# COLOMBIA

## Through a structured and coordinated response, Colombia seeks to leave no one behind in the fight against COVID-19

*At the end of January 2020, as the new coronavirus began to spread throughout Europe, the Colombian authorities were aware that the disease would eventually arrive in the country and test its health system—a system already burdened by various historic, social and economic-related problems, likely to be exacerbated by the pandemic and to lead to tragedy.*

*The Colombian government, led by President Iván Duque and the governors and mayors of the main cities, swiftly designed a strategy to respond to COVID-19 with monitoring and evaluation mechanisms and instruments such as the Unified Command Post (PMU). Participants of this high-level forum, where decisions are made to provide a unified response that leaves no one behind in the fight against COVID-19, has membership from ministerial cabinet representatives, directors of national emergency entities, the Pan American Health Organization (PAHO/WHO), agencies of the United Nations system, and representatives of academia and the private sector. This case study highlights the actions taken by Colombia to prepare for and respond to the pandemic with the support of PAHO/WHO and its partners, and demonstrates how a coordinated, science-based response contributes to saving lives.*

### Socio-historical context of Colombia

Colombia's natural and cultural diversity, as well as its distinct socio-political and historical context, represents a challenge for the response to a pandemic. Various vulnerable populations must be protected from COVID-19 by the government, including indigenous peoples of the Amazon jungles, of the Guajira desert and of Colombia's Andean area; Afro-Colombian communities settled in the challenging jungles of Chocó where it rains year-round; farmers who live between the three cordilleras that go from the Andes through to the Caribbean plains; and the millions of Colombians who live in urban areas.

In addition, Colombia has recently ended an internal armed conflict that had lasted more than half a century and that—in addition to the human losses—left many territories destroyed and impoverished, with more than 8 million people displaced. Despite there being a persistent social debt centered around violence in the context of Colombia's recovery, Colombia stands in solidarity with, and cares for Venezuelan people who make up over 1.8 million people of the country's migrant population and with whom there is a historic commitment for gratitude.

### Supporting the response to COVID-19 in Colombia

#### *Colombia, a pioneer in diagnostics and laboratories*

To rise to the challenge of defeating the virus, Colombia's surveillance system and the national laboratory network needed to be strengthened and the capacity for health service delivery doubled in terms of qualified health personnel and appropriate equipment. In addition, society as a whole must be convened, since without the active participation of citizens with respect to hygiene and self-protection measures, it is impossible to stop the spread of the disease. To achieve all of this, Colombia needed both time and allies.

*World Health Organization teams at country, regional and global levels have helped verify and validate the information and data contained in this case study, at the time of the original publication (as of June 2020)*

In view of these needs, the National Institute of Health (INS) has been standardizing its processes following WHO guidance since early February, to carry out COVID-19 testing and to coordinate with WHO's Collaborating Centers in the Region focused on influenza type of viruses. In fact, Colombia, with technical support from PAHO/WHO, was the first country in Latin America to achieve such actions. It was also a pioneer in the Region of the Americas in receiving advanced training in Go.Data from PAHO/WHO and in developing a pilot study on the first cases of influenza and COVID-19. The latter arrived in the country a month later, on 6 March 2020.



*President Iván Duque attends the presidential addresses and the daily broadcast of the television program 'Prevention and Action', spaces of great importance at the national level and in which the representative has participated from PAHO / WHO in Colombia, Dr. Gina Tambini. Photo credit: Presidency of the Republic.*

As a result of these tireless efforts, today the country has the capacity to process 28,204 PCR tests daily, in a network of 94 laboratories distributed across 30 departments of the country. Thanks to this, the country has surpassed 1.2 million processed tests representing an achievement to which PAHO/WHO has contributed. More specifically, the organization contributed through specialized personnel as well as with the donation of laboratory equipment, reagents, supplies and protective equipment—worth more than 250 million Colombian pesos (approximately USD 69,000)—destined for epidemiological surveillance and advanced sampling among high-risk populations and specialized personnel.

