. Those should include private-public or public-public partnerships or agreements to be set in advance to ensure access to essential goods and continuity of services (food, sanitation, but also medicines, public services, healthcare staff). Those agreements could ensure a continuity of services while guaranteeing protection of workers' (mental) health and well-being and preventing fraudulent practices and abuses. Mutuels should be included in those agreements.



- Mutuels commit themselves to contribute to the above mentioned agreements and preparedness plan. They will claim their place as a trusted partner, as they are a strong and essential mesh in the social fabric.
- Mutuels will also work on developing communication material and strategies to spread trustful and official information and combat fake news (health literacy included), in collaboration with national governments and other community workers.

#### *A strong Partnership with the European Union and the World*

The pandemic has highlighted the global dimension of health, stressing at the same time the importance of cross-border collaboration. Cooperation across nations and regions can only be beneficial. It is necessary to tackle the healthcare crisis which the world is undergoing. No country can beat COVID-19 alone. So far, the relationship between Latin America and the European Union (EU) has often been relegated to a “second place”<sup>2</sup>, focussing mostly on trade and based on bilateral agreements. Yet, collaboration between both regions is key in achieving the Sustainable Development Goals and in tackling health, social and environmental 21st century challenges.

- AIM encourages the WTO to review its approach to trade with the aim of reducing poverty, promoting sustainable development and ensuring the respect of social, environmental and labour rights.
- AIM calls on the EU to reinforce its ties with the Latin American Region. While partnership between Latin America and the EU could be obstructed by the political differences in the region and by governments' will to focus on national sovereignty, such a diversity should not constitute an obstacle to collaboration. AIM encourages the EU to focus on bilateral agreements with national governments while at the same time trying to strengthen its relationship with the Pacific Alliance<sup>3</sup>.

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2. [EP Resolution on the political relations between the EU and Latin America, 2017](#)

3. Parlamento Europeo, [The EU and Latin America and the Caribbean : towards a stronger Partnership](#), p. 26

- We recommend both the EU and national governments to strive to broaden that Alliance in order to include more countries of the region and focus on SDGs as basis for collaboration. If the climate, the environment, innovation, economic integration, regional development... are important goals, we call on both regions to ensure that health and social concerns also represent a top priority of the partnership.



Mutuals commit themselves to continue working in collaboration with their AIM counterparts around the world to achieve the SDGs. They will do so, in particular, by promoting the exchange of best practices and expertise between countries and regions, within the framework of international organizations such as AIM, the International Labour Organization (ILO) or the International Social Security Association (ISSA).

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AIM is the umbrella organisation for healthcare mutuals and health insurance funds in Europe and throughout the world. Through its 57 members in 29 countries, AIM provides health coverage to 240 million people worldwide and 209 million in Europe through compulsory and/or complementary health insurance and the management of health and social services. AIM strives to defend access to health care for all through solidarity and non-profit health insurance. Its mission is to provide a platform for members to exchange on common issues and to represent their interests and values in the European and international institutions.



**AIM**

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## Answers COVID19 Questionnaire Latin-American Members

### Region Latin-America

Across the region, common challenges emerged linked to the need to ensure continuity of care in times of pandemic. Ensuring access to healthcare was challenging both from an organisational and a financial point of view. Mutuals had to look for resources in order to cover the increase demand of care linked to the COVID crisis. To do so, they required governments' support (and continue to do so) or looked at other sectors to support the healthcare and social protection ones (like in Argentina). The new organisation of care also ended in the acceleration of innovation, with services provided remotely both by mutuals and by other healthcare providers.

The main challenge in the region remains to overcome inequities and make sure that the pandemic does not end up reinforcing them. To ensure that the most vulnerable are not left behind. Reinforcing the role of mutuals in that inclusive recovery will be key. To do so, better coordination with and proper support from national governments is necessary. That support will also be vital in mitigating the financial impact of the crisis on mutuals and consequently on vulnerable populations in the longer term.

