



**THE NEEDS OF THE MANY:  
COLOMBIA RESPONDS TO COVID-19, 2020**

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**SYNOPSIS**

When SARS-CoV-2 began spreading in Colombia in mid-March 2020, the national government feared the worst: a collapse of the health system. In response, President Iván Duque Márquez ordered the strictest nationwide lockdown in the Western Hemisphere. To implement the lockdown, the national government centralized authority, coordinated a trial run in the city of Bogotá, and relied on epidemiological data from an updated reporting system. The lockdown curbed the initial spread of the virus and bought the government time to increase intensive-care capacity. But the shutdown of the economy threatened to push millions in Colombia's informal sector into poverty. The government rapidly expanded the social safety net, which nearly doubled the total number of welfare beneficiaries. It also took steps to provide assistance for the highly vulnerable population of 1.8 million Venezuelan migrants in the country. As the lockdown continued into its third month, the high socioeconomic costs of isolation and the government's lack of consultation with municipalities, which were heterogeneous and were each affected differently by the virus, led to a breakdown in compliance. By the end of the year, new daily infections were at all-time highs, and though the government had kept millions out of poverty, social unrest loomed.

## INTRODUCTION

At the beginning of the COVID-19 pandemic in early 2020, Colombia's national government faced a frightening situation. As alarming reports of the virus overwhelming hospitals in northern Italy spread across international media, Colombia detected its first case on March 6—a woman who had returned to Bogotá from Milan. Six days later, after more cases emerged, the government declared a health emergency, and a series of incremental restrictions followed, including suspensions of public events, bans on mass gatherings, and border closures.

None of it was enough. On March 20, with Colombia's confirmed COVID-19 case total at 158 and climbing, President Iván Duque Márquez announced a 19-day nationwide quarantine that would start on March 25. At that point, it was the most severe nationwide COVID-19 containment measure in the Western Hemisphere. Schools and nonessential businesses closed. Residents were ordered to stay home and were allowed out only to go to pharmacies, grocery stores, or health facilities or to walk pets. Those older than 70 years of age were barred from leaving their homes until May 31 except to stock up on food or to access health services. Violators would receive fines.

The strict lockdown curbed initial contagion. In April, Colombia and its capital city, Bogotá, had fewer cases and deaths than neighboring South American countries did. Colombia and Bogotá averted the horror of, for instance, Guayaquil, Ecuador's largest city, where an unmitigated surge in cases overwhelmed hospital and mortuary systems, prompting residents to leave decomposing corpses in their homes or on roadsides.<sup>1</sup>

But when President Duque announced the lockdown, the officials leading the government's response knew the lockdown would have unintended consequences. Millions in Colombia worked in the so-called informal economy and lived hand-to-mouth. A shutdown could plunge them into poverty and hunger.

Duque's government had to balance Colombians' social and economic needs with the public health imperative to contain the spread of the virus. The government also had to provide assistance for the most vulnerable; otherwise, Colombia would face not just a health crisis but a possible socioeconomic catastrophe as well.

## THE CHALLENGE

Colombia's high degree of political decentralization complicated the national government's ability to manage a nationwide crisis. The country's 1991 constitution reserved extensive autonomy for governors and mayors. The president did not, under normal circumstances, have the authority to order them to adopt policies such as stay-at-home orders or business closures.

The country's diverse population added to the challenge. Colombia's 32 states (called *departamentos*) varied significantly with regard to poverty levels, economic activity, and levels of development, ranging from underdeveloped

rural expanses in the southeast to the modern capital of Bogotá, which had 7.4 million of the country's 50 million residents and accounted for 25% of the country's gross domestic product. The government's capabilities were distributed unequally, with administrative and technical capacities concentrated in Bogotá.

Moreover, Colombia was politically divided—a situation that frustrated uniform policy implementation. President Duque and his national government were from the right-wing Democratic Centre party and its allies, whereas the mayors of Colombia's largest cities—Bogotá, Medellín, Cali, Cartagena, and Barranquilla—were all affiliated with left-wing or center-left parties. (See Figure 1: Map)

When it came to public health, a major challenge was that Colombia had a relatively large number of multigenerational households, which increased the likelihood that older adults—who were at more risk of developing severe, potentially fatal COVID-19—would contract the disease. More than 55% of Colombians older than 65 years lived with children older than 20 years of age, and less than 15% of over-65s lived alone.<sup>2</sup> Even compared with its peers in Latin America, where multigenerational living arrangements are common, Colombia had many older people who shared accommodation with younger people.

An additional challenge the government's pandemic response faced was Colombia's large informal economy. Informal labor (street vendors, day laborers, shoe shiners, etc.) accounted for 60% of total employment—compared with 15 to 20% in most member countries of the Organisation for Economic Co-operation and Development (OECD).<sup>3</sup> Most such workers were in precarious economic situations, dependent on day-to-day income to pay for rent and food.

On top of that, Colombia had a large and highly vulnerable migrant population. The country was hosting some 1.8 million Venezuelans, who had fled economic hardship or political violence in their home country and who constituted the second-largest forcibly displaced population in any single

**Figure 1: Map of Colombia**



nation.<sup>4</sup> Only 44% of those migrants had official immigration status, and only 25% had work contracts.<sup>5</sup> An estimated 96% of that migrant population lived in urban areas—many of them in destitution or on the brink of it—working informally and subsisting on day-to-day income.<sup>6</sup>

Making the situation all the more tenuous, the country had recently experienced mass social unrest. In November 2019, unions had organized a general strike, and demonstrators thronged the streets to air a litany of grievances against inequality, unfair taxation, and alleged human rights abuses by the government. Though mostly peaceful, some of the demonstrations in major cities such as Bogotá and Cali had turned violent, and according to media and human rights observers, police had responded with excessive force and arbitrary detentions.<sup>7</sup> The protests had dissipated by late December 2019, but the underlying causes of the discontent remained unaddressed as the global pandemic arrived.

## FRAMING A RESPONSE

Like in many other countries, Colombia's COVID-19 response evolved to cope with shifting public-health and economic priorities. When the novel coronavirus emerged in early 2020, the Colombian national government began organizing to manage the threat.

On January 31, a day after the World Health Organization (WHO) declared the SARS-CoV-2 virus a “public health emergency of international concern” and advised all countries to prepare response measures, President Duque ordered the National Unit for the Management of Risks and Disasters to convene a national Unified Command Post—an interagency crisis management structure. The command post brought together ministers, agency directors, military generals, and representatives from the Pan American Health Organization (the Latin American branch of WHO), among others, to discuss the threat and how each sector would prepare for the virus's arrival in Colombian territory.

Subsequently, the risks and disasters unit convened Unified Command Posts at the state and municipal levels as well. In a state, the governor would head the post, and in a municipality, the mayor was in charge. “The posts brought together the different technical, sectoral, health, and operational entities of the departments and municipalities,” said Eduardo José González Angulo, director general of the national risks and disasters unit. “They fulfilled a number of different functions, whether to share information, discuss policies and their implementation, or facilitate COVID-19 preparedness, containment, attention and mitigation actions in coordination with the different levels of government and with national guidelines.”

