

JOURNAL OF PUBLIC GOVERNANCE AND POLICY:
LATIN AMERICAN REVIEW

JOURNAL OF PUBLIC GOVERNANCE AND POLICY: LATIN AMERICAN REVIEW Año 06, No. 6, enero-diciembre 2020, es una publicación anual editada por la Universidad de Guadalajara, a través del Instituto de Investigación en Políticas Públicas y Gobierno (IIPPG), División Economía y Sociedad, Centro Universitario de Ciencias Económico Administrativas, CUCEA. Edificio B-202, Periférico Norte No. 799, Núcleo Universitario Los Belenes, C.P. 45100, Zapopan, Jalisco, México. Teléfono: 33-3770-3412 y 33-3770-3300 ext.25876, <https://journalofpublicgovernance.cucea.udg.mx/index.php/jpgp/index>, journal.iippg@gmail.com Editor Responsable: Christian M. Sánchez Jáuregui. Reserva de Derechos al Uso Exclusivo del Título: 04-2015-120712050900-102, ISSN Electrónico: en trámite, otorgados por el Instituto Nacional del Derecho de Autor. Responsable de la última actualización de este número: Instituto de Investigación en Políticas Públicas y Gobierno, División Economía y Sociedad, CUCEA, Alvaro Guevara Castillo. Fecha de la última modificación: 1^{er} de diciembre, 2020.

JOURNAL OF PUBLIC GOVERNANCE AND POLICY: LATIN AMERICAN REVIEW Year 06, No. 6, January-December 2020, is an annual publication edited by the University of Guadalajara, through the Institute for Research in Public Policy and Government (IRPPG), Economy and Society Division, University Center for Economic and Administrative Sciences, CUCEA. Building B-202, Periférico Norte No. 799, Núcleo Universitario Los Belenes, C.P. 45100, Zapopan, Jalisco, Mexico. Telephone: 33-3770-3412 and 33-3770-3300 ext.25876, <https://journalofpublicgovernance.cucea.udg.mx/index.php/jpgp/index>, journal.iippg@gmail.com Editor: Christian M. Sánchez Jáuregui. Reservation of Rights to the Exclusive Use of the Title: 04-2015-120712050900-102, eISSN: in process, granted by the Instituto Nacional del Derecho de Autor. Responsible for the last update of this issue: Institute for Research in Public Policy and Government (IRPPG), Economy and Society Division, CUCEA, Alvaro Guevara Castillo. Last modified: December 1st, 2020.

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eISSN: En trámite.

Printed in Mexico

Impreso en México


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ECONOMIC RECOVERY AFTER IMMEDIATE POST-WORLD WAR II (1945-1947) IN THE UNITED STATES: LESSONS FOR POLICY OPTIONS IN THE US AND LATIN AMERICA AFTER COVID-19 COMPARING CHALLENGES, RESULTS AND POLICIES

Adrián de León Arias*

ABSTRACT: The economic recovery in the years after VJ Day (1945–1949), alongside the Great Depression or WWII, can be considered a learning experience in economic policy for current challenges faced by national economies for recovery after the outbreak of COVID-19. The policy lessons and procedures on demobilization, employment, expedited industrial reconversion, and macroeconomic stabilization are valuable of their own accord, but even more valuable is the role of government, public debate, confidence in planning, and collective action. These are the important resources that American and Latin American societies and policy makers could develop to face current challenges similar to those faced after WWII.

Keywords: American economic history; Latin American; COVID-19; Economic planning; collective action; public policies.

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INTRODUCTION

The Great Depression of 1929, often viewed as a crisis of effective aggregate demand, has been widely referenced in the search for events in economic history that might illustrate options for economic recovery in the United States (US) post-COVID-19 (Vernango 2020), as well, for Latin American economies. Vernango (2020) suggests World War II (WWII) as a complementary illustrative model for such context. In this respect, Galbraith (2020), and Sneader and Singhai (2020) also provide an analysis of the complete post-WWII period for a historical reference in terms of economic policy after COVID-19.

In this article, I propose adding the immediate postwar period (1945–1947) in the US to the above-mentioned historical events. An analysis of this period offers additional elements that may help to identify other relevant factors for a broad recovery after COVID-19. The postwar recovery process, which I argue was exceptional in 20th century economic history, was based on extensive indicative planning prior to and during the event, legislation and economic policies geared towards the coordination of aggregate demand and supply, and comprehensive employment policies. There was also a shock due to unfulfilled expectations in the private sector (there was broad confidence in the future among economic actors despite pessimistic forecasting) and, incidentally, a significant reduction in public spending.

Recently, Professor Tcherneva (2020) wrote an op-ed analyzing the subject of this article, titled “What Would Roosevelt Do?” I expand on this concept and offer some complementary ideas that lead us to further ask, “What would Truman do?”

In the following section, I present the similarities and differences between the challenges faced by the US economy in 1945 and in 2020. The second section describes the economic situation of the US circa 1948. The third section describes the economic policies and other actions that led to economic recovery. Finally, this article concludes with lessons that could be used as strategies to support the American economic recovery after the outbreak of COVID-19.

With this article, I would like to convey to the American and Latin American societies that there have been similar challenges to those of the current situation. These challenges were solved then, and similarly, they can be solved now through coordination and collective action.

2. SIMILARITIES AND DIFFERENCES BETWEEN THE CHALLENGES FOR THE AMERICAN ECONOMY: 1945 AND 2020

In this section, I identify the similarities and differences between the challenges faced by the US economy during both periods. In particular, I compare national output, employment, the need for industrial reconversion, as well as a forced and accelerated obsolescence in some economic activities. The public spending dynamics in 1945 and 2020 are also relevant and will be discussed.

There are similarities in terms of gross domestic product (GDP) between 1946 and 2020 in the transition from an economic expansion to a recession. In the first quarter of 2020, the US economy ended one of the longest periods of growth in its history –128 months of consecutive growth beginning in June 2009– by dropping an estimated 1.2% compared to the previous quarter, which is equivalent to a 4.8% drop in the annualized quarterly rate. This drop is due to the lockdown that was imposed to prevent the spread of the coronavirus. GDP contracted by 32.9% in the second quarter (as the annualized quarterly rate), which is the worst recorded performance since the collection of GDP quarterly data started in 1947.

From 1941 to 1944, the annual growth rate in the US economy averaged 15% with a drop of -10.9% in 1946 and -1.1% in 1947.

Regarding employment dynamics, the same transition from an expansion to a recession can be observed in both years, as with GDP. By 2020, the lockdown imposed by countries around the world to stop the spread of the coronavirus plunged the US into a recession, and unemployment has risen from 3.5% in February to 20% in May as a result.

The period prior to 1945 can be characterized by full employment due to the “departure” of workers to the armed forces, mainly by conscription, and the need for employment in activities related to war industries. During the war, the recorded unemployment rate was 1.9% for 1943, 1.2% for 1944, and 1.9% for 1945. However, in the immediate postwar period, the Department of Defense recorded the following, which is recounted by Higgs (1999):

After VJ Day, however, the armed forces rapidly demobilized, shrinking from 12.12 million uniformed personnel in mid-1945 to 1.58 million in mid-1947. Simultaneously, civilian employment by the armed forces fell from 2.63 million persons to 0.86 million, and military-related employment in industry dropped from 11.0 million persons to 0.79 million. Therefore, total military-related employment fell in just two years from 25.75 million (39.2 of the total labor force) to 3.23 million (5.3 percent of the total force) (612).