### Argentina

The main challenges faced by CAM were to ensure continuity of care and maintain fluent contact with its member organisations. Financing the social protection system (including healthcare), with a specific focus on vulnerable groups, will be another key issue for the years to come, just as ensuring that mutuals are included in the recovery process. The lack of statistics on the capacity of the healthcare system and on the need for resources and the lack of articulation between public, private and social security systems were clear obstacles to a proper management of the crisis.

In order to overcome those challenges, innovation was accelerated (telemedicine, online prescriptions, apps, teleconsultations, etc.), including the digital transformation by CAM and its entities through the implementation of Home Office and the proper training of employees to guarantee the continuity of services. CAM and its members have been in regular contact with each other, with providers and with their affiliates via online, social and printed media to ensure the continuity of services and the flow of information.

Mutuals in the country expect cuts in human resources due to the lack of income which calls for structural modifications but also due to the development of new technologies which reduce the need of manpower. When it comes to the funding of health care and other social protection services put under pressure during the pandemic, links between those and the financial aid mutuals were increased so as to ensure financial support across sectors. Further government support would be needed in order to establish reference prices for COVID treatments (avoiding overpricing) and in order to cover most vulnerable populations in view of achieving universal healthcare coverage. Mutuals in the region need the government to fund services of high economic impact and adapt the package of services to be covered by mutuals to the limited means they have. In the longer term, an agreement would be necessary in order to make sure that the system is rebuilt around solidarity with the objective of tackling inequities and to make sure that mutuals are considered as key actors in the recovery.

Other aspects to be looked at for better preparedness in the future are the already mentioned lack of statistical data on the healthcare system's capacity but also the improvement of communication campaigns towards the public as well as the improvement of online services through proper training and better connectivity.

## Colombia

Gestarsalud and its members had to continue providing their services remotely in a context which they could not entirely control. Indeed, the main measure to control the pandemic were to be taken at governmental level and did not manage to tackle inequities in access, a problem that mutuals had to face. In addition, the state also required Gestarsalud's members to continue paying the same amounts of money to public hospitals, when some services were actually no longer provided. The coverage of rural areas was another challenge to be faced, with homecare not sufficiently developed to ensure the coverage of some areas. Testing was also an issue at its initial phase as it was centrally controlled by the state, which did not allow for a proper implementation at local level.

In order to overcome those challenges, Gestarsalud and its members increased their visibility through information to the general community and to interest groups. Teleworking was accelerated and is expected to be adopted permanently. Gestarsalud also carried out benchmarking tasks, sharing knowledge, initiatives and information with providers. Analysis and result documents of joint strategies were regularly sent. An information system storing demographic, financial and social health data was used and the data shared with all member organisations and with the general public. When it comes to testing, sites were expanded across the country for timelier testing and reporting, which ensured a better coverage. For the country to recover, Gestarsalud expects that the Government finishes to pay off its pre-pandemic debt and actively involves social economy enterprises as key actors in the recovery process. The government should also provide financial support to workers and SMEs and continue to share information on the evolution of the pandemic in a transparent manner. It will also have to make sure that, after a necessary reallocation of resources to finance COVID care, other healthcare services are also properly financed, as leaving those uncovered would have deep consequences for public health. Tackling inequities and improving the living conditions of the most vulnerable also remains a challenge.

## Uruguay

Like for other countries in the region, the reorganisation of care and reallocation of resources so as to properly finance it was one of the key challenges for UMU. The lack of a proper preparedness plan was a major obstacle to a prompt response to the crisis. From the beginning on, telecare was implemented by UMU, information shared on a regular basis through different channels (social media, website, press, phone), and remote contacts established with affiliates, just as consultations. To do so, patient education plans were set up and computerization was accelerated within the UMU. An interdisciplinary preparedness committee was also set up, with specialised resources, responsible for the elaboration and the control of a preparedness plan.

In terms of financial impact, the costs of care for COVID patients on the one hand and the adaptation of physical structures to be able to provide services during the pandemic on the other had a direct economic impact. In the longer term, the growth of unemployment is expected to reduce mutuals' income, and the strengthening of the public and private structure in terms of intensive treatment centers will reduce the demand (quantity and price) for those services, that the mutual traditionally provides to the public sector and part of the private sector. In other words, UMU expects a deep economic impact.