2 Federalism and the COVID-19 crisis in Argentina

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2.1 Introduction

Argentina is a country of extremes, and its experience in managing the COVID-19 pandemic is no exception. It went from being a poster child for best responses to COVID-19 to joining the list of the top ten countries with the most infections per day in the world at the time of writing.

Argentina's initial approach to the pandemic was promising, with President Alberto Fernandez taking rapid and strong measures to limit social interaction and mixing, strengthening the public healthcare system, and providing economic relief to the population.

By mid-June 2020, the country had a death rate of 25 per million inhabitants, ten times less than the other federal counties in the Western Hemisphere (the United States had 322, Mexico 197, Brazil 220, and Canada 224). A key aspect of that relative success was the national consensus and political collaboration the government managed to achieve. Right from the beginning of the pandemic, the government activated federal institutions seeking intergovernmental collaboration.

Measures against COVID-19 included the following:

- Strengthening the Federal Council for Healthcare (COFESA);
- Inviting governors to help the federal government decide the limits and extent of the social distancing phases; and
- Setting up of a coordination space for the metropolitan area of Buenos Aires.

In April 2020, the president enjoyed an astonishing 90 percent approval rate, and despite the dire economic crisis, 60 percent of Argentines agreed that the country was heading in the right direction (Zubán Córdoba 2021).

Yet, by the beginning of 2021, Argentina had one of the fastest rates of infections in the world and reached 1,049 deaths per million, catching up to the United States (1,286), Brazil (1,035), and Mexico (1,191) and doubling that of Canada (517). At this moment, it is difficult to find a clear explanation for that changing trend of the pandemic.

One contributing factor, undoubtedly, was the weakening of the political consensus over COVID-19 policies. In Argentina, large portions of the population stopped complying with the social distancing measures because of fatigue, the economic crisis, and the aggressive position against the government by some of the political opposition and the mainstream media. Despite these challenges, the situation at the time

Table 2.1 Cases of COVID-19 in Argentina

<i>Argentina</i>	
Total Cases – 14 February 2021 ^a	2,025,798
New Cases – 15 February 2021 ^a	4,245
Seven-day avg New Cases – 22 October 2021 ^b	14,941

a Total cases and new cases source: <https://coronavirus.jhu.edu/map.html>

b Seven-day avg new cases source: <https://www.google.com/search?client=firefox-b-d&q=world+coronavirus+statistics+data>

Table 2.2 Key Statistics on COVID-19 in Argentina as of 10 January 2021

<i>Cumulative Cases</i>	<i>Cumulative Cases per 100,000 Population</i>	<i>Cumulative Deaths</i>	<i>Cumulative Deaths per 100,000 Population</i>	<i>Case Fatality Percentage</i>
1,703,352	3,768.8	44,273	98.0	2.6

Source: World Health Organization Weekly epidemiological update – 12 January 2021. Geneva: WHO, 2021. Available from <https://www.who.int/publications/m/item/weekly-epidemiological-update>

of this writing was still under control, and the healthcare system had not collapsed. The government's success in flattening the curve during the first four months gave it time to build 12 new hospitals, double the number of ICU beds, and take advantage of new treatments.

By 14 February 2021, Argentina, the 32nd largest country in the world by population (World meters 2021), had the 12th highest number of COVID-19 cases: 2,025,798. The highest seven-day average of new cases per day was 14,941 on 22 October 2020, which was on a downward slope to 4,245 on 15 February 2021 (Tables 2.1 and 2.2).

2.2 COVID-19 in Argentina

When the COVID-19 pandemic arrived in Argentina, the country was in the middle of a two-year long economic recession. Its economy had contracted by 4 percent during this period; unemployment reached 9.8 percent (8.4 percent in 2017); and 35.5 percent of the population was below the poverty line (27.2 percent in 2017; Manzanelli et al. 2020). President Fernández, who had taken office only three months before the pandemic hit, was focused on renegotiating the foreign debt, which represented 90 percent of the GDP and was at a serious risk of default. The pandemic added fuel to an already smoldering fire.

