International Journal of Person Centered Medicine 2021 Vol 11 No 3 pp 7-17

KEY FACTORS IN THE RESPONSE TO THE COVID-19 PANDEMIC IN URUGUAY

Giovanni Escalante Guzmán, M.D, MSc., PHDC. M. Social Management[a]

ABSTRACT

Background: The response to the COVID-19 pandemic was comprehensive in Uruguay, leading to lower mortality and lethality compared to other Latin American countries.
Objectives: Identify key factors that contributed to the comprehensive response to the Covid-19 pandemic in Uruguay.
Methods: Participant observation, analysis of data, interviews with key stakeholders, and review of secondary sources from the moment of the appearance of the first case on March 13 until December 2020.
Results: We identified nine key factors that contributed to the comprehensive response to the COVID-19 pandemic in Uruguay and the favorable effects on the reduction of morbidity and mortality.
Conclusions: The simultaneous existence of the nine factors facilitated the preparation, control, and remediation of the COVID-19 pandemic in Uruguay.

Keywords: COVID-19; Uruguay; Key factors; Preparation; Control; Remediation

Correspondence Author: Giovanni Escalante Guzmán, M.D MSc. PAHO/WHO Country Representative. 73 Av. Sur # 135, Colonia Escalón, San Salvador.

E-mail: gescalante@paho.org

INTRODUCTION

Due to its integrated approach on tackling the COVID-19, Uruguay has got successful outcomes responding to the COVID-19 pandemic [1].

[a] PAHO/WHO Country Representative in El Salvador (PAHO/WHO Country Representative in Uruguay Oct 2016–April 2021).

From December 18 to 20, 2020, Uruguay hosted an international virtual meeting. Its purpose was to identify lessons and best practices in response to the COVID-19 pandemic from the perspective of people-centered medicine and the agenda of human rights and sustainable development [2].

The meeting allowed representatives of academia, ministries of health, health providers, country integration organisms, international cooperation agencies, and researchers to identify key aspects in the preparation, control, treatment, and remediation of COVID-19.

This article is part of the presentation prepared during the exchange between representatives of Bolivia, Peru, Mexico, and Uruguay [3] and took in consideration the published recommendations, and technical guidelines of the Pan American Health Organization (PAHO) and the World Health Organization (WHO) on emergency and disaster preparedness and response. The WHO COVID-19 strategic preparedness and response plan consists of the following eight pillars:

- Country-level coordination, planning, and monitoring. A national public health emergency management mechanism is developed with relevant ministries to coordinate preparedness and response upon COVID-19.
- Risk communication and community engagement. It is critical to communicate to the public updated information on COVID-19 addressing concerns, explaining preparedness and actions toward community engagement, and reducing misinformation.
- Surveillance, rapid response teams, and case investigation. Rapid detection of imported cases, comprehensive and rapid contact tracing, and case identification are key inputs building up a robust COVID-19 surveillance data for public health actions.
- Points of entry. The points of entry should have sufficient resources and support to develop surveillance and risk communication activities.
- National laboratories. Large-scale testing for COVID-19 should be developed through well-equipped and properly staffed laboratories.
- Infection prevention and control. Communities and health facilities should be enabled for treatment of patients with COVID-19, preventing its transmission to staff, all patients/visitors and in the community.
- Case management. Staff should be aware of suspected COVID-19 case definition, delivering the appropriate care pathway in accordance with patient condition and severity of cases.
- Operational support and logistics.

Those pillars have been referenced as standards for the identification of key aspects of the response to COVID-19 in Uruguay [4, 5].

OBJECTIVES

Identify key factors that contributed to the comprehensive response to the Covid-19 pandemic and its positive outcomes in Uruguay.

METHODS

The eight pillars of the WHO COVID-19 strategic preparedness and response plan were used as a checklist.

Information was collected from the periodic epidemiological reports on COVID-19 from the Uruguayan Ministry of Health, PAHO COVID-19 Daily Updates, PAHO COVID-19 Situation Report, PAHO/WHO Uruguayan reports upon COVID-19, WHO Weekly operational Updates and PAHO COVID-19 guidance and the latest research in the Americas, COVID-19 coronavirus case viewer in Uruguay, Our World in Data, and The Johns Hopkin University CSSE Covid-19 data. Also, reports from other ministries and the Presidency of Uruguay were reviewed.

