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Reporting Period: 1- 13 May 2020

Latin America and the Caribbean Region

COVID-19 Situation Report No. 3

United Nations Population Fund



Regional Highlights

- The COVID-19 pandemic continues to expand in Latin America, following patterns seen in other parts of the world.
- Brazil, the largest and most populous country in the region, reports the highest number of confirmed cases and fatalities, followed by Peru, Ecuador, Mexico and Chile.
- Most countries in the region have weak and fragmented health systems, which do not guarantee the universal access needed to address the COVID-19 health crisis.
- Over the last several weeks, an increased impact on the health of personnel on the frontlines has been noted, due to their heightened level of exposure and lack of adequate personal protection equipment (PPE).
- In many countries, health systems remain segregated and unequal, resulting in different services of varying quality to different population groups. Generally, these are organized through public-sector services for people with low income, social security services for formal workers and private-sector services for those who can afford them.
- Although reform is underway to reduce fragmentation and expand access, health systems are still inadequate.
- Pushed by the deterioration of the socio-economic situation, governments gradually started moving into phase 2 of COVID-19 response, either by lifting restrictions nationwide for specific economic sectors or by implementing a strategy of “selective” or “targeted” quarantines” by geographical regions.
- The epidemic is significantly impacting the socio-economic situation in Latin American countries. Businesses, particularly small and medium enterprises, are facing serious challenges (aviation, tourism, and hospitality) with a real threat of significant declines in revenue, insolvencies and job losses in specific sectors.

Situation in Numbers

 **427,247** Confirmed COVID-19 Cases

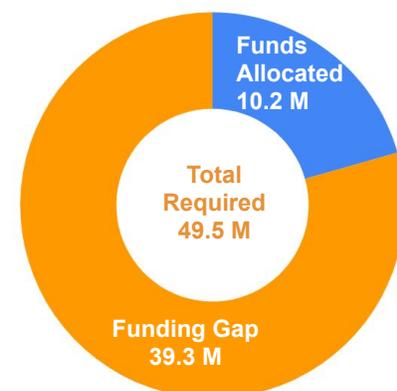
 **24,308** COVID-19 Deaths

Source: WHO 15 May, 2020

Key Population Groups

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

Funding Status for Region (US\$)



Regional Response Summary

Coordination and partnerships

The UNFPA response in the region aligns with the [2030 Agenda](#), [WHO global strategic preparedness and response plan](#), [UN-coordinated global humanitarian response plan](#), the [UN framework for socio-economic response to COVID-19](#), and the [UNFPA COVID-19 global response plan](#).

UNFPA is working in humanitarian and development contexts in the Latin and Caribbean (LAC) region, actively participating in UN system support to national governments' response to COVID-19.

The Global Humanitarian Response Plan covers multiple LAC countries with humanitarian needs. These are Colombia, Haiti and Venezuela which have national humanitarian response plans. An additional 17 countries are covered by the Refugee and Migrant Response Plan (RMRP) for Venezuela. The RMRP has been revised to adapt to the COVID 19 context. The revision focuses on i) visibility of the needs of refugees and migrants in the response to COVID 19 in the region; ii) ensuring access of humanitarian actors and availability of humanitarian supplies to refugee and migrant populations; and iii) ensuring access to life-saving services for refugees, migrants and host communities with priority on health and protection.

UNFPA country offices are re-prioritizing activities and reprogramming resources to respond to the COVID-19 outbreak. UNFPA is collaborating with the development of the UN socio-economic assessments in countries in Latin America and the Caribbean, under the leadership of the UN Resident Coordinator and the technical coordination of the United Nations Development Programme (UNDP).

Under the political leadership of the Resident Coordinator Offices, and the technical leadership of the Pan American Health Organization (PAHO)/World Health Organization (WHO), UN Country Teams are coordinating UN cooperation and support to national governments in the region through coordination meetings, communication, information and technical assistance.

