

COVID-19 COUNTRY CASE STUDIES

March 2021



EL SALVADOR

The country's President takes the lead in promoting a stringent lockdown against COVID-19 with support from all levels, including the PAHO/WHO country office

The smallest country in terms of landmass in Central America with an area of 21 041 square kilometers, El Salvador's current population of 6.6 million also makes it the most densely populated country in the Americas after Puerto Rico and one of the more densely populated states worldwide. A significant diaspora community also exists, with a further 1.5 million Salvadorians living abroad: inward remittances represent 17 percent of the country's GDP. Recurrent adverse weather conditions (droughts and tropical storms) and natural hazards (earthquakes and volcanic eruptions) render El Salvador highly vulnerable to the impact of climate change and complicate efforts to boost agricultural production and food security¹. Poverty is therefore a persisting, multidimensional problem, with a moderate improvement recorded in the decade between 2007 and 2017 when the rate (defined as living on less than US\$5.5 per person per day) fell from 39 to 29 percent².

As elsewhere in the Americas, the pandemic already has a negative impact. Eight months after the election of a new government under president Nayib Bukele and his New Ideas party, the economy has been contracting under the effect of diminished economic activity, decreased aggregate demand in international markets, and a reduction in remittances sent to households mainly from the United States. This slowdown notwithstanding, the World Bank forecasts the economic growth rate to rebound to 4.9 percent in 2021³.

El Salvador's stringent control measures to curb COVID-19

On 11 March 2020, a few days before the country's first official case of COVID-19 was reported, the President introduced one of the most stringent lockdowns anywhere in the world⁴. All public services, including transport, schools, and shops were shut down, except for food outlets. The population was obliged to stay at home except to buy provisions at the nearest grocery store, and only recognized essential workers remained mobile.

Covid-19 Epidemiological Data

- As of 16 March 2021, there have been **62,377 confirmed cases** of COVID-19 with **1,954 deaths** reported to WHO from El-Salvador (CFR: 3.1%).
- In the past week, there have been **1,286 new cases** with **51 new deaths** – represents approx. 38% increase in incident cases and a 9% increase in incident deaths this past week compared to the week prior.
- Since the beginning of the outbreak and as of 7 Feb 2021 (last data point available), El-Salvador has tested over **717,000 samples for SARS-CoV-2**. At the time, the test positivity rate was at 6.3%.
 - Testing strategy: open public testing (i.e. Available to asymptomatic people).
- As of 14 Mar 2021, El-Salvador has conducted **25,000 vaccinations** with the Oxford/AZ vaccine.

¹ El Salvador ranks 16th in the Global Climate Risk Index: <https://germanwatch.org/en/cri>

² <https://reliefweb.int/report/el-salvador/wfp-el-salvador-country-brief-september-2020>

³ <https://www.worldbank.org/en/country/elsalvador/overview>

⁴ <https://covid19.gob.sv/el-salvador-ante-la-pandemia-del-covid19/>

Army units were deployed at checkpoints and had the authority to quarantine rulebreakers in ad hoc detention centres. A special "132" telephone hotline was set up to prevent the standard telephone system from being swamped with calls.

The initial intention was to maintain this lockdown for 30 days; restraining measures finally remained in force for nearly three months. At the beginning of the crisis, El Salvador's National Reference Laboratory (NRL) was able to process only 90 tests a day; in just a month its test capacity had increased to about 1000, and in two months to

2200 RT-PCR tests a day. These efforts were facilitated by an interdisciplinary epidemiological containment team set up to perform PCR tests across the country, especially in contagion hotspots. By mid-May, El Salvador was behind only Uruguay and Panama in terms of performing the most tests in Latin America.

Partial economic activities resumed only on 16 June, but many markets and commercial enterprises remained closed until the end of August, when the number of daily cases had dropped significantly. Various measures were announced to contain the crisis, including random mass testing and limiting social contacts to a maximum of 10 people.