Based on the above-mentioned checklist and the collected information key factors (see table 1) of the overall response against COVID-19 were identified.

RESULTS

From March 13 to December 18, 2020, the Ministry of Health of Uruguay reported 11,950 cases of COVID-19 confirmed by laboratory testing with a cumulative incidence of 338.44 cases per 100,000 inhabitants. Only 3.9% of the total confirmed cases were hospitalized (472) of which 29% (137) required intensive care with an average stay of 16.6 days.

As for mortality from covid-19, a total of 109 people died until December 18, 2020, with a case fatality rate (CFR) of 0.91% and a crude death rate of 3.09 per 100,000 inhabitants. Compared with other south American countries, Uruguay had one of the lowest case fatality rates [6].

Figure 1 shows the CFR of COVID-19 in nine south American countries from March to 18th of December 2020. Uruguay has shown lower CFR than those selected countries.

The following nine key factors that supported the comprehensive COVID-19 Uruguayan response could be identified:

1. High-level unified command and governance

   On March 13, 2020, the president of the republic declared a national emergency explaining a package of concurrent public health measures to

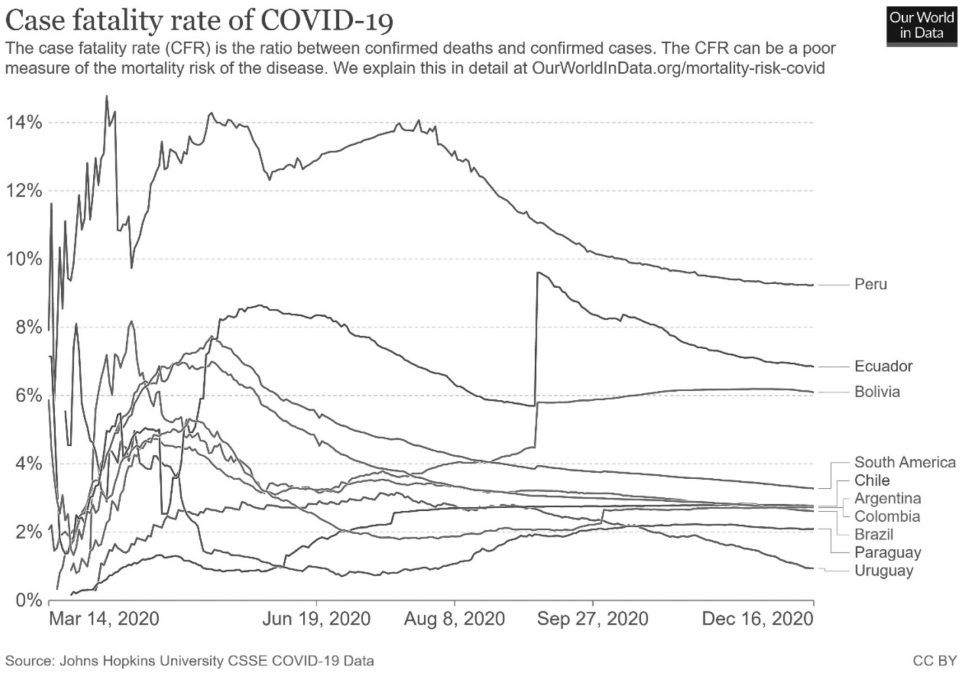

Figure 1.

tackle COVID-19 in the country upon the notification of the first case. He organized a unified command with the support of its full ministerial team, all political parties, public and private providers, as well as the population. The Minister of Health has led the implementation of all measures within the Uruguayan National Health System. Until December 2020, the government had implemented forty-two evidence-based measures responding to the epidemiological context. Among the main measures were the closure of borders; contact tracing and testing as well as confinement measures of all confirmed cases; mandatory use of masks, hand hygiene; physical distancing; mandatory notification from laboratories network and public and private providers. The availability of COVID-19 vaccines and rapid role out of vaccine coverage have been the outcome of both bilateral negotiations and COVAX platform [7].

