



**Woodrow Wilson Center  
Latin American Program**

**GTB The Coronavirus Response in Colombia: Views from Leading Practitioners**

**Edited Transcript  
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Introduction:

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Speakers:

**Luis Guillermo Plata**, Manager for Comprehensive Attention to the Covid-19 Pandemic, Office of the Presidency (Gerente para la Atención Integral de la pandemia del COVID-19)

**Felipe Muñoz**, Presidential Advisor for the Colombian-Venezuelan Border, Office of the Presidency

Moderator:

**Cynthia Arnson**, Director, Latin American Program, Wilson Center

**00:26: Jane Harman:** Good morning and welcome to those joining from the United States, Colombia, and around the world. Thanks for tuning in for our 152nd Ground Truth Briefing. Discussions like today's are the reason we have been named the number 1 think tank in the world for regional studies three times in a row.

Colombia is Latin America's 4th largest economy. While its 3,000 confirmed cases are not the highest number in Latin America, the pandemic is taking more than a medical toll on the country. Colombia has welcomed over 1.8 million Venezuelan refugees over the last five or six years. That is a staggering number, and it is expected to continue to rise. Providing food, medical care, shelter, and work permits for that many people is difficult at any time. But it is a monumental task while simultaneously confronting a pandemic.

Joining us today are two of Colombia's finest civil servants. Luis Plata was recently asked by President Duque to leave the private sector and coordinate the government's coronavirus response. It is never easy to coordinate government action across multiple ministries. But Luis possesses unique skills from the business world as well as his experience as Minister of Commerce, Industry and Tourism from 2007-10.

Also joining us is Felipe Muñoz, who serves in the Office of the Presidency as the Advisor for the Venezuelan-Colombian border. Felipe has worked tirelessly to provide a humane response to the Venezuelan refugee crisis, and to convert the challenge of refugee integration into an economic opportunity for all of Colombia. His work has been exemplary. Colombia stands as an example of how governments and societies can respond to large numbers of people fleeing

political oppression as well as economic and social collapse.

Today's event is part of a broader series by the Latin American Program, the Mexico Institute, and the Brazil Institute to call attention to the region's struggle with the pandemic and to help shape constructive responses. I invite you to visit a newly established website containing valuable resources and links to the websites of leading institutions, health ministries, and other sources of information and analysis concerning the Latin American and Caribbean region.

**4:23 Cynthia Arnson:** As Jane mentioned, Colombia, Latin America's fourth largest economy, has seen over 3,100 confirmed cases of coronavirus as of yesterday and 131 deaths. These figures from the Ministry of Health aren't the highest in the region. But Colombia is also home to the largest number of Venezuelan refugees anywhere in the world—over 1.8 million by the end of last February, according to the United Nations High Commissioner for Refugees. Some Venezuelans—about 6,000 thousand, it seems--have opted to return to Venezuela in the face of the pandemic. The returns, by the busload and also by plane, have in many cases been brokered by local officials on both sides of the border. But the number of returnees is small in comparison to those who are remaining. And many more may still come as Venezuela's economy collapses even further.

President Iván Duque imposed a quarantine on March 25<sup>th</sup> and has extended it, for now, until at least the end of April. The government has asked the IMF for an \$11 billion line of credit to face the pandemic. And it's made urgent requests to the international community to increase humanitarian support for Venezuelan refugees and their host communities. USAID, China, Canada, the UAE, Germany, and others have provided technical assistance, medical supplies, and financing.

The good news is that in 2020, the World Bank and IMF predict that the contraction of Colombia's GDP will be the smallest of any of the large economies in the region. The bad news, of course, is that Colombia, one of Latin America's best performers last year in terms of GDP growth, will go into recession, along with all other countries in the region.

It's a pleasure to welcome Luis Plata and Felipe Muñoz to this call. We greatly appreciate your time in the midst of all your critical responsibilities.

