Peru’s COVID-19 response – an insight to health security in Latin America

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Peru: Lay of the Land
Peru, a wonderful country!
Charming people from an array of ethnic origins
Peru’s basic profile

- Surface Area: 1,285,215 km²
- Peru is the third largest country in South America
- There are 24 administrative regions
- Lima is the capital city
- There are 33 million inhabitants (Rural 27%, Urban 73%)
- Official languages are Spanish & Quechua (50+ other)
- Peru has 28 of world’s 32 climates.
- More than 76% is Catholic, 14% evangelic, 5% non religious
COVID-19 health impact
Was Peru, and the world and Latin America, prepared to respond to pandemics?
Overarching Finding: National health security is fundamentally weak around the world. No country is fully prepared for epidemics or pandemics, and every country has important gaps to address.
Average Overall Score: 40.2 out of 100
Highest: 83.5  Lowest: 16.2

Source: J. Bell
GHSI: Latin America preparedness

Source: J. Bell

Peru’s weaknesses to respond to pandemics. Feb 2020
Main weaknesses identified by the GHSI in Peru:

- Linking health authorities with security
- Epidemiology workforce
- Public health Lab system
- Data sharing among disease surveillance systems
- Public and private healthcare facilities
- Lack of Joint External Evaluation
- Simulation exercises
- Emergency operations canter
- Biosafety
The Americas account for the 48% of total deaths in the world.
Why?

-Social determinants of health with economic growth and inequality
-Weak health care system
-Wrong approach and poorly implemented response
Social determinants of health with economic growth and with inequality
GDP per capita (constant 2010 US): Peru, Bolivia, Brazil and Chile

https://worlddata.io/blog/a-broader-view-of-poverty-in-south-america
Poverty reduction. People living below US$ 3.20 and US$ 5.50, Peru and Bolivia respectively.

Sources:
https://worlddata.io/blog/a-broader-view-of-poverty-in-south-america
Top 10% national income share. 1990-2019. Peru, Bolivia, Brazil and Chile

Sources:
https://wid.world/world/#sptinc_p90p100_z/PE;AR;BR;CL;BO/last/eu/k/p/yearly/s/false/35.9045/70/curve/false/country

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“[Governments] forgot to adequately invest in health and now we are paying the price”

• Social determinants
  ▪ Poverty (20.2%)
  ▪ Informal economy (72.6%)
  ▪ Inequality = Gini Coefficient (42.8%)
  ▪ Education (Government expenditure as share of the GDP: 3.8%)
  ▪ Household overcrowding

• Healthcare system
  ▪ Gap both in human resources and health facilities
  ▪ Around 150 ICU beds (0.5 ICU beds per 100K inhabitants)
  ▪ Only one lab that processes molecular tests
  ▪ Less than 1,000 hospital beds for COVID-19 patients

Sources: INEI, World Bank and https://www.bbc.com/mundo/noticias-52843655
Why?

Peru’s COVID-19 Response
Early Response

• National Response Plan: January 2020
• Active surveillance at point of entry: Jan-Mar
• First case confirmed: March 6
  – Schools and border closure
  – National lockdown
  – Economic stimulus and relief bonus
  – All but “COVID hospitals” were closed
  – Priority was on increasing the number of Intensive Care Units (ICU)
Very high/ Massive public support at the beginning

President Vizcarra’s approval ratings. Feb-Set 2020

Finance and Health ministers approval rating. April 2020

Mobility

Retail and leisure: How did the number of visitors changed from February 17 through June 20, 2020

https://ourworldindata.org/covid-mobility-trends
“COVID Walkers”: from Lima to the rest of the country looking for haven
Cashing “COVID stimulus checks” (US$ 171), long lines and crowding at the banks

Go to cashier on this date:

According to the last digit on your ID

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Change of COVID-19 death definition: From 69K to 184K in one day!
On May 31, 2021, the number of deaths was updated: it was 2.7 times higher than previous daily official reports.
Post mortem of Peru’s COVID-19 pandemic response
What went wrong?

- Lack of country preparedness against public health threats
- Biomedical hospital based over public health approach
- Strategy not based on scientific evidence
  - “Serology has better sensitivity/specificity than molecular tests”
  - Treatment guidelines that included unapproved drugs (Ivermectin, etc.)
Lack of use of scientific evidence for Public Health decisions

Minister of Health: “We propose that the serologic rapid test be considered equivalent to a molecular test”

On hydroxychloroquine and ivermectin
Minister of Health: ”We do not have time to wait for scientific evidence”

Sources.
What went wrong?

- Very weak risk communication
- Absence of social participation
- Weak pandemic monitoring indicators
- Lack of strategies to expand laboratory capacity
- Weak contact tracing response
- Long and inefficient lockdown measures
- Closing first health care level
- Senior MD’s were sent home and haven’t come back
Weak risk communication strategy

Long and sometimes confusing press conferences led by the highest authorities

COVID DOES NOT KILL ALONE
#DoNotBeComplicit

Weak campaign during the whole pandemic
Fear and guilt provoking communication campaign

What went wrong?

- Weak management skills
- Inequity
- Social determinants of health
- Weak healthcare system
- Political instability (January 2020 – June 2021)
  - 3 presidents
  - 5 ministers of health
What went wrong?

Biomedical hospital based pandemic response approach + lack of science based decisions + weakened leadership over time + high turnover of high rank health officials and political authorities + weak healthcare system + high prevalence of communicable diseases + inequity + social determinants of health + etc...

A perfect storm = Syndemic
What to do? The road ahead
The road ahead

Strength Public Health Approach

• Systematic application of science based public health decisions
• Accelerate vaccination rate
• Improve risk communication
• Increase testing
• Implement contact tracing

Preparedness, preparedness, preparedness
The road ahead

Strength Public Health Approach

• **Capacity assessment** (JEE, GHSI) and national health security **action plan** to reduce gaps

• Increase investment in **public health** and **medical healthcare**

• Strength institutional strategies to deal with public health threats: **Peruvian CDC with comprehensive approach**

• Public health emergencies **Fund**

• Strength **national** laboratories system
Nine monsters

So, unfortunately
pain grows in the world at all times,
it grows at thirty minutes per second, step by step,
and the nature of pain is twice the pain,
and the condition of martyrdom, carnivorous, ravenous,
is twice the pain
and the task of the purest herb, twice
the pain
and the goodness of being, our double pain
...
Sir minister of health, what’s to be done?
Oh, unfortunately, human men,
there is much, brothers and sisters, so much to be done!

Cesar Vallejo Peruvian poet (1892 –1938)

Translations by Michael Smith and Valentino Gianuzzi