

Comparative health governance in Latin America: Analyzing national policy decisions during the COVID-19 pandemic

Table 1. Demographic and socioeconomic indicators - Argentina, Brazil, Chile, Costa Rica, and Ecuador.

Country	Population 2020 (thousands)	Pop* 65 years and older (%)	Pop Urban (%)	Pop Afro descendant (%)	Pop Indigenous (%)	GDP per capita (US\$)	Pop in Poverty (%)	Pop in Extreme Poverty (%)	Gini Coefficient (Income inequality)	Illiteracy (% Pop 15 years and older)	Pop with drinking water (%)	Pop with sanitation services (%)
	2020	2020	2020	2018	2018	2018	2018	2018	2018	2018	2017	2017
Argentina	45 196	11.4	92.5	0.4%	2.3%	10 105	24.4	3.6	0.396	1.1	NA	NA
Brazil	212 559	9.6	86.9	50.9%	0.4%	10 905	19.4	5.4	0.540	6.9	92.3	49.3
Chile	19 116	12.2	89.7	NA*	NA	15 443	10.7	1.4	0.454	3.6	98.6	77.5
Costa Rica	5 094	10.3	80.8	7.8%	2.4%	9 960	16.1	4.0	0.493	NA	93.8	NA
Ecuador	17 643	7.6	66.1	7.2%	7.0%	5 253	24.2	6.5	0.454	15.7	75.1	42.0

* Abbreviations: Pop = Population; NA = not available.

Sources: <https://population.un.org/wpp/DataQuery>; <https://www.worldbank.org/en/topic/poverty/lac-equity-lab1/ethnicity/ip-population>; <https://washdata.org> (Accessed 13 June 2020).

Table 2. Additional public health indicators - Argentina, Brazil, Chile, Costa Rica, and Ecuador.

Country	Life Expectancy at Birth	Infant Mortality Rate (per 1000 live births)	Maternal Mortality Rate (per 100,000 live births)	Total Mortality Rate (per 100,000 people)	Government Health Expenditures (%GDP)	Total Health Expenditures (% GDP)
	2015-2020	2015-2020	2017	2015	2017	2017
Argentina	76.4	10.2	39	566.3	6.6	9.1
Brazil	75.6	13.0	60	606.2	4.0	9.5
Chile	80.0	6.7	13	443.4	4.5	9.0
Costa Rica	80.0	7.3	27	394.4	5.4	7.3
Ecuador	76.7	13.6	59	439.2	4.4	8.3

Sources: <https://population.un.org/wpp/DataQuery>; <http://apps.who.int/ghodata/?vid=110#> (Accessed 13 June 2020).

Table 3. Governance characteristics in the COVID-19 response related to transparency and inclusion, by country.

	Argentina	Brasil	Chile	Costa Rica	Ecuador
Scientific and implementation- based evidence	Partial.	Partial; conflicts between authorities and experts.	Decision making not transparent; conflicts between authorities and experts.	Consultation with scientific teams; slow compilation of community-based experiences.	Political use of non-qualified information.
Different health and public health experts are consulted	Predominance of virologists.	Partially consulted but rarely considered.	Partially consulted but rarely considered	Predominance of epidemiologists and hospital experts	Sporadic consultations; no mechanism for consultation.
Inter-sectoral contribution to decision-making	Partial and scarce.	Economic and productive sectors; insufficient inter-sectoral coordination.	Partially and with limited leverage	Social contribution; tensions between economic and productive sectors.	Only with the productive sectors, not with other public sectors.
Commitment to civil society for future accountability	No consultations or involvement of civil society.	Mostly with the economic sector.	Partially consulted but with limited consideration.	Voluntary and spontaneous participation.	Not consulted or considered.
Women and social or ethnic minorities included in task forces	Minority representation of women. No ethnic or minority representation.	Predominance of white men including military.	Representation of women, but no gender perspective. No ethnic or minority participation.	Women as decision makers; attention to ethnic groups was prioritized.	No ethnic or minority participation

Transparency on who is making decisions and how	Partial. Political conflict between jurisdictions.	Partial; decisions were more concentrated on governments; occasionally clear but controversial.	Limited transparency; questioning due to concealment of data.	Information available on the internet, from Ministry of Health and President's office.	No clear information on how decisions were made at the central level.
Consistent and transparent information sharing on a continuous basis	Information reported twice a day from pandemic onset; no public opinion concerns with data.	Daily reports at pandemic onset. Variable after April. Insufficient data on tests and vulnerable groups.	Daily reports were partial, changing, and controversial.	Daily report. Limited information on success or effectiveness indicators.	Partial, incomplete, and inconsistent information.
Leadership and credibility of government(s), trust in health authorities	The Ministry of Health is scaffolded by a legal framework and elements of governability.	Leadership crisis in the central government; conflicts between political actors.	Leadership crisis, lack of credibility and trust.	High degree of leadership and credibility of the health authorities.	The health authority does not keep a clear line of action.
Delegation of power and implementation structures	National executive power centralizes decisions, but each province has executive power to implement.	Limited coordination and decisions at the federal level; decisions made by local governments.	Centralized decisions; permanent conflicts with municipal and local authorities.	Decisions in local emergency committees with continued technical support by health experts.	Decisions delegated to municipalities without developing sufficient local technical capacities.