The provinces in Argentina are responsible for delivering public healthcare. The federal government is responsible for healthcare system co-ordination. The country's response to the COVID-19 pandemic took place in two phases.

The first phase was by and large a success story. The federal government reacted quickly and decisively to the crisis. On March 19, with only 97 registered cases in the country and two deaths, the President declared a total lockdown. This early strict social distancing measure helped to flatten the curve and allowed the government to gain much needed time. During this time, research and experimental treatments with anti-inflammatories progressed, such as the use of convalescent plasma, among other treatments.

The first phase also allowed the government to do the following:

- Build 12 modular hospitals;
- More than double the number of ICU beds and available ventilators;
- Dramatically increase testing capabilities, train personnel on emergentology;
- Implement protocols for workers in essential areas such as pharmacies, supermarkets, and others.

Moreover, despite its fiscal and financial fragility, the federal government reacted with a series of economic measures that represented roughly 5 percent of the GDP, aiming at providing relief to people and private companies (Manzanelli et al. 2020). The most important ones thus far have been the following:

- Credits at subsidized rates. By September 2020, 102,000 private companies received 410b pesos (\$5.5b USD);
- An Emergency Family Income (IFE in Spanish), which provides 10,000 pesos (\$120 USD) to lowest income households, informal workers, and domestic workers. As of December, this program had issued three rounds of payments benefiting 9 million people for an amount of 265b pesos (\$3.5b USD);
- Work and Production Assistance (ATP in Spanish), which focuses on benefits to employers and independent formal employees who are not included in IFE. The ATP covers a portion of their salary and reduces employer contributions. As of December, there had been seven rounds of payments benefiting at least 420,000 companies and 2.3 million workers for a total of 370b pesos (\$4b USD).

Other important monetary transfers to households – all provided by the federal government – have amounted to roughly 1 percent of the GDP (Díaz Laingou et al. 2020). For example, the government issued an extra payment to beneficiaries of social programs such as *Asignación Universal por Hijo* (Universal Child Allowance) and *Asignación Universal por Embarazo* (Universal Pregnancy Allowance). They also provided additional funds to a food stamps program, called *Alimentar* – 1.5 million cards estimated at \$90b pesos (\$1b dollars) and a program designed to boost jobs (*Potenciar el trabajo*) – 65b pesos (\$0.8b dollars), an 150 percent increase from what was originally planned. Finally, they issued additional subsidies for senior citizens.

Early results were very promising. By mid-June 2020, the country had “only” 35,000 confirmed cases and a low death rate. The incidence was concentrated with nine out of ten cases registered in the metropolitan area of Buenos Aires (AMBA). This is the third largest metropolitan area in Latin America, and even though it occupies only 1 percent of the national territory, this region holds 37 percent of Argentines. It also concentrates most of the wealth of the country and most of its vulnerable populations. The poorer areas of Greater Buenos Aires contain more than 1,400 slums. One out of four households lack fresh water, and 40 percent have no sewage. In these areas, children have limited access to computers and internet for education, and fewer parks for recreation.¹

Outside of AMBA, most provinces had low levels or no detected cases. The overall results during the first four months of the pandemic were considerably better than in most countries in the Western Hemisphere (see Figure 2.1). In mid-June, *Time Magazine* and the Eurasia Group included Argentina among the top performing countries

Cumulative confirmed COVID-19 deaths

Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.

Figure 2.1 Cumulative Confirmed COVID-19 Deaths.

in the world and the only one from Latin America, in terms of their pandemic response. The report highlighted competent management of the health crisis, strong economic measures, and the country's political leadership.

The economic impact of the pandemic has been dire. Economic activity declined by 12.9 percent between February and June (CEP XXI 2020, p. 10). Even though the economy has been recovering since then, it is estimated that the country's total economic activity will have declined by 10.5 percent of GDP in 2020. Adding to this drop is the accumulated 4 percent decline since 2018, placing Argentina among the worst economic performers in the region (ECLAC 2020). Also, a full 40.9 percent of the population currently live in poverty, which means that there are 2.5 million newly impoverished citizens. UNICEF estimates that the number of children below the poverty line will reach 63 percent by the end of 2020, an increase from 7 million to 8.3 million (Télam 2020b).

