

# "Public Policies in the Coronavirus Pandemic Scenario: Some Insights from Argentine Experience"

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# Coronavirus Pandemic Scenario

- First recorded case: 12/31/2019 in Wuhan (Hubei), China
- Probable first real case: 12/1/2019
- Identification of the new coronavirus: 1/7/2020
- First case outside of China: 1/13/2020 in Thailand
- Declaration of emergency (WHO): 1/30/2020
- First case detected in Argentina: 3/3/2020
- Pandemic Declaration (WHO): 3/11/2020

So far: 3 million confirmed cases  
215 thousand deaths declared  
more than 200 affected countries and territories around  
the world

## Essential questions

- How is the pandemic progressing?
- How to compare what happens in different countries?
- How have states responded and to what extent the health systems have had enough capacity to face the pandemic?
- Most of the world is under lockdown, what is next?

## Sources

- Open data
- Public information on health systems
- Public information on pandemic state policies

# About data...

There are many limitations:

- Each country reports its own data to WHO
- The criteria for confirmed cases and for deaths from COVID-19 are not uniform, countries use different criteria
- In all countries there are more real cases than confirmed cases

Regarding deaths:

It seems to be a more reliable indicator. However, different countries record deaths in very different ways:

- Case 1: deaths from confirmed cases (most countries)
- Case 2: Deaths from complications of pre-existing diseases are not included (e.g. Germany)
- Case 3: unregistered deaths (for example, Ecuador, Spain) or suspicious reports (for example, Mexico)
- Alternative way: declared vs. expected deaths. Comparison between total declared deaths in e.g. March 2020 and the expected number of diseases for March 2020 based on previous years.

# Confirmed cases

## They are a sample of total cases

- Age (population pyramid)
- Incidence of pre-existing diseases
- Social Factors

Two examples of total testing:

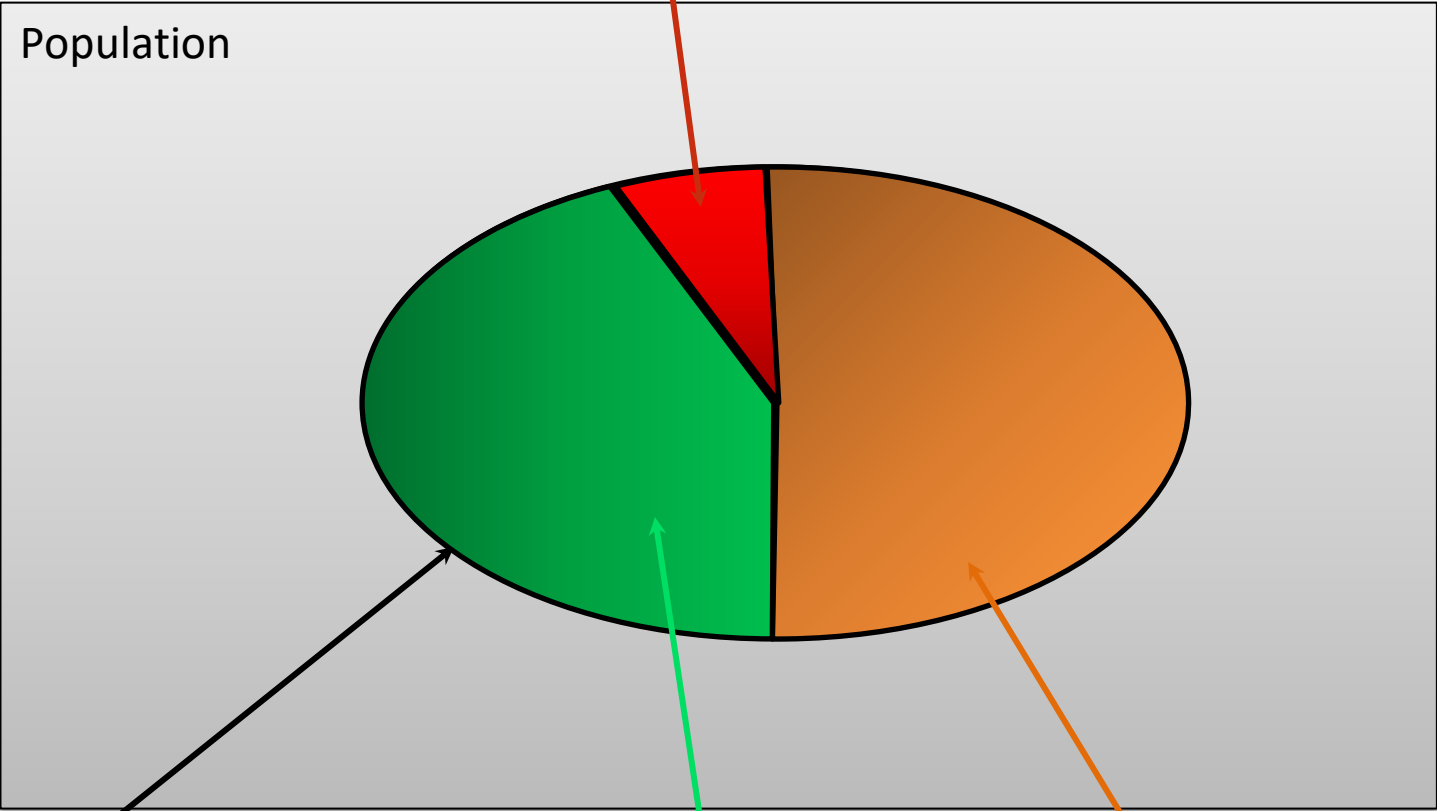
- *Vó Euganeo (pop. 3,000): beginning, 3% infected, half of them asymptomatic*
- *Diamond Princess (3,700 pers.): 20% infected, 47% without symptoms*



