



**Report of Regional Webinar “Consumer Protection and health during Covid-19:  
experiences from Latin America and the Caribbean”**

**Friday, 12<sup>th</sup> March 2021  
15:00 -17.00 (CET)**



**Outcomes of the Regional Webinar**

- A total of **461 registrations** of which **202 participants** and **31 panelists** (speakers, moderators, translators, organisers) from **33 countries in Latin American and the Caribbean** were contabilized at the event. The webinar had simuétaneous translation in **English, Spanish and Portuguese**. This allowed panelists to present and interact with audience in their native languages.
- **Recommendations and findings of the UNCTAD Report** on “Strengthening consumer protection in the provision of health services (including e-health) in the wake of the COVID-19 pandemic” were disseminated during the webinar.
- Informative discussions and exchange among representatives from United Nations Regional Economic Commission (**ECLAC**), Pan American Health Organization (PAHO), The Caribbean Community (**CARICOM**), member States’ consumer protection agencies and health authorities from teh region took place. The main topics was on how to strengthen social protection policies to ‘leave no one behind’ during a pandemic and to aid rapid recovery.
- Increased the understanding on the need for **more cooperation** between consumer protection agencies and health authorities and improved knowledge of common goals and concerns of both policy areas.

**Key takeaways from the Regional Webinar**

**Opening remarks:** Mrs. Teresa Moreira, Head of CCPB, UNCTAD



- This webinar is part of **UNCTAD response to the COVID-19 crisis** through the implementation of a UN Development Account COVID-19 project on Social Protection. Through consumer protection policy, it stronger social protection policies for rapid recovery from the pandemic and increase resilience, especially of the most vulnerable populations, to the negative impacts of future exogenous shocks. UNCTAD is the focal point for Consumer Protection Policies within the UN System.
- This event is **extremely timely**: COVID-19 pandemic has opened the way for unfair, misleading and abusive business practices (i.e. masks, hands sanitizers, etc.), hitting consumers hard and leaving the most vulnerable ones more disadvantaged. We have seen a proliferation of price gauging, misleading advertising, etc. Such practices have required governments and consumer protection agencies to be vigilant and intervene to protect consumers effectively. The pandemic and measures taken to prevent its spread have also strongly affected all economies, both developed and developing.
- Covid-19 has had also a huge impact on the implementation of **SDG 1** ("End poverty in all its forms everywhere"): UN estimates show that COVID-19 can result in 71 million people falling into extreme poverty in 2020.; **SDG3** ("Global Health and Wellbeing"), **SDG5** ("Gender Equality and Empowerment of All Women and Girls"), **SDG 8** ("Decent Work and Economic Growth"), **SDG 10** ("Reduced inequalities") and **SDG 12** ("Sustainable Consumption and Production").

## Panel Discussion

**"Main findings and recommendations of the Global Report: Strengthening consumer protection in the provision of health services (including e-health) in the wake of the COVID-19 pandemic"**, Mr. Robin Simpson, UNCTAD Consultant

- UNCTAD's report explore the contribution of consumer protection (CP) agencies and policy makers to develop health policy during covid-19. The changes in consumer protection can be summarized by the revisions to the UN Guidelines for CP in 2015 (Guideline 5): 1) access by consumers to essential goods and services; 2) protection of vulnerable and disadvantaged consumers; 3) protection of consumer privacy.
- Consumer protection policy is becoming less focused on 'shoppers rights' to incorporates universal service addressing public services. Consumer bodies, not restricted to consumer protection authorities, have increasing experience of independent regulation of public service sectors (mediation and dispute resolution, improved coverage and affordability). Public sector Ombudsmen have been particularly high profile in Latin America, where this office is known as 'el defensor del pueblo'. Such mechanisms can become a form of quality control by analysing consumer complaints and enquiries and proposing improvements.
- Sectoral regulators or 'Superintendencias' also deal with costs to consumers and WHO reports that far too many consumers have to pay for health treatment from their own pockets, between 30% and 40% of populations in the middle-income countries, such as this region, with the highest percentages in the poorest countries. This is a clear example of what consumer policy analysts describe as the 'poor pay more' syndrome.
- Health colleagues have concerns about quality assessment and redress mechanisms and WHO has long had a very wide interpretation of health policy, anchored by the concept of a human right to health, which is seen as wider than health services. Both domains have had to keep pace with technological development such as e-commerce and eHealth both of which have brought greater access but require privacy safeguards.



