AMERICA AND THE CARIBBEAN AGAINST COVID-19

THE URGENCY TO STRENGTHEN SOCIAL SECURITY SYSTEMS

GIBRÁN RAMÍREZ REYES | EDITORIAL

PENSION SYSTEM IN THE CONTINENT

BRASIL, CHILE, ECUADOR AND CANADA AGAINST THE PANDEMIC

NEWS FOR MEMBERS
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The pandemic has brought down all the expectations of institutions around the world. The Inter American Conference on Social Security was no exception and certain regular activities, such as the publication of this Gazette, have experienced interruptions that must be corrected.

In exchange, we have all learned new things that are even harder to process because they have left lessons that we will learn in a much longer time that we think. We have learned about hospital expansions; about quickly improving information systems and the limits of statistic models that can be used to mirror societies; about the structural determinants of public health, that range from obe-sogenic environments and economies to informal labor in systems without universal social security; we learned about the time needed to produce a vaccine, about the political economy of debt as a mechanism to deal with economic crises; about the importance of social security to face emergencies beyond provid-
ing medical services; we learned about distance education and its social barri-
ers; we learned about essential work and how it is undervalued in the labor market; about loneliness and the new avatars of mourning and managing death. A series of structural tendencies that have long been neglected in many states have now become evident.

However, the solutions for the problems mentioned above are yet to be found, despite the reasonable and tested ways that research has yielded under different circumstances.

In view of the crisis, anyone would say that the time has come to think about
solving structural problems that we have been dragging along in the region for many years; anyone would say that the time has come to talk seriously about universal social security and the fiscal reforms that would enable it, about how preventive approaches must be of an indispensable primacy in public health, of the urgent need for change of our pension systems, about thinking in how direct money transfers point to a subsistence income, about the much needed value of care work and the urgency to close gender gaps, about labor outsourcing and work in digital platforms which is currently, almost in all countries, a direct road to labor precariousness, and about the importance for the labor sphere to be more characterized by securities rather than flexibilities.

But the solutions are less obvious for some and, even if no one questions the appropriateness of these goals at mid-term, there are some who, with the purpose of reactivating the economy, will strive to offer investment incentives of any kind and then there will be those who will agree in saying that it is precisely what is needed, even if it implies, in some cases, leaving some people in helplessness.

International organisms and academic centers have the task of being able to gather, with the political care that each case requires, evidence to make decisions, researching historic experiences and the current condition of state capabilities in various countries.

Nowadays, the CISS has already studied the problems mentioned above and has published at least two dozen texts about the pandemic and how it has been dealt with in various states. Hoping that one if these texts is enough to reach, at least once, the mind of any public policy craftsman in any of our member countries and becomes a component to walk towards societies with a better wellbeing.

The main achievement of the first semester has been, undoubtedly, publishing the first issue of the Bienestar magazine (our publication for in-depth academic studies) which has been dedicated, on this edition, to pharmaceutical companies and the way they currently operate in our world, which determine the development of quite a few states of the countries with the most urgent pending issues. For the remainder of the year, we will publish the Report on Social Security and Wellbeing in the Americas, the greatest task we have undertaken during these two years, so as to shed some light to aid us in preventing relevant solutions of the current economic crisis from becoming future social crises and structural problems that become perpetually postponed.
The Inter American Conference on Social Security has made a conceptual proposal about social security concluding that its goal is to “contribute to the personal and social wellbeing that includes a series transfers and services of a supportive and public nature, whose main responsibility falls on the State and that seek to protect individuals and communities against social risks, reduce social vulnerability and promote recovering from the consequences of a materialized social risk and therefore dignifying the various stages of life and promoting inclusiveness and acknowledging social diversity.”

Pensions are part of the set of transfers that seek to provide economic security to the persons who exit the labor market and go into retirement by means of stabilizing consumption or easing the current rate of consumption, and mech-

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1 Economic advisor of the Inter American Conference on Social Security. Economist from UNAM with post graduate studies in monetary and financial economics also in UNAM. E-mail: tonatiuh.martinez@ciss-bienestar.org

2 Mariela Sánchez-Belmont, Miguel Ramírez and Frida Romero, concept proposal to analyze social security from CISS, Ciss, Mexico City, 2019.
mechanisms for assurance and poverty alleviation and re-distribution.\(^3\) This article focuses in describing the various pension models that exist in the American continent, without addressing the political, economic and social processes that defined them, and the efficiency that each one has on its goal.

A general overview of the models that each country has tried to protect the economy of the elderly population is presented herein. Undoubtedly, the political economy involved in each transformation of the pension system is of academic interest and it is also very important to understand the results that bring the pension systems of each State to life. However, that study will be left for another time.

\(^3\) Nicholas Barr and Peter Diamond, Pension Reform, Oxford University Press, London, 2010

**SYSTEMS AND MODELS, THEIR DIFFERENCES**

In order to be able to describe the pension systems and models in Latin America, the difference between the two of them must be specified. A model is a set of rules or requirements that are established so that workers can go from being active in the labor markets, where they receive an income for their work, to a state of retirement, where they receive a pension. A system is a set of models or instruments that coexist in a country and its purpose is granting pensions to the majority of the elderly.\(^4\)

Considering the above, it can be said that there are large models that form pension systems. One of them is of a labor type and seeks to deliver pensions to a portion of the population, —the portion that works in the formal labor market—, and another one that grants pensions to persons who did not obtain a pension in that fashion. They are commonly known as contributory pensions and non-contributory pensions, accordingly.

Since the latter are financed by the budget of the central (federal) government and that said budget is obtained mainly from the taxes paid by the population as a whole, these pensions will be denominated as indirect-contribution pensions.

On the other hand, there is a wide variety of models for contributory pensions: the defined benefit model, the individual capitalization model, the parallel model and the mixed model. All of these models consider the relationship that people maintain with formal labor markets.

\(^4\) Jorge Tonatiuh Martínez Aviña, Una propuesta para reformar el sistema de pensiones en México (A proposal to reform the pension system in Mexico), Ciss, Mexico City, 2020.
DEFINED BENEFIT PENSION MODELS

The basis upon which the pension models of the region were built, when social security was starting its institutionalization process (for the better part of the 20th century), was the principle of defined benefit.

This means that the pension legislation for each country established that workers would receive a percentage of the wages once they become retired. This way, the population has assurance about its future income since, before they retired, they knew that they would receive an income and that it would depend on the amount of years that have been taken into account and the age of the worker.

From a financial perspective, labor-oriented social security works through an insurance mechanism. In other words, workers will make contributions that will safeguard them against the risks of their lifecycle.

These contributions can be two-tiered (by workers and employers) or three-tiered (the other two plus the government) and are known as insurance premiums.

In the case of defined benefit pensions, there are two versions, depending on the financing method: collective capitalization and distribution. In collective capitalization, each premium is taken to a large fund or technical reserve (as is called in specialized literature), which accumulates the resources in investments to produce yields from which pensions will be ultimately paid. This way, the financial, economic, managerial and administrative risks can be distributed.

Distribution is when the technical reserve has become depleted and cannot be used to pay pensions. In this case, workers, by means of their contributions, finance the pensions of retired workers, understanding that when they also retire, young workers will finance them in return. This is known as intergenerational solidarity.

The managed contributions and resources and the pensions paid were guaranteed by the State by means of social security institutions. This way, the aim must be to protect workers and fulfill its role as guarantor of social security.
This name means that instead of having a large collective capitalization pocket or fund, the resources invested are individualized and an account is created for each worker. Accordingly, financial, economic, managerial and administrative risks are also individualized. In some countries like Chile, the three-tiered nature of contribution has been eliminated and the sole responsible person is the worker. In Mexico, the three-tiered model did not disappear. In this model, administration and management activities are separated and the State is left aside. When this model was established, (in the eighties, for Chile) new companies were created with the sole purpose of managing accounts and funds. These companies are known as Pension Management Funds (AFP, by its acronym in Spanish, Afore in Mexico.) On the other hand, in this model insuring companies sell financial products that seek to provide people with constant income flows, resembling a pension. In Mexico, they are known as life annuities. In this way, the financial system now manages, administers and grants pensions.

This model is also known by the name of defined contribution model because the contribution is known, but it is unknown if it will be enough to acquire a pension, which is the opposite of what a pension system would seek. People do not know in advance if they will receive a pension because in order to obtain one, there must be a minimum amount of resources saved that the insurance company will appraise taking into account the person’s age, family composition, gender (from which a mortality table is chosen) and a technical rate.

This is so because the worker hires a financial product that ultimately takes the resources and re-invests them and commits to deliver a constant flow of resources to the retired person. Although mentioning the efficiency of the model was not intended, it is needless to say that few people, no matter the country, manage to save the amount needed to acquire one of these products.

Another characteristic is that, if the persons do not obtain a pension, they will receive whatever resources there are in the individual account in a single payment or installments. In this model, the worker must contribute for a longer period of time due to the lack of re-distribution and solidarity; the reason being is that they can, individually, obtain the necessary resources to be pensioned.

With the implementation of this model, the previous pension model is substituted and a transition generation is born from the system, one that maintains the rights that have been acquired from the pension model before this substitution and that in time will cease to exist when the beneficiary is deceased. Therefore, no worker would be able to enter the transition generation and it is usually said that the previous pension model is closed.

Currently four countries in the region maintain individual capitalization as the basis to grant pensions to their wage-earning population: Chile, who started in 1981, Mexico in 1997, El Salvador in 1999 and Dominican Republic in 2003.
PARALLEL MODEL

This pension model is shared by two countries in the region: Peru (1993) and Colombia (1994). It is a combination of the defined benefit model and the individual capitalization model, where all workers can choose to belong to either model.

The main difference with the individual capitalization model is that on boarding is voluntary. Workers decide if they wish to switch to the other model or if they prefer to remain in the defined benefit model handled by the State.

There is even the possibility to decide to change the retirement plan and, some time before retiring, return to the model managed by the State. There is coexistence in the competence between the public and private administration of pension funds.

MIXED PENSION MODEL

This fourth model complements the types of pension models there are in Latin America. It is shared by Uruguay, Costa Rica and Panama. In sum, the State maintains a defined benefit model and adds a mandatory saving channel that can be managed by private companies or the government.

This way, all workers will receive a defined benefit pension that will ensure their peace of mind and those who exceed a certain threshold of income will be able to receive a defined benefit pension complemented by an individual savings pension.

In this scheme, workers with better salaries continue to make contributions to the defined pension fund, maintaining the both the solidarity and the redistribution of social security and pensions.