- We work under the assumption that **confirmed cases are a fraction of the total cases**, which we do not know, but this fraction does not have large variations when the number of contagions is big.
- Based on two cases of total testing, we could assume that **the number of asymptomatic patients is similar to that of those who show symptoms** (note, **not confirmed cases**).

Hospitalization cases

Confirmed cases



Population

Infected people

Without symptoms

Mild symptoms

They are registered at the beginning (containment)



# Argentina: confirmed case

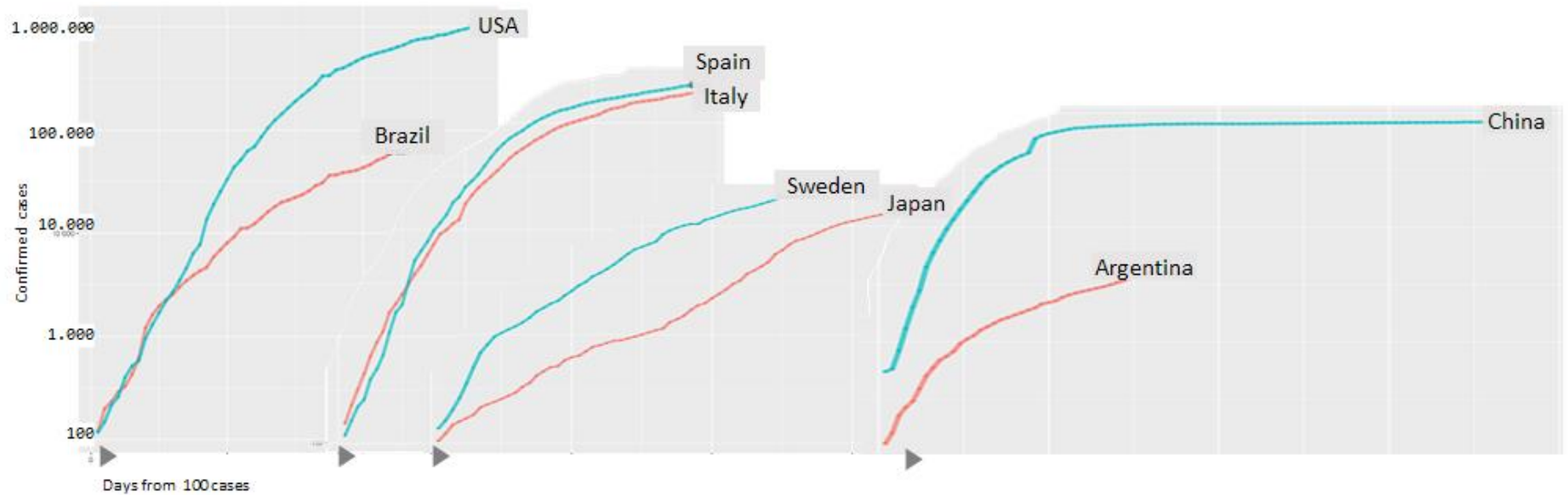
The criteria to test (PCR, serological) in Argentina is:

- Beginning : ✓ Symptoms that cannot be explained by another disease and a history compatible with possible contagion
- From 4/16: ✓ Fever + 1 symptom of COVID -19  
✓ contact with confirmed case or history to travel to affected areas  
✓ All patients who present anosmia / dysgeusia, of recent appearance and without another defined etiology and without other signs or symptoms  
✓ All staff for essential works, that have fever or two or more of Covid symptoms