Although the number of persons testing positive for the new coronavirus has risen gradually since August⁵, El Salvador remains one of the least affected countries in the region with, [As of 16 March], a total of 62 377 positive cases of SARS-CoV-2 and 1954 COVID-19-related deaths.



On March 11, after the WHO declared a pandemic, the President of El Salvador mandated a national lockdown and suspended commercial activity for all non-essential sectors.



El Salvador went from having only 30 to having over 2,000 beds available in the national hospital network.

The Government took steps, in the absence of a strong welfare system, to absorb the economic shock of lockdown and limit the pandemic's impact on households and businesses. Measures included a cash transfer of US\$300 to approximately 60 percent of all households, especially those deriving their income from the informal sector, and the distribution of 2.7 million "food baskets" to lower-income households. Regular instalment payments for basic utilities, mortgages, and personal loans were frozen for three months, income tax payments for individuals and applicable firms were extended, and lending conditions and requirements were relaxed for banks along with a grace period for loan repayments.

⁵ El Salvador's test rate stands at 112 952 tests per million persons [18 February].

The Government also invested in public health capacity system strengthening, renewed various health care centres, and, as recommended by PAHO/WHO, built a new hospital in the capital San Salvador specializing in COVID-19 treatment. Within three to four months, El Salvador went from having only 30 to having over 2000 available beds in the national hospital network, almost 300 of which are ICU beds⁶. One unexpected outcome of the lockdown has been a drop in El Salvador's rates of homicide (10 per 100 000 inhabitants) and femicide (0.4 per 100 000 inhabitants), which for years were among the highest in the world. These rates are now in line with the regional averages. Crime and violence have long been impediments to social development and economic growth in El Salvador and are principal factors driving the large exodus of Salvadorians in search of better prospects elsewhere.

Although these stringent measures have meant hardship, especially for more impoverished families and those working in the informal sector, the government measures have enjoyed broad support in the community. A national survey showed a high level of approval for President Bukele's management of the crisis (8.67 out of 10)⁷.

Stepping up communication efforts with the President's office

El Salvador's national pandemic preparedness plan was updated in December 2019, shortly after the accession of the new Government of President Bukele to power in the second half of the year. The new Government committed itself to a more active approach to intersectoral efforts at the national level, with more interactions between health and other sectors such as tourism and transport, education, and the universities. This updated preparedness plan proved timely and opportune for the PAHO/WHO Country Office (WCO). Weekly meetings became almost daily when the epidemic was officially declared. WCO played a key role in liaising with PAHO's regional office to receive new recommendations, clarify actions required, and relayed new recommendations for isolation, detection and treatment, risk communication, and guidelines relating to the reorganisation of health services and highlighting the importance of dedicated ICU beds. WCO helped the Ministry of Health (MoH) develop its capacity to detect cases and confirm, trace, and follow-up contacts in close alignment with WHO recommendations.

At the beginning of the crisis, WCO was in regular contact with other offices in the Americas and collaborated with several other countries such as South Korea and Singapore to discover "best practices" that had developed in regions that appeared to be coping well with the pandemic. It provided technical support on an as-needed basis and material support such as PPE and equipment for patients requiring ventilation. The PAHO/WHO communications office in Washington DC worked hard to prepare prevention recommendations for use by the general population (mask-wearing, washing hands, social distancing). These were translated into Spanish and converted into posters and other graphic communications before being adapted by the Presidential Press Office and National Health System Institutions for dissemination on social networks and mass media. Some of the

⁶ [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30513-1/fulltext?dgcid=raven_jbs_etoc_email](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30513-1/fulltext?dgcid=raven_jbs_etoc_email)

⁷ <https://blogs.lse.ac.uk/latamcaribbean/2020/10/16/el-salvadors-covid-19-response-is-storing-up-health-and-economic-problems-for-the-worse-off/>

relevant information is detailed in the box below as items emerged at different stages of the pandemic: they were taken up widely in El Salvador and had a high impact on behavior and attitudes.

The population has followed almost all measures. It is important to emphasize that the country's principal and most visible communicator is the President, who regularly uses Twitter to communicate with the population. At the end of February, legislative elections confirmed the popularity of the President's party, giving it a two-thirds majority in the Assembly with a mandate for effective action⁸.