2. Compliance of society

Since the declaration of a national emergency and the implementation of public health measures, the population accepted them, opted for self-isolation or quarantine, which caused a rapid reduction in circulation and agglomeration. Similarly, the vast majority accepted the closure of schools, workplaces, and

Table 1. Key factors in the COVID-19 Uruguayan response

1. High-level unified command and governance	The way that the Uruguayan health authority has implemented a coherent response at all governmental levels.
2. Combined informed civic society compliance	The overall response from the civil society organizations being supportive and collaborative upon a wide consensus.
3. Reliable and updated information	The transparency on providing information on COVID-19 by social networks and official platforms available to the public.
4. Implementation of the essential public health functions	Combined set of collective actions as responsibility of the state for improving, promoting, protecting, and restoring population`s health.
5. Solidarity, humanitarian corridors, and surveillance on points of entry	Coherent actions to protect health and well-being of population no matter gender, ethnicity, social conditions, or residency status.
6. Decision-making based on scientific evidence, wide range consensus, and technological innovation	The way that key decisions has been taken and implemented based on updated scientific evidence and with an interdisciplinary approach.
7. Primary health care based coordinated health system	The way that the integrated national health system operates under the principles of the primary health strategy.
8. Longstanding social protection	Comprehensive policies and programs for preventing and protecting vulnerable population against poverty, vulnerability, and social exclusion.
9. Simultaneous measures in other sectors	The implementation of coordinated measures against COVID-19 among the productive and social sectors.

cancellation of sports, cultural, or other events. “Responsible liberty” is the chosen name for the Uruguayans in this phase of COVID-19. The measures have been periodically modulated toward flexibility or exigence depending upon evolution of the curve of cases, number of deaths, and people in intensive care units [8].

3. Reliable and updated information

Creation of a unified information platform from the government with incidence in all ministries to show evolution of the pandemic in maps, figures, and indicators. It includes periodic reports, technical recommendations, and public information hosted by the National Emergency System [9].

In the communication model used in Uruguay, they applied as principles empathy and dialogue, adequate perception of risk, transparency, and

responsible liberty, recognizing the importance of the credibility of the source. Thus, the President of the Republic, the pro-secretary of the Presidency, and the Minister of Public Health played a crucial role in communications [8].

PAHO/WHO also provided recommendations for the main campaign, which encompasses two communication packages with extensive radio and television coverage for the entire population, highlighting three symptoms of COVID-19 and six actions to prevent its spread [8].

4. Implementation of the essential public health functions

The Uruguayan health authorities demonstrated their capacities at all levels with civil society involvement on developing the essential public health functions (EPHF) to protect people`s health through the national health system and intersectoral actions on health determinants [10].

Evidence has shown at least four factors: (a) ethical values when addressing public health challenges; (b) comprehensive approach when assessing health and well-being; (c) universal access policies to public health services; and (d) governance and stewardship roles tackling the public health constraints derived from the COVID-19 pandemic [11].

A PAHO's report underscored that "the combination of high public spending and low out-of-pocket payment places Uruguay among the few countries in the region that presents indicators on health spending within the thresholds recommended by PAHO of 6% of GDP for public spending on health and 20% for out-of-pocket expenses on health" [12].

5. Solidarity, humanitarian corridors, and surveillance on points of entry

More than 1,200 civil society organizations provided support through solidarity neighborhood kitchens, free delivery of packages for biosecurity, support for homeless, and information services [13].

On the other hand, the government created humanitarian corridors to rescue Uruguayan passengers stranded in other countries, as well as cruise ships. The one that stands out the most was the Greg Mortimer ship. The Humanitarian Corridors were organized by the Protocol Directorate of the Foreign Ministry in coordination with five other Ministries ensuring the departure and transfer of stranded foreigners. As a result, 734 people of forty-one nationalities have returned safely back to their countries [14].

6. Decision-making based on scientific evidence, wide range consensus, and technological innovation

The President of the Republic created the Honorary Scientific Advisory Group (GACH for its Spanish acronym) that brought together more than fifty professionals from different fields for an interdisciplinary perspective. They have provided recommendations based on the best evidence. On the

other hand, the Uruguayan Ministry of Health expanded their capacities to apply diagnostic tests for COVID-19 through the adoption and adaptation of technologies to sustainable produce the tests.

They applied the WHO-based strategy of contact tracing, testing, and isolating by the main public health provider nationwide [8].

7. Primary healthcare-based coordinated health system

   The first level of care was strengthened with various strategies of care by telephone, in homes, mobile units, telemedicine network, follow-up of cases, and accompaniment of patients throughout the levels of care according to their complexity. All mutual societies and the main public health provider (ASSE) shared homogeneous criteria for their triage, transport, laboratory, medical care, intensive care units, and protection of the elderly or people with pre-existing conditions. Intensive care unit bed capacity was expanded with trained personnel, ventilators, oxygen, and other critical supplies. Public–private and public–public partnerships have been developed, assuring nationwide coverage [8].

