

REPORT 2021/22

UNEQUAL AND LETHAL



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CENTER FOR ECONOMIC AND SOCIAL RIGHTS

(CESR, Center For Economic And Social Rights)

The Center For Economic And Social Rights (CESR) is an international non-governmental organization that fights poverty and inequality by promoting human rights as guiding principles of social and economic justice. Working with partners around the world, cesr uses international human rights law as a tool to challenge unjust economic policies that systematically undermine the enjoyment of rights and fuel inequality.

CENTER for
ECONOMIC and
SOCIAL RIGHTS



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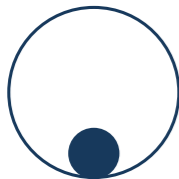
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EXECUTIVE SUMMARY

THE REGION CONCENTRATES ALMOST...



30%
of all deaths from Covid-19

In March 2020, Aruká Juma, the last man of the Juma Indigenous people, died in Brazil from Covid-19 complications. Nearly 90 years old, he had survived a massacre in the 1960s ordered against his people by traders who wanted the rubber and nuts from his ancestral territories, but he succumbed to the pandemic that spread rapidly through Brazil's Indigenous communities. Covid-19 was the coup de grace that resulted in the disappearance of a people that, like so many other Indigenous peoples in Brazil and Latin America and the Caribbean as a whole, have historically been the victims of extermination and dispossession, first by colonization and then by systematic discrimination. Covid-19 spread among the Indigenous peoples of Brazil because the authorities did not implement adequate measures to protect them: they did not establish health cordons, provide accessible information appropriate for the different ethnic groups in the country, expel invaders from their

territories or take other measures to ensure they had social protection and their health was protected.

The life and death of Aruká Juma and his people is a paradigmatic example of the systemic inequalities¹ in the region and the lethal impact of Covid-19 on those inequalities. Although the pandemic has affected the whole planet, Latin American and the Caribbean (LAC) countries were particularly badly hit. Despite the fact that several governments in the region adopted ambitious measures based on an analysis of the epidemiological profile of the crisis, in line with the recommendations of the World Health Organization (WHO), as of February 2022, **28% of all deaths from Covid-19 were concentrated in the region, home to just 8.4% of the world's population.** More than 1.6 million people died from Covid-19.

The failure of states in the region to address the pandemic have not only cost thousands of lives, but have also contributed substantially to a greater persistence of poverty two years after the pandemic began. While several governments in the region also made significant use of emergency public resources to address the social consequences of the crisis, the region has been the most affected in terms of economic activity and loss of employment. According to the Economic Commission for Latin America and the Caribbean (ECLAC), **the estimated number of people living in poverty in the region last year remained 14 million higher than before the pandemic. This figure is greater than the entire population**

of Bolivia. Additionally, the number of people in extreme poverty increased by 16 million compared to 2019.

An analysis of states¹ health and economic emergency measures in isolation is insufficient to explain both the magnitude of the impacts and how different population groups within countries have been affected. To have a more complete picture, one must analyse other key factors in the evolution of the pandemic in LAC countries, such as pre-existing socio-economic inequalities, gaps in the social determinants of health, the underfunding of health systems, the fragmentation of social protection systems, fiscal policies and corruption in the region.

In particular, the information documented in this report and by various international development institutions reflects the magnitude of the **different dimensions of structural inequality in the region:** income disparities within countries; the exclusion of groups historically marginalized by colonialism and the patriarchal system; a lack of comprehensive and inclusive social protection systems; poor health infrastructure in terms of quantity and quality; and fiscal policies that were insufficiently progressive and inadequate for mobilizing resources to reduce the vast social and economic inequalities experienced by millions of people in the region.

The pandemic has highlighted the vulnerability of the region's economic and social model and its implications for human rights. This report documents how

people in the region have suffered disproportionate impacts in terms of the right to life, health, social protection, and an adequate standard of living and work, not only compared to higher-income countries but also to regions with similar or lower income levels. These impacts have not been equally distributed in each country and have particularly affected disadvantaged groups, exacerbating inequalities.

This report analyses the crises described, exacerbated by Covid-19, in Latin America and the Caribbean from a human rights perspective. A human rights perspective enables us to understand that many of these structural problems in the region are also human rights violations and to offer solutions based on states' international obligations grounded in the human rights treaties to which they are states



1. Systemic inequalities are all those historical barriers in the social, economic and political spheres that result in an unequal distribution of power, opportunities, income and any other resource that affects the exercise of economic and social rights. In this context, systemic discrimination stems from these inequalities, although not all inequalities constitute discrimination.



parties. This analysis focuses on 17 countries that represent the majority of the population of the region and most of the cases detailed relate to the period during the pandemic in 2020 up until February 2022.² The countries studied in this report are states parties to the International Covenant on Economic, Social and Cultural Rights (ICESCR), among other treaties relevant to this analysis.³ Likewise, almost all the countries examined in this report are parties to the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (Protocol of San Salvador).⁴

KEYS TO UNDERSTANDING THE DISPROPORTIONATE IMPACT OF COVID-19 IN LATIN AMERICA AND THE CARIBBEAN

The methodology used, which combines quantitative and qualitative information and an analysis based on obligations under international human rights law, underscores that the violation of human rights, in particular economic and social rights, is not only a problem resulting from inadequate resources: it is a problem caused by public policy decisions that either advantage or disadvantage certain sectors of the population. Based on this analysis, the report offers five keys to understanding, from a human rights perspective, why the efforts of the states in the region to address the pandemic have been inadequate.

KEY #1 – INEQUALITY AND UNDERLYING DISCRIMINATION: Pre-pandemic inequalities resulted in disproportionate economic and health impacts on the most vulnerable groups. These are the product of historical processes of exclusion and discriminatory public policy decisions by governments that have failed to redress them. These gaps are multidimensional and are linked to economic, gender and ethnic-racial factors, among others. The richest 20% in the region account for half of

total household income, while the poorest account for only 5%. In addition, women face many challenges in terms of economic inclusion and a disproportionate burden as regards care work, which limits their opportunities. Finally, Indigenous and Afro-descendant peoples have fewer economic opportunities and face structural discrimination by society as a whole. The emergency measures taken by governments have not been sufficient to fulfil their obligation to eradicate discrimination and actively promote substantive equality in the enjoyment of human rights, especially economic and social rights.

KEY #2- INEQUITY IN THE SOCIAL DETERMINANTS OF HEALTH:⁵ There are complementary factors to health services that ensure the enjoyment of the right to health in a comprehensive manner, such as access to clean drinking water, food, adequate housing and working conditions. In terms of food, LAC is the region with the highest prevalence of obesity in the world, affecting especially the right to food of people experiencing poverty. Indigenous and Afro-descendant peoples are also among the most food-insecure populations. There are also still many countries in the region where access to clean drinking water in rural communities is relatively limited. Finally, the high proportion of people working in the informal sector in LAC countries contributes to greater precariousness and affects safety and hygiene at work. These factors, the result of years of inadequate investment in and fulfilment of economic and social rights in

the region, contributed to higher Covid-19 mortality and more acute impacts on the world of work.


KEY #3 – PARTIAL SOCIAL PROTECTION MEASURES: The absence of truly universal, comprehensive and sustainable social protection mechanisms in the region has had negative consequences. Although the countries in the region studied implemented 430 emergency social protection measures, their effects on poverty alleviation were limited. With the exception of Peru, the rise in the coverage provided by these programmes in the region was below the global average. This is explained by three factors. First, the high vulnerability of household incomes – in 2019 nearly 80% of the population in LAC countries lived on incomes barely three times the poverty line. Second, job insecurity – more than half of the working population did not have access to social security. Finally, in many countries policies that are essential to guarantee the right to health or a minimum level of social protection are fragmented and exclusionary – 30% of the population of LAC countries does not have access to public health due to lack of insurance.

KEY #4 – HEALTH SYSTEMS WITH LOW LEVELS OF FUNDING AND FLAWED SPENDING: There are structural problems in the health systems of the region in terms of free and universal access, adequacy of budgetary and human resources, and corruption. These factors mean that the health systems of the region do not meet the requirements of accessibility, availability, quality and cultural relevance established by the right to health. Millions of households in the region pay for their health expenses out of their own income: on average, out-of-pocket spending in LAC countries accounts for 35% of total health spending. With the exception of Argentina and Uruguay, the countries studied in this report spend less than 6% of GDP on public health, which is the standard established by the Pan American Health Organization to achieve universal health coverage, the foundation of an equitable health system. With the exception of Argentina, Brazil and Uruguay, there were shortcomings in most of the health systems analysed in 2019 in terms of infrastructure and human resources with respect to Organisation for Economic Co-operation and Development (OECD) standards. Corruption is also linked to structural injustices that often end up affecting the most vulnerable.

Before the pandemic, most of the health systems studied had shortcomings in terms of infrastructure and human resources. Although almost no country in the world seemed to be prepared for the pandemic, the truth is that, almost since the start, the countries studied reported having reached the limits of the care capacity of their public

2. These countries are: Argentina, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Chile, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Paraguay, Peru and Uruguay (17 countries). They account for 91% of the region's population and 96% of its GDP. The case of Venezuela is not included in the general analysis in line with a methodological decision not to include official figures due to the lack of reliability and opacity of the information. 3. Cuba is the only state in the Latin American and Caribbean region that has not ratified the International Covenant on Economic, Social and Cultural Rights. However, as a signatory to the treaty, under international law it is obliged to refrain from any action that would prejudice the object or purpose of the treaty, in accordance with Article 18 of the 1969 Vienna Convention on the Law of Treaties. 4. The countries that are not yet states parties to the Protocol of San Salvador are: Cuba, Chile, the Dominican Republic and Venezuela. 5. The World Health Organization defines social determinants of health (SDH) as the "conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life." This study focuses on those determinants that had a particular impact during the Covid-19 pandemic.

hospital services and intensive care units (ICUs).⁶ The shortage in this regard was pronounced in almost all the countries analysed for which information is available.

 **KEY #5 – FISCAL POLICIES THAT ARE INEFFECTIVE FOR COMBATTING INEQUALITY:** Under international law, states have an obligation to seek to the maximum of available resources to achieve progressively the full realization of economic and social rights. Fiscal policy must, therefore, allow for sufficient resources to guarantee the right to health, to fund rights that are determinants of health (water, food and housing), and to act as a mechanism to reduce inequality. Countries in the region are characterized by low tax revenues as a percentage of GDP. On average, the region collects only 18% of GDP in taxes, compared to the OECD average of 33%. In addition, fiscal policy has little redistributive effect given that it is a tax structure based mainly on indirect taxation.

The tax responses to the pandemic show that, in LAC countries, tax relief to companies was more frequent than to individuals, in comparison to what happened in OECD countries and the Asia-Pacific region (except in the case of VAT reductions). Modifications to direct taxes, such as personal

income tax, through which the tax system could be made more progressive, were also much less frequent in the region. Latin America made less use of equalizing tax measures to mitigate the impact of the pandemic on the most affected groups. Consequently, the region's fiscal response was not geared to and has been inadequate in mitigating rising inequality in many countries.

CONCLUSIONS AND RECOMMENDATIONS

An analysis from a human rights perspective enables us to conclude that the socio-economic inequality in the region and the other key structural factors that explain the devastating impact Covid-19 had on the region are not merely an unwanted consequence of the pandemic – they are the concrete result of discriminatory and inequitable actions, as well as omissions, during the pandemic by governments that did not do enough to effectively protect historically marginalized groups.

Not surprisingly, the most unequal region in the world has been one of the most affected by the pandemic, accounting for nearly a third of global Covid-19 deaths. The grave human rights crises in Latin America and the Caribbean created fertile ground for the region to become in time the epicentre of the new coronavirus. The impact of the pandemic has not only been reflected in the numbers of infections and fatalities, but also in the immediate and future consequences regarding the exercise of economic and social rights, especially for groups who have historically faced discrimination, such as Indigenous and Afro-descendant peoples, women and girls, and migrants and refugees, among others. Those consequences are also the result of governments' own flawed responses.

One of the central findings of this report is that the most unequal countries in the region are those that experienced the most lethal

impacts. In general, with the exception of the geographically smaller countries in Central America and the Caribbean (whose size and relative isolation may be linked to the reduced impact of the virus), the most unequal countries in the region (such as Peru, Mexico, Brazil, Chile, Colombia and Paraguay) have had very high numbers of Covid-19 deaths per million inhabitants. These findings are consistent if we look at what happened as regards the indicator of excess deaths per 100,000 inhabitants.

Unequal social structures and systems that enable and facilitate discrimination against certain people in terms of access to their rights and that perpetuate economic and social inequality are not natural catastrophes: they are created and bolstered by the decisions of those in positions of power. The institutional processes that create and perpetuate economic and social inequality also generate significant and related differences in the opportunities that those affected have to enjoy their rights and in the political power that they have to change these institutions. These are long-term processes, including, but not limited to, decisions on the use of public resources to guarantee rights. A primary driver of inequalities in Latin America and the Caribbean is the legacy of colonialism, which stems from a legacy of hierarchies and knowledge systems centred on Europe that have fostered social discrimination.

Therefore, from a human rights perspective, the state has an obligation to play an equalizing role to remedy the unequal outcomes,

6. See, for example, in the case of Peru, Cesar Barreto and Martín Mejía, (2020), "Peru's intensive care units at capacity as virus cases surge", apnews.com/article/lima-coronavirus-pandemic-peru-847fb33c1f5c49ca70b66227f0435e2e

created by the functioning of markets and these profoundly unequal social structures, regarding key issues that have a decisive impact on the enjoyment of the right to health and other human rights. Examples of this are segmented labour markets, where the state should avoid inequality in working conditions resulting in disadvantages in other areas such as health, education, social protection, and access to digital technologies, among others.

However, the health, social protection and public goods and services systems of the region not only do not remedy these disadvantages, but they are also designed to deepen them. This means that income levels can also determine considerable differences in access to basic goods and services and, as a result, state action in effect amplifies – rather than remedies – inequalities.

A human rights perspective also offers the keys to amend these structures and foster a just recovery, as well as to avoid subsequent crises from affecting our region in such an unequal and lethal way, disproportionately impacting the same people and groups that have historically been marginalized by these state decisions, often under the influence of informal power groups.

The central message of the report is that these serious problems of structural inequalities in the region must be addressed urgently to emerge from the human rights crises caused by Covid-19 and it

sets out a roadmap on how prevent such crises from recurring.

In this context, the Center for Economic and Social Rights (CESR) and Amnesty International believe that **states in the region should, as a minimum, fulfil their obligation to ensure sufficient public spending on health, in accordance with the standard of at least 6% of GDP established by the Pan American Health Organization. To this end, they must organize their fiscal policy, both collection and spending, in a progressive way that significantly reduces socio-economic inequality and discrimination in access to the right to social protection, as well as to other human rights that are social determinants of health.**

Countries in the region had ample room for manoeuvre to mobilize more resources to fully guarantee rights. A first option is to adopt wealth taxes and strengthen the progressive nature of income tax. In 2019, the richest 1% in the region received on average 24.6% of income and estimates of wealth concentration are much

higher. A second option is to strengthen the fight against tax evasion and avoidance. According to ECLAC estimates, income tax and VAT evasion resulted in a loss of US\$325 billion in revenue, equivalent to 6.1% of the region's GDP, in 2018. A third option is to eliminate unnecessary tax expenditures. In most countries, corporate tax exemptions account for between 14% and 24% of actual revenue, although in some cases they exceed 30%.

Just as democratic space is a necessary precondition for the exercise of civil and political rights, fiscal space is essential for states to create the material conditions in which people can live in dignity, through the full enjoyment of their economic and social rights.⁷ Measures to reform the global financial and tax architecture should be a human rights imperative for the international community; but Latin American states must also make determined progress on domestic reforms to mobilize the maximum resources available for the guarantee of human rights.

According to the World Health Organization, low- and middle-income countries will also need international help and cooperation to manage fully the impact of Covid-19 on their populations.⁸ States parties to the ICESCR also have human rights obligations beyond their borders (extraterritorial obligations), including the obligation on countries in a position

to do so to provide international assistance and cooperation.⁹

The CESR and Amnesty International set out five recommendations for Latin American and Caribbean states to urgently and decisively address structural inequalities as a priority human rights imperative. These key recommendations can be provide a roadmap for a just recovery.

- **Implement fiscal, social and labour policies to reduce income inequality and discrimination and achieve substantive equality.**¹⁰ This also requires ongoing emergency policies in the field of health and social protection which must prioritize those considered at risk, creating effective targeting mechanisms that address the specific problems of each group where necessary.

- **Address the root causes of inequalities in the social determinants of health, including their colonial and racist origins,** in accordance with the principle of non-discrimination. States should adopt complementary food security policies for vulnerable groups – especially those most affected by Covid-19 – in particular ensuring that there is accessible drinking water in rural communities, where there is a gap in coverage, and measures to ensure decent housing.

- **Remedy the fragmentation of social protection systems in the region, moving towards universal policies that take into account differences and are aimed at guaranteeing social rights.**

Social protection should take into account gender inequities, including the heavy and unequal burden of unpaid care work shouldered by women.

- **Increase funding for public health systems to promote the enjoyment of the highest possible standard of health on a basis of equality.** At the same time, combat corruption and the poor quality of public spending in this area, that results in a considerable loss of resources to health systems.

- **Implement redistributive fiscal policies,** understood as both tax and public spending policies, that allow states to mobilize sufficient resources to address these priorities. ■



7. CESR, (2021), Freeing Fiscal Space: A Human Rights Imperative in Response to COVID-19, Stiftung Entwicklung und Frieden, Germany, cesr.org/sites/default/files/2021/Freeing_Fiscal_Space.pdf 8. WHO (2020), Addressing Human Rights as Key to the COVID-19 Response, World Health Organization, who.int/publications/i/item/addressing-human-rights-as-key-to-the-covid-19-response 9. Committee on Economic, Social and Cultural Rights, General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12), E/C.12/2000/4, paras 38 and 45. 10. This objective is consistent with the obligations undertaken by states under the United Nations 2030 Sustainable Development Goals, Goal 10 of which states: "Reducing inequalities and ensuring no one is left behind are integral to achieving the Sustainable Development Goals. Inequality within and among countries is a persistent cause for concern. Despite some positive signs toward reducing inequality in some dimensions, such as reducing relative income inequality in some countries and preferential trade status benefiting lower-income countries, inequality still persists."

METHODOLOGY



The conclusions and recommendations of this report are based on an analysis of the obligations that states in the region have undertaken by ratifying certain international human rights treaties. These treaties give rise to a series of binding international obligations that should guide the actions of states.

In particular, this report analyses the compliance of states in the region with the duty of non-discrimination in relation to the right to health and the right to social security in their response to the Covid-19 pandemic, seen in the light of the cross-cutting obligation to invest the maximum available resources in the progressive realization of economic, social and cultural rights. The report analyses socio-economic inequality

in the region as a concrete consequence of government actions that have failed to comply with the duty of non-discrimination, in addition to the omissions of governments as regards promoting substantive equality for historically marginalized groups.

The countries examined in this report are states parties¹¹ to the International Covenant on Economic, Social and Cultural Rights (ICESCR), among other treaties relevant to this analysis, which requires that they “undertake to take steps, individually and through international assistance and co-operation, especially economic and technical, to the maximum of its available resources”¹² and that such steps “should be deliberate, concrete and targeted as clearly as possible towards meeting the obligations recognized in the Covenant”.¹³ Likewise, almost all the countries studied in this report¹⁴ are parties to the Additional Protocol to the

American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (Protocol of San Salvador).¹⁵

In line with a methodology developed to analyse the structural factors that hinder the guarantee of economic and social rights (the OPERA framework), the report uses information on the context, results, policies and resources mobilized by states to assess compliance with their obligations in this area.¹⁶ It also sets out recommendations, based on international human rights law, on how to ensure a just recovery.

States commitments in the field of sustainable development are also relevant as public policy guidelines. For example, in the 2030 Agenda for Sustainable Development, an agreement of UN member states,¹⁷ countries set themselves a series of goals in the areas of equality and health that are directly related and complementary to the



framework of international human rights law.¹⁸ These Sustainable Development Goals include Goal 1 on implementing social protection systems, Goal 3 on access to universal health coverage and Goal 10 on reducing inequality, among other relevant goals.

To establish a relationship between public policy failures and violations of economic and social rights before and during the Covid-19 pandemic, requires an analysis of both the results and the conduct of states. The methodology developed in this report, therefore, includes both a qualitative and quantitative analysis. Given that treaties on economic, social and cultural rights recognize the relevance of resources to the realization of these rights, the report also looks at state fiscal efforts to invest in appropriate social policies. However, it is important to emphasize that violations of economic and social rights are not only the result of inadequate resources: they are a consequence of public policy decisions that advantage or disadvantage certain sectors of the population. These biases are almost always reflected in fiscal policy.

First, the report sets out a quantitative analysis of several variables. This included deaths and infections in the 17 countries representing a majority of the population in the region¹⁹ and most of the cases reported, during the pandemic in 2020 and up until December 2021.²⁰ For methodological reasons, the

indicator of “excess mortality”²¹ was used and, in some cases, correlations were also included with indicators such as the number of deaths recorded in relation to population size.

Available databases were identified giving statistical analyses of the scale of pre-existing inequalities and the structural inability of states to ensure equitable access to the right to health, as well as other rights that are considered social determinants of health. The research team selected key indicators of factors particularly likely to be affected in the context of the pandemic, in terms of social rights: such as decent work, food and access to water and decent housing. Secondary literature, and in particular some statistics published by the Economic Commission for Latin America and the Caribbean (ECLAC), were used extensively to illustrate the findings. The charts and tables presented in the report draw on official databases of information, often compiled by international agencies. Where countries are missing in certain tables or graphs, this means that those countries did not have data on the issue under discussion and therefore could not be included in a comparison with countries that did produce updated data.

Based on this available information, a basic statistical analysis was carried out, comparing certain important variables that demonstrate the level of enjoyment of various rights with variables on Covid-19 in terms of infections and deaths. The relationship between these variables was analysed through simple linear correlations and regressions²² to determine whether there are relevant relationships between



11. Cuba is the only state in Latin American and Caribbean that has not ratified the ICESCR. Nevertheless, as a signatory to the treaty, under international law, it is obliged to refrain from any action that would prejudice the object or purpose of the treaty, in accordance with article 18 of the 1969 Vienna Convention on the Law of Treaties. 12. ICESCR, article 2.1 (adopted in 1966, in force since 1976), ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights 13. UN CESCR (CESCR), General Comment 3, para. 2, December 1990 (E/1991/23), refworld.org/pdfid/4538838e10.pdf 14. Countries that are not yet states parties to the Protocol of San Salvador are Cuba, Chile, the Dominican Republic and Venezuela. 15. See the full text of the Protocol of San Salvador, adopted in El Salvador, 1988 and entered into force in 1999, oas.org/juridico/english/treaties/a-52.html Article 10 of the Protocol enshrines the right to health, going into greater detail than the ICESCR. 16. Center for Economic and Social Rights (CESR), 2012, The OPERA framework: Assessing compliance with the obligation to fulfil economic, social and cultural rights, cesr.org/sites/default/files/the.opera_framework.pdf 17. UN, Transforming our World: the 2030 Agenda for Sustainable Development, https://sdgs.un.org/2030agenda 18. The right to health is closely linked to development in the countries of the region and human rights provides an important perspective on development processes and outcomes. According to the United Nations Sustainable Development Group, a human rights-based approach “requires human rights principles (universality, indivisibility [connection between rights], equality and non-discrimination, participation, accountability)”, unsdg.un.org/2030-agenda/universal-values/human-rights-based-approach. 19. The countries are: Argentina, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Chile, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Paraguay, Peru and Uruguay (17 countries). These countries account for 91% of the region’s population and 96% of GDP. The case of Venezuela is not included in the general analysis in line with a methodological decision not to include official figures due to the lack of reliability and transparency of the information. 20. There are several ways to measure the impact of the pandemic, each of which poses a particular challenge as regards accuracy due to differences in how governments collect data. Common measurements have been based on case rates, deaths and mortality. However, under-reporting of cases and the scale of testing suggest that these measurements should be approached with extreme caution as they are subject to multiple errors and measurement biases that call into question the accuracy of the reported figures and limit comparability. In fact, the scientific community has recognized the problems of widespread underreporting of Covid-19 deaths in the world (particularly in low- and middle-income countries), and so “excess mortality” is considered a better way to gauge the impact of Covid-19 in terms of human lives. 21. Excess mortality is determined by comparing the deaths in a particular year with those that would have been expected based on data from previous years. This measurement is used as a basis for the calculations made in the last section of this report. 22. See Annex 1 for further details.



these variables. These regressions, although far from explaining the cause of health outcomes in the region, suggest significant correlations among many of the variables. For a more detailed explanation of simple regressions and econometrics in general, see Annex 1 of this report.

This quantitative analysis was then compared to a qualitative analysis of the public policy measures that states have taken to mitigate the impact of the pandemic, the resources mobilized and the effects that policies and resource allocation have had, taking into account the historical context of the region.

The analysis was then compared to state obligations based on the normative framework of international human rights law (IHL), to arrive at the five keys that explain why the impact of the pandemic in Latin America and the Caribbean was so unequal and lethal and how to ensure that this vulnerability does not recur in future crises.

THE NATURE OF STATE OBLIGATIONS REGARDING ECONOMIC, SOCIAL AND CULTURAL RIGHTS:

Under international law, states have legally binding obligations, some immediate and some progressive, in relation to these rights. Economic, social and cultural rights are not mere aspirations or discretionary objectives that can be sacrificed during a crisis, such as the one caused by the Covid-19 pandemic. However, the failure to fulfil some aspects of economic, social and cultural rights did not in itself imply a violation of states' obligations. In order to prove that a violation has occurred, evidence is needed that a state failed to take measures or that the measures were inadequate, or that a state blocked or failed to cooperate with other states to take measures that were available for the effective realization of a right.

Lack of will, negligence or discrimination on the part of a state may result in violations of the obligations to respect, protect or fulfil rights. For example:

- **Failure to ensure non-discrimination.** Non-discrimination is an immediate obligation, crosscutting all obligations to respect, protect and fulfil rights. The adoption of laws, policies and practices that contravene the principle of non-discrimination, or the

failure to take action to address discrimination, constitute a human rights violation. Discrimination includes any differentiated treatment with a discriminatory effect based on certain characteristics such as race, gender, disability, or immigration or economic status, which includes not only formal discrimination but also de facto substantive discrimination.²³ Discrimination can be direct, in the sense of actions that actively exclude certain groups, or indirect, when policies or laws “appear neutral at face value, but have a disproportionate impact on the exercise” of the rights of groups affected by prohibited grounds of discrimination.²⁴ The marked inequality in today's society in many countries can be considered a manifestation of both direct and indirect discrimination, in that governments have not done enough to reverse the huge de facto gaps in access to certain basic services and to implement programmes that promote the substantive equality of women and other disadvantaged groups in the economy.

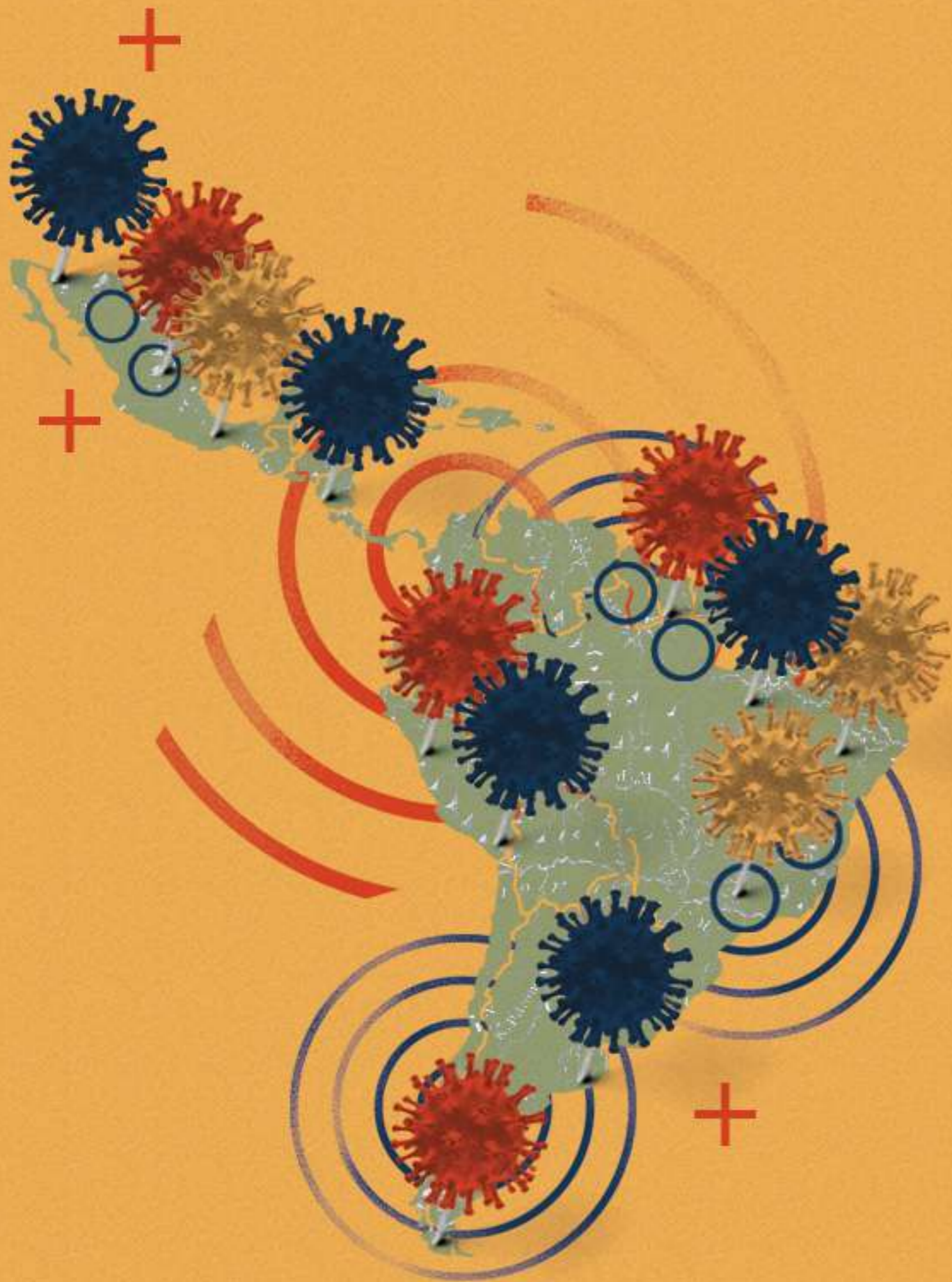
- **Failure to give priority to the obligation to ensure the enjoyment of at least minimum essential levels of the rights contained in the treaties listed above,** especially with respect those who are most disadvantaged (for example, guaranteeing primary education to all girls and boys under their jurisdiction). Where a state claims that resource constraints prevent it from meeting its minimum obligations, it must demonstrate that every effort has been made to use all resources that are at its disposal in an effort to satisfy, as a matter of priority, those obligations.²⁵
- **The adoption of any deliberately retrogressive**²⁶ measures, such as the unjustified withdrawal or reduction of rights already granted; large-scale disinvestment in social services; or the reallocation of resources to different areas to the detriment of economic, social and cultural rights, for example, excessive unjustified military spending.
- **Failure to use the maximum available resources** in adopting measures to guarantee this right, which includes a detailed analysis of the available fiscal resources in terms of state efforts to generate revenue and ensure resource availability, assignment, mobilization, distribution and allocation. States may violate rights by failing to take the necessary measures in accordance with their obligations.²⁷ Resource constraints in no way remove

the obligation to make progress as expeditiously as possible in guaranteeing rights, given the existing circumstances, and giving priority to the most disadvantaged groups.²⁸

On the right to health in particular, the Committee on Economic, Social and Cultural Rights (CESCR) has established the criteria of availability, accessibility, acceptability and quality as key aspects of the right. States could be in breach of their obligations if they fail to ensure that services are not only available to the population, but that there are no obstacles to people's accessing them, while being sensitive to different cultural contexts and maintaining high quality care.²⁹ This condition is, however, necessary rather than sufficient, as states must ensure equitable access to the underlying social determinants of health, which cover all areas of life.³⁰

It is also important to emphasize that states have an obligation not only to implement measures in accordance with detailed guidelines and ensuring the principle of non-discrimination, but also to undertake these measures with a focus on participation, transparency and accountability.³¹ These procedural considerations are essential to ensure that the measures implemented have the intended benefit for the most affected populations and comply with the obligation to protect human rights. 🟡

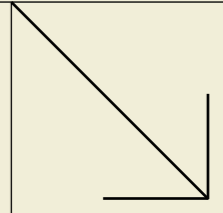
23. CESCR, General Comment 20, Non-discrimination in economic, social and cultural rights (art. 2, para. 2, of the International Covenant on Economic, Social and Cultural Rights), (E/C.12/GC/20), para. 8. 24. CESCR (E/C.12/GC/20), General Comment 20, para. 10. 25. CESCR, General Comment 3, The Nature of States Parties' Obligations (Art. 2, Para. 1, of the Covenant), (UN Doc. 14/12/90), para. 10. 26. Ibid., para. 9. 27. CESCR, General Comment 14, The Right to the Highest Attainable Standard of Health (Art. 12), (E/C.12/2000/4), para. 49. 28. CESCR, General Comment 3, The Nature of States Parties' Obligations (Art. 2, Para. 1, of the Covenant), (UN Doc. 14/12/90), paras 11 and 12. 29. CESCR, General Comment 14, The Right to the Highest Attainable Standard of Health (Art. 12), (E/C.12/2000/4), (2000). 30. Ibid., CESCR, General Comment 14, para. 16. See also, the WHO report on the social determinants of health, Closing the gap in a generation: Health equity through action on the social determinants of health, Commission on Social Determinants of Health FINAL REPORT, 2008, https://apps.who.int/iris/bitstream/handle/10665/43943/9789241563703_eng.pdf?sequence=1 In addition to the WHO approach to social determinants of health, there is another approach (an alternative to classical epidemiology) of social medicine and collective Latin American health called “Social Determination of the Health-Disease Process”, an approach that, it should be noted, has been to date somewhat side-lined in the dominant global agenda for health equity. For more information, see C. Morales-Borrero and others, (2013). ¿Determinación social o determinantes sociales? Diferencias conceptuales e implicaciones praxiológicas [Social determination or social determinants?, Conceptual differences and praxiological implications], Rev. Salud pública, 15 (6): 797-808, 2013 (Spanish only). 31. CESCR, The pledge to leave no one behind: the International Covenant on Economic, Social and Cultural Rights and the 2030 Agenda for Sustainable Development (E/C.12/2019/1) 5 April 2019, para. 13.