At roughly the same time, the president organized and began meeting with a separate small, high-level group that would go on to formulate and coordinate the national response. The group comprised Duque's senior advisers as well as ministers and vice ministers from key ministries and agencies such as the

Ministry of Health and Social Protection, the Ministry of Finance, and the Department of National Planning.

The president assigned primary responsibility for shaping the government's policy to the health ministry, headed by Fernando Ruiz, a surgeon with a master's degree in public health from Harvard University who was a former member of WHO's executive board and a vice minister in the ministry. Ruiz repurposed a strategic committee responsible for overseeing epidemiological and public health issues to focus solely on COVID-19. Of the more than a dozen directors and officials who sat on the committee, a subgroup of four directors plus the vice minister of public health came to lead COVID-19 policy making at the ministry. The subgroup met regularly to review the latest data, develop public health guidelines, assess the health system's capacity, and recommend lockdown measures based on the country's epidemiological situation.

On March 12—less than a week after Colombia confirmed its first case of COVID-19—Ruiz declared a public health emergency, which authorized his ministry to order nationwide restrictions.<sup>8</sup> The measures included banning public events of 500 or more people, preventing cruise ships from docking in Colombian ports, and requiring both private and public establishments to adopt specific hygiene protocols.

But as cases continued to climb, Duque and members of his high-level group became alarmed at the possibility that the country's health system could collapse. News reports covered the situation in northern Italy, where infected patients had overwhelmed hospitals, forcing doctors to make life-and-death choices about which patients would receive intensive-care-unit (ICU) beds and ventilators.<sup>9</sup>

By mid-March, it had become clear that drastic action was necessary in order to slow the spread of the virus. Ever since January 23, when the Chinese government placed into mandatory quarantine all 11 million people living in Wuhan, where the virus had originated, governments had used lockdowns to curb transmission.

President Duque's staff, working with counterparts in the health ministry and other ministries, conducted a review of lockdown measures that other countries—especially Italy, Spain, and France—had adopted. The staff considered potential restrictions and exemptions in the areas of health, supply chains, education, transportation, employment, economic affairs, and public security.

Like other countries' leaders, Duque appointed a special adviser to manage the COVID-19 response across the government from the president's office. Luis Guillermo Plata, a former minister of commerce with experience in both public- and private-sector management and organization, became what was titled *manager for comprehensive attention to the COVID-19 pandemic*.

To implement a nationwide lockdown, Duque first had to acquire the power to do so. On March 17, he declared a state of emergency that authorized

the executive branch to issue decrees that would have the force of law. (Such decrees automatically went to the courts for review.)

A state of emergency granted the president exceptional power, but only for a 30-day period that was renewable twice in one year—meaning that the executive could rule by decree for only 90 days out of a 365-day period. On the advice of his top legal adviser, Duque invoked a rarely used constitutional provision that held that when it came to maintaining public order, presidential authority would supersede that of governors and mayors, who would in effect become agents of the president.<sup>10</sup> The architects of Colombia’s constitution had included that provision to enable the president to manage Colombia’s long civil conflict, and as such it could be used even when the country was not under a state of emergency.

“The COVID-19 pandemic was a pretty extraordinary application of the provision,” said Juan Carlos Covilla, a law professor at Externado University who specialized in Colombian administrative law. “Never in a nonsecurity context had the president assumed this kind of power—not for a public health emergency or for any kind of situation outside of the war.”

In practice, the provision meant the central government had the authority to order states and municipalities to impose physical distancing, business closures, and other lockdown policies. If a municipality or state wanted to reopen certain businesses, increase size limits on public gatherings, or implement other policies that differed from the national policy, it had to first coordinate with the national government. “It was a subtle distinction,” said Covilla. “The municipalities and states still had their policy-making autonomy, but they had to clear things with the national government beforehand.”

## GETTING DOWN TO WORK

Although the primary goal of the nationwide lockdown was to control the spread of COVID-19, Colombia had to deal effectively with economic and societal repercussions at the same time. Halting economic life, especially in cities, would imperil the millions who could not work from home and who depended on informal labor to put food on the table. The government estimated a nationwide lockdown would put 18 million people at risk of going hungry.

In an April interview with the Woodrow Wilson Center, a nonpartisan policy forum in Washington, D.C., Plata stressed the crucial importance of helping those in need during the lockdown—not only because of the risk of widespread famine but also because of the likelihood of crime and violence by starving people—“not because they’re criminals but because they’re hungry.”<sup>11</sup>

“The social upheaval of having millions of people go hungry after three or four days without food would be a disaster,” he said.

Colombia needed accurate epidemiological data on which to base the severity of measures and the duration of the action. That required improvement in the system for gathering that data.

## Figure 2: Stringency of Policy Response

The government aimed to use an anticipated respite in the spread of the virus to build critical-care capacity in the health system and avert the kind of collapse that had occurred in northern Italy. “We had understood from what we had seen in other parts of the world that the most urgent priorities were to increase ICU capacity and obtain enough PPE [personal protective equipment] for the health system,” said Víctor Muñoz, a senior adviser to the president. (See Figure 2)

### *Implementing the lockdown*

Before the entire nation locked down, the capital district of Bogotá held a trial run. Bogotá was Colombia’s wealthiest and most powerful city. It was also, since March 6, when the country’s first case was detected in the city, the epicenter of the pandemic in Colombia. On March 17, after an additional 10 cases were confirmed in Bogotá, bringing the national total to 75, Mayor Claudia López announced the city would begin a mandatory stay-at-home drill for four days.

López and Duque were fierce rivals from opposing ends of the political spectrum. In the preceding days, López had been calling for stricter restrictions on movement to protect the population.

Although it seemed to some that by ordering the lockdown, the city was trying to pressure the government to follow its lead, “That was more appearance than reality,” said Roberto Angulo, a social policy consultant and senior adviser to López. “The drill was arranged with the president. In fact, we were much

more aligned than it appeared.” Behind the scenes, officials in the national and city governments had arranged the lockdown as a pilot test to determine the public’s likely reaction to a lockdown, he said.

The public response in Bogotá was favorable, and on March 20, President Duque appeared on television alongside the minister of health and public health experts to announce the nationwide lockdown would start at 11:59 p.m. on March 24 and end on April 12 at midnight.

The government issued a decree detailing the rules of “mandatory preventive isolation” and instructing mayors and governors to issue necessary orders to ensure implementation and compliance. The decree barred the movement of people within the country—with few exceptions: Colombians could go out of their houses to access medical, veterinary, funerary, and financial services. One person per household could go out to purchase food, medicine, and other necessities; to walk a household pet; or to accompany an older or disabled person who had to access medical services. Those older than 70 years of age were not allowed to leave their homes until May 31 except to access medical services or stock up on food.

Certain essential sectors would continue to function, but otherwise, the economy was shut down. Schools were closed. All airline flights—domestic and international—were canceled. Public transportation was reduced to 20% capacity. And private vehicles were restricted from use except for accessing essential services or carrying cargo.