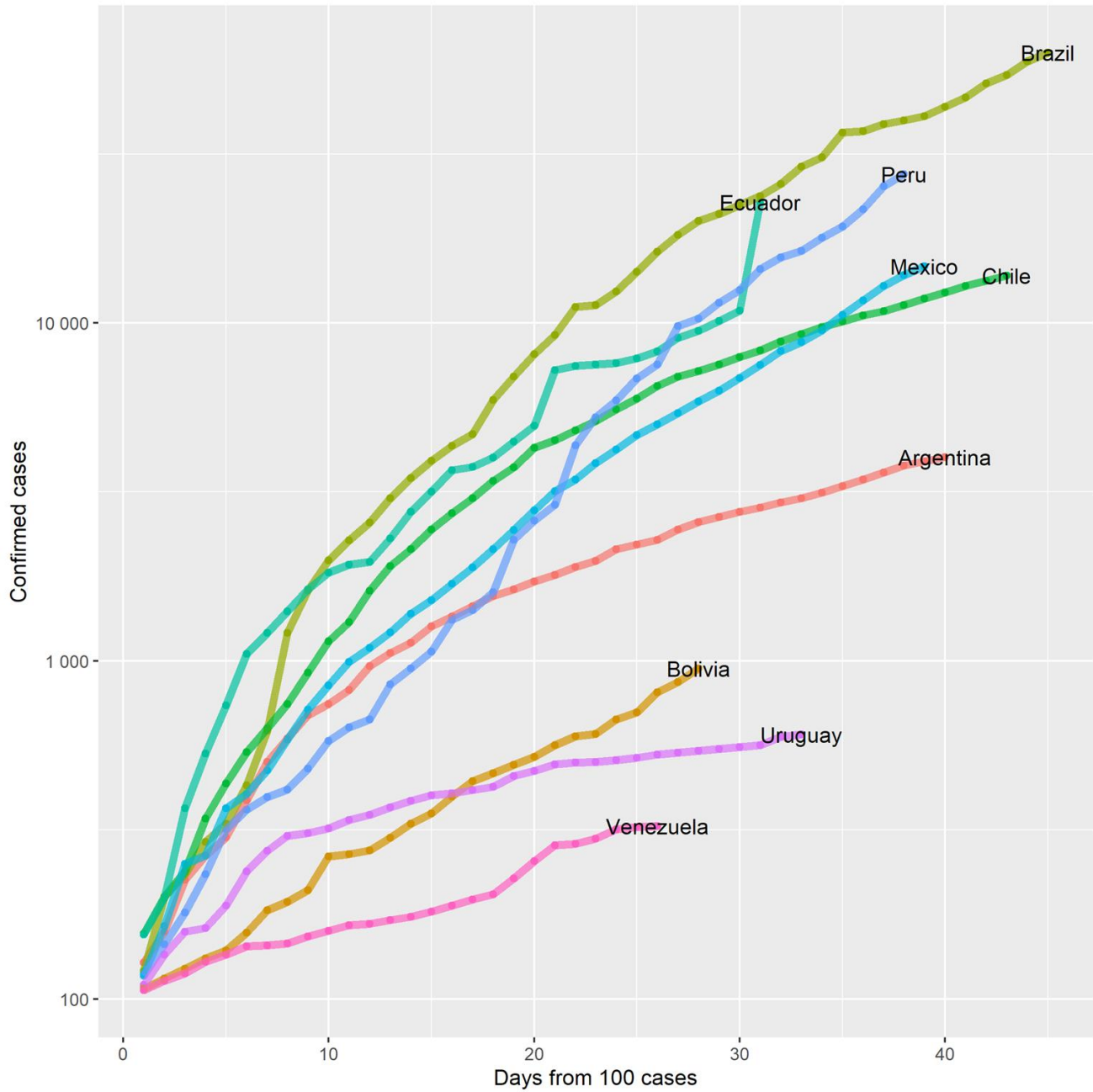
<p><b>Lax Response</b></p> <p>Laissez faire Uncoordinated Light advice</p>	<p>Extended exponential phase If Intensive Care Units (ICU) collapse, mortality increases from 3-5% to 10-12% Government loses support Economic recession unavoidable</p>	<p>Brazil, USA</p>
<p><b>Proportionate measures</b></p> <p>Incremental Adjusts to evolution</p> <p>Light advice ↕ Lockdown</p>	<p>Distancing, limit to attendance in public events, events ban, transportation limits, home office, schools closing... Exponential phases with increased times Case number increase moderated Mortality rates between 0,5% y 4% Risk of ICU saturation</p>	<p>Japan, Sweden</p>
<p><b>Forced lockdown</b></p> <p>Starts lax or proportionate Lockdown by necessity</p>	<p>Lockdown declared after ICU collapse High mortality for 2 weeks Extended tail after peak</p>	<p>Italy, Spain</p>
<p><b>Early lockdown</b></p>	<p>Lockdown applied near the onset of the outbreak Low mortality - Economic stress</p>	<p>China, Argentina</p>
<p><b>High tech response</b></p> <p>Tracking devices Extended testing Direct police action</p>	<p>Contact identification and isolation Constant surveillance Privacy compromised or lost Usually successful against outbreak</p>	<p>South Korea - Australia</p>