***PAHO/WHO support in epidemiological analyses***

Every day since 29 March, a group of epidemiologists from the area of Disease Prevention and Control and Risk Factors of PAHO/WHO's country office has been preparing Situation Report (SitRep) on the pandemic, including an overview of the Regional and global situation; SitRep number 100 was issued on 10 July. This easy-to-consult publication has become the preferred resource of national and local authorities as well as for organizations doing humanitarian work in the country. In addition to data on infections, recoveries and deaths, the report consolidates the most relevant information and presents it with a level of analysis that helps readers to understand the situation, delves into the key issues and enables the identification of priorities for technical and inter-agency cooperation.

## A unified response and tailored approaches for territories

***Facing COVID-19 together***

The arrival of Sars-CoV-2 in Colombia coincided with the epidemic of seasonal influenza and rising outbreaks of dengue fever and malaria. Due to this, the country took early action and on 25 March, it declared an obligatory mass quarantine. With the slowing down of infections, within five weeks the country began a flexible isolation phase with gradual de-escalation, which in addition to reducing the impact on health and the speed of infection, sought to mitigate the social and economic effects caused by the pandemic.

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In these efforts, the national government has had the strong support of the United Nations team in Colombia. Under the co-leadership of PAHO/WHO, the 27 agencies, funds and programmes present in the country joined efforts to provide a coordinated response following the 9 pillars of action recommended by WHO, developing an immediate response plan for socio-economic recovery. In addition, actions are being developed to provide a differential response to the most vulnerable, especially migrants, in collaboration with the 60 entities that make up the Humanitarian Country Team (EHP). The Ministry of Health and Social Protection and PAHO/WHO co-lead the health cluster within the EHP.

***Leticia: Responding in an Amazon area***

Aligned and coordinated strategic action has been the key to facing some of the most critical situations in the country. For example, when the acceleration of COVID-19 occurred in the Amazon region and its capital Leticia (region bordering Peru and Brazil with incidence rates akin to the ones in New York in May), the Ministry of Health and Social Protection carried out a joint mission to help local authorities develop a contingency plan. Subsequently, with the support of PAHO/WHO and other international cooperation partners, Colombia succeeded in increasing the number of diagnostic tests, active community contact tracing, strengthening hospitals with health personnel, and protective equipment. In addition, humanitarian aid was mobilized for the population in that area, most of which is indigenous. Today the outbreak is under control with actions in place to prevent a second wave.

***Cooperation with the department of Cundinamarca***

With 4,310 cases and 97 deaths as of 14 July, Cundinamarca has been one of the departments prioritized for permanent accompaniment by PAHO/WHO. Since the beginning of the pandemic, the Ministry of Health of Cundinamarca has been supported in the development and adaptation of PAHO/WHO guidelines to respond to COVID-19. Epidemiological surveillance, laboratories, and infection prevention and control were also strengthened through the hiring of personnel, delivery of reagents, and personal protective equipment. In addition, humanitarian aid was provided to the municipality of Soacha, in conjunction with the country's humanitarian team and civil society.

***Bogotá: strengthening health services and political leadership***



*To maintain vaccination coverage during the pandemic, and following PAHO guidelines, the city of Bogotá developed an extramural vaccination strategy during the Vaccination Week of the Americas, in which in addition to completing the national plan, influenza and pneumococcus vaccines were prioritized. Photo credit. PAHO/WHO Karen González Abril.*

A coordinated response has also been needed in the country's capital, Bogota which is the most affected city in Colombia and is experiencing an acceleration in the number of cases (49,644 cases and 1,123 deaths as of 12 July). Following a declaration of red alert for exceeding 80% ICU occupancy, the great challenge has been to prevent people from dying due to a lack of health care. Fortunately, today the city is more prepared. The testing capacity has been expanded from 200 to 6,000 tests per day; the number of beds for the care of patients with COVID-19 has been increased from 200 to 1,200; and joint efforts are being made to have 2,000 beds by August. In addition, human capacity resources in health was expanded as much as possible, and city medical and care personnel were retrained to meet the international recommendations of the WHO.