Using other unemployment estimates, Taylor and Vedder (2010) documented the following:

In August 1945, the Office of War Mobilization and Reconversion forecast [sic] that 8 million would be unemployed by the spring of 1946, which would have amounted to a 12 percent unemployment rate. In September 1945, *Business Week* predicted unemployment would peak at 9 million, or around 14 percent. Leo Cherne of the Research Institute of America and Boris Shishkin, an economist for the American Federation of Labor, forecast [sic] 19 and 20 million unemployed respectively –rates that would have been in excess of 35 percent.

Another similarity in both periods is the need for extensive industrial reconversion in 1945 and the supply chain problems in 2020. During the war years (1940–1945), public and private companies in the US focused on contributing to the production of military goods. Higgs (1999) estimates that the demand for these goods was about 55% of gross national product (GNP). Much of this demand “vanished” after Victory over Japan (VJ) Day and efforts were made to redirect the lagging demand for the durable and non-durable consumer goods that were limited during the war years. Post-pandemic economic activity will face a similar kind of reconversion due to problems caused by disruptions in the global supply chain and its effect on the US.

Another similarity, in some way related to the industrial reconversion, arises from the need for accelerated obsolescence: replacing military goods and assets in 1945, and replacing an economy based on in-person services in 2020. It is well-known that technical progress generates obsolescence in some capital goods, what Schumpeter and Domar (1946) termed creative destruction, but in the case of COVID-19, this occurs through a change in the social forms of consumption.¹

In this context of similar challenges, there is one significant difference between the time periods: public spending was reduced in 1945 but increased in 2020. In mid-May 2020, Congress approved four separate spending bills amounting to almost \$2.9 trillion, which is more than double the recovery effort amount that was approved after the 2008 financial crisis. Together, this response is almost 14% of US GDP.

In contrast, Bohanon (2012) pointed out that,

In 1944, government spending at all levels accounted for 55 percent of gross domestic product (GDP). By 1947, government spending had dropped 75

¹ I thank professor James Gerber for the reinforcement of this idea.

percent in real terms, or from 55 percent of GDP to just over 16 percent of GDP. Over roughly the same period, federal tax revenues fell by only around 11 percent.

Accordingly, the US government canceled war contracts and spending fell from \$84 billion in 1945 to under \$30 billion in 1946. By 1947, the government was paying back its massive wartime debts with a budget surplus of close to 6% of GDP.

Keeping the Great Depression in mind and the discussion surrounding stagnation à la Hansen (de León 2018), it is important to point out that by 1945, precisely because of the anticipated reduction in public spending, most economists (Keynesians?) anticipated a recession and viewed a reduction in public spending as problematic. For instance, in the 1945 symposium *Financing American Prosperity*, as referred to in Mises Wiki (wiki.mises.org), several prominent economists discussed the financial and economic problems of the transition after WWII and suggested solutions. Except for Benjamin Anderson, all contributors advocated for a scope of federal expenditures much larger than that before the war (see Homan and Machlup, 1945).

The prevailing opinion of that time was that the US would sink into a deep depression at the end of the war. In 1943, Paul Samuelson, a future Nobel Prize winner, wrote that upon cessation of hostilities and demobilization “some ten million men will be thrown on [sic] the labor market”. He warned that, unless wartime controls were extended, there would be “the greatest period of unemployment and industrial dislocation which any economy has ever faced”. Another future Nobel laureate, Gunnar Myrdal, predicted that postwar economic turmoil would be so severe that it would generate an “epidemic of violence” (Bohanon 2012). De León (2018) has also outlined this discussion within the framework of secular stagnation.

3. THE SITUATION OF THE US ECONOMY CIRCA 1948

Given the scenario anticipated by most analysts after VJ Day, the US economy in 1946 is an interesting case study; contrary to expectations, and because of a combination of events and economic policies, as well as “unfulfilled” expectations, the economy experienced a process of economic expansion. In this section, I describe the results associated with the actions implemented by the government and the private sector between 1945 and 1947, which surprised many economic analysts. In the following section, these actions are described in more detail.

In terms of GDP growth, after a period with an average annual growth rate of 15%, a drop of -10.9% in 1946, and of -1.1% in 1947, growth increased by 4.4% in 1948 and 8.7% in 1950.

Regarding employment/unemployment circa 1948, the following quote from President Truman (Economic Report 1947, 1) mentioned by Higgs (1999, 600) is apt:

At the end of 1946, less than a year and a half after VJ day, more than 10 million demobilized veterans and other millions of wartime workers found employment in the swiftest and most gigantic change-over that any nation has ever made from war to peace.

After the WWII, unemployment rates, which were artificially low because of wartime conscription, rose slightly but remained below 4.5% in the first three postwar years –below the long-run average rate of unemployment for the 20th century. Some workers voluntarily withdrew from the labor force, choosing to go to school or return to prewar duties as housewives. However, many who lost government-supported jobs in the military or in munitions plants found employment as civilian industries expanded production; civilian employment grew by over 4 million between 1945 and 1947.

As Bohanon (2012) has pointed out,

Just as important, the double-digit unemployment rates that had bedeviled the prewar economy did not return. Between mid-1945 and mid-1947, over 20 million people were released from the armed forces and related employment, but nonmilitary-related civilian employment rose by 16 million. In particular, the unemployment rate rose from 1.9 percent to just 3.9 percent.

In this respect, Higgs (1999, p. 613) compellingly mentioned,

It was no miracle to herd 12 million men into the armed forces and attract millions of men and women to work in munitions plants during the war. The real miracle was to reallocate a third of the total labor force to serving private consumers and investors in just two years.

Furthermore, household consumption, business investment, and net exports all boomed as government spending receded. An accelerated industrial reconversion transformed war industries into investment and consumer goods industries and obsolete products that were no longer required were disposed

of. As Mills (1984, p. 223) summarized, “The anticipated recession never materialized and the major economic problems of the postwar era were those of inflation, not recession”.

4. ECONOMIC POLICIES AND OTHER ACTIONS THAT LED TO RECOVERY

In this section, I analyze the policies and events that led to one of the most surprising postwar recoveries in the history of the American economy. The policies are categorized as follows:

- Planning and demobilization plans
- Employment policies
- Industrial reconversion (economic policies to coordinate aggregate supply and demand)
- Other policies and events

4.1 PLANNING AND PUBLIC/PRIVATE DEMOBILIZATION PLANS

The extensive effort to coordinate military and economic demobilization activities is an often-forgotten aspect of the post-WWII period. Ballard (1983) details an extensive set of planning initiatives carried out at the federal level, at the state level, and through labor associations and businesses, as well as by the general public. Rep. E. Dirksen echoes this recognition of the need for planning in 1943 when he said, “It is amazing how this planning idea has gotten into the consciousness of everybody everywhere” (Ballard 1983, p. 28).

Among the planning agencies, several standouts include the National Resources Planning Board (NRPB) from 1940 to 1943, the influential Baruch-Hancock Report of early 1944 and after, as well as the office of War Mobilization and Reconversion (OWMR), which replaced the Office of War Mobilization in October 1944 and facilitated the centralization of the demobilization operation (Ballard 1983).