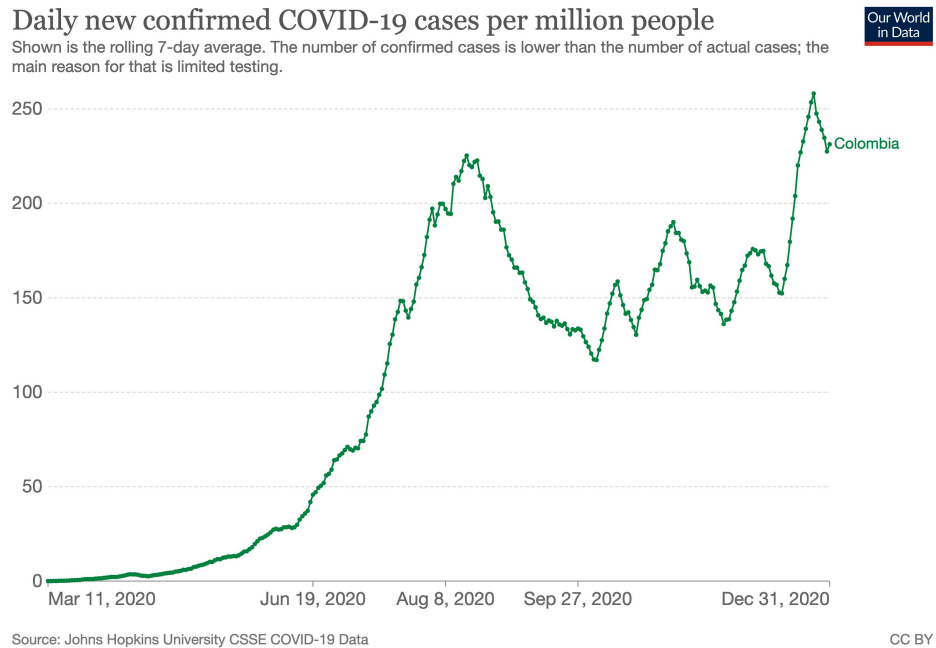
After the president announced the lockdown, ministries and agencies implemented the measures in their respective sectors. Rather than reliance on top-down decisions, coordination occurred mostly through informal groups of civil servants within ministries and agencies. “This was the defining thing about coordination through the crisis,” said Angulo. “It didn’t occur primarily through formal structures and channels but through less formal networks of civil servants who knew and trusted one another.”

A similar dynamic was at play when it came to COVID-19 functions in the president’s office. When Duque appointed Plata to coordinate and manage the government’s response to the crisis, the president set no clear mandate regarding how other ministries and agencies were to interact with him. Those ministries and agencies had already been working on the crisis. And the president’s high-level group of top advisers, ministers, and deputy ministers was the primary forum for coordinating the review and implementation of measures across the government. “The most important group for coordinating the implementation of the lockdown restrictions was this small group,” recalled Germán Escobar, chief of staff at the health ministry.

The Unified Command Posts convened by the national risks and disasters unit met regularly in the states and the municipalities. One-off command posts also formed periodically, such as one that brought together the health minister and the heads of state health departments to share information and discuss ICU capacity needs.



**Figure 3: Daily New Confirmed Cases**



Duque gathered input from a broad array of sources, including from multilateral organizations and the private sector. In addition to full cabinet meetings, the president held daily morning meetings with advisers and key ministers—especially with the minister of health—to make decisions about the trajectory of the lockdown.

At the start of April, it became clear that the nationwide lockdown was slowing the rate of transmission of the virus. Colombia was continuing to add an increasing number of new cases each day, but it had averted the exponential explosion the government had feared. At this time, cities in Ecuador, Peru, and Brazil were experiencing harrowing rises in cases—and deaths. (See Figure 3)

As the strict lockdown continued into its second week, the minister of health announced the government’s plan to shift strategy from containment to mitigation. The lockdown had succeeded in damping the spread of the virus from the public-health point of view. The government now decided to pursue what became known as an *accordion strategy* to both keep infections low and diminish the economic and societal impact.<sup>12</sup> Like the bellows of an accordion, the country’s various sectors would open and close intermittently, based on their specific individual epidemiological situations. If transmission slowed, certain sectors and certain activities could resume; if transmission accelerated, restrictions would return in those areas. In a sign that the government intended for this strategy to define the national response going forward, the small, high-level group became known as the *accordion group*.

The minister of health recommended openings and closings based on the latest epidemiological data from his team. “One of the biggest challenges we

faced within the government was to guarantee that decision making would always be based on objective, suitable, and precise input information,” said Muñoz.

After having already extended the lockdown to April 26, the president announced another extension—to May 11—but with eased restrictions. The construction and manufacturing sectors could restart, mass transit could operate at 35% capacity, and individuals could go outside for exercise and individual sports. Those older than 70 years were still confined to their homes.

### *Improving the quality of data*

At the beginning of the pandemic, epidemiological data came from Colombia’s National System of Public Health Surveillance, a two-decade-old platform that public health workers used for entering and processing incidences of more than 15 types of disease and health events.

“It was a robust system but an old system,” Escobar recalled. “For a fast-moving pandemic like COVID-19, it was too slow and not organized in the optimal way. It took as long as a day, sometimes longer, for the models to generate. But we needed the data immediately so we could understand how the virus was affecting the population.”

The need to collect and process epidemiological surveillance data, translate it into visuals such as graphs and maps, create models to project conditions, and then assess the impacts of policy measures slowed the system even more. State health departments collected the data, the health ministry’s Department of Epidemiology aggregated it, and the National Institute of Health within the health ministry processed it to generate epidemiological models.

“The system was very decentralized,” Escobar said. “That can be good in some ways, but in a public health emergency, you need a more vertical, coordinated system. We have 32 different states, and each one had its own way of collecting the data, which sometimes caused bottlenecks and issues with the quality of the data.”

The minister of health issued a regulation mandating the creation of a faster, parallel COVID-19 surveillance system. A technical team in the ministry developed software for the system, which used the same platform, infrastructure, and processes as the old one did.

The regulation also standardized the data collection process and formalized the roles and responsibilities of the state departments, the health ministry’s Department of Epidemiology, and the health institute. The department oversaw the collection of information from state health departments, and the institute, which had more technical capacity, aggregated and processed that data to produce epidemiological models.

After developing the new information system, health ministry staff trained the state government health departments in the new standards, the process, and the information system. By the end of April, the new system was operational and delivering more-accurate and more-timely epidemiological models. “The data

informed the decision making,” said Escobar. “And the data kept indicating that we needed to continue the mandatory isolation.”

*Providing social assistance*

From the beginning, agencies in government scrambled to develop a plan for ameliorating the social and economic impacts of a near total shutdown of the economy. Throughout March, the high-level accordion group discussed options, and the Mesa de Equidad (Equity Roundtable)—an antipoverty steering group created through Colombia’s National Development Plan on which sat every minister and agency head involved directly or indirectly in social policy—held emergency meetings.

The first step was to assess the lockdown’s likely impacts. With participation by World Bank consultants, staff at the national planning department and the finance ministry conducted a series of simulations that found that the lockdown would swell the poverty rate to 46% from 35.7%. Subsequent simulations conducted by independent research centers and other multilateral organizations such as the United Nations Development Programme (UNDP) were consistent with that result, projecting an increase of 6 to 16 percentage points in the poverty rate.

