Assessing Argentina's Response to H1N1 in Austral Winter 2009: From Presidential Lethargy to Local Ingenuity

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Argentina experienced a heavy burden of novel H1N1 influenza in austral winter 2009. In early July 2009, Argentina reported more than 1,500 cases and was confronting the highest per capita H1N1 mortality rate in the world. By September 2009, more than 500 people had died of H1N1 in Argentina. Unlike sister countries Chile and Mexico, Argentina's national authorities did not respond by implementing mitigation measures such as public gathering bans and school closures or by issuing broad-based messages about personal hygiene and disease prevention. Around the globe, many observers expressed dismay at this inaction. For example, *The Economist* scolded the country's leadership for its halting response and seeming apathy to an escalating health crisis.[1]

Why did Argentina, a middle-income country with a developed and, in many respects, sophisticated system of health and education, fall short in enacting a national pandemic plan during the 2009 H1N1 outbreak? What can we learn from Argentina's experiences about obstacles and opportunities during a pandemic crisis? This article, based on extensive qualitative research, including document capture, media analysis, and oral history interviews, assesses Argentina's mixed response to H1N1 during austral winter 2009, and adds to a growing body of studies focused on how governments and health systems in the Americas performed during the 2009–2010 H1N1 pandemic.[2,3]

When the first cases of novel H1N1 influenza were identified by the U.S. Centers for Disease Control and Prevention (CDC) in mid-April 2009, Argentina's national health ministry appeared to be prepared. Starting in 2002, primarily in response to the prospect of avian influenza, the health ministry had formulated a preparedness plan and, beginning in 2005, had conducted at least five pandemic simulation exercises. In April 2009, Argentina's health ministry activated its pandemic response plan, triggering the establishment of an executive-level situation room equipped with rapid communications and computer surveillance to track events as they unfolded. In addition, several expert committees were assembled to assess the situation and solicit input from health practitioners, academics, hospital staff, and allied professionals.

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Thus, Argentina had the necessary pieces in place to implement broad-based mitigation measures when the first H1N1 case was confirmed on May 7, 2009, in a resident of Tierra del Fuego province who had flown home in late April from Mexico. Yet, despite the cumulative preparation of Argentina's national health professionals, the country's highest elected official, President Cristina Kirchner, did not follow any of the recommendations outlined in the national pandemic plan. Instead, her first and only mitigating action was to suspend all flights from Mexico. Many in the health ministry were rankled by the president's unwillingness to view H1N1 as a bona fide crisis that required executive intervention.

This lethargic approach on the part of the presidential administration was accompanied by the absence of a central spokesperson to convey consistent and up-to-date information about H1N1 to the population at large.[4,5] Indeed, for most of the austral winter 2009, as cases and deaths of H1N1 mounted, many Argentines were left in the dark when it came to understanding H1N1 transmission and epidemiology. For three long weeks, from July 14 to August 5, 2009, national health authorities issued no official communications about the pandemic.

The void of effective and regular communication at the national level hampered the ability of well-prepared health officials to work with crucial sectors, including schools and workplaces, which sought guidance. In Buenos Aires province, school inspectors expressed frustration at the situation and found themselves formulating school policies without any input from health authorities on the municipal, provincial, or national levels. Against this backdrop, in early July 2009, many school districts around the country extended the winter school vacation by two weeks based on recommendations issued by an ad hoc expert committee. However, unlike most other countries that suspended classes, in Argentina this mitigation measure purposefully was represented as a modification to the school calendar and not the result of a sanitary emergency.

In the midst of this fraught situation, midterm congressional elections were scheduled for June 28, 2009. The then Health Minister, Graciela Ocaña, strongly urged their postponement as a social-distancing measure, but her recommendation was not heeded. This occurrence, coupled with ongoing controversies regarding labor and health policies, prompted Ocaña to resign immediately following the elections, which, in turn, created a sense of disruption and discontinuity in the nation's public health system.