There is State governance regarding pensions, since the State does not remain solely as a regulator or supervisor, and actively participates in administering and managing funds and ensures that the persons who made contributions and are in compliance with the legislation have pensions.

Uruguay and Panama have transition generations, unlike Costa Rica, since there were no modifications made on the pension regime and, therefore, the persons that have been working until now and new contributors, contribute their salary for financing the fund and receive a defined benefit when they retire. However, a restructure in the contribution of employers and workers was decided. One important difference between the mixed Panamanian model with the Uruguayan and the Costa Rican models is that, in order to manage the resources that come from the contribution of workers, private administration was not allowed. Conversely, the State, with its technical capabilities and law-based regulations, manages the investments from the individual accounts channel.


6 Alexis Rodríguez Mójica, “Sistemas de Protección Social en América Latina y el Caribe: Panamá” (Social Security Systems in Latin America and the Caribbean), Cepal, 2013
A REVIEW OF THE MODELS BASED FORMAL WORK AND THE INDIRECT CONTRIBUTION PENSIONS

The bases for granting pensions in contributive models are the premiums paid by formal-market workers and/or their contributions to their individual savings.

An optimal operation for these models depends on the condition of the economy of each country, which should necessarily be aimed at full employment, since the considerations (pensions) are based on the constant contribution of premiums and savings in the individual account (if that is the case.)

Therefore, it would not be very coherent to establish labor type pension models in economies that are highly informal and that have salary instability. Since we have large informal work markets in Latin America\(^7\) with small salaries, the governments of the region have been forced to implement indirect contribution models.

Choosing the wrong pension model can force public finances to use resources that could be used in education, health, security, etc.; and, on the other hand, it could cause despair and discontent in workers if chosen model does not deliver pensions with sufficient amounts, which could even cause social crashes.

In this regard, non-contributive pension models work as a mechanism that should alleviate the poverty of the elderly in the region. However, in practically all the cases in which this model is used, pensions are insufficient and its purpose is not achieved. These models have two styles: focalized or universal.

Focalized indirect pension models have the same premise of focusing in one section of the elderly population, usually from marginalized areas, and its poorest deciles or those who have been conditioned not to receive another pension. Universal indirect pension models do not have any restrictions regarding the elderly population with the exception of age. After certain age, any person can enjoy this benefit.

From 1997 to 2011, ten countries of the region implemented non contributive pensions due to the increase of elderly population without a fixed livelihood:

Bolivia in 1997; Ecuador in 1998; Colombia in 2003; Guatemala in 2005, Mexico en 2007; El Salvador, Panama and Paraguay in 2009 and Peru and Venezuela in 2011. Countries that joined the six countries that already had a indirect contributive pension model and that had established it before the 1980 decade: Argentina, Brazil, Chile, Cuba, Uruguay and Costa Rica.\(^8\)

It is then that the indirect contribution models in addition to the contributive models became part of the pension system of each country. If we think that the weakness of the labor markets is increasingly evident, it is also increasingly evident that the indirect contribution pension models are becoming stronger means to alleviate the poverty of the elderly population in the region.

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\(^7\) In 2016, 53 % of the workers in the Latin American region were occupied in informal markets (IOT, 2018). With the current economic situation, a significant increase in informality is expected in the coming months, and its decline to pre-pandemic levels will take years of effort.

\(^8\) Alberto Arenas de Mesa, Los sistemas de pensiones en la encrucijada. Desafíos para la sostenibilidad en América Latina, CEPAL, Santiago de Chile. 2019
HOUSEHOLD WORKERS ARE THE FIRST LINE OF DEFENSE AGAINST COVID-19 BUT DO NOT GET APPLAUSE FROM THE BALCONIES

ANA HEATLEY
CISS SPECIALIST

HOW DOES COVID-19 AFFECT HOUSEHOLD WORKERS?

Household workers (HW) are one of the most affected populations in the COVID-19 pandemic. They are both more exposed and less protected than many other persons and worker groups.

Their activities are part of the first line of defense against the pandemic, since their household work is essential to maintain confinement, but they are not part of the heroes and heroines that are thanked from the balconies.

Ever since COVID-19 arrived in America, HWs have been overly exposed to contagions from the exterior. For starters, they work directly in contact with persons who had the economic means to travel and become infected.
For instance, one of the first deaths in Brazil due to COVID-19 has been reported to be Marcela¹, a worker—an elderly person old enough to have retired—who was infected when her employers returned from a trip to Italy.² The first contagions were even riskier because health systems were not prepared and had no experience with the new virus, just like in this case. The diagnosis for Marcela arrived late because coronavirus was not a suspicion from the beginning.

They are also more exposed to local contagions, for instance, during their commute in public transport to get to their places of work. These commutes are usually long trips in transports that are deteriorated or crowded—Marcela travelled 100 km to go from her house to her place of work—and therefore the exposure increases whenever they go to work.

Also, they are often in charge of caring for diseased persons, which exposes them directly to contagion and is also a work hazard. This care work can take place without the necessary protection measures when employers are not aware or do not assume their responsibility and do not provide them with the information and equipment they need to protect themselves against the virus.

Marcela’s employers did not tell her that they suspected that they were infected with the coronavirus (the results of their tests were being processed) and so she continued with her work as usual.

The lack of social security and low income that characterize HW all throughout the region increase the probability of deteriorated health and limited or no access to medical care before and during the contingency. It is a population that was already vulnerable both economically and in access to health services. That was the case of Marcela, who had diabetes and high blood pressure, but whose work was not covered by social security.

Not having social security worsens the risks of the pandemic. The lack of protection on behalf of institutional systems and low incomes prevent them from working during this quarantine, unless the employers decide to keep paying for their salary.

In case of suspension or dismissal, they do not have any mechanisms to demand payment of salaries or compensations and severance pay because most of them work in the informal labor market or because many countries do not have a legislation that acknowledges the same rights of other workers for them.

¹ The name is a pseudonym.
They do not have access to daycare centers and now schools are closed and so their children are also at risk due to various reasons: a) because someone else must care for them, b) because they have to go with their mother or father to work or c) because they stay home alone.

Another consequence of the lack of social security is that they do not have access to pensions for retirement, disabilities or in case of death. This means that elderly HW must continue to work even if they are a population at risk, just like the case of Marcela who had reached the age of retirement three years ago, became infected with COVID-19 at work and died.

This also implies that if they become ill and have aftereffects that prevent them from working, they will be bereft of income and protection. In case of death, their families will suffer an irreparable loss and at the same time they will be faced with medical and funerary expenses.

Since HW are almost exclusively women and unequally undertake unpaid care work, their families will also be left without their caregiver when they need it the most. Without ignoring gender inequality in this line of work, it is important to consider the negative impact that this will bring for these families, not only losing a loved one, but losing a fundamental part in the family’s upbringing and economy.

In addition to the direct risks of COVID-19, there are other harmful indirect effects that affect them. For example, the mistreatment they already experienced in some cases, could now become exacerbated during the pandemic due to snobish and/or racism or prejudices. During the contingency, the Public Labor Department of Sao Paulo rescued a household worker who was under conditions of modern slavery, was also not allowed to use the bathroom as an isolation measure and had to use a bucket instead of a toilet.³

In other cases, they have been offered to keep their employment or their income in exchange for remaining in the house of the employer during the pandemic, which actually implies renouncing to their days off. Who is reading this has probably seen maid rooms in households.

Also, whoever is reading this has experienced spending days or weeks locked up at home. Therefore, you can only imagine what is like to remain locked up in a maid’s room for an entire Sunday. Permanent HW alternate between leaving their room to work constantly, in a house that is not their own and cannot use, or staying locked up in a maid’s room on their days off.

Lastly, their condition as informal workers, often excludes them from the social programs that are being created to face the contingency, which have been implemented in general to provide coverage for people who worked in the formal market.

³https://rpp.pe/mundo/actualidad/brasil-rescata-a-una-trabajadora-del-hogar-en-condiciones-de-esclavitud-y-victima-de-agresiones-noticia-1276012?ref=rpp
WHAT HAS BEEN DONE IN AMERICA TO PROVIDE SECURITY TO HOUSEHOLD WORKERS DURING THE CONTINGENCY?

Paid household workers in some cases have had access to various types of aid:

- Temporary transfers (Argentina, El Salvador) or loans (Mexico.)
- Access to income through unemployment insurance (Chile.)
- Salary subsidy or employer contributions so they can keep their income (Uruguay, Argentina.)
- Promoting the right to salary by means of awareness campaigns for employers or other related legal stipulations (Argentina, Chile, and Mexico.)

In spite of these measures, most household workers do not have access to the emerging policies that are specific for them and the ones they usually have are because they are considered within policies for sectors of the population in this line of work.

This happens due to the lack of recognition for their work and/or as a collateral effect of using formal administrative channels to execute support programs (Anguilla, Brazil, Mexico.)

There are temporary economic aids (for unemployed persons, for instance) that do not exclude household workers because they are considered to be included in aids for other informal employments (Argentina, Brazil, Guatemala, Dominican Republic, Trinidad and Tobago); and in many countries there are programs aimed at the population with the most poverty, which is usually the group to which household workers belong to (Argentina, Bolivia, Canada, Honduras, Panama, Paraguay, Peru, Saint Kitts and Nevis.)

Due to the above, countries must urgently develop policies that consider the specificities of this task and develop policies that allow workers to remain in confinement or follow-up policies to ensure that employers comply with providing the working conditions necessary to face the pandemic and include them in social security.

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WHAT SHOULD EMPLOYERS GUARANTEE FOR HOUSEHOLD WORKERS IN THE CONTEXT OF THE PANDEMIC?

Evidently, the first thing that any employer must guarantee—especially under the current circumstances of the pandemic—is a safe working environment. In the countries where they allowed continuing to work, employers of household workers must ask themselves three questions:

1) Can I offer an environment with minimum risk of contagion?
2) Is it strictly necessary for the HW to go to work during this time?
3) Am I willing to provide the protective gear that the HW needs free of charge?

If the answer to any of these questions is no, then you must ask the worker to stay at home and continue to pay the usual wage.

The second thing that employers must guarantee is complying with their legal and ethical responsibilities. That implies registering them in social security. It is not enough to cover, out of good will, some of the risks they might face. Their affiliation must be complied with.

Employers must also pay a fair wage, offer dignified working conditions, avoid any type of abuse or mistreatment and provide the greatest labor stability possible.

Last, but undoubtedly not least, the practices that have led to the vulnerability of most HW must be eliminated. In the case of employers, this implies respecting and acknowledging their workers.