*To protect Colombia Air Force pilots in charge of transporting patients with COVID-19 from remote locations to large cities, PAHO/WHO donated personal protective equipment and an isolation capsule. Photo: Karen González Abril.*

The capital—with support and monitoring from the national government— will implement a strategy of biweekly sectorized quarantines in order to keep 2.5 million people in their homes, representing a quarter of the population in a bid to cut the chain of transmission. In view of this, and in order to mitigate the social and economic impacts of these measures, deployment of monetary and humanitarian aid is planned for families in a state of poverty and high vulnerability, as well as relief for small and medium-sized enterprises, among others. In addition, the local administration will continue with the health education in the streets to raise awareness among citizens and encourage them to responsibly follow preventive measures to avoid contagion and spread of the virus.

Overcoming this tough test requires the participation and solidarity of all sectors of society. As expected, President Iván Duque convenes the Unified Command Post and in this high-level forum he supports the measures proposed

by Mayor Claudia López, recommendations that are supported by experts from the Ministry of Health and Social Protection, the National Institute of Health, and PAHO/WHO.

***Reaching people in remote areas in collaboration with the Colombian Air Force***

To leave no one behind, the Colombian Air Force (FAC) has enabled the transfer of sick people from areas of difficult access to cities with hospital centers prepared to attend positive cases of COVID-19. As a strategic partner, PAHO/WHO supports these humanitarian air operations with the delivery of personal protective equipment for the pilots and the delivery of a capsules that enable the safe transfer of patients.

## Joining forces for the most vulnerable in border areas

***Caring for migrants returning to Venezuela***

Since the beginning of the COVID-19 outbreak, the migrant and refugee population has faced numerous challenges including the loss of livelihoods, evictions, and stigmatization. The situation has prompted the return of thousands of Venezuelans to their country, who have been exposed to the virus and have travelled around the country on foot and with their belongings. In the border area, families must wait several days in Colombian territory before being able to enter their country, as only 300 returnees are allowed to pass through on three days a week. This has required the departmental and municipal authorities to strengthen the response. Through coordinated actions by the health cluster, guided by the Ministry of Health and Social Protection, and with technical support from PAHO/WHO, UNHCR and IOM in defining guidelines to improve health conditions in the shelters, address the humanitarian emergency, and overcome many of the barriers to access to health services for migrants.

For example, on the northern Colombian-Venezuelan border, the *Tienditas Health Care Centre* has been set up with the support of Migration Colombia, the Ministry of Foreign Affairs and the Interagency Group on Mixed Flows (GIFMM). The center carries out screening and epidemiological assessment, provides food assistance, delivers gender-sensitive and baby-specific hygiene kits, as well as cares for the pets of the migrant population. For example, "*Tienditas Plan: Temporary Sanitary Stations*" represents a collaboration with the United Nations. These stations act as temporary shelters for the care of returning migrants, reducing the risk of transmission of SARS CoV-2. There, diagnostic tests are performed for the timely detection of cases. In situation of positive cases, those affected are isolated and health care is provided. This allows for the collection of information on infected patients to take place, which can be made available and shared with the Venezuelan government. The centers also provide migrants with access to general medicine consultations, contraception, nutritional assessment, mental health care, vaccination and hygiene promotion and health measures. PAHO/WHO has staff in different territories in Colombia, specifically in the border areas, to support the staff of the Ministries of Health in different actions to protect the health of migrants, develop joint initiatives to improve departmental response capacity, and ensure access to comprehensive and timely health services.