“That was the alarm bell that indicated we had to do something really fast to protect the vulnerable and the poor,” said Daniel Gómez Gaviria, deputy director of the national planning department. “And we faced two main policy challenges in doing that. One, we had to figure out who would receive additional social assistance. Two, we had to figure out how to operationalize that assistance.”

First, the finance ministry, national planning department, and others on the Mesa de Equidad identified quick solutions they could immediately implement under the existing welfare system. Three main social assistance programs targeted poor residents in Colombia: Colombia Mayor (Greater Colombia) served 1.7 million older beneficiaries; Más Familias en Acción (More Families in Action) served 2.8 million families; and Jóvenes en Acción (Youth in Action) served 296,000 young people.<sup>13</sup> The government scrapped those programs’ means tests and other conditionality requirements, thereby allowing automatic payments to be made to those enrolled in the programs.

Still, there were still millions who had never received social assistance from the government but were now vulnerable to falling into poverty. Gómez formed a team of 20 to design new programs for transferring cash to those households. The team comprised staff from the national planning department’s social protection systems unit and the finance ministry as well as consultants from a firm with expertise in the banking sector. (The Department of Social Protection and the Banca de las Oportunidades, a government agency that oversaw financial inclusion, provided support later.)

The government used a survey-based database called Sisbén (System Identification of Potential Beneficiaries of Social Programs) to identify poor

households eligible for assistance, but the system excluded many other vulnerable people. At the time the pandemic struck, the database was in its third version, and the national planning department was collecting survey results for the fourth. Although the new information was unofficial, the department used it plus data from other surveys to build a master database that consisted of 40 million of the country's 50 million inhabitants.

Using the new data, Gómez and his team designed two programs. The first was a refund of Colombia's value-added tax levied on the purchase of goods or services. Gómez and his team identified the poorest 1 million households in the master database and determined that every two months, those households spent roughly 75,000 pesos (US\$30) on the tax. The government refunded that amount to the households. (The national poverty line was \$5.50 per day.)<sup>14</sup>

The second program was more ambitious. Gómez's team identified the most vulnerable households that were not enrolled in any of the three existing social assistance programs, that were below or near the poverty line, and that had less than US\$1,375 in savings and monthly incomes of less than four times the minimum wage of US\$298.92 per month.<sup>15</sup>

The team figured that 3 million households should qualify as beneficiaries of a new program called Ingreso Solidario (Solidarity Income). The program would disburse a monthly payment of 160,000 pesos (around US\$42) to each of those households for three months. Each payment equaled 16.9% of the average monthly income for a household in poverty.<sup>16</sup>

The next step was to figure out how to disburse payments to the households, none of which had received social assistance payments from the government before. Gómez and his team reached out to private-sector credit bureaus and credit-rating agencies that collected information about who had bank accounts. They found that of the 3 million eligible households, 1.2 million had members with accounts at commercial financial institutions. The finance ministry worked with the country's banking industry association—by which all 21 commercial banks were represented—to enable payments from the treasury directly into eligible accounts.

The team still had to figure out how to contact and distribute payments to the 1.8 million households that had *no* bank accounts and had never received welfare payments from the government. The team's first idea involved mobile phones, which were plentiful in Colombia. According to 2019 World Bank data, Colombia had 131 mobile phone subscriptions per 100 people.<sup>17</sup> Gómez's team contacted the country's telecommunications providers to cross-check the providers' 1.8 million households against mobile subscription databases so as to match names to phone numbers.

The team also reached out to the Banco Agrario, a state-owned financial institution that served rural, underdeveloped parts of the country. The bank had a database of names of individuals in those areas and made the contact information available to Gómez and his team.

The team obtained phone numbers for at least one member of each of nearly all of the 1.8 million households. Working with the telecommunications companies, the team sent a text message to each number that identified a household as eligible for cash transfers under Ingreso Solidario. The message included a hyperlink that enabled users to open digital bank accounts through which they could receive the cash transfers. A team at the finance ministry designed the digital bank account and payment system.

“This was a crazy idea,” said Gómez. “Imagine someone in extreme poverty who had never had a bank account, and out of the blue they receive a message on their mobile phone prompting them to open one up and receive a payment. It was totally unprecedented.”

On April 7, the government officially launched the Ingreso Solidario program, with the first cycle of payments going out to the nearly 1.2 million households in which a member had a bank account. The program marked a near doubling of the number of Colombians eligible for social assistance.

“It took about 20 years to build the existing social welfare system, and in less than a month, the national planning department had almost doubled the number of beneficiaries,” said Alejandro Pacheco, deputy resident representative of the UNDP in Colombia.

Despite the short timeline, the initial implementation went smoothly, with beneficiaries receiving the transfers as designed. But problems emerged in public perceptions surrounding the program.

Gómez’s team had created a website where people could enter their national ID numbers to determine their eligibility for the program. But users began posting on social media certain screenshots of apparent irregularities, such as one ID number’s link to 10 different persons.

Though there were few confirmed cases—irregularities surfaced for only 30-some names—the screenshots went viral. Opposition politicians publicly accused the government, in particular the national planning department, of graft and embezzlement, and under pressure from the legislature, the country’s financial control agencies launched preliminary investigations, and the team paused the rollout of Ingreso Solidario for two weeks so it could figure out what had happened.

“Driven by this frenzy on social media, things escalated really, really quickly,” said Gómez. “It forced us to delay the payments at a time when people were hurting and badly needed the money.”

To respond to the allegations and restart the program, the team strengthened the program’s oversight and communications. Gómez was already leading daily meetings with the finance ministry, the banks, and other stakeholders involved in implementing the program. In addition, he and his team began holding weekly working sessions with the financial-control agencies to help investigate irregularities and review potential weaknesses in the implementation of the program. Plus, the national planning department devoted more personnel and more time to explaining the program and defending it to

the public and to legislators. And it hired additional personnel to staff a call center dedicated to answering questions of all types about the program.

In investigating the reported irregularities together with the control agencies, the national planning department found that every instance had a simple and logical explanation. For example, one ID was linked to 10 different persons because all of those persons were in the same household and only one person in that household had an ID, and the surveyors who had built Sisbén had linked that ID number to all 10 people who lived in the household.

After completing payments to the first group of recipients—those with bank accounts—the team turned to opening new digital bank accounts and distributing payments to the 1.8 million who had no bank accounts. “This was much more difficult,” Gómez recalled. “Some mobile phone numbers were wrong, or the person was otherwise unreachable, and several beneficiaries were falling through the cracks.”

The team built a system to search in person for the otherwise unreachable beneficiaries. It partnered with financial institutions that specialized in offering microloans to impoverished people who had no bank accounts. After cross-referencing beneficiary names with the postal service to obtain likely addresses, employees of the microfinance institutions went to those addresses to find the people. If no one was home or the beneficiary had moved, the employee asked neighbors when the person had left, where the person went, and whether the neighbors had up-to-date contact information.

“And frequently, they would have the information, because these were usually small neighborhoods,” said Gómez. “That on-the-ground presence was very valuable, and it highlights the importance of both local knowledge and the capability of civil society organizations.”

