

The sociodemographic impacts of the COVID-19 pandemic in Latin America and the Caribbean

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UNITED NATIONS

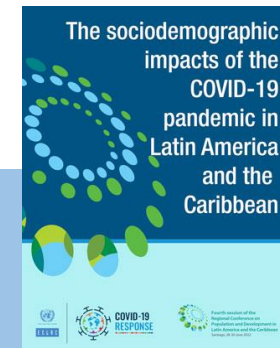
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Repercusiones de la pandemia sobre los Objetivos de Desarrollo Sostenible



Significant and rapid rise in **poverty, hunger and inequality**



Morbidity and mortality: Significant direct and indirect effects



Loss of learning and socialization for children and adolescents



Women: additional burden of unpaid domestic work, withdrawal from the labour market, exposure to violence in the home



Housing and cities: larger housing deficit, more homelessness, less access to basic services and drop in use of public transport

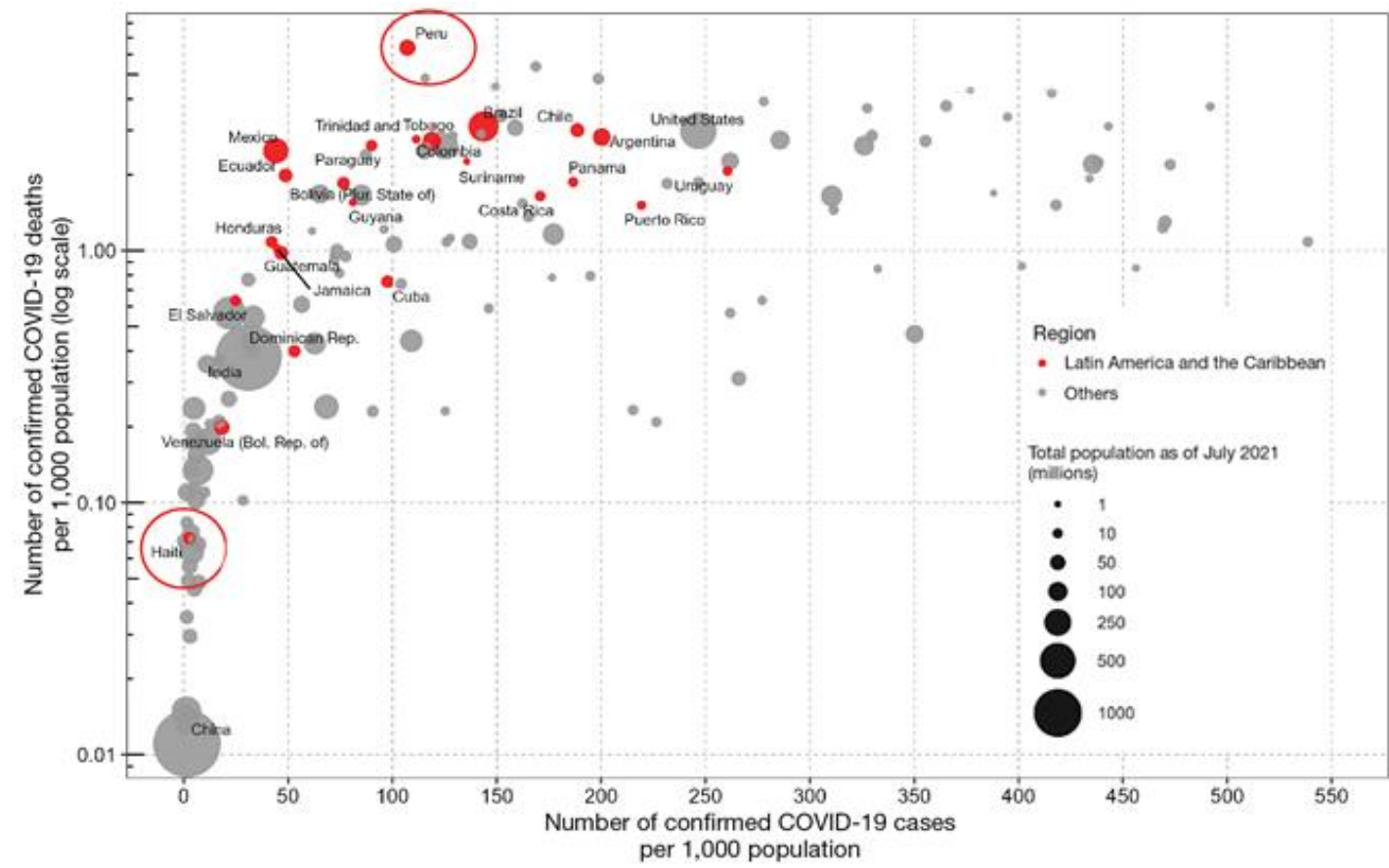


Economy and employment: historic decline in GDP, sharp rise in unemployment and decline in labour force participation

Latina America and the Caribbean: highest number of reported COVID-19 deaths in the world

Number of confirmed coronavirus (COVID-19) deaths and cases in the world per 1,000 people, as on 19 May 2022

- By 19 May 2022, Latin America and the Caribbean had reported **1,701,854 COVID-19 deaths** (WHO)
- This figure is equivalent to **27.2% of reported deaths worldwide**, even though the region accounts for just 8.4% of the global population (*World Population Prospects 2022*)
- Confirmed COVID-19 cases and deaths may represent just a **fraction** of the true figures
- The pandemic has also had **indirect effects**, in terms of deaths by other causes, owing to collapses of health systems and a lack of diagnosis of treatable diseases



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of World Health Organization (WHO), "WHO Coronavirus Disease (COVID-19) Dashboard", 2022 [online] <https://covid19.who.int/> [accessed on 19 May 2022] for deaths and United Nations, World Population Prospects 2019, New York, 2019 [online] <https://population.un.org/wpp/>.
Note: Only countries with more than 500 reported COVID-19 deaths and more than 500,000 inhabitants are considered.

The impacts are related to multiple risk factors and the inequalities that characterize the region



- **High level of urbanization** (81%) and metropolization, noteworthy at the global level (35% of the population lives in cities with 1 million or more inhabitants) with **pressing urban deficits: overcrowding** and low coverage of **water, sanitation, electricity, Internet**, especially among the poor



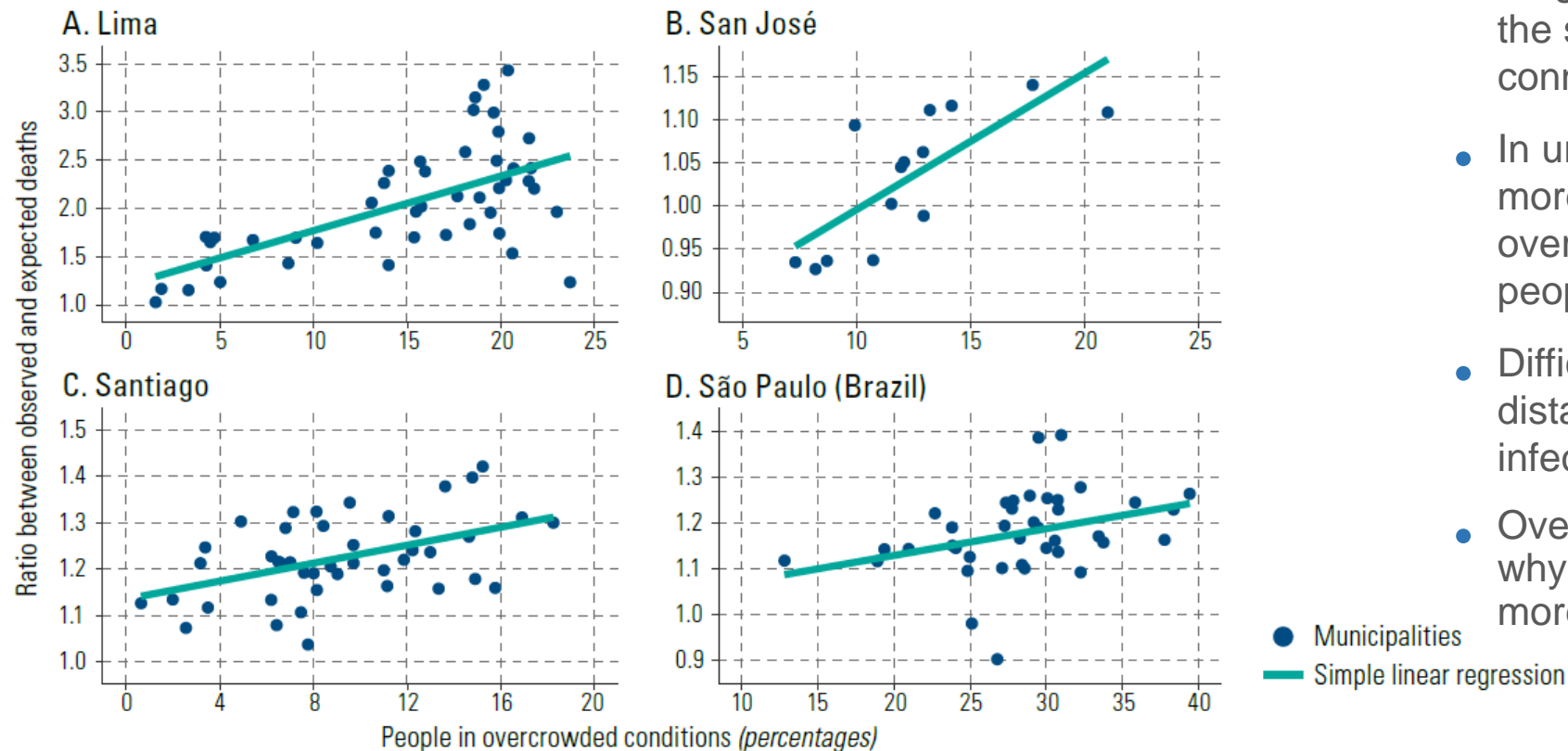
- Structural weaknesses in the **health sector**, both in terms of preventing the spread of COVID-19 and of treating the infected



- **Social inequalities** according to socioeconomic strata, gender, life cycle stage, ethnicity, race, territory, disability and migration status. COVID-19 has had a greater impact on groups that already had **sociodemographic vulnerabilities and deteriorated health conditions**

Large cities with the highest proportion of people living in overcrowded conditions had the highest levels of excess deaths

Latin America (4 cities): relationship between excess mortality and level of crowding, 2020



- Large urban areas are more vulnerable to the spread of COVID-19 owing to greater connectivity and population density
- In urban areas, 30% of households and more than 50% of poor households were overcrowded in 2019 (more than two people per bedroom)
- Difficulties maintaining physical distancing or isolation required to prevent infection
- Overcrowding has been one key reason why people living in poverty have been more affected by the pandemic

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Ministry of Health of Brazil, Ministry of Health of Chile, Ministry of Health of Peru and National Bureau of Statistics of the Dominican Republic (numbers of deaths); Demographic Census 2010 of Brazil, Population and Housing Census 2012 of Chile, National Censuses 2017 of Peru and ninth National Population and Housing Census 2010 of the Dominican Republic (percentages of people living in overcrowded conditions).

Note: Although the information is from the latest census conducted in each country prior to 2020, it is assumed that the inequalities between municipalities observed at the time of the census have not changed significantly (even if the percentages of population with and without overcrowding have changed). People living in dwellings with 2.5 people per bedroom or 2 or more people and no bedrooms are considered to be living in overcrowded conditions.