Nevertheless, without the economic relief policies, it was estimated that poverty would have increased 2.6 percent more, affecting 43.5 percent of the population (Díaz Langlou et al. 2020). The early government measures, therefore, saved 1.2 million Argentines from falling below the poverty line. Moreover, with the resumption of some productive activity in May, economic indicators have slowly started to grow once again. By September 2020, industrial and construction indicators showed similar pre-pandemic levels of activity and have continued to increase (CEP XXI 2020).

The measures that worked to contain the spread of COVID-19 at the beginning of the outbreak seem to have lost steam. The infection rate has dramatically risen since July. Whereas AMBA's infection curve has begun to flatten, we are now starting to see

worrying trends in the provinces of Santa Fe, Córdoba, Jujuy, and Neuquén. From August and into September, Argentina joined the top ten countries in the world in terms of infection rates and currently ranks 12th in the total number of deaths. Paradoxically, while health conditions worsened, the government started to loosen measures. In a first move toward reopening, the government announced a new phase in June that eased quarantine restrictions for large portions of the national territory with low levels of contagion. On that date, social and economic activity restarted but had to follow strict health guidelines, including restricting social gatherings to ten people or fewer and maintaining 2 meters from each other while using face masks in public spaces.

While the situation becomes very delicate, the health care system has not collapsed. ICU beds never surpassed manageable capacity of 65 percent at the national level and none of the district health systems collapsed.

2.3 COVID-19 and federalism in Argentina

Argentina is a federal country divided into two levels of government: a central government and 23 provinces plus the City of Buenos Aires, which has the autonomy of a province. The country's federal structure has created a unique set of dynamics that deeply affects governance in the country.

On the one hand, Argentine provinces hold important institutional powers. They have the right to write their own constitutions and legal frameworks. Also, because of unequal apportionment in Congress and the federal structure of the party system, provinces are rather influential in the national political arena. Moreover, they enjoy important autonomy from national politics. Additionally, a 1994 constitutional reform established that provinces were responsible for the provision of key aspects of public policy, including most education, healthcare, justice, and security.

On the other hand, most Argentine provinces are fiscally very weak. On average, provinces collect only 20 percent of total fiscal revenues even as they execute roughly half of total expenditures. There is much variation in revenue collection across the provinces. The City of Buenos Aires, for example, collects 90 percent of its own fiscal needs, while a group of seven provinces collect less than 10 percent. This important vertical fiscal imbalance is covered by transfers from the national government. The main distribution, three quarters of the total fiscal pie, is provided by a formula-based tax sharing scheme ("*Ley de Coparticipación Federal*") that automatically transfers to provinces a percentage of funds of the total collected. The rest are oil and mineral royalties that accrue directly to the provinces of origin, and other funds that the national government redistributes on a discretionary basis.

A third outstanding feature of Argentina is the dramatically uneven levels of development within the national territory. The Metropolitan area of Buenos Aires, which represents 1 percent of the national territory, is home to 37 percent of the population and produces more than 50 percent of the gross domestic product. This area, along with Santa Fe, Córdoba, and Mendoza, concentrate a full two thirds of the national population, 75 percent of the national economy, and 85 percent of industrial production. At the other extreme, the country's poorest eight provinces, only 16 percent of the population, produce less than 1 percent of the national economy and have only marginal participation in exports and investment (Bianchi 2016).

This unique scheme of politically powerful but fiscally highly dependent provinces in a very heterogeneous country has created paradoxical dynamics of governance.

The federal government can be overseen by either powerful or extremely weak presidents, depending on their fiscal strength and their territorial political coalition. The power of the chief executive affects decision-making about public policy at the national level. The president's strength – or weakness – can also impact local or provincial governments that try to address local policy challenges.