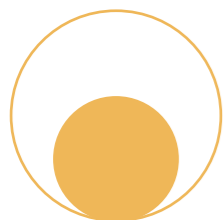


OVERVIEW OF
COVID-19 IN LATIN AMERICA



EFFECTS OF THE PANDEMIC ON THE ENJOYMENT OF ECONOMIC AND SOCIAL RIGHTS





60%
of children **LOST AN ENTIRE YEAR OF EDUCATION** in the World were in LAC

The Covid-19 pandemic has been devastating for the right to life, health and a decent life for millions of people in Latin America and the Caribbean (LAC) countries. Although the pandemic has affected the entire planet, the LAC countries were particularly badly hit. As of February 2022, 1.6 million people in Latin America and the Caribbean had died from the pandemic, almost a third of global Covid-19 deaths, despite the fact that the region is home to just 8.4% of the world's population. Although several LAC countries adopted measures in line with the guidelines issued by the World Health Organization (WHO) and its epidemiologists, these have not been sufficient to halt the aggressive spread of the pandemic in the region. As of mid-February 2022, the region's mortality rate was second only to that of North America and it had the highest mortality rate of any region. (See **A1 in the Statistical Annex.**)



In addition, the pandemic has also had a devastating impact on other economic and social rights. This is because the region experienced both the worst economic recession and the most drastic fall in employment in the world in 2020. (See **A2 in the Statistical Annex.**) Despite the first signs of economic recovery in 2021, economic growth has not been inclusive or sufficient to enable millions of households to recover their pre-pandemic living standards. This is especially true of the poorest people and those facing greater social and economic barriers, resulting in growing inequality.

According to recent ECLAC estimates, in 2020 the number of people living in poverty and extreme poverty compared to 2019 increased by 17 and 11 million, respectively. Although poverty declined moderately in 2021 compared to 2020 due to recovery in the economy and labour market, poverty levels remain higher than before the pandemic. In contrast, there has been an alarming increase in extreme poverty compared to 2020. The estimated number of people living in poverty in the region last year remained 14 million higher than before the pandemic. Additionally, the number of people in extreme poverty has increased by 16 million compared to 2019.³²



ECLAC estimates that, as a result of the pandemic, some 59 million people from the middle of the income distribution (a figure higher than the population of Colombia) would be experiencing a process of downward social mobility and 25 million of them now would be finding themselves in the lower strata and 3 million would be living below the poverty line.³³

The persistence of poverty is explained by the crisis in the labour market triggered by the pandemic. According to the International Labour Organization (ILO), in 2020, 30 million people left the labour market in the region. The income sources of the poorest strata of society were significantly affected, which increased economic inequality in most countries. Similarly, the gender gap in labour market participation has increased. It is estimated that in 2021 the participation rate of women had barely returned to 2016 levels –one in every two women did not participate in the labour market. Female unemployment reached 11.8% in 2021, while male unemployment was lower at 8.1%.³⁴

In the field of education, almost 60% of the children in the world who lost an entire school year are in Latin America and the Caribbean.³⁵ On average, between March 2020 and December 2021, there was an average of 158 days of school closures in the region, well above the global average of 95 days.³⁶ Even in countries where remote education was implemented, the United Nations

Children's Fund (UNICEF) has documented evidence that the digital divide affects children's long-term learning.³⁷ In addition, the mental health of approximately 60% of girls and adolescents in Latin America was affected by an adverse environment and isolation resulting from virtual learning.³⁸

With regard to the right to food, tens of millions of people in the region were unable to obtain access to sufficient food. Since the beginning of the pandemic, 44 million people have fallen into food insecurity, of whom 21 million have become severely food insecure. This means that in Latin America and the Caribbean 40.4% of the population was experiencing moderate or severe food insecurity in 2020, representing an increase of 6.5 percentage points compared to the previous year.³⁹ The increase in the prevalence of food insecurity in Latin America was greater than in other regions of the world.⁴⁰

Under these conditions, the LAC countries will have difficulty meeting the United Nations Sustainable Development Goals

by 2030.⁴¹ In 2020, for the first time since 2015, the Sustainable Development Goals (SDG) Index,⁴² calculated by the Sustainable Development Solutions Network, suffered a global setback, but this setback was greater in Latin America and the Caribbean, with particularly sharp setbacks in Brazil and Venezuela.⁴³ Only a third of the SDG-related targets in

The magnitude of the crisis demands a focus on public policies aiming at a transformative recovery that prioritizes the fulfilment of human rights obligations as the cornerstone of the 2030 Agenda.⁴⁵



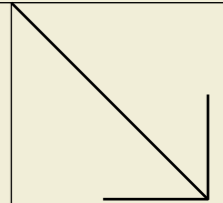
32. ECLAC (2022), Social Panorama of Latin America 2021, January 2022. United Nations, Santiago de Chile, repositorio.cepal.org/bitstream/handle/11362/46688/8/S2100149_en.pdf 33. ECLAC, Social Panorama of Latin America 2020 (LC/PUB.2021/2-P/Rev.1), Santiago, 2021, pp. 75-76. 34. Ibid. 35. UNICEF, "Latin America and the Caribbean is home to 3 out of 5 children who lost an entire school year worldwide", 2 March 2021, [unicef.org/lac/en/press-releases/latin-america-and-caribbean-is-home-of-3-out-of-5-children-who-lost-an-entire-school-year-in-the-world](https://www.unicef.org/lac/en/press-releases/latin-america-and-caribbean-is-home-of-3-out-of-5-children-who-lost-an-entire-school-year-in-the-world) 36. Ibid. 37. UNICEF, 2020, "Unequal access to remote schooling amid COVID-19 threatens to deepen global learning crisis", [unicef.org/press-releases/unequal-access-remote-schooling-amid-covid-19-threatens-deepen-global-learning](https://www.unicef.org/press-releases/unequal-access-remote-schooling-amid-covid-19-threatens-deepen-global-learning) 38. UNICEF, 2021, "Impact of COVID-19 on girls in Latin America", [unicef.org/lac/en/impact-covid-19-girls-latin-america](https://www.unicef.org/lac/en/impact-covid-19-girls-latin-america) 39. M. Torero, presentation made at the Third Hemispheric Meeting of Ministers and Secretaries of Agriculture of the Americas, Food and Agriculture Organization of the United Nations (FAO), 15 April 2021, cited in ECLAC, 2021, The recovery paradox in Latin America and the Caribbean – Growth amid persisting structural problems: inequality, poverty and low investment and productivity, Special Report, COVID-19, p. 21. 40. United Nations, 2021, The Sustainable Development Goals Report, p. 28. 41. Ibid., p. 99. 42. The SDGs are a set of global goals set by the UN to be achieved by 2030. They include eradicating extreme poverty, reducing inequality and protecting the planet, [un.org/sustainabledevelopment/](https://www.un.org/sustainabledevelopment/) 43. Jeffrey D. Sachs, Christian Kroll, Guillaume Lafortune, Grayson Fuller and Finn Woelm, Sustainable Development Report: 2021, The Decade of Action for the Sustainable Development Goals, Cambridge University Press, DOI 10.1017/9781108, p. 14. 44. ECLAC, Building forward better: Action to Strengthen the 2030 Agenda for Sustainable Development, (LC/FDS.4/3/Rev.1), 2021, p. 93. 45. Kate Donald, "A rights-based economy: In critical times, a roadmap for action" in Global Civil Society Report on the 2030 Agenda and the SDGs – Spotlight on Sustainable Development 2021: Demanding justice beyond rhetoric, pp. 81-84.



OVERVIEW OF
COVID-19 IN LATIN AMERICA



**POLICIES TO
MITIGATE THE
EFFECTS OF THE
PANDEMIC
THAT ARE
INADEQUATE AND
FAIL TO ADDRESS
STRUCTURAL
FACTORS**



A

At the beginning of the pandemic, the WHO recommended a series of guidelines and actions that countries could follow and adapt to their local contexts to curb the spread of infection. To stop the chain of infection, it recommended the adoption of diagnostic tools using testing, contact tracing, social distancing, quarantines and a review of travel protocols.⁴⁶ At all times, the WHO emphasized that any restrictive public health measures must take into account their social effects.

Towards the end of April 2020, most governments in the region had implemented several of these measures, particularly social distancing, quarantines and border controls, among others.⁴⁷ These measures were particularly important in the period before mass vaccinations. Their effectiveness was closely linked to underlying social factors and states' institutional capacity to implement them. The pandemic



has highlighted the need for a comprehensive response in which epidemiological measures are complemented by other measures linked to economic and social rights.

From a human rights perspective, the CESCR⁴⁸ and the Inter-American Commission on Human Rights (IACHR)⁴⁹ published guidelines based on international human rights standards to guide the type of measures that countries should implement to address the health emergency.

Some of these suggested measures were specific programmes to protect the jobs, wages and benefits of all workers; moratoriums on evictions or foreclosures during the pandemic; social protection programmes to ensure food and economic security; specific measures to protect the lives of vulnerable minority groups; and measures to prevent and address gender-based violence, among others.

Social protection measures have been an essential and complementary component of countries' epidemiological responses. According to the CESCR, social protection consists of "a set of basic social security guarantees that ensure universal access to essential

health services and basic income security."⁵⁰ Social protection may include a variety of measures, including in cash and in kind transfers, and may also include access to services, employment measures, insurance and pensions.



An analysis using preliminary information from the World Bank, shows that in Latin America and the Caribbean all the countries studied, with the exception of Cuba, used cash transfers as the main mitigation measure in the

context of the economic crisis caused by the pandemic. As shown in Table 1 the emphasis in most countries was on monetary or in kind emergency support rather than other social security or labour market regulation measures.

TABLA 1. Social protection Covid-19 responses implemented
(As of 11 December 2020)

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	TOTAL	
	ARG	BOL	BRA	CHI	COL	CRI	CUB	DOM	ECU	SLV	GTM	HND	MEX	NIC	PRY	PER	URY		
SOCIAL ASSISTANCE	Cash transfers	●	●	●	●	●	●	●	●	●	●	●	●		●	●	●	16	
	Public works												●					1	
	In kind (in particular school meals)	●	●	●	●	●	●		●	●	●		●		●		●	14	
	Public services and financial support	●	●	●	●	●					●			●			●	●	10
SOCIAL SECURITY	Unemployment benefit	●	●	●	●	●	●		●		●		●				●	●	11
	Health insurance																		0
	Pensions and disability benefits	●		●	●		●			●							●		6
	Social security contributions (subsidies)	●		●		●	●							●					5
LABOUR MARKET MEASURES	Wage subsidy	●	●	●				●	●			●						●	8
	Activation (training) measures																		0
	Labour regulation adjustment		●	●	●		●							●					5
	Shorter work time benefits			●	●														2
No. of social protection programmes per country	7	6	9	7	5	6	1	4	3	4	2	2	6	1	2	4	5	78	

Source: Devised for this report based on the World Bank 2020, Social Protection and Jobs Responses to COVID-19, preliminary data, consulted 16 February 2021.

46. See, for example, WHO, "Overview of Public Health and Social Measures in the Context of COVID-19," 18 May 2020, who.int/publications/i/item/overview-of-public-health-and-social-measures-in-the-context-of-covid-19. 47. On these restrictions and their consequences, see Amnesty International, When protection becomes repression: Mandatory quarantines under COVID-19 in the Americas, 20 September 2020, amnesty.org/en/documents/amr01/2991/2020/en/. 48. CESCR, Statement on the coronavirus disease (COVID-19) pandemic and economic, social and cultural rights (E/C.12/2020/1) 17 April 2020. 49. Inter-American Commission on Human Rights, Pandemic and Human Rights in the Americas, Resolution 1/2020, oas.org/en/iachr/decisions/pdf/Resolution-1-20-en.pdf. 50. CESCR, Social protection floors: an essential element of the right to social security and of the sustainable development goals (E/C.12/2015/1), para. 7. The concept is taken from ILO Recommendation No. 202 on social protection floors.



In no country with gaps in universal health coverage was any emergency health insurance set up for the population not otherwise covered,⁵¹ nor were training measures put in place for those in the informal economy who became inactive due to the pandemic and who could have benefited from (virtual) job retraining measures to facilitate their entry into the formal labour market.⁵²

The vast majority of countries took steps to provide some form of emergency support for the broad sector of people with scarce resources or informal jobs who were affected by the pandemic. Many of these measures followed the CESC and IACHR guidelines mentioned above.



Although many countries implemented new mechanisms and programmes, in some cases, such as in Mexico, existing social programmes were used and no new or emergency programmes were created at the national level.⁵³ In Brazil, despite the fact that support measures reached 68 million people and reduced poverty levels in 2020, their implementation has been plagued by inconsistencies, interruptions and insufficient amounts, pushing families into greater levels of poverty.⁵⁴ Only 45.6 million people are receiving support with amounts ranging between R\$150, R\$250 and R\$375. Based on this new support, research from the University of São Paulo (USP) estimates an increase of 6.1 million people living poverty in Brazil in 2021 compared to the previous year.⁵⁵

Throughout the region, effectiveness in delivering support was impaired by delays in reaching people. The delays were caused by a variety of factors such as the lack of immediate and forceful action at the onset of the pandemic, fiscal rigidity in many countries and operational problems.⁵⁶ According to ECLAC, there was “a long wait for many vulnerable households”.

The precarious employment and social situation of many households meant millions of people were unable to meet their basic needs and were forced to continue their economic activities, with consequences that were often fatal. It is estimated that, by mid-June 2020, several governments had managed to deliver at least part of their emergency programmes to most of the intended recipients.⁵⁷

Although significant resources were invested in emergency social protection measures, the response of most governments has clearly been inadequate. The pandemic has shone a light on structural weaknesses in the region’s health and social protection systems, as well as insufficient fiscal resources.⁵⁸ These factors have also contributed to Latin America and the Caribbean being the most unequal region in the world.⁵⁹ That is why public policies must take into account five key aspects for an inclusive recovery: (1) the persistence of deep-rooted discrimination and socio-economic inequality; (2) gaps in the social determinants of health; (3) the fragmented nature of social protection systems; (4) problems of investment and flawed spending in health systems; and (5) states’ fiscal weakness. ■

IN BRAZIL...

68
MILLIONS
of people benefited from emergency aid

6.1
MILLIONS
of people will be in poverty in 2021



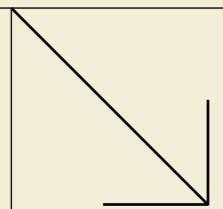
51. There is a high degree of heterogeneity in the health models in the region. According to ECLAC, there are countries with broad coverage and modest gaps such as Chile, Argentina, Brazil and Costa Rica. Other countries, such as Mexico, Peru, Colombia and Ecuador, have moderate coverage gaps and some countries, such as Bolivia, El Salvador and Nicaragua, have profound gaps, which are the result of social protection schemes and per capita spending on health. For more information see Cecchini, Filgueira and Robles (2014), Social protection systems in Latin America and the Caribbean, ECLAC, cepal.org/en/publications/37340-social-protection-systems-latin-america-and-caribbean-comparative-view 52. For example, a recent study by the Inter-American Development Bank (IDB) shows that “on average, an increase of one year of education is associated with a 1.6 percentage point reduction in the informality rate, although with important differences between countries. For example, Colombia, El Salvador, Bolivia, and the Dominican Republic report a greater dampening effect, while Argentina, Brazil, and Costa Rica report smaller reductions.” See Acevedo, Ivonne, Francesca Castellani, Giulia Lotti, and Miguel Székely, “Informality in the time of COVID-19 in Latin America: Implications and policy options”, Inter-American Development Bank (2021). 53. CEPAL, Policy expansion in compressed times, cepal.org/en/publications/46016-policy-expansion-compressed-time-assessing-speed-breadth-and-sufficiency-post p. 8. 54. Amnesty International Brazil, 2021, Novo Relatório: COVID-19 e Direitos Humanos no Brasil: caminhos e desafios para uma recuperação justa [New Report: Covid-19 and Human Rights in Brazil: Paths and Challenges for a Just Recovery], anistia.org.br/informe/novo-relatorio-covid-19-e-direitos-humanos-no-brasil-caminhos-e-desafios-para-uma-recuperacao-justa/ (Portuguese only). 55. Ibid. 56. CEPAL, Policy expansion in compressed time: Assessing the speed, breadth and sufficiency of post-COVID-19 social protection measures in 10 Latin American countries, [cepal.org/en/publications/\(2020\)policy-expansion-compressed-time-assessing-speed-breadth-and-sufficiency-post](http://cepal.org/en/publications/(2020)policy-expansion-compressed-time-assessing-speed-breadth-and-sufficiency-post) 57. CEPAL, Policy expansion in compressed time: Assessing the speed, breadth and sufficiency of post-COVID-19 social protection measures in 10 Latin American countries, [cepal.org/en/publications/\(2020\)policy-expansion-compressed-time-assessing-speed-breadth-and-sufficiency-post](http://cepal.org/en/publications/(2020)policy-expansion-compressed-time-assessing-speed-breadth-and-sufficiency-post) 58. ECLAC and the Pan American Health Organization (PAHO), “The prolongation of the health crisis and its impact on health, the economy and social development” (2021). 59. A. Bárcena (2016), “Latin America is the world’s most unequal region, Here’s how to fix it” ECLAC, cepal.org/en/articulos/2016-america-latina-caribe-es-la-region-mas-desigual-mundo-como-solucionarlo.



OVERVIEW OF
COVID-19 IN LATIN AMERICA



WHY THE EFFORTS WERE NOT ENOUGH OF THE COUNTRIES? **5 KEYS**





KEY 1: INEQUALITY AND UNDERLYING DISCRIMINATION

T

The many inequalities in the region have, in most cases, a long-term historical background and have persisted. This has exacerbated the negative effects of the health and economic crises produced by the Covid-19 pandemic, in addition to hindering a coordinated and effective response by governments to protect the most vulnerable populations.

Some people face greater obstacles and specific conditions regarding the enjoyment their rights because of the discrimination they face. International law states that individuals may face discrimination

in access to their rights on a wide range of grounds, including sex, race, language, ethnicity, age, gender identity and sexual orientation, or immigration, health, disability or social status, among others.⁶⁰ Many people face discrimination on several grounds at once – intersectional inequality that exacerbates the barriers and difficulties they face in accessing their economic and social rights.

In order to address these barriers and obstacles, international human rights law sets out the requirement of substantive equality, beyond formal equality before the law. This concept refers to states taking measures that address the problems faced by such groups to reduce or eliminate the conditions that cause or contribute to perpetuating discrimination against



groups or individuals, often victims of historical injustices or persistent prejudices.⁶¹ Different social conditions require the adoption of public policy measures that take account of these differences in order to ensure that those groups of people who are disadvantaged can enjoy their rights on a basis of equality.⁶² This means ensuring equal opportunities by improving the conditions that create these opportunities – education, health, household income and food – and a redistribution of resources to enable this.

The current crisis in the region is less a natural catastrophe and more the result of political and public policy decisions by those who hold and exercise power. The institutional processes that create and sustain economic and social inequality at the same time generate significant and related differences in the opportunities that people have to enjoy their rights and in the political power they have to change them. These processes include, but are not limited to, decisions on the use of public resources to secure rights, the type of taxes to finance them and the planning of policies and who benefits from them.

One of the most serious effects of the health crisis and the measures to curb the pandemic was the economic and labour crisis that increased the vast differences in income and wealth in the region. This economic inequality cuts across groups that are discriminated against and have historically been marginalized. Pre-Covid-19 inequality and

discrimination exacerbated the impacts of the pandemic on certain groups.

There is a correlation between higher levels of income inequality and the impact of the pandemic in terms of lives lost in Latin America. In general, with the exception of the geographically smaller countries in Central America and the Caribbean (whose size and relative isolation may be linked to the reduced impact of the virus), the most unequal countries in the region (such as Peru, Mexico, Brazil, Chile, Colombia and Paraguay) have had very high numbers of Covid-19 deaths per million of the population.⁶³ These findings are consistent if we look at what happened with regards to the indicator of excess deaths per 100,000 people.



OVERVIEW OF
COVID-19 IN LATIN
AMERICA -
WHY THE EFFORTS WERE
NOT ENOUGH OF THE
COUNTRIES? 5 KEYS

60. CESCR, General Comment 20, Non-discrimination in economic, social and cultural rights (art. 2, para. 2, of the International Covenant on Economic, Social and Cultural Rights) (E/C.12/GC/20) 2 July 2009. 61. CESCR, General Comment 20, Non-discrimination in economic, social and cultural rights (art. 2, para. 2, of the International Covenant on Economic, Social and Cultural Rights) (E/C.12/GC/20) 2 July 2009, para. 8. 62. Human Rights Committee, General Comment 18, para. 10, CESCR General Comment 20, (E/C.12/GC/20), and CEDAW General Comment 25. 63. See World Inequality Database, "Top 10% national income share", https://wid.world/world/#sptinc_p90p100_zUS;FR;DE;CN;ZA;GB;WO/last/eu/kp/yearly/s/false/23.469/80/curve/false/country

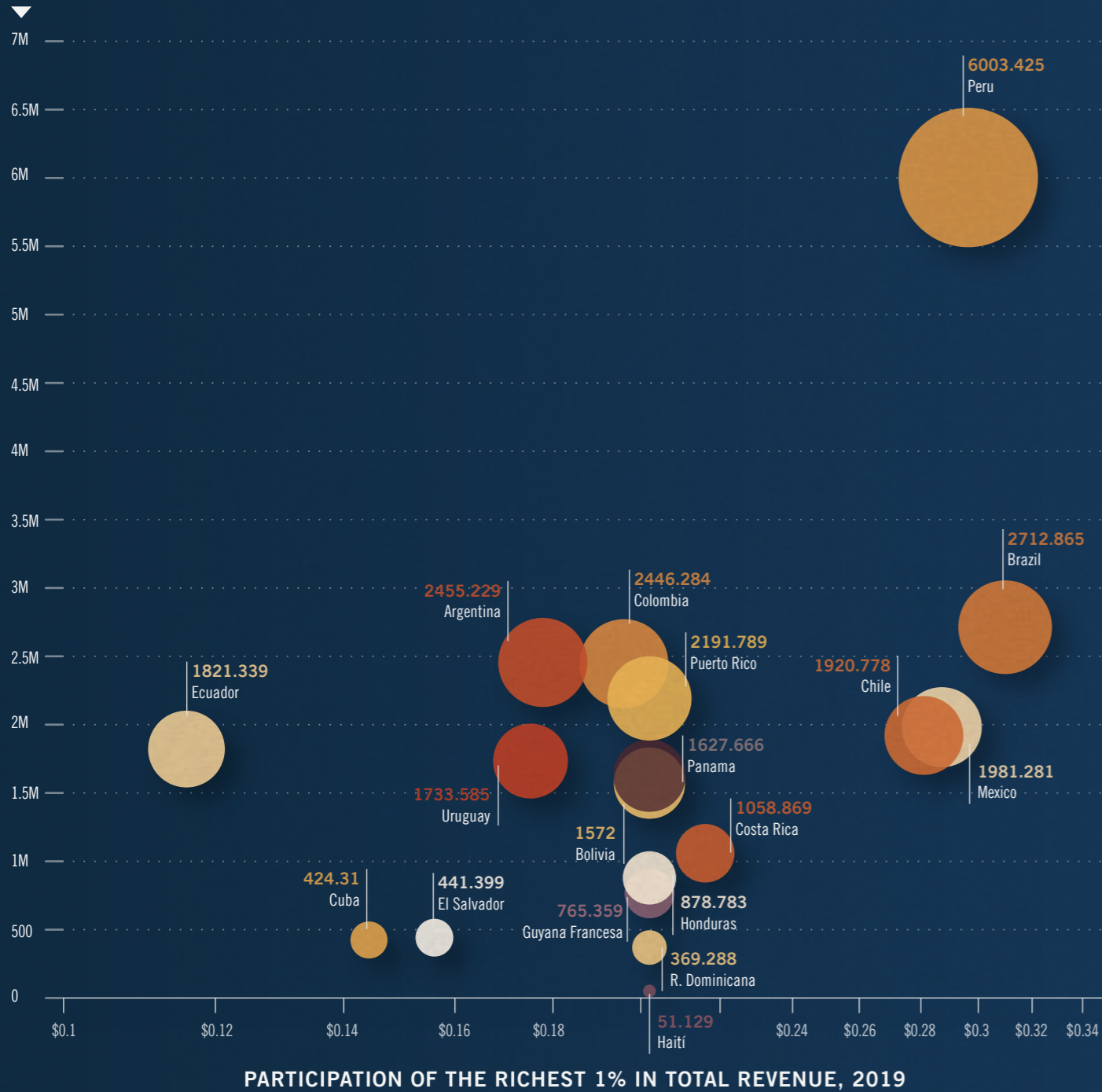
CHART 1

MORTALITY ASSOCIATED WITH

TOTAL COVID-19 DEATHS

(Per million people vs income concentration in the richest 1% of the population)

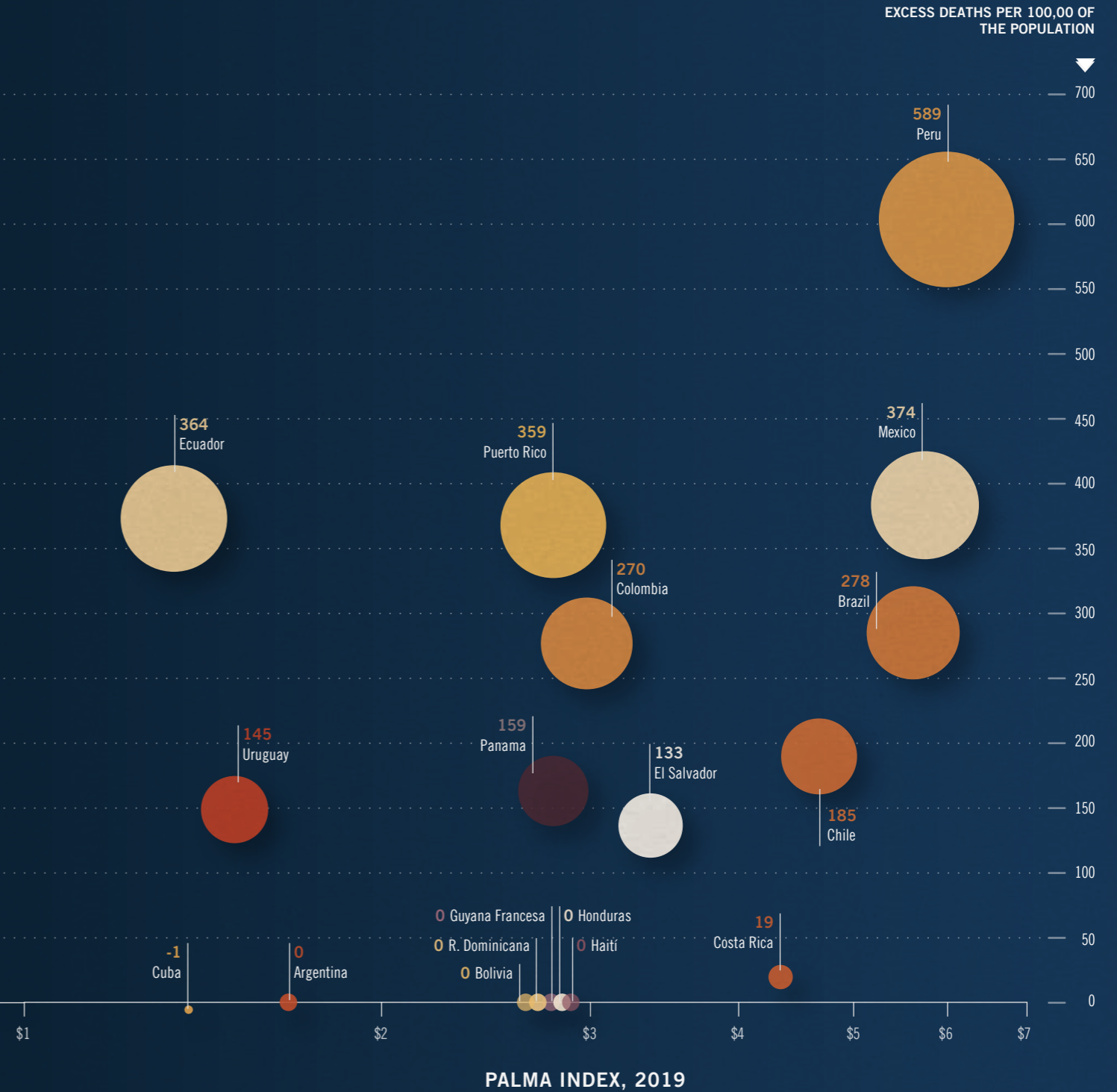
COVID-19 DEATHS PER MILLION OF THE POPULATION (25 August 2021)



THE PANDEMIC AND INEQUALITY

EXCESS MORTALITY

Based on the most recent data available as of 15 August 2021 vs Palma index (ratio between the income of the richest 1% and that of 40% before taxes and transfers)



Source: Authors' own graphs based on i) World Income Inequality Database for data on income concentration and Palma index; (ii) Our World in Data (University of Oxford) for excess mortality and total recorded deaths per million of the population.



This statistical association is consistent with the various studies that explain the connection between high levels of economic inequality and the denial of human rights.⁶⁴ More unequal societies have greater problems of violence, drug abuse, poor social cohesion and health problems, among other disadvantages in terms of social indicators.⁶⁵ Extreme socio-economic inequality erodes the principle of equality and has become a structural cause of deprivation and human rights violations.⁶⁶ The CESCR has stressed the importance of the 2030 Agenda for Sustainable Development as a “global commitment” and requires states parties to the ICESCR to provide information on the impact of income and wealth inequalities on the enjoyment of economic, social and cultural rights in relation to Sustainable Development Goal 10 of the 2030 Agenda, which sets targets for reducing inequality by 2030.⁶⁷

Countries in the region are characterized by excessively privileged economic elites, small middle classes and large impoverished majorities. In 2019,



half of total household income was concentrated in the richest 20% of the region's population, while for the poorest 20% of the population the comparable figure was just 5%.⁶⁸ Within the region, Brazil and Colombia are the two countries where the richest 20% have the highest share of income (between 57% and 58%) and 20% receive proportionally less (3%). (See A3 in the Statistical Annex.) The latest ECLAC estimates confirm that, following the Covid-19 pandemic, income inequality rose in the region and that the trend in narrowing the gap observed since 2002 stopped in 2020.⁶⁹

This economic structure characterized by the concentration of wealth affects the principle of substantive equality, since social mobility tends to be much lower in very unequal societies⁷⁰ and being born in a rich or poor household exerts a powerful influence on the rights that people are able to enjoy. Unequal conditions of origin determine a person's health, education and other outcomes in low- and middle-income countries, including countries in Latin America



and the Caribbean.⁷¹ In countries like Colombia or Brazil, a low-income family would need 11 or nine generations' work, respectively, to reach the current average income in those countries, more than twice the time it would take a poor family in a developed country.

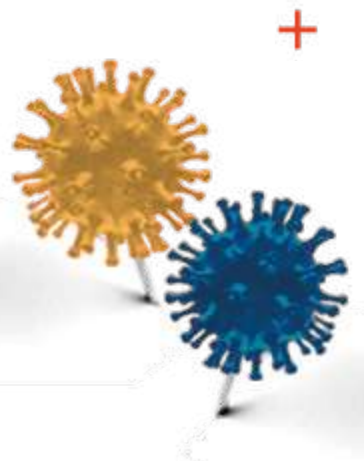
The intersection of this economic inequality with gender, ethnic-racial status, sexual orientation, gender identity and migration status restricts access to educational, health and employment opportunities and reinforces socio-economic discrimination. For example, in Latin American countries, Indigenous women's earnings are often systematically lower than those of Indigenous men, or that of non-Indigenous and Afro-descendant women and men, regardless of educational levels. (See A4 in the Statistical Annex.)

In terms of gender equality, for example, the pandemic has had a disproportionate impact on women, due to their precarious economic situation and gender, social and cultural roles.⁷² In the labour market, women, young people and people working in the informal sector have been the most affected. While for men in Latin America and the Caribbean, labour participation in 2020 fell by 5% and employment contracted by 7.2%, for women the equivalent figures were 8.1% and 10.2%, respectively (ILO-ECLAC, 2021). This fall in women's participation in the labour force indicates a backward step in the progress achieved in the last 18 years,⁷³ with the aggravating factor that unpaid care workload increased

for them, which can make it difficult to resume closing the gaps in the absence of measures to redistribute and reduce these burdens.⁷⁴

The Covid-19 pandemic highlights the absence of measures aimed at ensuring greater social co-responsibility with respect to care work. According to the United Nations, in Latin America, women carried out 1.7 times more unpaid care work than men and unpaid care accounts for between 15% and 25% of national GDP in the region.⁷⁵ Inequality in the burden of care between men and women is an important determinant of structural barriers and gender inequality in the region. The Committee on the Elimination of Discrimination against Women (CEDAW) and several United Nations special procedures have recognized the unequal and disproportionate burdens of unpaid care work and how it compromises women's right to health, education and decent work.⁷⁶ In the context of the pandemic, the burden of care that falls on women (mothers, grandmothers and other relatives or members of a community) has grown exponentially due to the containment measures implemented, as well as the new dynamics of life that the pandemic has imposed.⁷⁷

Before the pandemic (2018-2019), the Indigenous population in several Latin American countries had poverty levels between two and seven times higher than those of the non-Indigenous population.⁷⁸ Due to these deep pre-existing inequalities, the measures implemented during the pandemic targeting Indigenous peoples in



64. Rodrigo Uprimny Yepes and Sergio Chaparro Hernandez, “Inequality, Human Rights and Social Rights: Tensions and Complementarities” *Humanity Journal*, February 2020 and CESR (2016), *From Disparity to Dignity: Tackling Economic Inequality through the Sustainable Development Goals*, New York, Center for Economic and Social Rights. 65. See: Richard Wilkinson and Kate Pickett, *The Spirit Level: Why More Equal Societies Almost Always Do Better* (London: Allen Lane, 2010) and Kate Pickett and Richard Wilkinson, “Population Health: Behavioral and Social Science Insight – Income Inequality and Health: A Casual Review” (Rockville, MD: US Department of Health and Human Services: Agency for Healthcare Research and Quality, 2015). See graph: “People Live Longer in more Equitable Countries” <https://inequality.org/facts/inequality-and-health/> 66. Rodrigo Uprimny Yepes and Sergio Chaparro Hernandez, “Inequality, Human Rights and Social Rights: Tensions and Complementarities”, *Humanity Journal*, February 2020. 67. CESCR, *The Pledge to ‘Leave No One Behind’: The International Covenant on Economic, Social and Cultural Rights and the 2030 Agenda for Sustainable Development* (E/C.12/2019/1, para. 5. 68. ECLAC (2021) *Social Panorama of Latin America, 2020* (LC/PUB.2021/2-P/Rev.1), Santiago, 2021, pp. 76-79. 69. ECLAC (2022), *Social Panorama of Latin America 2021*; United Nations, Santiago de Chile, cepal.org/en/publications/47719-social-panorama-latin-america-2021 70. This result is known in the literature as the “Great Gatsby Curve” and shows that there is a correlation between higher levels of inequality (as measured by the Gini index) and lower levels of social mobility. See: Miles Corak, “How the Great Gatsby Curve got its name” (2016). 71. The most comprehensive database on social mobility at the global level covering several cohorts since the 1950s shows that while absolute mobility – that is, new generations achieving better results than their parents – has increased in both developed and developing countries, but in the latter relative mobility – that is, when the results of the new generations do not depend on the social position of their parents – has decreased. See: Van der Weide, Roy, Christoph Lakner, Daniel Gerszon Mahler, Ambar Narayan and Rakesh Ramasubbaiah, *Intergenerational mobility around the world* (2021). 72. Committee on the Elimination of Discrimination against Women (CEDAW), *General recommendation 25*, para. 8, [un.org/womenwatch/daw/cedaw/recommendations/General%20recommendation%2025%20\(English\).pdf](http://un.org/womenwatch/daw/cedaw/recommendations/General%20recommendation%2025%20(English).pdf) 73. ECLAC and PAHO, *The prolongation of the health crisis and its impact on health, the economy and social development* (2021) p. 16. 74. Inter-American Commission of Women, 2021. 75. UN Women, “Latin America and the Caribbean Rapid Gender Analysis”, https://lac.unwomen.org/sites/default/files/Field%20Office%20Americas/Documentos/Publicaciones/2020/05/brief%20CARE%20ONU%20Mujeres/2jun_LAC%20BRIEF%20ENGLISH%20FINAL%20JUN%201%20%281%29.pdf 76. CEDAW Article 11, UN Special Rapporteur on human rights and extreme poverty, Report A/68/293 77. A more detailed discussion of this issue can be found in Oxfam's report (2020), *Organización Social de los Cuidados a la Luz del COVID 19, Un análisis para América Latina y el Caribe*, [Social Organization of Care in light of COVID 19, An analysis for Latin America and the Caribbean], pp. 14-19, 37 and 38, https://drive.google.com/file/d/1d03PM_pH57H4nWn838zBcesAM-BkmKU1/view?usp=sharing (Spanish only). 78. ECLAC, *The impact of COVID-19 on indigenous peoples in Latin America* (Abya Yala), 2020, Figure 1, p. 14, repositorio.cepal.org/bitstream/handle/11362/46698/1/S2000893_en.pdf



ARGENTINA:

THE IMPORTANCE OF CONSIDERING THE GENDER DIMENSION IN PANDEMIC RESPONSE

According to the United Nations Development Programme (UNDP), Argentina was one of the countries with the highest number of pandemic responses incorporating a gender perspective in the region and globally. However, inequality in the burden of care remains a significant challenge. According to the Ministry of the Economy, the value of unpaid domestic work reached 16% of GDP in 2020; three out of four hours of this work is performed by women.