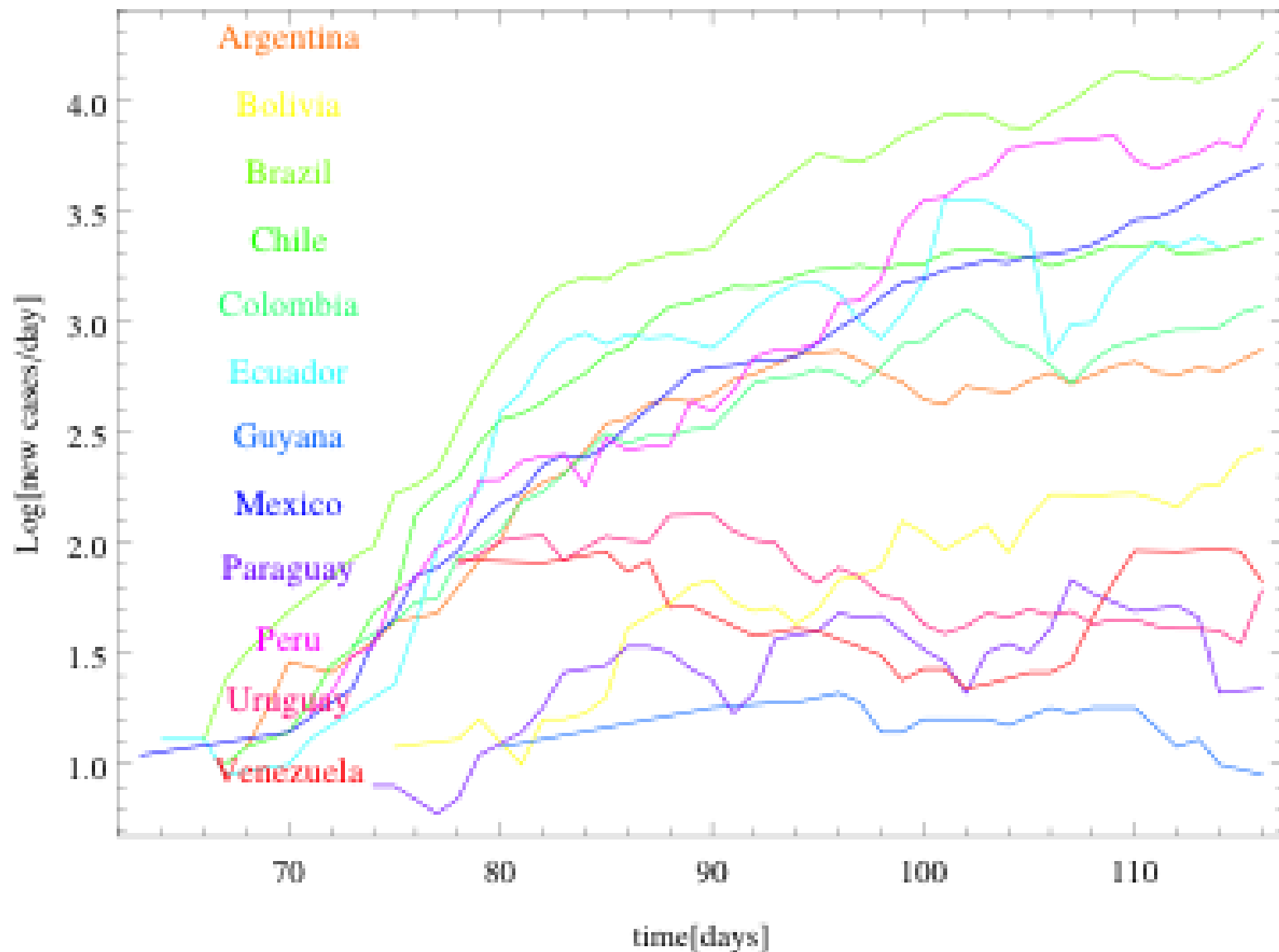


# A comparative perspective of State Responses



# Latin America: An Overview





# ARGENTINA

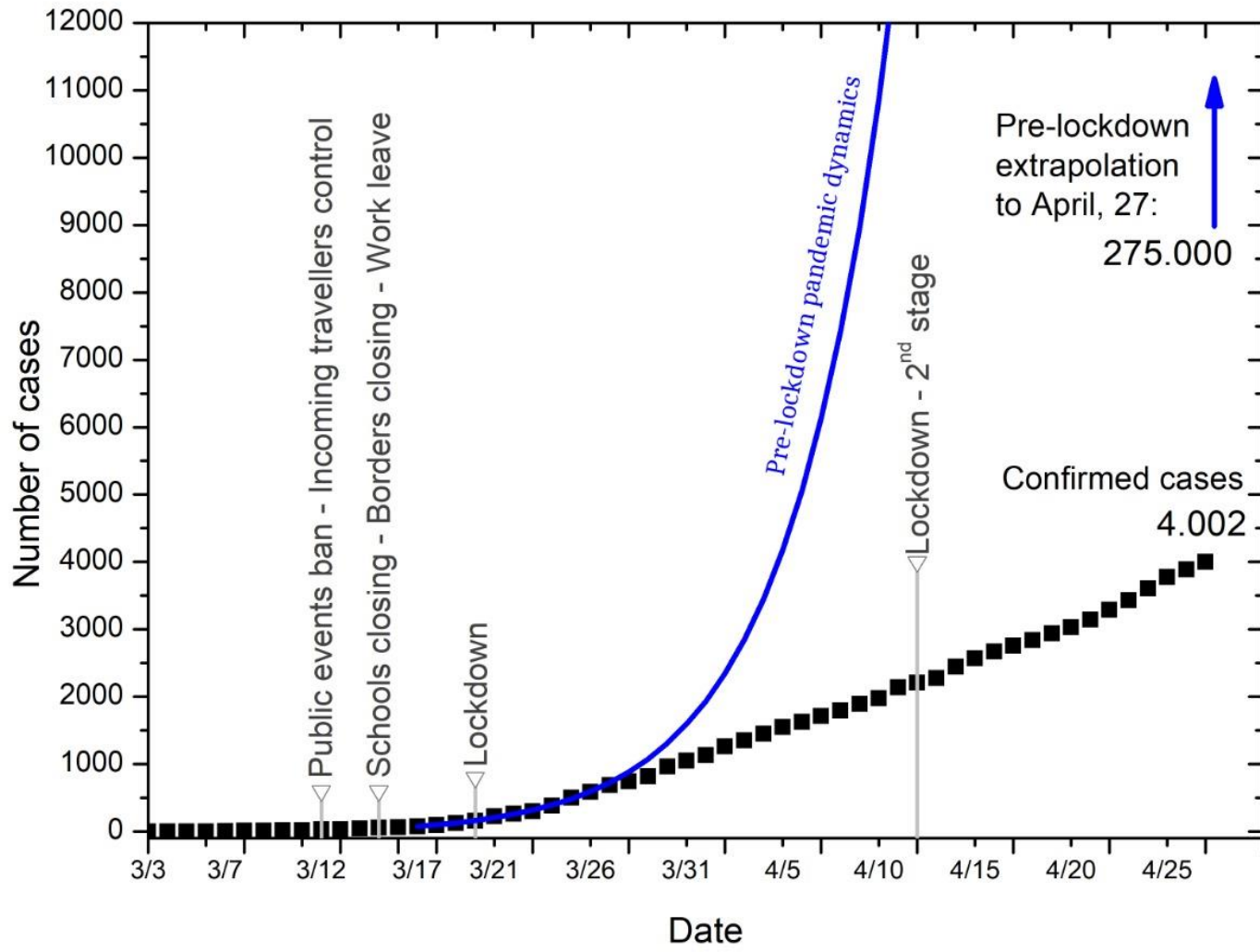
Quick enactment of restrictive measures and early lockdown

## Chronology

March 3 <sup>rd</sup>	First case
March 7 <sup>th</sup>	First death
March 12 <sup>th</sup>	Suspension of cultural and sports events Mandatory quarantine for travelers from affected areas