The question that employers must ask themselves in this case is whether they would accept, in their own employment, labor benefits and a treatment that is less dignified than the ones that are usually given to HW. Although it is a much needed and essential work in all households, it does not receive the same respect and acknowledgement than other employments: most of us are aware of the stigma and the mistreatment they are exposed to. This must be urgently eradicated. A fair, dignified and respectful treatment is not negotiable.
“THE PENSION REFORM INITIATIVE IS AN AGREEMENT BETWEEN LEADERSHIPS”
INTERVIEW WITH BERENICE RAMÍREZ LÓPEZ

In the interview with Gibrán Ramírez Reyes, in the De Buena Fe television program in Canal Once, pension specialist, Berenice Ramírez López, exposed some of the weaknesses of the pension reform that was recently presented by the President of the Mexican Republic, Andrés Manuel López Obrador, the Ministry of Finance and Public Credit and the business world to the general public.

Pictures: De Buena Fe Canal Once.
How have the last decades been for pensions in Mexico?

We must remember that, due to an evaluation made in 1994, an initiative to reform IMSS (Mexican Institute of Social Security) was quickly presented to congress and was approved in 10 or 12 days. There was no discussion and there was full support to a reform that transformed the social security model and opened the door for pensions to be privatized by being managed by the private sector. And a fundamental change is that it transformed the concept of social security.

I went from being a social security proposal that should cover risks over the life cycles of people such as diseases, maternity, disability, old age and retirement, with full responsibility from the state, to a mandatory savings fund that perpetuates inequality because pensions come from the salary level of each worker and their career path and we know that in the labor market is very uncertain in Mexico; 56% of employees work informally and therefore do not have access to social security. Another 7 million workers are in the formal sector but have not yet been included in the system.

Said law also increases the weeks of contribution from 500 to 1250, which are almost impossible to reach in the Mexican labor market.

In February of this year, the president of CONSAR (Retirement Savings System), Abraham Dib Vela, claimed that out of 75,000 workers who would have access to a pension, only 750 would be able to get one. The failure of the individual capitalization system is very evident at a global scale. Out of the 30 countries that privatized their system, in the last 3 years, 18 have returned to the State or to mixed systems.

Has the State been a bad administrator?

In 1943, the contribution rate was 6% because the life expectancy of the worker was the only thing that was considered and there were proposals that emerged during the construction process of social security so it could be extended to beneficiaries. A whole family depends on one fee, but the calculations were only made for the worker, and this caused IMSS to become de-capitalized in the 60’s by requesting actuaries to increase the contribution rate to make it viable. That is what has been used as an excuse for how poorly the State has managed it.

The defined benefit model is sustained by labor conditions. We are in a demographic aging process but the median age is 29 years.

We have a large percentage of young people who are entering the labor world and the concern is that if only 30% of...
people who are 65 years of age or more have a pension that comes from contributions, young people will have nothing and poverty mechanisms will emerge more often, particularly among children and young people.

This would not be the case if back in the year ‘95 a parameter reform had been done to increase contribution rates and formalize work and had included an element that the project that was recently presented is not considering: acknowledging all types of labor. If only subordinate and salaried workers are to be included, the maximum coverage for the Economically Active Population (EAP) will be 35% or 42% at the most.

Is it a reform for a minority of the population?

What is being proposed is aimed at the 24% of the workers who are affiliated to IMSS and who have an individual account and the urgency is for those who are about to comply with the corresponding legal requirements and who will receive their savings to survive as best they can for the rest of their lives.

What is the reform of the Business Coordination Council about (which has been accepted by the Mexican President)? Why is it not addressing these fundamental problems?

It somewhat addresses these problems and their explanation for it does not solve structural and core issues. It also means losing an opportunity. We found a first great contradiction: if this is a president who says that the poor come first, then we must make a thorough reform that will really contribute to their wellbeing.

What is being done is saving those who will not have a pension and that is the reason they are accepting it. The first proposal is that the guaranteed pension is to be granted with at least 750 weeks of contribution and therefore there will be more HW who will have access to the pension, but it is still a small percentage.

The biggest problem is that it is a proposal that does not intend for us to reach a better pension, but for us to be content with a minimum pension guaranteed from a minimum wage. And then they use the reform of article 4 in which a wellbeing pension is already established and they say that the replacement rate is increasing. And to finance it, businessmen say that they accept the contribution rate going up to 15% and that they will pay for it. But the State is the one who will take care of the first four UMA (Unit of Measure and Update.)

In reality, 70% of workers earn up to 3 minimum wages. This means that there will be a higher fiscal cost for the State.

Businessmen will bear the cost only by making a 1% increase per year, which they could easily recover by not increasing wages and increasing production and prices.

What made the advancement of this proposal possible?

It is a reform project, we do not know the initiative but, considering the way it was presented, we have absolutely not left the old days of agreements between
leaderships. It could have been signed by any other president because it is an agreement between leaderships, and this needs to be a proposal that comes from social dialogue. It is not so much about labor mobility but rather about many workers not being registered in IMSS yet because there is no access. If I am an autonomous worker, I will not be able to do it.

It is presented as a benefit project because this time businessmen are being supportive. For instance, they are reassembling a proposal from OECD that established not delivering the amount of the savings to the worker when pension is denied, but in programmed retirements, because workers do not have the ability to plan. We must be very vigilant so this is not included in the initiative.

Another important element is that people know that this is a very expensive system. The conditions, besides being onerous during the savings cycle of the worker, represent 28% of their savings. Commissions absorb a very large portion. It is also expensive because they must do lobbying, advertisement and paying agents so people switch Afores.

We must move towards strengthening public goods. Social security must exit the commercialization circuit and create a public goods system that provides that baseline security for people.

There must be an autonomous regulatory body; we can’t have elements that come back from the past as if we were revolving doors. It is the same vision that says that the State is a poor administrator, that the private sector is a better manager, who, by the way, is doing very well in terms of profitability and a large portion of that profitability comes from the yield produced by the worker’s savings.

*Berenice Ramirez has a PhD in Latin American Studies in UNAM. She is currently working as a Senior Researcher in Public Policies and Development.
BRAZIL, CHILE, ECUADOR AND CANADA AGAINST THE COVID-19 PANDEMIC

The CISS Project and Research Department has performed an in-depth analysis about the main anticipated measures that several governments have taken against Covid-19, and the consequences of the pandemic in their populations, especially in the more vulnerable groups. This work is the result of the implementation of the CISS COVID19 Platform, which is unique in this region.

We present the executive summaries of the analyses of the cases of Brazil, Chile, Ecuador and Canada.
In Latin America, specifically in Brazil, on February, 2020, the first confirmed case of covid-19, the disease caused by the sars-cov-2 virus, was reported. On May 21, the Health Department confirmed more than 300,000 cases and 20,000 deaths, an average mortality rate of 6.5% and a national mortality rate (for every 100,000 residents) of 9.5%.

The majority of the cases can be found in the South-Eastern region. In said region, São Paulo and Rio de Janeiro are two of the most affected states until now. Another region with a large number of cases is the North-East, where the most affected states are Ceará and Pernambuco.

The evolution of case increases and mortality is unequal throughout the territory. The majority of the most affected zones (like Amapá, Amazonas, Ceará and Pernambuco) are in the poorest regions of the country: the North and the North-East. The number of cases and the mortality rate could indicate a previous insufficiency of health services or access to them and inequalities in medical care during the pandemic, as well as a need to implement better measures to contain outbreaks, since many people need to go out to work. Regional inequalities increase as the epidemic progresses.

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The pandemic arrived in Chile in a moment of great social discontent, after several protest throughout 2019. Due to said demonstrations, Chile implemented an emergency tax package worth 5.5 billion USD.

The forecast of the economic impact of Covid-19 is very unfavorable, with a GDP reduction of 3% for 2020.

Although Chile has significant deficiencies—such as the fragmentation of its health system or its lack of coverage—it also has significant institutional capabilities to provide social protection against the health emergency. To face the crisis and its social and economic consequences, the government launched an Economic Emergency Plan that involves more than 17 000 million USD, almost 7% of the GDP, the largest in its history and one of the largest in the region. Its pillars are: protecting employments and the income of workers and injecting liquidity to companies of all sizes.

Some important measures included in the package are: the IFE (Emergency Family Income), the Covid-19 Bonus and two direct supports from the State for the most vulnerable persons during the crisis. Also 11 750 million USD were used to extend unemployment insurance; a fund of 2000 million USD was created to protect the most vulnerable workers and to finance IFE and, lastly, a plan of up to 3000 million USD was implemented for loans to aid businesses.

In terms of health, Chile created a fund of 220 000 million USD to strengthen the operation of hospitals and laboratories, extending operating hours and available beds, purchasing supplies, equipment and other needs.

In addition to addressing the emergency, investments are needed to permanently improve the health system and the various social protection programs, which must continue beyond the health crisis.

For the full article, click here.
The pandemic found Ecuador in a delicate economic situation: under economic growth, a reduced tax space and poverty due to the increasing informal income and labor. The high rate of informality (46.7%) in the country puts workers in a vulnerable situation against the effects of the pandemic.

The increased participation of micro and small businesses to create employments amplifies the negative effects of the quarantine and social distancing.

The persistently low oil prices and the decrease of economic activity in China and the United States might have serious repercussions in the financial capabilities of the State to respond to the crisis.

Some of the containment measures that were implemented are: remote work for public and private employees, suspending school and all events with more than 30 attendees across the nation, closing borders to foreigners and a curfew.

The first line of action is the existing social protection mechanisms:

1. The minimum period for inactivity to request unemployment insurance was reduced from 60 to 10 days.

2. The health services coverage period for persons who have lost their jobs was extended from 30 to 120 days.

The second line implemented social security measures to transfer resources to the most vulnerable persons.

1. Creating the Emergency Protection Bonus to transfer 60 USD per month, for two months, to persons who have
been affected by the emergency and whose income is less than 400 USD per month.

2. Implementing the *Dar una mano sin dar la mano* (Lend a hand without shaking hands) initiative, in which companies and people can make monetary donations in a digital platform and the amount raised, can be used to buy food and personal hygiene kits.

The third line of action seeks to protect employment by providing liquidity for businesses and reducing the burden of fixed costs.

1. The National Financial Corporation will deliver loans from 25000 and up to 100000 USD, with an 8.95% interest rate, with payments deferred over 18 months for small and medium businesses.

2. Income taxes for April, May and June will be deferred over 6 months for the hotel industry, exporters and small tax-payers.