In humanitarian countries, the humanitarian country team is often using the humanitarian structure already in place to support the response to COVID-19. UNFPA actively participates in humanitarian coordination mechanisms (including the health and protection clusters) and leads or co-leads the gender-based violence (GBV) sub-cluster where this has been established.

UNFPA provides advocacy and technical assistance to government counterparts and strategic partners to promote the continuity of sexual and reproductive health (SRH) and GBV services. This includes prenatal and postnatal care, safe births, access to contraceptives, GBV prevention and response, protection of frontline health personnel, including midwives, and generation and analysis of relevant disaggregated data.

Country examples:

- **Mexico:** Working with the Ministries of Foreign Affairs, Health, and the Interior, particularly the National Population Council, National Women's Institute, and National Youth Institute.
- **Argentina:** Working with counterparts at national and local level, i.e. Ministry for Women, Gender, and Diversity; Ministry of Education; Ministry of Health; at national and subnational levels.
- **Honduras:** UNFPA is a member of the MERECE, the Donor's Roundtable in Education, that has presented a proposal for education response plan to the Ministry of Education.
- **Peru:** Ongoing coordination between UNFPA, Ministry of Health, Ministry of Women and Vulnerable Populations, Ministry of Education, National Youth Secretariat, and National Statistics Institute, as well as the Table for the Fight against Poverty (health working group).
- **Dominican Republic:** Main partners include the Ministry of Public Health, the National Health Service, the Ministry of Women, the Ministry of Youth and the Council for Aging Populations.
- **The Caribbean:** UNFPA participates in 6 UN country teams and is thus active in supporting six UN joint COVID-19 response plans. UNFPA leads pillar 4, on quality essential services, in four Spotlight countries in the Caribbean (Belize, Guyana, Jamaica and Trinidad & Tobago).

Coordination and partnerships *continued*

In most countries in the region, UNFPA is actively participating in the UN country and humanitarian country teams, leading or co-leading SRH, GBV and social protection clusters (i.e. Bolivia, Brazil, Colombia, Ecuador, Guatemala, Haiti, Honduras, Peru and Dominican Republic, among others).

- **Colombia:** Positioning the concerns of women and adolescent girls, including pregnant, as well as the needs of indigenous women and other left behind groups.
- **Paraguay:** Reviewed the analysis of the situation of human rights and COVID-19, prepared by OHCHR, providing content from the perspective of sexual and reproductive rights, gender equality, the rights of adolescents and young people, as well as of more vulnerable groups such as LGBTI people and people of African descent.
- **Costa Rica:** Leads one of the Working Groups of the National Commission on Emergency, which is directed to persons in situations of vulnerability: older persons, persons with disabilities, persons unsheltered, persons with addictions, and persons with palliative care.
- **Bolivia:** Advocacy for the positioning of UNFPA mandate related to protection, prevention of violence, GBV, SRH and sexual and reproductive health, in short-term inter-agency actions as well as with different national and international non-governmental organizations.
- **Paraguay:** An interagency proposal presented to UNDP funds, Rapid Response Facility Resources for L3 COVID-19 Crisis, was approved with an amount of US\$ 250,000.
- **El Salvador:** In coordination with the Ministry of Health, UNFPA has started the purchase process to supply 15,000 kits for pregnant women, in a joint purchase with other UN agencies.
- **Dominican Rep:** The UN country team has elaborated the country response plan with the participation of all agencies, as well as its participation in the Cooperation Plan for the Government.