Public policies and new opportunities in relation to the pandemic



- **Mass vaccination**, free of charge, based on primary health care (more than two thirds of the regional population with two doses)



- **Public transfers** of cash and in kind (distribution of food), subsidies and prevention of basic service disconnections



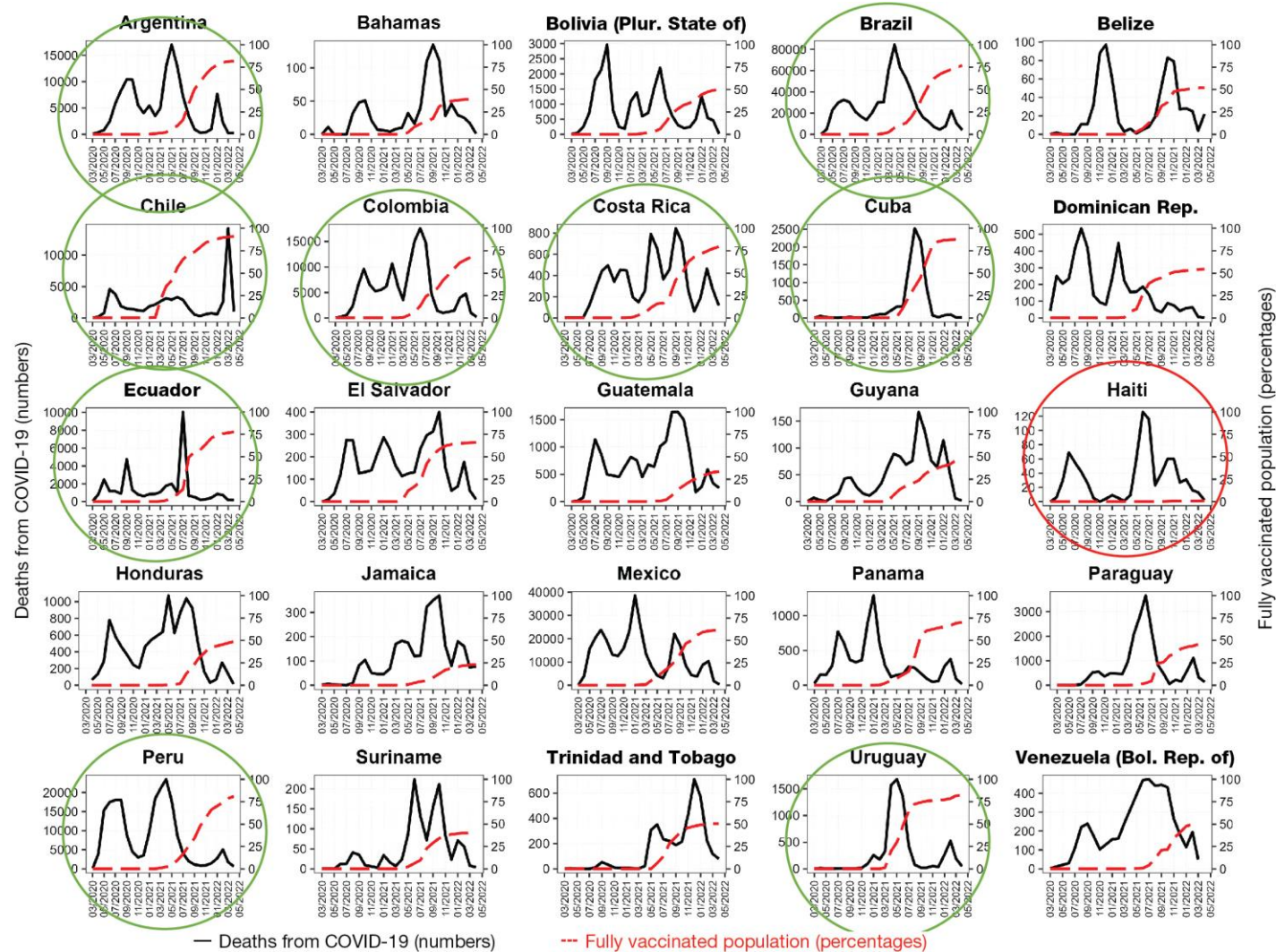
- Continuous operation of **essential logistics networks**



- **Digitization**: telework, remote learning, telehealth, remote procedures and formalities, teleshopping

Vaccination has led to a decline in mortality

Latin America and the Caribbean (25 countries): reported COVID-19 deaths and fully vaccinated population, by month, up to 30 April 2022
(Numbers and percentages)



- In the first half of 2021, new variants of the coronavirus contributed to a collapse of health systems in the region
- In 2021, infections climbed, along with deaths of persons who were not in the groups originally considered to be at risk
- In some countries, there were more deaths in this period than in 2020
- From the second half of 2021 onward, vaccination began to produce results in terms of deaths in the countries that had made the most progress with inoculation
- Countries with more than 70% of the population vaccinated

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of World Health Organization (WHO), “WHO Coronavirus Disease (COVID-19) Dashboard”, 2022 [online] <https://covid19.who.int/> [accessed on 30 April 2022] and E. Mathieu and others, “A global database of COVID-19 vaccinations”, *Nature Human Behaviour*, vol. 5, July 2021.

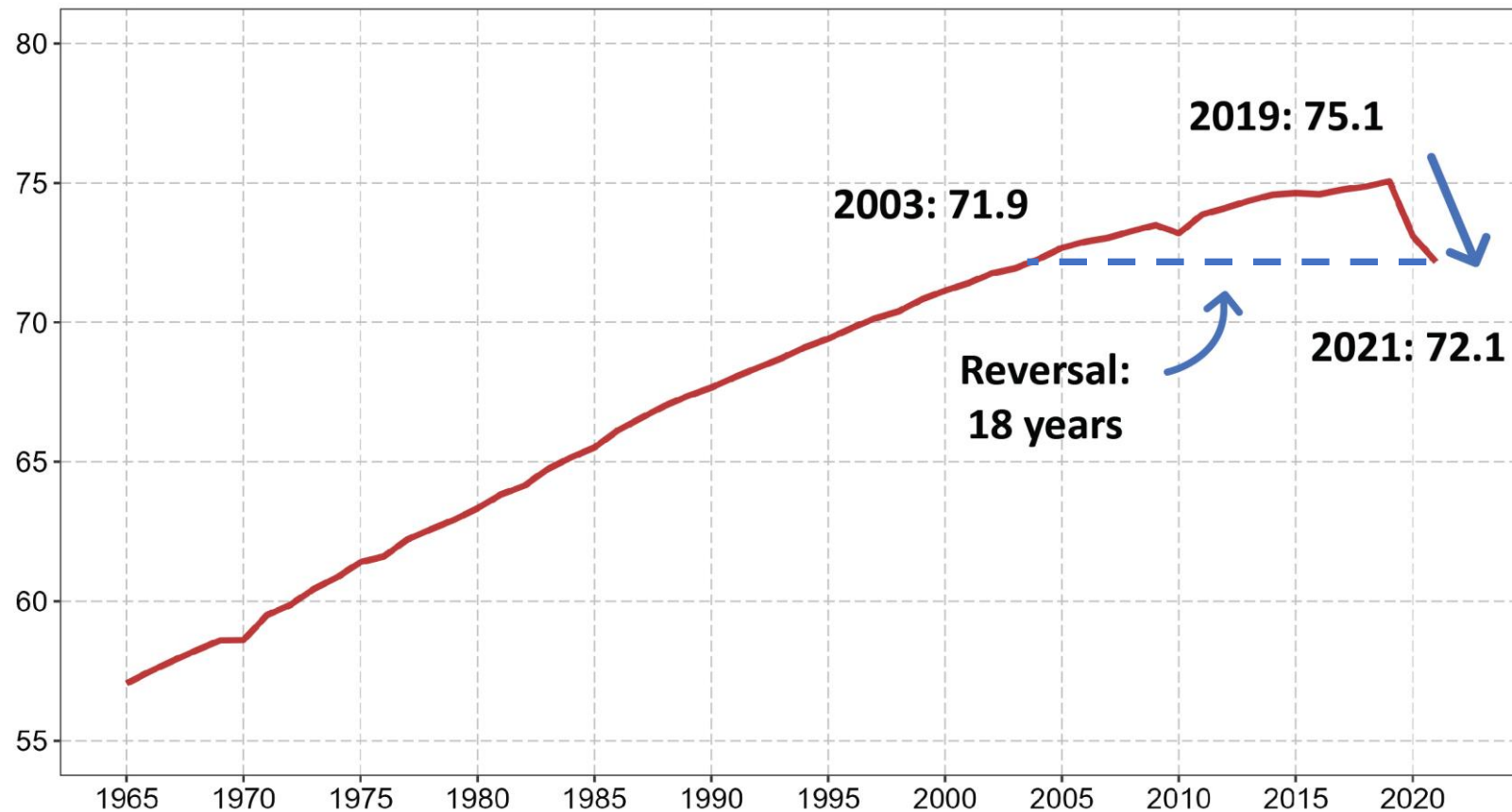
Note: Only countries with more than 500 COVID-19 deaths as of 28 February 2022 are considered.

The impact of coronavirus disease (COVID-19) on demographic dynamics



Life expectancy at birth: from sustained rises to sharp falls caused by the pandemic

Latin America and the Caribbean: life expectancy at birth of both sexes, 1965–2021
(Years)

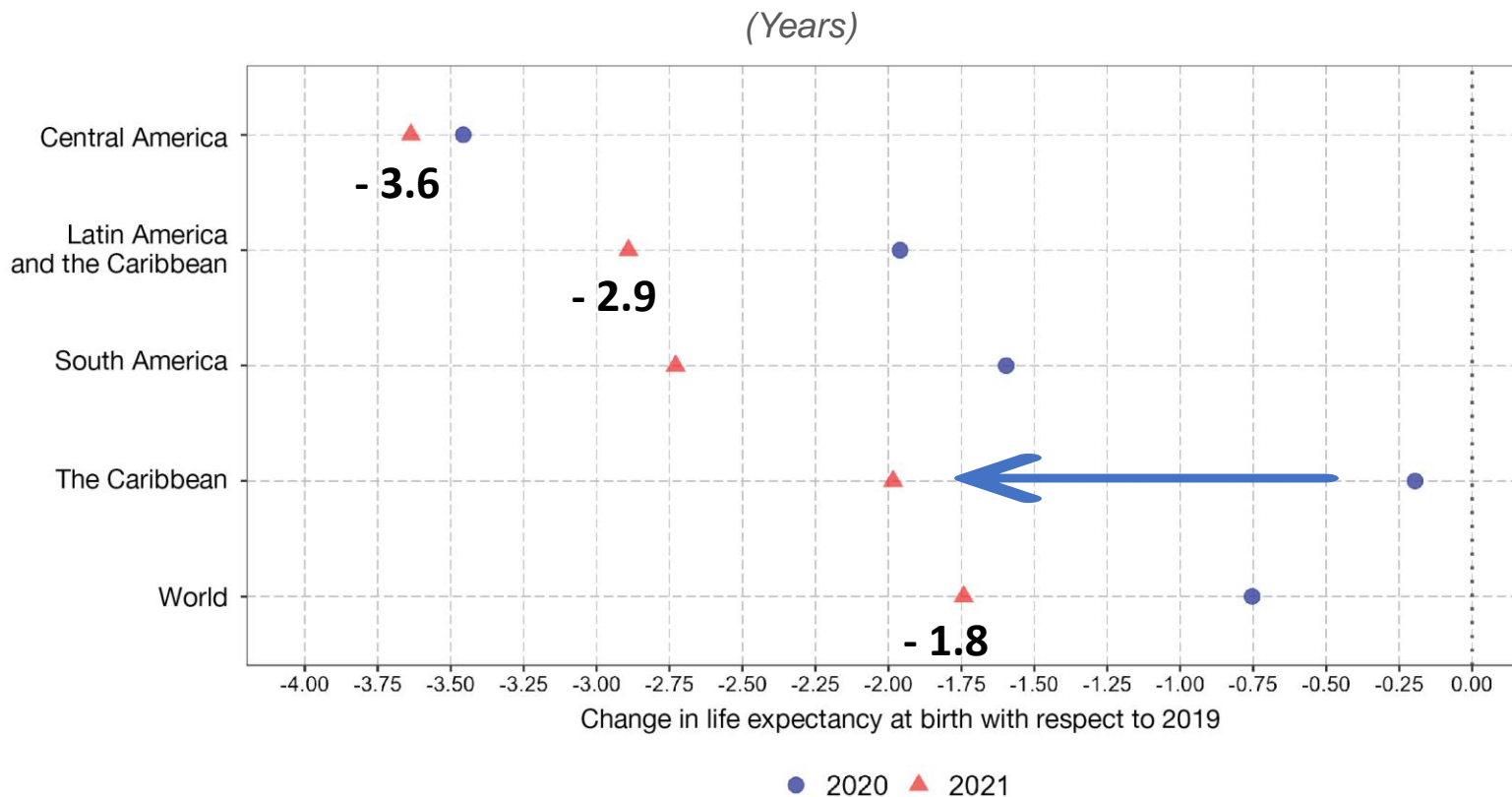


- Life expectancy for both sexes in Latin America and the Caribbean rose from 48.6 years in 1950 to **75.1 years in 2019** (Women: 78.3; Men: 71.9)
- In **2021, life expectancy at birth** in Latin America and the Caribbean **fell by 2.9 years** from its level in 2019 (Women -2.5: 75.8 years; Men -3.1: 68.8 years)
- However, **life expectancy is forecast to continue rising in the future**