**11:18 Luis Plata:** We are attacking this from several different angles. One is the economy. We don't believe that you sacrifice the economy in order to save lives or that you save the economy and then you sacrifice people's lives. No, I think, we think that there's no such dichotomy. that really you need the economy to help you save lives and you need the resources, you need things working, in order to do, and you need the health system, obviously, for the economy to continue to operate....

**12:01** How do we make the economy work as best we can and how do we prevent more bankruptcies and more people going jobless? I think our Ministry of Finance together with the National Planning Department are managing that in quite a good way....

**12:28** The second big pillar we're working on is supply and food... You need to be able to maintain supply lines, to maintain supermarkets well stocked and all those supply chains working. But in the case of economies like Colombia and developing economies in general, we have a very, very large portion of the population working in what we call the informal economy... These are people that essentially live on a day by day basis... that aren't formally employed, that don't have health insurance, that don't have a pension, that don't have any of the formal requisites of holding a job. So basically these people run out of income the moment the economy shuts down... So this has been our biggest priority: how to we ensure that these people are properly fed, that we don't end up killing more people through hunger or from *orden público* [public order/crime and violence]. And not because they're criminals but just because they're hungry.

**14:25** There's about 18 million people in Colombia... who are in danger of being hungry...

**15:08** We have to make sure that nobody goes hungry, because the social upheaval of having millions of people going hungry, after 3 or 4 days without food or without access to food, would be a disaster... If people go hungry, they will go into stores, they will go into supermarkets, and take what they can and there's not much as a society we can do there. So the first priority is to ensure that people are properly fed.

Obviously the third pillar is health. Health is the biggest pillar here but I saved it for later because I think food was most important in the very beginning. The health situation is deteriorating but thankfully we were able to do a lockdown quite fast and it's going to go until the end of this month so that has allowed us to stay recently (relatively?) low in terms of affected people... As of this morning Colombia, in the whole country, has 3,105 cases, of which 2,522 remain active, 408 people in primary care and hospitals, 98 people in ICUs and 131 deaths. So, in terms of the balance, it's awful to talk about people dying like statistics but we are doing quite well compared to other countries... the quarantine has helped us contain the spread of the disease. Of course, this will continue to increase by 105-120 cases per day and say maybe 8-10 deaths per day because that is more or less what we are averaging. We know that things will get uglier, we know that the curve tends to get steeper.

**18:17** So we are doing essentially five things here that are the most important: number one, testing. Obviously, everyone is talking about testing and how Korea has done testing... This is an important part of our strategy and we are increasing our testing capacity. Right now we are doing about 2,000 test per day and we are increasing that capacity to 5,000. We managed to get permission from the White House to import a Hamilton blood work machine that does the RNA extraction... While there are a lot of tests in the world, the supply for tests is quite huge, the supply for extraction kits is totally depleted. So that has put us in a difficult situation we're resolving that that's been one of my biggest, issues, how do we get the extraction kits? Now we have managed to secure three million of those but the challenge is there, having enough extraction kits that we can do all the testing we need to do... and hopefully we will be able to increase testing very soon.

**20:25** The second thing we are working on is ventilators. We need to increase our ICU capacity. Colombia's ICU capacity right now is 5,400...What we are trying to do is optimize ICU capacity by postponing surgeries...We have managed to free up a lot of the ICUs and now have 2,650 ICUs ready for Covid-19. That is not enough certainly, and what we are doing now is buying ventilators on the open market. That has been extremely challenging because it is a market that is totally over demanded so we are competing against 180 countries to get ventilators. The world doesn't help much when the U.S. says we will not export ventilators and Germany says we will not export ventilators, and we don't produce them so obviously getting ahold of that has been much more challenging...there are 26 local initiatives of building ventilators in Colombia and also we're hopeful that companies like GM, Ford, and others will be able to increase the ventilator supply shortly....I was talking to an executive at Medtronic not long ago and he was telling me that the ventilator demand in the world prior to this pandemic was about 50,000 units a year and that the current demand now is about 2.5 million units per year. So you can see what the challenges are there. We need to at least ramp up our capacity to at least 10,000 ICU units and that is one of my biggest challenges right now.