In fact, as Ballard (1983, 57–59) pointed out,

Planning became an essential function of government and the idea gained considerable acceptance in other parts of the American society... the timing, breadth, volume, and centralization of planning, aided by a most favorable milieu, helped mark this postwar preparation as a unique phenomenon.

Additionally, it is important to mention that planning was accepted as a strategic administrative function both in government and by corporations, which led to its recognition as a fundamental pillar of the *New Industrial State* by John K. Galbraith (1967).

4.2 EMPLOYMENT POLICIES FOR RECOVERY

Planning for postwar employment occurred in two phases for full employment. The first phase required a huge demobilization of both military personnel and civilians working in war-oriented industries, and the second phase required the incorporation of those demobilized into civilian postwar production activities.

At that time, reducing a large military force in a short span of time was a phenomenal achievement. For example, the number of army personnel outside the continental US fell from 5.2 million in June 1945 to 0.8 million a year later (Ballard 1983). The activities needed just to process such a large number of people were impressive. Moreover, discharged service members had to be reabsorbed into civilian life and, more critically, into the workforce.

With respect to jobs, planners and government officials set the goal of maintaining a continuous high rate of employment or even full employment in the immediate postwar years. Their determination to reach such an extraordinary goal, as evidenced by the Employment Act of 1946, played an important role in this accomplishment.

Among other labor policies, there were liberal provisions including job assistance centers, the Mustering-out Payment Act, unemployment compensation, and the GI Bill to assist veterans in their transition.

There were also several fortuitous developments in the civilian labor force including i) the withdrawal of a large number of women, youth, and retirement-age persons from the workforce; ii) a big boom in the agriculture, construction, and industrial sectors; and iii) the return to a forty-hour week. All of these developments contributed to a faster and more simplistic accommodation of both veterans and former war workers.

Furthermore, the interim adjustment period between Victory in Europe (VE) Day and VJ Day provides a fuller picture of transitional employment; war plant employers and some veterans began shifting jobs before the end of the Pacific War.

As is shown in the following section, the success of the industrial reconversion helped to alleviate the employment problem significantly.

4.3 INDUSTRIAL RECONVERSION

In this section, I analyze the industrial reconversion from an aggregate supply and demand perspective. The objective from the aggregate supply side was to facilitate the transition of productive resources, which were previously dedicated to military production, to civilian use. Here, I highlight the following policies: the orderly termination of war contracts that triggered the economic reconversion and the disposition of surplus material that impacted peacetime production. This was formalized through the War Surplus Disposal Act. Along the same lines, Ballard (1983) pointed out the following:

Careful preparations for war contract terminations, promoted to a great extent by lessons derived from WWI, paid off handsomely in greater uniformity of contractual arrangements and quicker notice of terminations. Likewise, expedited contract settlements on relatively generous terms for industry with provisions for interim funding meant industry had a combined boost of working capital and ready facilities. The government predominantly reached the goal of clearing war inventories from factories within the sixty-day time limit. The availability of reconversion machine tools, large industrial capital reserves, and better prepared company management further assisted in the industrial war to peace changeover (p. 141).

The objective from the aggregate demand side was to promote increased demand for consumer-related goods, mainly durable goods (new cars, household appliances, and houses) and goods intended for productive investment to replace the previous demand for military goods. To achieve this, a series of economic policies came together with coinciding actions of families and companies.

In fact, Boahnon (2012) stated that “destimulation” in public spending did not result in a collapse of consumption spending or private investment. Real consumption rose by 22% between 1944 and 1947 and spending on durable goods more than doubled in real terms. Gross private investment rose by 223% in real terms, with a whopping six-fold real increase in residential housing expenditures.

There is consensus that private consumption was promoted by reduced savings, the sale of war bonds accumulated by families, and reducing the relatively high savings rate that families maintained during the war years. According to Higgs (1999), the personal savings rate (personal savings relative to disposable income) was 25.5% in 1944 and 19.7% in 1945, and then fell to 9.5% in 1946 and 4.3% in 1947. This may have been due to families’ perception that increases in income were permanent.

There were also several coinciding policies and events that stimulated private consumption, including the gradual reduction of price controls, the perception of greater increases in permanent income (although wages were lower), and the expansion of bank credit.

As for investment, according to Higgs (1999), gross private domestic investment related to GNP in 1945 was 5.0% compared to 14.7% in 1946 and 1947, and 17.9% in 1948.

According to President Truman's economic report for January 1948, "the extraordinary rate of business income in general allowed investment to proceed at record levels. Even greater expansion was prevented mainly by lack of material rather than by lack of intention to invest or lack of financial resources" (Higgs, 1999, p. 611).

There were other economic policies that supported investment promotion in addition to the orderly termination of war contracts and the disposal of surplus material, such as reducing the tax liability which increased current retained earnings (i.e., the Revenue Act of 1945 lowered the top corporate income tax and repealed the excess profit tax). The gradual reduction of price controls and continued wage control were other policies that contributed to the expansion of investment.

In addition to the aforementioned policies, financing and investment were facilitated by the selling of various government securities acquired by firms during the war and the high demand for securities issued by companies in the bond and stock market.

At this point, I would like to add several ideas from Domar (1948) that refer precisely to this period and how unfulfilled expectations were relevant for some economic actors. For the purpose of this analysis, the following quote clearly synthesizes Domar's (1948) approach:

Theoretically speaking, the issue is this: we have found that if firms were "somehow" induced to invest a sufficient amount, so that national income rose at the required rate, no disappointments would follow. Suppose now that it were possible for the government (presumably) to guarantee that income would actually grow at this rate for some time to come. Would not this guarantee, if taken seriously by the business public, call forth sufficient investment and thus make income grow at the required rate? This is full employment by magic! Yet as one reads Leo Barnes's most interesting note [article included in my list of references] describing how C.E.D. [Committee for Economic Development], by making a few (undoubtedly unintentional) errors, managed to "persuade industry into a prosperity", one gets a feeling that magic sometimes works. We do not know, however, how seriously these

C.E.D. forecasts were actually taken; still the idea is highly suggestive. [...] On a more serious and practical level, this much can be said for the argument. Past depressions do exert a profound influence on business thinking, and an assurance that they will not recur would undoubtedly brighten the future and make many marginal projects worth undertaking. If, in addition, businessmen could confidently expect growing economy, the effect would be so much stronger (pp. 793-794).

In the following section, I present some lessons derived from the policies and events described in this section that could be helpful in facilitating the American economic recovery after COVID-19.

5. LESSONS

The case of the US economy (1945–1947) presented in this article seeks to outline the actions that made it possible to overcome a situation that is somewhat similar to the current situation in 2020 due to the coronavirus pandemic. It is thus useful to contextualize the severity of the challenges and the available resources in American society that were used to face crises of a similar nature to the current one.

Planning, and the social consensus built regarding its urgency and relevance, was among the resources available to the American economy in the immediate postwar period. This was the case in part because there was a need to not repeat the demobilization process that occurred after WWI, and the broad institutional structure developed to deal with the great recession (e.g., unemployment insurance and the National Resources Planning Board). From this perspective, the role of planning offers a lesson for the current challenges faced due to the COVID-19 pandemic.

Considering the coordination between aggregate demand and supply, the reorientation of spending towards reactivation was another element taken into account through policies conducive to the reconversion of consumption, investment, and confidence in the future.