March 15 <sup>th</sup>	Closure of schools and universities Closure of borders Work leave for aged 60 or above, and for schoolchildren parents
March 17 <sup>th</sup>	Flights from affected areas cancelled Home-office for public sector. Advice to private sector to do the same
March 20 <sup>th</sup>	<b>Lockdown (compulsory social distancing - 90% pop. at home)</b>

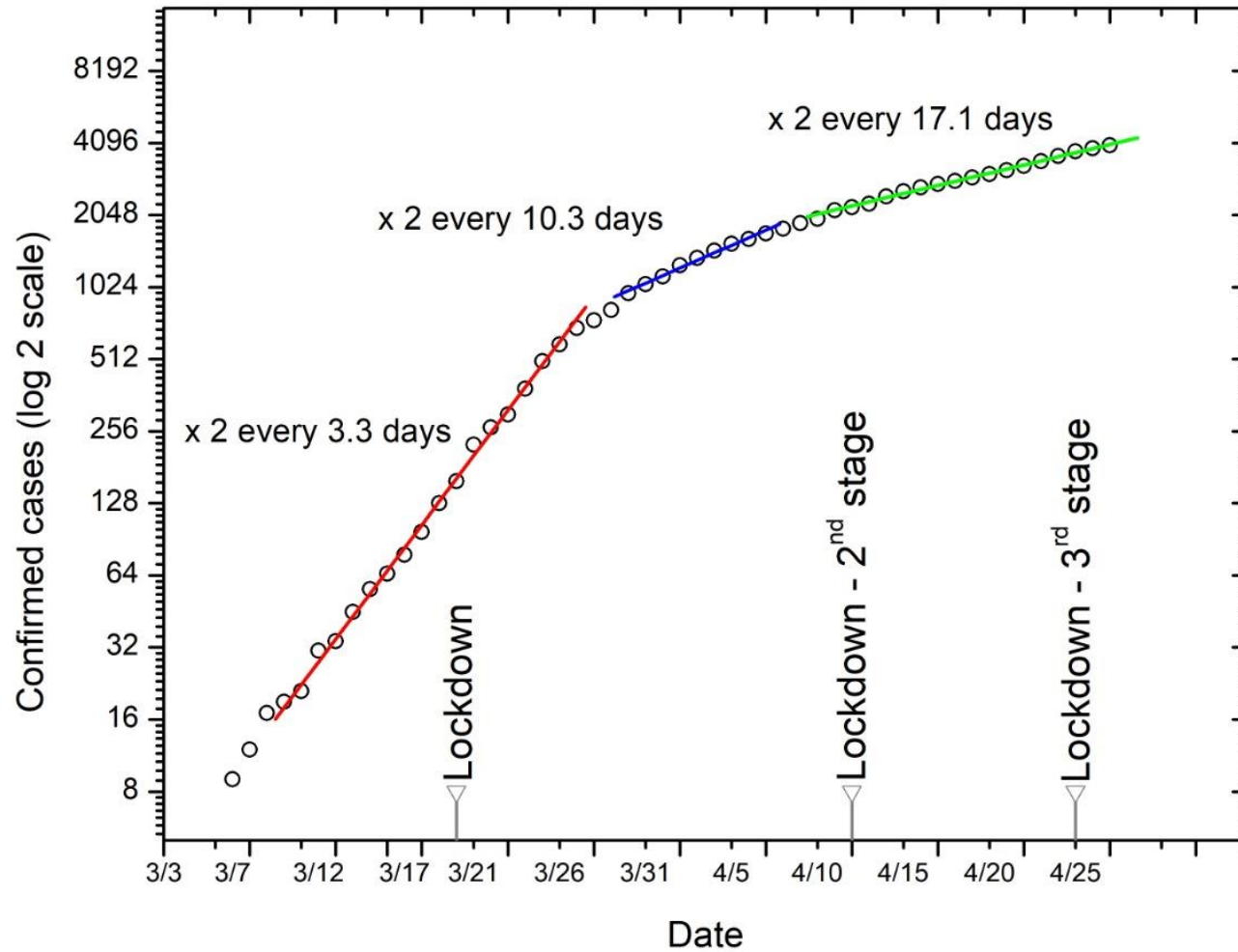
at that time: 128 confirmed cases  
and 3 deaths