**22:26** The other thing we are working on, the third pillar, is PPE, personal protective equipment for medical personnel. That's the masks, the overalls, the latex gloves and all of that—we need to buy those by millions. If it is scary to see in the news that the doctors in New York are saying that they don't have enough protection equipment, where there are such vast resources, then what is it like for the rest of the world? We are doing this on a big scale because we need to build a national stockpile and that is one of my big priorities right now. We opened a huge RFP just two days ago and we have over 400 vendors but we need to close these deals very quickly to start getting as many of these items as soon as possible.

**23:41** Fourth pillar is how do we expand our infrastructure. How do we take hotels, how do we take stadiums or coliseums and convention centers and turn them into hospitals? We took the largest convention center in Bogotá, CORFERIAS, and we put there 2,200 beds together for use in Bogotá. But we need to replicate that in other parts of the country as well. So that's an important thing.

**24:16** Number five would be how to ensure we have enough medical professionals to support the emergency, enough doctors, enough nurses, enough technicians. How do we train those that are not trained for ICUs ...so that they can become, what we call in Spanish, *intensivistas*, the doctors that actually manage the ICUs. We need to turn other types of doctors with other types of skills into *intensivistas* or ICU doctors.

**25:21 Felipe Muñoz**

We have received 1.8 million Venezuelan migrants and refugees in the last three years. It accounts now for 4 percent of the population of Colombia. In normal times it is a very hard task, it puts a very heavy burden on all our social services. But now with the pandemic, we got a consensus in the government and especially the president: this pandemic doesn't ask for passports, then the government support can neither.

We decided to transform the normal program we have for migrants and create a six-point plan to integrate migrants in the response.

First of all, with a responsible and humanitarian border management. As you already know, we had to close the border with Venezuela because there is the high epidemiological risk posed by crowds at the border crossing points, but especially because we have limited information available from Venezuela about what is the reality of the health conditions there.

Then we have to establish humanitarian corridor to let so many people that want just want to return to Venezuela, to let them go. From the close of the border to now we have let more than 33K people to return to Venezuela...

The second and most important thing, and this is following some of the recommendations of UNHCR, IOM, or WHO is to guarantee health care access for all the migrants. The Minister of Health signed an order to all the public health sector that any migrant, in any condition, regardless of regular or irregular status, has guarantees to receive health services as Covid is concerned.

The third line of work is that we have to adjust all the cooperation programs that are in place, we need to transform these programs to three main focus ideas.

The first is trying to improve the water and sanitation programs... There are some slums in Colombia, especially slums where migrants or refugees live, where you don't have the proper conditions for water and sanitation. We need to reinforce this program. The second one, which is really important, is how to increase the capacity for the programs [of] cash transfers. Cash transfers [are] the best way in this specific situation to provide people money so that they can buy food and pay rent. The majority of the migrants [are] a vulnerable population that work on a daily basis in the informal sector. Then, when the quarantine began, for these people in the most vulnerable situations, we had to transfer all the cooperation programs, more than 63 between UN agencies, international and national NGOs, civil society, all working in real time supporting all the migrants and refugees. Now we have to transport all the programs and we are working very closely together, trying focus on water, cash transfer programs and programs that provide food.  
**(29:03)**

The fourth line of work is that we want to include, as much as we can, in the supporting programs, starting with the government, including the migrants. First is that we provide 200,000 basic food baskets for almost one million people in 47 municipalities where the majority of the migrants are located to give them these basic food baskets for two weeks. Also, all the kids, more than 150,000 that prior to the pandemic received the school food program, will continue to receive the school food program at their houses. Also, we included 50,000 migrants, in what we call Solidarity Income Programs because those migrants were regularized before and now are part of the database of the national government. We must also focus not only on sectors but geographically. We chose four municipalities: Ipiales in the south, shares a border with Ecuador because there are so many Venezuelans that want to return from Peru and Ecuador to Colombia.