The implementation of the Marshall Plan is an aspect not mentioned in this article due to its rather international nature, but it has been suggested by other analysts. The Marshall Plan not only stimulated an entire strategy of support for reconstruction in Europe but also sent positive signals to economic agents in the US (see Steil, 2018).

The role of confidence in a better future, as illustrated in Domar (1946), might have also complemented the government's actions.

Among the resources available to the American economy during those years, it is important to consider the role of institutionalist economists in advisory and managerial positions in government agencies and in corporations, who maintained their own perspective on economic and social relations and the pragmatic role of public action. See Mitchell (1937) for a good illustration of this contribution.

This article emphasizes similarities in the challenges faced by the American economy post VJ Day and after the outbreak of COVID-19 in 2020, however, there are also many differences that shape the design of recovery policies. Some differences may be related to the size of the economy. For example, the US economy is seven times greater in 2020 than it was in 1946, and thus the challenges are greater than they were before. The role of deficient aggregate demand is more relevant now than it was then, which may be one of the biggest differences in demand between 1946-1948 and 2020-2021. After WWII, people in the US had an income and savings, but in 2020 they do not have a stable income, and many survive by spending their savings on basic items such as rent and food. Furthermore, the dollar's international position could mean that there is a greater possibility of resorting to fiscal and monetary policies as essential components for recovery in 2020 instead of implementing planning initiatives. Lastly, the degree of uncertainty may be greater in 2020 than in the past, but this remains to be seen. These differences are undoubtedly just a few among many others.

Nonetheless, taking into consideration some of these limitations, I present these factors to convey to the American and Latin American policy makers that there have been similar challenges as those of the current day, and these challenges were solved through coordination and collective action.

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RURAL ECONOMY IN YUCATAN AND THE IMPACT OF COVID-19

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ABSTRACT: In the second trimester of 2020, Mexico's GDP fell by 53.2% due to the mitigation actions against SARS-CoV-2 virus. We prepared a Social Accounting Matrix for the Geohydrological Reserve "Anillo de los Centoes" in Yucatan and employed two Leontief type multi sectoral analysis. The first models a 3-month loss in household income. The result was a -24.19% drop in GDP, with an impact on all productive and service activities. The second scenario models a 5-month loss of income. The GDP fell to a critical: -40.13%.

Keywords: COVID-19, multisectoral analysis, Social Accounting Matrix, rural income

1. INTRODUCTION

Measures in Mexico and around the world to mitigate the spread of SARS-CoV-2 resulted in a drastic economic slowdown during the first and second trimesters of 2020. The current and future impact on the population's income is expected to be particularly acute in Mexico (IMF, 2020). The country could experience the sharpest recession among the G-20 economies (Moody's Investors Services, 2020) and one of the deepest declines in Latin America (ECLAC, 2020). Throughout the last semester, growth expectations of the Gross Domestic Product (GDP) for 2020 have decreased and are in a contraction

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between 7 and 9% per year. In April, 555,000 job losses were registered in the country (IMSS, 2020). The Federal Government forecasts a total of 1 million job losses due to the epidemic. Others estimate that this could be the figure only for Cancun (*Diario de Yucatán*, 2020) and that COVID-19 could still plunge between 12 and 16 million Mexicans into poverty (Li Ng, 2020).

As governments around the world declare unprecedented countercyclical measures –these economic and fiscal stimuli interventions represent up to 10% of GDP in other countries– to face the pandemic’s repercussions, different stakeholders have casted doubts regarding the reactivation economic plan proposed by the Mexican government (FitchRatings, 2020). International rating agencies mention that Mexico’s “modest fiscal stimulus” of just 0.7% of the GDP, could represent one of the weakest recovery among Latin American economies by 2021” (Standard & Poor’s, 2020). Other factors such as the deterioration of the fiscal situation, the limited response of the government and the uncertainty generated by its policies could ultimately raise the country risk significantly, compromising the rating of Mexico’s debt (Moody’s Investors Service, 2020).

The current context considers the reduced performance of the Mexican economy before the pandemic along with the federal administration’s “new expenditure model” established in the 2020 Federal Expenditure Budget and the programs it prioritizes, as well as the recent statements by Mexico’s President regarding “the new economic policy in times of coronavirus”. The opposition in congress rejects the reform to the Budget and Fiscal Responsibility Act, which seeks greater discretion in the spending powers by the executive branch, as well as the legal obstacles that the Accord regarding the Reliability, Security, Continuity and Quality Policy of the National Electric System faces (Quadri, 2020).

Likewise, the Federal government has the authority to acquire public debt and finance the nation’s economy reactivation, ensuring businesses’ needs and advance a speedy recovery. The President of Mexico emphasizes the importance of alternative welfare measures in contrast to sole market activity growth. These measures should reflect the vital contribution of the environment to human welfare and favor a sustainable and resilient economy.

Economic theory defines business cycles by three basic stages: recession, recovery, and expansion. Currently Mexico’s economy has not yet reached its lowest point. For example, it is not yet known with certainty the extent of the GDP’s fall of the country’s economy. Banco de México (Mexico’s central bank) in its trimester report January-March forecasted a GDP decline of approximately 8.8% (Banco de México, 2020). Recovery could start probably in the second semester of 2020, when the economy begins to grow –and the

recession ends—. The economic recovery will end when GDP growth achieves its previous maximum point, prior to the slowdown of the Mexican economy –beginning of the first trimester of 2020–. From that moment the expansion of the economy will begin, most likely in 2022.

The economy in Yucatan is in a dire recession situation (due to the contraction of local, national and international demand). Therefore, extraordinary measures such as a strategic change in its economic policy must take place, resorting to the state’s fiscal deficit. In other national or international economies, programs are already underway to counteract job losses and support those who were left without an income due to the pandemic.

On March 24, 2020, the Federal Government published the preventive measures to implement, mitigate and control the health risks by SARS-CoV-2 virus (COVID-19) (DOF: 03/24/2020). These measures known as “Jornada Nacional de Sana Distancia” with a duration from March 24 to May 30, 2020, aimed to achieve “social distancing” and mitigate the transmission of SARS-CoV-2, reduce the number of person-to-person infections and thus its dissemination. It established the need to avoid attending work centers, going outdoors, visiting public places, suspension of school activities, as well as non-essential economic activities. On May 14, 2020, a “New Normal” decree was published to start on June 1. The decree established a strategy to reopen social, education and economic activities. It included a traffic light system by regions to evaluate weekly the epidemiological risk as activities in each state reopened, and establish specific actions if necessary (DOF: 05/14/2020). This “new normality”¹ consists of an economic reopening in a responsible and safe manner, monitoring weekly the contagion risk by region; the traffic light color indicates which economic, education and social activities are possible. By November, Stage 3 was in force, which began on June 1. Yucatan transitioned from red to orange of a total of four colors, green allowing activities “without restrictions”. At the national level, of 32 states only two, Chiapas and Campeche were positioned in green, several states, returned to red, and had to close strategic economic sectors.

Within this scenario, it is essential that the Federal Government as well as state governments procure rigorous and systematic quantitative knowledge regarding the direct and indirect effects of the social and economic recession and contest the spread of COVID-19. Therefore, we place the following question: What are the social and economic implications of shutting down the economic activity of strategic “non-essential” sectors in Yucatan for three and five months?