Although the country has increased its spending on programmes with a gender perspective, there are outstanding demands from civil society regarding pandemic responses:

- Take steps to reform the system of leave for family responsibilities to recognize different types of families and working

arrangements. A key element is the need to create schemes for self-employed and informal self-employed and autonomous tax payers to access care schemes.

- There were insufficient support measures for families, especially for women due to the burden of domestic work and care, which increased in the context of the pandemic. Beyond the Emergency Family Income, there should be financial compensation to support the contracting of care services and delegation of some of these tasks. Most families experienced an overlap between paid and care work. Educational and care facilities remained closed for almost all of 2020 in virtually the entire country and the only option for those with care responsibilities

was not to attend their workplaces but without being granted leave.

- Incorporate vocational training policies and support for job placement into income transfer policies for the working-age population.
- Incorporate a gender perspective in article 179 of the Labour Contract Law, which regulates the obligation to provide early childhood care spaces, and increase community care spaces and canteens, which have been of vital importance in the context of the pandemic.
- Submit the bill for a comprehensive care system, which remains pending.

2020 were not sufficient to mitigate the negative effects of the pandemic.⁷⁹ Indigenous peoples have had to rely on community-based strategies to address the current crisis, in the absence of culturally appropriate health services and other omissions by states.⁸⁰

Regarding racial discrimination, a case study from Brazil published in The Lancet, for example, shows that among the population hospitalized for Covid-19, Black and mixed ethnicity people experienced higher mortality rates. This could be associated with the comorbidities these populations face as a result of living mostly in poorer regions.⁸¹ In fact, a United Nations study on several countries in the region shows that the percentage of people living in poverty or extreme poverty is higher in the Afro-descendant population than in the non-Afro-descendant population.⁸²

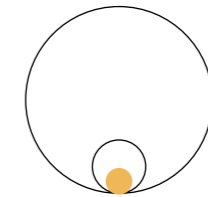
LGBTI+ people also experience multiple forms of discrimination, not only in access to certain medical services, but also in access to rights that are key determinants of health, such as education, work and housing.⁸³ The lack of inclusion of LGBTI+ people in public policy and research, as well as the specific health challenges they face, have been most acute during the

pandemic.⁸⁴ Inequalities faced by LGBTI+ people in access to healthcare and the care they receive must be taken into account by states in all decisions in response to the pandemic.

Finally, migrants, asylum seekers and refugees also experience the effects of inequality in their countries of origin and transit. In most countries in the region (with the exception of Brazil, Panama and Guatemala), a migrant is 1.3 to 5 times more likely to live in poverty than a non-migrant.⁸⁵

BEFORE THE PANDEMIC (2018-2019)

the indigenous population in several Latin American countries had **LEVELS OF POVERTY OF:**



2 to 7 times higher than those of the non-Indigenous population



79. ECLAC, The impact of COVID-19 on indigenous peoples in Latin America (Abya Yala), 2020, repositorio.cepal.org/bitstream/handle/11362/46698/1/S2000893_en.pdf 80. ECLAC, The impact of COVID-19 on indigenous peoples in Latin America (Abya Yala), 2020, repositorio.cepal.org/bitstream/handle/11362/46698/1/S2000893_en.pdf (FILAC, 2021, Cultural Survival, 2021) 81. (Baqui and others, 2020) 82. ECLAC, Afrodescendants and the matrix of social inequality in Latin America: challenges for inclusion, Summary, p. 18, cepal.org/en/publications/46871-afrodescendants-and-matrix-social-inequality-latin-america-challenges-inclusion 83. UNDP, Regional Human Development Report 2021: Latin America and the Caribbean Region, p. 45-47, latinamerica.undp.org/content/rblac/en/home/library/human_development/regional-human-development-report-2021.html 84. Signorelli, Marcos, Rodrigo Otavio Moretti-Pires, Daniel Canavese de Oliveira, Richard Miskolci, Mauricio Polidoro, and Pedro Paulo Gomes Pereira, "The health of LGBTI+ people and the COVID-19 pandemic: a call for visibility and health responses in Latin America", Sexualities (2020): 1363460720942016. 85. Cecchini, R. Holz and H. Soto de la Rosa (coords.), A toolkit for promoting equality: The contribution of social policies in Latin America and the Caribbean, (LC/TS.2021/55), ECLAC, 2021, p. 194.



The discrimination migrants experience in access to healthcare was exacerbated in the context of the pandemic,⁸⁶ despite the protections provided by international human rights law in this regard. The Committee on the Elimination of Racial Discrimination (CERD) has stated that countries have an obligation to respect the right to health of non-citizens and to refrain from denying them access to medical services.⁸⁷ In addition, the 1951 Refugee Convention states that refugees must have the same access to health as the host population.⁸⁸ The governments of Chile, Colombia, Mexico, the Dominican Republic, Guatemala, El Salvador and Costa Rica have not taken sufficient measures to ensure full access for the migrant population regardless of their legal status in the country, and in some cases have significantly impeded or directly blocked access to vaccines for refugees and migrants.⁸⁹

Against this backdrop, the public policy response by states has been inadequate in many cases and counterproductive in others. A major and widespread shortcoming in the region is the lack of information disaggregated by socio-economic factors that



CONVENTION OF 1951 REFUGEE

Points out that **REFUGEES must have the same access to health** as the populations that receive them

determine discrimination.⁹⁰ Substantive equality cannot be achieved without reliable information that allows a complete diagnostic of the problems faced these groups. As a result, the most vulnerable people are rendered invisible and therefore more at risk of being subjected to indirect discrimination, which is facilitated by unequal systems that are designed without taking into consideration their impact on all sectors of society. An example of this is the lack of economic and social statistics in several household surveys. The same applies to statistics on mortality: they are not disaggregated by race/ethnic background in Argentina, Bolivia, Costa Rica, Cuba, El Salvador, Guatemala, Honduras, Mexico,



Panama, Paraguay, Peru, Uruguay and Venezuela.⁹¹

Similarly, the Pan American Health Organization (PAHO) points out that "in most countries there is a lack of health information broken down by ethnicity, disability, or socioeconomic position, such as income, employment status, and education. This is a significant weakness for addressing health inequities, and it limits monitoring of interventions and policies."⁹²

In conclusion, from a human rights perspective, the state has an obligation to play an equalizing role to correct the unequal outcomes resulting from the functioning of markets and exclusionary social structures. Without such compensatory

and redistributive mechanisms, disadvantages in areas such as health, education, social protection, access to digital technologies, among others, will continue to increase for the most vulnerable groups. The following sections of this report analyse the relationship between this inequality and four key areas of public policy that explain the disproportionate impact of Covid-19 in the region: the social determinants of health (food, housing, work); emerging social protection measures and their shortcomings; financing of and spending in health systems; and the tax system.▣



⁸⁶. Ibid. pp. 192-193. ⁸⁷. Committee on the Elimination of All Forms of Racial Discrimination (CERD) (2005), General recommendation 30 on discrimination against non-citizens, para. 36. ⁸⁸. Articles 23 and 24. ⁸⁹. Amnesty International, Vaccines in the Americas: Ten human rights musts to ensure health for all, 25 March 2021, [amnesty.org/en/documents/amr01/3797/2021/en/](https://www.amnesty.org/en/documents/amr01/3797/2021/en/). ⁹⁰. According to the CESCR, appropriate indicators and benchmarks, disaggregated according to prohibited grounds of discrimination, should be used in national strategies, policies and plans. ⁹¹. ECLAC, Afrodescendants and the matrix of social inequality in Latin America: challenges for inclusion, Summary, p. 18, cepal.org/en/publications/46871-afrodescendants-and-matrix-social-inequality-latin-america-challenges-inclusion pp. 14-15. ⁹². PAHO, Just Societies: Health Equity and Dignified Lives. Report of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas, p.9, 1 October 2019, iris.paho.org/handle/10665.2/51571. ⁹³. OPS Sociedades justas: equidad en la salud y vida digna. Informe de la Comisión de la Organización Panamericana de la Salud sobre Equidad y Desigualdades en Salud en las Américas 01 de octubre de 2019 <https://iris.paho.org/handle/10665.2/51615>. Página 11



KEY 2: GAPS IN ACCESS TO THE SOCIAL DETERMINANTS OF HEALTH

H

Human rights are interdependent and indivisible and the right to health, therefore, depends on the fulfilment of many other rights.⁹³ For individuals to exercise their right to health, governments must ensure that health services are not only available, but that there are no barriers to people's access to them, while taking into account different cultural contexts and

maintaining high quality care.⁹⁴ However, this is a necessary but not sufficient condition. International human rights law also requires states to ensure the main determinants of health, such as access to clean drinking water, the provision of healthy food, adequate housing and healthy conditions at work and in the environment, as well as access to health education and information, including on sexual and reproductive health.⁹⁵ Equitable access to these determinants of health, which in

the field of public health are called social determinants of health, are key to the enjoyment of the right to health.⁹⁶

However, the multiple and profound inequalities perpetuated through colonialism, patriarchy and an exclusionary economic model have allowed the emergence of social hierarchies over the centuries, tolerated a social order that is unfair and, thereby, adversely affected health outcomes.⁹⁷

This social order is the basis on which individuals develop their lives and has a dynamic relationship with a number of social determinants of health. People's biological and behavioural characteristics interact with health systems, which are in turn determinants of the general health of the population. There is also a growing recognition of the importance of how different factors that affect daily life⁹⁸ have a critical influence on health outcomes. Threats to the environment, such as climate change, are also key factors, largely influenced by changes in the relationship that many populations have with the land.⁹⁹

During the pandemic, several conditions came to the fore as key factors linked to people's resistance or vulnerability to a new virus. These conditions include the changing nature of rural and urban societies and the impact this has on gaps in access to the right to food, household living standards in terms of overcrowding and access to water, as well as working conditions.



INEQUALITY, LAND AND FOOD

As a result of colonial processes, the relationship of the populations of Latin America and the Caribbean with natural resources has adopted an extractivist model. Over the past two decades, the region has been the world's leading destination for foreign investment in mining exploration.¹⁰⁰ The region is home to the world's leading producers of copper, gold and silver.¹⁰¹ In the agricultural sector, the region is the leading producer of soy, coffee and sugar¹⁰² and is a key supplier of other raw materials on the world market.

This dynamic has led the economies of Latin America and the Caribbean to follow a model based on the extraction and export of raw materials that prioritizes the appropriation of nature, the control of food, highly profitable crops on international markets and mining.¹⁰³ This model required profound changes in the structure of agricultural lands and in the production and consumption patterns of rural communities. At present, at least one third of megaprojects in Latin America and the Caribbean affect the territories of Indigenous peoples.¹⁰⁴ This has resulted in irreversible changes in traditional ways of living,¹⁰⁵

⁹³. Office of the United Nations High Commissioner for Human Rights, What Are Human Rights?, [ohchr.org/en/what-are-human-rights](https://www.ohchr.org/en/what-are-human-rights) ⁹⁴. The CESCR has set out the framework for interpreting the right to health, with the criteria of availability, accessibility, acceptability and quality as the key elements of this right. General comment 14 (2000): The Right to the Highest Attainable Standard of Health (art. 12), (E/C.12/2000/4). ⁹⁵. CESCR, General Comment 14 (2000): The Right to the Highest Attainable Standard of Health (art. 12), (E/C.12/2000/4). ⁹⁶. Ibid., CESCR, General Comment 14, para. 11. See also, the key WHO report on the social determinants of health, Closing the gap in a generation: Health equity through action on the social determinants of health, final report of the Commission on Social Determinants of Health, 2008, apps.who.int/iris/handle/10665/43943 In addition to this WHO approach to social determinants of health, there is another approach (an alternative to classical epidemiology) of social medicine and collective Latin American health called "Social Determination of the Health-Disease Process", an approach that, it should be noted, has to date been somewhat sidelined in the dominant global agenda for health equity. For more information, see C. Morales-Borrero, and others, (2013). ¿Determinación social o determinantes sociales? Diferencias conceptuales e implicaciones praxiológicas [Social determination or social determinants?, Conceptual differences and praxiological implications], Rev. Salud pública, 15 (6): 797-808, 2013 (Spanish only). ⁹⁷. Report of the United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Tlaleng Mofokeng, 7 April 2021 (A/HRC/47/28). ⁹⁸. Such as educational level, access to nutritious food, type of work, housing conditions, income levels, social protection system benefits, exposure to levels of violence, among others. ⁹⁹. Pan American Health Organization (PAHO): Just Societies: Health Equity and Dignified Living: Executive Summary of the PAHO Commission on Health Equity and Inequalities in the Americas, (2018), p. 4. ¹⁰⁰. S&P Global Mining Intelligence, 2020 <https://synergyresourcecapital.com/latin-america/> [Tengo otras fuentes para este mismo dato, tengo que hallarlos*****] ¹⁰¹. Year after year Chile is the first or second producer in the world with Peru in gold and silver, according to the United States Geological Survey (UDGS). See Mineral Commodity Summaries, [usgs.gov/centers/national-minerals-information-center/mineral-commodity-summaries](https://www.usgs.gov/centers/national-minerals-information-center/mineral-commodity-summaries) ¹⁰². Brazil is the world's leading producer of coffee, sugar and soy, according to the United Nations Food and Agriculture Organization (FAO). See [fao.org/faostat/en/#rankings/countries_by_commodity](https://www.fao.org/faostat/en/#rankings/countries_by_commodity) ¹⁰³. Report of the United Nations Special Rapporteur on Racism, racial discrimination, xenophobia and related forms of intolerance, Global extractivism and racial equality, (A/HRC/41/54), May 2019, paras 34 and 35. ¹⁰⁴ UN Food and Agricultural Organization (FAO): Indigenous peoples and food security in Latin America and the Caribbean, [fao.org/america/priorities/pueblos-indigenas/en](https://www.fao.org/america/priorities/pueblos-indigenas/en) last accessed 6 October 2021. ¹⁰⁵. Ibid., para. 51.

affecting the right of millions of people to an adequate standard of living and the enjoyment of the right to health in the region.¹⁰⁶

Land appropriation by large-scale multinational investors tends to result in monocultural farming that breaks the link with systems of production that ensure food security,¹⁰⁷ affecting the right to food.¹⁰⁸ The growth of business models that promote export-oriented agriculture has had a direct impact on diets and eating habits.¹⁰⁹ The current model prioritizes the production of carbohydrate grains, with limited nutritional content, rather than fruits and vegetables.¹¹⁰ This, in turn, has led to drastic changes in health outcomes: according to the UN, for every person who goes hungry in LAC, more than six are overweight or obese,¹¹¹ largely due to the fact that diets have gone from having a variety of agricultural inputs to concentrated markets, which has led to greater consumption of highly caloric, highly processed foods of little nutritional value that, in many cases, is more affordable than healthy foods.¹¹² Inequality is a major obstacle to access to nutritious food as groups historically marginalized by



ACCORDING TO THE WHO...

THE AMERICAS IS THE REGION with the highest percentage of obese adults in the world.¹⁰⁸ In general, obesity rates in Latin America are comparable to those of countries with higher levels of development. It is alarming to note the gender disparity in obesity in the region, with higher rates of obesity among women than men.¹⁰⁹

According to global figures from the WHO (updated to 2016), Argentina, Chile, Venezuela, Costa Rica and Mexico are the Latin American countries with the highest percentage of overweight and obese people.¹¹⁰

colonialism and racism and those on lower incomes, have been left behind.¹¹³ These changes in diet and consumption have led to an epidemic of obesity in the region.¹¹⁴

According to the WHO, the Americas is the region with the highest percentage of obese adults in the world. The case of Peru is alarming since, according to the most recent official data for 2019, about 70% of Peruvian adults are

overweight or obese,¹¹⁵ above 2016 WHO global figures, where this indicator stood at 56.3%.¹¹⁶

Structural changes in relation to food, coupled with changing lifestyles and environmental, behavioural and economic factors, have led to non-communicable diseases (NCDs) (mainly cancers, cardiovascular diseases, diabetes and chronic lung conditions)¹¹⁷ gradually replacing diseases by communicable pathogens in terms of prevalence in most countries in the region.¹¹⁸

According to the director of the Pan American Health Organization (PAHO), the interaction between Covid-19 and other diseases has been crucial in explaining the evolution of the pandemic in the region. “We have never seen such a deadly relationship between an infectious disease and Non-Communicable Diseases. Some of the data are truly alarming. Especially for our region, where NCDs are pervasive”.¹¹⁹

Within the categories of NCDs, cardiovascular diseases are the most prevalent. In fact, cardiovascular disease is the leading cause of death in Latin America¹²⁰ and one of the leading causes of cardiovascular disease is unhealthy diets.¹²¹ The relationship between these conditions and social determinants is very clear, since income inequality in Latin America is highlighted by its relationship with high rates of deaths from cardiovascular

diseases. (See A5 in Statistical Annex.) The region stands out as the one that consistently records the highest rate of income inequality, as well as the highest rate of cardiovascular-related deaths, according to a study published by the Journal of the American College of Cardiology.¹²²

BASIC SERVICES IN HOUSING

A significant number of households in the region did not have the basic conditions in their homes to enable them to adopt the measures introduced by governments to curb the spread of Covid-19, a virus that spreads rapidly in overcrowded spaces with poor hygiene. Although LAC is the most urbanized region in the world,¹²³ the quality of housing is far from ideal: in 2019, 30% of households in the region were considered overcrowded and this percentage rose to 50% in poor households.¹²⁴ These conditions make social distancing almost impossible.

Despite the fact that access to water is a human right and is indispensable for living a dignified life¹²⁵ and for enjoying other human rights such as the right to health, the region had gaps in basic infrastructure for access to clean drinking water sources before the pandemic. Recent studies show a close relationship between excess mortality and several indicators of housing vulnerability, including the percentage of the population living in overcrowded

106. According to PAHO, the “relationship with land, and the continuing impact of colonialism, racism, and the history of slavery as critical factors slowing progress toward the goal for people in the Region to lead a dignified life and enjoy the highest attainable standard of health.” Just Societies: Health Equity and Dignified Living, Executive Summary of the Report of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas, 2018, p. 3. 107. Press Release, UN Special Rapporteur on the Right to food recommends principles and measures to discipline “land grabbing” 11 June 2009, [srfood.org/images/stories/pdf/otherdocuments/21-srftf-pressrelease-landgrab-090609-final-2.pdf](https://www.srfood.org/images/stories/pdf/otherdocuments/21-srftf-pressrelease-landgrab-090609-final-2.pdf) 108. The right to food is enshrined in article 11.1 of the International Covenant on Economic, Social and Cultural Rights and the interpretation of the right is detailed in CESCR General Comment 12, [refworld.org/docid/4538838c11.html](https://www.refworld.org/docid/4538838c11.html) 109. (A/HRC/19/59/Add.2), para. 11. 110. Ibid., para. 50. 111. United Nations, La obesidad se triplica en América Latina por un mayor consumo de ultraprocesados y comida rápida [Obesity triples in Latin America due to a greater consumption of ultra-processed foods and fast food], 12 November 2019, news.un.org/es/story/2019/11/1465321 (Spanish only). 112. Ibid 113. Interim report of the United Nations Special Rapporteur on the right to food (A/74/164, 2019), Summary, p. 2. 114. Pan American Health Organization, Tackling malnutrition in Latin America and the Caribbean: challenges and opportunities, (2016), iris.paho.org/handle/10665.2/31185 115. Peru National Health Institute (2019), “Cerca del 70% de adultos peruanos padecen de obesidad y sobrepeso” [Some 70% of adult Peruvians are obese or overweight], (Spanish only) web.ins.gob.pe/index.php/es/prensa/noticia/cerca-del-70-de-adultos-peruanos-padecen-de-obesidad-y-sobrepeso 116. Our World in Data, “Share of adults that are overweight or obese”, 2016, ourworldindata.org/obesity 117. PAHO/WHO indicate that many other significant conditions are also considered non-communicable diseases, including injuries and mental health disorders, paho.org/en/topics/noncommunicable-diseases 118. Ibid ***** 119. Carissa F. Etienne, PAHO Director, May 2020, “PAHO Director says fight against COVID-19 pandemic must include chronic disease care”, paho.org/en/news/26-5-2020-paho-director-says-fight-against-covid-19-pandemic-must-include-chronic-disease-care 120. WHO, Cardiovascular diseases (CVDs), 11 June 2021, <https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-cvds> 121. WHO, Cardiovascular diseases (CVDs), 11 June 2021, <https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-cvds> 122. Pooja Dewan and others, Income Inequality and Outcomes in Heart Failure: A Global Between-Country Analysis. J Am Coll Cardiol HF, 2019 Apr, 7 (4) 336–346. See also the graph presenting the facts of the study in inequality.org/facts/inequality-and-health/ 123. ECLAC, Social Panorama of Latin America, 2020, p. 16. 124. Ibid, p. 17. Overcrowding is based on the thresholds of more than two people per bedroom and up to more than three people per bedroom. 125. The CESCR, in its General Comment 15, has recognized that water is a human right contained in article 11 of the International Covenant which refers to an adequate standard of living. Similarly, the Inter-American Court of Human Rights recognizes that the environment is linked to the right to water.

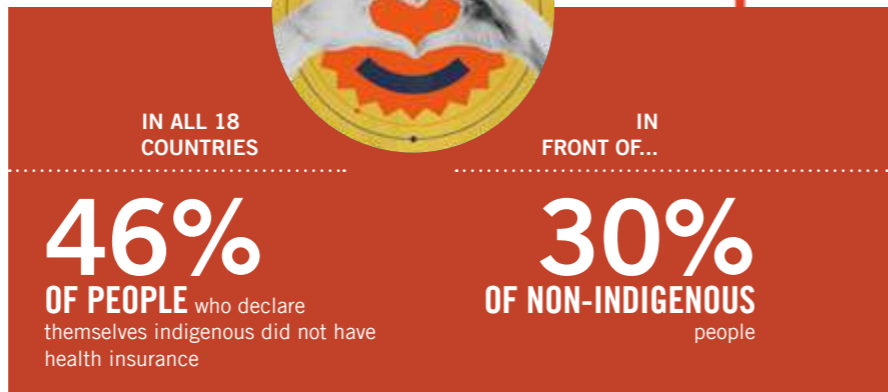


conditions and access to water and sanitation.¹²⁶ There is a significant and wide gap in basic water service coverage between rural and urban areas in Nicaragua, Bolivia, Ecuador and Colombia. (See A6 in the Statistical Annex.) Territorial inequality translates into social inequality, since Indigenous and Afro-descendant peoples are overrepresented in terms of the proportion of the population in rural areas with less access to water and other services.¹²⁷ Women and girls are also disproportionately affected by the lack of access to clean and safe water because of social expectations that they take responsibility for household chores, such as cooking and doing the laundry. Menstruation also increases the need for access to adequate sanitary facilities.

In relation to internet access, the availability of connection services in the educational system, and in particular in schools and rural homes, has resulted in considerable limitations on efforts to replace face-to-face classes at critical moments of the pandemic, which partly explains the enormous educational disaster that the region faces as a result of Covid-19. It is estimated that 167 million students in the region lost up to one year of face-to-face schooling,

impacting their learning.¹²⁸ In Latin America, as in other regions, women have been particularly affected by school closures, as they are responsible for childcare, given established gender roles. In many cases, women have had to leave their jobs, which has led to an alarming deterioration in their enjoyment of the right to work and the right to an adequate standard of living resulting from the loss of income.¹²⁹

In addition to the quality of housing, access to water and the internet, from a human rights and gender perspective it is also important to recognize that domestic violence and the heavy



126. ECLAC (2021), The recovery paradox in Latin America and the Caribbean. Growth amid persisting structural problems: inequality, poverty, low investment and productivity, Special Report COVID-19, No. 11, Santiago, July 2021. 127. ECLAC, based on Fondo para el Desarrollo de los Pueblos Indígenas de América Latina y el Caribe (FILAC) (2020a), "Los pueblos indígenas ante la pandemia del COVID-19" ["Indigenous peoples in the face of the COVID-19 pandemic"], Second Regional Report, June 2020, <http://www.lac.org/wp/comunicacion/lac-informa/segundo-informe-del-lac-revela-la-compleja-situacion-y-el-risgo-de-los-pueblos-indigenas-frente-a-la-covid-19/>; FILAC (2020b). 128. ECLAC, 2021, The prolongation of the health crisis and its impact on health, the economy and social development, cepal.org/en/publications/47302-prolongation-health-crisis-and-its-impact-health-economy-and-social-development, p. 9. 129. <https://openknowledge.worldbank.org/handle/10986/35191> 130. ECLAC and PAHO, The prolongation of the health crisis and its impact on health, the economy and social development (2021), p. 49. See also Growth of domestic violence and sexual abuse reports during the COVID-19 lockdown in selected Latin American countries as of April 2020, <https://www.statista.com/statistics/1113975/gender-violence-growth-coronavirus-latin-america/> UN Women, "The pandemic's impact due to COVID-19 on violence against women", <https://lac.unwomen.org/en/noticias-y-eventos/articulos/2020/11/impacto-de-la-pandemia-covid-en-violencia-contra-las-mujeres> and UN Women, Summary Status of Women and Men Report - The Impacts of COVID-19, <https://caribbean.unwomen.org/en/materials/publications/2021/3/summary-report--status-of-women-and-men-in-covid-19> 131. ECLAC/ILO, Employment Situation in Latin America and the Caribbean, (Number 24): Decent work for platform workers in Latin America, pp. 14-18. 132. worldbank.org/en/results/2021/05/05/the-gendered-impacts-of-covid-19-on-labor-markets-in-latin-america-and-the-caribbean 133. ECLAC, The recovery paradox in Latin America and the Caribbean. Growth amid persisting structural problems: inequality, poverty, low investment and productivity", Special Report COVID-19, No. 11, Santiago, July 2021. 134. S. Cecchini, R. Holz and H. Soto de la Rosa (coords.), A toolkit for promoting equality: The contribution of social policies in Latin America and the Caribbean, (LC/TS.2021/55), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2021, p. 29. 135. S. Cecchini, R. Holz and H. Soto de la Rosa (coords.), A toolkit for promoting equality: The contribution of social policies in Latin America and the Caribbean, (LC/TS.2021/55), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2021, p. 29.



WORKING CONDITIONS

The fragmented nature of labour markets has meant the pandemic has had a disproportionate impact on the working conditions of those on lower incomes and women. The dramatic fall in employment was much deeper in the informal sector than in the formal sector. According to the ILO and ECLAC, by the second quarter of 2020, the contraction in informal employment was twice that of formal or registered employment in all countries. This impact was more profound in those occupational categories where the participation of women was greater, such as domestic service and unpaid domestic work.¹³¹ Between 2019 and 2020, the level of employment fell by almost 25 million people, about 13 million of whom were women. The excess burden of providing care at home in the context of the closure of educational establishments and lack of care services led to more women than men leaving paid



work¹³² and has made it difficult for women to return to the labour market.¹³³

Additionally, most jobs with basic worker protections are in the formal sector and benefit higher income sectors. In contrast, people on lower incomes often work in the informal sector, with few social protection mechanisms linked to their employment status. While among the poorest 20% of workers 62% are self-employed, this percentage drops to 21% among the richest 20%. On average, 42% of workers in Latin America and the Caribbean earn less than the minimum wage.¹³⁴ The pandemic affected lower earners to a greater extent as they were mostly employed in the informal sector where teleworking was not an option and wage protections were virtually non-existent. ECLAC estimates that for the poorest 20% of the population in the region, the average wage per job fell by 40% in 2020, while among the richest 20% the comparable figure was 5%.¹³⁵

This precarity among groups experiencing the greatest inequalities affects the conditions in which the work is carried out. PAHO estimates that teleworking was an option available to just 25% of the workforce in the region. Lower-income groups are more likely to work in frontline jobs or in highly exposed positions. The Covid-19 pandemic has affected almost every aspect of working conditions, from measures to prevent transmission in the workplace, to new risks in terms



of physical and mental health.¹³⁶ Several specialists have warned of the difficult situation that the region is facing in a context where mental health has been the least prioritized of already low pre-pandemic levels of public investment in health¹³⁷ and the response capacities of health systems vary considerably.¹³⁸

Given the multiple implications of the social determinants of health identified above, any efforts by states to address these structural factors should take into consideration the particular situation of the most vulnerable groups and include them in policy design processes. Addressing these factors involves ensuring the right to access to information and participation and adopting a multisectoral approach that coordinates health interventions with social, educational, labour and public benefits policies. Guaranteeing the right to health cannot be left exclusively to the ministries of health,¹³⁹ and states have an obligation to use the maximum available resources, which should be taken to include not only monetary, but also



THE PAN AMERICAN ORGANIZATION ESTIMATES THAT:

25%
OF WORKERS have the possibility of implementing teleworking



administrative, educational and social resources, among others.¹⁴⁰ The use of all available resources may include a coordinated approach involving several ministries and public institutions at all levels of government.¹⁴¹ Unless a comprehensive approach to the social drivers of ill health is adopted, Latin America and the Caribbean will continue to face the same obstacles to ensuring the well-being of its population. ▣



KEY 3: PARTIAL SOCIAL PROTECTION MEASURES

T

The pandemic highlighted the fragility of the region's social protection systems. While countries in the region had achieved significant reductions in poverty levels (a trend that began to weaken in the years leading up to the pandemic), the vast majority of the population remained highly vulnerable to potential changes in the macroeconomic situation. ECLAC estimates that, in 2019, 491 million people in Latin America (79.4% of the population) lived on incomes barely three times the value of the poverty line.¹⁴² In the absence of comprehensive and inclusive social protection systems, reliance on social policies based on income transfers – which only covered 18.5% of the population before the pandemic – could barely support very fragile achievements.

According to the Office of the United Nations High Commissioner for Human Rights, “social protection floors” can be instrumental in meeting the minimum obligations of the right to social security under the ICESCR. The concept of “social protection floor” is developed by Recommendation 202 of the International Labour Organization (ILO), which in its article 5 provides guidelines to states on the scope and guarantees that such social protection floors should contain.¹⁴³ As a cornerstone of any social protection policy, provision should be made for the need to ensure, in addition to access to an essential health package, basic income security for children, persons of active age who are unable to earn sufficient income and older persons. The Sustainable Development Goals also include the concept of “social protection floors” in Goal 1.3. According to these parameters, the measures adopted by Latin American and



136. PAHO/WHO, Inequalities in the working population of Latin America and the Caribbean: Perspectives for improving health and well-being, <https://www.paho.org/en/events/inequalities-working-population-latin-america-and-caribbean-perspectives-improving-health> 137. Gallo C. (2020). “Los desafíos en materia de salud mental que deja la pandemia en América Latina” (“Mental health challenges in the wake of the pandemic in Latin America”), France 24, <https://www.france24.com/es/20200708-america-latina-salud-mental-pandemia> (Spanish only). 138. WHO (n.d.), Global Health Observatory data repository and WHO (2018), Mental Health Atlas 2017, pp. 33 and 34. 139. According to PAHO, “Many of the factors that shape the patterns and magnitude of health inequities within a country lie beyond the direct control of ministries of health”, Just Societies: Health Equity and Dignified Lives, Report of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas, (2019), p.8. 140. CESCR, General Comment 3, para. 7. 141. See, for example, O'Neill Institute for National and Global Health, Georgetown University, Health Equity Programmes of Action: An Implementation Framework, January 2019. 142. ECLAC, (2021c), Social Panorama of Latin America 2020 (LC/PUB.2021/2-P/Rev.1), Santiago. 143. ILO, Social Protection Floors Recommendation, 2012 (No. 202) ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:R202



COLOMBIA:

DEEPENING POVERTY



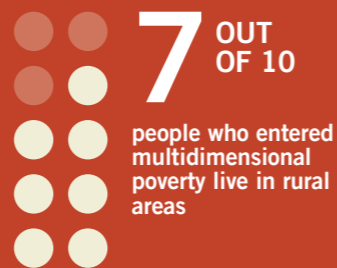
Emergency social protection mechanisms, including the new cash transfer programme called the Solidarity Income (Ingreso Solidario), were not sufficient to curb rising monetary poverty and inequality. Between 2019 and 2020, monetary poverty increased from 35.7% to 42.4%, taking people backward by more than a decade. Inequality, as measured by the Gini index, continued the upward trend that began in 2017, but more steeply. Urban areas were the most affected according to these indicators. The income of the poorest 20% in some of the main cities, such as Bogotá, Bucaramanga and Cali, fell by more than 50% in a year. According to official figures, cash transfer programmes, which had previously been hailed as a major social policy achievement, managed to reduce poverty by just 2.6 percentage points. In

short, they only managed to reduce the poverty rate from 44.6% to 42%.

However, monetary poverty provides an incomplete picture of the situation. While in centres of population and rural areas, the picture of the impact of Covid-19 did not seem to be as bleak as in cities, according to the indicator of monetary poverty (which continued to fall from 47.5% to 42.9% between 2019 and 2020 despite the pandemic), the multidimensional poverty figures revealed a hidden dramatic reality, showing the need for comprehensive social protection that goes beyond monetary transfers. Some 489,000 people fell into multidimensional poverty between 2019 and 2020 across Colombia. This increase is mainly explained by the increase in multidimensional poverty in centres of population

and rural areas, where it rose from 34.5% to 37.1%, a rate three times higher than in municipal capitals. Nearly 7 out of 10 people who fell into multidimensional poverty live in rural areas. These increases were marked by a deterioration in three indicators: school absences, long-term unemployment and informal work. In the case of school absences, this indicator skyrocketed throughout the country, reaching particularly alarming levels in the poorest departments such as Vaupés (56.6%), Amazonas (41.0%), Vichada (39.5%), Chocó (38.2%) and La Guajira (35.7%). All this underscores the need for social protection systems to go beyond monetary transfers of income and to reassert the centrality of universal social rights.