# Argentina



Source: Min. of Health - Argentina - Compiled by Dr. Jorge Aliaga

# Argentina

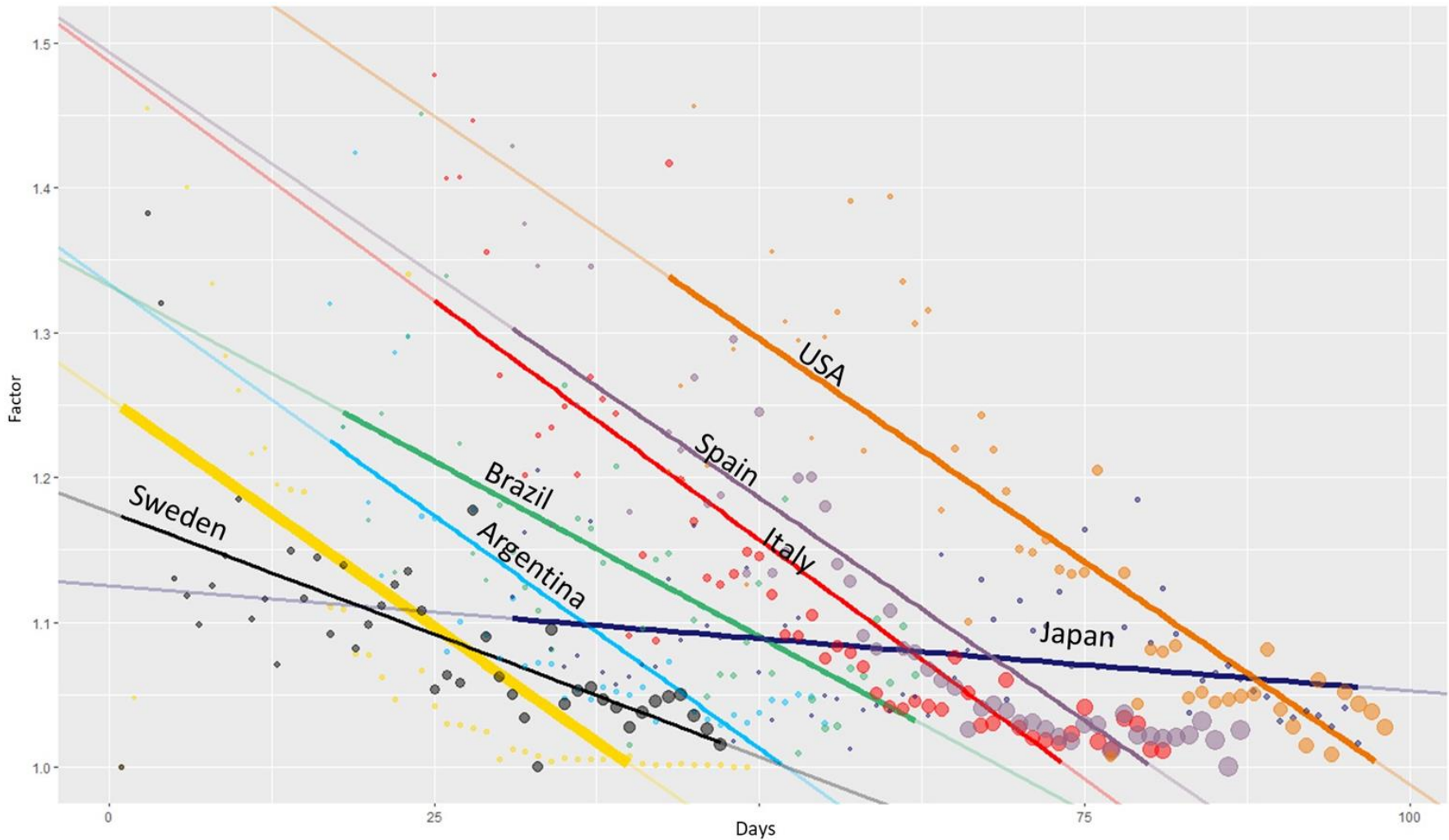


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# Argentina: Lockdown management (phases)