1 www.gob.mx/covid19

Without doubt, COVID-19 has stuck household economy of thousands of families in Yucatan. The state government's efforts have been substantial, but the dimension and depth of this crisis is immeasurable due to the global economic slowdown. The closure of key sectors of the national economy such as: tourism, restaurants, construction and non-essential services (considered growth generators with multiplier effects due to their links in the production chain, and the creation of direct and indirect employment), has forced small, medium and large businesses to strive to sustain their operations and at the same time close for a period of three to five months, and keep their workforce in lockdown. Currently using their savings, taking loans, or partial payroll payments and technical closures, all have been unsustainable. Many businesses have bankrupted and consequently employment sources have been lost. Family testimonies regarding economy detriment are overwhelming, even more so if the death of a member of the family is involved.

Our hypothesis is for this study is that the full closure of “non-essential” economic activities is the best strategy –cost effective– to halt the transmission of COVID-19 which has caused a loss of household income slightly higher than 30%.

We seek to quantify the direct and indirect effects of the partial or total closure of the economic activity in Yucatan and the consequential loss of family income during the three and five-month lockdown that the “Jornada Nacional de Sana Distancia” and the “New Normality” stipulated for non-essential economic activities.

To answer our research question, and substantiate our hypothesis, this analysis studies the region of Anillo de los Cenotes Geohydrological State Reserve (REGHAC-recarga, in Spanish). It is a social and economic territory comprised by 13 contiguous municipalities. We used two theoretical and methodological instruments to analyze impact simulations: 1) A Social Accounting Matrix (SAM) used for towns or territories, and 2) the Leontief type (1984) accounting multipliers associated and applied to the SAM.

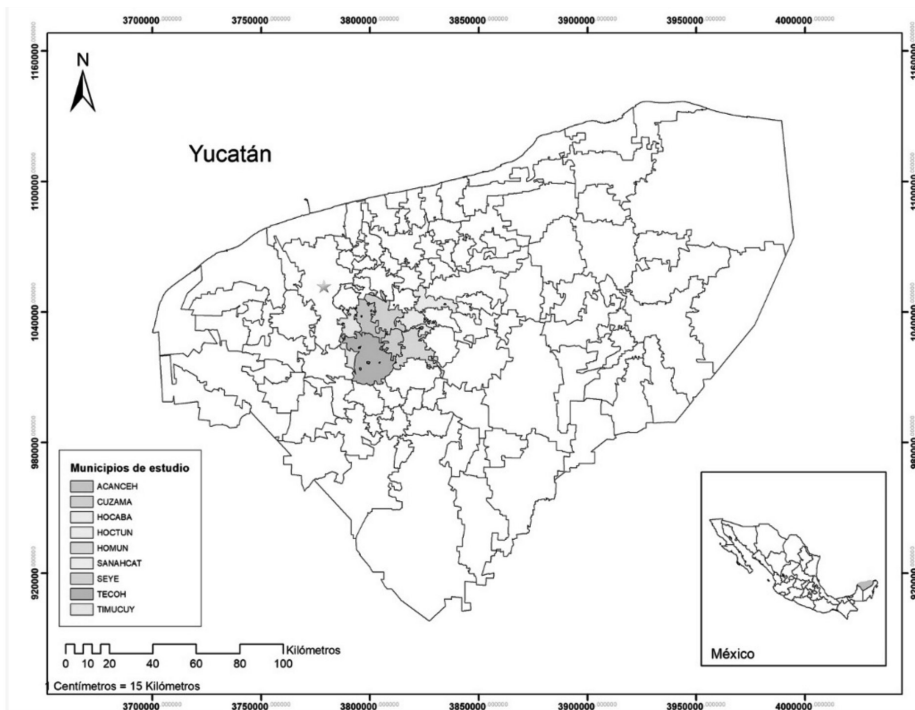
2. MATERIALS AND METHODS

2.1 STUDY AREA

The territory under study is “REGHAC”, fragile and extremely vulnerable to contamination of its groundwater level, due to its geomorphopedological characteristics (karstic landscape, a large number of cenotes (open, semi-open, and cavern) and caves, Leptosols (LP) of different types –thin, shallow stony soils– (nudilitic, litic and rendzinas) some areas with slabs in the open or shallow

soils (5-10 cm); additionally 200 bird species –migratory and resident– have been identified, where cenotes are part of their habitat for food and shelter. Hence the importance of this territory due to the ecosystem services it provides (provision, cultural and regulation).

FIGURE 1: ANILLO DE LOS CENOTES (REGHAC).



Source: ArcGis, 2020.

REGHAC is a state level Natural Protected Area (NPA) since October 2013. It covers an area of 219,207 hectares, situated in a polygon of 13 municipalities: Seyé, Acanceh, Timucuy, Homún, Cuzamá, Tecoh, Tekit, Tahmek, Hochtún, Xocchel, Hocabá, Sanahcat and Huhí in the state of Yucatan. Due to its importance and location (in-land coastal plain), it belongs to what is known as “the cenote route”. Due to its ecological importance, it was designated in February 2009 a wetland site (Ramsar) registration 2,043.

One of REGHAC’s objectives is to guarantee that the ecosystem services benefits derived from its territory –particularly hydrological ones– are distributed in an equitable manner with the inhabitants of these municipalities and thus improve their quality of life.

2.2 POPULATION AND SAMPLE

For our sample size we used a simple random method. We considered as a pre-selection criterion REGHAC rural localities with <2,500 inhabitants.

The values obtained to calculate the sample were the following:

$$n = \frac{NZ^2 pq}{d^2(N - 1) + Z^2 pq}$$

TABLE 1.

Symbol	Value	Description
Z	1.96	Critical Z value was calculated from the normal curve tables. We considered a confidence level of 95%.
d	0.06	Absolute precision. Referred to the width of the desired confidence interval to determine the average value of the variable under study. For this study, 6%.
N	4,582	Sample size (occupied houses).
p	0.50	Approximate proportion in the referred population regarding the studied phenomenon. A 50% distribution was considered for this study.
q	0.50	Proportion of the referred population that does not present the phenomenon under study (1-p).

A minimum of 253 households was considered in the study. The N value derives from total households in localities with 100 to 2,500 inhabitants, in the municipalities of Acanceh, Cuzamá, Hocabá, Hochtún, Homún, Sanahcat, Seyé, Tecoh and Timucuy (see Figure 1); the total number of households is reported in the 2010 Population and Housing Census (INEGI, 2011).

In the calculation of the sample size the following municipalities of interest were considered, for the following reasons: 1) they are providers of environmental services; 2) are circumscribed to the polygon that delimits Anillo de los Cenotes subzone.

Localities were selected with the following criteria: 1) areas with >100 and <2,500 inhabitants and 2) a simple random sampling was applied for the other areas.

The number of households to be surveyed was determined based on the minimum sample size reference according to the number of households in the locality (see Table 2).

TABLE 2. LOCALITIES AND NUMBER OF RURAL HOUSEHOLDS INTERVIEWED.

<i>n</i>	Municipality	<i>n</i>	Village	Interviewed households
1	Acanceh	1	Canicab	25
		2	Petectunich	23
		3	Ticopó	17
		4	Tepich Carrillo	14
2	Cuzamá	5	Eknakán	20
3	Hocabá	6	Sahcabá	18
4	Hoctún	7	San José Oriente	21
5	Huhí	8	San Isidro Ochil	21
6	Sanahcat	9	Sanahcat	15
7	Seyé	10	Holactún	23
8	Tecoh	11	Itzincab	4
		12	Lepán	10
		13	Telchaquillo	26
		14	X-Kanchakan	4
9	Timucuy	15	Subincancab	20
Total				261

Source: Based on field work carried out by: GIPS BACAB, AC, 2019-2020.