2.3.1 Healthcare

Argentina spends 10 percent of its GDP on healthcare, making it the highest in Latin America and equivalent to OECD levels (PAHO 2020). At the time of the outbreak, Argentina had double the average number of beds and doctors per inhabitant in Latin America (ECLAC 2020). This strength has been crucial for avoiding a collapse of the system during the pandemic so far.

Provinces are in charge of healthcare in their own territories, and their spending represents 70 percent of the total. Also, during the decentralization process in the 1990s, hospitals were transferred from the national sphere to the provinces, and provincial policy autonomy over healthcare, in general, grew. Still, some municipal governments are also in charge of primary and/or secondary care, and the national government holds some general and limited authority. Overall, given the level of decentralization, the healthcare system replicates the unequal and heterogenous profile of the country. The public system only represents less than a half of the total healthcare spending, while the rest is covered by private and pre-paid insurance. One third of the population is covered by the public sector and over 50 percent by pre-paid health services (PAHO 2020).

2.3.2 Intergovernmental coordination

Responses to the COVID-19 pandemic require cooperation among different levels of government. Different federal constituent units need to collaborate to provide healthcare, social subsidies, and sharing infrastructure or data. President Fernández relied on intergovernmental cooperation from the beginning. He activated existing federal institutions and created other *ad hoc* institutions to address key policy challenges emerging from the pandemic.

The President consulted with governors to define the duration and scope of early social distancing measures. Ultimately, he decided to delegate to them the task of defining social distancing measures and the openings or lockdowns of activities in their territories.

Several other measures were adopted with the goal of coordinating initiatives, regardless of political stripes. The national government and the province of Córdoba negotiated with the most important producer of ventilators in the country, located in that province, so that ventilators would not be exported. Moreover, to avoid competition among provinces over equipment, the distribution of ventilators would be made by a series of criteria defined by the provinces (*La Nueva Mañana* 2020).

The Carlos Malbrán Health Institute was the only institution in the country at that time with the technical capacity to make the COVID-19 tests. The National Administration of Laboratories worked with them to decentralize testing capabilities along the national territory (Télam 2020a). Local governments have also played a role in supervising compliance over price controls or the distribution of foodstuffs and other supplies.

The most outstanding example of vertical coordination was done by the Federal Council for Healthcare (COFESA in Spanish). Created in 1981, COFESA is the formal space designated for coordination between the national and provincial ministries of health. The most important health measures for the pandemic were decided and put together in this space.

These important health measures included the following:

- Tracing of the epidemiology in each district;
- Acquisition and distribution of medicines and devices;
- creation of the “DetectAr” program (aimed at identification, detection, and tracing COVID-19 cases); and
- The coordination of the integrated database system (SISA in Spanish).

At the same time, important levels of horizontal cooperation across provinces have been observed. For example, the governments of the City and the Province of Buenos Aires, which are led by opposing political parties, have established a special board to coordinate measures.

These measures of cooperation by the “two Buenos Aireses” include the following:

- Monitoring healthcare structure;
- Monitoring information on public transportation; and
- Supervising of the social compliance of the social distancing policies (Perfil 2020).

Other examples of intergovernmental collaboration include the government of Córdoba sending emergency room-doctors to Jujuy (Somos Jujuy 2020) or the governments of San Luis and La Pampa allowing bilateral unrestricted circulation of traffic (Télam 2020c).

The scenario has not been completely bright. Most of these initiatives lack institutionalization and rely primarily on the political will of leaders. Moreover, certain measures have been implemented in violation of the federal constitution. For example, a dozen provinces breached the constitution by unilaterally closing their borders. One governor expelled foreign citizens from their province. Despite these complications, cooperation among the different levels of government has been predominant.

2.3.3 A changing scenario

Vertical and horizontal solidarity, plus collaboration, emerged in Argentina during the first months of the pandemic. This cooperation was promising, especially when compared to other federal countries such as Mexico, the United States, and Brazil. Thanks to his approach to governing during the pandemic, President Fernández managed to obtain a multiparty cooperation of governors and congressional figures² as well as an impressive support from society. Despite the looming threat of debt default and the dire economic crisis, the president managed to retain an approval rating at or above 75 percent for three months (see Figure 2.2), and a majority of the population believed the country was heading in the right direction through June (Zubán Córdoba 2020).