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of preliminary results of United Nations, *World Population Prospects 2022*.

The negative impact of COVID-19 on life expectancy at birth was much greater in Latin America and the Caribbean than it was globally

Latin America and the Caribbean (subregions) and world: change in life expectancy at birth in 2020 and 2021 compared to 2019



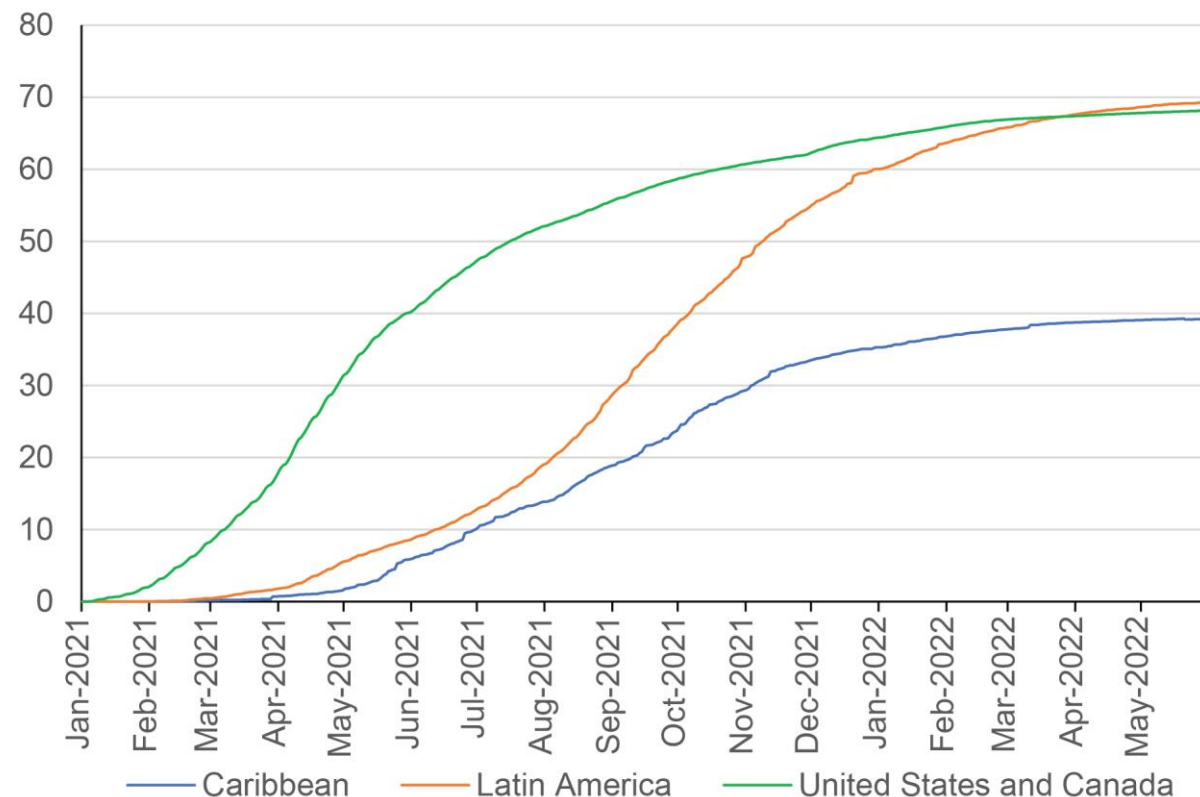
- In 2021, **life expectancy** in Latin America and the Caribbean was **2.9 years lower** than in 2019, compared to an **average global decline of 1.75 years**
- The fall from 2019 to 2021 was larger in **Central America: 3.6 years**
- In the **Caribbean the decline in life expectancy was faster in 2021**
- **Considerable inequalities** in terms of life expectancy **among countries: 63 years in Haiti, 78 years in Chile**

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of preliminary results of United Nations, *World Population Prospects 2022*.

In the Caribbean, the COVID-19 mortality rate was initially low but since August 2021 has been more than twice that in Latin America, with vaccination also lagging

- For the first 18 months of the pandemic, the COVID-19 mortality rate in the Caribbean was less than one third the level in Latin America
- In August 2021, case rates and deaths in the Caribbean overtook those in Latin America. Since then, COVID-19 mortality in the Caribbean has been more than double that in Latin America
- The low level of vaccination in some Caribbean countries (mainly owing to vaccine hesitancy) has been an important factor in the higher rates of mortality
- A significant proportion of the Caribbean population is choosing to remain unvaccinated, citing concerns about safety, possible long-term side effects, lack of trust in the government or medical authorities, or pre-existing medical conditions (CADRES/USAID/UNICEF, 2021)

Caribbean, Latin America, United States and Canada:
population fully vaccinated against COVID-19
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of H. Ritchie and others, "Coronavirus Pandemic (COVID-19)", 2020 [online] <https://ourworldindata.org/coronavirus> and data from Johns Hopkins University.

The pandemic has disrupted sexual and reproductive health services, limiting timely access to quality contraception

- In 2020, **pregnancy check-ups declined by an average of 40%** in 27 countries from the region (PAHO, 2020)
- **Coverage of sexual and reproductive health services declined:** for example, counselling and family planning, consultations regarding contraceptives, HIV testing, access to safe abortion
- This creates **situation of risk and heightened vulnerability**, especially among women who face more obstacles to exercising their rights; in some countries **maternal mortality rose**

Latin America and the Caribbean: disruption of family planning and antenatal and postnatal care services, June 2020 and September–October 2021
(Numbers of countries and percentages)

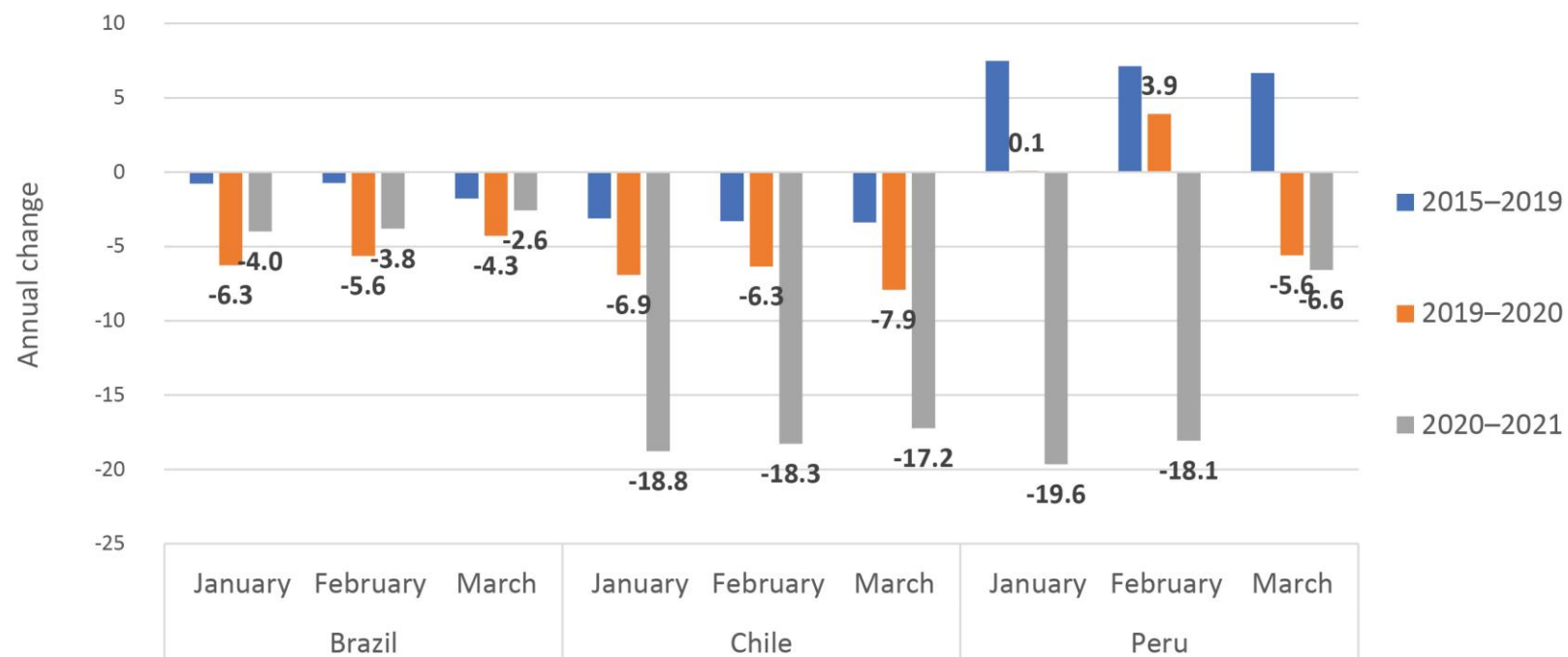
Period of data	June 2020					September-October 2021					
	No change	Decline of less than 10%	Decline of 10% to 24%	Decline of 25% or over	Unknown	Increase	No change	Decline of less than 10%	Decline of 10% to 24%	Decline of 25% or over	Unknown
Family planning (Number of countries)	1	1	14	5	6	1	11	5	3	2	1
Family planning (Percentages)	3.7	3.7	51.9	18.5	22.2	4.3	47.8	21.7	13.0	8.7	4.3
Antenatal and postnatal care (Number of countries)	2	11	2	4	7	2	14	4	2	1	2
Antenatal and postnatal care (Percentages)	7.7	42.3	7.7	15.4	26.9	8.0	56.0	16.0	8.0	4.0	8.0

Source: Economic Commission for Latin and the Caribbean (ECLAC), on the basis of United Nations Children’s Fund (UNICEF), “Tracking the situation of children during COVID-19”, March-April 2021.