- Many consumer protection agencies responded very quickly to the rapid emergence of scams such as false health claims for retail products, liaising with health colleagues at national level and international colleagues regarding cross border e-commerce scams. Cooperation also took the form of developing product standards. There were major breakthroughs on research and development for vaccines, brokered by the WHO and UN, with relaxation of competition law and intellectual property restrictions, the latter having been campaigned for over many years by consumer associations.
- **UNCTAD's 10 Recommendations:**
  1. UN 'human right to health' reinforced by UN Guidelines for CP. CP applies to all goods & services, public and private
  2. Comprehensive social protection: affordable medical treatment & income support; extension of coverage.
  3. Mitigation of 'out of pocket' consumer payments: public health programmes at scale and health-related infrastructure reduce costs.
  4. Independent public structures for individual mediation/redress & collective regulation with user participation.
  5. Reduced focus on judicial redress of individual grievances: collective redress enabled, including by associations.
  6. 6A: Vigilance by Consumer Protection agencies against abusive retail sales  
6B: Enabling cooperation in R&D while scrutinising monopolies
  7. Further development of eHealth with privacy safeguards
  8. Universal right of access to health applies regardless of nature of ID (electronic or otherwise).
  9. Integration of informal sectors, using expanded social registers, eg electronic IDs with privacy safeguards.
  10. Recognition of force majeure (possible role for CP Agencies in block renegotiations of consumer contracts).



## Regional Perspective

**“Universal access to health and social protection”**, Ms. Amalia Del Riego, Pan American Health Organization (PAHO)

- Universal health coverage and social protection are linked
- In Latin America and Caribbean, access to health is very unequal, fragmented in services, cash/funding strapped
- With COVID-19 inequality to access health has increased, irrespectively to the capacity increase in treating the hospitalized (this increase has not helped with the saturation)

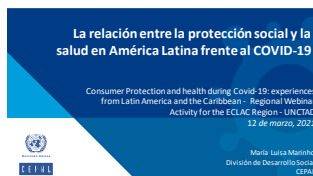
**“The relationship between Social Protection and Health in Latin America during COVID-19”**, Ms. María Luisa Marinho, Oficial Adjunta de Asuntos Sociales de la División de Desarrollo Social/Social Affairs Officer, Division on Social Development, UN Economic Commission for Latin America, and the Caribbean (ECLAC)

- Key messages: The region faces the pandemic in conditions of great vulnerability; 2) Structural gaps in social and health area; 3) Social protection against the pandemic:



advances and limitations; 4) Virtuous chains between social protection and health to move towards a welfare state.

- The COVID-19 pandemic has deepened the region's structural problems of poverty, inequality and informality: Complex social and economic scenario prior Covid-19. 51% of workers were informal (ILO, 2020) (16 LAC countries). Poverty and inequality will increase in all countries due to Covid-19. Child poverty would have reach 51.3% by 2020. The socio-economic impacts of COVID-19 reflect the matrix of social inequality in the region.
- Social gaps: before the crisis, only 47.2% of employed people contributed to pension systems and 60.5% in health systems. It is urgent to consolidate universal and comprehensive social protection systems, as well as to guarantee the right to health.
- Health systems are underfinanced, segmented and fragmented. Weak health systems, important barriers to coverage and inequalities in effective and qualitative access to health services. High out-of-pocket spend leads to financial checkout: households cover 34% of health care. Deficit in infrastructure: human resources and hospital bed
- In 2020, 263 social protection measures were implemented for the poor and vulnerable: 56% of the measures were money transfers. Monetary and in-kind transfers would reach, on average, 49.4% of the population.
- It is imperative to strengthen synergies between health systems and social protection systems and move towards a welfare state. Health, economic and social policies must be articulated through cross-sectoral policies. Social protection is central to tackling the pandemic: universal and comprehensive social protection systems are a fundamental pillar of the welfare state. We need o strengthening health systems with a focus on primary care: moving towards universal health access and coverage. Strengthening the state's governing capacity and promoting social pacts for equality and sustainability



**Regional response of the Caribbean to consumer concerns during the pandemic, Ms. Nievia Ramsundar, Executive Director the Caribbean Community (CARICOM), Competition Commission**