3. Services such as water and power for the months of April, May and June will be deferred over 12 months for small businesses, farmers and artisans.

Despite the efforts of the Ecuadorian government to prioritize public spending and mobilizing external financing to address the health emergency and protect the most vulnerable groups, its limited capability to provide a large-scale response can lead to sub-coverage for populations and risks.

Read the full article [here](#).
Canada has had a broad response to the health, economic and social crises caused by the covid-19 pandemic.

In health, the aim is to adapt the system so it can continue to provide services and broaden diagnostic and treatment capabilities for infected persons. One important element of the response has been the inter-governmental coordination plan designed to address the influenza pandemic of 2004, which has been continuously updated.

The federal government created the Canada Emergency Response Benefit, to grant 2,000 CAD per month for up to 4 months for persons who have lost their income, either because they are in quarantine or ill; because they are caring for a family member or because they lost their employment. The Canada Emergency Response Benefit seeks to protect the income of groups who are excluded from unemployment insurance. However, there must be precautions to prevent the benefit criteria from excluding vulnerable persons, such as persons who were unemployed before the crisis and who were not covered by the unemployment insurance or who have income levels of less than 5,000 CAD in 2019.

In the case of family benefits, an additional amount will be granted to the beneficiaries of the non-contributive federal program called Canada Child Benefit, which has broad coverage and important effects in the distribution of income.

In the case of pensions for the elderly, the mechanisms of the program were simply adapted to the conditions of the emergency.

In terms of job protection, the actions are oriented to subsidize the salaries that are granted by companies.

Considering the characteristics of the plans to protect people’s income throughout the different stages of their life cycle, the group of those who are in a productive age is especially vulnerable to the economic effects of the pandemic.

Read the full article [here](#).
The CISS (Inter American Conference on Social Security) presented the first issue of the Bienestar Magazine, a biannual, academic publication dedicated to the rigorous analysis of social security and wellbeing in the American continent. The publication will discuss theoretical stances; clinical, legal, administrative management or international cooperation approaches, and quantitative, qualitative or mixed studies. It will be available online and free of charge.
This first issue reflects on the mechanisms that link political power with economic power through the productivity of major pharmaceutical companies and labs. The Magazine also has exclusive publications from the Oxford University Press.

The presentation was attended by the CISS Secretary General, Gibrán Ramírez Reyes; the national representative of the Province of Buenos Aires of the Republic of Argentina, Florencia Lampreabe; and the Chairman of Institutional Liaison and Delegation Evaluation of IMSS (Mexican Institute of Social Security), David Razú.

Gibrán Ramírez Reyes declared that the first issue of the magazine seeks to redeem the need to create social science for wellbeing and that it also has the aim to be a testimony of the deterioration of this crisis and call for to reassess a system that, more than just expressing a depletion, evinces the exponentiation of social and regional inequalities.

He also pointed out that, despite having gone through a period of securitization, low productivity, sales decrease and a slowdown in researching and developing new pharmaceutical products, the pharmaceutical industry has managed to weave a political and institutional edifice so strong and impenetrable that, to this day, has been consolidated as one of the most profitable global markets.

This has become even more evident in the context of the COVID-19 pandemic, through which it has obtained multimillion earnings and has concentrated the production of a future vaccine that would allow controlling contagions at large scale.

During his participation, David Razú emphasized the contribution and the combined efforts of CISS.

“Public policies must be created to develop the wellbeing of member countries, regardless of their political circumstances. The topic addressed in this first issue is very timely, not only because of the pandemic, but also due to the conditions of several countries that have resulted from the growing pharmaceutical chain, which goes from research, which is in fact financed with public resources that will later become the property of private agents who manage the process from production all the way to distribution.

In Mexico we are living a very complex situation regarding the supply of medications, particularly strategic ones.”

For her part, Florencia Lampreabe, emphasized that “research that results in the production of new pharmaceutical products is conditioned by a profit-making intention and therefore is more heavily oriented to healing rather than preventing disease.” She highlighted that publishing the magazine is a space to exchange experiences and knowledge to face these shared problems from a comprehensive approach.
The Inter American Conference on Social Security (CISS) has developed its COVID-19 | CISS Platform and has made it available for the general public. The Platform compiles the main updated data about the progress of the pandemic in the American continent, the capabilities of health systems and social security and the labor market, in addition to a set of context indicators about the co morbidities associated with the pandemic.

The Platform, which is constantly updated, includes information from the World Health Organization, the World Bank, the International Labor Organization and the Economic Commission for Latin America and the Caribbean.

Likewise, it catalogues and shows the main actions implemented by the various governments and CISS members to treat the pandemic in its Repository, along with public policy proposals created by the specialists of CISS to guarantee care for the most vulnerable populations of the region. Some of these proposals include topics such as: the elderly, household workers, digital platform workers, health in the penitentiary system, maternity and care systems, among others.

The COVID-19 | CISS Platform also contains the list of the observatories that the countries affiliated to CISS have developed to monitor the progress of the pandemic in their territories.

Additionally, it gathers a series of documents from various international organisms, with special emphasis in the ones shared by WHO and other governing bodies of interest for the social security sphere that include recommendations, guidelines, criteria and technical specifications that help governments and institutions to implement actions against the Covid-19 pandemic.

In the news section, you will find a daily summary with the most relevant information published in national and international media about the development of the pandemic in the continent.
CISS organized the virtual conference: “El Deporte y el Bienestar Pos Covid-19” (Sports and Wellbeing After Covid-19), which had the participation of sports experts, representatives from public institutions, the Secretary General, Gibrán Ramírez Reyes, and the moderation of CISS specialist, Renato González Carrillo, who presented the documents that this organism has published regarding well-being and sports.

“Sports must be a fundamental pillar for wellbeing in the 21st century and, therefore, work must be done in the regional public policies aimed at promoting sports towards social practice, preventing diseases and promoting health.

The CISS seeks to redeem the role of social security in the promotion of sports and offer general guidelines so our institutions can recover that capability and generate wellbeing from practicing sports”, assured Ramírez Reyes.

The Secretary General explained that sports have multiple dimensions that have been left aside in its current concept, which tends to see it only as a spectacle.

However, the integral concept of social security that included sports first came from Latin America, specifically from IMSS (Mexican Institute of Social Security) where beneficiaries had a space for recreation and physical activity, in addition to cultural activities.

González Carrillo, presented the contents of the notebook: “Breve historia del deporte en México: un diagnóstico desde el Estado y la seguridad social” (Brief history of sports in Mexico: a diagnosis from the State and social security), highlighting basic aspects for a public policy oriented to sports as part of wellbeing: recovering the public sense of sports; reactivating and rehabilitating the sports centers that they have; strengthening representative teams and internal tournaments and competitions; and generating capabilities to teach sports.

“Covid-19 has caused widespread physical inactivity and sedentary lifestyles, as well as practicing sports individually or in solitude, which has changed the way in which sports were being practiced.

Therefore, institutions must reconsider these new times by means of safety protocols, activities at home, but also outdoors, to lessen
inequality. Hence, we, at CISS, consider that sports can be an effective means to improve public health and attaining well-being for people”, he declared.

In her participation, the Chairwoman of the Ibero American Sports Council and the National Director of the Costa Rican Sports and Recreation Institute, Alba Quezada Rodríguez, explained that in previous months, in the context of the pandemic, the Council held a forum with ministers and senior sports authorities and that they all agreed on the need to exchange experiences, protocols and plans of action between governments to seek joint cooperation strategies to provide coordinated responses; using modern technologies in education and training systems such as online learning and the participation of key agents at a sector and territorial level.

The head of the Physical Culture and Sports of IMSS (Mexican Institute of Social Security), Óscar Soto Carrillo, highlighted that this institute has the largest sports infrastructure of the country, with more than 700 facilities, in addition to a significant teaching workforce and nearly 600 annual users.

Soto Carrillo informed that the ODEIMSS (Physical Culture and Sports Organ of IMSS) is a priority project for IMSS and focuses its function in physical activity and social and competitive sports, infrastructure and training. He also mentioned that the regulations of ODEIMSS are being adapted and that work is being done in the infrastructure of the High Level Aquatic Activities Center, a Sports app, lists of pilot phases for leagues and clubs, National Sports Games, and others.
After holding the Forum: “Hacia un Acuerdo Nacional para enfrentar la crisis” (Towards a National Agreement to face the crisis), organized by CISS (Inter American Conference on Social Security), the UNT (National Workers Association), FASU (Social Unitary Broad Front) and ENADI (National Leaders Meeting), shared the joint proposal for economic and social recovery to face the crisis caused by the pandemic.

Representatives from labor organizations, the academic sphere, international organizations, civil society and public officials agreed the following:


2. Strengthening the physical capabilities of the State.

3. A thorough reform for the social security system to revoke the individual accounts system in the pension area, which only ensures low replacement rates and promotes the risk of impoverishment at old age. Promoting an integral, national and supportive social security system.

4. Establishing nation-wide unemployment insurance and establishing a program of Minimum Vital Wage that is not linked to labor conditions.

5. Reconstructing and strengthening the health systems with universal coverage. Access plans for services and protection that are adequate to the conditions of people who live and work in the fields.

6. Building a care policy that provides care for early childhood, ill persons, persons with disabilities or any other need for care and that addresses the inequality of unpaid care work.

7. As immediate measures, building a permanent State policy regarding employment that allows recovering suppressed job positions and the productive activities that have been lost during the sanitary emergency.

8. Promoting a sustained improvement for salaries and the formalization and protection of persons who work in the informal sector. Reactivating the economy must also include social policies that care for the most vulnerable sectors of the population.
9. Eliminating the abuses that have taken place under outsourcing, other forms of third-party outsourcing and other subcontracting schemes.

10. Regulating the various modes of remote work and anticipating the changes in work processes caused by the ongoing technological innovation to promote professional education and training, among other measures.

11. Protecting employments, supporting small and medium businesses and producers and providing incentives to hire personnel.

12. Strengthening collective hiring, negotiation capabilities and the democracy of union organizations while ensuring their freedom and autonomy.

13. Strengthening micro, small and medium businesses with the support of the Development Bank and executing a plan to include informal economy for workers from the informal sector.

14. It is necessary to promote programs to create infrastructures that allow creating employments and modernizing the manufacturing sector of the country. Some of the sectors involved are: healthcare, education, culture, housing, highways, railroads, the aeronautical industry, energy and telecommunications, promoting the digital inclusion of all the population and promoting science and technology.