3. THEORETICAL FRAMEWORK

3.1 SOCIAL ACCOUNTING MATRICES AND MULTIPLIER ANALYSIS APPLIED TO TOWNS

Taylor and Lybbert (2013) mention that Social Accounting Matrix (SAM's) applied to towns differ from Input Product Matrix (IPM's), and the information provided by the National Accounts System (NAS) in presenting detailed information regarding the different social groups. SAM's are also a flexible instrument and adapts well to the characteristics of our research, –particularly households– workforce and institutions. The accounts that structure SAM's applied to towns, comprise five large groups: 1) production activities, 2) production factors, 3) institutions, 4) capital, and 5) rest of the world (see Figure 2). According to Barceinas and Cervini (1993), SAM's are a wider IMP that includes not only the purchases and sales of inputs and products among sectors, but correspondingly the payments of activities to the productive factors.

Its scheme presents the economic activity circular flow: income redistribution factors and expenditure structure regarding institutions (businesses, households and government), including their external links. SAM's highlight an economy's flow of income and expenses.

FIGURE 2. SAM APPLIED TO TOWNS

Income	Expenses						TOTAL
	1. Production activities	2. Production factors	3. Institutions		4. Capital	5. Rest of the world	
			a. Households	b. Government			
1. Production activities	Community input-output matrix		Consume	Consume	Physical and human investment	Merchandise exports	Total Sales
2. Production factors	Added value of production						Added value of all factors of production
3. Institutions		Payment to households for labor, capital and land services used in production	Transfers	Payments for labor services and transfers		Regional, national, and foreign remittances	Total remittances, total household income
a Household							
b Government	Taxes		Direct taxes				Total government revenue
4. Capital			Saving	Saving			Total capital savings
A Physical							
5. Rest of the world			Purchases abroad				Imports from the rest of the world
a. Rest of the region	Imports						
b. Rest of the country							
c. Rest of the world							
TOTAL	Total payments	Total payments to capital and labor	Total expenses of the institutions		Total investment in capital	Exports	Totals Income / expenses

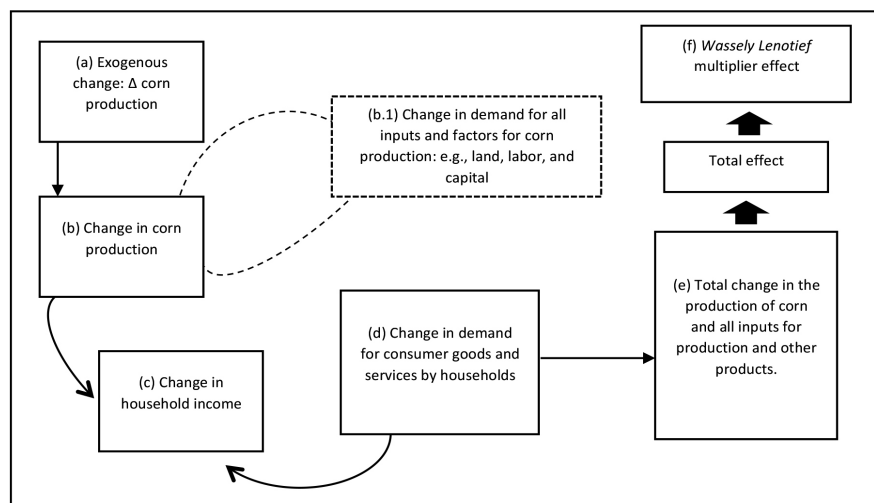
Source: Adapted from Becerril et. al. (1996).

Taylor and Adelman (1996) argue that the SAM's approach applied to communities or towns is ideal for the analysis of local economies, and captures its cultural and social diversity. SAM's offers a structure (analogous to a snapshot), particularly in reference to a specific year by representing the economic structure (technical production coefficients), the institutions that shape the community or territory, as well as the interactions of the local economy at a regional, national and international level.

Accounting multipliers analysis based on SAM's are more rigorous than IPM, mainly because the income and expenses distribution are considered endogenous, Barceinas and Cervini (1993), Becerril et al. (1996), Yúnez-Naude and Taylor (1999), Moniche, (2003), Barceinas, Crowe and Yúnez-Naude (1997) and, Taylor and Lybbert (2013) offer more details on this matter.

Figure 3 presents the direct and indirect impact caused by exogenous effects on the economy under study, considering Leontief (1984) multiplier effect.

FIGURE 3. LEONTIEF TYPE MULTIPLIER EFFECT FLOW DIAGRAM.



Source: Adapted from Taylor and Lybbert (2013).

The multisectoral simulation model (MSM) theoretical assumptions are: i) factor and products prices are fixed, ii) unemployment is present, iii) idle capacity of productive units, iv) constant returns to scale, v) linear and fixed-rate production function, and average and marginal propensities to consume are equal, and vi) demand drives the economy, emulating a Keynesian model. All income elasticities are unitary. For more specifics, one can see: Chiang (1999), Defourny and Thorbecke (1984), Barceinas and Cervini (1993), Huang (1970), Pyatt and Round (1979), Thorbecke and Jung (1996), Ten Raa (1995), Yúnez-Naude and Taylor (1995), Barceinas, Crowe and Yúnez-Naude (1997) and Leontief (1984).

The multisectoral design and analysis applied to SAM's was a Wassily Leontief type accounting multiplier (1984). The equation $\Delta X = MX + \Delta F = (IM)^{-1} \Delta F$ where ΔF represents the multiplier effect that is caused by an exogenous change and this in turn causes an increase in demand ΔX . In the figure the effect is triggered by an exogenous change in the increase in demand for corn production, in (a). This brings –under our theoretical assumptions– to a change in corn production (b). This change increases the demand for inputs and factors regarding the additional production of corn (captured in b.1). Due to the increase in corn production, involved households experience a direct increase in their income. Corn production helps them cover their self-consumption food needs, and the surplus they can sell (c). The household income increase shifts their demand for goods and services –there is an income outflow from the municipality due to the import of goods and services that are not produced in the territory– (d). This increase drives an overall change in corn production

and in purchase of input factors and other goods and services (e). This effect is known as the Leontief multiplier effect or $(I-M)^{-1} \Delta F$ in mathematical notation.

3.2 MULTIPLYING SIMULATION MODELS (MSM)

Methodologically, and following Yúnez-Naude and Taylor (1999), the multiplier analysis applied to SAM's, evaluates the impact that exogenous changes –i.e. agricultural and environmental policy reforms– in our case a systematic analysis caused by the economic crisis–income loss– have on various components (activities, factors and institutions) within the communities of the REGHAC territory. The most important effects to analyze and quantify are those that occur in income and its distribution, investment and the institutions' expense structure.

Through a random method survey, we collected SAM's data regarding all income sources, within nine REGHAC municipalities, covering 15 rural localities (<2,500 inhabitants) and 261 households, from November 2019 to February 2020. A database was prepared using Microsoft Excel and Stata for the statistical and econometric analysis. We prepared the SAM's for REGHAC (according to the scheme in figure 2) and perform the estimates through GAMS the multipliers associated with the SAM's.