Accelerated fall in births as a result of the pandemic

- **Shutdown of sexual and reproductive health services**, postponement of care, interruption in the supply and delivery of contraception: potential increase in fertility
- Nevertheless, data suggest that the effect of the **economic crisis** triggered by the pandemic is predominant: fertility declined because couples are reluctant to have children in times of adversity and uncertainty

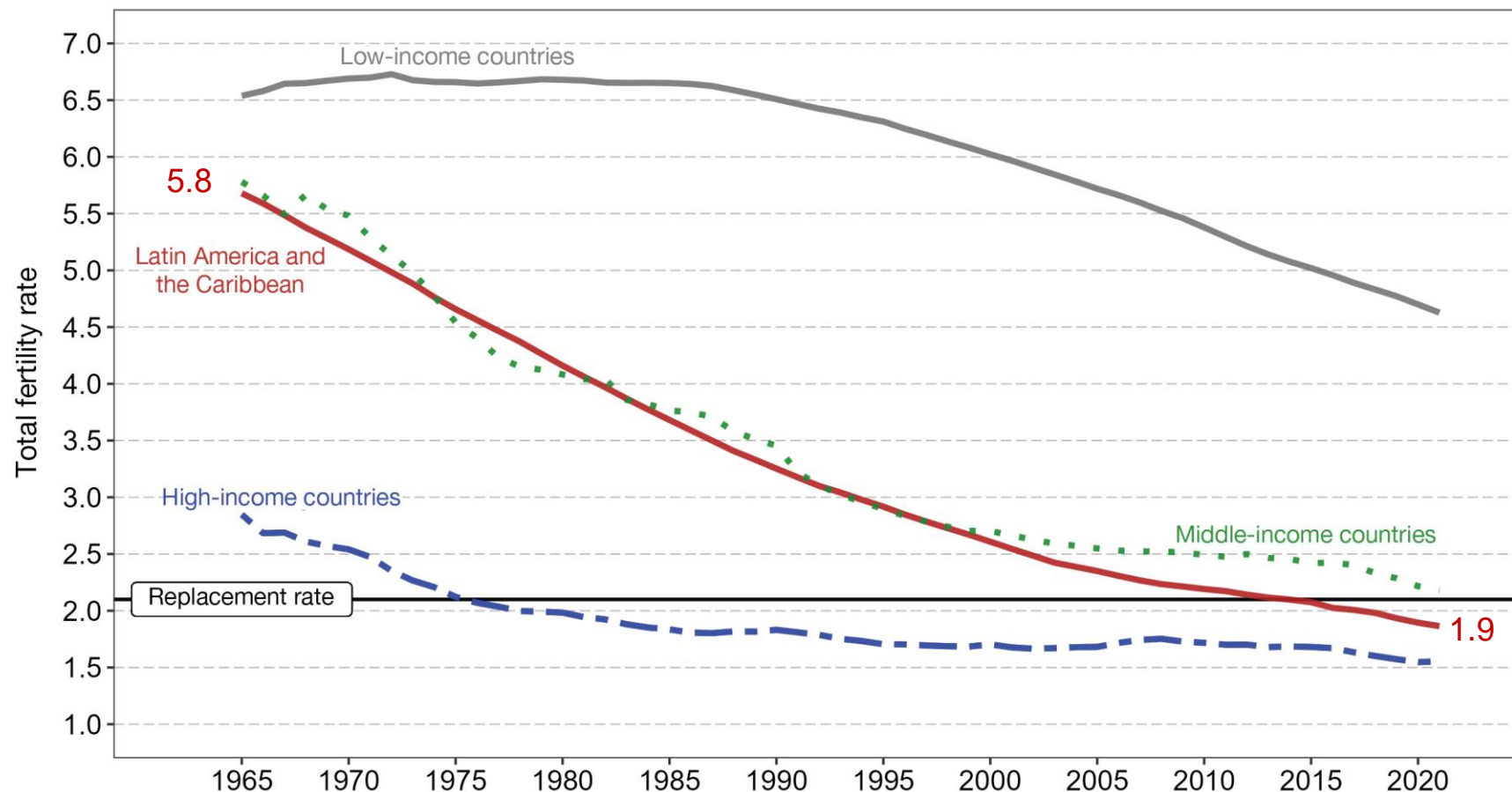
Brazil, Chile and Peru: births by month from January to March, 2015–2021, annualized change
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Secretariat of Health Surveillance of Brazil "Painel de Monitoramento de Nascidos Vivos"; Ministry of Health of Chile, "Vital statistics since 2000" and Ministry of Health of Peru, "Births by territory/institution".

The fertility rate has fallen below the replacement rate

World: total fertility rate (TFR) of women aged 15–49, 1965–2021
(Number of live births per woman)



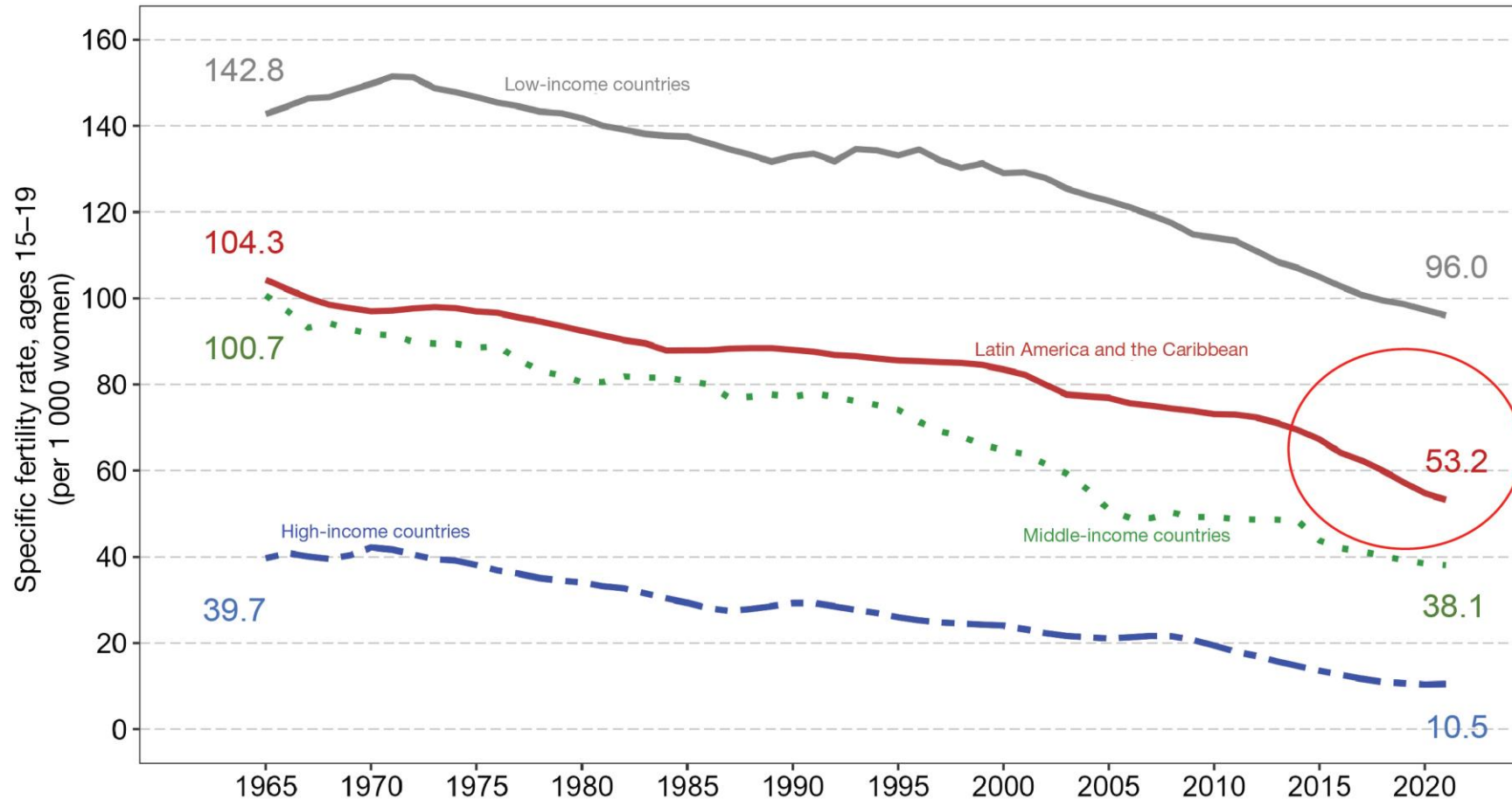
- Latin America and the Caribbean has undergone an unprecedented transition in fertility, going from a TFR of 5.8 live births per woman in 1950 to 1.9 in 2021, below the replacement rate of 2.1 children per woman
- The TFR in Latin America and the Caribbean is closing in on that of high-income countries

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of preliminary findings of United Nations, *World Population Prospects 2022*.

Adolescent fertility has also fallen, although it remains very high

World: specific fertility rate for women aged 15–19, 1965–2021

(Number of live births per 1,000 women)



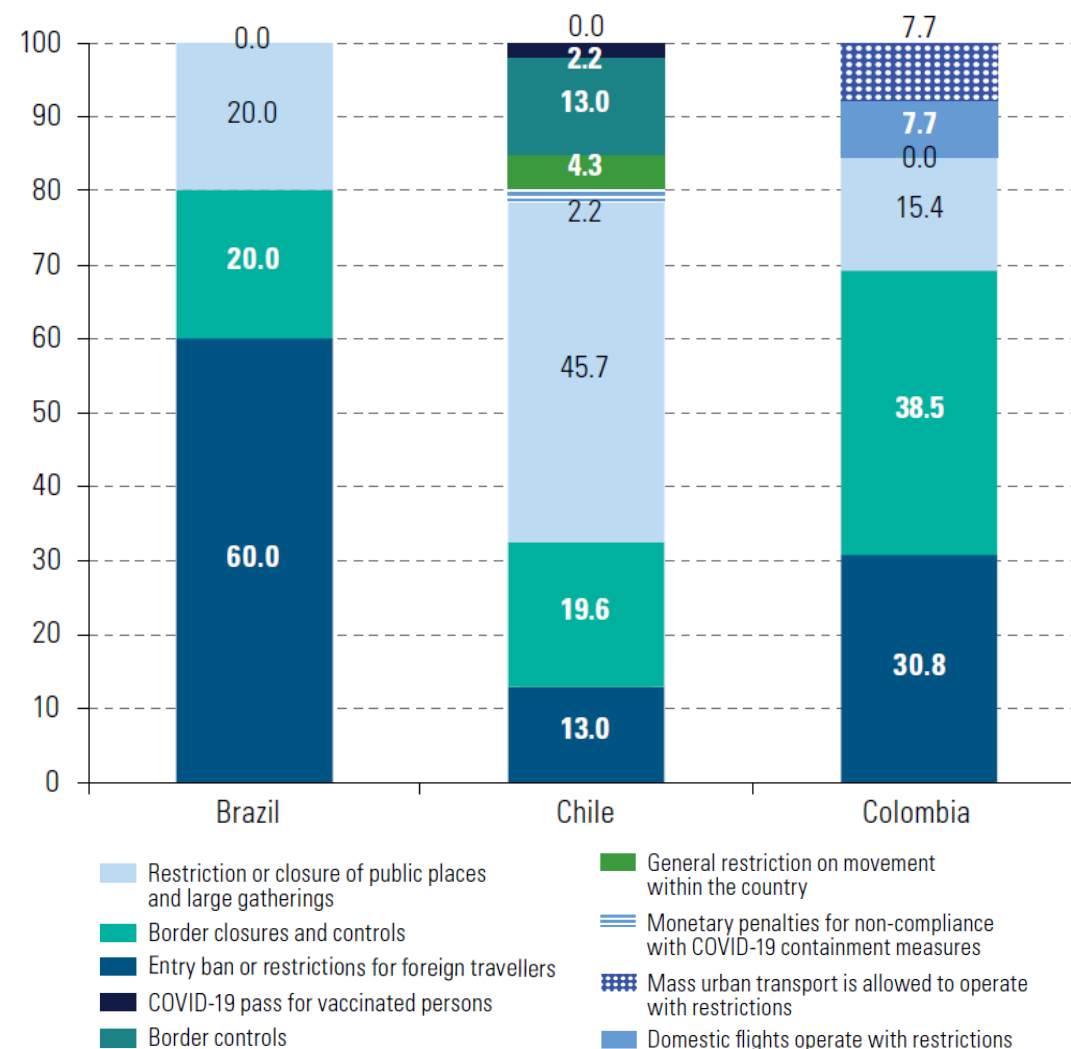
- Adolescent fertility has **plummeted** in Latin America and the Caribbean over the past 10 years
- Adolescent fertility in the region is the **second highest in the world**, barely below the levels estimated in Africa
- The adolescent fertility rate in Latin America and the Caribbean is five times higher than in high-income countries
- Signs of an **increase in births of girl mothers under 15 years of age** in a pandemic

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the preliminary findings of United Nations, *World Population Prospects 2022*.