***Cooperation between PAHO/WHO offices in two countries***

PAHO/WHO's contribution has gone beyond national borders. The Organization's Representatives in Colombia and Venezuela have facilitated dialogue between the Ministers of Health of the two countries for the development of joint actions to support the needs of migrants. Collaboration is not limited to the pandemic, and so far this year, joint efforts have been made to address other emergencies, for example, the shipment of anti-rabies vaccines from PAHO's PANAFTOSA center in Brazil to Venezuela.

## Communications and mental health

***Behavior change communications***

Like Leticia and Bogotá, COVID-19 is affecting other areas of the country, such as the country's Caribbean region. Over the past three weeks, the city of Medellín, which had been a national example in the management of the pandemic, has seen an acceleration in the number of positive cases of COVID-19. It is a delicate moment, as national and local authorities have managed the pandemic with commitment and seriousness; their actions must be complemented by citizen efforts.

In the absence of treatment or vaccines, communication has been an important tool used in Colombia to prevent the spread of COVID-19. Every day since 24 March, President Iván Duque presides over the 'Prevention and Action' broadcasting programme, which has served to ensure daily accountability to the population and to promote self-protection and responsible behavior towards others. Meanwhile, mayors and governors have taken to the streets to educate their citizens. The PAHO/WHO Representative has participated on several occasions in the President's programme.

With the aim of strengthening communications for health, PAHO has contributed to communications training for health promotion and communications professionals in local entities in various departments. This training includes a review of the national epidemiological situation, a workshop on communications "without harm", and another workshop on risk communications. As a result of this training, communication 'laboratories' have been set up to promote the active participation of communities and health personnel in the preparation of communication campaigns and materials, which are published in PAHO's communication channels and social networks. The most successful publications have reached over 18 million people.

In addition, since the beginning of the pandemic, in partnership with the United Nations Information Centre in Colombia (UNIC), PAHO has participated in the weekly programme Voces Unidas (United Voices), which is broadcasted on Radio Nacional and its 54 stations covering 80 per cent of the national territory. The programme, disseminates information on prevention and protection-related actions and considers the response of citizens and the situation in the country. It is published online and shared with 330 community, university and religious radio stations. The alliance has also resulted in the joint production of audio messages in Spanish and indigenous languages, which are shared in territories through megaphones in order to reach the most remote villages and leave no one behind.

***Caring for mental health for an assertive response to the country's needs***

The pandemic and drastic measures such as quarantine have shown an increase in depression and domestic violence in Colombia and the country has acted to address the problem. Telephone lines have been made available to citizens for case management and educational campaigns have been designed to guide the population in managing anxiety, stress and other problems caused by the pandemic and its psychosocial and economic consequences. PAHO/WHO has worked with the Ministry of Health and Social Protection on these matters.

Between March and June 2020, mental health and psychosocial support actions have reached 5,813 beneficiaries, mainly migrants and other citizens in situation of vulnerability (displaced persons, victims, indigenous people), as the vulnerabilities are exacerbated by compulsory isolation. The work of PAHO/WHO is coordinated with the Ministry of Health and Social Protection on issues related to support, stress management, resilience, prevention of disorders, assistance dealing with children and adolescents in the context of a pandemic. Additionally, pedagogical pieces have been designed for the public as a whole; especially for teams of health workers in order to prevent burnout, stress management, and anxiety, as well as to promote self-care, cohabitation, and sleep hygiene.



*Photo in the Muisca chapter of Suba in the city of Bogotá. As in other countries, adults over 70 years of age have been most affected by the COVID-19 pandemic. As such, protecting them has become a priority for Colombia. Photo: Karen González Abril.*

The effects of quarantine and isolation conditions, as well as the internal demand for labor, have been felt by the PAHO/WHO country office staff and brought to the attention of its mental health team. As a response, a strategy for staff mental health monitoring and follow-up was established and adaptations work activities put in place to enable staff to appropriately manage stress and in so-doing, enable them to be able to effectively support the needs of the country. Likewise, the inter-agency work carried out through the offices of the UN Resident Coordinator has made it possible to work together on the self-care and communications with all staff. These actions are essential in order to continue supporting the national plans established by Colombia and to ensure the

acquisition and provision of for diagnosis supplies and support the hospitals network, food security and the guarantee of the rights of the most vulnerable populations.