The information provided by SAM's helps evaluate the effects of changes in the elements that are exogenous at the national, regional, state or rural community economic model. These analyses are often known as Impact or Multiplier Analysis. To calculate multipliers, we use the inverse matrix of Leontief (1984) or inverse matrix of technical coefficients, one reason is the temporal stability of SAM's coefficients. The literature considers production, income and employment multipliers to estimate the effects of exogenous changes on (Yúnez-Naude and Taylor, 1999). Production, refers to the changes that will generate given the economy's changes in exogenous demand. Income, to the earnings received by households due to new productions, either locally or from exogenous effects. Employment, (in physical units) expected to be generated by new productions.

Numerous papers recommend emphasizing the analysis of production and income multipliers, due to the insufficiency of sectoral information regarding employment. However, in household models, small producers are affected by globalization, in particular by trade liberalization, through different direct and indirect means: i) markets local operation, and ii) relative sale prices and input's availability.

Small producers' characteristics influence their responses to the signals that the market or public policy provides them, some are: 1) Location, 2) Infrastructure, and 3) Availability of resources.

SAM's represent the monetary flow within the REGHAC territory, between activities and households, as well as the link amid the national and international economy. SAM's provide a photograph or snapshot of the local economy, and allows the analysis of external or exogenous impacts on household income and spending, production, inputs and commercial transactions, and understand how these impacts occur. The Leontief-type Multiplier analysis can provide indications about the direct and indirect impacts. However, this analysis has a restriction, since it does not take into account prices adjustment.

The first step to construct multipliers is SAM's account classification (which are n) into two groups:

- i) Endogenous. For this study the production and households' factors, production activities and capital accounts.
- ii) Exogenous. It contains the government and the rest of the world (region, country and the world).

FIGURE 4. SAM'S SCHEME BETWEEN ENDOGENOUS AND EXOGENOUS ACCOUNTS

Income \ Expenses	Endogenous accounts			4. Exogenous accounts	Total
	1. Factors	2. Institutions	3. Activities		
1. Factors	0	0	T_{13}	X_1	Y_1
2. Institutions	T_{21}	T_{22}	0	X_2	Y_2
3. Activities	0	T_{32}	T_{33}	X_3	Y_3
4. Exogenous accounts	L_1	L_2	L_3	LX	Y_4
Total	Y_1	Y_2	Y_3	Y_4	

Source: Adapted and based on Figure 2.

Figure 4 presents the partition and transformation (matrixes) concerning three endogenous accounts. These matrices are:

T_{13} provides the added value produced by various activities regarding the received income by the production factors.

T_{33} gives us the required intermediate input (the input-output transaction matrix).

T_{21} is the map of household factorial income distribution (homes are characterized by their migratory activity).

T_{22} captures the income transfer with and between household groups.

T_{32} reflects household expenditure and consumption (including family consumption).

We group the accounts and normalize the SAM's, by dividing the amount in each cell by the total of its corresponding column. The resulting matrix contains the average spending propensities for all accounts, denoted by S.

Its elements are $S_{ij} = \frac{m_{ij}}{\sum_i^n m_{ij}}$.

Where S_{ij} and m_{ij} are the elements of matrix S and the SAM's, respectively. All exogenous to endogenous accounts payments are captured in a matrix X; which is constructed by eliminating from the SAM's the columns of the endogenous and the rows of the exogenous accounts. X is known as the exogenous injection matrix, whose dimension is: $m \times p$. That is, m rows (endogenous accounts) and p columns (exogenous accounts). With the totals of the rows of X, we form vector x , of dimension $m \times 1$: where: x_j is the total per row of the j -th account of X matrix. By eliminating the rows and columns of the exogenous accounts in matrix S, we obtain the endogenous propensity matrix A, of dimension $m \times m$.

Matrix A (comes from the following equation) is composed of submatrices A_{ij} .

$$A = \begin{vmatrix} 0 & 0 & A_{13} \\ A_{21} & A_{22} & 0 \\ 0 & A_{32} & A_{33} \end{vmatrix}$$

The endogenous accounts of A form subgroups, in the intersection of the first rows and columns production factors accounts are located; at the second row and column intersection household or private institutions accounts are located; and the intersection of the third row and column, activities are located.

Thus the elements of the submatrix A_{ij} , for all i other than j , represent the average spending propensities of the endogenous accounts of subgroup i with respect to those of subgroup j . A_{ii} captures the average spending propensities of the endogenous accounts of the i -th subgroup with respect to itself. With M we designate the SAM's multipliers matrix, as well as the Leontief input-output multipliers, which is the result of the matrix operation: $M = (I-A)^{-1}$, where: M is a square matrix, of dimension $m \times m$, which contains the total effects of exogenous changes on endogenous accounts.

The product of the multiplier matrix times the vector of exogenous injections results in the y vector, which covers the total income of the endogenous accounts: $y = Mx = (I-A)^{-1}x$

If there is a variation in the transfers from the exogenous to the endogenous accounts, matrix X is modified and consequently vector x is altered. This modifies the income of the endogenous accounts contained in y .

The total impact of an exogenous change in endogenous accounts is obtained by solving the operation: $ym = Mxm$ where ym is the modified vector of total income from endogenous accounts, and xm is the modified vector of exogenous injections.

This operation not only captures the total effect on the production of an exogenous change, but also assesses its total impact on the income and expenditure structure of the institutions. SAM-based multiplier models have some implicit assumptions: agents take prices as given and all income elasticities are equal to one, the same is considered for input demands, including those of production factors.

This is a Keynesian type economic model, where the economy is driven by demand; thus, the supply of all goods is perfectly elastic. The latter could produce overestimations in the multiplier effects of the exogenous change simulations. The model is solved using The General Algebraic Modeling System (GAMS) and makes two income detriment simulations.

4. RESULTS

4.1. HOUSEHOLDS AND THEIR MEMBERS SOCIOECONOMIC STRUCTURE

Table 3 describes the sociodemographic profile of both men and women interviewed in the study area. In terms of age, it is an early adulthood and high labor productivity population, predominantly Spanish speaking even though Mayan is the language of the original REGHAC people.

Average formal education between female and male is statistically significant ($t = 2.96$). This is an unfortunate reality, where women achieve lower levels of formal education on average than men. Its causes involve multifactorial elements that are outside the scope of this study. The challenge is for the Federal and state governments, to reduce gender inequality and inequity, which represents an obstacle for the economic and sustainable development that is desired in the territory.