15. Promoting food sovereignty, supporting small and medium producers. Enforcing agreement 169 of ILO to protect the rights of farm laborers and indigenous peoples.

16. Women are among the most affected sectors by the pandemic, since the confinement has worsened various types of violence against them. Therefore, we propose promoting policies that foster substantive equality in all forms. We demand the immediate ratification of agreement 190 of ILO.

17. The social movement must thoroughly analyze the USMCA in chapters related to labor, telecommunications and manufacturing activities of the rural sector to prevent possible repercussions.

18. We call for reconsidering the topic of public debt and its impact in the development of the country.

19. Promoting the creation of the Economic and Social Council of the State as an alternative that allows us to move forward in the institutionalization of social dialogue in the country.
In his intervention, the CISS Secretary General, Gibrán Ramírez Reyes, assured that a transformation has started in Mexico to move towards a new social contract in which the interrelationship of the forces of society has moved away from neoliberalism and the public policy formulas that the country has in this situation and, therefore, this Agreement will initiate a very important dialogue to set the terms of what the post-neoliberal Mexico will be like.

“The conclusions we reached are not formulas from another place, they rather come from present needs and are also characterized by changing policies aimed at protecting flows for policies oriented to care for people”, he declared.

Among the agreements that were reached, the CISS Secretary General highlighted the ones related to social security and the ones on which this international organism is working: detailing social security policies; focusing prevention on health; moving towards a new pension system; a minimum vital income scheme; a care system; recuperation of the minimum wage; schemes to protect income; regulating outsourcing and digital platforms; genuine collective hiring and protecting laborers and household workers.

The Forum had the participation of representatives of CCE (Business Coordinating Council), STPS (the Social Security and Labor Secretariat), the Legislative Branch, ECLAC (Economic Commission for Latin America and the Caribbean, UNAM (Autonomous National University of Mexico), ILO (International Work Organization), IADB (Inter American Development Bank), UAM (Metropolitan Autonomous University), union organizations and worker groups in UNT (National Workers Association), FASU (Social Unitary Broad Front) and ENADI (National Leaders Meeting).
The Network of Women for Autonomy and Wellbeing is an initiative that seeks to strengthen organizational and political impact capabilities by means of organizing work groups of women or women who are interested in forming organizations, accompaniment and training related to topics linked to autonomy and accessing wellbeing rights.

The MAB network seeks to involve more women to defend the right of tax autonomy, the right to social security and the right to decide over their own bodies.

This effort is made possible due the support of the Inter American Conference on Social Security as part of a broader strategy to promote the wellbeing of women in America and the Caribbean.

To know the activities and become a part of this network, visit: www.ciss-bienestar.org/mab/la-red/

Covid-19 has not only changed the way of life of people, it has also changed how deaths are handled, since the possibility of contagion still exists, even if there is no evidence of it. Therefore, handling must be done while respecting the dignity of people, religious beliefs and cultural traditions as a fundamental principle.

So reads the CISS document, “Manejo de cadáveres en la pandemia del Covid-19” (Handling of corpses in the Covid-19 pandemic), which gathers the strategies and protocols that are being used in some countries, in addition to the protocol recommended by WHO (World Health Organization). However, it also emphasizes the lack of harmonization of the protocols applied to handle corpses.

By the end of March, WHO issued the document: “Infection prevention and control for the safe management of a dead body in the context of COVID-19: interim guidance”, which stipulates precautions and instructions related to preparing and wrapping the corpse, funerary services, autopsy, cleaning, environmental control and burial.

In case family members opt for a burial or cremation, WHO recommends referring to national regulations and also issues recommendations with instructions for family members, before and after the actions and how to handle the belongings of the deceased, since incinerating them is not considered necessary, but it is important to have precautions such thorough washing and disinfecting.
In the case of Mexico, the Health Secretariat updated the publication of its Manual to handle corpses due to COVID-19, and specifically mentions that the body must be identified. It also mentions how family members should approach the body before moving it, how to handle the body in the body bag or in the casket, and how to proceed with the immediate burial, if that is the decision of family members, and avoid, if possible, holding a wake.

In Brazil, the Health Department has put special emphasis on the full identification of the corpses by means of the medical record number, the SNC (National Health Service) number or any signs that can identify the body, with the purpose of avoiding burying or cremating unidentified bodies. Likewise, people have been urged not to hold funerals, but in some cities, they are practically prohibited.

Uruguay, in addition to following the recommendations of WHO, does not prohibit wakes but does provide recommendations to conduct them. Additionally, as an instrument to ensure reporting real numbers and preventing family members from becoming infected, they request recording death certificates in cases in which Covid-19 has been diagnosed, which will then warn them about the measures that must be applied at the wake.

In the case of the United States or Spain, although there are measures to handle corpses that adhere to the recommendations of WHO, there is not enough information for family members or specifications regarding conducting funerals and the corresponding precautions.
Although laborers perform activities that are considered essential during the Covid-19 health crisis, they do these activities under unfavorable working conditions, precarious wages and with no access to social security and health services, which worsens and amplifies their risk to the pandemic.

In the document “Las trabajadoras y los trabajadores jornaleros agrícolas ante el COVID-19” (Agricultural laborers against COVID-19), CISS warned about the risk that laborers are facing and recommended some actions that will allow providing social security and certainty for laborers, such as:

• A better coordination between federal and state authorities in matters of health and law enforcement to safeguard the integrity of workers.
• Improving supervision on labor authorities.
• Monitoring the health conditions of agricultural and industrial work centers.
• Implementing care programs for migrant laborers to guarantee their health in sending and receiving countries that do not have said programs and, lastly, ensuring the fulfillment of the duties of the private sector fulfills in terms of social security.

For 2019, according to ENOE (National Survey on Occupation and Employment), 2,973,319 people were working as agricultural laborers in Mexico who, in addition to not having social security, did not have an sufficient income for their daily sustenance. Therefore the CONASAMI (National Minimum Wage Commission of Mexico) called for improving the wage conditions of this sector, since 33% of these workers received up to one minimum wage and 54.5% received a maximum of two.

When the food sector was declared as an essential sector during this pandemic, laborers have become unable stop even if their working conditions are unsafe, if their working hours are extended, if their payments are withheld, if they are mistreated and, in general, if they lack any protection for their labor rights. Their jobs
involve whole families, which increases the cases of child labor; they have precarious lodgings and poor health conditions at their places of work; they lack contracts and social security; they are subjected to discrimination due to their condition as migrants and, mostly, due to the fact that they come from indigenous communities.

In addition to national laborers, migrants are also highlighted since they represent 15% of this sector. The main sending states are Oaxaca, Chiapas, Veracruz and Puebla, and some of the main receiving states are Chihuahua, Michoacan, Baja California, Nuevo León, Baja California Sur, Sinaloa, Sonora and Tamaulipas.

The Inter American Center of Social Security Studies, the educational body of CISS, presented its new academic courses, which have been adapted to the new behaviors caused by COVID-19. Some of its study methods are diploma courses with blended learning and online courses.

Strengthening the syllabus is an essential core for Dr. Daisy Corrales Díaz, who has been the director of said center since October, 2019, with the goal of recovering the spirit of CISS as a rigorous permanent training center for officials, experts and workers involved in social security and resuming the Center’s capabilities for research and creating knowledge.

The next diploma course that will be developed will be “Senior Management in Social Security Institutions” and will be held on September 14, 2020-January 22, 2021. Regarding the online courses, the following will be held within few days: “Quality and security in health services of social security institutions”, on September 21-23; “Analysis and interpretation of actuarial studies”, on October 19, 2020; Wellbeing (Theory of Happiness), on November 11-13.

Topics such as hospital management and control, digitization of health services, actuarial techniques, aging, mental disorders, disaster risk management, migration and its impact on social security are also part of the new curriculum offered by CIESS.

The academic program for 2020 can be accessed here.
UPCOMING ACTIVITIES

• DIPLOMA COURSE (BLENDED LEARNING)
  Senior Management in Social Security Institutions
  Online phase: September 14 to November 20, 2020
  In-person phase: January 18-22, 2021

• ONLINE COURSE
  Quality and security for health services in Social Security Institutions
  September 21-23, 2020

• ONLINE COURSE
  Analysis and Interpretation of Actuarial Studies
  October 19, 2020

• ONLINE COURSE
  Wellbeing (Theory of happiness)
  November 9-11, 2020
NEWS FOR MEMBER COUNTRIES

“WITH THE EMERGENCY FAMILY INCOME, THE PRESIDENT HAS PREVENTED ALMOST 3 MILLION PERSONS FROM FALLING INTO POVERTY”: FERNANDA RAVERTA

Fernanda Raverta added that “the decision of the President of our Nation, who will sign a new decree that will implement this income policy for Argentinean families who are going through difficult times in economic terms, is the way to prove that Alberto Fernández and the Government are not only caring for Argentineans in terms of health, but are also with them in such a complex moment in the economy. This Emergency Family Income that aids almost 9 million Argentines, with an enormous budget outlay of 270 billion ARS, has been a fundamental tool for Argentinean families and local businesses.”

ARGENTINA
ANSES (NATIONAL ADMINISTRATION OF SOCIAL SECURITY)

The executive director of ANSES, Fernanda Raverta, highlighted the social and economic impact that the Emergency Family Income has had since its implementation: “The decision of President Alberto Fernández to implement the Emergency Family Income to aid Argentinean families in the context of the Covid19 pandemic has reached a universe of almost 9 million people and has succeeded in preventing approximately 3 million persons from falling into poverty.”
Since its creation, coverage increased 176% and the death index decreased 76.7%.

The Labor Risks System was embodied in Law 24.557, which placed accident and disease prevention and its adequate reparations at the center of the concerns of public and private actors, thus bestowing the State and the rest of the members of the system (which included ARTs [Labor Risk Insurances] created by that same law) specific and differentiated rights.

In 24 years of existence, it suffered the impact of the various contraction and expansion phases of the economy and, therefore, of the social security system and the labor market, but was able to maintain a visible progressiveness in the goals set forth by the Law that shaped it: the increase of coverage in various public and private groups of the employed population, the sustained reduction of accident and mortality rates and the rates of occupational diseases.

At the beginning of the system, in 1996, the amount of workers with coverage was 3,556,814 and, by November of 2019 the registry was 9,824,316.

The current structure reveals a great majority in the private sector (6,426,054) followed by the public sector (2,754,023) and household workers (644,239).