INCREASE IN POVERTY



Caribbean governments during the pandemic are insufficient to achieve basic social protection requirements or the right to social security.

The UN CESCR has noted that while elements of the right to social security may vary in different contexts, there are a number of fundamental factors that apply in all circumstances. These factors include: the availability of a sustainable system that ensures that benefits are provided for the relevant social risks and contingencies; the adequacy of these benefits to enable everyone to enjoy an adequate standard of living; accessibility in terms of coverage, reasonable conditions of access, affordability, physical access, participation and information; and they should also complement other rights.¹⁴⁴

The high level of informal employment means that only 47.2% of those employed in the region were affiliated to or contributing to pension schemes, and 60.5% were affiliated to or contributing to healthcare systems. One in four people aged 65 or over does not receive a pension.¹⁴⁵ Contributory social protection systems are a clear reflection of the inequality and exclusion experienced by millions of people: they tend to exclude women,¹⁴⁶ Indigenous and Afro-descendant people,¹⁴⁷ young people, those not in paid work, people living in rural communities and the poorest. (See A7 in the Statistical Annex.)

In a context where those on lower incomes are mainly employed in the informal sector with very limited social protection mechanisms, the sudden interruption of most activities in this sector highlighted the weakness of social policy because the fragmented nature of these mechanisms undermines their ability to respond to phenomena such as pandemics or other types of social emergencies, which may become increasingly frequent in the 21st century, given the interdependence between economies and the climate emergency on the horizon.

Unlike high-income countries, states in the region which lack public policy coverage and the tools characteristic of a comprehensive social protection system, had to adopt a series of unprecedented emergency social protection measures to deal with Covid-19, including monetary transfers, food and medicine deliveries and ensuring the provision of basic services.

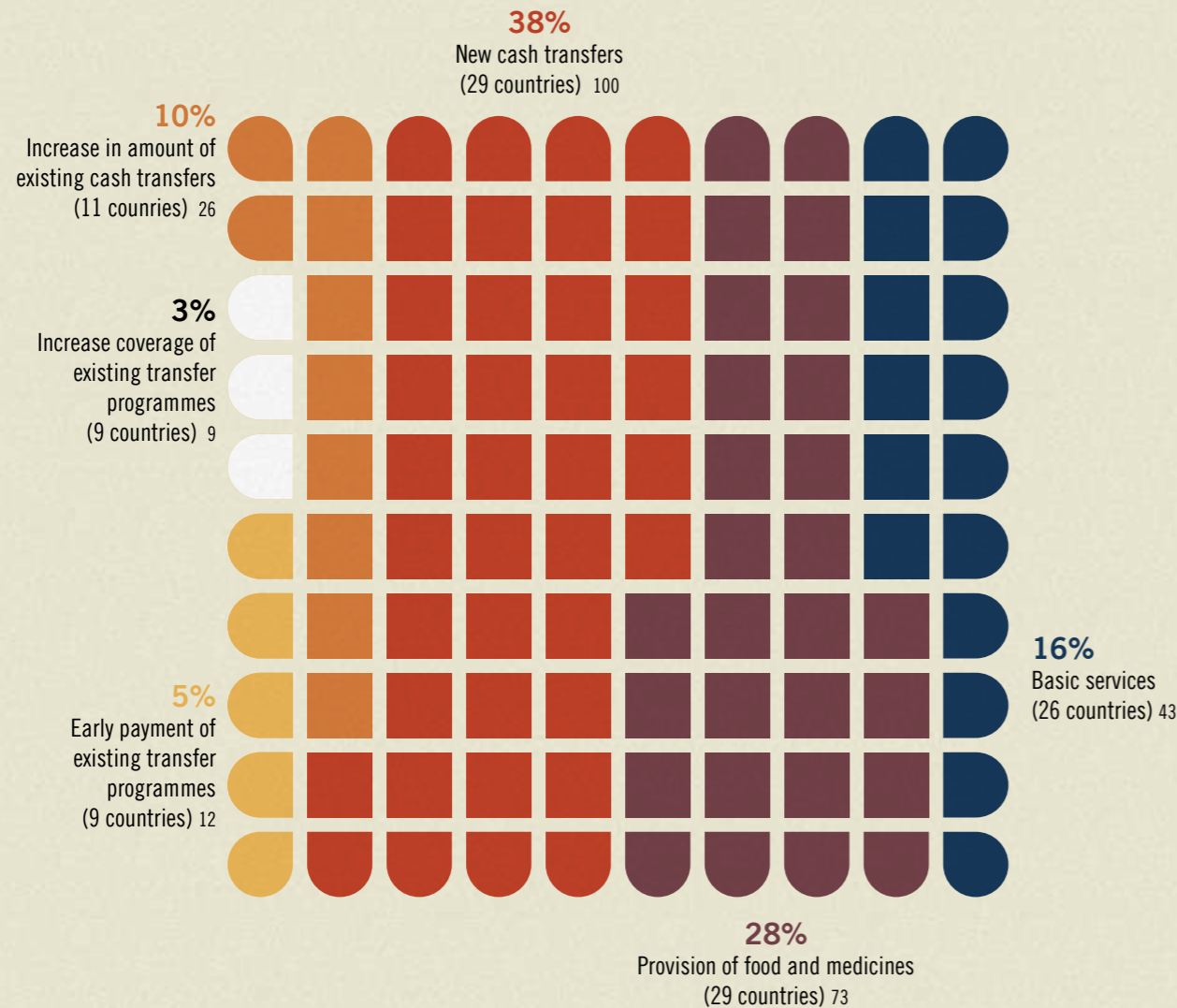
According to ECLAC, “until the end of June 2021, 33 countries in Latin America and the Caribbean adopted a total of 430 non-contributory social protection measures, including cash and in-kind transfers, while also guaranteeing the delivery of basic services. Between March 2020 and June 2021, 105 million Latin American and Caribbean households received emergency transfers, supporting approximately

144. CESCR General Comment 19, The right to social security (art. 9), 4 February 2008 (E/C.12/GC/19), refworld.org/docid/47b17b5b39c.html paras 10-28. 145. CEPAL, Envejecimiento, personas mayores y Agenda 2030 para el Desarrollo Sostenible Santiago, 2018. https://repositorio.cepal.org/bitstream/handle/11362/44369/1/S1800629_es.pdf 146. See ECLAC, From beneficiaries to citizens: Access by and treatment of women in Latin American pension systems, Gender Equality Observatory for Latin America and the Caribbean Studies, No. 2 (LC/PUB.2019/4-P), Santiago, 2019, https://repositorio.cepal.org/bitstream/handle/11362/44606/1/S1900076_en.pdf and Silke Staab, “Delinking and Rethinking Social Protection for Women in Informal Employment? Perspectives from Latin America”, <https://wiego.org/sites/default/files/publications/files/Day%203.2-Social-Policy-Silke.pdf> 147. ECLAC, Social Panorama of Latin America, 2020 (LC/PUB.2021/2-P/Rev.1), Santiago, 2021, p. 122. 148. ECLAC and PAHO, The prolongation of the health crisis and its impact on health, the economy and social development (2021) p. 20.

CHART 2

Emergency social protection measures for the people in situations of poverty and vulnerability in Latin America

(32 countries) adopted in the context of Covid-19 (as of November 2020).



Source: Economic Commission for Latin America and the Caribbean (ECLAC), based on official country information; Economic Commission for Latin America and the Caribbean (ECLAC), COVID-19 Observatory in Latin America and the Caribbean [online database] <https://www.cepal.org/en/topics/covid-19> and "Social protection measures to confront COVID-19", Social Development and COVID-19 in Latin America and the Caribbean [online database] <https://dds.cepal.org/observatorio/socialCOVID19/listamedidas.php>

395 million people or 59.6% of the region's population. In 2020, the measures in question, as announced, amounted to US\$ 86.214 billion across the region, or US\$ 78 per capita".¹⁴⁸

A subset of 144 of these measures in 28 countries represented an expenditure equivalent to 1.25% of the 2019 GDP of Latin America and the Caribbean, which is equivalent to 1.9 times the proportion of resources allocated to conditional transfers and non-contributory pension programmes in 2018. The average per capita amount of these measures ranged from \$44.6 in the Caribbean to \$105.2 in South America.¹⁴⁹

A problem with emergency measures compared to truly universal, comprehensive and sustainable consolidated systems is the difficulty of increasing coverage and focusing it on the sectors that require the most assistance. In a context in which the majority of the population was in a vulnerable economic situation, the coverage could be reflecting errors of exclusion, that is, it could be excluding people who should benefit from these programmes. Although there are no public data disaggregated by gender, it is highly likely that women are also at a disadvantage in the region.

Although the emergency measures implemented were unprecedented, they were mostly emergency measures of limited duration and amounts. A global comparative analysis shows that, with the exception of the Compensation Vouchers programme (Bonos de

Compensación) in El Salvador, Latin America does not have social protection programmes that cover more than 70% of the population. Despite efforts to increase the coverage of existing programmes, or create new ones, in most countries in the region, with the exception of Bolivia and El Salvador, the set of actions and programmes covered less than two thirds of the population.¹⁵⁰ With the exception of Peru, the increase in coverage of these programmes in the region was below the global average.¹⁵¹

The most widely used of the assistance measures adopted by governments in the region during the pandemic were cash transfers. An analysis covering the period to August 2020 shows that a total of 64 cash transfer programmes were implemented in the region (in 24 of 33 countries), 37 of which consisted of emergency vouchers (expanded in 21 countries). More than half of the interventions directly benefited less than 10% of the population and consisted of additional total amounts of less than the monthly minimum wage.¹⁵² Although it is clear that cash transfers could not stem the devastating impact of the pandemic on the poorest people in the region, studies that have analysed their effect in greater detail have shown that without these measures the number of people pushed into poverty would have been much higher.¹⁵³

The former United Nations Rapporteur on extreme poverty and human rights has noted that cash transfer programmes are important for combating poverty but should only be considered as one component of social protection policies, among several others.

IN 2020
the region implemented
64 CASH TRANSFER
programs

37
consisted of
EMERGENCY BONDS



¹⁴⁹ECLAC, Social Panorama of Latin America, 2020 (LC/PUB.2021/2-P), Santiago, 2021, p. 33. ¹⁵⁰Gentilini, Ugo; Almenfi, Mohamed; Orton, Ian; Dale, Pamela, (2020), Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures, World Bank, Washington, DC. "Living paper" version 15 (May 14, 2021), openknowledge.worldbank.org/handle/10986/33635. ¹⁵¹Ibid., pp. 11-13. ¹⁵²Guillermo M. Cejudo, Cynthia L. Michel and Pablo de los Cobos, Policy Responses to the Pandemic for COVID-19 in Latin America and the Caribbean: The Use of Cash Transfer Programs and Social Protection Information Systems, 2021, UNDP LAC C19, Policy Document Series No. 24. ¹⁵³By way of example, a recent working paper by several researchers shows that, in the absence of mitigation measures, inequality would have increased from a pre-pandemic Gini index (measuring inequality) of 0.44 to 0.47 in Argentina and 0.55 to 0.56 in Brazil. However, with increased social assistance, this inequality increased in Argentina to only 0.45 and may even have decreased in Brazil. In other words, in the absence of mitigation measures, the number of people living in poverty increased by about 1.6 million in Argentina and by 5.8 million in Brazil. With the expansion of social assistance programmes, the increase would have been around 0.6 million in Argentina, while the number of people living in poverty could have decreased in Brazil. According to recent estimates, in Colombia, with more limited social assistance, in the absence of mitigation measures, inequality increased from 0.55 to 0.56, and 2.5 million people fell below the poverty line in 2020. After taking into account the expansion of social assistance, inequality is nevertheless expected to increase to a similar degree, and the increase in the number of people living in poverty could approach 2.3 million.



PERU:

THE IMPACT OF PRE-EXISTING INEQUALITIES ON THE EFFECTIVENESS OF COMPENSATION AND MITIGATION POLICIES

The case of Peru provides a useful example of the negative interaction between mitigation measures and adverse socioeconomic conditions. In Peru, at least 40% of households do not have a refrigerator. Therefore, people usually go to markets each day to buy food. Hence, for example, the markets in Lima have been important sources of infection. In addition, when the government had to

40%
OF HOUSEHOLDS
DO NOT HAVE
A REFRIGERATOR.

distribute economic vouchers to the vulnerable population, long queues formed in the banks, turning them into another source of infection (given that, according to data from the National Institute of Statistics and Informatics, only 38% of Peruvians have a bank account). According to The World Bank, “los países que decidieron usar pagos digitalizados [para asistencia social] tendrán más efectividad en sus programas”.

38%
OF PERUVIANS
HAVE A BANK
ACCOUNT.



POOR HOUSEHOLDS NEED INCOME TRANSFERS AND SOCIAL SECURITY, NOT ONE OR THE OTHER.¹⁵⁹

They are not a substitute for social insurance schemes, health coverage or other measures to improve people’s standard of living.¹⁵⁴ The United Nations Development Programme (UNDP) has stated that: “Social insurance and social assistance are complements and not substitutes in a working social protection system. Poor households need income transfers and social security, not one or the other.”¹⁵⁵

In terms of mechanisms to deal with the labour market, while a generic analysis of several countries presented in Figure 2 above would suggest that unemployment insurance existed in many countries in the region, a more detailed analysis of the measures suggests that these were in fact existing mechanisms that were expanded or adapted superficially or were completely absent. Cuba, Ecuador, Guatemala, Honduras, Nicaragua, Paraguay and Venezuela did not implement any unemployment insurance or benefits.

In the case of Mexico, although it had unemployment insurance before the pandemic – which was precarious because it did not come from public resources but from workers’ savings for their pension¹⁵⁶ – it did not

implement any extension or non-contributory mechanism. In addition to pre-existing schemes, the only measure to alleviate the effects of the pandemic on workers was a mortgage relief for formal workers with the National Institute of the Workers’ Housing Fund (INFONAVIT).¹⁵⁷ This contrasts with Colombia, which adopted measures from the first months of the pandemic,¹⁵⁸ and Chile, which put in place a wide range of unemployment benefits for the population.¹⁵⁹ Although the measures adopted in these countries are significant, they are not comparable to the design, financing and coverage of unemployment insurance in high-income countries or other regions.

Similarly, only four of the 17 countries studied took steps to subsidize, exempt or reduce social security contributions in any way. As regards contributory social protection, only eight Latin American countries and three Caribbean countries that have unemployment insurance have introduced modifications to address the crisis.¹⁶⁰ The effect of the loss of formal jobs could further erode the financing of contributory social protection systems. The number of contributors in 11 Latin American



154. (A/HRC/11/9), para. 24. 155. UNDP, Regional Human Development Report 2021, p. 17. 156. For more information see .imss.gob.mx/prensa/archivo/202101/006 (Spanish only). 157. World Bank database, p. 398. Queridas colegas de México y Chile, tengo estos datos almacenados pero están trabadas en mi carpeta ahora. Pido mil disculpas y completo esta nota a pie a la brevedad – Madeleine. 158. Queridas colegas de México y Chile, tengo estos datos almacenados pero están trabadas en mi carpeta ahora. Pido mil disculpas y completo esta nota a pie a la brevedad – Madeleine. 159. World Bank database. 160. ECLAC (2020), El desafío social en tiempos del COVID-19, [Social challenges during COVID-19] Special Report COVID-19 No. 3, Santiago, 12 May 2020 (Spanish only).

MEXICO:

HEALTH COVERAGE FALLS DUE TO STATE NEGLIGENCE IN THE YEARS PRIOR TO THE PANDEMIC

According to data from the National Council for the Evaluation of Social Policy (Consejo Nacional de Evaluación de la Política de Desarrollo Social, CONEVAL), an autonomous decentralized public body in Mexico, the number of people in Mexico who did not have healthcare cover increased between 2018 and 2020, from 20.1 million people in 2018 to 35.7 million people in 2020, approximately 27% of the country's population. This fall in coverage was linked to the transfer of people who did not have healthcare insurance coverage from the Seguro Popular (Public Health Insurance) system to a new system following the creation of the Institute of Health for Wellbeing (Instituto de Salud para el Bienestar, INSABI) of the Ministry of Health. The process of becoming a rightsholder with INSABI was supposed to be a straightforward process. However,

it left millions of people without cover, precisely in the run-up to the pandemic.

It should be noted that the CESCR highlighted the need to use the maximum state resources available, which, for the purpose of compliance with the ICESCR, requires adopting appropriate measures that "include, but are not limited to, administrative, financial, educational and social measures" (General Comment 3, para. 7). In light of this, the question arises as to whether, as a result of the administrative problems in the design of the system, the Mexican State impacted the right to health of millions of people, contrary to its international obligations.



NUMBER OF PEOPLE WHO DID NOT HAVE HEALTH SERVICES

20.1
millions
2018

35.7
millions
2020

27%
of the
country's
total
population

and Caribbean countries decreased by 5.3% in the fourth quarter of 2020 (compared to the same quarter of 2019). The decline was greater for women contributors than for men.¹⁶¹

Similarly, it is also important to note states' response to health coverage. In the area of health, it is striking that no country with significant gaps in coverage and quality made use of emergency health insurance as part of its package of measures. According to PAHO, 30% of the population of Latin America and the Caribbean do not have access to free public healthcare through insurance coverage.¹⁶² This data is even more serious considering that of all the measures taken to address the Covid-19 emergency, no country in the region expanded health insurance or enabled emergency insurance for their population.

In summary, while it is important to recognize the effects of cash transfers and their ability to cushion the impacts of the pandemic, it is also important to emphasize that pre-existing structural weaknesses meant that countries had to disburse significant amounts of resources that did not succeed in mitigating the impact. Latin American countries, in general – with some exceptions – implemented increases in cash transfer programmes, compared to pre-pandemic levels, that were below the global average.¹⁶³ Moving forward, it is essential to recognize

the interdependence between social protection policies and productive inclusion strategies, as well as the interactions with health systems and the environmental dimension of the crisis that the region is experiencing. It is essential to recover the universalist mission of social protection systems and incorporate cross-cutting strategies that take differences into account in order to address the diverse strands of inequality in the region. The content of the right to social security should serve as a guide for building sustainable social protection systems, ensuring that adequate and accessible benefits are available to all to address a broad range of social risks and contingencies. ▣

161.ECLAC, The recovery paradox in Latin America and the Caribbean, Growth amid persisting structural problems: inequality, poverty, low investment and productivity, Special Report COVID-19, No. 11, Santiago, July 2021. 162. 163. World Bank, May 2021 Report, p. 12.



KEY 4: UNDERFUNDING AND FLAWED SPENDING IN HEALTH SYSTEMS

HEALTH AND INEQUALITY

Effective access to health remains an outstanding issue in the region, as millions of people in the region do not enjoy adequate healthcare services. According to PAHO, three out of 10 people in the region do not have access to healthcare for financial reasons.¹⁶⁴ This situation could constitute a violation of obligations under the ICESCR¹⁶⁵ and states should prove that they have indeed done everything possible to use the maximum available resources to ensure that healthcare coverage – at least

primary healthcare level – reaches everyone under their jurisdiction.¹⁶⁶ However, countries in Latin America confronted the pandemic with health systems with a legacy of years of poor financing.

This lack of inclusion in public health systems and low public investment have an impact on inequality and poverty. Millions of households in the region use their own resources – so-called out-of-pocket spending – to finance the cost of health treatment and medicines.¹⁶⁷ This disproportionately affects the most vulnerable people who have to use their already precarious income, savings or household assets to



finance catastrophic events, which can result in increased poverty.

In countries where public spending on health is lower, there is a direct impact on the pockets of individuals and families, who have to use more of their own resources to pay for their healthcare needs. (See A8 in the Statistical Annex.) In Latin America and the Caribbean, on average, out-of-pocket health spending accounts for 35% of total health spending.¹⁶⁸ This means that people spend a considerable amount of money directly to access health services, without reimbursement from any insurance scheme. As a comparison, in OECD countries,¹⁶⁹ out-of-pocket spending on health amounted to 21% of total spending in 2017.¹⁷⁰

For a significant proportion of the population in some of the countries studied, out-of-pocket spending on healthcare can be catastrophic. The high level of personal spending (out-of-pocket spending) as a proportion of total health spending as well as the high level of this spending in the total budget of individuals and households is common to a significant number of countries in the region. (See A9 in the Statistical Annex.) It is estimated that in LAC countries “almost 95 million people incurred catastrophic health expenditures leaving them impoverished.”¹⁷¹

OVERVIEW OF PUBLIC HEALTH FINANCES AND EXPENDITURE POLICY

As ECLAC and PAHO have pointed out, “[t]he low level of public spending on health goes hand in hand with high out-of-pocket expenses in the countries of the region, which is a major source of structural inequality in access to health services. The need to incur out-of-pocket expenses in order to obtain prompt and equitable access to health care increases the risk of impoverishment, especially for people in vulnerable situations, who, on average, are in poorer health and in need of more health care.”¹⁷²

The recognition of health as a right must be accompanied by the recognition that it is a public good or service,¹⁷³ which implies the priority allocation of public resources. The governments of Latin America and the Caribbean, as members of the Pan American Health Organization (PAHO), committed themselves to fulfil the Sustainable Health Agenda for the Americas 2018-2030. As part of this agenda, countries in the region must allocate at least 6% of their Gross Domestic Product (GDP) to public spending on health, a threshold that PAHO considers to be the minimum of available resources necessary to move towards universal health coverage.¹⁷⁴ However, as Figure 3 shows, the vast majority of countries in the region have not met this target and many of them still have a considerable gap.

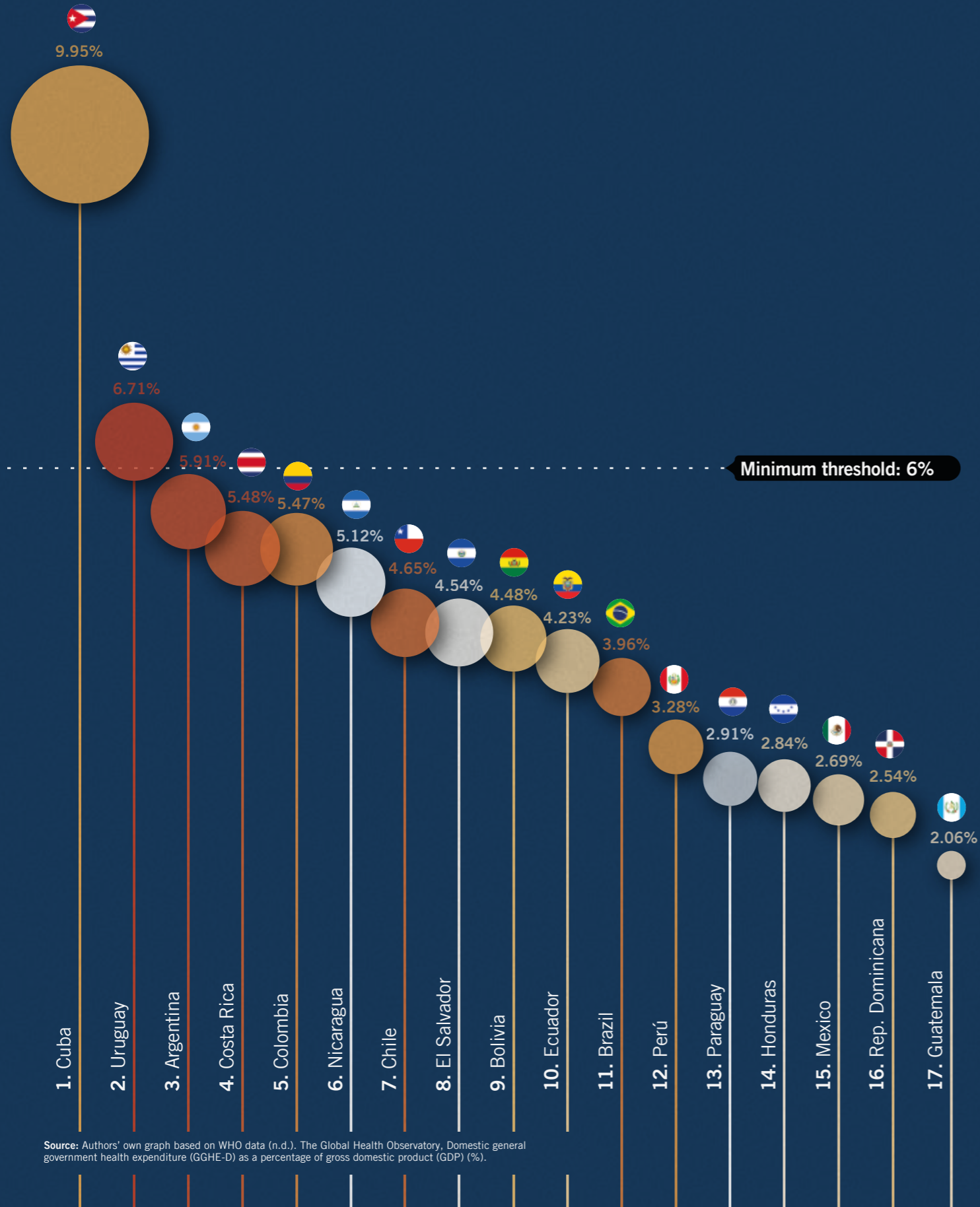


164. UN News, “La desigualdad, el gran enemigo de la salud en América Latina” [“Inequality is health’s greatest enemy in Latin America”] news.un.org/es/story/2018/04/1430582 (Spanish only).
165. “[A] State party in which any significant number of individuals is deprived of... primary health care... is, prima facie, failing to discharge its obligations under the Covenant.” CESCR General Comment 3, refworld.org/pdfid/4538838e10.pdf para. 10. 166. According to the CESCR, “in order for a State party to be able to attribute its failure to meet its core obligations to a lack of available resources, it must demonstrate that every effort has been made to use all resources that are at its disposal in an effort to satisfy, as a matter of priority, those core obligations.” (E/C.12/2007/1). An evaluation of the obligation to take steps to the “maximum of available resources” under an Optional Protocol to the Covenant, para 6, https://digitallibrary.un.org/record/607726?ln=en 167. They are defined as direct payments made by individuals to healthcare providers at the time the service is used. This excludes any prepayment for health services such as, for example, in the form of taxes or insurance premiums or specific contributions and, where possible, net of any reimbursement to the person who made the payments. It therefore includes things such as medical fees, drug purchases, hospital bills, and alternative and traditional medicine, among others. 168. Se definen como pagos directos realizados por las personas a los proveedores de atención médica en el momento del uso del servicio. Esto excluye cualquier pago anticipado por servicios de salud como, por ejemplo, en forma de impuestos o primas de seguro o contribuciones específicas y, cuando sea posible, neto de cualquier reembolso a la persona que realizó los pagos. Incluye por lo tanto asuntos como honorarios médicos, compras de medicamentos, facturas de hospital, medicina alternativa y tradicional, entre otros. 169. The OECD is an organization with 38 member countries, among them are several included in this study: Chile, Colombia, Costa Rica and Mexico. 170. OECD and the World Bank, Health at a Glance: Latin America and the Caribbean 2020, oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-latin-america-and-the-caribbean-2020_6089164f-en 171. ECLAC (2021), Social Panorama of Latin America 2020, p. 123, repositorio.cepal.org/bitstream/handle/11362/46688/8/S2100149_en.pdf 172. ECLAC and PAHO, The prolongation of the health crisis and its impact on health, the economy and social development (2021) p. 5. 173. Protocol of San Salvador, Article 10, oas.org/juridico/english/treaties/a-52.html 174. PAHO and the WHO (2018), Universal Health Series, Fiscal space for health in Latin America and the Caribbean, p. ix. “Countries that have made the most progress toward universal coverage have public expenditure in health equivalent to at least 6% of their gross domestic product (GDP), which is the percentage established in PAHO’s universal health strategy as the benchmark for countries.”, https://iris.paho.org/handle/10665.2/52410

CHART 3

PUBLIC HEALTH EXPENDITURE AS A PERCENTAGE OF GDP

(2018 – WHO)



Source: Authors' own graph based on WHO data (n.d.). The Global Health Observatory, Domestic general government health expenditure (GGHE-D) as a percentage of gross domestic product (GDP) (%).

With the exception of Cuba, Argentina and Uruguay,¹⁷⁵ the countries studied do not meet the 6% threshold. In some countries, other areas receive equal or higher priority. This is the case in Colombia, where military spending does not exceed health spending, but is very close to it.¹⁷⁶ In other countries, the economic growth enjoyed during the mining boom at the beginning of the century was not reflected in an increase in health spending. When analysed in terms of per capita spending, the picture is not very different. In 2018, total per capita health expenditure in Latin American and Caribbean countries stood, on average, at \$1,094 (in purchasing power parity), of which \$637 was public spending. Both figures represent just a quarter of the OECD's per capita health expenditure.¹⁷⁷

In the case of Brazil, despite spending 4% of GDP on health and having a Unified Health System (Sistema Único de Saú, SUS) that has been a model for other countries in previous years, the Covid-19 pandemic showed the effect of recent structural reforms that impacted public spending in a devastating way. Brazil had already faced budgetary constraints in its public health policies since 2016, when the National Congress passed Constitutional Amendment 95, which limits the fiscal space available for new investments in health by freezing total public spending and adjusting it only for inflation for 20 years. This implied a zero-sum situation in the budget, since any increase in one area would have to be at the expense of another.¹⁷⁸



PERU:

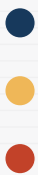
USE OF MAXIMUM RESOURCES? LACK OF PUBLIC INVESTMENT IN HEALTH DESPITE ECONOMIC GROWTH

With regard to the obligations of states to adopt measures "to use the maximum of available resources", the Progress Indicators for Measuring Rights under the Protocol of San Salvador are relevant. According to this base of indicators, a sign of a country's progress is that the advances in the health coverage of its population are consistent with advances in its economic development.

In the case of Peru, there are concerns regarding efforts by the state to ensure the right to health in the two decades prior to the Covid-19 pandemic. Peru experienced significant economic growth between

2003 and 2008, going from annual growth of 4.2% to 9.1%, respectively. However, in the same period, the government's overall spending on health fell, from 2.85% to 2.10% of GDP. In the years to 2013, health spending remained at levels below the 2003 level, despite the fact that in those same years there was economic growth greater than in 2003 (with the exception of 2009). Subsequently, from 2013 onwards, health spending rose very slightly to exceed 3% of GDP, however, this level is still lower than the threshold recommended by PAHO, and clearly resulted in significant defunding in the sector.

175. See ECLAC (2021), Social Panorama of Latin America 2020, Box IV.1. Statistics on public social spending, pp. 156-7, for a better understanding of data about public social spending (which includes, among other things, public spending on health) according to the level of institutional coverage, https://repositorio.cepal.org/bitstream/handle/11362/46688/8/S2100149_en.pdf 176. World Bank Database, military spending (% of GDP) in Colombia was 3.4% (2020), compared to 5.5% on health spending, according to WHO data above. 177. World Health Organization (WHO), Global Health Expenditure Database (GHED) [online] apps.who.int/nha/database/Home/Index/es 178. CESR, Brazil's austerity cap stunting rights to food, health and education, 14 December 2017, cesr.org/brazils-austerity-cap-stunting-rights-food-health-and-education/



In addition to international standards for the allocation of budgets to health, according to the CESCR, the right to health obliges states to ensure the availability of facilities, services, doctors, but also their economic accessibility, which ensures that health is “affordable for all, including socially disadvantaged groups.”¹⁷⁹ Before the pandemic, most of the health systems studied showed shortcomings in terms of infrastructure and human resources. Although almost no country in the world seemed to be prepared for the magnitude of the harm and pressures that the pandemic has placed on its health systems, the truth is that, from very early in the evolution of this crisis, the countries studied reported having reached the limits of care capacity in their public hospital services and intensive care units (ICUs).¹⁸⁰

With the exception of Argentina, Uruguay and Brazil, which even exceed the OECD average of in terms of intensive care capacity in the pre-pandemic period, there were pronounced shortfalls in this regard in all the countries studied for which information is available. Particularly marked shortcomings (with about seven or fewer ICU beds per 100,000 inhabitants) were identified in, for instance, Chile, Peru, Ecuador, Mexico, El Salvador, Paraguay and Costa Rica.¹⁸¹ For example, in general, in the countries studied, the ratio of nurses to doctors was very low before the start of the pandemic. (See A10 in the Statistical Annex.) This has a clear impact on the quality of healthcare.

It is alarming to note how the handling of the pandemic in Brazil, despite having higher than average rates of ICU beds than

many other countries, there was a hospital crisis in several states. In May 2021, with critical levels of infection, PAHO stated that in some areas of Brazil there were waiting lists for ICU beds.¹⁸² In addition, the figures hide the fact that in Brazil their distribution is unequal, both regionally and regarding historically marginalized groups (most of the beds are in the southeast region and are available to white population groups that can afford them). Indigenous and Afro-descendant peoples and people living in the northern and northeastern regions, in rural areas and in small towns did not have adequate numbers of beds available.

The information available so far suggests there is a direct relationship between low levels of public funding, a lack of infrastructure in terms of hospital

Of particular interest...