Also, we have to reinforce our abilities in the border zones. In the north, Maicao in the La Guajira and Villa de Rosario in Norte de Santander, which shares a border with Venezuela. Also Soacha, which is a municipality close to Bogotá. Then we focus on a special program for these four specific municipalities. Last but not least, we need to strengthen coordination and information sharing. The most complicated thing is that so many of these migrants and refugees is that we don't have information because they are in irregular status. Then we need to improve the capacity with the international organizations to provide for the migrants' telephone lines and websites to provide information about the possibility of accessing health care if they feel any of the symptoms of the pandemic or how all these programs can be part of the support programs. Of course, this a comprehensive program that we have had to transfer in the last three weeks and we can't cover everyone but we are on the right path and the main message here is that we need more international support. Colombia has been doing an incredible job not only national government but also the local governments, international organizations and civil society. But, we need it because this is the most underfunded migratory crisis in the world right now. In times of pandemic, you need more money just to support these people, we need to donate (do) a lot. (32:15)

**33.47 Cynthia Arnson:** My first question really is for Luis...which has to do with how Colombians in general are perceiving the government's response to the crisis, as we all know there were protests last year that seem to have fizzled out but has the management of the crisis served to help president Duque standings in the polls and you think that there are additional political risk going forward, you mentioned the problem of *orden público* and crime increasing as people are going hungry but you know political risks that come out of these economic hardships of the country is facing.

**33.54 Luis Plata:** Since I am the manager for the response, I have to say we are doing great, that people love us! No, I am just kidding. On a serious note, I have heard very positive comments. I think the president has been very assertive in his communication. He has a TV program every day at 6:00 p.m. and different members of the cabinet participate depending on the topic that will be discussed in the program. People appreciate that, people appreciate that we have been very forthcoming with the response and they feel that we acted timely. That is probably the most common comment that I hear, people are saying, "you guys acted timely" and that we were one of the first to go into the quarantine, so now it's helpful. Nonetheless, the challenges are huge, and I think that we are in a very early stage, where people have a lot of hope, you know. We all have different thinking, some think this is not going to be so bad here, we are going to be able to navigate this is not going to be like in other places, so I think people's expectations are high too. But I think sooner than later, we are force to face the realities of the COVID-19 and I think things are going to be more difficult, but to answer your question, I think that the image of President Duque has improved a lot, he is gaining a lot of public support for this, I haven't seen any recent polls on the image or the popularity of the president, but the comments that I hear, and

obviously I have to say that my universe, the universe of people I interact these days is quite smaller, but generally speaking the comments are very good.

**35.52 Cynthia Arnson:** Thanks very much, and another question related to the predictions about the future, you mentioned all the things that Colombia is doing to increase its capacity, transforming infrastructure and increasing the number of ICU beds. There is a sense that in Europe and even in the United States that the quarantines are serving to kind of “flatten the curve,” that's the phrase of the day, but that in emerging-market countries the worst is yet to come and I was wondering how you see the coming weeks or coming months in terms of the number of new cases, especially as testing capacity remains robust but probably not as numerous as we would like.