International migration has continued despite border closings

- **Border closings** have been evolving towards opening with restrictions
- Some flows have continued (such as the flow of Central Americans northward and of Venezuelans), while others have stalled (returning migrants and normal movement)
- Emerging trend of **mixed, irregular migration**, in transit towards the United States and other countries
- Increase in flow of migrants through the Darian Gap (one of the most dangerous migration routes in the world: in 2021, more than 125,000 people crossed there, 25% of whom were women and children) and in irregular crossings at the Colchane border crossing in the Chilean-Bolivian highlands
- Dangerous flows, including with loss of human life, mainly affecting women, children and the elderly

Brazil, Chile and Colombia: mobility control and border closure measures, 2020 and 2021
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of COVID-19 Observatory in Latin America and the Caribbean [online database] <https://www.cepal.org/es/temas/covid-19>.

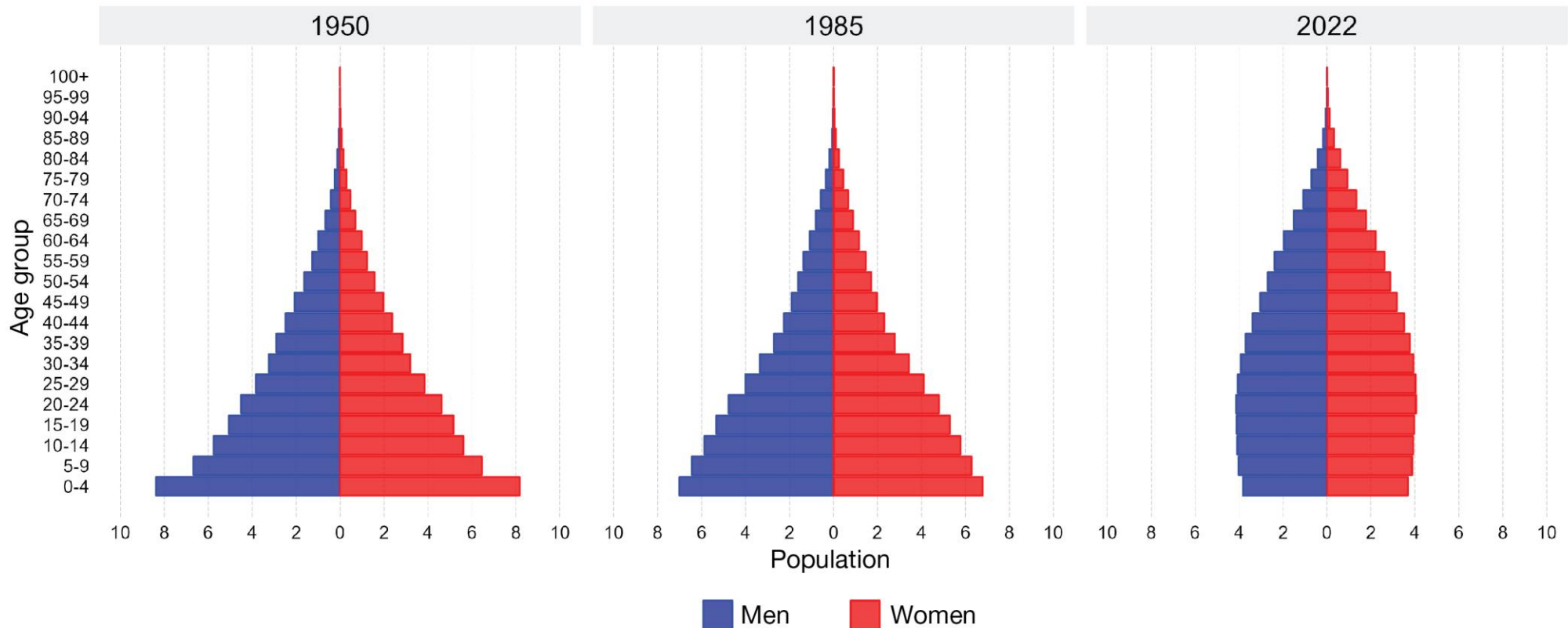
People moved to areas that were less affected by the pandemic, although relevant evidence is lacking

- Fear of contagion, the socioeconomic crisis and pandemic control measures seem to have triggered **an increase in emigration from large cities**
- Some of those who left **returned to their communities of origin in rural areas**
- Others **moved to new homes** in small cities, the suburbs, seaside resorts or rural areas
- Some people moved to their **second homes**, usually to areas that had been less affected by the pandemic, and to seaside resorts
- **Questions remain about the long-term impact of those changes, as the changes might be reversed**
- However, it is reasonable to believe that **outmigration from many large cities in the region will become more pronounced because of the pandemic**

Long-term demographic dynamics in Latin America and the Caribbean: population ageing

Latin America and the Caribbean: population distribution by sex and age, 1950, 1985 and 2022

(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the preliminary findings of United Nations, *World Population Prospects 2022*.

Structural inequalities and protecting human rights during the pandemic: impact analysis and recommendations in the light of the priority actions of the Montevideo Consensus on Population and Development



COVID-19 mortality: taking action based on timely, reliable data is urgent



- Variations in the numbers of deaths across countries, territories and population groups reflect **structural inequalities** as well as **differing institutional capacities**.



- **Accelerating delivery of vaccination** across all age groups approved for inoculation is urgent. The slow vaccination rollout in Latin America and the Caribbean and social inequalities could contribute to prolonging the pandemic and trigger the emergence of new variants of the virus.



- Continuing with efforts to **sequence the genome of the virus** is paramount to enable the region to monitor variants and prepare for the impacts of new strains, which is why the Pan American Health Organization (PAHO) created the COVID-19 Genomic Surveillance Regional Network in 2020.



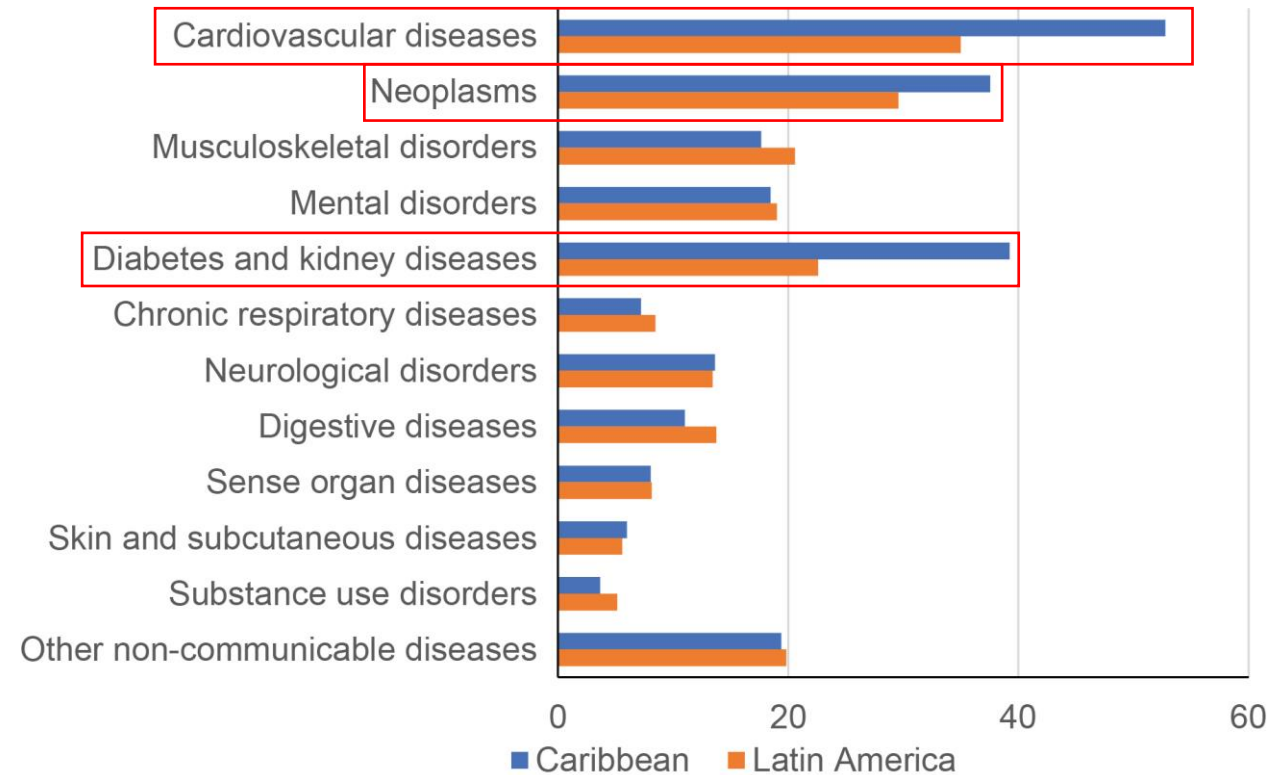
- The pandemic highlighted the essential role played by **civil registry and vital statistics systems** and the challenges countries face to keep them working during the crisis, chiefly because they are already facing significant limitations. It is urgent to enhance the real-time production of vital and health statistics that have the highest possible degree of disaggregation by age, sex and race/ethnic origin.