A timeline of key communications documents and events during the pandemic (with links)

- a. Risk communication and community participation (RCCE) in the preparation and response to the new 2019 coronavirus (2019-nCoV) Provisional guidelines, 26 January 2020: 9789240001039 spa.pdf (who.int)
- b. Risk communication workshop, 20 February 2020 COVID-19 Risk Communication Package for Healthcare Facilities, 20 March 2020: <https://iris.paho.org/handle/10665.2/52401>
- c. COVID-19: Guidelines for Communicating about Coronavirus Disease 2019. A Guide for Leaders. 12 April 2020: <https://iris.paho.org/handle/10665.2/52392>
- d. The use of tunnels and other technologies for disinfection of humans using chemical aspersion or UV-C Light, 4 May 2020: <https://iris.paho.org/handle/10665.2/52066>
- e. Recommendations for Cleaning and Disinfection Public Places: Supermarkets, Markets, Neighborhood Stores, Banks, Public Transport, and Others, 11 May 2020: <https://iris.paho.org/handle/10665.2/52188>
- f. COVID-19: An Informative Guide. Advice for Journalists 26 October 2020 <https://iris.paho.org/handle/10665.2/52392>
- g. Coronavirus disease (COVID-19) advice for the public: When and how to use masks: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>
- h. Coronavirus disease (COVID-19) advice for the public: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

Maintaining the continuity of essential health services

For the first four months of the epidemic, all efforts were concentrated on containing COVID-19, and vaccination campaigns and vector control activities for dengue (an endemic problem in El Salvador) were reduced. Nevertheless, vaccination efforts in 2020 still managed to reach 85% of the target level, down from the 2019 figure of 94%. One positive (and unexpected) effect of the increased emphasis on better hygiene, especially regular hand-washing, and mask-wearing, is the decrease in gastrointestinal and respiratory diseases.

⁸ <https://elecciones2021.tse.gob.sv/>

By the end of July, the first two phases of the new hospital project in San Salvador were completed. WCO's constant support to the MoH and institutional providers to maintain maternal and new-born health care services, EPI updates, and essential health services, especially vaccinations, as well as critical communicable diseases (HIV, TB) were heard again. Recommendations for adapting the first level of care, including the methods and scope of interventions, were also shared with the relevant authorities.

With the decline in the number of COVID-19 cases in the fourth quarter of 2020, the regular national vaccination plan was rebooted, and vaccination campaigns resumed more or less as they were running before the crisis. Human Papilloma Virus (HPV) vaccine was introduced for the first time, and nearly a million doses of influenza vaccine were administered. The HPV vaccine allowed WCO to work closely with UNICEF, and both agencies provided technical and financial support to revive essential health services.

Robust technical support was provided to help the country's health information system adapt to the challenges of charting the new pandemic. This included joint work with PAHO's Latin American Center for Perinatology, Women's Health, and Reproductive Health (CLAP/WR). One outcome was an update of the perinatal information system in all hospital-based maternal care units to detect the impact of COVID-19 on maternal and neonatal health.

In coordination with various regional ministries of health, PAHO/WHO has also been crucial in developing a global assessment tool to ensure that hospitals meet minimal standards, known as the Hospital Safety Index (HSI). The HSI has been converted into a simplified diagnostic tool used in El Salvador to confirm that personnel and protocols are in place and ready to meet the epidemic's challenge: The Hospital Readiness checklist for COVID-19⁹.

There were no shortages of vaccines, routine treatments, and lab supplies throughout the acute first phase of the pandemic. WCO was able to confer with members of the National Drug Directorate and MoH to guarantee the availability of medicines. After July, the national authorities developed a system for home delivery of essential drugs for persons with chronic diseases to reduce the number of visits to health care facilities for repeat prescriptions.