These are the factors that have to do with public spending on health, both in the budget and in hospital services and the number of medical personnel, data that suggest a significant

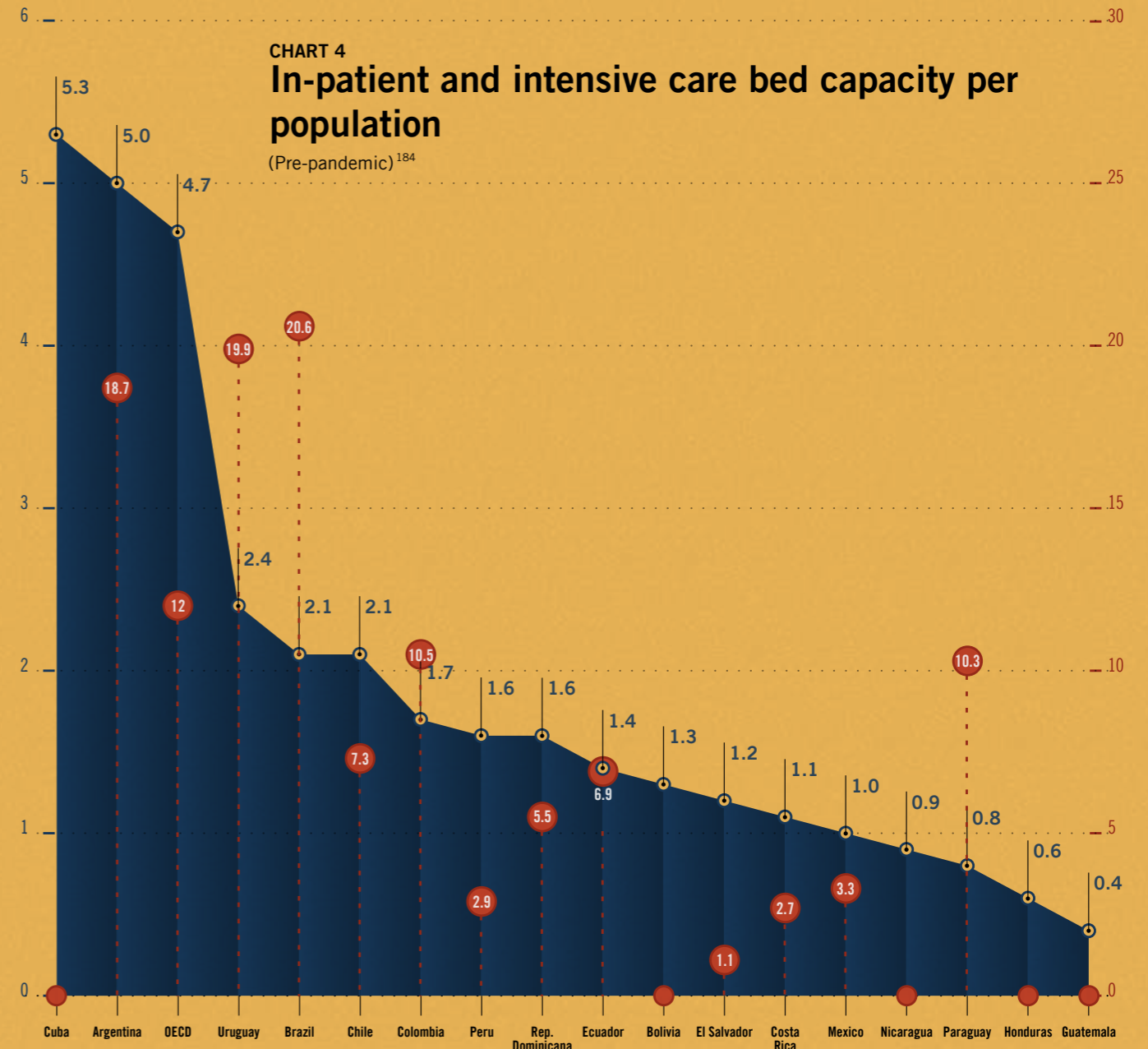
correlation with mortality in the countries. In this sense, in Mexico and Peru the correlation between the mortality rate and health spending and the rate of ICU beds is particularly evident.



¹⁷⁹CESCR, General Comment 14, para. 12. ¹⁸⁰See, for example, for the case of Peru in Barreto C. and Mejía M. (2020), “Peru’s intensive care units at capacity as virus cases arise”, apnews.com/article/lima-coronavirus-pandemic-peru-847fb33c1f5c49ca70b66227f0435e2e. ¹⁸¹ OECD and the World Bank, Health at a Glance: Latin America and the Caribbean 2020, pp. 12, 29 and 127, oecd-ilibrary.org/docserver/6089164f-en.pdf?expires=1650733235&id=id&accname=guest&checksum=AD661246ACAE4F7F4D4F7AC588B787C4, pp. 12. ¹⁸²UN News, “COVID-19 y UCIS, Colombia, educación medioambiental... las noticias del miércoles”, [“Covid-19 and ICUs, Colombia, environmental education... Wednesday news”], 12 May 2021, news.un.org/es/story/2021/05/14919321932 (Spanish only). ¹⁸³Inter-American Commission on Human Rights, Corruption and Human Rights, December 2019, oas.org/en/iachr/reports/pdfs/CorruptionHR.pdf, para. 149. ¹⁸⁴Ibid, para. 140. ¹⁸⁵According to the UN Special Rapporteur on the right to health, “The health sector is extremely vulnerable to corruption at all levels — grand and petty, political and institutional — and occurring in both the public and private sectors.” See United Nations, Right of everyone to the enjoyment of the highest attainable standard of physical and mental health, July 2017. ¹⁸⁶Pessino, C.; Benítez, J. Better Spending for Better Lives. How Latin America and The Caribbean can do More With Less. Inter-American Development Bank, 2018.

HOSPITAL BEDS PER 1,000 PEOPLE
ICU BEDS PER 1,000 PEOPLE

HOSPITAL BEDS
INTENSIVE CARE UNIT (ICU) BEDS



Source: Authors' own graph, based on OECD and World Bank data Health At a Glance: Latin America and the Caribbean 2020, pp. 12, 29 and 127, <https://www.oecd-ilibrary.org/docserver/6089164f-en.pdf?expires=1650733235&id=id&accname=guest&checksum=AD661246ACAE4F7F4D4F7AC588B787C4>



and ICU beds and the high mortality rates of the region. In Mexico and Peru the correlation between the mortality rate, health expenditure and ICU bed rate is particularly notable. (See A11 in the Statistical Annex.)

One problem that amplifies and exacerbates precarious public health resources is corruption in public services, which jeopardizes the capacity of governments to meet their obligations with respect to economic, social and cultural

rights¹⁸³ by reducing the quality of public spending, obstructing accountability and eroding citizens' trust in public services. Endemic corruption in the region is linked to systems of government based on structural injustices that impact those in situations of disadvantage.¹⁸⁴ The health sector has been identified in international human rights standards as one of the areas most vulnerable to corruption.¹⁸⁵

It is widely recognized that the

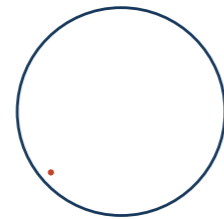
effectiveness of public spending on health in the region as a generator of people's well-being is reduced by the enormous inefficiencies in its allocation. In the words of the Inter-American Development Bank (IDB), in LAC countries “more health is required per dollar invested”. Thus, the most lethal aspect of corruption and its hold on key rules and regulations (such as those concerning public procurement or drug prices) is seen in its negative impact on human rights¹⁸⁶.

In the context of the pandemic, in many of the countries studied for this report, irregularities in the health sector have been revealed and published that demonstrate the shortcomings as regards transparency systems, as well as failures and the way corruption has taken hold in oversight bodies and mechanisms.¹⁸⁷ Peru, Mexico and Honduras are among the countries with the highest rates of hospital bribery in the region. One in seven people in these countries has paid a bribe to receive health services. (See A12 and A13 in the Statistical Annex.)

According to the Special Rapporteur on the right to physical and mental health, in a context where corruption is endemic in the health system, there is a need for scrupulous record-keeping and oversight, including on-site audits and inspections, as well as strong independent and autonomous anti-corruption bodies.¹⁸⁸ For the Rapporteur, not only are audits and anti-corruption agencies important, but he also emphasizes “the vital importance of increasing transparency¹⁸⁴ not only to combat clearly corrupt



APPROXIMATELY...



1,4%
OF GDP

is equivalent to an **average of wasted public procurement** in Latin American and Caribbean countries

practices, but also to correct the harmful phenomena that hinder the enjoyment of the right to health.”¹⁸⁹

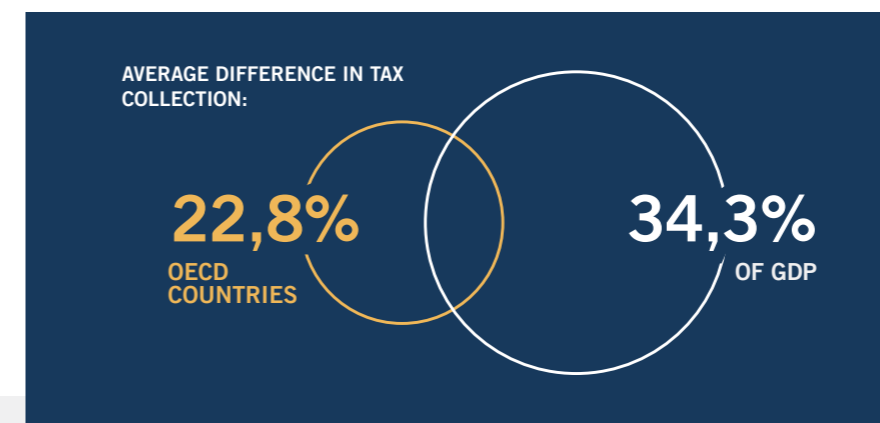
The Special Rapporteur also notes that another key factor will be to ensure the effective protection of whistleblowers. This is also echoed by the UN Special Rapporteur on freedom of expression, who explains that “acts of retaliation and other attacks against whistleblowers and the disclosure of confidential sources should be thoroughly investigated and those responsible for committing such acts should be held accountable.” Transparency International also calls on governments to “[p]rotect citizens who step forward to report wrongdoing and investigate their claims.”¹⁹⁰ Governments should under no circumstances initiate criminal proceedings or punish in any way those who, while having an obligation to maintain confidentiality or secrecy, disclose information on human rights abuses on grounds of conscience and in a responsible manner.

Although considerable efficiency gains can be made by ensuring transparency

in public spending on health, the fight against corruption is not sufficient to solve the lack of public resources resulting from flawed fiscal policies. Even if all the public resources estimated to have been lost as a result of corruption in public administration could be recovered, they would not fill the huge tax revenue gap between OECD countries and the region. According to the IDB, flawed spending on public procurement in Latin American and Caribbean countries is equivalent to an average of 1.4% of GDP.¹⁹¹

Even if the resources lost to corruption were recouped, LAC countries would still have an average difference of more than 10 percentage points in tax collection compared to the OECD average – 22.8% compared to 34.3% of GDP.¹⁹² That is why a thorough review of the tax system is required as it does not provide countries with sufficient resources to adequately meet the health needs of the population. Currently, tax systems not only fail to raise sufficient revenue, they also fail to reduce economic and social inequality.

Finally, it is important to note the role of international aid and cooperation in a just recovery in the region. According to the World Health Organization, low- and middle-income countries will also need international help and cooperation to fully manage the impact of Covid-19 on their populations.¹⁹³ States parties to the ICESCR that are in a position to do so have an obligation to provide international assistance and cooperation to countries in need, as part of their extraterritorial human rights obligations.¹⁹⁴ ✎



¹⁸⁷. See, for example, the documented cases of Argentina, Bolivia, Costa Rica, Guatemala, Honduras, Mexico, Peru, Republic and Venezuela in: CONNECTAS, “Sistemas de salud enfermos” [Healthcare: A sick system]; connectas.org/pandemia-sistemas-de-salud-enfermos/ (Spanish only); Beltrán A. (2021). “In Honduras, Corruption Kills”; <https://www.worldpoliticsreview.com/articles/29379/in-honduras-hurricanes-covid-19-and-corruption-kill>; El Explicador. La Nación (2021), “Mascarillas de la Caja: todo el caso, explicado en 10 minutos” [Masks - a 10 minute explanation of the whole case]; <https://www.nacion.com/blogs/el-explicador/mascarillas-de-la-caja-todo-el-caso-explicado-en/EXZEFU6TGRCKFO37YRYODVNUAM/story/>; Diálogo CONNECTAS; “Transparencia en los recursos públicos: el reto de República Dominicana en pandemia” [“Transparency in public resources: the challenge for the Dominican Republic during a pandemic”] <https://www.connectas.org/eventos/república-dominicana-gestion-de-la-pandemia-y-transparencia-en-el-uso-de-recursos-ante-la-emergencia/> (Spanish only). ¹⁸⁸. United Nations, (2020). Right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Note by the Secretary-General on the report of the Special Rapporteur, 16 July 2020. ¹⁸⁹. Ibid. ¹⁹⁰. Transparency International (2020), “How corruption is making people sick”, transparency.org/en/news/how-corruption-is-making-people-sick ¹⁹¹. Pessino, C.; Benítez, J. Better Spending for Better Lives. How Latin America and The Caribbean can do More With Less. Inter-American Development Bank, 2018. ¹⁹². CESR, Dismantling the Dogmas: Tools for Tackling Austerity in Latin America cesr.org/dismantling-dogmas-tools-tackling-austerity-latin-america/ ¹⁹³. WHO (2020), Addressing Human Rights as Key to the COVID-19 Response, [who.int/publications/i/item/addressing-human-rights-as-key-to-the-covid-19-response](https://www.who.int/publications/i/item/addressing-human-rights-as-key-to-the-covid-19-response) ¹⁹⁴. CESCR, General Comment 14, The Right to the Highest Attainable Standard of Health (Art. 12), (E/C.12/2000/4), paras 38 and 45.



KEY 5: FISCAL POLICIES THAT ARE INEFFECTIVE IN COMBATTING INEQUALITY

T

The pandemic has highlighted the vulnerability of the region's economic and social model and its implications for human rights. As the previous sections of this report show, the region has suffered disproportionate impacts in terms of the right to health, education and an adequate standard of living and work, not only compared to higher-income countries but also to regions with similar or lower

income levels. These impacts have not been equally distributed in each country and have particularly affected disadvantaged groups, exacerbating inequalities. All this has generated pressure for higher levels of public spending in a context marked by a general decline in public revenues, aggravated by the high dependence on income derived from raw materials that has characterized the region. The consequence is that the tax balance sheet has worsened and public debt has increased. The fiscal deficit in Latin America went, on average, from 3% to 6.9%



of GDP between 2019 and 2020, and the gross public debt of central governments went from 45.6% to 56.3% of GDP.¹⁹⁵

In a context of increased spending needs combined with a reduction in income from raw materials and an increase in public debt, the question arises – where will the resources come from? This is why fiscal policies are so important and why transformative tax reforms are needed. For an effective response to the crises triggered by the pandemic, tax reforms must take into account two elements: an increase in the resources collected through the tax system and the progressive nature of tax systems in terms of their impacts on inequality. In the case of Latin America and the Caribbean, the fiscal response was limited by these two factors.

International human rights law sets out a number of state duties as regards in fiscal policy. States have undertaken to adopt such appropriate measures as may be necessary, including financial measures, to give effect to the rights recognized in the international covenants.¹⁹⁶ In the case of economic, social, cultural and environmental rights, states have undertaken to take these measures to the maximum of their available resources in order to achieve progressively the full realization of these rights.¹⁹⁷ The bodies tasked with interpreting these standards have developed a consolidated guidance on the scope and concrete implications of these

duties.¹⁹⁸ Under these guidelines, states must not only achieve a more equitable distribution of resources and prioritize certain expenditure, but they must also take action to increase the amount of available resources, mobilizing potential unexplored sources of resources, including more progressive taxation.¹⁹⁹ These developments have recently been systematized with the publication of the Principles for Human Rights in Fiscal Policy,²⁰⁰ the result of efforts led by civil society organizations throughout Latin America with the participation of experts from regional and international human rights mechanisms.

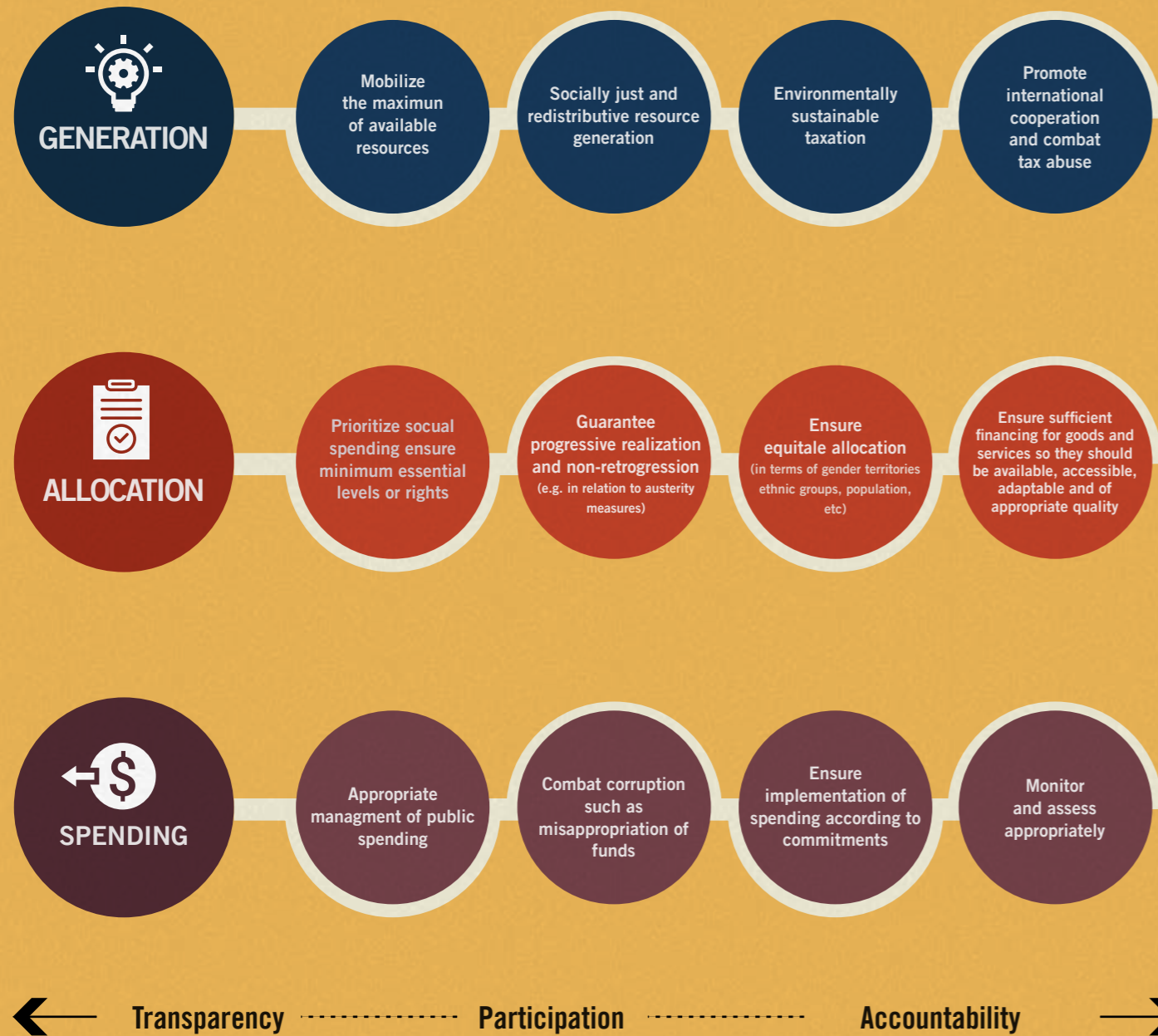
The human rights principles derived from international treaties apply to the way in which public resources are obtained, distributed and used.²⁰¹ As the IACHR has pointed out, the principles of human rights are “are fundamental principles fully applicable to fiscal policies” and “must be implemented in the entire policy cycle from budget preparation and tax codes or expenditure allocation through to monitoring and evaluation of outcomes.”²⁰² The figure below summarizes the application of human rights standards to the different phases of fiscal policy.



¹⁹⁵. ECLAC, Fiscal Panorama of Latin America and the Caribbean 2021, pp. 26-33. ¹⁹⁶. See the International Covenant on Civil and Political Rights, article 2.2; the International Covenant on Economic, Social and Cultural Rights, article 2.1; Convention on the Rights of the Child, Article 4; and the International Convention on the Elimination of All Forms of Racial Discrimination, Article 2, among others. The authoritative interpreters of these instruments have clarified on several occasions that the type of measures that states must take go beyond legislative measures and include financial and other measures. See CESCR, General Comment 3, The Nature of States Parties' Obligations, para. 7, and Committee on the Rights of the Child, General Comment 19 on public budgeting for the realization of children's rights, CRC/C/GC/19, para. 61. ¹⁹⁷. The obligation of progressive realization is of an immediate nature and is not in itself conditional on the availability of resources. This means that this obligation is non-derogable and applies even in times of severe resources constraints or when resources are clearly inadequate, such as in cases of financial crises or natural disasters. In such cases, states must demonstrate that they have taken all measures in their power, paying particular attention to the rights of the most disadvantaged groups. See CESCR, General Comment 3, The Nature of States Parties' Obligations (Art. 2, Para. 1, of the Covenant) para. 9. Letter dated 16 May 2012 addressed by the Chairperson of the CESCR to States parties to the International Covenant on Economic, Social and Cultural Rights; and Committee on the Rights of the Child, General Comment 5 (2003), General measures of implementation of the Convention on the Rights of the Child (arts. 4, 42 and 44, para. 6) (CRC/GC/2003/5). ¹⁹⁸. Rodrigo Uprimny, Sergio Chaparro Hernández and Andrés Castro Araújo, “Bridging the Gap: The Evolving Doctrine on ESCR and Maximum Available Resources”. In: Katharine G. Young, The Future of Economic and Social Rights (2019): 624-653. ¹⁹⁹. The IACHR has stated that states must: “Mobilize available resources to the greatest extent possible, and continually seek out such resources nationally and multilaterally in order to give effect to the right to health and other economic, social, cultural and environmental rights in order to prevent and mitigate the pandemic's effects on human rights, including taking fiscal policy measures to allow for equitable redistribution, including the design of concrete plans and commitments to significantly increase the public budget so as to guarantee the right to health.” Inter-American Commission on Human Rights, Pandemic and Human Rights in the Americas, Resolution 1/2020, para. 13. ²⁰⁰. These principles are the result of more than five years' research and consultation promoted by civil society organizations in which experts from different disciplines participated. See The Initiative for Human Rights Principles in Fiscal Policy, Principles for Human Rights in Fiscal Policy, 2021, derechosypoliticafiscal.org/images/ASSETS/Principles_for_Human_Rights_in_Fiscal_Policy-ENG-VF-1.pdf ²⁰¹. Center for Economic and Social Rights, “Governments' Obligation to Invest “Maximum of Available Resources” in Human Rights” (2020), Recovering Rights series, No. 1. ²⁰². IACHR, Report on Poverty and Human Rights in the Americas (2020), (OEA/Ser.LV/II.164, Doc. 147), para. 501.

CHART 5

Human rights obligations and the stages of fiscal policy



Source: CESR, An Advocacy Toolkit for Fiscal Justice and Human Rights (2020)

WEAK TAX SYSTEMS IMPEDE EFFECTIVE TAX POLICIES

States' fiscal responses have historically been key to mitigating the adverse impacts of pandemics on socio-economic inequalities and on people's rights. Periods marked by extreme fiscal austerity after pandemics – measured through the government's fiscal balance, the reduction of public spending on health or less redistributive fiscal actions – have been associated with an increase in inequality three times greater than in periods in which fiscal policy has been more expansive and redistributive.²⁰³ Therefore, analysing the fiscal responses of states in the context of the Covid-19 pandemic is fundamental to understanding the role of the state in guaranteeing rights and avoiding an increase of socio-economic inequalities.

Prior to the pandemic, Latin America was characterized by a scarce mobilization of resources to finance rights and a fiscal policy with weak redistributive action to correct socioeconomic inequalities. Compared to the rest of the world, countries in the region are characterized by a low level of tax collection as a percentage of the Gross Domestic Product (GDP), given their levels of human development. (See A14 in the Statistical Annex.) While the region collected on average 18% of GDP in taxes, the average for OECD countries – which invest a large part of their tax revenues in health, education and social protection – is 33%.

As Figure 6 shows, the Covid-19 pandemic combined with low tax collection impacted the scale of resources invested in crisis mitigation. While the fiscal responses of Latin American and Caribbean countries to the pandemic (both in terms of budget expenditure and other measures)²⁰⁴ have generally been in line with other economies with similar revenues, they have clearly been below the average of the countries with the highest revenues and incomes. Although the annual increase in public spending in countries in the region in 2020 was considerable compared to other years, seen in comparative terms, the response of countries in the region has been limited given the magnitude of the challenge the pandemic presented. In addition, there is a risk that many of these measures will be withdrawn prematurely, as has already happened in some countries in the region and in middle-income countries in general, compared to their extension in higher-income countries.²⁰⁵

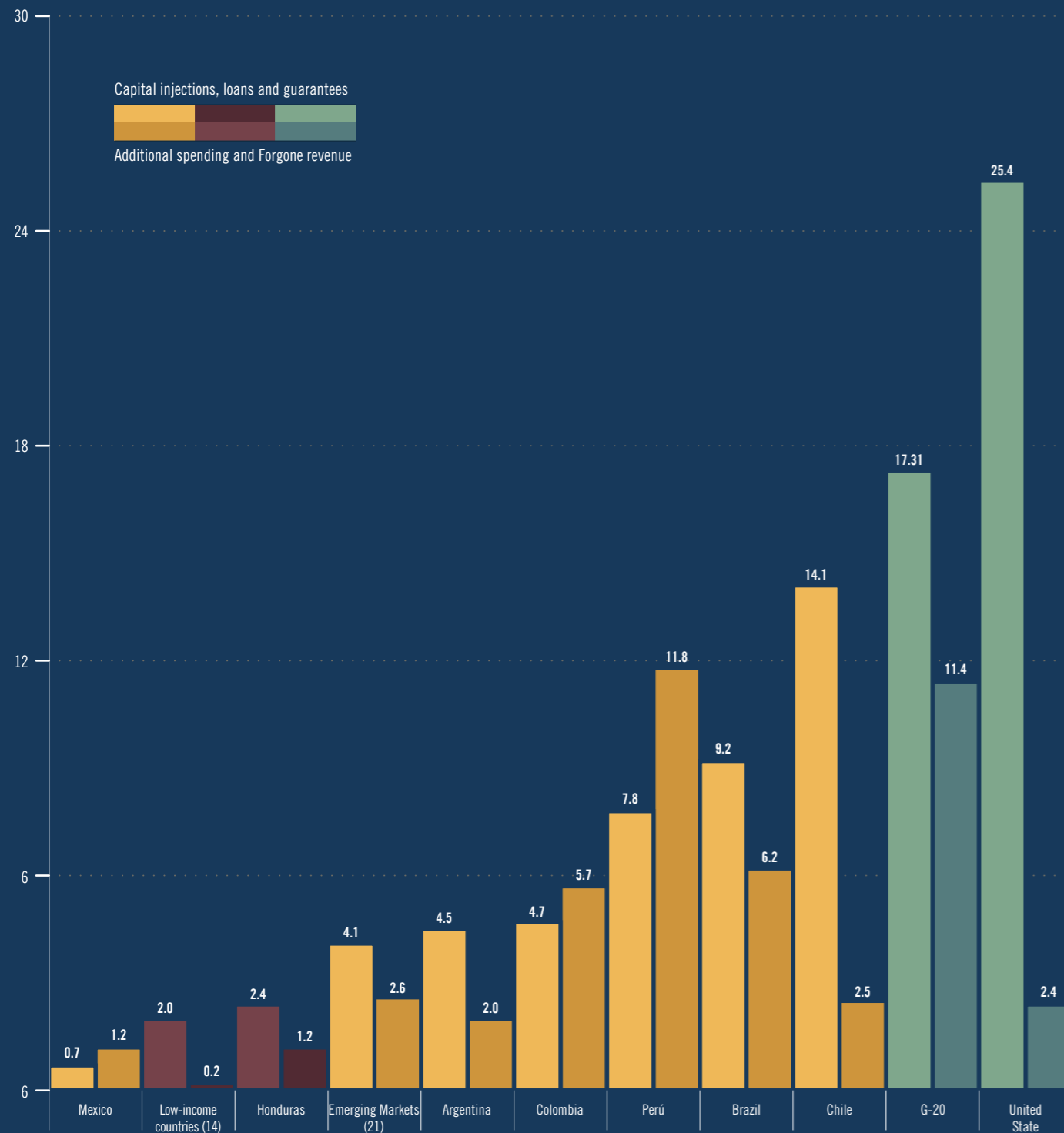


²⁰³Furceri, Davide, and Pietro Pizzuto, The rise in inequality after pandemics: can fiscal support play a mitigating role?, IMF Working Papers 2021, no. 120 (2021). ²⁰⁴According to the IMF, most of the economic plans to deal with the COVID-19 crisis in the countries for which information is available devoted more fiscal resources to "above-the-line" measures than to "below-the-line" measures. Above-the-line measures are those with a direct impact on public expenditure (such as social transfers or subsidies) or on the loss of tax revenue expected to be received (for example, tax exemptions). Below-the-line measures are financing measures (such as loans and credit guarantee programmes) that do not entail an expense (at least not immediately) from an accounting point of view, as the state contribution is either eventually repaid (loans) or contingent (guarantees). ²⁰⁵ International Monetary Fund, Fiscal Monitor: A Fair Shot (2021), p. 10.

Covid-19 tax measures in selected countries as of 5 June 2021

(as percentages of the 2020 GDP)

FISCAL STIMULUS AS % OF GDP



Source: International Monetary Fund, Fiscal Monitor: Database of Country Fiscal Measures in Response to the COVID-19 Pandemic, July 2021, imf.org/en/Topics/imf-and-covid19/Fiscal-Policies-Database-in-Response-to-COVID-19

How can the region sustain expansive fiscal spending to ensure a transformative rights-based recovery in this context? An analysis of the measures taken to date shows that both the international community and, in particular, international financial institutions, private creditors and higher-income countries, as well as countries in the region, have ample room for manoeuvre to mobilize more resources and thus fulfil their human rights obligations.

As the IACHR has pointed out, states must: "Mobilize available resources to the greatest extent possible, and continually seek out such resources nationally and multilaterally in order to give effect to the right to health and other economic, social, cultural and environmental rights in order to prevent and mitigate the pandemic's effects on human rights, including taking fiscal policy measures to allow for equitable redistribution, including the design of concrete plans and commitments to significantly increase the public budget so as to guarantee the right to health."²⁰⁶

With regard to tax measures at the domestic level, the CESCR has noted that: "States parties are under an obligation to devote their maximum available resources to the full realization of all economic, social and cultural rights, including the right to health. As this pandemic and the measures taken to combat it have had a disproportionately negative impact on the most marginalized groups, States must make every effort to mobilize the necessary resources to combat COVID-19 in the most

equitable manner, in order to avoid imposing a further economic burden on these marginalized groups. Allocation of resources should prioritize the special needs of these groups."²⁰⁷ The Committee has called on States to "ensure that the extraordinary mobilization of resources to address the COVID-19 pandemic provides the impetus for long-term resource mobilization towards the full and equal enjoyment of the economic, social and cultural rights enshrined in the Covenant."²⁰⁸

FISCAL POLICIES THAT ARE NOT PROGRESSIVE AND DO NOT MITIGATE UNEQUAL IMPACT OF THE PANDEMIC

The combination of low revenue, taxes that are not sufficiently progressive, and an institutional health and social protection policy that is not designed to reduce inequality, results in a tax system that does little to reduce inequality. Unlike other middle-income or low-income countries, such as those in South-East Asia, or the countries that make up the OECD, Latin American countries have tax systems that do little to redistribute the income and wealth generated by the market through public spending. This is reflected in the fact that, for most countries in the region, pre-tax inequality is almost equal to inequality after the government collects taxes and carries out public spending. (See A15 of the Statistical Annex.)

206. IACHR, 2020, Pandemic and Human Rights in the Americas, Resolution 01/2020 (adopted by the IACHR on 10 April 2020), para. 13. 207. CESCR, Statement on the coronavirus disease (COVID-19) pandemic and economic, social and cultural rights (17 April 2020), E/C.12/2020/1, para. 14. 208. CESCR, Statement on the coronavirus disease (COVID-19) pandemic and economic, social and cultural rights (17 April 2020), E/C.12/2020/1, para. 25.



In addition to low tax revenue, another factor that contributes to the weak redistributive effect of the tax system is a tax structure that is based mainly on indirect taxes – taxes on consumption or payroll taxes and falling disproportionately on women and other overrepresented groups among the poorest part of the population – rather than on direct taxes with greater redistributive potential – such as taxes on wealth and personal income.²⁰⁹ In 2018, for example, Latin America and the Caribbean collected on average only 2.3% of GDP from personal income tax and 0.4% of GDP from property taxes; the comparable figures in OECD countries are 8.1% and 1.1% of GDP, respectively.²¹⁰

In the region, direct taxes are also characterized by a series of gender biases²¹¹ and profound horizontal inequities introduced by all kinds of unjustified differential treatment, as well as by high levels of tax evasion and avoidance.²¹² In short, in addition to having economies that generate high levels of inequality, Latin American countries have failed to explore the potential of fiscal policies to redress those inequalities and build more equitable societies.

GOVERNMENT GROSS DEBT

Increase of...
45,6%



to...



56,3%
of the Gross Domestic Product (GDP)

As Figure 7 shows, a comparative regional analysis of tax responses to the pandemic shows that corporate tax relief in Latin America was more frequent than personal tax relief compared to OECD countries and the Asia-Pacific region (except for the VAT reduction). Modifications to direct taxes such as personal income tax, which would improve the progressive impact of the tax system, were also much less frequent in the region. This shows that, in general, Latin America made less use of equalizing tax measures to mitigate the impact of the pandemic on the most affected groups. This contributed to the fact that, in general, the region's fiscal response, combined with the differentiated impact on employment affecting vulnerable and lower-income groups, resulted in greater inequality because of the failure to focus on the part of tax policy and expenditure measures discussed at the beginning of the report, towards the most affected groups.