**37.10 Luis Plata:** That's a very good question and let me start by saying that this week we have some very good news. Given the quarantine our rate of infection, which the experts call the  $R_0$ , went down from 2.4 to 1.2, so that is huge. The  $R_0$  basically is the rate at which we infect other people, so for instance if we had a  $R_0$  of three, just to make it simple, you know, *Luis Plata would* infect three other people, and those three other would infect three others, so if you do the math and it is huge. So down from a  $R_0$  of 2.4 to a  $R_0$  of 1.2, was a big achievement for us and that was obviously because of the quarantine and it has allowed us to flatten the curve quite a bit. Now, we know that we cannot continue under quarantine indefinitely, as you mentioned earlier, we are going to be going out of quarantine at the end of the month, so we have to see how the  $R_0$  behaves, what happens with the  $R_0$  once we open the quarantine. We are being very careful with that, we are doing what we call Intelligent Isolation Program, and that means that we basically are going to be opening sectors of the economy and sectors of the country where we feel is safer to do so and we can sort of contain that, as opposed to what we did earlier, when we shut down, we quarantine the whole country irrespective of where you live, age, or profession, what we are trying to do now is to open the country slowly but in an intelligent way, choosing very carefully what we open and what we do not open, make sure the public transportation is there at the enough capacity so that we don't have a to many of people to a single bus or a single car, so we are doing that and we need to see how the  $R_0$  behaves, but the goods news are that have managed to bring the  $R_0$ , down from 2.4 to 1.2, and now the challenge is going to be how to keep it there and make sure it doesn't climb up. That being said, I like a lot the way Americans phrase things and I like when Americans say “hope for the best but prepare for the worst” and I think that is the mood we are in, we are hoping for the best of course, but hope is not an strategy, so we need to prepare for the worst and be ready to whatever comes because we are seeing prosperous countries and cities being brought down to their knees, and that is the case in places like Italy, Spain, and in the U.S., New York, and we really need to be careful here, in developing countries, where we don't have the resources that others have to contain this.

**40:02 Cynthia Arnson:** Thanks Luis, and I have a question for Felipe, and then I am going to open it to the callers that have indicated their interest in asking a question. The question Felipe is that, even though the border between Colombia and Venezuela has been closed, at least the formal crossing point, do you expect that this sort of ongoing collapse and economic difficulty in Venezuela will continue to send large numbers of people trying to cross informal border crossings even though the numbers of people, you said 33,000 have returned, it sounds like a lot but compared to the number that are in the country or they could come in the future it seems also very small, so I was wondering if you could talk a little bit about your future expectations.

**41:00: Felipe Muñoz:** Obviously we are thinking that we are going to receive more people. Although some of the people are returning now, we also are thinking that they will return again to Colombia in some weeks. The conditions of the people that are returning that are receiving there are absolutely a disaster. **[Inaudible]** any capacity just to accept these people. And I think this is some political use of the migrants from Maduro's regime trying to call the people to say "please return to your country" but they don't have the capacity. We are just there to facilitate, for humanitarian reasons, for these people that just want to return so that they can do it in humanitarian way, but we already are thinking that we need to strengthen our capacity in the northern Santander zone, because maybe we have in the future to support some of the people that are in the border and want to return. Now the border is officially closed and the public force, the police and the military force, on both sides of the border are controlling the regular car ways, then the influx of people is really descending, more than 95%. But of course, we are thinking that if in 2 or 3 weeks the conditions there are not improving, maybe some of the people there want to return again to Colombia, then yes one of our main goals is to strength the capacities for the health sector especial on the border that because Venezuela is our main concern.

**42:31 Cynthia Arnson:** Great, I can't resist asking this, the international response to help Columbia especially, but also countries like Peru and Ecuador, hasn't been at all sufficient. What more can be done in the United States and in Colombia to rally the donor community to pay attention to this crisis, which this year looks like it, will exceed in volume, the number of Syrian refugees around the world.

**43:15 Felipe Muñoz:** I have to say that the United States has been the main donor here, we want to thank not only the government but also the congress, which in a bipartisan way have been supportive of that process, with more than 50 percent of the money that we have received in the last three years, also the European Union and some other countries in Europe, but of course we need more money, in per capita terms if you compared this migratory crisis with other migratory crisis we are far below from the money that we are receiving and the, we need more because we don't only have to attend our people, and you know we need to maintain an equilibrium in the support in programs for migrants with support for programs for our local people, we need money, and we are asking and the president has said in many times in many international forums



we need more international support, we have the commitment to continue with this policy with open arms and to receive the people, but we need more money.

**44:05 Julie Turkewitz, New York Times:** Luis, you said it was still early in the crisis, but what are public health officials saying about when will we see the height of infections? How many days or weeks or months out are we from that, and what number might that be it?