UNFPA has made visible the risks of GBV that are heightened by the ongoing confinement, maternal mortality, and the importance of keeping essential services running. Some examples:

- **Colombia:** UNFPA co-leads the sub cluster of GBV and SRH/GBV for the COVID-19 response.
- **Honduras:** Due to the increase in complaints of sexual and gender-based violence, the humanitarian country team activated the GBV Area of Responsibility, coordinated by UNFPA.
- **Bolivia:** Coordinates with PAHO/WHO, United Nations Children's Fund (UNICEF), the Maternity and Safe Birth Table, and the Maternal Mortality Observatory.
- **Mexico:** Co-chairs the UN Country Team Operations Management Team and has been instrumental in defining the interagency requirements for PPE for personnel.
- **Panama:** Worked with the UN refugee agency (UNHCR) in a mapping of actors in gender and violence material to update the directory of both governmental and non-governmental organizations that provide care to women and adolescent victims of violence.
- **Paraguay:** UNFPA, UN Women and UNAIDS support the implementation of the COVID-19 contingency plan, focusing on young people with HIV.
- **Guatemala:** The Humanitarian Country Team Gender Working Group and the GBV protection subgroup have made several efforts to promote a joint and comprehensive approach to identify the needs and actions to support women and adolescent girls throughout different clusters.

Private sector in the region: Having a strong response, supporting humanitarian assistance, providing hygiene supplies, food and supplies in countries including Guatemala, Honduras, Paraguay, Dominican Republic, Peru, and Mexico. In Paraguay, UNFPA has managed with the International Organization of Migration (IOM) the coordination with supermarkets, adhering to the Global Compact on Migration, to obtain discount vouchers for the purchase of food kits for Venezuelan refugees and migrants.

Continuity of Sexual Reproductive Health Services and interventions, including protection of health workforce

UNFPA continues its coordination efforts with regional partners including PAHO/WHO, UNICEF, Inter-American Development Bank, World Bank, UNAIDS and professional associations, such as La Federación Latinoamericana de Sociedades de Obstetricia y Ginecología and the International Confederation of Midwives. The objective is to support joint advocacy with health authorities, particularly those related to SRH continuity of care, and preparation of a series of SRH webinars for the Ministry of Health managers and providers of SRH and COVID-19 services. Over the last weeks, UNFPA has increased support to countries to strengthen the epidemiological surveillance systems and ensure the correct classification of deaths.

A declaration on the relevance of reproductive rights and the role of midwives in the context of COVID-19 was recently signed by the Network of Professional Midwives in Latin America. In the Caribbean, UNFPA is partnering with seven International Planned Parenthood Federation affiliates and providing support in reorganizing their service delivery model, including through telemedicine/counselling services (in 13 countries) and community-based contraceptive mobile services (Belize).

Country examples:

- **Cuba:** Contributed 60 reproductive health kits for obstetric health centres at subnational levels and the purchase of 5,000 PPE for health workers in maternal hospitals and maternal homes.
- **Colombia:** A series of technical assistance webinars have been scheduled with the Ministry of Health for the country's health teams on topics such as contraception (already carried out), maternal health, abortion, HIV, to provide technical tools that improve access to SRH services and the address concerns and needs of the territories.
- **Peru:** Jointly with PAHO/WHO and UNICEF, provided advice to the Ministry of Health and Ministry of Culture to address the health challenges of indigenous populations in COVID19 context.
- **Bolivia:** With PAHO, supported the development of a joint strategy for the implementation of the Intentional Search and Reclassification of Maternal Deaths (BIRMM), at the municipal level, in the context of COVID-19.
- **Mexico:** In coordination with state health authorities, UNFPA supported SRH care at home for pregnant women and their babies in the States of Guerrero, Hidalgo and San Luis Potosí, incorporating professional midwives as well as traditional midwives, into maternal-neonatal health services to prevent transmission of the virus and improve health care for pregnant women.
- **Honduras:** In partnership with PAHO/WHO, the Ministry of Health, and the Honduran Society of Gynecology and Obstetrics, carried out 18 virtual trainings involving more than 23 national hospitals and 19 regional health facilities. Over 1,000 health care professionals were trained through the online course "*Interim guidance on COVID-19 during pregnancy, delivery, and postpartum*".
- **El Salvador:** Supporting the Ministry of Health in the implementation of the teleservice system for maternal and child care to reach out to pregnant women and their children under 5 years of age and strengthen the referral mechanism for obstetric and neonatal complications.
- **Bolivia:** Provided technical support to the Roundtable of Safe Maternity and Childbirth for the development of a protocol for care of pregnant women in the context of COVID-19, and to the Roundtable on Health and Nutrition for attention to vulnerable populations.