Regarding the decrease in accident rates, there is confirmation of a 29% drop in the global incidence rates, and a 46.4% drop in the rate of accidents and occupational diseases.
The National Minister of Health, Ginés González García, delivered, at the facilities of DINESA (National Department of Health Emergencies), 50 ventilators to improve the capacity of intensive care beds in clinics and hospitals of seven union health care offices to care for coronavirus patients.

The Minister and the Superintendent of Health Services, Eugenio Zanarini, delivered the ventilators to the heads of the benefit areas of the following unions: Commerce, UOM (Metallurgic Workers Union), Smata (Mechanics and Transportation Union), Banking, Oil, Uocra (Working Union for the Construction of the Argentinean Nation) and UPCN (Union of the National Civilian Personnel) to strengthen the response of healthcare establishments due to the increasing demand.

The CGT (General Confederation of Labor), the Superintendent’s Office and the Ministry of Health, who are members of the council that administers the Trust Fund to Manage Universal Health Coverage, created by Decree number 908/16, agreed to apply these funds for the purchase of ventilators and protection gear.

The Chairman of the CNS (National Health Fund) Directorate, Marcos Salvatierra, informed the leadership of the Bolivian Worker Central that the largest health insurser of the country allocated almost 500 million BOB to face the COVID-19 pandemic in all the regional and district administrations of that entity.

"Since the beginning of the National Emergency caused by the coronavirus, as the Directorate General Management and by the request of each regional and district administration, a total budget of 495,398,670 BOB has been assigned to obtain supplies, medications and biohazard gear for hospitals and treat our insured", declared the Directorate’s Chairman.

Salvatierra specified that the budget assigned to each of the 19 administrations, in addition to the National Office, was made in accordance with the requirement to reinforce care actions and, due to the collapse of some health establishments, the amount was increased to also hire new staff and cover personnel losses caused by the virus.
The Chamber of Deputies approved, by a clear majority, the “Protected Upbringing” project, which is an initiative that resulted from a broad agreement between the Executive branch and members of parliament and the opposition and has the goal of protecting 850 thousand mothers, fathers and tutors of children of pre-school age during the current national health emergency caused by COVID-19.

For this purpose, the project created a new COVID-19 parental preventive medical leave —managed by ISAPRE (Private Health Insurance Institutions) or FONASA (National Health Fund), accordingly—to which all mothers and fathers, whose leave expired on March 18, will have access, with the possibility of extending it for up to three months while the constitutional state of exception continues due to the pandemic.

“This project is a relief for more than 850 thousand families in our country that currently do not have someone to care for their children when they have to go out to work. It also creates a parental preventive medical leave for mothers or fathers whose postnatal leave has expired and cannot return to their employments. With this Law we wish to respond to a need that thousands of people have, give them respite and tranquility to care for their children without risking their lives and health”, declared Labor Minister, Fernando Arab.
To face the national emergency caused by COVID-19, the CCSS (Costa Rican Social Security Fund) is working at full speed to activate a new hospital that can be added to the Red Escudo (Shield Network) of the whole country, which has the purpose of fighting this threat. It is a new specialized center that is being set up in CENARE (National Rehabilitation Center) in La Uruca to handle COVID-19 cases.

Dr. Román Macaya Hayes, CEO of CCSS, informed that a group of 1,350 workers in three shifts will provide care 24 hours a day in this specialized unit.

Emergency specialists, critical care specialists, respiratory therapists, specialized nurses, laboratory, pharmacy, microbiology personnel, nutritionists, medical imaging, infectologists, scrub nurses for operating rooms, surgeons, and others, are part of the team of professionals of this center.

“We are doing an extraordinary effort to train our officials, adapt the facilities, provide equipment and fine-tune care protocols”, he declared.

The OECD (Organization for Economic Cooperation and Development) assured that the pension system will not generate sufficient resources to be sustainable in the short term. Therefore, SUPEN (Office of the Superintendent of Pensions) already has its own suggestions.

The OECD indicated that, in a period of 15 to 20 years, the reserves will be depleted after experiencing a deficit in previous years; going as far as declaring that the gap between pension expenditures and incomes will have to be financed by the CCSS (Costa Rican Social Security Fund) reserve fund by 2030, but that fund will also be depleted by 2037. From that moment on, the Government, with its budget, will then have to finance pensions, calculating that by 2050, the public pension expenditures will be of up to 9% of the GDP.
“Protection must be full for all workers, without discrimination between sectors or branches. To do so, Cuba has adopted 36 measures in terms of labor, salaries and social security for all workers. Due to the devastating effects of this pandemic, we must ensure the economic recovery, the livelihoods of workers and the well-being of human beings.”

The above was declared by the Labor and Social Security Minister, Marta Elena Feitó Cabrera, on the ILO (International Labor Organization) Constituent’s Day, which had the participation of workers, employers and governments and where the manner to address the economic and social effects of the pandemic that showed the great vulnerability of workers and companies around the world was discussed.

Feitó Cabrera assured that Cuba applied measures such as changing jobs and other forms of remote work while paying salaries and other benefits established by the law. Workers had to be relocated due to the temporary closing of businesses and the ones who could not be relocated were granted salary guarantees. That type of guarantees was also granted to mothers of small children, elderly persons aged 60+ and persons with poor health.

Persons who got sick received a subsidy and persons who were placed under preventive isolation due to the disease were also protected. In all cases, workers maintained their labor relationship with the entity. Social security pensions have been maintained and social security monetary benefits were granted in cases of insufficient incomes.

For independent workers, the possibility of temporarily suspending their activities was established and received tax and contributory adaptations.
Pichincha is the province with the most health care registrations through the Virtual Assisted Medical Care, with 17 thousand and 500, starting on April to this date, according to the data handled by the General Department of IESS (Ecuadorian Social Security Institute.)

The medical attention provided through technological platforms was implemented by IESS due to the COVID-19 health emergency, with the purpose of bringing health services closer to patients and avoiding unnecessary exposures by leaving home.

The WHO (World Health Organization) defines virtual care as “The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities.”

In compliance with the provisions of the Office of the Superintendent of Banks, through Resolution Number SB-2020.0502, dated March 19, 2020, the ISSFA (Social Security Institute of the Ecuadorian Armed Forces) created the “Plan to manage the health emergency” which contains a roadmap with strategies, actions and authorities to control and minimize the effects of the COVID-19 pandemic.

As part of the institutional strategies, a communication campaign was created through official media in coordination with the CMIC Joint Information Center of the Armed Forces, so the insured can be fully informed about the operation of the institute against the national emergency and its continuity in delivering benefits and essential services.
Assistance channels were activated through protocols to access the benefits of ISSFA, which, before the emergency, were processed through customer service counters and have been processed online since March.

During March and April, ISSFA provided a total of 9,092 nation-wide telephone assistances through the Regional Contact Center and agencies; handled 3,382 processes via email; managed 1,963 processes for benefits and 6,200 deliveries of medications and supplies to treat the insured that have low-prevalence chronic, rare and orphan diseases with Health Insurance coverage.

This strategy seeks to detect possible cases and reduce contagions; as well as providing the corresponding treatment for positive cases.

To this date, the Roma and Santa Ana hospitals and the medical units in San Jacinto, Atlacatl, the San Miguel network and the Usulután network, the General Hospital, the San Miguel, La Ceiba, Amatepec and 1° de Mayo Hospitals along with the Zacamil Poly-Clinic Hospital; the medical units in Santa Tecla, Quezaltepeque and the community clinic of San Antonio have joined the strategy to provide timely detection and prevent the virus from spreading.

These types of tests are programmed daily in various care centers. To this date, 12,542 nation-wide swab tests have been performed in hospitals, medical units and community clinics.
PATIENTS INFECTED WITH COVID-19 WHO CHOOSE TO TREAT THE DISEASE AT HOME RECEIVE PERSONAL CARE

The patients of the department of Sacatepéquez who are affected by COVID-19 and have opted to stay at home in quarantine receive personal attention from the Medical Department and Central Office of Antigua Guatemala.

The medical care consists of providing orientation on the isolation and distancing measures that the patient and the patient’s relatives must maintain; treating the patient with the medications that have been prescribed; providing medical monitoring via telephone, and scheduling home visits.

The unit’s physician, Dr. Maldonado, explained that the patient is interviewed from the moment in which she/he has been diagnosed with COVID-19. If the person decides to stay at home instead of being transferred to a hospital unit, the conditions of the patient’s household are assessed to guarantee that she/he has an adequate space to receive the best possible treatment.

Telephone monitoring is complemented by a home visit to verify the patient’s health and providing the corresponding discharge.

Persons who have mild or no symptoms and have tested positive in the swab test opt for treating the illness at home. Follow-up for these cases is coordinated with the department’s Health Area.

IMSS (MEXICAN INSTITUTE OF SOCIAL SECURITY) SIGNS AN AGREEMENT TO PARTICIPATE IN THE REGIONAL ROTARY FUND FOR THE STRATEGIC PUBLIC HEALTH SUPPLIES OF PAHO

The director general of IMSS (Mexican Institute of Social Security), Zoé Robledo and the representative of PAHO (Pan American Health Organization), Cristian Morales, signed a collaboration agreement through which the Institute will be able to participate in the Regional Rotary Fund for Strategic Public Health Supplies of PAHO, also known as the Strategic Medications Fund. It is important to remember that in 2017, IMSS had already joined the PAHO Rotary Vaccine Fund.

This way, IMSS will have access to approximately 350 medications (antiretroviral, oncology and antihypertensive
medications, among others), vaccines and other supplies at more convenient prices.

The director of IMSS claimed that COVID-19 has made it necessary to work in a supportive and regional manner, “today we help ourselves when we create a greater demand that put us in a better regional position for negotiating. And we are obviously very interested in all the benefits of joining the fund.”

Zoé Robledo added that the medications that can be acquired through this alternative will have a great impact due to the number of beneficiaries that receive treatment for this type of diseases.

On his part, the representative of PAHO mentioned that IMSS will be able to optimize its procurement processes by having alternatives that meet the highest international standards of transparency, supported by more than 20 years of experience in the case of medications and 43 years of experience in the case of vaccines.

MORE THAN 6 MILLION PERSONS HAVE RECEIVED TRAINING THROUGH THE CLIMMS (IMSS MASS ONLINE COURSES) SOCIAL SECURITY PLATFORM

A total of 6 million 88 thousand and 137 persons that includes beneficiaries, medical personnel or nurses and the general public have received distance training in topics related to healthy habits, social security and COVID-19, by means of 18 massive, open courses that IMSS has offered in its CLIMMS platform.