**44:54 Luis Plata:** In Colombia, the first confirmed case, if I am not mistaken, was on March 6, and we were country number 86 to become infected. So, you know there's at least 85 countries that have been ahead of us and their experiences on how the curve has behaved. Regarding your question on the peak of the curve, I'm not the spokesperson for the Ministry of Health. Things like that require a lot of technical knowledge. I'd rather not comment since I would need more information from the Ministry of Health to give you the proper answer

**46:47 Diego Chaves, Migration Policy Institute:** I would like to congratulate Felipe and Luis. My question is on building on pendular migration and the possible ways migrants will enter the country. Where is the needle? Where is this humanitarian corridor that has been opened? If we start to see in Colombia that the already collapsed health system in Venezuela starts to increase the cases, and migrants start coming back in, where does it stop, this corridor? What is the reason for this humanitarian corridor? Currently, the government has faced incorporating public health doctors and nurses from Venezuela into the process. How have they navigated this with medical associations and what is the main problem the government has?

**48:05 Felipe Muñoz:** The humanitarian corridor is just working from Colombia to Venezuela. We are not receiving people from Venezuela to Colombia, only a very few people in the most critical humanitarian way. I don't want to put in a number of people. Why? Because when we say a maximum number that we are going to receive, it's impossible to calculate. If we arrive at that number, what are we going to do? We prefer not to give a number. We are working on a day-to-day basis assessing the situation and if people decide to come back, we offer them to stay if they are here, or return under a humanitarian framework.

About the health professionals from Venezuela, it is under evaluation from the Ministry of Health and Education. There is of course a lot of very positive professionals that can validate their certification and it's under evaluation. Of course, there are some concerns from some sectors from health professionals in Colombia. It is not a decision that has been taken but it's being evaluated and we hope that in the next week we can reach a conclusion on how to include these professionals. We are working with the health workers' association in Colombia on some concerns, but we are working very closely with the ministers.

**50:30 Michael Cook, Amigos de las Américas:** I work with a youth ambassadors program, where we work to support students to make an impact in their home communities in Colombia. We have them all throughout the country and they've asked me what can they do to help? I am

curious on how they can engage in their communities to help, such as local initiatives or campaigns.

**51:20 Luis Plata:** Sometimes it is hard to find ways to capture all the energy and give young people work. We have very good success with local ventilators. We have 26 student initiatives at universities working to develop a local version of the ventilator. That is an important thing as this would solve a lot of problems. As far as high school students and others who want to volunteer, I can't think of anything specific now. The biggest cooperation that people can do is follow the guidelines: stay home, stay safe wash your hands, don't hug, kiss. If we manage to do that, to have self-discipline not to go out and gather, that's the biggest collaboration.

**57.48 Cindy Arnson:** I would like to ask you about the tension between the public health and economic imperatives, and what is being done from the Colombian private-sector to work with the government and civil society. More broadly, to work with their own employees and push some of this burden. This is a private sector that has been extremely engaged in the political and social communal life in the country so could you comment on that.

**53.47 Luis Plata:** Let me divide into two types of private sectors. The first one [is] the big Colombian companies, the banks and conglomerates. Their response has been fantastic, from donations and funding building ventilators, to supporting us with medical equipment and talented people. I have people in my team who are here because their companies allow them to be here. Some of them are paid by their companies but they work with us and we thank them. The response has been tremendous.

But there is another part: Colombia also has SME's and they're having a really hard time. They are the people that have small shops or restaurants. They are having to cut down their expenses, so we put together programs to help them take loans and guarantee support. They are having a very hard time and we know that SME mortality is going to be big, that is a fact. It's a very sad thing but it's something that is going to come with this crisis. On the other hand, some big industries have done a tremendous job in transforming themselves and producing PPE. A lot of companies in the textile, cosmetic and plastic business have completely shifted and moved into producing things that we need now. They did this because they wanted to help, not because of an executive order. They think they can help the country and face this crisis. It's been an important action, we've had companies sign up that have transformed themselves to produce supplies to help us.