Criteria	Strict Lockdown	Managed Lockdown	Geographical Segmentation	Progressive reopening	New Normal
Authorized	Only essential services	More activities are allowed	Province/states exceptions	Province/states exceptions	Hygiene habits and sustained care
Restricted	All the rest	National restrictions	National restrictions	National - local restrictions	
Mobility limits	Up to 10%	Up to 25%	Up to 50%	Up to 75%	More than 75%
Duplication time	Less than 5 days	From 5 to 15 days	From 15 to 25 days	More than 25 days	
Geographical	Homogeneous	National exceptions	Segmentation by epidemiological criteria	Local restrictions	Homogeneous

# Another way to see the numbers: “The chopsticks”



$$\text{Factor} = \frac{\text{Total confirmed cases [day n]}}{\text{Total confirmed cases [day n-1]}}$$



## Discussion

- There is no ideal recipe for every country every time.
- Different approaches might adapt to different realities
- It is crucial to avoid reaching the health system saturation
- Lockdown breaks the pandemic exponential growth
  
- Argentina: considering the health system weakness, lockdown combined with economic support, has produced good results  
But
- **The central point of Today is:**  
**Most of the world is under lockdown, how do we exit from that? How can we manage the relaxing of lockdown?**  
**We see 3 types of State responses for exit:**

# Lockdown exit strategies

## **Do nothing (the Free Market Strategy, liberal strategy)**

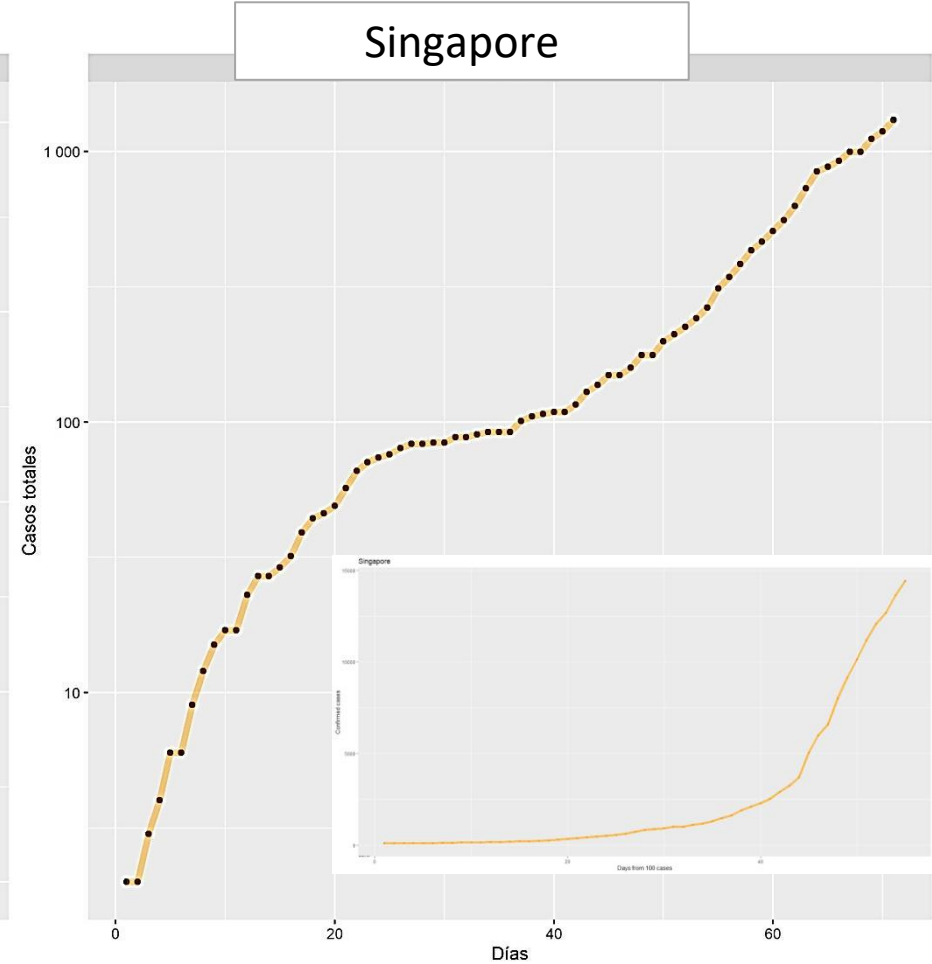
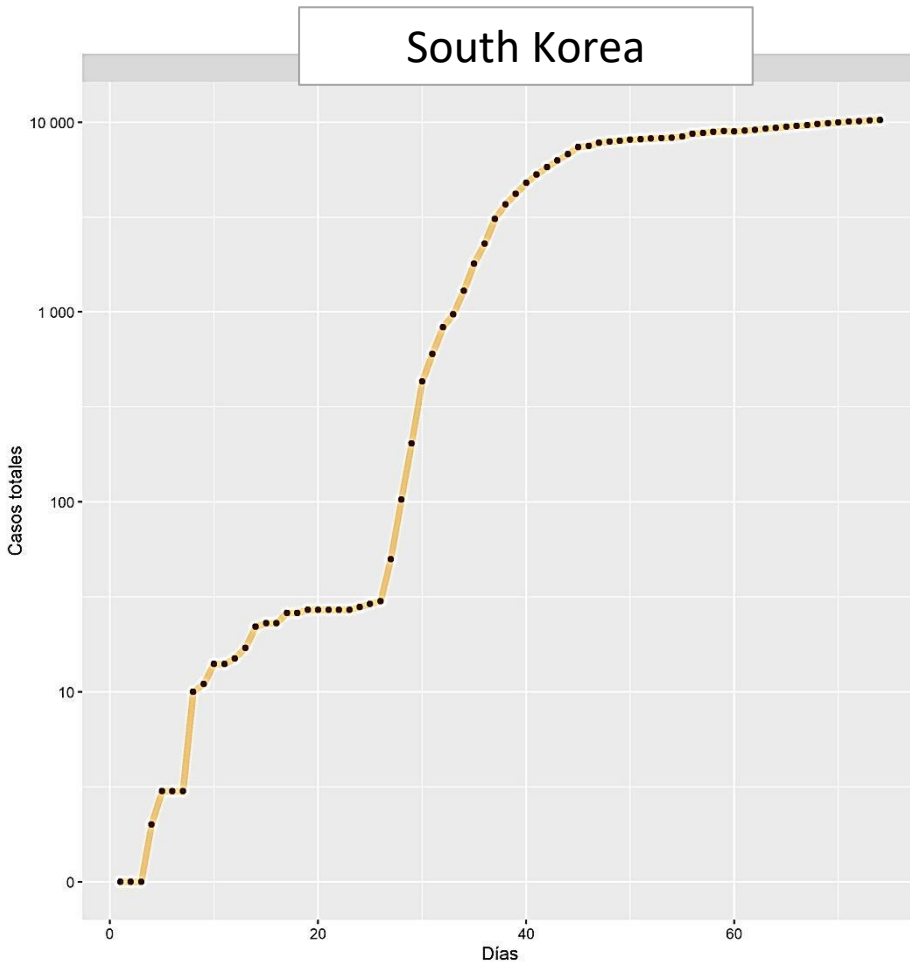
- This strategy simply needs the will to lift the restrictions
  - Most examples and numerical simulations show that it leads to a rapid surge in the number of contagions and to an extremely high mortality rate. A fast collapse of the Health System
  - Highly unequal economies would replace deceased or absent workers with new labor from a large pool of desperate people
  - Efficiency fanatics would consider losing a large fraction of older or retired people as beneficial to the economy
  - It is unclear how a political system could adapt to the ensuing catastrophic loss of human life
  - For example, in a country of 100 million people, deaths in excess of 5 million could be expected
- This is a controversial exit strategy