8. Longstanding social protection

   Uruguay has a longstanding social protection mechanism to care for vulnerable populations, such as the national care system for disabilities, newborns, and mothers. The government created the coronavirus fund. And the unemployment insurance has operated in Uruguay as a truly relevant tool to contain the effects of the COVID-19 crisis [15].

   In addition, ECLAC registered at least twenty social protection measures that are synthesized in monetary transfers such as food bonds, debt relief, support for populations at greater social risk, food, cards for the acquisition of food and products of greatest need, among others [16].

9. Simultaneous measures in other sectors

   The Uruguayan government implemented seventy-six complementary measures on the social and productive sectors as a response to COVID-19. Among them are aspects of financial protection, regulation of the movement of goods and people, restrictions in the face of potential agglomerations, mechanisms of entry and exit through ports and commercial aviation systems, mechanisms of flexibility or greater demand according to epidemiological profile, teleworking, and regulations for school attendance [17].

DISCUSSION

The preparation and response produced favorable results in Uruguay due to a comprehensive approach of shared responsibilities between government, civil society, and academia through governance from the highest level.

The factors described show a strong national health system and longstanding social protection schemes that cushioned, in a certain way, the impact of COVID-19 in the country.

On the other hand, the longstanding stability of the institutions and their democratic framework made it possible to achieve broad consensus among the political parties and unions to support the implementation of measures against COVID-19.

Therefore, the approach has got a combination of initiative-taking legislative action and complementary measures in social and productive sectors.

In addition, we note the existence of four driving forces for favorable results in Uruguay.

First, Uruguay has invested in health, measured as the percentage of gross domestic product allocated to the health sector, as well as through the integration, coordination, and articulation between public and private providers ("mutualistas") within health system, promoting effective capacities at all levels and territories. This includes agreements for health care in border areas, public–private partnerships, and synergies with other social sectors for efficiency.

Second, the effective implementation of essential public health functions (EPHF). These functions include monitoring, analysis of the health situation; risk control; health promotion; citizen participation; policy development and institutional planning; regulation and oversight; equitable access to healthcare services; the provision and training of human resources; improving the quality of services; research and impact reduction in emergencies and disasters.

Third, the real capacities of healthcare services. From a first level of care strengthened in its role of ensuring the health and well-being of the whole population of a specific territory to a second and third level as complementary combined capacities to solve cases of increasing complexity.

Fourth, the governance of the system through national agreements generated resilient and effective responses with the participation of the population itself, academia, grassroots organizations, and state agencies. For these factors, a social protection system was indispensable, as shown by the evidence on the performance of health systems in the Americas.

As two last transversal elements to those already mentioned are the solidarity strategies coming from civil society organizations and the government as indispensable ethical imperatives on health emergencies. In addition, the role of multilateral cooperation agencies that accompany the responses of each country through technical advice, training, provision of critical inputs and equipment, as well as the promotion of technical exchanges between countries through horizontal, triangular cooperation and through integration mechanisms.

Finally, we suggest more studies to explore the wealth of countries' experiences and practices in response to the COVID-19 pandemic.

CONCLUSIONS

The simultaneous and synergistic presence of the nine factors identified has contributed to the best response to COVID-19 in Uruguay.

Uruguay has achieved better preparedness and response due to favorable preconditions such as a reliable democratic framework, sustained investment in an integrated national health system with a solidarity approach as well as evidence of social protection systems.

Also, public health measures were based on scientific evidence and the recommendations of advisers from the various scientific disciplines that enriched the comprehensive approach.

In addition, the combination of public health measures had an added value with other complementary actions in the social and productive sectors that cushioned the negative effects of COVID-19.

Finally, it is advisable to carry out other complementary studies on the Uruguayan experience in the response to COVID-19.

DISCLAIMER

The opinions expressed in this manuscript are the responsibility of the author and do not necessarily reflect PAHO's criteria or policy.

ACKNOWLEDGMENTS AND DISCLOSURES

This study did not have external funding.

I have no other conflicting interests to declare.