- The CARICOM is a regional integration group of 15 Member States, 13 of which form the Caribbean Single Market and Economy (CSME). Member States of the CSME have varying levels of economic and infrastructural ability to address the pandemic. Member States took varying approaches to relief in-country with most rolling out financial assistance packages for business, consumers and health infrastructure.
- The Economic Impact of COVID-19 on the Caribbean: A blueprint for Transitioning to Post-COVID Economic Recovery was adopted: Key complimentary measures for consumer protection and health support are: 1) Use of moral suasion in the first instance to reduce instances of price gouging and profiteering, with attendant fines. 2) Introduction of price controls on basic foods and medicines to limit profiteering and market exclusion of the vulnerable if moral suasion not effective basic foods and medicines to limit profiteering and market exclusion of the vulnerable. 3) Development of a coordinated and comprehensive strategy to deal with public health issues during the pandemic. 4) Boosting



fiscal spending targeted at containment, testing and treatment of the disease including the use of technology to improve health information systems and contact tracing processes. 5) Enhanced bio-safety activities at the ports to contain risks linked to control system disruptions.

- CCC Consumer Protection Strategies due to COVID-19 (with implications for the Healthcare Sector): At the commencement of the pandemic, the CARICOM Competition Commission (CCC) took affirmative action to ensure that markets work effectively during the pandemic and consumers remain protected from deceptive practices that may occur. Actions taken since March 2020 include:
  - Issuance of press releases on our website warning businesses not to engage in anti-competitive business conduct or deceptive practices that could harm consumer health
  - Development of a Regional Action Plan (Plan) to guide and coordinate activities of competition and consumer protection authorities in the CSME during the pandemic
  - Establishment and chair of a Steering Committee since 3rd April 2020 to monitor initiatives taken by the Member States and advise on key policy decisions required at the national level to implement the Plan
  - Created a portal on our website to share information about the work of competition law and consumer protection authorities during the pandemic
  - Prepared a document listing the national competition and consumer protection legislations in the region.



### Member States Perspective

**“SENACON’s experience during Covid19”**, Ms. Juliana Oliveira Domingues, Secretária Nacional do Consumidor (SENACON), National Consumer Secretariat of Brazil

- Market monitoring and advocacy measures during Covid-19: Alcohol, masks, syringes
- Consumidor.gov.br is free public service, accessed via internet, including by mobile applications. Consumer protection during pandemic Portaria nº 15/2020/MJ with compulsory registration of companies (essential services, digital platforms, most complained about companies). In 2020, saw growth in number of companies and consumer complaints
- Fight against illegal marketing of alleged vaccines: There is a National Council to Combat Piracy and crimes against intellectual property. Actions are coordinated between SENACON, Federal Police, Procons and CNCV. Creation of the Commission of Medicines, pharmaceuticals and hospital equipment: Focus on identifying the main problems of piracy in the market and forms of combat.





**“Peru’s experience: collaboration between INDECOPI, SUSALUD, Ministry of Health of Peru in time of Covid19”**, Mr. Carlos Acosta Saal, Superintendente Nacional de Salud (SUSALUD)/ Health National Superintendent of Peru

- The National Superintendency of Health (SUSALUD) is the institution responsible for protecting the health rights of each Peruvian. its actions empowers and places the citizen at the center of the national health system, no matter where it is served or its condition of insurance.
- Cases of alleged violation of health rights ( March 2020 – February 2021):26% access to health services; 42% access to information; 10% be attended with respect, dignity and intimacy; 0,19% informed consent; 20% protection of rights.
- Out-of-pocket spending in Peru represents 29,2% of total spending in health.



**Closing statements:** Ms. Teresa Moreira, Head CCPB UNCTAD

- Very timely discussion. There is a lot to be done on consumer protection, to enhance cooperation between all organizations and to “build back better”.
- UNCTAD will be implementing the next stage (phase III) of this project until the end of 2021. UNCTAD will identify critical issues and explore issues of common discussion with member states on “consumer protection and health” to be implemented by the end of this year.
- UNCTAD 15 will take place in Barbados, in October 2021, during which this important topic will be mentioned.

UNCTAD/ CCPB Branch, Cristina do Paço

17<sup>th</sup> March 2021