### Maintaining other essential health services during the pandemic

In addition to efforts to respond to the pandemic, the country has made significant efforts through the Ministry of Health and Social Protection with technical support from PAHO/WHO to also address other health needs.

***Malaria:*** To create better conditions of equity and equality, the Regional Initiative for the Elimination of Malaria (IREM) is being implemented in 12 municipalities in the Pacific Region where 75% of the country's malaria cases occur. This public-private partnership, managed by the Inter-American Development Bank (IDB), with the commitment of private partners and support from PAHO, seeks to eliminate malaria in the Pacific region. PAHO/WHO has a presence in the four departments of Colombia's Pacific region, providing technical cooperation on malaria. The Afro-Colombian population lives in these departments.

***HIV:*** In the framework of the interagency project on combined HIV prevention implemented with UNFPA and UNDP, PAHO/WHO is responsible for all biomedical interventions, such as the pilot PrEP and self-testing project. Under this project, alliances have been made, such as the recent one with an online home company that guarantees the timely and effective delivery of medicines to people who are undergoing preventive treatment or who have communicable diseases in Bogotá, during the pandemic. People receive the medicines they need to continue treatment at their homes, taking into account the biosecurity measures established by the National Government and reducing the risks of contagion. Similarly, in agreement with health institutions that serve vulnerable populations, a virtual care model for HIV has been implemented in order to monitor people in the pre-exposure prophylaxis cohort for which PAHO/WHO is responsible. This has enabled the implementation of the preventive strategy, without suspending or delaying care.

***Health for Peace (Salud para La Paz):*** The second phase of the interagency project Health for Peace (*Salud para La Paz)* was launched last year to protect vulnerable communities in rural and dispersed rural communities in 26 municipalities where the Territorial Training and Reincorporation Spaces (ETCR) are located and where there are historically high rates of violence and health inequities. This project seeks to strengthen local capacities to improve access to comprehensive primary health care (PHC) services, with emphasis on sexual and reproductive health, mental health, prevention of consumption of psychoactive substances and child and nutritional health. The first phase of the initiative was successful — 39,773 people of areas far from urban centres were treated, 20,415 in 161 health missions carried out, medical attention provided for 1,682 pregnant women with specialties such as obstetrics, pediatrics, nutrition and psychology, among others. A second phase has started being implemented, which includes actions for prevention and care of COVID-19.

## Achievements in Colombia during the pandemic and looking beyond COVID-19

It is this combination of strategies and partnerships, along with the unquestionable dedication of the country's health professionals, that has allowed Colombia to maintain a slower growth curve. At the time of writing, Colombia had 306 cases per million inhabitants, which is below other countries in the Region. The Colombian strategy has not only allowed an effective reproduction rate of close to 1, but today more than 58 thousand people

have recovered thanks to a stronger health system and millions of citizens who are adding their own protection to the fight against COVID-19, which has undoubtedly been instrumental in saving lives.

While Colombia has concentrated its efforts to mitigate the pandemic, it has also been forced to address other diseases that are growing silently, and in the shadow of COVID-19. For example, this year there have been outbreaks of dengue and malaria and an increase in sexually transmitted infections (STIs). In addition, Colombia is tasked with preventing diseases such as measles, polio or seasonal influenza through immunization.

In COVID-19 and all other support provided to Colombia, PAHO/WHO confirms its commitment to continued provision of technical cooperation to meet the country's challenges in achieving the health-related targets of the Sustainable Development Goals, leaving no one behind.

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World Health Organization

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