Addressing Gender-Based Violence

UNFPA has engaged in advocacy and technical assistance to Women, Health and Social Development authorities to strengthen social protection systems, particularly by guaranteeing the continuity of essential services to prevent and respond to GBV. UNFPA mobilizes efforts to provide integrated GBV services through the Spotlight and Essential Service initiatives. In humanitarian countries, UNFPA is providing GBV sub-cluster coordination, establishing or revising referral pathways, distributing dignity kits, providing life-saving GBV services including case management, psychosocial support and clinical management of rape through modalities adapted to COVID 19.

Country examples:

- **English and Dutch-Speaking Caribbean:** UNFPA Sub-Regional Office in the Caribbean has been working with countries on the activation of GBV coordination mechanisms, providing technical advice and guidance for authorities and ensuring GBV mainstreaming in the development of their National Response Plans.
- **Bolivia:** Provided technical support to the national government through the Committee of National Emergency Operations (COEN), in the preparation of the contingency plan for camps and quarantine centers, ensuring the incorporation of dignity kits as an essential requirement. A total 1,600 dignity kits were purchased and distributed.
- **Colombia:** Making significant efforts to maintain GBV prevention actions in municipalities on the border with Venezuela, which include: revision of protocols for GBV remote case management; support to face-to-face counselling for survivors of GBV; and support to GBV data analysis in quarantines.
- **Haiti:** Provided support to health facilities in 8 departments to adapt GBV services, including remote case management, to overcome the reduced availability of services due to the impact of Covid-19.
- **Mexico:** In the framework of the Spotlight Initiative, UNFPA is supporting national and local capacities to provide psychosocial support to women and girl survivors of violence through remote services (hotlines), and for personnel providing the services.
- **Guatemala:** As the leader of the GBV working group, UNFPA has coordinated UN support to civil society organizations that manage shelters and care centres for women survivors of GBV for a comprehensive response during COVID19 crisis. Focus is on supporting the most vulnerable women (women with disabilities, women living with HIV, transgender women, survivors of GBV, and sex workers).



Ensuring the supply of modern contraceptives and other reproductive health commodities

As part of the effort to secure a supply of contraceptives, UNFPA is providing technical support to governments in analyzing the availability of reproductive health supplies, forecasting needs and anticipating shortages and/or possible stock-outs.

Country examples:

- **English and Dutch-Speaking Caribbean:** The Organisation of the Eastern Caribbean States (OECS) Commission has confirmed its participation in the assessment on reproductive health commodities risk of stock-out, which will cover the 6 OECS Members States that procure supplies through UNFPA: Antigua and Barbuda, Dominica, Grenada, St. Kitts and Nevis, St. Lucia and St. Vincent and the Grenadines. The subregional office continues to support seven affiliates of the International Planned Parenthood Federation (IPPF), including the Caribbean Family Planning Association, to reorganize their service delivery model to ensure the continuity of SRH services. This includes community-based contraceptive mobile services (Belize).
- **El Salvador:** UNFPA is taking steps to ensure the timely distribution of contraceptives to users of hormonal methods, as well as the supply of micronutrients to pregnant women to avoid shortages during pregnancy. UNFPA has delivered long-term contraceptive methods to the Ministry of Health regional warehouses, as part of the procurement under the co-financing agreement.

Risk communication and community engagement, including youth engagement

UNFPA is supporting risk communication and community engagement with national health authorities and other partners to develop, implement and monitor an action plan for communicating effectively with the public. UNFPA is engaging with communities and other stakeholders in the public health response to COVID-19.