After three months, the government had distributed cash to 2.6 million of the 3 million households eligible under Ingreso Solidario. With the nationwide lockdown continuing and the end of the pandemic nowhere in sight, the government decided to extend the program for an additional 15 months, and the national planning department transferred control over the program to the Department for Social Prosperity, the agency that ran all of the country’s existing social assistance programs.

At the same time that Gómez’s team was implementing Ingreso Solidario, it was also helping municipalities augment their own social assistance efforts. It shared the master database with every mayor in Colombia and held training sessions for the staffs of several municipalities to show them how to use the database to identify the most vulnerable in their cities.

“In general, our collaboration with municipal governments went very well in several cities, with the database helping them identify their vulnerable residents and expand assistance to them,” said Gómez.

In order to pay for these social assistance programs, the finance ministry, in addition to budgeting tax revenue for dealing with the pandemic, raised money from international capital markets, attracting US\$13.3 billion in orders for new

global bonds. The government also received a two-year, US\$10.8-billion credit line from the International Monetary Fund and suspended fiscal deficit limits for 2020 and 2021.

*Protecting migrants, the most vulnerable*

Among those most vulnerable to COVID-19 were Venezuelan migrants living in Colombia. At the start of 2020, such migrants numbered 1.6 million, and the total was climbing.<sup>18</sup>

President Duque's adviser on migration and other issues related to the Colombian–Venezuelan border was Felipe Muñoz, a policy-planning and -design expert who had experience in working on urban planning and security issues at local, national, and multilateral levels, most recently with the Inter-American Development Bank. Muñoz led a team of eight in the president's office, who were responsible for coordinating policy related to the border and to the migrant population living in Colombia. The team later expanded to 32.

In early March, as the virus was spreading around the world, Muñoz and his team recognized that the tasks of managing the border and supporting the migrant population would be immense and complex. “The first thing that became clear to us was that at some point, closing the border would be necessary as a public health measure to slow transmission,” said Camilo Buitrago-Hernández, a senior adviser to Muñoz. “And that was a totally unprecedented scenario, for which we were not prepared and whose consequences we could hardly anticipate.”

Second, the team worried about how to provide the health services and economic welfare the migrants were sure to need. Nearly all of the migrants lived in urban areas and subsisted on earnings from informal economic activity—shining shoes, performing day labor, selling food, and so on—all of it the kinds of work that a lockdown would halt. “How were we going to ask them to stay at home? As it was, these people could not survive unless they could go out into the street to try to make a living,” said Buitrago-Hernández. “And if they were out and about, they would become a public health risk. So from both a humanitarian perspective and a pragmatic perspective, we had to do something.”

On March 14, more than a week before Duque's initial lockdown began, the government closed the border with Venezuela for the first time in history. (All previous border closures had been ordered by the Venezuelan government, not the Colombian one). Muñoz's team quickly realized, though, that the closure could not be absolute. For instance, many Venezuelans who lived in the border area regularly crossed into Colombia to receive medical treatments such as for HIV, the virus that causes AIDS. If barred from entry, those people could face illness or even death.

And, in a development that caught Muñoz's team by surprise, imposition of the nationwide lockdown in Colombia prompted tens of thousands of migrants to attempt to return home to Venezuela. The Venezuelan authorities were

unwilling to let them return—both because the authorities lacked the capacity to handle a surge of migrants and, members of Muñoz’s team said, because the Nicolás Maduro regime spread disinformation that returning migrants had been infected with SARS-CoV-2 by the Colombian government in a campaign to weaponize the virus against Venezuela.

To deal with those problems, Muñoz’s team coordinated with local authorities to establish three humanitarian corridors in different regions along the border, through which a limited number of migrants could pass each day. To open the corridors, local Colombian authorities coordinated with their counterparts on the Venezuelan side—but only unofficially, because the Colombian government did not formally recognize Maduro’s government. Still, the Venezuelans would allow only 100 migrants a day to enter the country.

As a result, thousands of Venezuelans amassed at the border, unable to cross immediately. The situation soon became first, a public health threat because the migrants were crowded in often unsanitary conditions and second, a human rights crisis because human traffickers stepped in with offers to take migrants across the border at prices and with uncertain outcomes.

To address the unfolding situation, Muñoz and his team relied on existing structures for coordination with localities, international organizations, and civil society groups. The primary structures were 18 collaborative groups called Mesas Migratorias (Migration Roundtables). Located in different parts of the country, each group consisted of local authorities, representatives from the UN and other international humanitarian agencies, and civil society groups.

Convened by local officials, the roundtables met regularly—some of them once or twice a week, others once per month—to discuss challenges and solutions related to migration from Venezuela. They also provided a platform through which Muñoz’s team could gather information about the situation in specific local areas.

“We already had a dynamic, a cadence of meetings, and a common agenda and a set of priorities,” said Buitrago-Hernández. “So, when the pandemic came up, we had the institutional mechanism to analyze the situation and collectively define steps to respond.”

By means of the migration roundtables in the border areas, Muñoz’s team coordinated with local governments to monitor the situation and quickly allocate resources to locations where migrants were stranded. Nongovernmental organizations (NGOs), civil society groups, and UN agencies provided makeshift shelters, food, water, and sanitation facilities. And the national health institute deployed teams to the border to test migrants for COVID and identify pockets of infection.

For migrants who remained in Colombia, which was the vast majority, the government worked to provide relief and assistance. Minister of Health Ruiz ordered public health facilities to provide services for all migrants who had COVID-19-related symptoms—regardless of their immigration statuses.



Muñoz’s team attempted to direct all international humanitarian resources focused on the migrant crisis to three priority areas: improving access to water and sanitation, increasing cash assistance to migrants, and increasing food aid to migrants. It did so by coordinating with an interagency group for mixed migration flows—Colombia’s branch of the UN regional response to address Venezuelan migration in the region. Convened by the UN’s International Organization for Migration and the UN High Commissioner for Refugees, the group comprised some 88 member organizations, including other UN agencies, international NGOs, and local civil society groups. “The goal was for those nongovernmental, international, and civil society actors to help fill gaps in the government’s response,” said Buitrago-Hernández. In May, the UN migration and refugee agencies announced that donors had pledged US\$2.79 billion to support Venezuelan migrants in Latin America and the Caribbean; much of that funding went to Colombia.<sup>19</sup>

Some 100,000 migrants were in the master database and eligible for cash transfers under the Ingreso Solidario program, yet few of those migrants had bank accounts or access to a financial service through which they could receive the payments. So, members of Muñoz’s team worked with the national planning department to find alternative ways of transferring money to migrants. In the end, some 45,000 migrants received payments under the Ingreso Solidario program.

For the hundreds of thousands of migrants who received no financial assistance, Muñoz’s team worked to provide emergency food supplies by persuading the finance ministry to allocate funding for 200,000 packages of staple foods. Each package contained enough food to cover the needs of an average family for two to three weeks. But challenges lay in identifying the migrants and finding out where they lived, because an estimated 56% of all migrants in Colombia had no official status, meaning that they had either overstayed their residency permits or had entered the country illegally.<sup>20</sup> There was no consolidated registry with up-to-date information about where migrants lived, about their economic statuses, or about their household compositions. “We know they exist, but we have no visibility on who they are and where they are,” said Johanna Sáenz, a member of Muñoz’s team.