As these problems played out on the national stage, in provinces, cities, and towns across Argentina, political and health leaders acted on their own volition. They closed schools, implemented social-distancing and public-gathering bans, and produced materials about health promotion, each in accordance with their own constituencies and timetables. One of the first to act was the far-flung and largely rural southern province of Chubut, whose health department organized an Epidemiological Operations Center on April 30, 2009, to coordinate the regional response to H1N1 and, in conjunction with the civil defense department, established a 24-hour hotline for citizens with questions about the emerging pandemic.[6] From that moment on, health authorities in Chubut very visibly and proactively delivered accessible information about influenza and disease prevention to the community. Their approach included a catchy website and posters that simply explained key personal hygiene measures, including advising residents who were ill or exhibiting symptoms not to drink the popular national beverage, mate, using a shared straw.[7] In contrast to national authorities, in early June 2009, Chubut's health authorities sent experts to the province's largest cities to consult with school superintendents and teachers about how to educate schoolchildren about personal hygiene. In August, Chubut's successful approach was being recognized by national health authorities, who invited provincial authorities to participate in high-level meetings on mitigation and response.[8]

To the north of Chubut, in the central province of Buenos Aires, the city of Pergamino was one of the first in the country to respond. Under the direction of a proactive mayor, and based on recommendations issued by an ad hoc crisis committee, the city closed schools, canceled all public gatherings, and declared a 72-hour sanitary emergency. Pergamino's authorities sought to emulate the measures implemented in Mexico, as its mayor declared, "Here it should be like in Mexico. We have to close everything."[9,10]

Finally, the northeastern province of Entre Rios responded with much ingenuity to H1N1. Cognizant of developments in Mexico and the United States, on March 26, 2009, the political and health authorities in Entre Rios organized an emergency committee to determine how to respond to H1N1. The following day, they hosted a workshop on health communication. By April 2009, Entre Rios had produced and distributed detailed and informative documents on personal hygiene methods and protection against H1N1. These materials demonstrated exquisite attention to the needs of varying social, age, and occupational groups, and stressed the importance of delivering consistent and accurate messages that would inform but not alarm the public. Recently, the Pan American Health

Organization (PAHO) recognized Entre Rios' efforts by featuring the province's H1N1 documents as models on PAHO's website.[11] The experiences of Chubut, Pergamino, and Entre Rios offer instructive examples of localities where political and health authorities worked in relative harmony with local stakeholders to institute responses to H1N1 that were calibrated to meet the particular circumstances of their communities.[12]

At the same time that many municipalities and provinces formulated policies to respond to H1N1, international organizations, most notably the World Health Organization (WHO) and PAHO, demonstrated leadership, providing guidance and information for health professionals and ordinary citizens. Since its founding in 1902, PAHO (initially called the Pan American Sanitary Bureau) has worked closely with Argentine health officials to craft governing principles for infectious disease control and has conducted pilot projects against infectious and chronic diseases.[13,14] In response to H1N1, PAHO distributed a wide array of public health materials and effectively communicated messages about personal hygiene and sneeze and cough etiquette. Moreover, as the pandemic unfolded, PAHO's director, Mirta Roses, was a visible and trusted communicator who appeared in print, broadcast, and Internet media. She did not hesitate to criticize the political calculation to proceed with midterm congressional elections in late June 2009, pithily telling the regional newspaper *El Diario de Mendoza* that this decision to "mix pandemics with electoral processes" was not one endorsed by epidemiologists.[15]

Given the intense wave of the privatization of public services that Argentina has experienced since the 1990s, it is not surprising that commercial entities, such as Farmacity, the largest pharmacy chain in Buenos Aires, and Swiss MedicaL, a prominent health management organization, were key actors during the first months of the pandemic. Both Farmacity and Swiss MedicaL distributed pamphlets on personal hygiene and protection against H1N1 throughout Argentina, especially in urban areas.

Understanding Argentina's uneven and patchwork response to H1N1 requires familiarity with the nation's long history of a federal rather than central health-care system. Several attempts in the 1950s, and again in the 1980s, to create a centralized health system succumbed to the pressures of political coups or to the demands of neo-liberal austerity plans. For the most part, health services have not been understood as community or individual rights available to all, but rather as services available to certain societal sectors, most notably workers affiliated with powerful unions that date back even before the influential era of President Juan Perón (1946–1955). As unemployment has risen and privatization has increased, more and more Argentines have lost access to health care, and the primary care safety net has contracted.[16,17] Argentina's strong federalist tradition characterized by political fragmentation has meant that provinces and municipalities developed public health services characterized by their particular resources, strengths, and weaknesses.

As in many countries where post-Cold War neoliberalization helped to dismantle the public sector, economic and social restructuring during the past several decades has restricted the role of the government in Argentina's health system and downshifted responsibility to the state and local levels.[18,19] Experts call this decentralizing process the municipalization of social and health services, and recognize that it can create serious limitations when the nation-state must respond to a crisis or disaster situation. These structural limitations were exacerbated by lethargy on the executive level, which ultimately stymied a comprehensive pandemic response in Argentina.

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