Although some mosquito vector containment activities were reduced in 2020, especially in the first half of the year, the MoH has maintained its impressive record of zero cases of autochthonous malaria in El Salvador. This is the fourth consecutive year that this target has been met. In December, PAHO/WHO undertook a combination of physical and virtual missions to different parts of the country to corroborate this achievement, and WHO declared El Salvador officially free of malaria.

WCO has also been advising the MoH to anticipate future deployment of the infrastructure for COVID-19 vaccination once the immediate crisis has abated. As many as 250 facilities with good lighting and ventilation are expected to be built across the country. One suggestion has been to convert them into dialysis centres to meet the growing numbers of patients with chronic health problems related to noncommunicable diseases.

⁹ <https://www.paho.org/en/documents/hospital-readiness-checklist-covid-19>

PAHO/WHO has officially recognized El Salvador's efforts in preparing and responding to the SARS-CoV-2 pandemic¹⁰. The country's national plans can be accessed via the WHO COVID-19 partners platform¹¹.

Supporting El Salvador to receive vaccines



Health Workers thanking for having access to COVID-19 vaccination through COVAX.

The national deployment and vaccination plan (NDVP) for COVID-19 vaccines got underway in July 2020 when news of their development became widespread. In close coordination with PAHO/WHO headquarters in Washington, DC, all critical areas have been upheld, resulting in a comprehensive plan that has hitherto been able to mobilize about US\$70 million from national funds. These funds have been used to support training exercises, nominal information systems, repairing cold rooms, setting up storage warehouses, and allocating cold chain equipment. An information system has also been set up to ensure timely administration of second vaccine doses. There are 22 freezers in the country able to stock the Pfizer vaccine, which requires an especially low storage temperature before use.

WCO took the initiative, in close coordination with UNICEF and the World Bank, and other in-country organizations, in providing technical and financial support to meet these systemic gaps after following up the lessons learned from the application of the updated COVID-19 Vaccine Introduction Readiness Assessment Tool

¹⁰ <https://twitter.com/who/status/1365366811764658180?s=21>


¹¹ <https://covid19partnersplatform.who.int/en/>

(VIRAT/VRAF 2.0)¹². WCO has also advised the UN Resident Coordination, as the health specialist agency, on the UN country team response in El Salvador.


On 24 November, the President announced that an agreement had been reached with the AstraZeneca pharmaceutical company to procure two million doses of COVID-19 vaccine, a decision ratified by the National Medicines Board. Those earmarked for initial vaccination are frontline personnel, followed by adults over 50 years old; access will be universal, voluntary, and free of cost at 162 vaccination facilities across the country. A report on 17 February confirmed the arrival of the first consignment from India¹³. As of 15 March, more than 30 000 doses have been administered to frontline health workers now that COVAX vaccines are arriving in El Salvador¹⁴.

Lessons learned

El Salvador's i.a. representative, Dr Franklin Hernández, believes there are some cardinal lessons to be learned from the pandemic based on his experiences over the past two years.

1. To mount an accurate and comprehensive response, the country representative needs to combine in-depth public health experience with top-level political commitment.
2. Given the perpetual challenge of predicting and anticipating future events, the country representative must be highly selective about the information, guidelines, and technical recommendations provided to Government and other institutions.
3. A pandemic triggered by a novel disease can affect political leadership if a clear message is not delivered. Misinformation stirred up by the infodemic has put PAHO/WHO in a complicated position, requiring rapid preparation and delivery of briefs based on information that is not always forthcoming.
4. Ongoing support from the PAHO/WHO region and headquarters is crucial for advance preparation of the optimum technical support to bolster the national response. 

Follow us @Opsomsels

Follow us @OPSOMS El Salvador 

[PAHO/WHO El Salvador country office website](#)

¹² <https://www.who.int/publications/i/item/WHO-2019-nCoV-Vaccine-introduction-RA-Tool-2020.1>

¹³ <https://abcnews.go.com/Health/wireStory/latest-australia-approves-astrazeneca-vaccine-75917089>

¹⁴ <https://www.paho.org/es/noticias/12-3-2021-salvador-recibe-primeras-vacunas-covid-19-traves-mecanismo-covax>



World Health
Organization