The team began by focusing on the 42 municipalities in Colombia known to have the highest absolute and per-capita populations of migrants. In each of them, a member of Muñoz’s team coordinated with local government officials, civil society groups, and NGOs to locate the most at-risk migrants. The team members used a variety of techniques and approaches—ranging from conducting surveys to posting public notices—to identify migrants and deliver food to them. “There was no cookie-cutter approach as to how we achieved this in each municipality,” said Buitrago-Hernández. “In some cases, there would be a large operation with a distribution point. In some cases, local officials went door-to-door.”

The teams found they had to be discreet. “Why are you giving food to foreigners when there are so many poor in Colombia?” Buitrago-Hernández said he was often asked. “That narrative was always present, but it was more acute in some places than others.”

Muñoz’s team used the smartphone messaging application WhatsApp to reach into the migrant community and enroll people in social assistance programs, provide public health guidance, and inform people of such policies as the availability of COVID-19 health services. Cell phones were plentiful among migrants, and the app was popular. Members of Muñoz’s team sent messages to community groups, which in turn would distribute the information. Muñoz’s team also held regular meetings to provide policy updates and essential information for leaders of the dozens of civil society associations focused on Venezuelan migrants.

In the end, the teams delivered emergency food assistance to the 200,000 migrant households in 72 municipalities. “We didn’t solve a structural problem, but we did provide a lifeline for nearly 1 million people when the pandemic was at its peak and there was no light at the end of the tunnel,” said Buitrago-Hernández.

#### *Increasing ICU capacity*

For the government officials leading Colombia’s COVID-19 response, another major priority besides providing social assistance was to increase the capacity of the country’s health system to handle a surge in critically ill patients.

Before the pandemic began, Colombia was relatively well equipped, with 5,400 ICU beds, or 10.8 per 100,000 people. (The OECD average was 12 per 100,000.<sup>21</sup>) But faced with epidemiological models showing that as many as 4 million Colombians could become infected with the virus, the health ministry estimated it would have to nearly double the ICU capacity to at least 10,000 beds.

“We knew we had to expand our critical care units very quickly, and we needed to buy a lot of equipment to do so,” said Escobar, chief of staff in the health ministry. “And we knew there was a lot of competition in Latin America for that equipment, so we had to move quickly but also transparently, as is required under the legal government procurement process.”

First, the health ministry aimed to free up existing ICU capacity for COVID-19 patients. After consultations with private insurers, the minister of health instructed health providers to postpone elective and nonurgent surgeries so that as many ICU beds as possible would be available to handle COVID-19 patients. The city of Bogotá, working with the health ministry, transformed the country’s largest convention center into a hospital with room for as many as 5,000 beds to treat non-COVID-19 patients who otherwise would have gone to clinics or hospitals in the city. And officials in the ministry worked with the military to convert the armed forces’ main hospital in Bogotá into a COVID-19 ICU ward.<sup>22</sup>

To support hospitals and clinics in training the personnel needed to staff additional ICUs and treat COVID-19 patients, the ministry collaborated with the Pan American Health Organization, medical schools, and medical associations to rapidly and safely train health-care workers in how to manage an ICU. Together they developed videos and other training materials that the health ministry made freely available on its website. By early July, 28,000 health workers had received training, the minister of health reported.<sup>23</sup>

In the beginning, the biggest hurdle to increasing the number of ICUs was procurement of the necessary equipment. Plata, the COVID-19 manager in the president's office, said in an interview with the Woodrow Wilson Center that acquiring ventilators was a particularly stern challenge because of soaring global demand for the devices. Colombia was "competing against 180 countries" to get them, Plata said.<sup>24</sup>

Responsibility for procuring and distributing ventilators for patients and the PPE needed by ICU personnel fell primarily to the national risks and disasters unit, which managed budgeting, procurement, and payments related to the COVID-19 crisis. "We deal with many disasters in Colombia, so our national risk management system had strong institutional capability to acquire and distribute the equipment and goods needed to respond to the pandemic," said González, director general of the risks and disasters unit.

The unit worked closely with the health ministry. Representatives from the ministry, including Minister Ruiz, alongside national risks and disasters unit counterparts, attended Unified Command Post meetings in different states and municipalities to report plans for distribution of PPE, therapeutics, and ventilators.

At the national level, the president's office contributed as well. After it became clear that Plata had little role to play in interagency response coordination, he and his staff of five helped the risks and disasters unit calculate total needs and budget and then identify potential suppliers in the international market. "We were very aware of how difficult the international market was for obtaining supplies, so we focused all of our energy on the task of quickly procuring equipment and material," said Claudia Candela, a senior adviser to Plata.

Plata's team and a handful of civil servants from government agencies formed five groups, each of which worked to calculate specific countrywide needs for ventilators, PPE, health-care facilities, testing supplies, and medical personnel. They relayed the calculations to the risks and disasters unit, which then conducted procurement and distribution.

The government also received coordinated assistance from the private sector. When the government first announced the nationwide lockdown, Rosario Córdoba, president of the National Competitiveness Council, a business association, convened a group that included its own representatives as well as those from the country's largest trade unions, regional business and development organizations, economists, and officials of other private-sector

associations. The group got to work producing research and developing policy recommendations for the government that were related to the pandemic's likely impacts on businesses and supply chains. Córdoba and others met regularly with the president, ministers, and agency heads to deliver those recommendations.

“Because we were working together with representation from across the private sector and from within the regions, it was easy to coordinate and then go to the government with one voice to push for the things we thought had to be done,” Córdoba said

In addition to recommending various business provisions that the government adopted—including payroll subsidies for companies and an emergency liquidity facility to guarantee company debt for prevention of bankruptcies—the group focused on helping acquire PPE, swabs and other testing materials, and ventilators. Companies in the group that were in the businesses of medical supplies, manufacturing, or otherwise had international supply chains or operations sought to find possible sources in the global market. When sources were identified, the group worked with the government to help broker and facilitate purchases.

Córdoba and others in the group pressured government officials to move quickly. “At least here in Colombia, the government is very slow, and by working in unison, we as the private sector had more clout to try to push the government,” said Córdoba. “We were regularly communicating with high-level government officials, attending their meetings, and inviting them to our meetings and just pressing, pressing, pressing because they were the ones who had to make the decisions and move.”

Cumulatively, the efforts bore fruit. On July 6, the health minister reported that the country now had 7,113 ICU beds—an increase of nearly 1,800 since February.<sup>25</sup> By September 20, the country had 10,550 fully equipped ICU beds—almost double the prepandemic total.<sup>26</sup> And Colombia had large enough domestic supplies to become a net exporter of masks and other types of PPE.