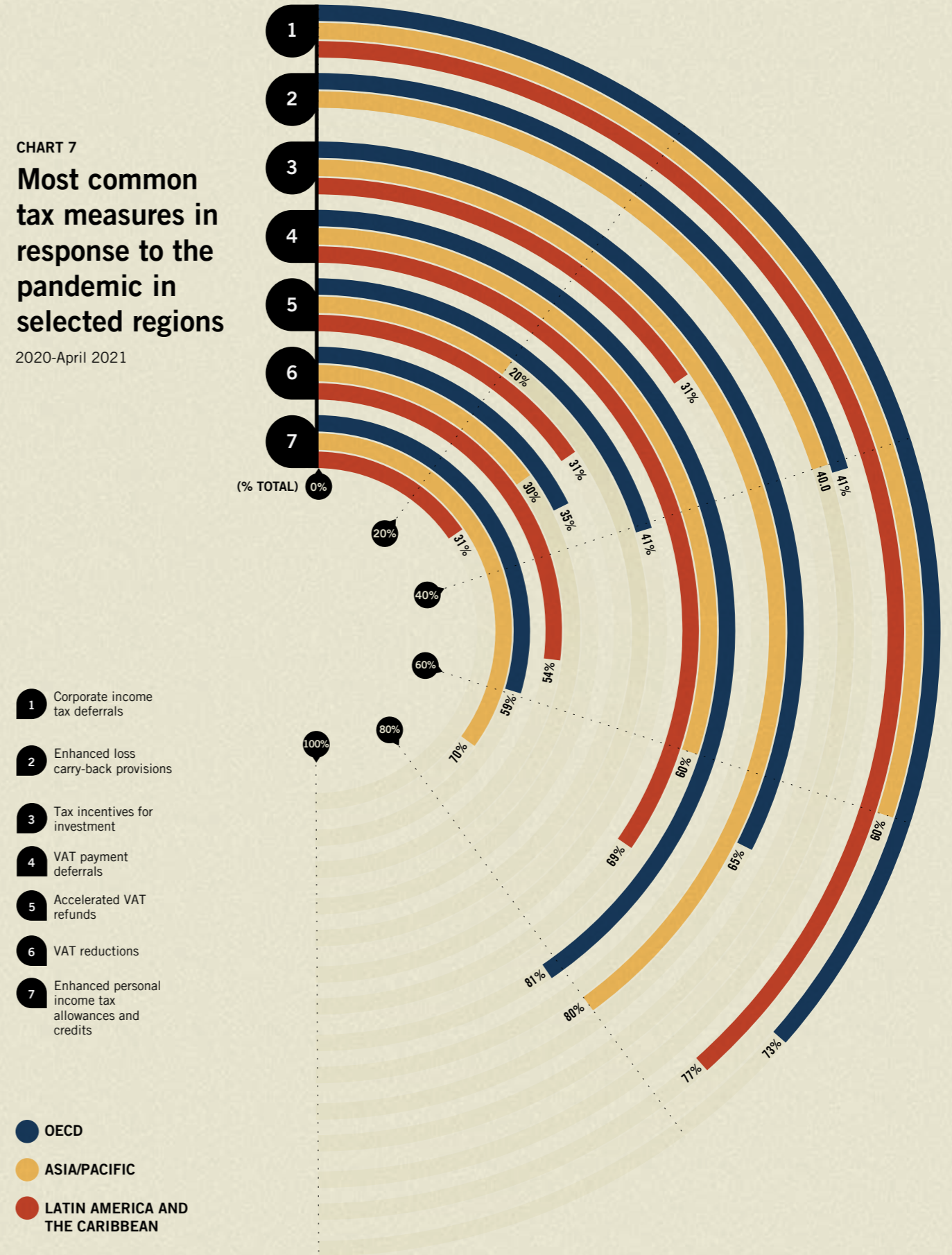
With a few exceptions, countries in the region did not adopt progressive tax measures to finance public expenditure, which significantly limited the effectiveness of fiscal policy in counteracting the rise in poverty and inequality and the negative impact on economic and social rights. For example, with the exception of Argentina and Bolivia, countries in the region



CHART 7

Most common tax measures in response to the pandemic in selected regions

2020-April 2021



Source: OECD database on tax measures during the Covid-19 pandemic, <https://stat.link/0yfb9w>

209. "With regard to the tax structure in Latin America, tax revenues come primarily from consumption taxes, which account for 46.2% of total revenues, followed by income tax (26.8% of the total) and social security contributions (20.5% of the total). In the OECD countries, income taxes account for 34.0% of the total and social security contributions for 26.6% of the total, while consumption taxes account for 32.3% of the total." ECLAC, Fiscal Panorama of Latin America and the Caribbean 2021, p. 66. 210. ECLAC, Fiscal Panorama of Latin America and the Caribbean 2021, p. 52. 211. ECLAC, "Gender-responsive fiscal policy in Latin American countries", in ECLAC, Fiscal Panorama of Latin America and the Caribbean 2021, pp. 89-117. 212. ECLAC, "Net wealth taxes in Latin America", in ECLAC, Fiscal Panorama of Latin America and the Caribbean 2021, pp. 55-88. 213. CEPAL, Impuestos sobre el patrimonio neto en América Latina. En CEPAL, Panorama Fiscal de América Latina y el Caribe 2021, p. 61-95.



did not adopt extraordinary taxes on wealth. Some countries, such as Colombia, tried to incorporate measures such as a wealth tax into the framework of broader tax reforms that included other measures, sparking widespread social mobilization against the reforms and unleashing intense social conflict. This poses a huge challenge, as future tax reforms will need to confront the perception of injustice linked to the tax system and the general economy in order not to close the window of opportunity created by citizens' demand for more progressive tax systems associated with the pandemic.²¹³



WHAT CAN BE DONE TO CREATE STRONGER AND FAIRER TAX SYSTEMS?

TAX MEASURES ON CONCENTRATED SOURCES OF WEALTH

Countries in the region have ample room for manoeuvre to mobilize more resources to fully ensure rights. A first option is to adopt wealth taxes and strengthen the progressive nature of income tax. In 2019, on average 24.6% of income went to the richest 1% in the region and estimates of wealth concentration are much higher. However, implementation of wealth taxes in the region has been weak and effectively tax rates for higher income earners are very low.²¹⁴

Recent theoretical discussions suggest that in order to achieve progressive tax systems in the 21st century, several instruments need to be combined: a corporate tax, a progressive income tax and a progressive wealth tax.²¹⁵ As ECLAC has stated: "The corporate income tax ensures that all earnings are taxed, whether they are distributed or not. The progressive income tax ensures that those who earn more pay more. And a progressive wealth tax allows high net worth individuals to contribute an amount



that reflects their true capacity to pay."²¹⁶ Properly designed, certain wealth taxes have been recognized by agencies such as the OECD and IMF as an effective mechanism to advance greater equality of opportunity, deconcentrate wealth, and even achieve positive impacts in terms of economic efficiency in resource allocation.²¹⁷

There is evidence that wealth taxes can be an important tool for increasing the incomes of many governments in the region, particularly in relation to those non-financial assets that are difficult to hide in tax havens. An example of this is wealth taxes. While on average OECD countries collect 1.8% of GDP in this category²¹⁸ – Canada, Korea and France manage to collect up to 4% – only Argentina and Uruguay exceed this figure. Countries such as Mexico, Peru, Costa Rica and Bolivia collect less than half a percentage point of GDP from such taxes,²¹⁹ so there is significant space for improved fiscal revenue. Clearly this is one of the most progressive taxes, considering the extreme inequality of income and wealth, where 19% of the population of Latin America is in the poorest 10% in terms of wealth while only 1.4% of the population is in the richest 1%.²²⁰

Another measure that would have a potential redistributive effect is to eliminate unnecessary tax expenditures, as many of them are concentrated in high-income households and businesses. In most countries, these corporate tax exemptions account for between 14% and 24% of actual revenue, although in some cases they exceed 30%.²²¹ Although it



can be argued that these fiscal incentive measures, and the concentration of wealth they generate, incentivize investment and job creation, the lack of public investment to reduce inequality can affect economic growth and its effectiveness in reducing poverty.²²² In addition these incentives are often redundant, since there are other more important factors that determine foreign investment in the Global South.²²³

COMBATING TAX EVASION AND AVOIDANCE: THE IMPORTANCE OF THE INTERNATIONAL DIMENSION

A second option is to strengthen the fight against tax evasion and avoidance. According to ECLAC estimates, evasion of income tax and value added tax resulted in losses of \$325 billion, equivalent to 6.1% of the region's GDP, in 2018. Income tax evasion is particularly serious, as in some countries less than half of what should be legally collected is actually collected.²²⁴ This loss of resources outstrips public investment in health or education in the region.

In terms of corporate taxation, the Tax Justice Network estimates that Latin America loses \$40.1 million annually, which represents 16.3% of the tax revenues that states lose globally as a result of the transfer of profits to tax havens.²²⁵ It is estimated that with the income that



²¹³. According to a special module of the Latinobarometer survey in 2020, an average of 77% of people in countries in the region believe that their country is governed in the interests of the few. And 74% of the population believe that the tax burden should increase for the richest. See Programme of the United Nations Sustainable Development (UNDP), Regional Human Development 2021: Trapped: High Inequality and Low Growth in Latin America and the Caribbean (2021), p. 9. ²¹⁴. Economic Commission for Latin America and the Caribbean (ECLAC), based on World Inequality Lab, World Inequality Database [online] <https://wid.world/> ²¹⁵. Saez, E. and G. Zucman (2019a), "Progressive wealth taxation", Brookings Paper on Economic Activity, Washington, D.C., The Brookings Institution. ²¹⁶. ECLAC, Fiscal Panorama of Latin America and the Caribbean, 2021 (LC/PUB.2021/5-P), Santiago, 2021, p. 76. ²¹⁷. OECD (2021), Inheritance Taxation in OECD Countries, OECD Tax Policy Studies, No. 28, OECD Publishing, Paris, doi.org/10.1787/e2879a7d-en; International Monetary Fund, Fiscal Monitor 2021: A Fair Shot (2021). ²¹⁸. OECD Data, Tax on property, 2022, data.oecd.org/tax/tax-on-property.htm#indicator-chart ²¹⁹. CEPAL, Cepalstat, Tax revenue by type of tax as a percentage of GDP (Latin America and the Caribbean) 2022, statistics.cepal.org/portal/cepalstat/dashboard.html?theme=2&lang=en ²²⁰. Credit Suisse, Global Wealth Databook 2019, (2020), credit-suisse.com/about-us/en/reports-research/global-wealth-report.html ²²¹. ECLAC/Oxfam International, Tax incentives for businesses in Latin America and the Caribbean, Project Documents(LC/TS.2019/50), Santiago, 2020. ²²². Vázquez-Pimentel, D; Macías-Aymar, I.; Lawson, M. (2018), Reward work, not wealth, Oxfam, oxfam.org/en/research/reward-work-not-wealth ²²³. Oxfam International-CBI-Christian Aid. (2020), Tax incentives in the Global South, Oxfam. oxfamilibrary.openrepository.com/bitstream/handle/10546/620468/bn-tax-incentives-global-south-100518-en.pdf?sequence=1 ²²⁴. ECLAC, Fiscal Panorama of Latin America and the Caribbean, 2020 (LC/PUB.2020/6-P), Santiago.



has been lost for this reason in the last 10 years, the region could have guaranteed access to drinking water to almost half a million people, or prevented the deaths of just over 40,000 children or approximately 1,500 mothers.²²⁶

As noted by the CESCR: “To combat abusive tax practices by transnational corporations, States should combat transfer pricing practices and deepen international tax cooperation, and explore the possibility to tax multinational groups of companies as single firms, with developed countries imposing a minimum corporate income tax”.²²⁷ Further reforms are needed to strengthen the fight against tax fraud, in line with the recommendations of the UN High Level Panel on International Financial Accountability, Transparency and Integrity to achieve the 2030 Agenda (FACTI Panel), including strengthening the automatic exchange of information, the creation of beneficial ownership registers of multinational companies and the standardization of country reports by multinationals on

the scope of their activities in the countries in which they operate.²²⁸

Combating these practices by multinational corporations requires coordinated responses from the international community to free up and help expand the fiscal space of countries in the region. Just as democratic space is a necessary precondition for the exercise of civil and political rights, fiscal space is essential for states to create the material conditions in which people can live in dignity, through the full enjoyment of their economic and social rights.²²⁹ The CESCR has clarified that the duty to mobilize the maximum available resources for the full guarantee of rights refers both to “the resources existing within a State and those available from the international community through international cooperation and assistance”.²³⁰ States have extraterritorial obligations, including to cooperate, in accordance with their economic, technical and technological capacities, available resources and level



of influence in international decision-making processes, among other factors, and to mobilize the maximum of their available resources for the universal realization of economic, social and cultural rights.²³¹

An important element to consider at the current juncture has been the adoption in G20 discussions of a global tax agreement for transnational companies, ratified on 30 October 2021. The agreement seeks to ensure that corporations pay a minimum tax of 15% distributed among the countries where they operate and where they are registered. Although it is estimated that about \$427 billion in corporate taxes are lost annually, the proposed rate could raise about \$275 billion globally.²³² While a step in the right direction, the current design of the mechanism would only marginally benefit low-income or developing countries, denying them crucial fiscal resources to ensure that they have the resources necessary to protect and promote the exercise of their inhabitants’ economic, social and cultural rights, particularly those groups or populations who experience structural inequalities.²³³

The scope of international cooperation to enable countries in the region to mobilize the resources required to meet urgent needs, such as increasing the availability of vaccines or strengthening the

financing of health and social protection systems, has been very limited, as illustrated by two examples: debt relief programmes²³⁴ and international cooperation on taxation.²³⁵ Countries in Latin America devote substantial resources to debt servicing. While in 2011 the region allocated 10.6% of its public revenues to service the external debt, in 2020 this rose to 14.2%. These resources represent an amount equivalent to public spending on health in the region.²³⁶

Against this backdrop, the adoption of measures to reform the global financial and tax architecture should be a human rights imperative on the part of the international community, but Latin American states must also make determined progress on domestic reforms to mobilize the maximum resources available for the guarantee of rights.²³⁷

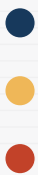


²²⁵.Tax Justice Network, *The State of Tax Justice 2020: Tax Justice in the time of COVID-19* (2020). ²²⁶.Tax Justice Network, *Tax Justice & Human Rights: The 4 Rs and the realisation of rights* (2021). ²²⁷.CESCR, General Comment 24 on State obligations under the International Covenant on Economic, Social and Cultural Rights in the context of business activities, E/C.12/GC/24, para. 37. ²²⁸.Report of the High-Level Panel on International Financial Accountability, Transparency and Integrity for Achieving the 2030 Agenda (FACTI Panel), *Financial Integrity for Sustainable Development* (2021), un.org/pga/75/2021/02/26/report-of-the-high-level-panel-on-international-financial-accountability-transparency-and-integrity-for-achieving-the-2030-agenda-facti-panel/ ²²⁹.Ignacio Saiz, *Freeing Fiscal Space: A human rights imperative in response to COVID-19*, *Global Trends Analysis No 1* (2021), p. 11, cesr.org/sites/default/files/Freeing%20Fiscal%20Space.pdf ²³⁰.CESCR, General Comment 3, *The Nature of States Parties’ Obligations*, para. 14. ²³¹.ETO Consortium, *The Maastricht Principles on Extraterritorial Obligations in the Area of Economic, Social and Cultural Rights*, 2013, fidh.org/IMG/pdf/maastricht-eto-principles-uk_web.pdf ²³².Iain Byrne, (2021), *The new global tax deal: a true watershed moment for human rights?*, *Human Rights Centre University of Essex*, hrccessex.wordpress.com/2021/11/15/the-new-global-tax-deal-a-true-watershed-moment-for-human-rights-%ef%bf%bc/ ²³³.CESR (2022), *Half Measures: Global Digital Tax Proposals Fall Short of Realizing Human Rights*, cesr.org/half-measures-global-digital-tax-proposals-fall-short-of-realizing-human-rights/ ²³⁴.CESR and Latindadd, *“Debt financing to realize rights”* (2020), cesr.org/sites/default/files/Brief%204%20Debt%20Finance_%20_0.pdf ²³⁵.CESR and Tax Justice Network, *“Progressive Tax Measures to Realize Rights”* (2020), cesr.org/sites/default/files/Brief%203%20Progressive%20Tax_.pdf ²³⁶.Daniel Munevar, *“La pandemia de la deuda en América Latina y el Caribe.”* [“The Debt Pandemic in Latin America and the Caribbean.”] *Cuadernos de Economía Crítica* 7, no. 14 (2021): 157-161 (Spanish only). ²³⁷.As the CESCR has noted: “Consistent with article 28 of the Universal Declaration of Human Rights, this obligation to fulfil requires States parties to contribute to creating an international environment that enables the fulfilment of the Covenant rights. To that end, States parties must take the necessary steps in their legislation and policies, including diplomatic and foreign relations measures, to promote and help create such an environment. States parties should also encourage business actors whose conduct they are in a position to influence to ensure that they do not undermine the efforts of the States in which they operate to fully realize the Covenant rights — for instance by resorting to tax evasion or tax avoidance strategies in the countries concerned.” General Comment 24 on State obligations under the International Covenant on Economic, Social and Cultural Rights in the context of business activities (E/C.12/GC/24), para. 37.

The background features a complex arrangement of geometric shapes and patterns. A large, dark blue, stylized letter 'C' is the central focus, with a red circular area inside it. To the right, a large red triangle points downwards. Various circles in yellow, orange, and dark blue are scattered throughout, some containing dashed patterns. A red plus sign is located on the right side. At the bottom, there is a white wavy line and a dashed line.

CONCLUSIONS

& RECOMMENDATIONS



L



Latin America has been the region most affected by Covid-19. It was the region with the highest level of mortality and faces an acute recession. This situation was not the result of chance or bad luck, but was caused by public policy decisions that governments in the region have followed for decades and that consequently have left the economic and social rights of millions of people unprotected, leaving the door open to extreme levels of inequality and discrimination. The deterioration of public health systems – due to lack of investment and flawed spending – and fiscal policy that was not effective in reducing inequality, left the region exposed to a crisis such as that produced by Covid-19.


Although vaccination and health measures implemented by governments have decreased Covid-19 deaths globally as well as in the region, the health, economic and social crises triggered by the pandemic are far from over. Poverty has not gone back down to pre-pandemic levels, extreme poverty continues to

rise, unemployment in the region continues to affect women unequally, and many countries do not have the levels of health infrastructure and budgetary resources available to prevent another public health crisis in the event of new variants of the virus and subsequent waves of infection.

This picture affects the exercise of human rights, especially the economic and social rights, of millions of people in the region, particularly the most vulnerable groups, who experience conditions of structural inequality, such as discrimination on grounds of race or ethnicity resulting from colonialism, gender inequality, profound disparities in income between rich and poor, lack of comprehensive social protection systems, endemic corruption in the region and fiscal weakness in most countries for establishing health systems focused on universal coverage. In order for the region to recover as quickly as possible and in an inclusive manner, the structural causes that perpetuate socio-economic inequalities must be addressed; only in this way

will LAC governments be able to guarantee true substantive equality and the protection of human rights.

Therefore, the CESR and Amnesty International believe that states in the region must, as a minimum, fulfil their obligation to guarantee sufficient public spending on health in accordance with the standard of at least 6% of GDP established by the Pan American Health Organization. To this end, they must organize their fiscal policy, both collection and spending, in a progressive way that significantly reduces socio-economic inequality and discrimination in access to the right to social protection, as well as to other human rights that are social determinants of health.

In this regard, the CESR and Amnesty International set out five recommendations for Latin American and Caribbean states to address structural inequalities urgently and decisively, as a priority human rights imperative. These key recommendations can provide a roadmap for a just recovery. 

#1

#1: COMBAT INEQUALITY AND DISCRIMINATION:

IMPLEMENT FISCAL, SOCIAL AND LABOUR POLICIES TO REDUCE INCOME INEQUALITY AND DISCRIMINATION AND ACHIEVE SUBSTANTIVE EQUALITY.

- This is compatible with the goals that states themselves have agreed in Goal 10 of the 2030 Sustainable Development Goals,²³⁸ the United Nations framework.
- **This also requires** that ongoing emergency health and social protection policies give priority to people considered disadvantaged, in accordance with the principle of substantive equality, which should be translated into effective targeting mechanisms that address the specific problems of each group.

- **Ensure that states** adapt their institutional frameworks, public policies and evaluation systems, among other instruments, so that they address the high levels of inequality as a priority human rights issue, with an emphasis on prioritizing, measuring and evaluating the closure of the gaps in access to rights of historically marginalized groups such as women, Indigenous and Afro-descendant peoples, children, people with disabilities and LGBTI+ people.

- **In relation to the availability** of information and indicator systems, including death certificates and census data, states should ensure that these are disaggregated by race, ethnicity, gender, age, migration status and socio-economic status, among other relevant factors. This will provide useful information to development agencies and ministries of health and social welfare, so that they can create differentiated public policies for marginalized groups and set targets to close the gaps in the enjoyment of their rights. All data should be available in a transparent and accessible manner, with the aim of strengthening accountability.

²³⁸According to United Nations SDG 10: "Reducing inequalities and ensuring that no one is left behind is an integral part of achieving the Sustainable Development Goals. Inequality within and among countries is a persistent cause for concern. Despite some positive signs toward reducing inequality in some dimensions, such as reducing relative income inequality in some countries and preferential trade status benefiting lower-income countries, inequality still persists."

#2

COMBAT INEQUITY IN THE SOCIAL DETERMINANTS OF HEALTH

ANALYSE IN DEPTH AND COMBAT THE UNEQUAL AND DISCRIMINATORY IMPACT THAT CRISIS RESPONSE POLICIES HAVE HAD ON ACCESS TO THE RIGHTS TO ADEQUATE FOOD AND HOUSING, WATER AND DECENT WORKING CONDITIONS, ALL SOCIAL DETERMINANTS OF HEALTH.

• **This analysis** should take into account the historical legacy of colonialism, racism, sexism and gender stereotypes and other social factors that foster discrimination and inequality, and must involve multisectoral participation at all levels of government, in addition to the participation of civil society and affected populations.

• **Ensure that any** decision-making process on official responses to address the social determinants of health is based on transparency and the right to information, with effective and meaningful participation by representatives of civil society and, in particular, of populations at risk who may be particularly affected by such decisions.

• **Meet 2030 SDG** Goal 6 (right to water, ensuring universal and equitable access to safe drinking water and sewerage, affordable for all);²³⁹ Goal 2 (an end to all forms of malnutrition); Goal 11 (access to adequate, safe and affordable housing); and Goal 3 (access to and universal health coverage).

• **Adopt measures** to regulate and control ultra-processed foods and sugary drinks, promoting healthy diets through public education and awareness.

²³⁹ United Nations SDG 6 states: "Ensure availability and sustainable management of water and sanitation for all. While substantial progress has been made in increasing access to clean drinking water and sanitation, billions of people—mostly in rural areas—still lack these basic services. Worldwide, one in three people do not have access to safe drinking water, two out of five people do not have a basic hand-washing facility with soap and water, and more than 673 million people still practice open defecation."

#3

EXPAND SOCIAL PROTECTION

ENSURE THAT EVERYONE HAS ACCESS TO SOCIAL SECURITY AND ACCESS TO THE MEDICAL CARE THEY NEED, IN ACCORDANCE WITH INTERNATIONAL HUMAN RIGHTS STANDARDS.

• **Social protection** policies should take into account differentiated racial and gender impacts, including the heavy and unequal burden of unpaid care work shouldered by women. Social protection measures should be appropriate in scope and amounts, available and accessible to all, which requires addressing existing disparities based on ethnicity-race, gender, age and socio-economic status.

• **Ensure that people** employed in the informal sector enjoy protection of their labour rights and social security coverage, according to international human rights law, with special attention to women, Indigenous and Afro-descendant peoples, people with disabilities, migrants and LGBTI+ people.

• **Prioritize the implementation** of a social protection approach that starts from the right to social security and the concept of "social protection floors", ensuring that measures to address unemployment, social assistance and other aspects of social protection, are comprehensive, including for workers in the informal sector. In this context, states should consider adopting universal mechanisms for minimum income and social protection, as proposed by bodies such as ECLAC.

#4

INCREASE PUBLIC SPENDING ON HEALTH AND ENSURE THE QUALITY OF SPENDING

SIGNIFICANTLY INCREASE PUBLIC SPENDING ON HEALTH TO THE LEVEL OF AT LEAST 6% OF GDP..

- ...in line with the Pan American Health Organization's Sustainable Health Agenda for the Americas, to ensure universal access to medicines, treatment and disease prevention and ensure the enjoyment of the highest possible standard of health.
- **Prioritize resource** allocation to reduce disparities in coverage, particularly for disadvantaged groups that disproportionately cover their health needs from out-of-pocket spending.
- **Strengthen anti-corruption** agencies so that they have autonomy and independence in their investigations and thus ensure that there are sanctions in cases of corruption, irrespective of political interests. As priority state institutions for the effective and transparent use of public resources, they must have sufficient resources and be able to provide protection to those who report crimes of corruption in the health sector or other sectors.

#5

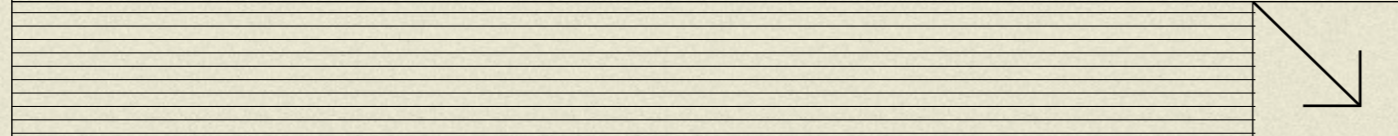
FAIR FISCAL POLICIES

PRIORITIZE PROGRESSIVE TAX REFORMS THAT HELP CLOSE INCOME, GENDER AND OTHER GAPS BY LEVERAGING THE REVENUE AND REDISTRIBUTIVE POTENTIAL OF DIRECT TAXATION SUCH AS WEALTH, PERSONAL INCOME AND WINDFALL TAXES...

- **eliminating unnecessary** tax breaks and combating tax evasion and avoidance.
- **Align tax,** debt and public spending policies with human rights obligations using the Principles for Human Rights in Fiscal Policy as a guide and revitalize fiscal pacts in a way that strengthens citizens' confidence and willingness to pay taxes.
- **Cooperate internationally** to ensure reforms to the global financial and tax architecture to expand the fiscal space of low- and middle-income countries, including a comprehensive debt restructuring mechanism and rules to curb the race to the bottom and corporate tax avoidance.



STATISTICAL ANNEX



INDEX: AMR 01/5483/2022
ORIGINAL LANGUAGE: SPANISH
AMNESTY.ORG



SUBINDEX

1. The Excess of Death is calculated by comparing the deaths in any given year with the expected deaths from previous years.
2. In other words, when variable "X" increases, so does variable "Y". In addition, "Y" increases in the same proportion with each additional unit of "X"
3. In other words, when variable "X" increases, variable "Y" decreases. In addition, "Y" decreases in the same proportion with each additional unit of "X"
4. Is a scatter plot presented in a cartesian plane. Each point represent a coordinates (x,y) that allows the visualization of the relationship between two variables
5. <https://github.com/owid/covid-19-data/blob/master/public/data/owid-covid-data.csv>, Accessed on February 11 2021, for contagion and death rates. Lethality rates made by Amnesty International with the original data from this source.
6. Note: The countries that belong to each category can be consulted at <https://www.imf.org/external/pubs/ft/weo/2021/02/weodata/groups.htm>
7. Website "Inequality and Health". Available at: <https://inequality.org/facts/inequality-and-health/>
8. Monthly data available at https://github.com/TheEconomist/covid-19-excess-deaths-tracker/blob/master/output-data/excess-deaths/all_monthly_excess_deaths.csv and https://raw.githubusercontent.com/TheEconomist/covid-19-excess-deaths-tracker/master/output-data/excess-deaths/all_weekly_excess_deaths.csv, from the COVID-19 dataset from Our World In Data (2021). The Dataset for life expectancy comes from the WHO and is available at <https://github.com/owid/covid-19-data/blob/master/public/data/owid-covid-data.csv>, accessed February 11 2021. The data on public expenditure as a share of GDP was taken from the Global Health Observatory data repository, available at <https://apps.who.int/gho/data/node.main.GHEDGGHEDGDPSHA2011?lang=en>. For ICU beds for 100 thousand inhabitants and medics fro each 10000 inhabitants, the data was taken from the report "Panorama de la Salud: Latinoamérica y el Caribe 2020", pages 12, 29 and 121.
9. Monthly data available at https://github.com/TheEconomist/covid-19-excess-deaths-tracker/blob/master/output-data/excess-deaths/all_monthly_excess_deaths.csv and weekly data available at https://raw.githubusercontent.com/TheEconomist/covid-19-excess-deaths-tracker/master/output-data/excess-deaths/all_weekly_excess_deaths.csv, accessed February 11 2021. The data on public expenditure as a share of GDP was taken from the Global Health Observatory data repository, available at <https://github.com/owid/covid-19-data/blob/master/public/data/owid-covid-data.csv> and <https://apps.who.int/gho/data/node.main.GHEDGGHEDGDPSHA2011?lang=en>, . For ICU beds for 100 thousand inhabitants and medics fro each 10000 inhabitants, the data was taken from the report "Panorama de la Salud: Latinoamérica y el Caribe 2020", pages 12, 29 and 121.

STATISTICAL ANNEX

E

as a result of the comparison between key pre pandemic aspects (directly associated to the right to health) and COVID-19 deaths.

Even when the statistical analysis made throughout the report was based on preliminary data and a limited country sample, is consistent with the claims made in the report. It informs on the negative effects of inequalities and lack of fiscal resources behind the human lives losses in the region due to COVID-19. Therefore, it provides an starting point for further and deeper analysis at local level to improve public policies necessary to protect rights, particularly the right to health.

The following charts show from moderate to strong lineal correlation coefficients

There are several ways to measure the impact of the pandemic; each one faces a particular challenge of identification due to the differences between the quality of the data across countries. The common variables measured are calculated in terms of rates, deaths and lethality. However, different underreporting and test use indicates that the current indicators must be taken with caution, since there are subject to different measurement errors that might bias the results and challenge the veracity of the reported figures, which limits comparability.

CORRELATION ANALYSIS THROUGH SIMPLE REGRESSIONS

E

This report presents the results of some basic correlation analysis.

Correlation analysis is a statistical technique that investigates whether there is an association between two variables. Such analysis identifies linear relationships between two variables, Y and X. Conventionally, variable Y is considered to be endogenous / dependent (e.g. COVID-19 mortality rates), while variable X is considered to be exogenous / independent (e.g. the number of health professionals that could attend people infected with COVID-19).

There are two basic statistics that could provide useful information to investigate the relationship between two variables: the correlation coefficient (r) and the determination coefficient (R²).

• **Correlation coefficient (r):**

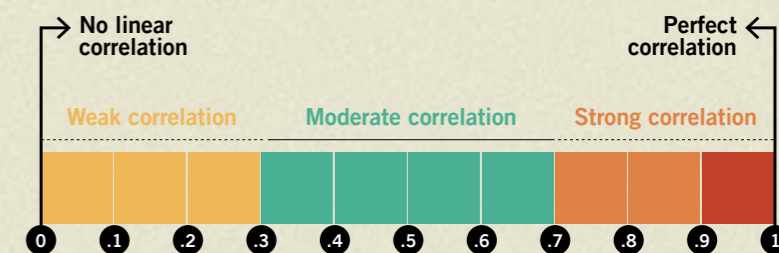
This is a statistic used to measure how strong or weak a linear relationship is between two variables, determined by the sign of the measure. The linear association between two variables can be a) direct / positive (modeled by a linear equation with a positive slope) or b) inverse / negative (modeled by a linear equation with a negative slope).

The coefficient is bounded between +1 and -1. A perfectly direct / positive relation will give as a result

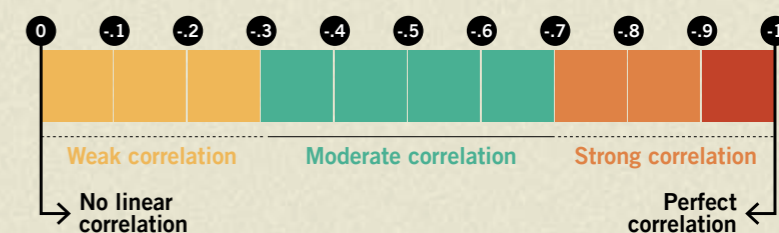
a correlation coefficient of +1, while a perfectly inverse / negative relation will give a coefficient of -1.

Therefore, the relationship can be ordered in a scale that allows the researcher to evaluate the type and how strong the linear relationship is between two variables. The chart below provides a quick example.

SCALE IN CASE OF A POSITIVE / DIRECT LINEAR CORRELATION:

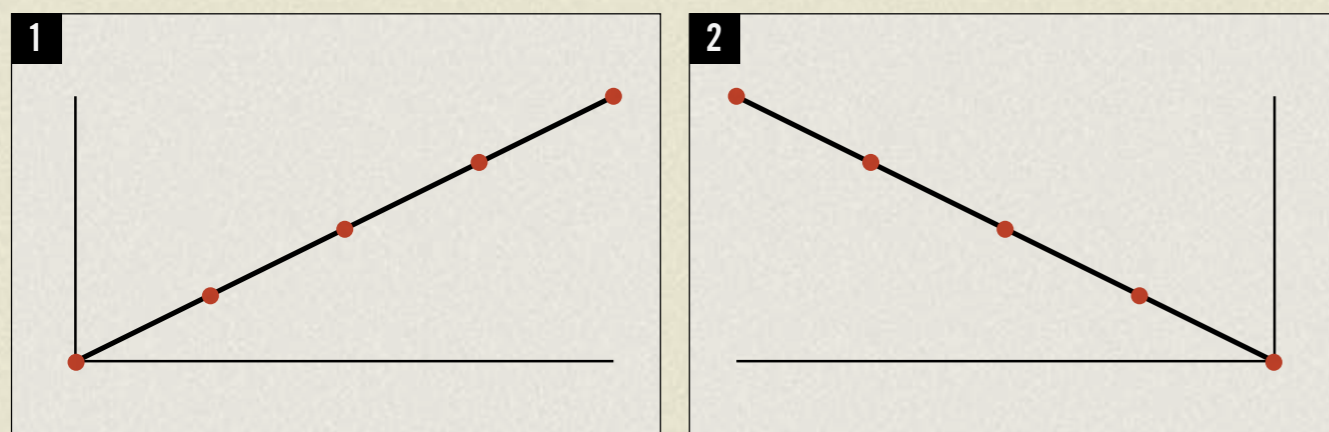


SCALE IN CASE OF A NEGATIVE / INVERSE LINEAR CORRELATION:

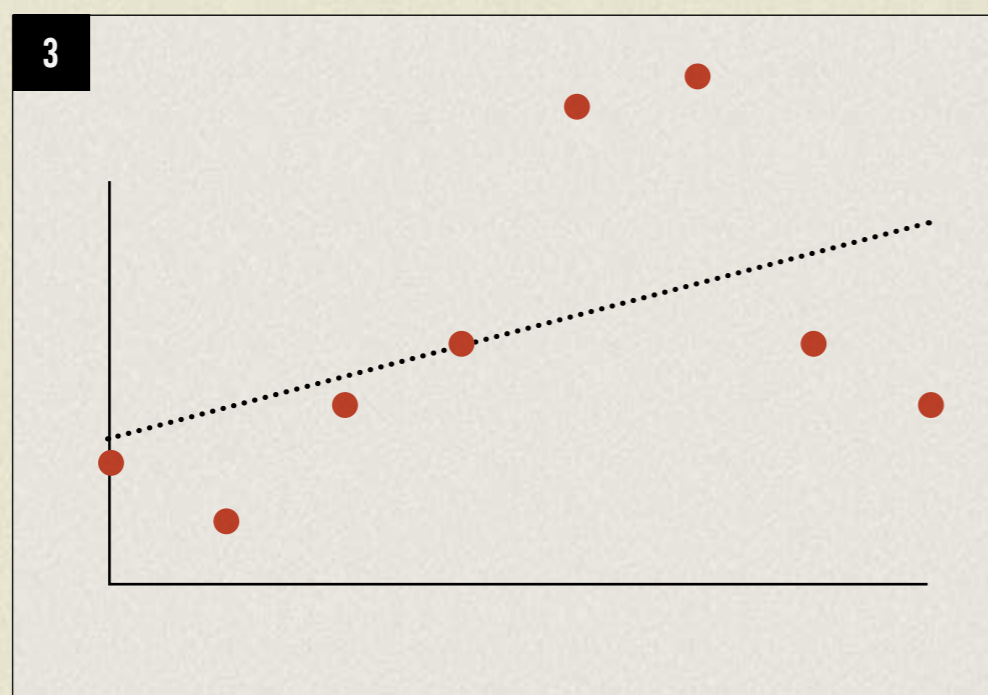


CORRELATION ANALYSIS THROUGH SIMPLE REGRESSIONS

Graphically, when there is a perfect linear correlation (either negative or positive), the scatter plot between two variables falls exactly in a straight line that represents a linear equation:



When there is an imperfect linear relationship between two variables, some points within the scatter plot will not fit perfectly into the linear equation represented by the trend line, although the distance between those points is minimized as this the best possible fit using a linear approach: • **Determination coefficient or R-squared (R²)**



This is a statistic that allows the researcher to investigate, using a linear model for Y using X, which percentage of the total variance of Y is explained by X.

The range of values of this statistic is bounded between 0 and 1, where 1 indicates that all the variance from Y is explained by X, and 0 indicates that X does not explain any variability of Y. If, for example, the R² in a model takes the value of 0.2, it means that 20% of the variance of Y can be explained using the X variable.