With high rates of NCDs among the Caribbean population, more people are at higher risk of severe illness and death from COVID-19



- Rates of diabetes, cardiovascular diseases and (to a lesser extent) cancers are higher in the Caribbean than in Latin America
- COVID-19 patients with certain chronic illnesses have a much higher likelihood of worse clinical outcomes than an average patient
- Synergy between NCDs and COVID-19: the links between COVID-19 and NCDs are so strong that COVID-19 can be considered a “synergistic epidemic” or “syndemic” (Horton, 2020)
- Prevention and treatment of NCDs is just as important as protecting the population against COVID-19

Latin America and the Caribbean: disability-adjusted life-years, by type of non-communicable disease, 2019
(Age-standardized rate per 1,000 inhabitants)



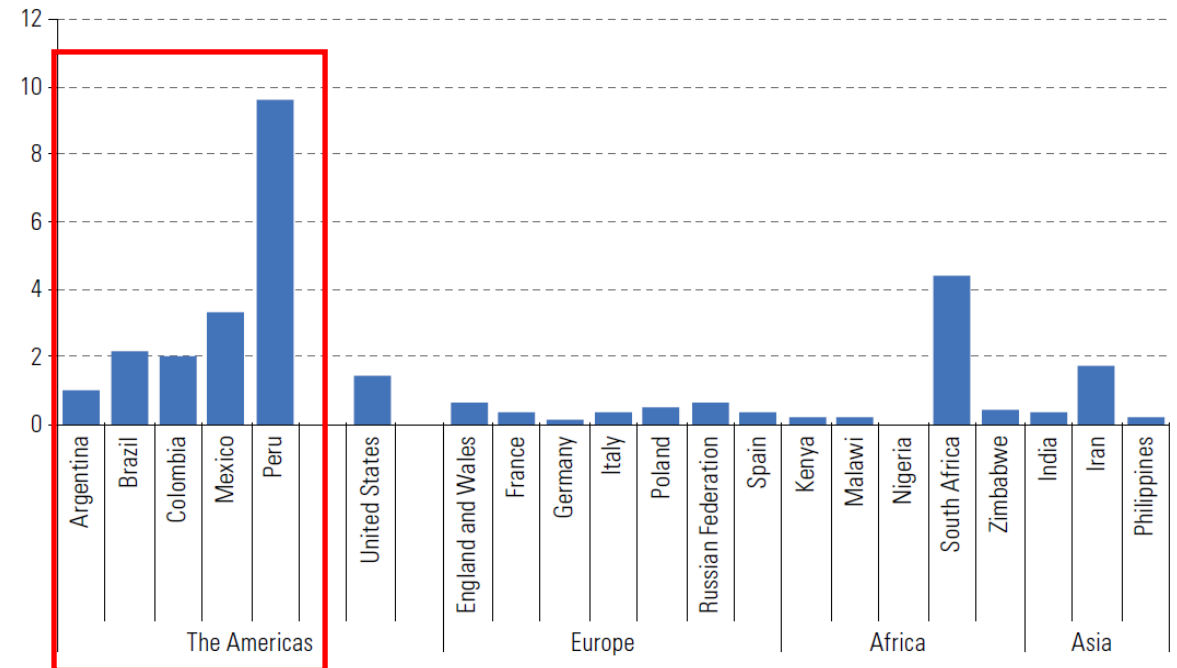
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of T. Vos and others, "Global Burden of Disease Study 2019", *The Lancet*, vol. 396, October 2020.

Impacts on children, adolescents and young people



- The drama of **orphanhood**: nearly one in 100 children in Peru is orphaned
- Deterioration of health owing to **postponement of care**, service disruption and cancellation of check-ups
- **Sexual and reproductive health**: precipitous decline in the delivery of contraceptives and severely curtailed provision of counselling
- **School closures** were the most extensive in the world: lost learning and socialization opportunities
- **Mental health problems**, caused by orphanhood or the serious illness of family members and care providers, loss of personal contact, tension because of lockdowns, and exposure to domestic violence

Selected countries: rates of orphanhood caused by the coronavirus disease (COVID-19), 1 March 2020–30 April 2021
(Per 1,000 children)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of S. Hillis and others, “Global minimum estimates of children affected by COVID-19-associated orphanhood and deaths of caregivers: a modelling study”, *The Lancet*, vol. 398, No. 10298, 2021.
1. Only includes England and Wales.

Public policy for children, adolescents and young people



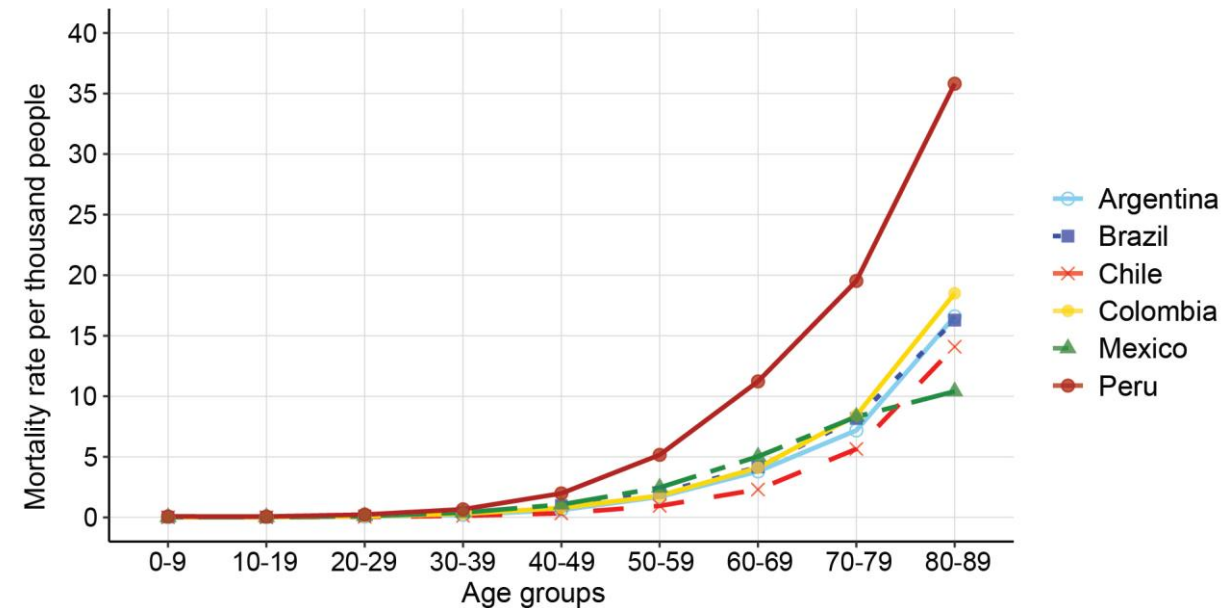
- Special attention for **orphaned** children and adolescents: money transfers for families or caregivers and guaranteed access to health, education and other social services as well as professional mental health support
- Implementation of dedicated national **mental health** programmes for children and young people
- Promotion of **sexual and reproductive health services** and **holistic sexual education**. Avoiding the postponement and cancellation of care and lost opportunities to provide counselling and educational content (Priority measures 11 & 12 of Montevideo Consensus)
- **Universal access to quality education**. When returning to school, inclusion of spaces to foster emotional restraint and open conversations to promote **freedom from violence and aggression**, including sexual and gender-based violence (priority measure 16)
- Reducing the **digital divide**, which intensifies inequality in education and learning

Impacts on older persons



- Older people and those with pre-existing chronic illnesses have a greater risk of severe illness and death
- The pandemic has revealed age-related discrimination
- Limited access to social and health protections
- Mental health problems along with underlying health issues
- The digital gap; lack of access to potable water and to clean and safe energy

Latin America (6 countries): mortality rate for coronavirus disease (COVID-19), by age group, 1 March 2020–31 January 2022
(Cumulative deaths per 1,000 people)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of data from Argentina: Ministry of Health, National Directorate of Epidemiology and Health Situation Analysis, Brazil: Health Surveillance Secretariat, Ministry of Health, “SRAG 2021 e 2022 - Banco de Dados de Síndrome Respiratória Aguda Grave - incluindo dados da COVID-19”; Chile: Ministry of Health, Health Statistics and Information Department; Colombia: Ministry of Health and Social Protection; Mexico: General Directorate of Epidemiology, Ministry of Health and Peru: Ministry of Health (MINSA).

Public policy for older persons



- Centre the **protection of the rights of older persons** in public policy responses, incorporating the vision of chapter C of the Montevideo Consensus, on ageing, social protection and socioeconomic challenges.
- **Guarantee access to basic services** including water and sanitation, clean and safe energy, and information and communications technology (ICT).
- The **digital divide must be closed** to maintain the quality of life of the elderly (e.g. access to medical care), and to strengthen and enhance their social linkages and support networks, enabling them to participate in economic, education, community and political activities.
- Strengthen **social protections** by pursuing universal health care, protecting income through the expansion of contributory and non-contributory pension coverage and creating integrated care services.
- **Harmonize legislation**, focusing on the Inter-American Convention on Protecting the Human Rights of Older Persons; and **strengthen the institutions** responsible for coordinating policies on ageing, including CSOs and the academic and private sectors.

Impacts on women: increased burden of care, strong presence on the frontlines of the pandemic response and job loss

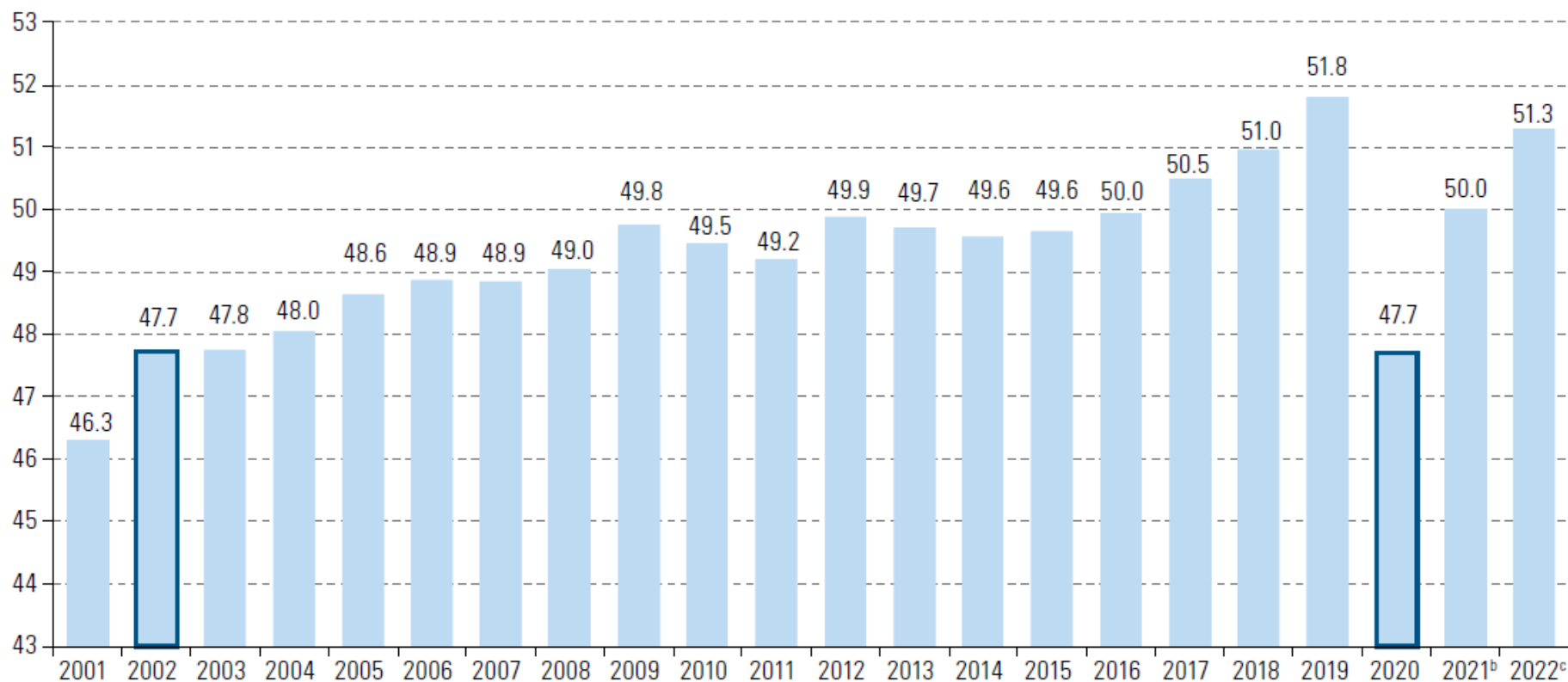


- Women used to spend more than three times as long as men performing **unpaid work**. Lockdowns and closure of services have transferred that burden to households, accentuating the **unfair social organization of care**, the backdrop of the impact of the pandemic in all other domains.
- Women have been on the **frontlines of combating the pandemic but were excluded from primary decision-making**. Women make up 72.7% of health workers, but only 5 of 20 health ministers in Latin America and 7 of 22 in the Caribbean are women.
- Paid **domestic workers** (jobs that are highly informal and largely lack pensions) have suffered job losses or reduced working hours and lost income.
- **Gender violence and unequal access to sexual and reproductive health services** has resulted in greater risk and vulnerability. The Secretary-General has called gender-based violence, which affects at least 1 in 3 women (WHO, 2021), a “shadow pandemic”.