Things started to change in late June. The most important change was that Fernández’s coalition of support faltered. Openly violating the mandatory social distancing policy, the opposition organized a national protest on 20 June 2020 – the first of

many – holding slogans that declared “Save the Republic,” “Save democracy,” and “No to Argenzuela”³ (*La Nación* 2020). Later that week, Alfredo Cornejo, president of the opposition party, UCR, and former governor of Mendoza, declared that the province should become an independent country (*La Nación* 2020). These expressions by the opposition were covered amply by mainstream media outlets. Moreover, given the generalized fatigue of the population over the strict social distancing measures and the economic crisis, it is perhaps not surprising that the political support of the president started to decline. By September 2020, the support for the president dropped by 30 percent, and a majority of Argentines felt that the country was heading in the wrong direction (see Figure 2.3). Due to this loss of support, the government started to loosen measures. Additionally, many citizens stopped complying with the social distancing measures.

Figure 2.2 The Fernández Administration’s Approval Rating.

Figure 2.3 Argentines’ Views on Whether the Country is Heading in the Right Direction During COVID-19.

Table 2.3 Case-fatality Ratio and Total Deaths in Argentina

<i>Argentina</i>	
Case-fatality ratio – 14 February 2021 ^a	2.5%
Total deaths – 14 February 2021 ^b	50,236

a Case-fatality ratio source: <https://coronavirus.jhu.edu/data/mortality>

b Total deaths source: <https://coronavirus.jhu.edu/map.html>

Consequently, the rate of contagion and deaths grew. In the second half of the year, Argentina's infection rates dramatically increased and became one of the fastest rates in the world.

The number of deaths in Argentina from COVID-19 was 50,236 on 14 February 2021, 11th highest in the world (Johns Hopkins Coronavirus Resource Center data 2021). The case-fatality rate on that same date was 2.5 percent, the sixth highest in the world (Table 2.3).

2.4 Towards Argentina's federalism for the 21st century

So far, there are two important lessons learned from the COVID-19 pandemic, and in the case of Argentina, both are intimately related to the federal organization of the country.

The first one is that the pandemic disproportionately affects the most vulnerable populations. Argentina is geographically the most unequal federal country in the world.⁴ The pandemic has revealed its monocephalic nature. During the first wave, 90 percent of the cases occurred in the Metropolitan Area of Buenos Aires, where most of the wealth and vulnerabilities are concentrated. Only months later, when the disease impacted the more peripheral provinces, did it become clear that much of the country was too weak fiscally and administratively to respond to it.

A second lesson learned is the weak institutionalization of coordination mechanism of federalism in Argentina. Most of the coordination and collaboration depended on the political capital and drive of the President. When the latter weakened, also the cooperation and coordination did.

The COVID-19 pandemic is a global challenge, and thus, it is not enough to address the crisis solely from the national, provincial, or local level. Federalism is a political system that seeks "unity in diversity," aiming at cooperation and solidarity among its parts. Therefore, more than ever, institutional arrangements like federalism have the potential to provide the infrastructure to develop common solutions for complex and global challenges such as the COVID-19 pandemic. In Argentina, the provinces control crucial areas such as healthcare, education, and security; the national government concentrates the financial resources for social plans, infrastructure, and sciences; and the local governments manage local utilities, food provision, and social circulation. Cooperation among different levels of government is crucial to slow down the disease and, eventually, to contain it.

Comparatively, the initial scenario in Argentina was promising, with President Fernández activating federal institutions and creating other multilevel horizontal and vertical policy coordination schemes. That governance profile helped to flatten the curve and gave the government time to acquire equipment, to build new hospitals, to adopt protocols, and to train personnel.