# Lockdown exit strategies

## High tech (The Hammer and The Dance, Tomás Pueyo)

- It is effective (e.g. South Korea, Australia and China)
- It requires a large electronic surveillance network
  - Absent in most cases - Companies will see business opportunities
  - Under a recession scenario: loans - Creates dependence
  - Asymmetry between technology owners and adopters
- Compromised or lost privacy
  - The harder the measures, the shorter the hammer period (monitoring/tracking, control and discipline)
  - Who owns the data?
  - Gives the state an enormous amount of control (dangerous in low intensity democracies)
  - Stress democratic values, a threat to democracy?
- One size fits all?

# Leaving lockdown: the high tech strategy (The Dance)



Extended track and trace - Police enforcement - State tight control  
Rapid isolation of cases and contacts - Unforeseen events trigger quick mini-outbreaks

# Lockdown exit strategies

## Managed exit (The Equilibrist)

- It requires a state present and resourceful
  - Identify stages and geographical zones
  - Political will to go forward or go back if necessary
  - Outbreaks must be quickly identified and managed
  - Economies under lockdown have to be assisted
- It requires social legitimacy
  - People will not comply unless the whole operation is transparent
  - State tools will not be strong enough to track and punish every infractor
- Ultimately, this strategy rests on politics

# Lockdown exit strategies

## Managed exit (The Equilibrist)

This lay on the idea of Public Policy as an equilibrium between several elements, that constitute the state capacity:

- The Rope: is the capacity of the health system (infrastructure, beds, ventilators, intensive care units, medical staff) More time to improve the HS
- The equilibrist: are the main authorities of the country. (Political system: relationship between presidents and governors, scope of national measures, distribution of economical resources, responsibility and responsiveness) More space to bargaining and agreement
- Equilibrium: are public policies (strategic planning, expert advice, clear diagnosis, early decisions, social legitimacy)

Thank you all of you for listening!!!  
Comments and questions are welcome