According to the Institute’s DPES (Department of Economic and Social Benefits), between March 6 and June 22, 5 million 590 thousand and 284 persons have registered in the eight COVID-19 training options, while 497 thousand and 853 have opted for learning about diabetes, hypertension, obesity, pregnancy, elderly care, labor retirement, safe mobility and care and development in IMSS day care centers, which are other training options.

The course that has generated the most interest is "All about COVID-19 prevention," which has 2 million 111 thousand registrations; followed by "Recommendations for a safe return to work during the COVID-19 pandemic," to which 1 million 765 thousand and 365 persons, who were mainly workers and employers, were registered.
By means of a multi-discipline online assessment led by a rehabilitation physician, patients with poly-neuropathies or motor deterioration receive distance treatment through third level UMFR (Physical Therapy and Rehabilitation Units) such as the UMFRC (Central Region Physical Therapy and Rehabilitation Unit) of IMSS.

In that regard, the doctor of the hospitalization services of UMFRC, Milagros Victoria Rodríguez Meza, explained that the poly-neuropathy of a critical patient is one of the severe complications that have been observed in patients who have been hospitalized in ICUs (Intensive Care Units), which is accompanied by muscular atrophy and decreased muscle stretching reflexes.

Rodríguez Meza added that there is no global statistical data. However, in the cases of patients who have been infected with COVID-19, this condition is present in 58% of the patients who have remained for more than one week in the ICUs; in 63% of those who have remained for more than 10 days; in 70% of patients with organ dysfunction and up to 76% in patients with sepsis.

“Additionally, considering the muscular-level repercussions, approximately 50% of these persons risk presenting neuromuscular dysfunctions acquired in the ICU or the ICU Acquired Weakness syndrome, in which poly-neuropathy and myopathy of the critical patient coexist”, she added.

She mentioned that the current data indicate that between 5 and 8% of the patients with COVID-19 will require being admitted into the ICU with the need of ventilation and life support and, out of those patients, between 50 and 80% of them will possibly present critical patient poly-neuropathy or even the ICU acquired weakness syndrome.
Since April 6, 2020 up to this day, ISSSTE (Mexican Civil Service Social Security and Services Institute) has provided 24 thousand and 270 assistances through the 4000-1000 phone number of the ISSSTE-TEL service, and through its Twitter and Facebook accounts to provide services to Beneficiaries on topics such as areas of operation and service hours; COVID-19 symptoms; possible risks of contagion; information about the availability of diagnostic tests; and others, declared ISSSTE’s Director General, Luis Antonio Ramirez Pineda.

Since the outbreak of the health emergency caused by coronavirus, ISSSTE broadened its telephone and social networks services for beneficiaries to answer questions related to the pandemic, he added.

Ramirez Pineda explained that ISSSTE-TEL includes an option (number 8) that allows: performing a telephone triage to identify probable cases under suspicion; providing guidance for people who present possible COVID-19 Symptoms so they can go to the nearest medical unit; and specific follow-up for the hospital cases that require so. To date, 216 cases have been handled.

As part of the economic reactivation promoted by the Mexican Government, ISSSTE (Mexican Civil Service Social Security and Services Institute) has benefited 64 thousand and 444 families by means of the Personal Loans Program in a transparent manner in compliance with the corresponding regulations, informed ISSSTE’s General Director, Luis Antonio Ramirez Pineda.
In a press conference, the Director of the Institute explained that, since April, changes were made to the personal loans program with the purpose of facilitating access for beneficiaries in a fair, transparent and fast manner.

198 thousand and 303 State workers, retired and pensioned persons participated in the second raffle, with 32 thousand and 222 winners, who have already been notified.

Ramírez Pineda explained that 20 thousand ordinary loans with an interest rate of 7.5 percent; 12 thousand special loans with an interest rate of 10.5 percent and 222 commemorative loans with an interest rate of 12.5 percent were delivered in this edition.

In both raffles, 57% of the winners were women and 43% were men; 26.1% are between 41 and 50 years of age; 52 thousand and 550 are active workers and 11 thousand and 894 are retired and pensioned persons. The public officials who have been benefitted the most belong to SEP (Secretariat of Public Education), followed by pensioned persons and Health Secretariat personnel.

In alignment with its mandate to address the housing needs of all types of families, INFONAVIT (Institute of the National Housing Fund for Workers) has granted 460 mortgage loans for 230 same-sex couples in 2020. 53% of the funding has been applied through the Unamos Créditos Infonavit scheme, launched in February of this year, which allows two people to combine the amount of their loans without the need of maintaining a legal marital status. The remaining 47% was processed through Matrimonial Loans. 56% of the loans that were granted are concentrated in seven entities: Jalisco, Baja California, State of Mexico, Quintana Roo, Nuevo León, Guanajuato and Chihuahua.

The new INFONAVIT loan plans not only allow couples to process a loan without the need of being married, but also facilitate acquiring a more valuable and better located property. The average amount of all funding is 627 thousand and 748 MXN, which implied economic revenue of 144 million and 382 thousand 071 MXN in total. Likewise, it is important to mention that, out of the total loans that were granted to same-sex couples, 302, i.e. 66%, were granted for persons who earn less than 8 thousand and 600 MXN per month.
With the aim of supporting workers in keeping their patrimony and having financial solvency during the Covid-19 health emergency and continue contributing to the preservation of the sources of employment, INFONAVIT (Institute of the National Housing Fund for Workers) extended the period to receive requests to access protection measures until August 31, 2020.

With these measures, borrowers—who have lost their jobs or whose salary has been reduced and have not yet received INFONAVIT’s direct support—will be able to request INFONAVIT supports with the benefit of up to three months of Unemployment Insurance (without the need of making any co-payments); extensions for their monthly payments for up to three months (without interest capitalization) or a combination of both measures.

Borrowers who have already received these supports during the first stage, between April 15 and June 30, 2020, will be contacted directly to determine if they need an extension for the support.

Furthermore, with the aim of continuing to contribute to the preservation of sources of employment, employers will be able to defer an additional two months of their contributions to the INFONAVIT housing sub-account, provided they request it before August 31, 2020 in the corporate website of the Institute.

Small and medium-sized businesses will be able to have an extension of up to three two-month periods, while businesses with more than 250 employees will be able to have an extension of up to two two-month periods. The contributions will resume on November of 2020.

Until June 25, INFONAVIT has directly supported 203 thousand and 100 workers through its Unemployment Insurance, extensions or a combination of the two.
Due to the validity of the Ibero-American Agreement with the Social Security Institute, persons such as Jesús María Castro (who worked in the city of Hohenau and had contributed for 11 years and 1 month in the Social Security Institute, as was the case in Argentina and Uruguay), have been able to access retirement, along with other 175 people.

This agreement provides the same social security for all Ibero-Americans, in any of the member countries of this international community. The Agreement has been signed by 15 countries: Argentina, Bolivia, Brazil, Colombia, Costa Rica, Chile, Ecuador, El Salvador, Spain, Paraguay, Peru, Portugal, Dominican Republic, Uruguay and Venezuela.

It is also ratified by the legislative bodies of Argentina, Bolivia, Brazil, Chile, Ecuador, El Salvador, Spain, Paraguay, Peru, Portugal, Uruguay and Venezuela.

Since it is an Ordinary Retirement, the applicant must be 60 years-old and have contributed to the institute for 25 years or, as a minimum, being 55 years-old and have contributed for 30 years.

The IPS (Social Security Institute) started the third expenditure of the economic compensation for workers with suspended contracts. Up to this date, 253,641 beneficiaries have been settled, totaling $33,285,373 PYG.

After the start of the quarantine, the National Government granted IPS the amount of 100 million USD for its historical debt with IPS, as part of the Law 6524/20 for the Health Emergency. This amount is exclusively intended to pay the economic compensation of workers whose labor contracts have been suspended and to pay for resting periods due to COVID19.

Until now, IPS has made 3 payments for economic compensation, in the first one, 95,952 benefits were settled for a value of 97,904,735,241 PYG, in the second payment, the settlement reached 93,311 benefits for a value of 82,478,143,137 PYG and the third one settled 64,378 benefits for a value of 51,083,605,797 PYG.

Payments are made through the windows of the Banco Nacional de Fomento (National Fund Bank) for workers who receive their payments in cash and
crediting accounts for workers who receive their salaries by means of a credit card, in total, 180,725 payments were made through BNF and 72,916 through the Bancard network.

IPS still has $66,714,627 PYG to pay compensations for workers whose contracts have been suspended and resting periods due to COVID19.

With these three payments, IPS has injected more than 30 million USD in cash into the system and has become the most relevant institution in the market in terms of capital injection.

**ESSALUD (HEALTH SOCIAL SECURITY) REPORTS THAT A GREATER NUMBER OF WORKERS INFECTED BY COVID-19 WERE REGISTERED IN THE PUBLIC ADMINISTRATION, CLEANING, SECURITY, HEALTH, MANUFACTURING AND COMMERCIAL ACTIVITIES**

As part of the current reactivation in the country, EsSalud analyzed the situation of the economic activities in which their active insured are working, according to the declarations of businesses.

The analysis of EsSalud identified 112,554 infected workers, out of a total 4,767,666 workers who are registered in the electronic spreadsheet.

Likewise, it was shown that the departments with the greater number of confirmed cases are: Lima (47,512), La Libertad (8,503), Piura (5,887), Arequipa (5,244), Lambayeque (5,040) and Callao (5,016).

Dante Cersso, head of the Intelligence and Data Analysis Unit of EsSalud, pointed out that, according to the review of ISIC (International Standard Industrial Classification) in force, 75% of the positive cases registered globally is concentrated in the activities related to public adminis-
tration and defense; social security plans of mandatory affiliation; real estate; business and rental activities (cleaning, security and surveillance services, among others); social and health services (hospitals, clinics), manufacturing industries; and commerce.

“First, there is public administration, where we have municipalities, regional governments, ministries and others, where we have more than 33 thousand confirmed cases. Second, there are those who provide surveillance and security services, with 15 thousand cases. Then, health activities such as hospitals and clinics, manufacturing and commerce, among others”, he declared.

In companies with 500 or more workers, which registered 64% of all confirmed cases, the activities with the greatest amount of positive cases are: public administration and defense, social security plans of mandatory affiliation, real estate, business and rental activities and manufacturing industries.

Meanwhile, in companies with less than 20 workers, the cases were concentrated in commerce, transportation, storage and communications, real estate, business and rental activities and manufacturing industries.

Dr. Cecilia Bedoya, spokesperson for EsSalud, highlighted that the figures show that the population is strictly complying with the isolation measures in their residences, considering that 82 346 people were able to beat COVID-19 at their households.