Significant impact on women's economic autonomy



Latin America and the Caribbean (24 countries):^a labour force participation rate for women, 2001–2022
(Percentages)



Source: Economic Commission for Latin and the Caribbean (ECLAC), on the basis of official figures from the countries and projections.

^a Weighted averages for the following countries: Argentina, the Bahamas, Barbados, Belize, Plurinational State of Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Trinidad and Tobago, Uruguay and Bolivarian Republic of Venezuela. Figures for 2019 do not include data for the Bolivarian Republic of Venezuela.

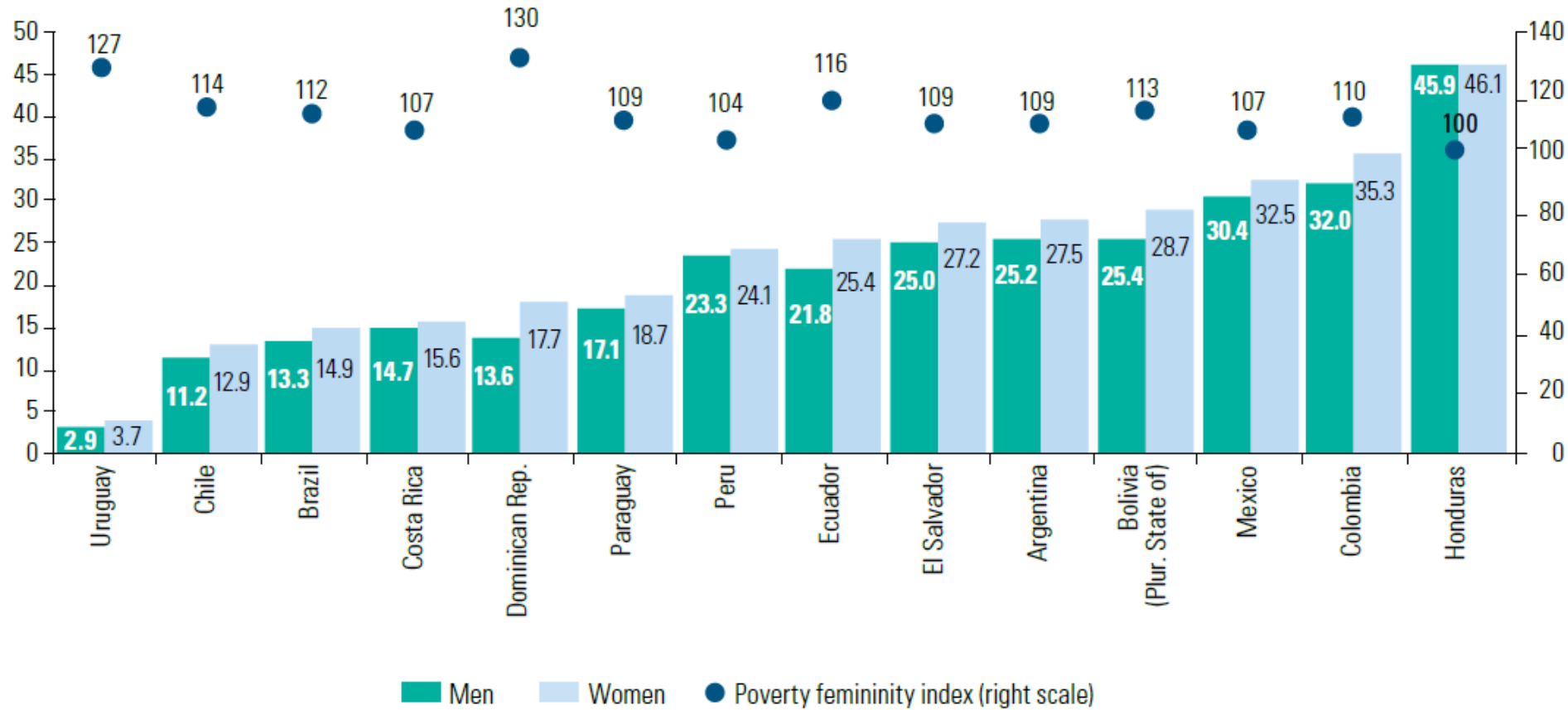
^b Estimated by ECLAC (2022b).

^c ECLAC projection (2022b).

Increase in poverty: women overrepresented in all countries



Latin America (14 countries):^a poverty rates by sex and poverty femininity index, people aged 20–59 years, around 2020
(Percentages and poverty femininity index values)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Household Survey Data Bank (BADEHOG).

^a Countries are ordered according to total poverty rates.

^b The poverty femininity index is calculated as the ratio of the female poverty rate to the male poverty rate, multiplied by 100.

Public policies on gender equality



- **Urgent need to shift towards co-responsibility**, distributing care work between women and men in the private domain, and between the State, the market, households and the community (priority measure 61 of the Montevideo Consensus)
- **Provide universal policies and services as part of comprehensive care systems and recognize care as a right** for persons requiring it throughout the life cycle, also recognizing the rights of care providers, whether paid or unpaid (priority measure 53)
- **Improve diagnostic and decision-making processes with the help of timely disaggregated figures** with which to analyse the impact of the pandemic with an intersectional approach, reveal the diversity of the situations affecting different groups of women and monitor the effects of measures adopted (priority measure 62)
- Transform societies and economies with equality, taking into consideration women's needs while also **addressing gender-based violence** (priority measures 56, 57, 58)

Impacts on migrants



- The pandemic and border closures have had a deleterious impact on migration processes and migrants, increasing migrants' **vulnerability**
- Migrants —whether resident, in transit, irregular, seeking asylum, returning, or those planning to leave their countries of origin— are among those **most affected** by the pandemic
- Overlapping vulnerabilities for **migrant women and unaccompanied migrant children and adolescents**
- Migrants have become indispensable in front-line occupations in response to the pandemic. However, many are in informal labour. have lost their jobs or work in jobs that are more precarious
- **Official information is scarce** regarding the impact of the pandemic on migrants, as is information on government support, health measures and direct social assistance to the migrant and refugee population

Protecting the rights and dignity of migrants in the post-pandemic recovery



- **Recognize**, encourage and increase the **contribution of migrants to sustainable development**
- Incorporate migrants into **health, education and social services** decisively and unconditionally
- **Save lives** in border areas, combat human trafficking and restrict the use of detention as an administrative measure
- Strengthen coordination among States **to promote safe, orderly and regular migration** (Global Compact for Safe, Orderly and Regular Migration, 2018 and Progress Declaration of the International Migration Review Forum, 2022), bringing national migration control policies into line with international agreements
- Human rights and international agreements protect **refugees, asylum seekers and migrants**: principle of non-refoulement; prohibition of arbitrary detention and collective expulsions
- The **Montevideo Consensus** addressed the need to “strengthen cooperation between countries of origin, transit and destination to address the causes and challenges of irregular migration, so as to generate safe, orderly, humane migration conditions through bilateral arrangements for labour force mobility and ensure protection of the human rights of migrants” (priority measure 74)

Poor urbanization: channelling resources to meet housing, transport and mobility needs



- Foster policies aimed at ensuring the right to **decent housing** and the **New Urban Agenda** (right to the city)
- Housing programmes to **alleviate the quantitative deficit** reflected in secondary households in homes and to reduce overcrowding
- Implement special programmes to address the situation of **makeshift informal settlements and people living on the streets**
- **Modernize public transport fleets**, to ensure decent, efficient, safe and sustainable public transport
- Promote **new sustainable forms of collective and individual mobility**

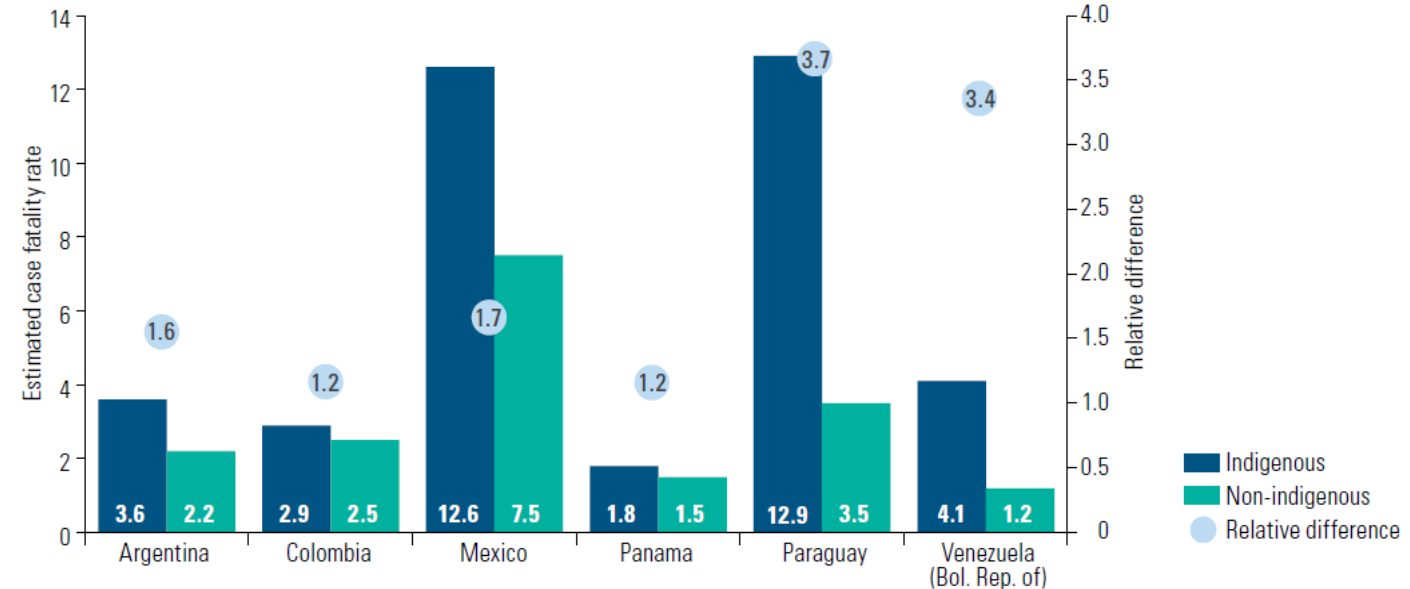
Impacts on indigenous peoples in Latin America-Abya Yala



- Indigenous population residing in large cities exposed to **high risks of infection** due to low indicators of material habitability of homes and high rates of informal employment
- Even when fragmentary, data have shown that **indigenous fatality** rates were higher than non-indigenous fatality and that ethnic and racial inequalities are reinforced by territorial ones
- In the case of indigenous peoples, COVID-19 deaths among older persons may cause **irreversible cultural loss**
- Spread of pandemic spread into rural areas limited indigenous communities' access to markets, creating critical **food insecurity**
- The pandemic has affected various **dimensions of the well-being** of indigenous peoples (comprehensive health services, including sexual and reproductive health, education, employment, social protection), with differential effects on women, children, young people and older persons

- Lack of guarantees of **territorial rights**: violence against and criminalization of indigenous peoples on the rise; intensification of extractivism giving rise to multiple conflicts within those territories

Latin America (6 countries): estimated COVID-19 case fatality rate in indigenous and non-indigenous populations, as at 26 November 2021
(Per 100 cases and relative difference)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of World Health Organization/Pan American Health Organization (WHO/PAHO), "Epidemiological Update: Coronavirus disease (COVID-19)", 2 December and daily reports from the ministries of health of the respective countries.