Country examples:

- **Caribbean:** As part of the #YouthAgainstCovid19 Campaign, and in collaboration with their various partner agencies, the Liaison offices in Barbados, Belize, Trinidad & Tobago and Suriname, completed and disseminated videos, which received significant feedback across social media platforms.
- **Costa Rica:** As technical lead (on behalf of the UN system) of the Social Inclusion Working Group of the National Commission on Emergency, UNFPA has launched various campaigns aimed at explaining the differentiated needs of the people in situations of greater vulnerability, particularly women with disabilities, young people and older persons.
- **Panama:** Supporting a survey in the Ngobe - Buglé Comarca, aimed at identifying pregnant women and girls expected to give birth in the next 6 months, to provide community-level monitoring and promote the use of the maternal houses.
- **Honduras:** Produced communication materials in the context of the humanitarian emergency. Messages on the prevention of infection and GBV have been published on social networks in the context of COVID-19, both in Spanish and indigenous languages. They are aimed at adolescents and young people, the general population, and health personnel.
- **Guatemala:** UNFPA and the civil society organization, "DIALOGOS", signed an agreement to implement a project to strengthen their capacities to produce quality information. This will utilize census data at the sub-national level, and other sources, for enhanced decision-making in post-emergency socio-economic recovery.

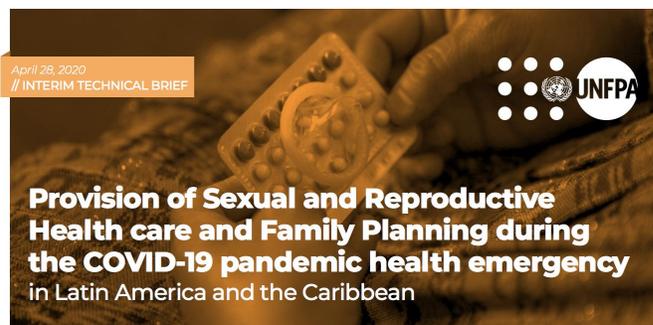
Media and Communications

UNFPA is reaching out to populations about the COVID-19 pandemic, especially with regard to the plight of women, girls and young people, and the need for SRH and GBV prevention and response services.

- Regional: [Organización de las Naciones Unidas Lanza Encuesta Dirigida a Jóvenes en América Latina y el Caribe en el Contexto de la Pandemia de COVID-19](#)
- **Honduras:** [Indigenous, Afro-Honduran communities join together to fight the pandemic](#)
- **Brazil:** Atuação do UNFPA diante da COVID-19 é tema de debate promovido por faculdade da Bahia.
- **Peru:** Publication: [COVID-19: ¿Cómo podemos contribuir adolescentes y jóvenes a enfrentarlo?](#)
- **Ecuador:** “[¿Cómo las obstetras pueden salvar vidas en el marco de la Pandemia por COVID 19?](#)”
- **Paraguay:** [Paraguay fortalece la continuidad de la atención materna en medio de la pandemia de COVID-19](#)
- **El Salvador:** VIDEO: [Corazón de una nación](#)
- **UNFPA LACRO:** VIDEO: [Me Quedo en Casa - Un Joven Afrodescendiente en Casa](#)
- UNFPA LACRO Social Media Board: [TRELLO BOARD](#)

New Technical-Briefs:

- [Atención en Salud Sexual y Reproductiva y Planificación Familiar durante la emergencia sanitaria por la COVID-19 en América Latina y el Caribe](#)
- [Implicaciones del COVID-19 en la población afrodescendiente de América Latina y el Caribe](#)
- [Implicaciones del COVID-19 en los pueblos indígenas de América Latina y el Caribe](#)



[Indigenous, Afro-Honduran communities join together to fight pandemic](#)

TEGUCIGALPA, Honduras – As countries grapple with the COVID-19 pandemic, indigenous and Afro-descendant communities are among the most vulnerable, with many facing poverty, poor health-care access and limited information. In Honduras, members of these communities are joining together to ensure information and resource reach the most vulnerable.