Yet, those measures also revealed the country's weaknesses. Most of these initiatives lacked institutionalization and relied primarily on the political leadership of the President. For example, the regulation of COFESA is overly general in its functions and structure (as are most federal councils), and it lacks financial autonomy. Rodríguez and Tobar (2003) point out that, since its creation, COFESA has had scarce influence in the decision-making process on healthcare policies, and its activity has been highly dependent on the corresponding political will of the leaders.

Due to these reasons, Argentina desperately needs a "Federal Pact" that could strengthen the mechanisms of solidarity and cooperation. This pact should include the fiscal resources, administrative capabilities, and productive policies that could guarantee an equivalent level of opportunities to Argentines regardless of where they live, as the Federal Constitution mandates. To achieve this, it is crucial that fiscal equalization schemes, investment in infrastructure, and other measures follow standards and benchmarks based on development indicators and policy priorities.

This pact should also include a strengthening and institutionalization of the coordination schemes such as the Federal Councils. They require more clarity and uniformity in their legal frameworks, an increase in financial autonomy, decision-making power, and better clarification of their roles and functions.

We can hope that the political impetus achieved during the pandemic sets a positive precedent for the country, generating the inertia needed to strengthen a more solidary and collaborative federal system that the country so desperately needs.

Notes

- 1 In Greater Buenos Aires, 44 percent of the population has no access to computers, 20 percent has no access to the internet, while, in the City of Buenos Aires, those figures are 20 percent and 8 percent, respectively (Observatorio del Conurbano Bonaerense 2020).
- 2 "President, you are our commander" declared Mario Negri, head of the most important opposition party in Congress (Infobae 2020).
- 3 This is a common reference on Venezuela.
- 4 The income of the wealthiest region is nine times higher than the poorest. That figure is seven times, Mexico 6 and 1.7 in Canada (Cetrángolo and Gómez Sabaini 2007, cited in Bianchi 2016).

Bibliography

- Bianchi, M., 2016. Territorio, poder y desarrollo: la articulación de políticas industriales en San Luis y Rafaela. In: Mauro, S., Ortiz de Rozas, V. and Narvaja, M., eds. In *Política Subnacional en Argentina. Enfoques y Problemas*. Buenos Aires: CEAP-UBA Sociales, 337–362.
- CEP XXI, 2020. Informe de Panorama Productivo, Septiembre 2020, Ministerio de Desarrollo Productivo. Available from: https://www.argentina.gob.ar/sites/default/files/informe_de_panorama_productivo_-_septiembre_2020.pdf [Accessed 16 February 2021].
- Díaz Laingou, G., Kessler, G., della Paolera, C. and Karczmarczy, M. Septiembre 2020. *Impacto social del COVID-19 en Argentina*, Documento e trabajo #197, CIPPEC Available from: <https://www.cippec.org/wp-content/uploads/2020/10/197-DT-PS-Impacto-social-del-COVID-19-en-Argentina.-D%C3%ADaz-Laingou-Kessler...-1.pdf> [Accessed 16 February 2021].
- ECLAC, 2020. La pandemia del COVID-19 y su efecto en las tendencias de los mercados laborales, julio 2020. Comisión Económica para América Latina y el Caribe (CEPAL). Weller, Jürgen, author. Available from: <https://www.cepal.org/es/publicaciones/45759-la-pandemia-covid-19-su-efecto-tendencias-mercados-laborales> [Accessed 16 February 2021].