## OVERCOMING OBSTACLES

By May, Colombia appeared to be Latin America's COVID-19 success story. The strict lockdown had curbed transmission of the disease, and the country was averaging only 6 new cases per 1 million inhabitants per day—a far lower rate than Brazil (25 cases per million), Chile (50 per million), and Peru (75 per million).<sup>27</sup> Plus, Colombia's death rate was a third or less than the rates in Brazil, Peru, Chile, and Ecuador.<sup>28</sup>

But there were signs the public was losing patience with the lockdown's restrictions. Google mobility data, which ascertains population movement through smartphone activity, was showing that compliance with the stay-at-home order was declining as more and more people left their homes more frequently.<sup>29</sup>

Further, given dramatic geographic variation in the number of infections, pressure was building to differentiate the lockdown by locality. Case numbers

had grown quickly in Bogotá and along the Caribbean coast, but most municipalities had yet to detect a single infection. Some mayors were demanding that the national government allow their municipalities to reopen. In some cases, mayors defied the government's orders or implemented their own.<sup>30</sup>

Moreover, policy makers, including the minister of health and other leaders in the accordion group, were receiving data showing that the lockdown was taking a high socioeconomic toll. Fedesarrollo, a Bogotá research firm, estimated in April that the response was reducing Colombia's GDP by 4.5 to 6.1% per month.<sup>31</sup> The unemployment rate in May rose to a record 21.4%.<sup>32</sup>

In what was termed "the Greybeard Rebellion," 25 former government ministers, mayors, and other politicians—all of them more than 70 years old—filed a lawsuit that claimed the national government had violated their constitutionally protected rights by ordering restrictions on their physical movement. (On July 3, a judge ruled that the government could not impose special mobility rules on the elderly.<sup>33</sup>)

In May, the accordion group met and reviewed the situation. "We started realizing that it was completely unsustainable to have the entire country in quarantine indefinitely, so we started figuring out a new set of rules to allow for more economic and social activity in cities that had low rates of contagion," said Gómez, deputy director of the national planning department. The minister of health issued a regulation establishing an expert advisory committee that would determine the criteria and protocols under which a municipality could reopen if it had no COVID-19 cases.

On May 5, the president allowed a long list of industries and retailers to reopen as he extended the lockdown to May 26. Crucially, the order said municipalities and states could fully or partially reopen their economies if they obtained permission from the Ministry of the Interior, which had purview because the lockdown affected domestic movement.

But the government detailed no formal procedure with regard to how to go about getting such permission, and most cities and municipalities in the country had few if any informal channels for consultation and coordination with the national government. The city government of Bogotá, which shared networks of civil servants with the national government, was an exception.

Mayors or their staffers took to simply calling or emailing the Ministry of the Interior to request permission to reopen a sector or resume an area of activity. Sometimes replies were prompt. But in other cases, the ministry would take days to respond, if it did at all. In one case, an order issued by the mayor of San Vicente del Caguán, a remote municipality on the Amazon frontier, was annulled by an administrative court on the grounds that the mayor had failed to obtain permission from the national government beforehand. The mayor had informed the interior ministry by email, but not until the day after issuing the ruling.<sup>34</sup>

The health ministry stepped in. Mayors and governors had already been calling the ministry for help in determining whether and how they should

attempt to reopen. The minister created another expert committee to review and analyze municipalities' situations based on whether they met the reopening criteria. That committee then made recommendations to the health minister, who passed the recommendations along to the Ministry of Interior, which then transmitted the recommendations as legal regulations.

When the president again extended the lockdown, this time to August 1, more types of businesses got permission to reopen. The health ministry's expert advisory committee loosened reopening requirements, which allowed more municipalities to fully resume economic life. As of July 7, 490 of Colombia's 1,123 municipalities had no COVID-19 cases.<sup>35</sup>

But during the same month, infections began to surge. New cases per day per million inhabitants leapt from 70 on July 1 to 220 on August 17, a level on par with spikes experienced by Brazil and Peru.<sup>36</sup> On July 14, Bogotá Health Observatory, a medical watchdog, said ICU capacity in the capital had reached 91%.<sup>37</sup> Mayor López ruled out a citywide lockdown but ordered 15 of Bogotá's 20 districts—accounting for some 5 million residents—to return to quarantine until August 23.<sup>38</sup>

The national government was unwilling to reimpose nationwide restrictions that would damage the economy and force citizens back into isolation. “We had called our lockdown the *accordion strategy*, but in the end that was a misnomer,” said Escobar. “An accordion opens and closes. What we had was an extreme closing at the beginning and then a very gradual opening over five months.”

In response to the surge, the health ministry increased its efforts to support municipalities. It coordinated with mayors and governors to oversee the allocation of health-care resources, such as ventilators, to intensive care units where surges were occurring. The minister himself traveled around the country, visiting dozens of municipalities to meet with mayors, governors, and local officials in charge of the response.

The contagion abated in September, but numbers of new daily cases remained far higher than they had been during the first phase of the pandemic. The nationwide lockdown officially ended on September 1, when the government shifted to a policy called *preventive isolation*, under which individuals were encouraged to maintain physical distance on their own. The economy reopened nearly fully.

## ASSESSING RESULTS

At the end of 2020, Colombia was experiencing its worst surge yet in cases of COVID-19. On December 25, the country recorded 260 new cases per million inhabitants—a higher case rate than Brazil, Chile, or Ecuador had ever experienced.<sup>39</sup> A total of 41,690 in Colombia had died, or 819 per million inhabitants—a rate comparable to Brazil (893 deaths per million), Chile (855 deaths per million), and Ecuador (792 deaths per million).<sup>40</sup>

However, the nation's hospital system held up because the government had significantly expanded ICU capacity and increased its PPE supplies. According

to health ministry data, total ICU beds more than doubled, to 11,319 in December from 5,400 in February.<sup>41</sup> Nationally, 54% of ICU beds were occupied as of December 14.<sup>42</sup>

As feared, the economic costs of the lockdown were high. For all of 2020, Colombia's GDP contracted by 6.8%.<sup>43</sup> That was better than neighbors Ecuador (-7.8%) and Peru (-11.1%) but worse than Brazil (-4.1%) and Chile (-5.8%).<sup>44</sup> The impact of Colombia's strict lockdown on the labor market was severe. After hitting the all-time high of 21.4% in May (the highest of any country in the OECD)<sup>45</sup>, the unemployment rate fell to 13.4% as the economy reopened in the second half.<sup>46</sup>

By December, an estimated 122,000 Venezuelan migrants had returned to their home country.<sup>47</sup> The government reported that Venezuelan migrants in Colombia were no more likely to contract COVID-19 than were Colombians at the same socioeconomic levels. "The incidence of COVID-19 among migrants is pretty low; it is not higher than it is for local Colombians," said Buitrago-Hernández. "And I believe that was a direct result of the government's efforts to provide COVID-19 health services for migrants. It couldn't possibly have been just luck."

The government's rapid expansion of social assistance was not only unprecedented but also effective. Ingreso Solidario had disbursed payments to more than 3 million target beneficiaries by the end of the year. In Bogotá, the number of those receiving cash transfers from the municipality rose almost 10-fold—to nearly 600,000 from 60,000—in just two months.

Evaluations of the government's social assistance programs, as conducted by researchers at the Inter-American Development Bank and other institutions, found that the government's social assistance efforts had caused the poverty rate during 2020 to be four percentage points lower than it would have been without the programs.<sup>48</sup> The UNDP estimated that together, all of the government's social assistance policies had prevented 4 million people from falling into poverty. "The socioeconomic situation was terrible, but it would have been much more terrible if the policies hadn't been put in place," said Pacheco of the UNDP.