REFERENCES

1. Pan American Health Organization. Geo-Hub COVID-19—Information System for the Region of the Americas. PAHO South America COVID-19 Response. Available from: https://paho-covid19-response-who.hub.arcgis.com/pages/paho-south-america-covid-19-response (Consulted on the 21th of July 2022)
2. PAHO/WHO Uruguay. Virtual event—8° International Congress, 6th Latin American encounter; 2nd Uruguay encounter of PERSON CENTERED

MEDICINE. 2020. Available from: https://uruguay.campusvirtualsp.org/Evento-MCP-2020 (Consulted on the 21th of July)
3. Pan American Health Organization. PAHO TV. 20th of December 2020. Available from: https://www.youtube.com/watch?v=PNjN-g2jxro (Consulted on the 21th of July)
4. WHO. Coronavirus Disease (COVID-19) Pandemic. Available from: https://www.who.int/emergencies/diseases/novel-coronavirus-2019 (Consulted on the 21th of July)
5. PAHO. Coronavirus Disease (COVID-19) Pandemic. Available from: https://www.paho.org/en/topics/coronavirus-infections/coronavirus-disease-covid-19-pandemic (Consulted on the 21th of July)
6. Ministry of Health Uruguay. Epidomiological COVID-19 report for Uruguay. 18th of December 2020. Available from: https://www.gub.uy/ministerio-salud-publica/sites/ministerio-salud-publica/files/documentos/noticias/Informe%20epidemiol%C3%B3gico%201812_0.pdf. (Consulted on the 21th of July)
7. Government of Uruguay. Government measures to tackle the coronavirus (COVID-19) health emergency related to health. Available from: https://www.presidencia.gub.uy/comunicacion/comunicacionnoticias/medidas-gobierno-sanitaria-emergencia-sanitaria-covid19 (Consulted on the 21th of July)
8. Uruguay's 2020 Response to the COVID-19 Pandemic—Resume. Pan American Health Organization. Available from: https://www.paho.org/es/documentos/uruguays-2020-response-covid-19-pandemic-resume (Consulted on the 21th of July)
9. National Emergency System. Coronavirus COVID-19 case viewer in Uruguay. Available from: https://www.gub.uy/sistema-nacional-emergencias/pagina-embebida/visualizador-casos-coronavirus-covid-19-uruguay (Consulted on the 21th of July)
10. PAHO/WHO Uruguay. OPS/OMS cooperation strategy with the the western republic of Uruguay 2017–2021. [online] 8th of November 2017. Available from: https://www.paho.org/es/documentos/estrategia-cooperacion-opsoms-con-republica-oriental-uruguay-2017-2021 (Consulted on the 21th of July)
11. PAHO. Visualization of indicators *PLISA*. Available from: https://www3.paho.org/data/index.php/es/visualizacion.html (Consulted on the 21th of July)
12. Functioning of the Health System in Uruguay—PAHO. *PAHO*. 2019. Available from: https://www.paho.org/es/file/103089/download?token=-JfoeRJO (Consulted on the 21th of July)
13. UNICEF. Uruguayn civil society actions to facilitate access to food and hygiene products. *Collection health and wellbeing. The response of Uruguay to the crisis generated by the coronavirus (COVID-19).* November 2020.

Available from: https://www.unicef.org/uruguay/informes/acciones-de-la-sociedad-civil-uruguaya-para-favorecer-el-acceso-alimentos-y-productos-de

14. Uruguay government—Ministry of external relations. El chancellor anounces the last operation of the Humanitarian Corridor: the Greg Mortimer cruise. 3th of April 2020. Available from: https://www.gub.uy/ministerio-relaciones-exteriores/comunicacion/noticias/canciller-anuncio-ultima-operacion-del-corredor-humanitario-crucero-greg (Consulted on the 21th of July)
15. Economic comission for Latin america and the Caribe. Strengthening of social protection systems in the region. April 2022. Available from: https://www.cepal.org/es/publicaciones/47830-fortalecimiento-sistemas-proteccion-social-la-region-aprendizajes-partir-la (Consulted on the 21th of July)
16. Social protection measures to tackle COVID-19. 2021. Available from: https://dds.cepal.org/observatorio/socialcovid19/listamedidas.php?id_pais=ury (Consulted on the 21th of July)
17. Government of Uruguay. Government measures to attend the coronavirus health emergency related to social issues. Available from: https://www.gub.uy/presidencia/politicas-y-gestion/medidas-del-gobierno-para-atender-emergencia-sanitaria-coronavirus-covid-19-9 (Consulted on the 21th of July)