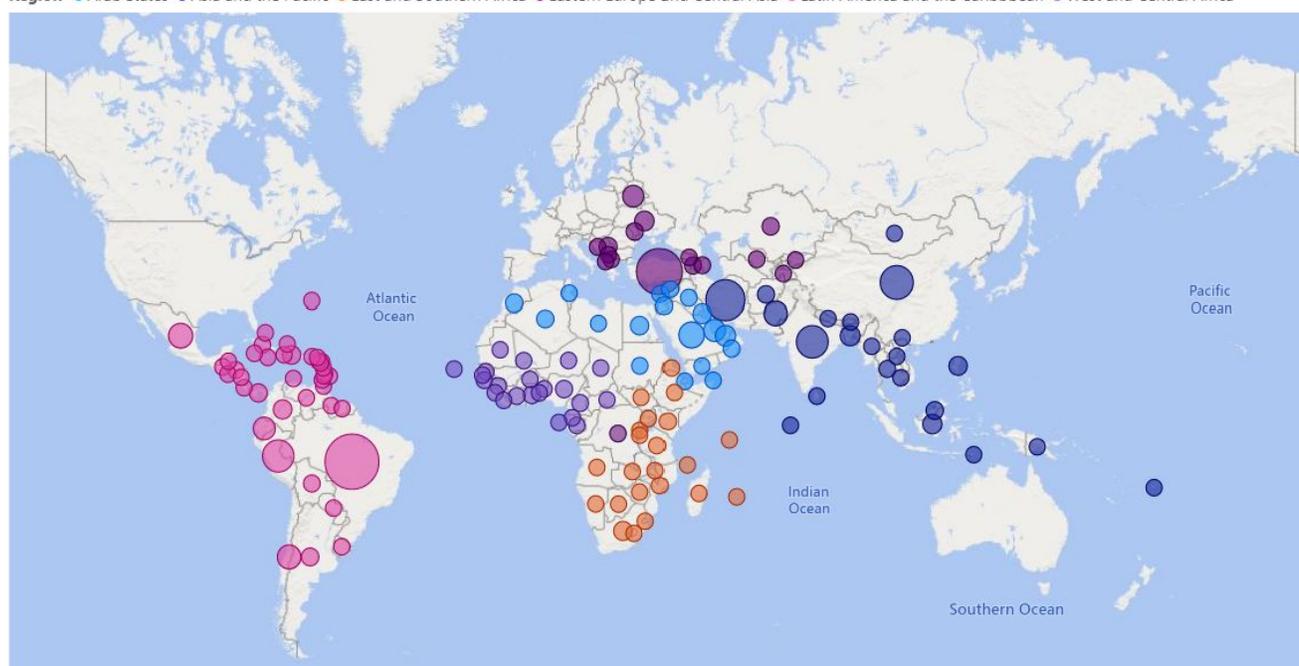


Confirmed Cases and Deaths (UNFPA programme countries) WHO, 15 May 2020

Country	Confirmed Cases	Deaths
Argentina	6,973	345
Bolivia (Plurinational State of)	3,148	142
Brazil	188,974	13,149
Caribbean*	1,398	66
Chile	37,040	368
Colombia	12,930	509
Costa Rica	815	7
Cuba	1,830	79
Dominican Republic	11,320	422
Ecuador	30,502	2,338
El Salvador	1,112	20
Guatemala	1,342	29
Haiti	234	18
Honduras	2,255	123
Mexico	40,186	4,220
Nicaragua	25	8
Panama	8,944	256
Paraguay	754	11
Peru	76,306	2,169
Uruguay	719	19
Venezuela (Bolivarian Republic of)	440	10
Total Latin America and the Caribbean Region	427,247	24,308

Confirmed Cases by Country and Region

Region ● Arab States ● Asia and the Pacific ● East and Southern Africa ● Eastern Europe and Central Asia ● Latin America and the Caribbean ● West and Central Africa



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