Moreover, Ingreso Solidario accelerated financial inclusion in Colombia, as nearly 2 million people opened bank accounts for the first time. The master database the national planning department had created to administer the program became a valuable demographic tool for future use. "It is the core of our social registry," said Gómez. "We now have a dynamic database that won't become obsolete, one that matches the demand side of social policy with the supply side and that will enable us to track households longitudinally and understand the impact on households and social mobility."

Still, evidence suggested that the unprecedented program may not have gone far enough. The poverty rate increased to 42.5% from 35.7% during 2020. With 3 million beneficiaries, Ingreso Solidario had covered only 20% of the informal workforce.<sup>49</sup> By comparison, cash transfers in Brazil went out to 30

million households, reaching an estimated half of the population.<sup>50</sup> Monthly emergency cash payments in Brazil were \$110 per household; in Colombia they were \$42.<sup>51</sup>

Although Colombia's fiscal deficit ballooned to 7.8% of GDP in 2020, the country spent just 2.8% of GDP on pandemic assistance programs—well below the 12% spent by Brazil and less than 115 countries in the world, according to one researcher.<sup>52</sup>

In April 2021, the Colombian government sought to expand Ingreso Solidario to an additional 1.7 million people and to make the program permanent. To fund the increase, it proposed raising \$4.8 billion in additional taxes, and although much of that proposed tax hike took aim at higher earners, it also included higher value-added taxes, which are regressive levies.

The government scrapped the plan after a storm of opposition that included a general strike and mass demonstrations larger than those of 2019. Tens of thousands took to the streets for weeks. The protesters' grievances expanded beyond the tax proposal to include police brutality, corruption, and the government's handling of the pandemic. Riot police responded as unrest and violence rocked nearly all of Colombia's cities and towns. The toll included dozens of deaths, hundreds of injuries, and more than 200 reports of missing persons.

## REFLECTIONS

Colombia's experience during the COVID-19 pandemic underscored the difficulty of responding to a prolonged crisis in a highly decentralized and diverse nation.

When the pandemic began in March 2020, President Iván Duque Márquez took relatively early action to halt the spread of the virus before it could get out of control. And he empowered the country's public health and social policy leaders to save lives. "It's easy to be critical now, more than a year after the pandemic began, but I think that in the moment, the government did its best to handle things within its capacity," said Rosario Córdoba, president of the National Competitiveness Council, an association of businesses. "In some countries, you saw leaders ignoring what was going on, but in Colombia, the government really worked to try to take care of all the people it thought would need help."

The president and his cabinet also tried to conform to what seemed at the time to be international best practices. But it may have followed those practices without sufficient consideration for Colombia's unique characteristics. The nationwide lockdown was the clearest example of that. "In the beginning, Colombia adopted the strict lockdown strategy of countries in Europe," said Roberto Angulo, a social policy consultant and adviser to the mayor of Bogotá. "But Colombia—and Latin America in general—is not Europe. Colombia has more poverty and not as large a social safety net. Copying Europe's lockdown policies could have had lethal consequences in Colombia—people dying of hunger or trapped in their homes with mental illness and unable to access services"



And though Colombia was a highly heterogeneous country, the national government imposed uniform lockdown measures nationwide. Even small towns that had no COVID-19 cases were obligated to shut down their businesses, close their schools, and sequester older people in their homes.

“I’m saying this with the benefit of hindsight, but the lockdown measures should have been differentiated from the very start,” said Angulo. “The same measures were imposed nationwide. Even the most remote, most rural municipalities, where physical distance was already a fact of life, had the same lockdown restrictions as large cities. Why would you treat a small rural school the same as you would treat a large school in the middle of Bogotá?”

The president’s handling of the crisis, particularly in deciding lockdown measures, was top-down. The government failed to detail a procedure for consulting or coordinating with localities, and only later on, when the health ministry stepped in, was a systematic process of review or consultation established.

Some of the “harmful economic consequences could have been avoided by establishing varying degrees of confinement measures depending on the particular situation of a territory,” wrote Juan Carlos Covilla, a law professor at Externado University, in an article for the University of Pennsylvania’s *Regulatory Review*.<sup>53</sup> “In addition, the government could have required strict monitoring of the situation, and, in case of an outbreak, could have required that regions respond immediately with a stricter confinement.”

The national government based its lockdown policy on epidemiological data, yet in the first months of the lockdown, it might have followed that data too rigidly, when it should have placed greater weight on the social and economic costs of isolation. “I don’t know if this turned out to be a good thing or not, but the reason Colombia had this really long lockdown was because we decided to tie reopening to the epidemiological data,” said Germán Escobar, chief of staff in the health ministry.

When it came to coordination within the central government, the president, like leaders of many other countries, formed an interagency COVID-19 unit designed to manage the response across the government. But the unit lacked a clear mandate and powers. “Our central government institutional infrastructure is very bureaucratic, so that’s why the president appointed a person to try to circumvent some of that structure,” said Escobar. “However, that structure exists, and you can’t quickly bypass it. So that was a well-intentioned idea, but it didn’t work out as expected. In the end, what we needed was to accelerate the process within the institutions—not bring in someone who was outside those institutions.”

Ultimately, the government’s response was implemented by groups of civil servants who came together as part of trying to do their jobs—a development that at times complicated the task of collaborating with municipalities. With the exception of Bogotá, where the municipal government had high levels of

technical capacity and interconnectedness with the national bureaucracy, it meant municipal governments were not consulted in decisions that had significant impacts on them.

When it came to the procurement and allocation of personal protective equipment and other emergency supplies such as ventilators, the institutional capability of the National Unit for the Management of Risks and Disasters was essential. "We have a national system for disaster risk management to handle risks and face emergencies and disasters, but the health emergency due to COVID-19 has demanded that that system coordinate and articulate different response and contingency actions in every corner of Colombia," said Eduardo José González, director general of the unit. "Even so, the system worked well and guaranteed the purchase and distribution of the necessary supplies in a coordinated manner throughout the country".

The central government collaborated well with the private sector, which organized itself and contributed to the national response. Multilateral organizations also played major roles with regard to both technical assistance and funding: The Pan American Health Organization and the United Nations Development Programme contributed analysis and resources to the Colombian government. The International Monetary Fund provided an emergency credit line to finance increased social assistance. And the government's migrant response depended heavily on support by UN agencies such as the International Organization for Migration and the High Commissioner for Refugees. "It's important to highlight how important and valuable those ongoing relationships with multilaterals were," said Daniel Gómez Gaviria, deputy director of the national planning department. "It was very helpful to be able to count on their expertise."

The rapid creation of Ingreso Solidario (Solidarity Income) was an unprecedented and lasting achievement despite criticism that assistance payments were too small and distributed to too few Colombians to fully offset the economic impact of the lockdown.

"With hindsight, that's a valid criticism," said Gómez. "But at the time, the government didn't know how long the crisis would last and how long it would have to keep making payments—and whether international credit markets would continue to function. It had to send the right signals internationally: that we are capable of financing these kinds of programs long term and that we will be able to pay our debts.

"This was decision making in extreme uncertainty, with incomplete and imperfect information, and with a lot constraints, which is not so much a science but an art."

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