- Infobae*, 2020. “*Presidente, usted es el comandante*”: el mensaje anti grieta de la oposición para respaldar a Alberto Fernández. Available from: <https://www.infobae.com/coronavirus/2020/03/19/presidente-usted-es-el-comandante-el-mensaje-anti-grieta-de-la-oposicion-para-respaldar-a-alberto-fernandez/> [Accessed 16 February 2021].
- Johns Hopkins Coronavirus Resource Center, 2021. The Johns Hopkins University & Medicine. Available from: <https://coronavirus.jhu.edu/map.html> [Accessed 10 February 2021].
- La Nación*, 2020. Alfredo Cornejo, *sobre la independencia de Mendoza: “Debemos pensarlo seriamente”*, 30 June 2020. Available from: <https://www.lanacion.com.ar/politica/alfredo-cornejo-independencia-mendoza-debemos-pensarlo-seriamente-nid2388507> [Accessed 16 February 2021].
- La Nueva mañana*, 2020. “En Córdoba, se pasó de fabricar 30 respiradores a 110 al mes.” Available from: <https://lmdiarario.com.ar/contenido/230020/cordoba-el-pulmon-del-pais> [Accessed 16 February 2021].
- Manzanelli, Pablo, Daniela Calvo and Eduardo Basualdo, 2020. Un Balance Preliminar de la Crisis Económica Argentina en el Marco del Coronavirus, Documento de Trabajo 17, CIFRA-CTA/FLACSO. Available from: https://www.flacso.org.ar/wp-content/uploads/2020/06/Crisis-coronavirus_DT-FLACSO_AEyT-CIFRA_junio2020.pdf [Accessed 16 February 2021].
- Observatorio del Conurbano Bonaerense, 2020. *2da serie Especial COVID-19: AMBA resiste: Actores territoriales y políticas públicas*. Buenos Aires, Argentina: Universidad Nacional General Sarmiento. Available from: <https://www.ungs.edu.ar/new/2da-serie-especial-covid-19-amba-resiste-actores-territoriales-y-politicas-publicas> [Accessed 16 February 2021].
- PAHO, Cuánto Gasta Argentina en Salud, 2020. Available from: https://www.paho.org/arg/index.php?option=com_content&view=article&id=10420:cuanto-gasta-argentina-en-salud-un-analisis-de-las-cuentas-en-el-sector-publico-privado-y-de-la-seguridad-social&Itemid=225 [Accessed 16 February 2021].
- Perfil, 2020. Larreta y Kicillof definen cómo seguirá la cuarentena en el AMBA. Available from: <https://www.perfil.com/noticias/politica/horacio-rodriguez-larreta-axel-kicillof-coordinaron-como-sigue-cuarentena-amba.phtml> [Accessed 16 February 2021].
- Rodríguez Riccheri, Pilar and Federico Tobar, 2003. El Consejo Federal de Salud Argentino (CO. FE. SA): Actor clave en la construcción de un federalismo sanitario efectivo, Ministerio de Salud, 2003. Available from: https://www.academia.edu/39998014/Tobar_F_and_Rodriga%C3%B1ez_P_Hacia_un_federalismo_sanitario_efectivo_2004 [Accessed 16 February 2021].
- Somos Jujuy*, 2020. Córdoba enviará médicos terapeutas para ayudar a la lucha contra el Covid_19 en Jujuy. 14 July 2020. Available from: https://www.somosjujuy.com.ar/salud/175831-cordoba-enviara-medicos-terapeutas-para-ayudar-a-la-lucha-contra-el-covid_19-en-jujuy [Accessed 16 February 2021].
- Télam*, March 2020a. El Malbrán comenzó el proceso de descentralización del diagnóstico”, March 20. Available from: <https://www.telam.com.ar/notas/202003/442857-malbran-descentralizacion-diagnostico-coronavirus.html> [Accessed 16 February 2021].
- Télam*, May 2020b. El 2020 finalizará con casi 63% de la infancia en situación de pobreza en Argentina. May 8. Available from: <https://www.telam.com.ar/notas/202008/498702-el-2020-finalizara-con-casi-63-de-la-infancia-en-situacion-de-pobreza-en-la-argentina.html> [Accessed 16 February 2021].
- Télam*, June 2020c. Habilitan la libre circulación entre San Luis y La Pampa sin cumplir cuarentena”, June 19. Available from: <https://www.telam.com.ar/notas/202006/478806-la-pampa-flexibilizacion-san-luis-cuarentena.html#> [Accessed 16 February 2021].
- World Meters 2021. Available from: <https://www.worldometers.info/coronavirus/> [Accessed 1 February 2021].
- Zubán y Córdoba Asociados, Informe de Opinión, January 2020. Available from: <https://zubancordoba.com/portfolio/informe-nacional-enero-2021/> [Accessed 10 February 2021].