- **Correlation does not imply causality**

The fact that there is a linear relationship and some joint variability between two variables does not mean that one variable is a cause of the other. Correlation might not necessary imply causation. In order to study a causal relationship, other econometric techniques should be used, out of the methodology provided by this report.

A basic correlation analysis was used as part of the broader methodology developed by this report in order to validate the relevance of the policy responses in the outcomes of the pandemic. As a result, all the charts and correlations mentioned in the report show a correlation coefficient larger than +/-0.3- i.e. all the charts and analysis included had at least a moderate correlation.

The results of the determination coefficient are also shown in this report.

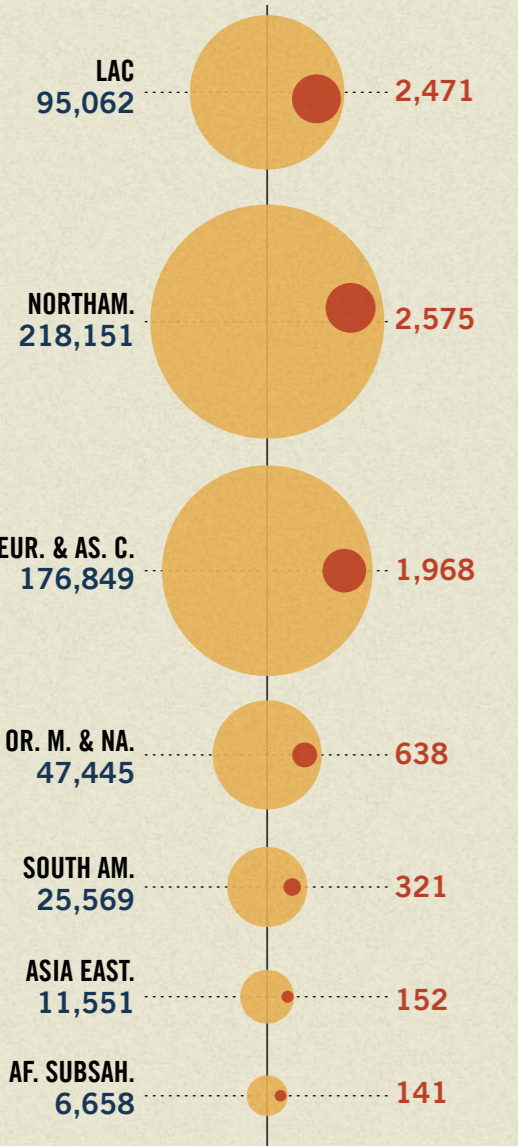
The statistical analysis performed in this report, although basic, shows results that are consistent with other evidence and analysis developed in the report, and provide evidence supporting the main thesis provided by Amnesty International and the CESR regarding the structural roots that explain in part the negative results of the COVID-19 pandemic in terms of the human and economic costs. This presents a starting point for further analysis for more rigorous policy analysis to evaluate specific interventions that are necessary to protect the right to health.

A1

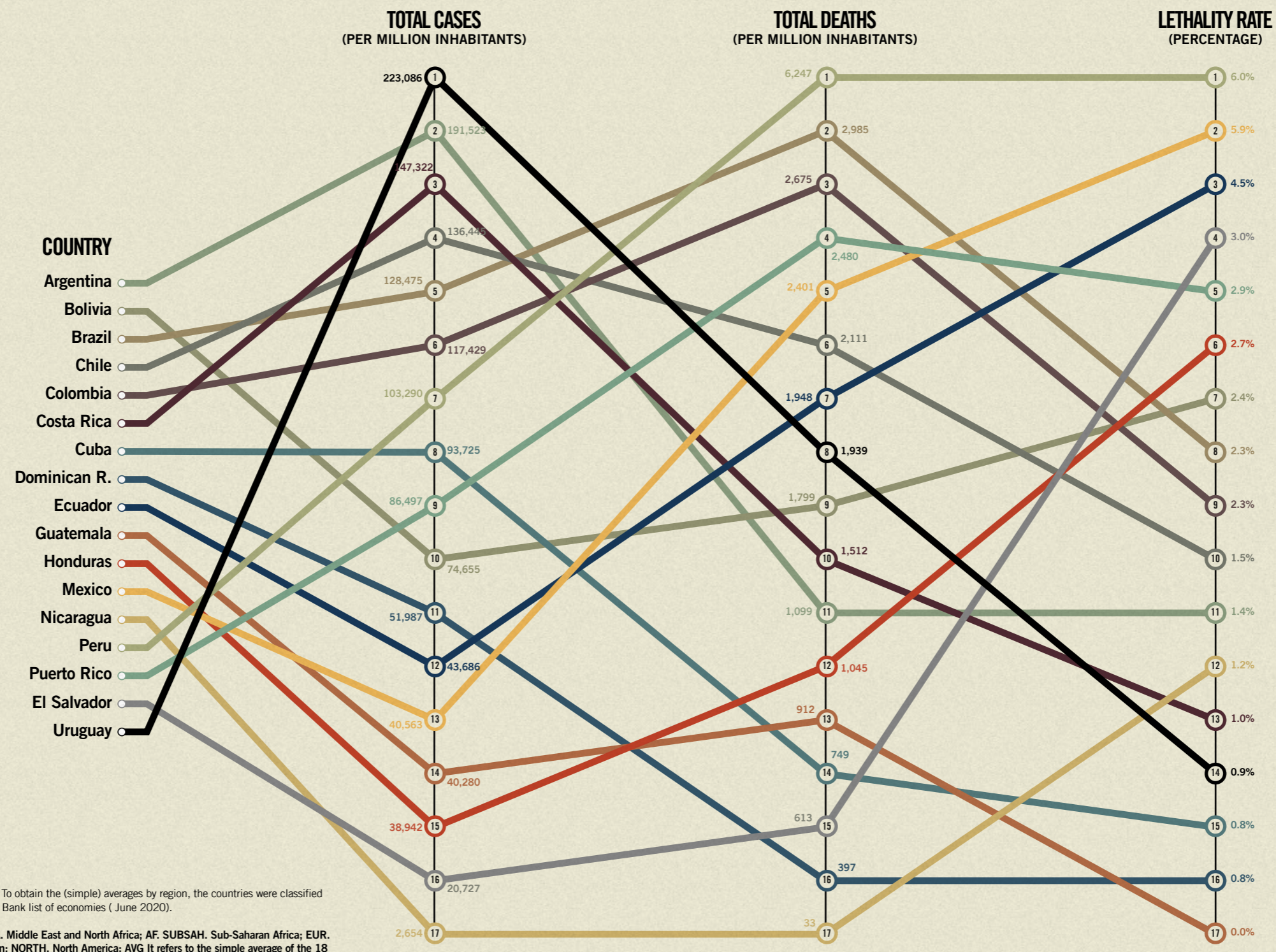
CONTAGION, MORTALITY AND LETHALITY RATES (LAST UPDATE FEBRUARY 13 2022)⁵

(ACT. 10 DE FEBRERO DE 2021)¹⁹

TOTAL CASES BY REGION (PER MILLION INHABITANTS)



TOTAL DEATHS BY REGION



LETHALITY RATE (% POPULATION)



Note: Accumulated data from the start of the pandemic until February 10, 2021. To obtain the (simple) averages by region, the countries were classified according to the World Bank classification, available in its document World Bank list of economies (June 2020).

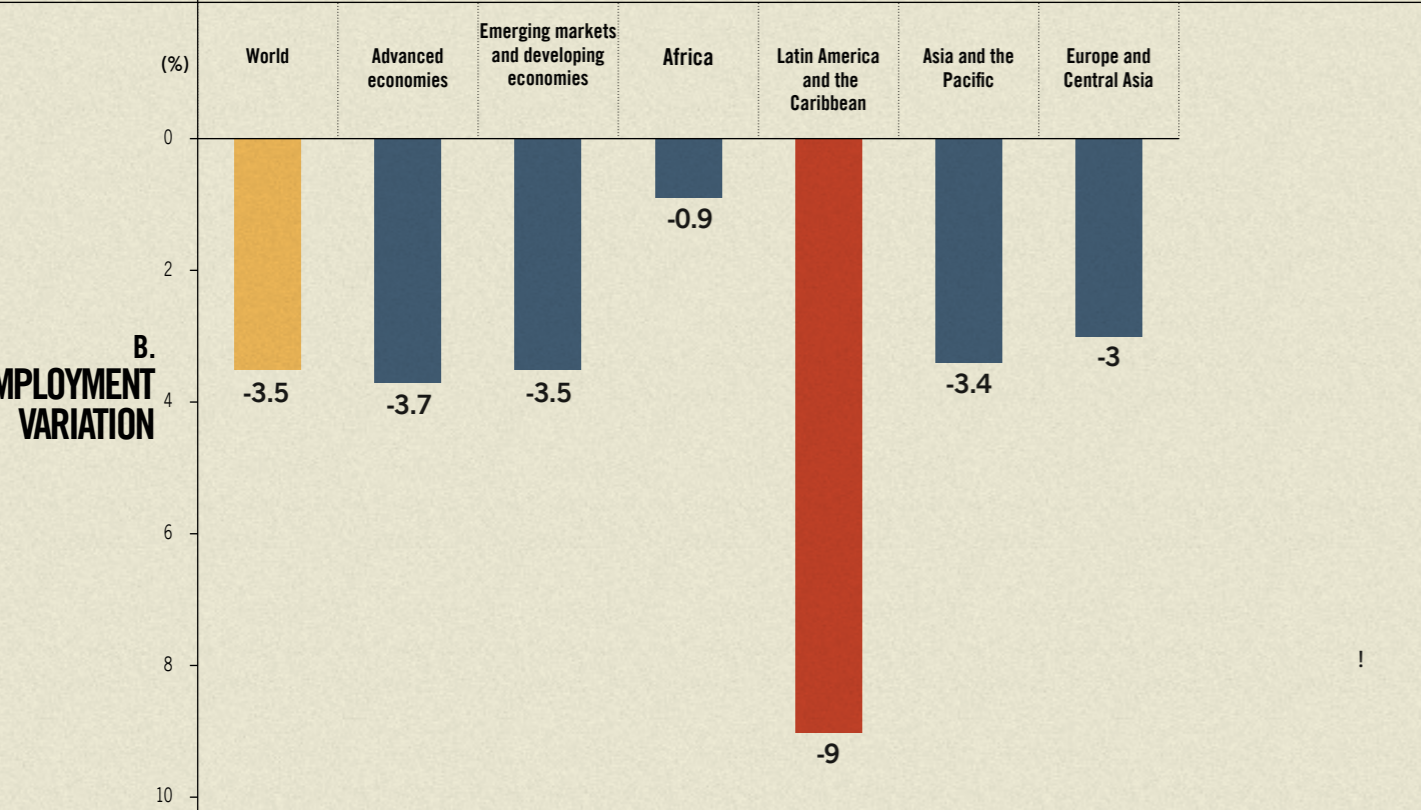
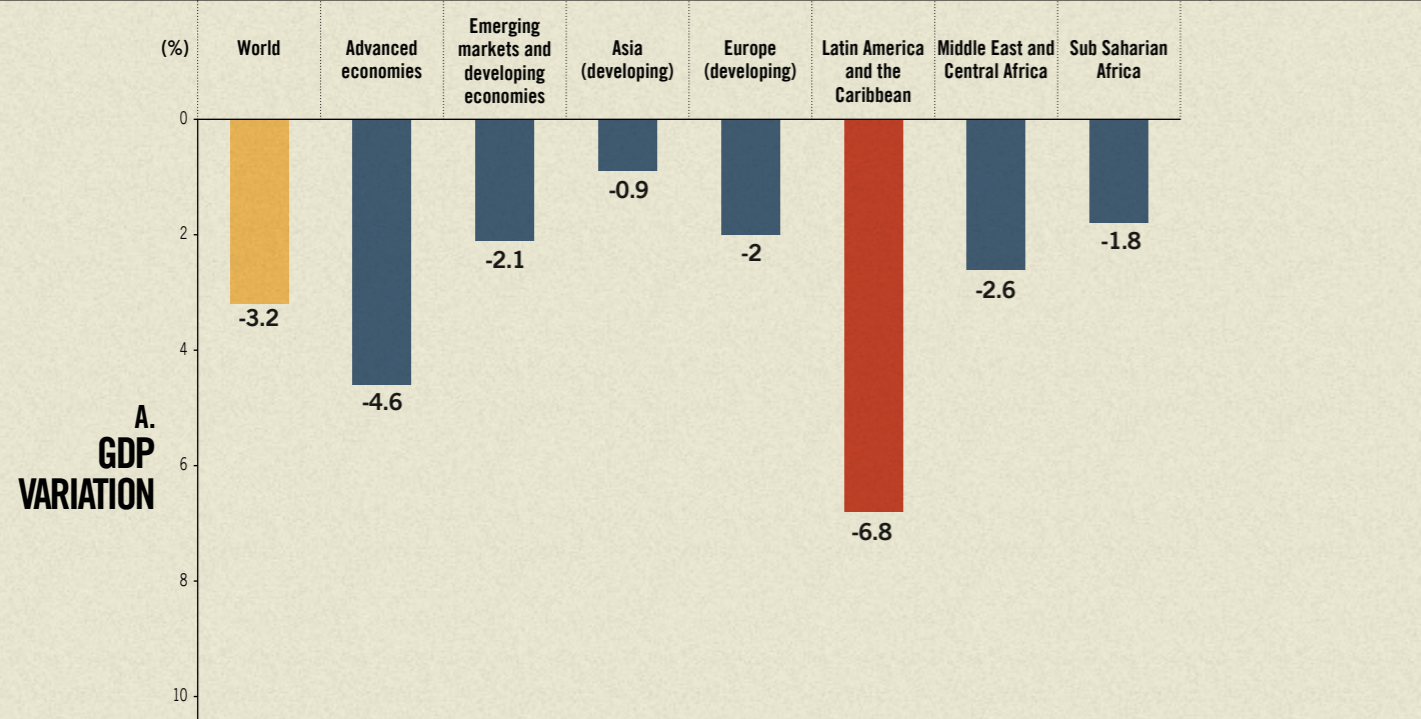
ASIA ST. East Asia and Pacific; SOUTH ASIA. South Asia; OR. M. AND NA. Middle East and North Africa; AF. SUBSAH. Sub-Saharan Africa; EUR. AND AS. C. Europe and Central Asia; LAC. Latin America and the Caribbean; NORTH. North America; AVG It refers to the simple average of the 18 countries that make up this study. According to the World Bank classification, Mexico was included in the LAC region, and not in North America.

SOURCE: Own elaboration based on Our World in Data (2022). COVID-19 dataset.

A2

PERCENTAGE CHANGE IN ECONOMIC ACTIVITY AND EMPLOYMENT BETWEEN 2019 AND 2020 IN SELECTED REGIONS

(ACCORDING TO REGION TYPES SET BY MULTILATERAL ORGANIZATIONS)



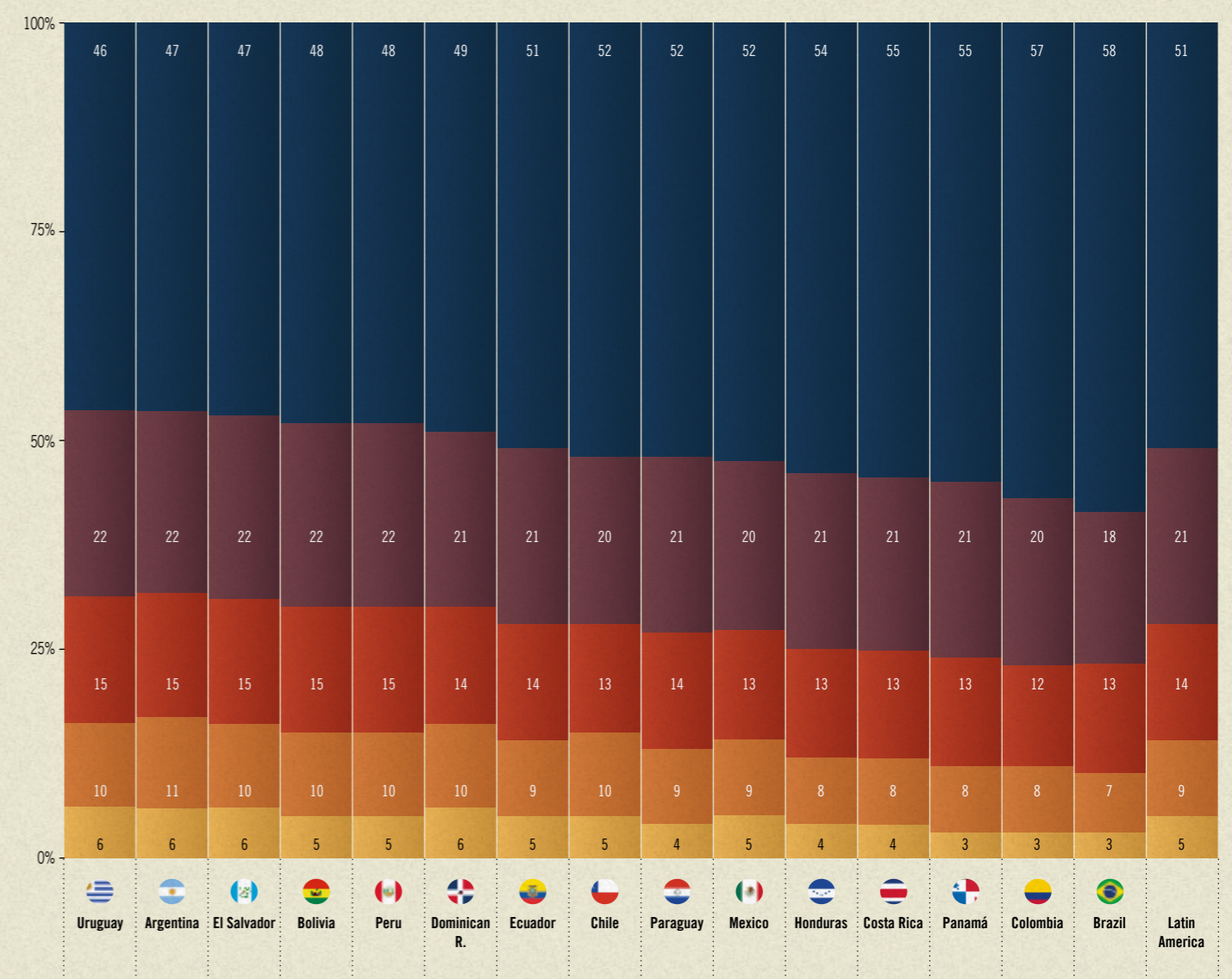
SOURCE: ECLAC based on data from the International Monetary Fund, World Economic Outlook Database.⁶

6. Nota. Los países que hacen parte de cada categoría pueden consultarse en:

A3

QUINTILE SHARE IN THE INCOME DISTRIBUTION FOR 15 LATIN AMERICAN COUNTRIES, 2019

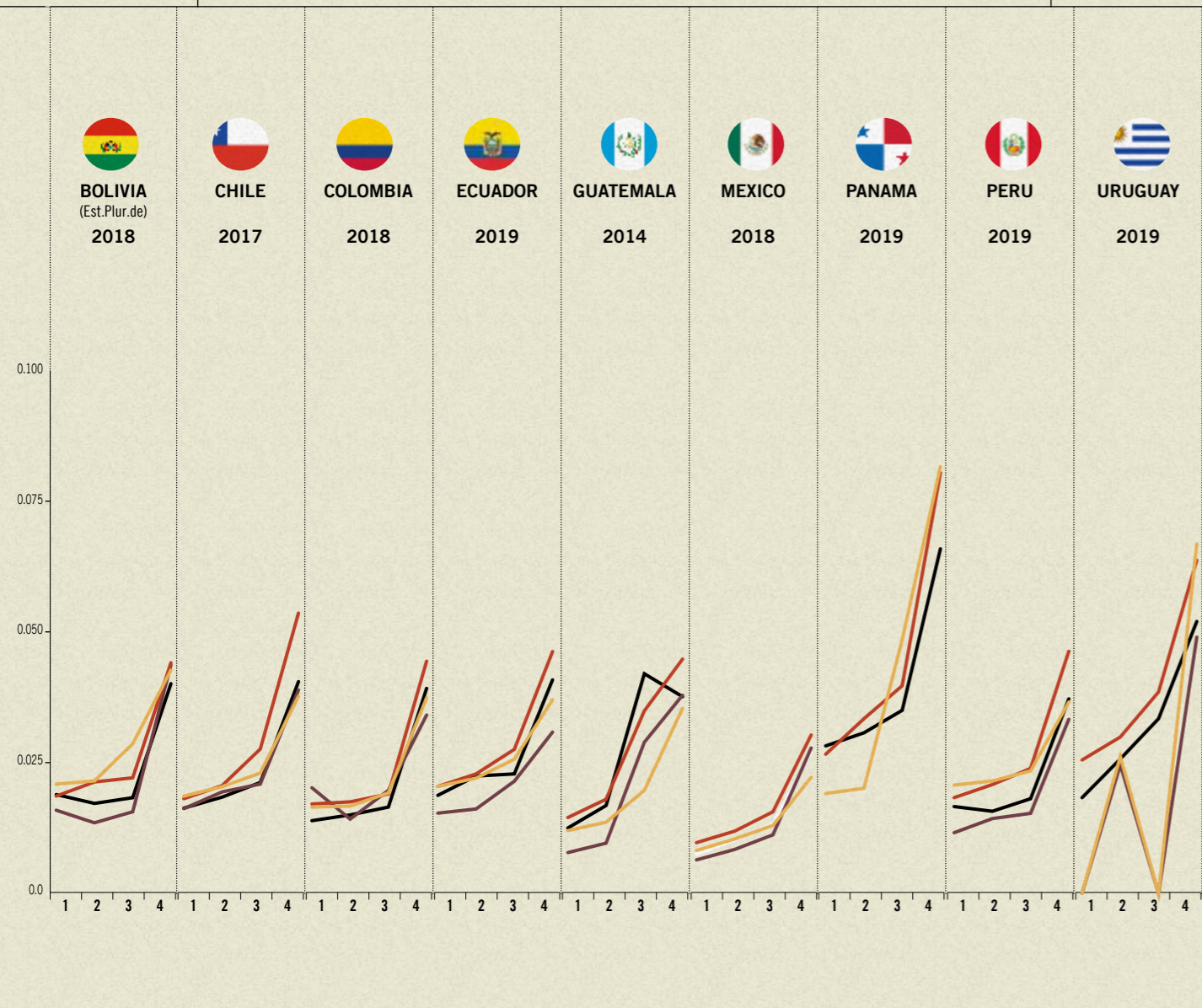
Quintile 1 (Yellow) Quintile 2 (Orange) Quintile 3 (Red) Quintile 4 (Dark Red) Quintile 5 (Dark Blue)



SOURCE: CEPAL, Panorama Social de América Latina, 2020 (LC/PUB.2021/2-P/Rev.1), Santiago, 2021. p. 70

A4

HOURLY LABOR INCOME (AS MULTIPLES OF THE NATIONAL POVERTY LINE) FOR WORKERS OVER 15 YO, BY SEX, EDUCATION LEVEL AND ETHNICITY, FOR 9 LATIN AMERICAN COUNTRIES, CIRCA 2019



MEN

- Indigenous
- Non Afro Descendants nor indigenous

WOMEN

- Indigenous
- Non Afro Descendants nor indigenous

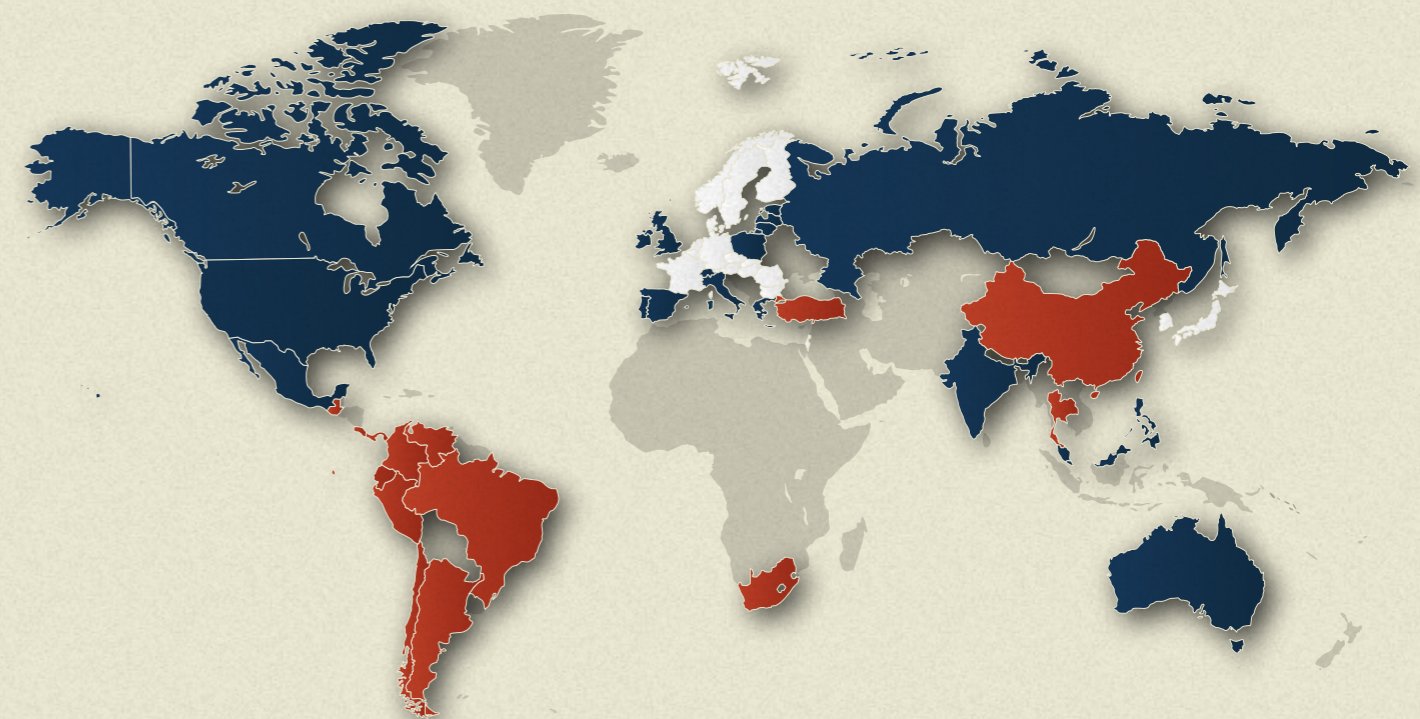
AXIS X

1. Incomplete elementary school
2. Incomplete secondary school
3. Complete secondary school
4. Incomplete tertiary school

SOURCE: Cecchini, R. Holz and H. Soto de la Rosa (coords.), Toolbox. Promoting equality: the contribution of social policies in Latin America and the Caribbean (LC/TS.2021/55), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2021, p. 30.

A5

INEQUALITY AND CARDIAC DISEASES



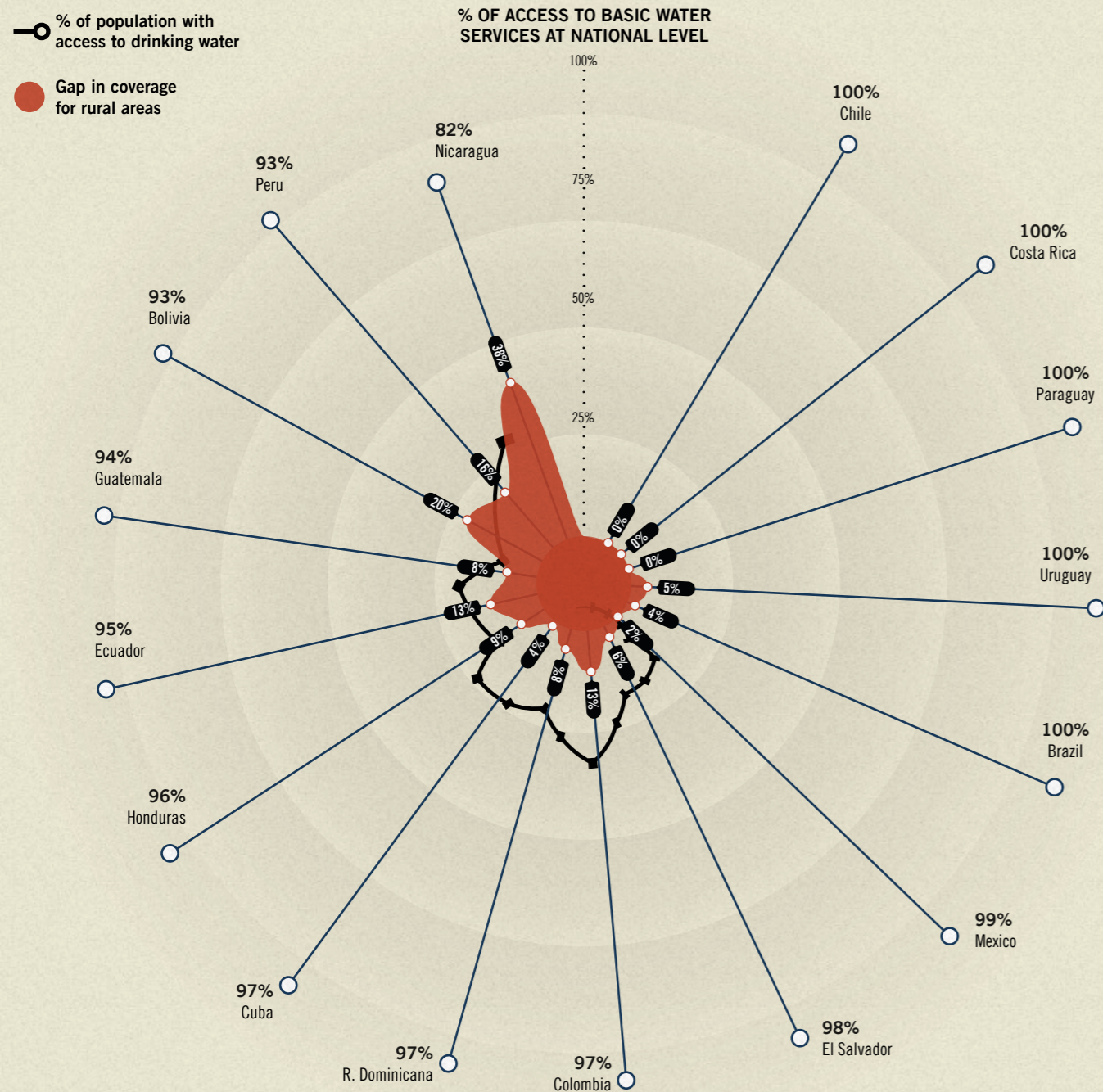
- **Lowest inequality**
(cardiac failure rate: 10,9)
- **Moderate inequality**
(cardiac failure rate: 11,7)
- **Highest inequality**
(cardiac failure rate: 13,7)

SOURCE: Inequality and Health , with data from Journal of American College of Cardiology,⁷ Portal "Inequality and Health". Disponible en: <https://inequality.org/facts/inequality-and-health/> Disponible en: <https://inequality.org/facts/inequality-and-health/>

7. Portal "Inequality and Health". Disponible en: <https://inequality.org/facts/inequality-and-health/>

A6

NATIONAL COVERAGE OF BASIC WATER SERVICES AND ABSOLUTE COVERAGE GAP BETWEEN RURAL AND URBAN AREAS (2019)

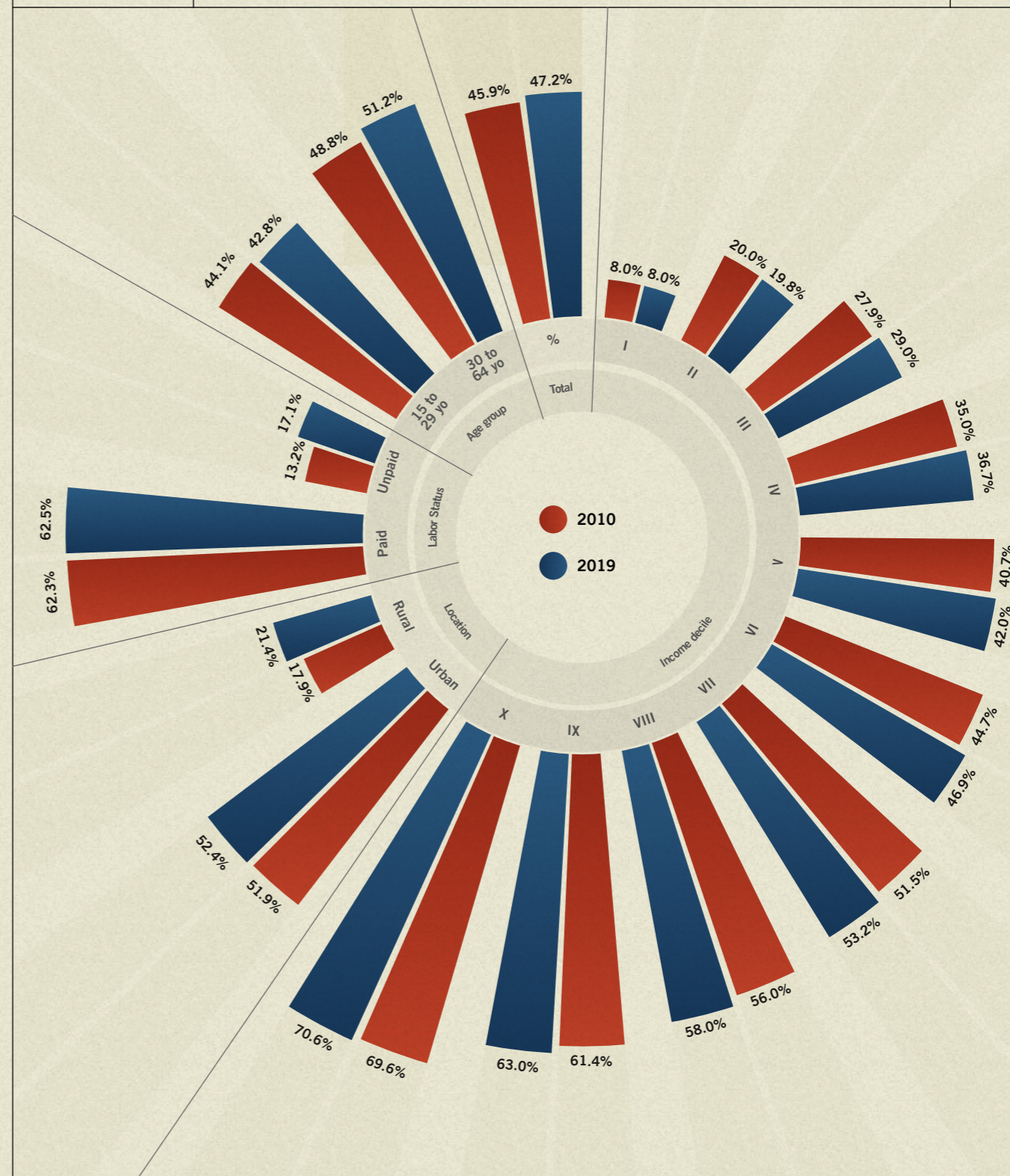


Note. The basic drinking water service statistics refer to access to an improved installed water source (infrastructure), which does not necessarily imply usable daily piped water through the public water service within the home, since the sources can be pipes, water pipes, wells, among others.