“Social Security has been making every effort to provide care not only for critical patients, but also for patients with mild and moderate symptoms who are following instructions from home and patients who are being constantly monitored. If the patient presents risk factors, home visits are made”, she declared.

The end of each assistance for a patient who was finally able to beat Covid-19, will be shared with the country in a Map of Peru, which will summarize all Social Security hospital discharges and domicile medical discharges for each region.
With the purpose of providing care in a fast, safe and transparent manner for affiliated teachers, Derrama Magisterial presented a new mobile app from which associates can process operations and queries any time and place, without needing to go to the offices of the institution.

In this first phase, the Derrama Magisterial App offers associates viewing their individual account statement, verifying their profitability and an updated report of their contributions, in addition to updating their associate information and creating and/or updating their digital code.

Likewise, the APP allows requesting loans and viewing their status: valid loans, payable fees, payments made, upcoming payment dates and the option to send account statements to an email address. It also allows identifying the location of Derrama Magisterial offices at a national level.

“Derrama Magisterial, using technology, steps up and confirms its commitment with teachers. We are very aware that his health emergency implies facing new challenges to stay close to our affiliates and addressing their needs as fast as possible with absolute transparency”, declared Derrama Magisterial’s Chairman, Luis Espinoza.

The Dominican Republic has made its adherence to the Ibero-American Multilateral Agreement on Social Security official this Tuesday in Spain. The Ibero-American Multilateral Agreement on Social Security was created on November 10, 2007 and it came into force on May 1st, 2011, after being ratified by seven States.

With this, the country has become the twelfth country in signing this agreement, which seeks to coordinate the various pension legislations of the Ibero-American States and will now benefit the population of migrant Dominican workers who reside in Ibero-American countries included in the Agreement.
The general manager of CNSS (National Social Security Council), Rafael Pérez Modesto, praised the new agreement announced by SISALRIL (Office of the Superintendent for Health and Occupational Hazards), which updates and extends, until August 31, the temporary coverage for affiliates who have been affected by COVID-19 and require health services.

Pérez Modesto highlighted the role of SISALRIL in managing said agreement with ANDECLIP (National Association of Clinics and Private Hospitals) and ARS (Occupational Hazard Administrators). “We consider that this announcement is of the utmost importance for the Dominican Social Security System, considering that, without having to increase the per capita of the Family Health Insurance, it continues to offer and broaden its services”, he declared.

He emphasized that this decision contributes to reducing the expenditure of the affiliates of the Family Health Insurance who are under the Contributive Regime and require health services.

This new agreement creates favorable conditions to broaden the availability of beds and Intensive Care Units available to care for COVID-19 patients in private facilities. Furthermore, other medical specialties with better prices have been included and Protective Gear has been provided for medical personnel.

IDOPPRIL (Dominican Occupational Hazard Prevention and Protection Institute) and CMD (Dominican Medical School) have established their stance on the guarantees of the coverage that the physicians affected by Coronavirus, in the
performance of their duties, must receive, after timely notifying the Occupational Hazard Insurance Department that they have acquired an occupational disease.

In a meeting between IDOPPRIL, represented by its executive director, Elisaben Matos, and CDM, represented by its Chairman, Waldo Ariel Suero, and both entities reached the following agreements:

• That all medical personnel who has been infected by COVID-19 has the right to claim their IDOPPRIL rights, because this disease is covered as an occupational hazard of the physician’s duties and work.

• The physician who contracts or has contracted said disease must notify the human resources department of their corresponding hospital or health center.

• IDOPPRIL agrees, as part of its duties, to provide coverage for 100 percent of the expenses for medications, analyses, hospitalization and other medical expenses.

• IDOPRIL will provide 75% of the employee’s salary, according to the employee’s contributions to Social Security, for the duration of the employee’s temporary inability to work.

• IDOPPRIL guarantees, in a timely manner, the care required by the affected physician.

ADOPRIL (DOMINICAN ASSOCIATION OF HEALTH RISK ADMINISTRATORS)
ARS (HEALTH RISK ADMINISTRATORS)
SUPPORT BENEFICIARIES WHO HAVE CONTRACTED COVID-19 WITH A TOTAL COVERAGE OF COPAYMENTS AND HOSPITALIZATIONS EXPENSES

The ARS (Health Risk Administrators) who are part of ADARS (Dominican Association of Health Risk Administrators) will completely absorb co-payments and all care for COVID-19 patients registered in the Contributive Regime of the Family Health Insurance of the Dominican Social Security System.

The initiative, considered by SISALRIL (Superintendent’s Office for Health and Occupational Hazards) as an important contribution of ARS, was voluntarily agreed with ANDECLIP (Association of Private Clinics) so that patients have a better care. Furthermore, the benefit includes any health establishment that is duly equipped and that adheres to the requirements of the Ministry of Public Health.

Through said agreement, ARS associated with ADARS will also increase the fees paid for the specialists who directly care for COVID-19 patients who need to be in isolation; will pay the clinics for each hospitalization day and will provide resources for protection gear for medical personnel.

Similarly, ARS will enable expedite payment mechanisms for these clinics, with the aim of maintaining the flow of necessary resources.
Mieres: “The main goal is flattening the curve of unemployment and creating genuine employments”

The minister of Labor and Social Security, Pablo Mieres, participated, along with the chairman of PIT-CNT (Plenary Workers Trade Union Federation), Fernando Pereira, and the chairman of the Uruguayan Chamber of Commerce and Services, Julio César Lestido, in the online tripartite conference: Social Tripartite Dialogue on Employment and the Sustainability of Companies held by the Association of Professionals on Human Management. During this conference, he mentioned the measures that the country has adopted to reduce the impact of the pandemic; maintain the sources of employment and reactivate the economy as soon as possible.

During his statement, Mieres noted that, before the pandemic, the employment situation was already a problem and that it would have been a priority for the Government at any rate. “In the last three years, 50,000 employments have been lost and there has been an increase in workers under strike insurance and an increase in unemployment”, he declared.

Likewise, he explained that the global impact of the pandemic in employment “is of a terrifying magnitude”, and that, according to calculations of ILO (International Labor Organization), updated in May, in 2020, 300 million employments will be lost.

“In Uruguay, the requests for strike insurance increased tenfold. Approximately 250,000 were or still are under strike insurance. This number is almost a third of the total workers who have the right to this insurance in the private sector, which is an unprecedented number”, he informed.

He also expressed that the impact of the pandemic in 400,000 informal workers “who do not have access to strike insurance and approximately 100,000 independent workers who also lack that right because they are operating in the personal company modality” must also be considered.

In this context, the Minister listed a series of measures that have been adopted by the Executive Branch to address the employment situation for the population since the health emergency was declared on March 13: “From March to June, the State assigned 195 million USD to face the increase of unemployment subsidies. In strike insurances and sickness subsidies alone, the State contributed with an additional 150 million USD to face the unemployment crisis in these four months.”
In recent days, UN Women and ECLAC (Economic Commission for Latin America and the Caribbean) held an online conference to present the study "Gender gaps in labor income in Uruguay." The presentation was commented by the Labor and Social Security minister, Pablo Mieres, the president of the Senate, Beatriz Argimón, the representative of UN Women, Magdalena Furtado, and the director of the ECLAC Office in Montevideo, Veronica Amarante.

Minister Pablo Mieres affirmed that including women in the labor market was one of the greatest social changes of the 20th century, but he also specified: "however, the gender gap in labor income between men and women continues to be an unresolved issue."

In this sense, he pointed out that the various studies performed in Uruguay show the salary gap between men and women through time, but that the evolution of that reduction has not been linear.

From 1990 to 2002, the reduction went from 37 to 20%, from 2002 to 2008 it increased to 30%, and then it was reduced again in the last decade to the current 19%. Mieres expressed that "that sway- ing should be studied to know how to prevent these linear improvements from being interrupted in the future."

The minister affirmed that although the participation of women in the labor market has increased –between the ages of 25 and 59 years, the percentage of men is 93% and the percentage of women is 81%–, and the hourly pay gap is of 6 points, the difference can be found in the amount of working hours for each gender.

"That is why a key element to fight gender gaps is not only to promote more women entering the labor market –which is always a goal– but also the conditions in which that happens, how many hours, or what type of working day will they have," explained Mieres.

He emphasized that another piece of information shown by the study is the "motherhood penalty", and he added that "in a country with such low maternity and birth rates, the cost of motherhood is a deterioration of labor conditions and remuneration. Therefore, it is a topic in which a lot of emphasis must be made."
The minister also mentioned that a lot of times the employer considers that hiring a young woman is a risk due to the possible “loss of productivity” (with emphasis on the quotation marks) that an eventual pregnancy might cause, and he believes that the reduction of working hours and remuneration due to a child is “terrible.”

On the other hand, Mieres highlighted that Uruguay has a very positive regulatory situation. “It has been the first country in the world to ratify International Labor Agreement 190 against labor harassment and, a month ago, it was the first country to deposit that ratification. We have had the CTIOTE (Tripartite Commission on Labor Equality, Opportunities and Treatment) since 1999. We have regulations to set the National Minimum Wage and collective negotiation regulations through Salary Councils.”

Since the economic situation of the country is still affected by the health emergency, the MTSS (Labor and Social Security Ministry) re-extended the validity of the special partial unemployment Subsidy until September 30. This benefit is for dependant monthly workers who are in a situation of partial suspension of activities and considered within Executive Order 15.180.

Companies must present their requests for the special partial unemployment Subsidy.

The above also applies to employers who require adding reductions of working hours of at least 6 days or more than 19 days in one month and could not do so before.
The BPS (Social Security Bank) has implemented granting a contribution determined by the Executive Branch for companies that, between July the 1st and September 30th, 2020, reinstate workers covered by the unemployment subsidy due to total suspension or companies who add new workers.

The contribution consists of a monthly, non-refundable amount of 5,000 UYU for three months, for each worker that the company reinstates or hires. Reinstated workers must have collected the unemployment benefit by May 31st, 2020.

This amount will also be available for companies who hire new workers, provided they have not registered employees in the unemployment subsidy by May 31st, 2020 due to any reason.

Once the corresponding controls have been placed, this incentive will be automatically enabled to be used in the cancellation of future tax obligations with BPS, without the need for the company to file any process.

The monthly contribution will depend on keeping the employment of the reinstated or added employees during the validity of the benefit.

Additionally, the right to receive the benefit will cease if the company registers workers in the unemployment subsidy under any modality after July the 1st.