Indigenous peoples in Latin America-Abya Yala: need to redouble efforts and implement measures in line with standards on collective rights



- **Establish economic and social recovery measures in cooperation with indigenous peoples**, drawing on the main lessons learned from the autonomous measures that they have implemented during the pandemic (priority measures 85 and 86)
- Governments must step up efforts to **close gaps in the right to health**, including by: strengthening public health care network in **indigenous territories** and safeguarding indigenous peoples' **cultural integrity**; establishing measures for the effective protection of **indigenous knowledge, technologies and therapeutic resources** (priority measure 87)
- The lack of protection for the territorial rights of indigenous peoples makes it necessary to reactivate the **mechanisms for the demarcation, titling and regulation of indigenous lands**; ensure that all investment projects in their territories have the **free, prior and informed consent** of the indigenous peoples in question; ensure that indigenous peoples share in the benefits of these projects; stop criminalizing persons who defend the lives and territories of indigenous peoples and ensure access to justice (priority measure 88)
- Strengthen processes for including indigenous **self-identification** in the various data sources, through participatory mechanisms involving indigenous peoples and generate up-to-date knowledge on the living conditions of indigenous peoples from an intersectional and territorial perspective to inform policymaking (priority measure 90)

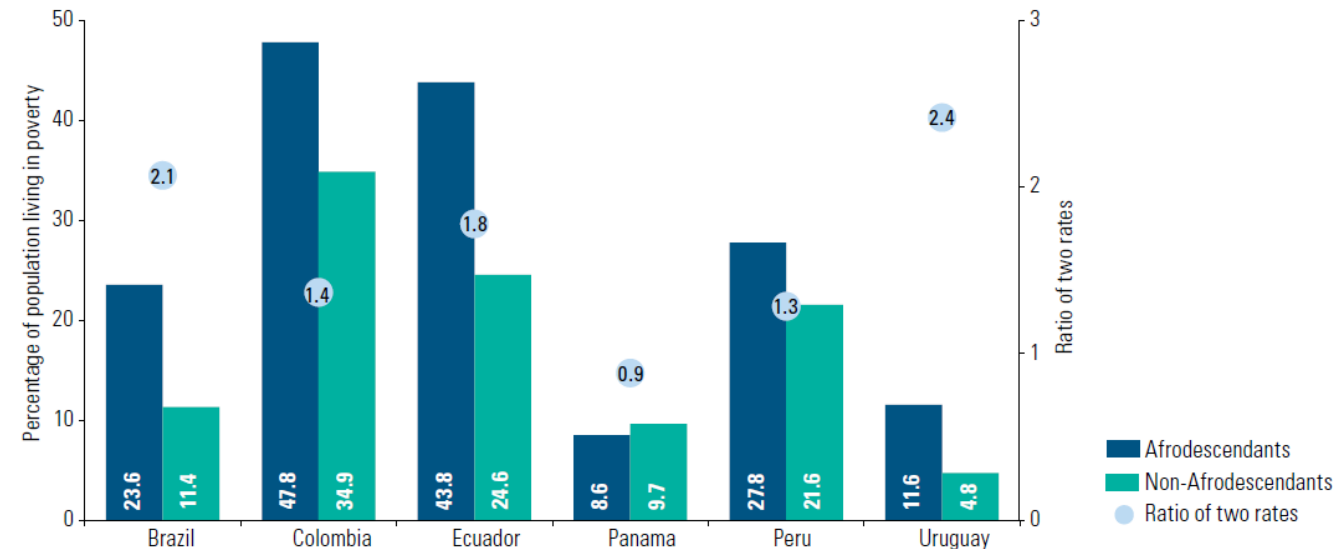
Impacts on Afrodescendent persons and communities in Latin America



- The pandemic has had a differential impact on Afrodescendent persons and communities, increasing the incidence of **racism and discrimination**
- Pre-existing vulnerabilities, combined with the **social determinants of health**, have increased the risk of infection and death
- In many countries, the areas in which Afrodescendent populations are concentrated are also the most disadvantaged and, in large cities, they are primarily **marginal areas**, adding to risk factors
- The pandemic had major effects on productive activities, with setbacks in labour participation among Afrodescendent women and an increased burden of care work
- Impacts on access to quality education for young persons of African descent and the **digital divide**

- Significant shortage of disaggregated information through an intersectional approach on Afrodescendant populations makes assessment and mitigation difficult

Latin America (6 countries): population living in poverty, by ethnicity and race, 2020
(Percentages and ratios)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys contained in CEPALSTAT.

Note: The non-Afrodescendent population does not include the population that self-identifies as indigenous, or cases where the ethnicity/race is unknown.

People of African descent in Latin America: combating racism and affirmative action for post-pandemic recovery



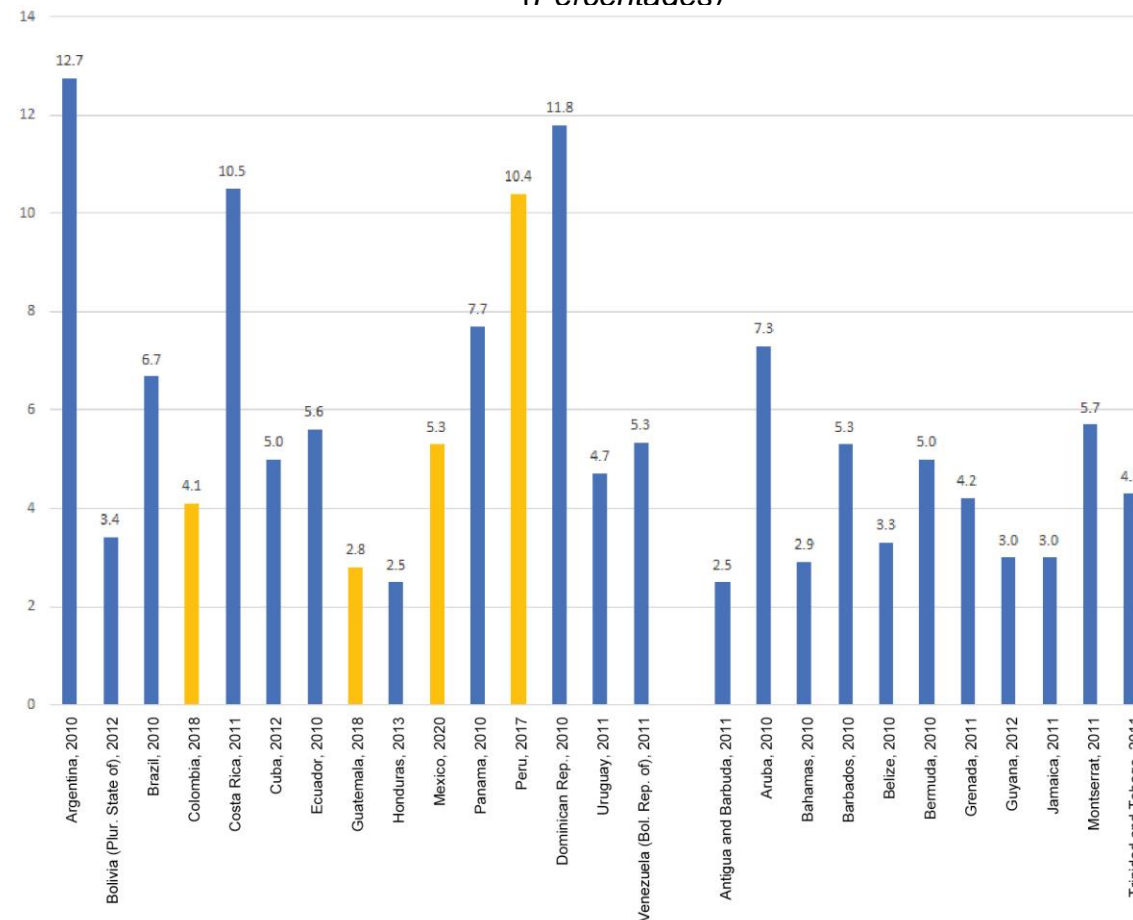
- Encourage **labour market participation through quality jobs and in positions of greater responsibility and prestige**, specially targeting young people who are neither studying nor in the labour market. These include young mothers and informal workers
- Ensure that the economic and social measures put in place as part of the response to the COVID-19 pandemic address the needs of the Afrodescendent population; **guarantee a basic minimum income** for Afrodescendants living in situations of poverty and vulnerability, particularly Afrodescendent women
- Implement policies, plans and programmes, including affirmative action, with an intercultural, gender and intersectional approach, to **eradicate the multiple forms of discrimination** endured by Afrodescendent women, children, adolescents and young people (priority measure 93)
- Bridge the **digital divide** and increase **access to free, quality education** for people of African descent, with special attention to secondary school completion and entry to higher education
- Ensure that the Afrodescendent population has timely access to universal, public, comprehensive and quality **health services**, including sexual and reproductive health, that are culturally relevant; ensure that health centres and hospitals located in areas with large Afrodescendent populations have the health services, medicines and infrastructure needed to provide adequate care during the pandemic (priority measure 95)
- **Make the Afrodescendent population visible in official statistics** (priority measure 98)

Impacts on persons with disabilities



- About **6.5%** of the Latin American and Caribbean population has some type of disability
- Persons with disabilities are among **those hardest hit by the pandemic**
- **Health:** access barriers to outpatient care, mental health care, rehabilitation and medicines
- Less access to **ICT** and specific barriers to their use, depending on the type of disability
- Online education brings increased **risk of school dropout**. Some countries included **sign language interpreters** in distance education programmes.
- Problems of access to **work** and precarious employment among persons with disabilities have been exacerbated
- Some countries subsidized wages or issued guidelines to enable persons with disabilities to continue teleworking
- **Social protection:** some emergency cash and in-kind transfers for persons with disabilities

Latin America and the Caribbean (26 countries and territories):
proportion of persons with disability, 2010 and 2020 census rounds
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of census microdata from the respective countries and territories processed with REDATAM and F. Jones and L. Serieux-Lubin, "Disability, human rights and public policy in the Caribbean: a situation analysis", *Studies and Perspectives series—ECLAC Subregional Headquarters for the Caribbean*, No. 64 (LC/CAR/TS.2017/12; LC/TS.2017/151), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), January 2018.

Foster the participation of persons with disabilities



- Strengthen universal policy responses to the crisis, adopting an **inclusive and cross-cutting approach** and ensure visibility and **non-discrimination** of persons with disabilities
- **Persons with disabilities and their organizations should be consulted** and involved actively in all stages of the response (planning, design, implementation and monitoring)
- States must take measures to ensure access to **health** services, including mental health services, for persons with disabilities
- Ensure that **vaccination plans** are inclusive and sensitive to differences, with disability-friendly protocols
- Support **access to and use of ICT**, developing applications that allow inclusive access and take the different types of disability into account
- Strengthen the collection and systemization of data on persons with disabilities in national statistical systems
- Have the necessary information showing how many persons with disabilities are accessing **response measures** implemented in the areas of health, education, social protection and employment

Towards transformative recovery with equality

- **Universal access to comprehensive health services**, including sexual and reproductive health
- **Vaccination and prevention of non-communicable diseases**
- Respect and ensure **universal rights**, including the **collective rights of indigenous peoples** and **Afrodescendants** for progress in building multicultural democracies
- **Strengthen statistical production** (in particular vital statistics and housing and population censuses) and provide quality data **with an intersectional approach**

Universal social protection: a pillar of the welfare state and the care society



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