SOURCE: Prepared by the authors based on data from the UN and WHO Joint Monitoring Program for Water Supply, Sanitation and Hygiene for 2020.

A7

% OF ENROLLMENT IN PENSION SCHEMES IN 15 LATIN AMERICAN COUNTRIES FOR WORKERS AGED 15 AND OVER, BY INCOME DECILES, LOCATION, LABOR STATUS, AND AGE GROUP, CIRCA 2010 AND 2019

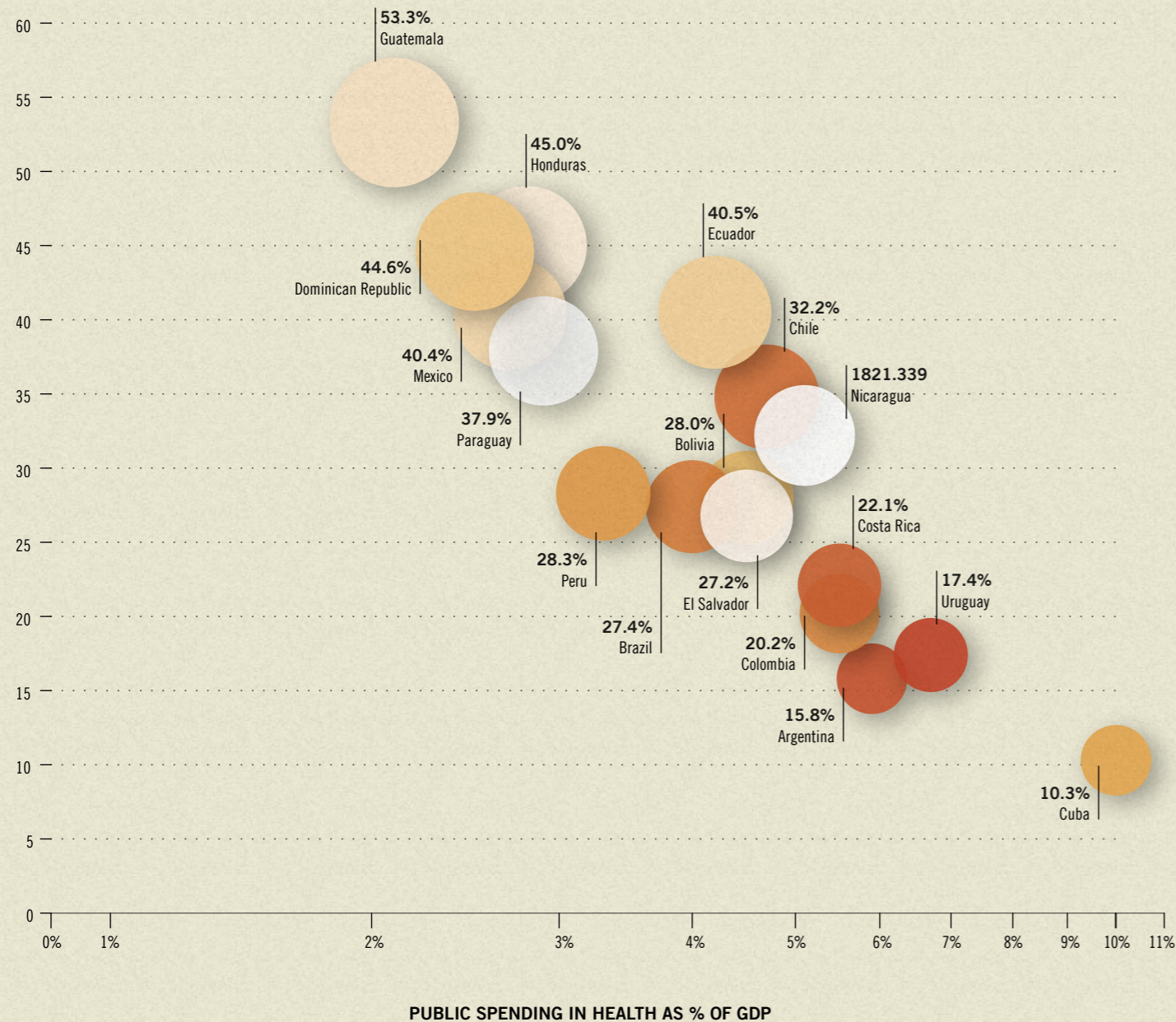


SOURCE: ECLAC, Social Panorama of Latin America, 2020 (LC/PUB.2021/2-P/Rev.1), Santiago, 2021, p. 121

A8

PUBLIC SPENDING IN HEALTH (% GDP) AND OUT-OF-POCKET SPENDING (% OF TOTAL HEALTH EXPENDITURE) IN LAC AND OECD COUNTRIES, 2019

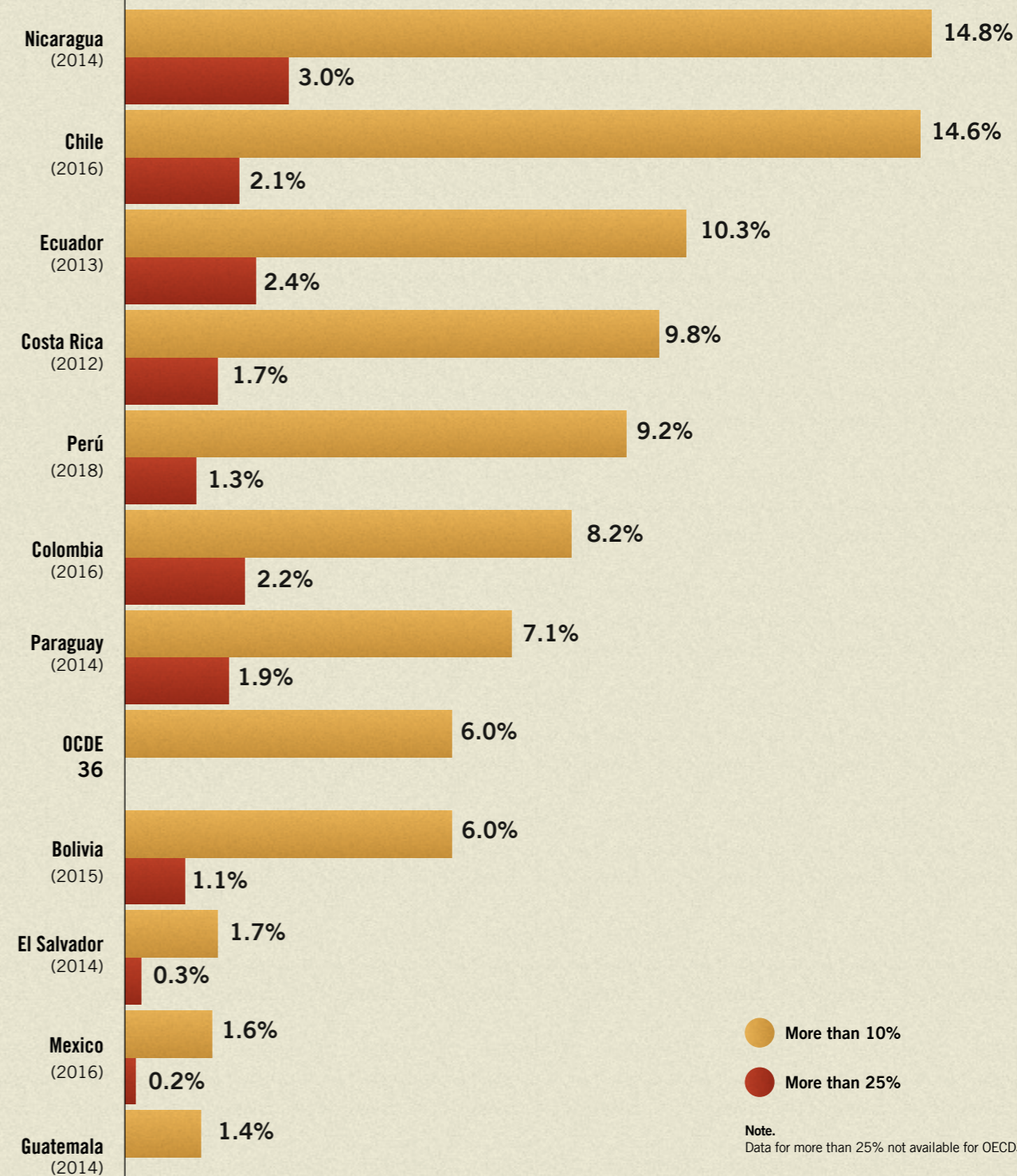
OUT-OF-POCKET SPENDING AS % OF TOTAL HEALTH SPENDING



SOURCE: Own elaboration with data from PAHO-WHO (2019). Basic Indicators 2019. Health Trends in the Americas, p. 28. and WHO (s.f.). The Global Health Observatory. Domestic general government health expenditure (GGHE-D) as percentage of gross domestic product (GDP) (%)

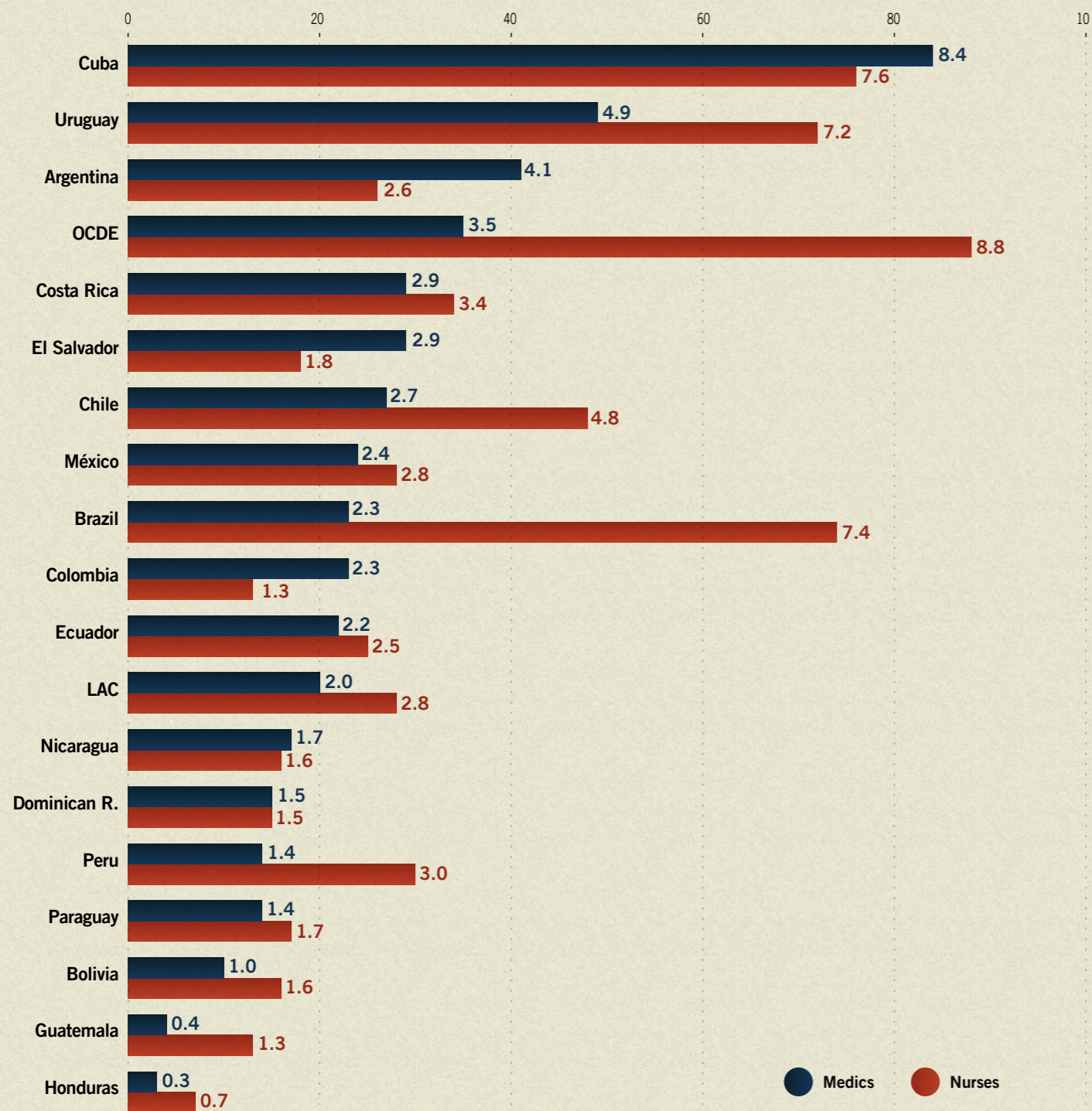
A9

CATASTROPHIC SPENDING IN HEALTH (% OF THE POPULATION WHO SPENDS MORE 10% AND 25% OF THEIR INCOME IN OUT-OF-POCKET EXPENDITURE)



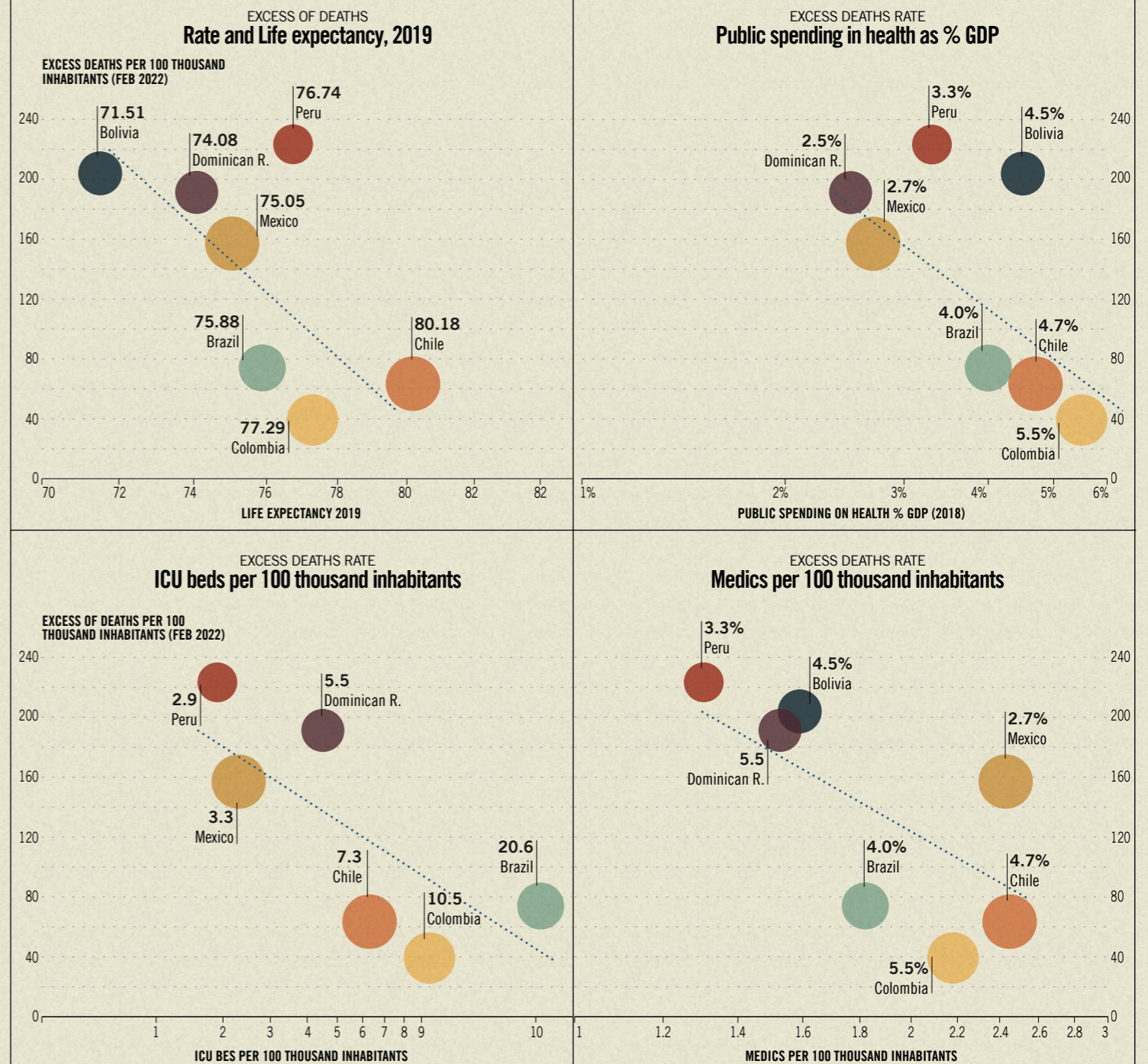
SOURCE: Own elaboration, based on data from OECD and World Bank (2020), pgs. 30 and 145.

A10 MEDICS AND NURSES PER THOUSAND INHABITANTS



SOURCE: Prepared by the authors, based on data from the OECD and the World Bank. Health at a Glance: Latin America and the Caribbean 2020, pgs. 29 and 121.

A11 RELATIONSHIP BETWEEN EXCESS DEATHS AND SEVERAL HEALTH AND SOCIAL INDICATORS

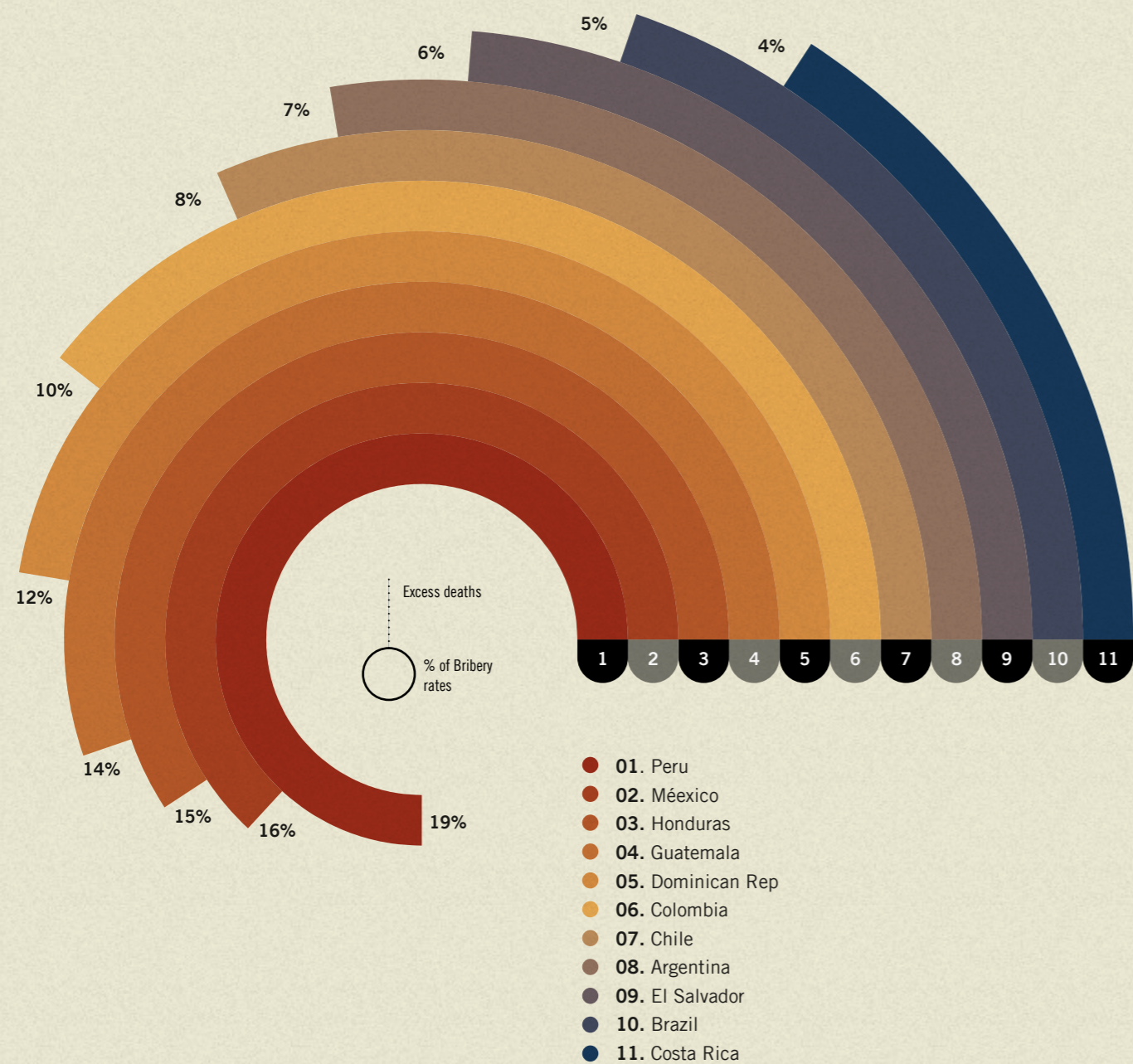


Note * Data accumulated from January to the end of August 2020. For the data presented weekly by the source, the data accumulated to week 35 was chosen, which ends between August 28 and September 2, depending on the country, of which it is. ** 2020 data for ICU beds per 100,000 inhabitants, except Ecuador (2018), and the latest year available for physicians per 1,000 inhabitants (2018 for Colombia, 2017 for Chile and Mexico, 2016 for Bolivia, Ecuador and Peru, and 2010 for Brazil). [double check this graph with UCI figures up top].

SOURCE: Own elaboration based on Our World in Data (2021). Covid-19 dataset and official information compiled in The Economist (2021) for rate of excess deaths.

A12

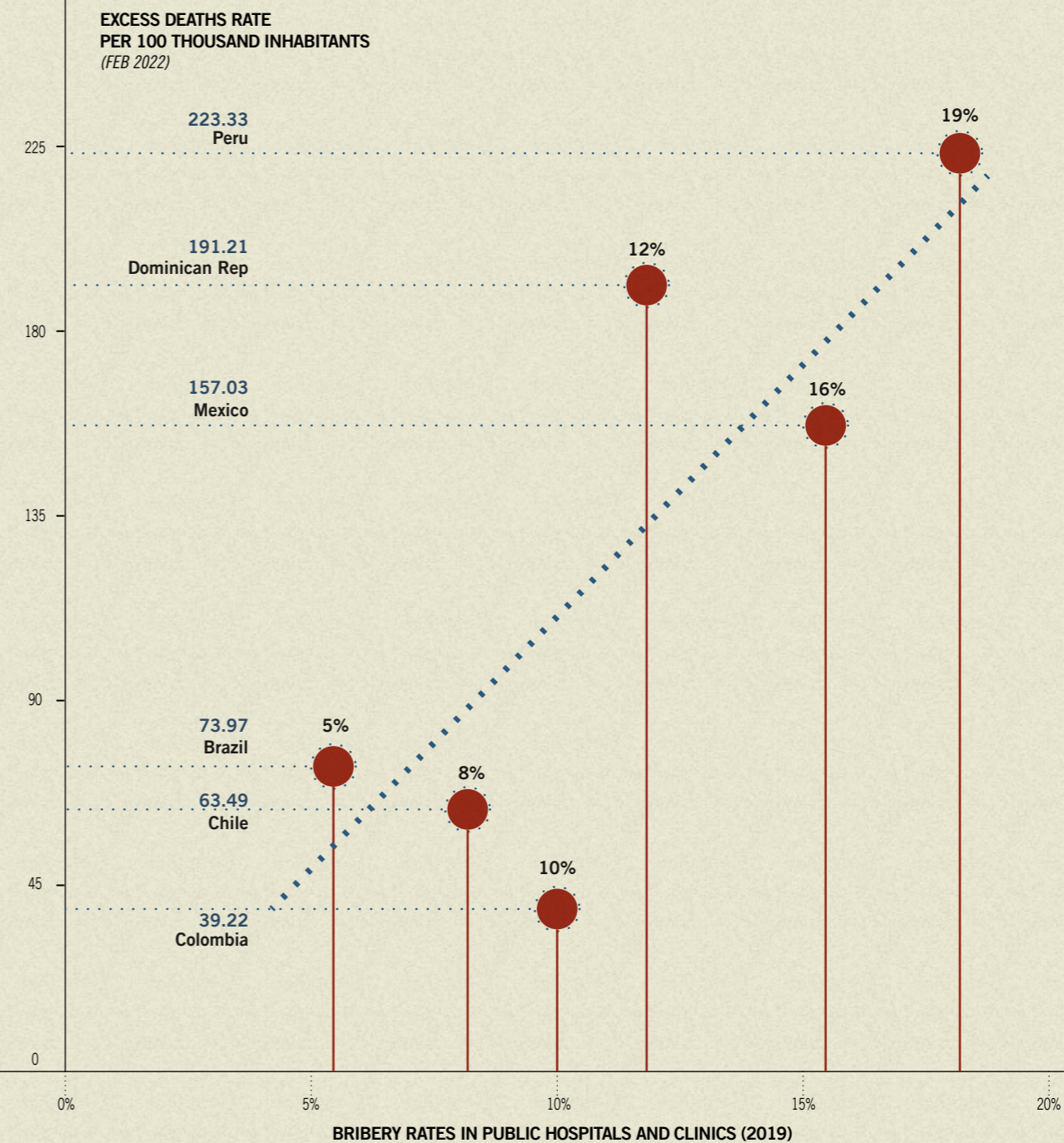
BRIBERY RATES IN PUBLIC HOSPITALS AND CLINICS, BASED ON PERCEPTIONS / TESTIMONIES OF USERS DURING THE LAST 12 MONTHS (2019)



SOURCE: Own elaboration based on data from OECD and World Bank (2020), p. 7, with data from Transparency International (2019), Global Corruption Barometer, Latin America and the Caribbean 2019. Citizens' views and experiences of corruption.

A13

RELATIONSHIP BETWEEN EXCESS DEATHS AND BRIBERY RATES IN PUBLIC HOSPITALS AND CLINICS



Nota. *Data accumulated from January to the end of August 2020. For the data presented weekly by the source, the data accumulated to week 35 was chosen, which ends between August 28 and September 2, depending on the country, of which it is. ** 2020 data for ICU beds per 100,000 inhabitants, except Ecuador (2018), and the latest year available for physicians per 1,000 inhabitants (2018 for Colombia, 2017 for Chile and Mexico, 2016 for Bolivia, Ecuador and Peru, and 2010 for Brazil). [double check this graph with UCI figures up top].

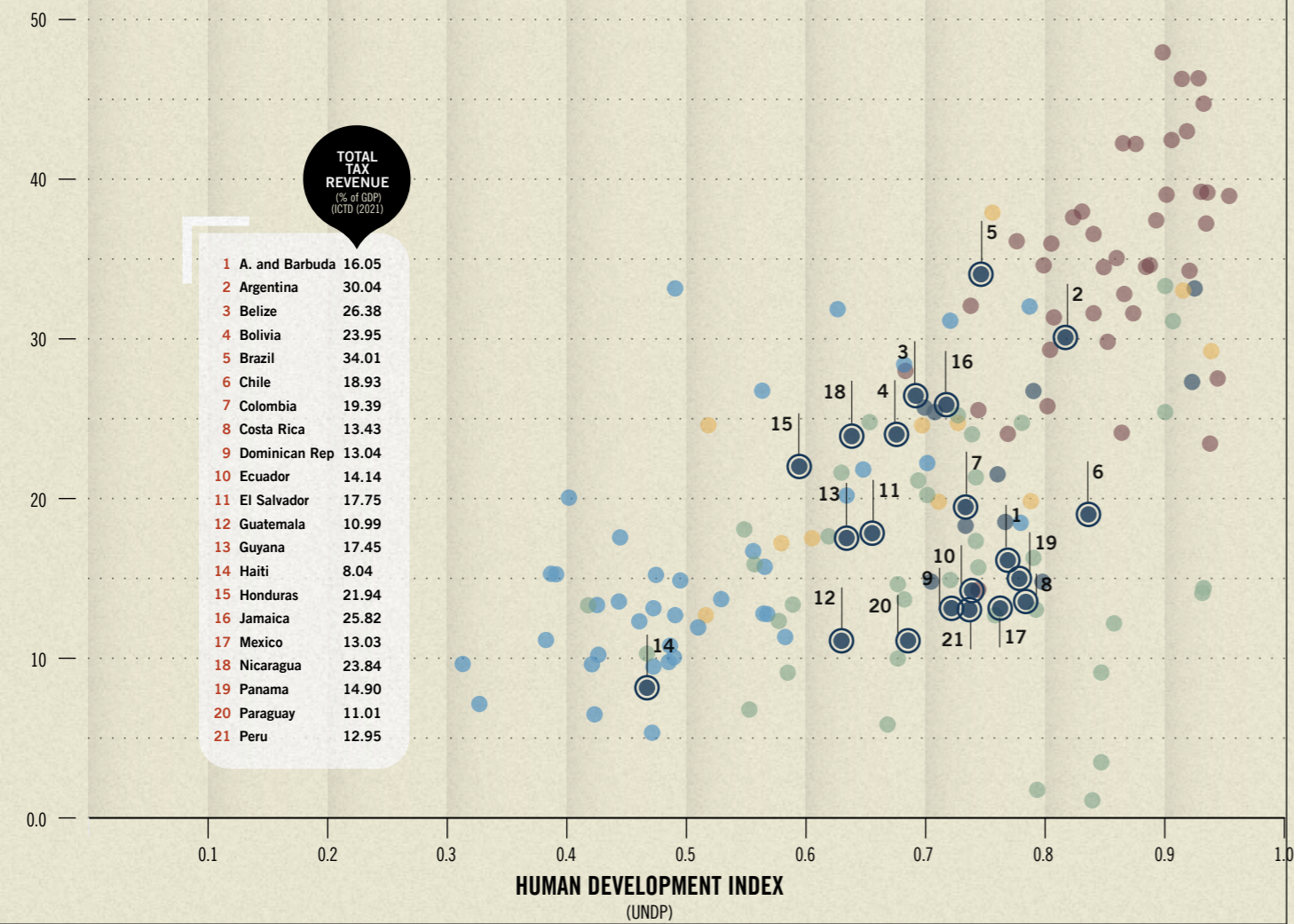
SOURCE: Own elaboration based on Our World in Data (2021). COVID-19 dataset and official information compiled in The Economist (2021) for rate of excess deaths.⁹

A14

COUNTRIES IN LATIN AMERICA RAISE LESS TAX REVENUES AS PERCENTAGE OF THEIR GDP COMPARED TO OTHER COUNTRIES WITH SIMILAR HUMAN DEVELOPMENT LEVELS

TOTAL TAX REVENUE

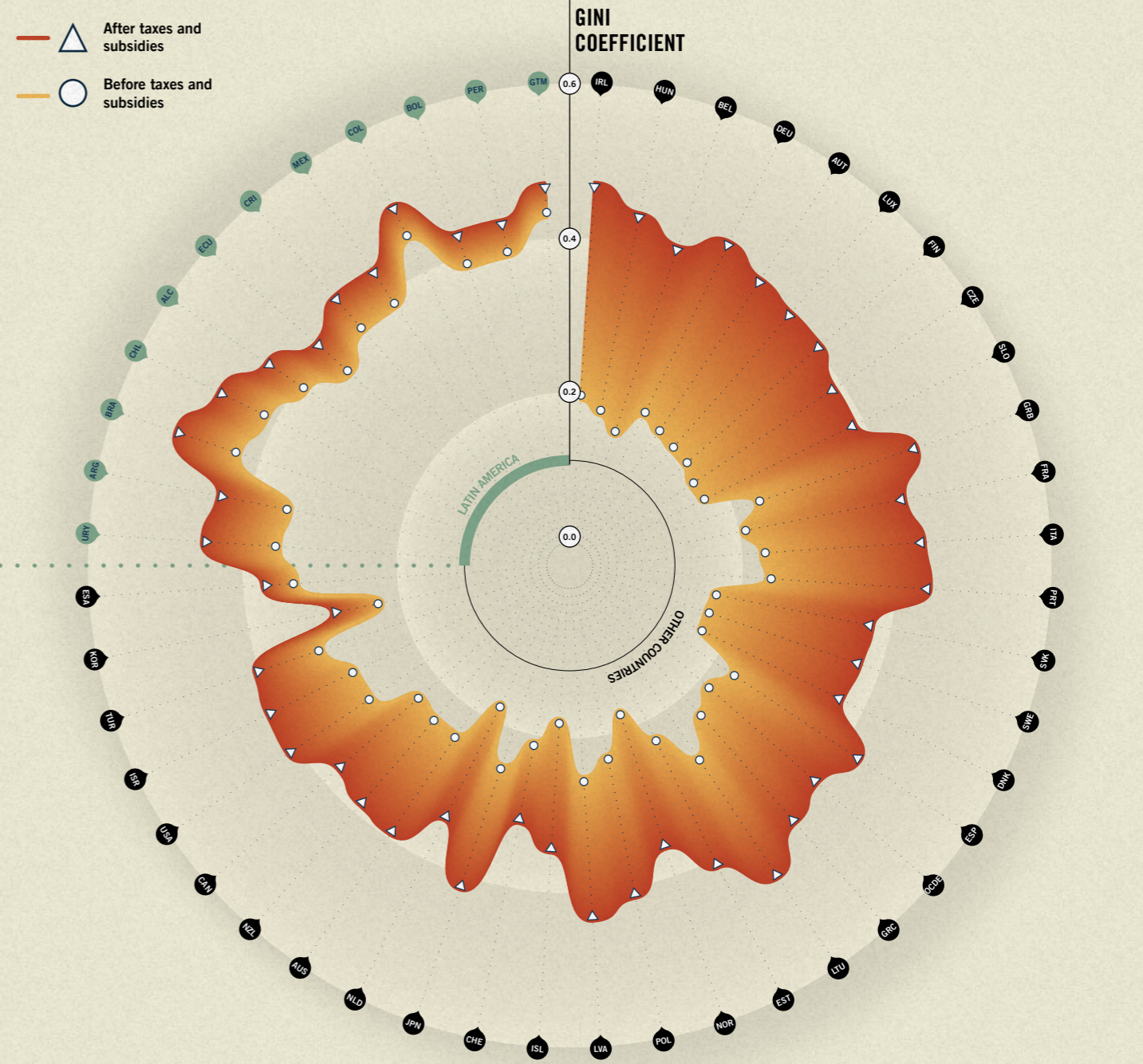
(% of GDP) (ICTD (2021))



SOURCE: Own elaboration based on Our World in Data (2021): Human Development Index (UNDP, 2017) and Total tax revenue (% of GDP) (ICTD (2021))

A15

FISCAL INCIDENCE: COUNTRIES IN LATIN AMERICA HAVE VERY HIGH LEVELS OF INEQUALITY BEFORE TAXES AND SUBSIDIES THAT ARE NOT CORRECTED BY FISCAL POLICY



Note. The Gini coefficient measures the degree of inequality in a country; the coefficient takes values between 0 and 1; Values close to 1 indicate a greater concentration of income, while values close to 0 indicate a much more equitable distribution. The methodology for estimating income before taxes and transfers from the OECD and the market income from Lustig (2016) are slightly different between the sources. However, the differences between Gini coefficients for countries that are in both bases is not significant, so these comparisons can be made to get a general idea of the redistributive effect of fiscal policy.

SOURCE: For OECD member countries: Income Distribution Database. For LAC countries: Lustig (2016).


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