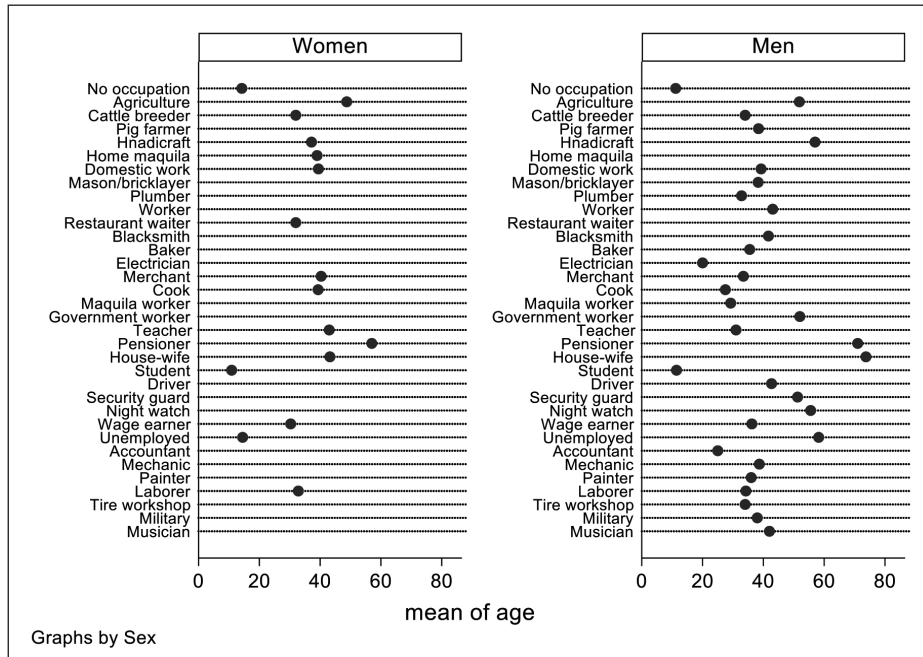
TABLE 3. HOUSEHOLD MEMBERS' SOCIODEMOGRAPHIC DATA.

Variable (t Test)	Female (541)	Male (540)	t
Age	33.17	32.30	0.68
Education (in years)	6.36	7.08	2.96*
Speaks Spanish (1 = Yes)	0.90	0.90	0.30
Speaks Maya (1 = Yes)	0.62	0.62	0.16
Speaks English (1 = Yes)	0.000	0.003	1.41

n=1,081; *p<0.05

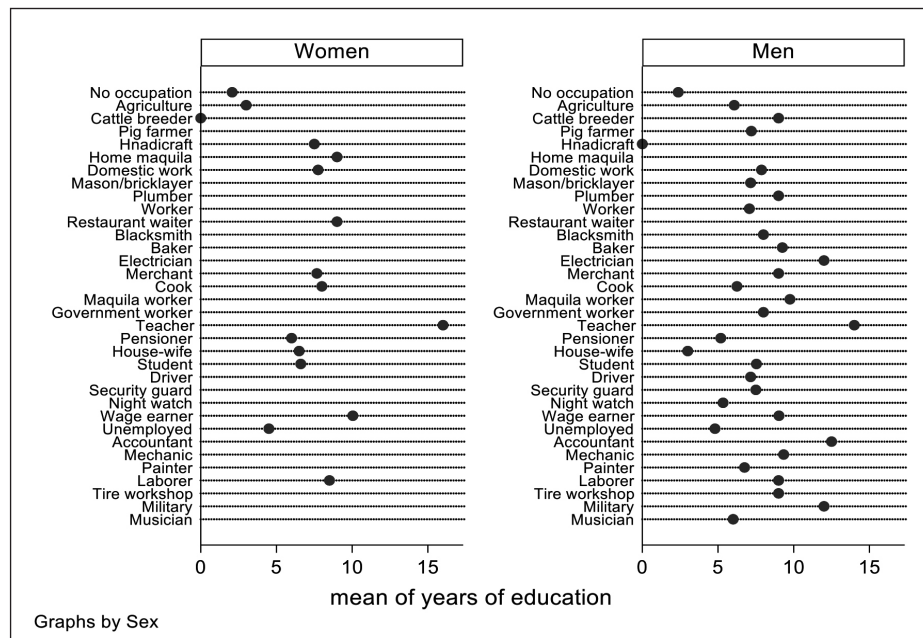
Work occupation of REDHAC inhabitants is important for our analysis; Figure 5 reveals and illustrates the evidence between the average age in completed years and the economic activity reported by people we interviewed. The data describes the average women and men's age and their main occupation. Agricultural activity is carried out by both men and women with an average age of 50 years. For selected skills (main occupation) for women such as domestic maquila (home assembly), is carried out by women with an average age of 40 years. Men reported as their main occupation being: driver, plumber, electrician, night watchman, security guard, mechanic, painter, with an average age of 40 years. A relevant datum is that polyculture agricultural activity is in the hands of men –mainly- adults–, over 50 years of age.

FIGURE 5. WORK OCCUPATION BY AGE AND GENDER



Source: Elaborated with data from the income survey – in full, 2020.

FIGURE 6. MAIN OCCUPATION BY AVERAGE YEARS OF EDUCATION AND GENDER



Source: With data from the income survey – in full, 2020.

Women or Men	
1	No occupation
2	Agriculture
3	Cattle breeder
4	Pig farmer
5	Handicraft
6	Home maquila
7	Domestic work
8	Mason/bricklayer
9	Plumber
10	
11	Worker
12	Restaurant waiter
13	Blacksmith
14	Baker
15	Electrician
16	Merchant
17	Cook
18	Maquila worker
19	Government worker
20	Teacher
21	Pensioner
22	House-wife
23	Student
24	Driver
25	Security guard
26	Night watch
27	Wage earner
28	Unemployed
29	Accountant
30	Mechanic
31	House painter
32	Laborer
33	Tire workshop
34	Military
35	Musician
Average years of education	

Figure 6 helps to understand Yucatan's rural areas. Inhabitants employed in the primary sector (agriculture and livestock), apart from being adults, are those with the lowest formal education. In table 3 we reported the statistically significant difference. Even though the women and men in this territory with a profession and a steady income are the least vulnerable: teachers, accountants, military personnel, among others; the women and men without the first years of schooling completed make up the population with informal trades and without any social security contract.

On the other hand, Table 4 summarizes households' socioeconomic characteristics in relation to their activity type of activity: primary (68.2%), secondary (19.2%) and tertiary (12.6%) sector. The data highlights that households with the highest annual average income carry out secondary and tertiary activities, where only a minor percentage of households in extreme poverty are located in the service sector.

TABLE 4. HOUSEHOLD SOCIOECONOMIC CHARACTERISTICS (TYPE OF ACTIVITY), 2020.

Household description	Household activity		
	Primary (12.64%)	Secondary (19.16%)	Tertiary (68.20%)
Head of household is male (%)	96.96	100.00	72.24
Average age of head of household	52.15	45.82	49.64
Average education of head of household (years)	6.18	6.72	6.95
Family size	4.12	4.58	4.06
Average annual income (\$ MXN)	66,320.36	90,726.72	89,636.46
Size of land (Ha)	0.25	0.36	0.07
Number of Public Policy Programs	2.15	1.14	1.26
Annual average firewood consumption (\$ MXN)	4,193.30	3,349.90	3,200.40
Do they own a plot of land (solar) (%)	96.96	76.00	88.76
Average crops in plot of land (solar)	2.96	2.94	3.01
Average animals in plot of land (solar)	4.66	6.44	3.78
Extreme poverty households (%)	45.45	44.00	26.96

Source: Interviews from 261 households interviewed, 2020.

Table 4 provides a photograph of REGHAC's situation prior to the pandemic, and figures 2 and 3 are corroborated. We highlight the number of public policy programs according to household type. Particularly extreme poverty households that are in a vulnerable situation, 45% of these are in the primary sector (agriculture), compared to households in the tertiary sector –services–, with an incidence of only 26.96%.

4.2 MULTISECTORAL ANALYSIS RESULTS

COVID-19 has had impacts on a global, national and local scale causing an economic activity slowdown, with countless repercussions to our health, social and economic systems. The Economic Impact Survey due to COVID-19 of the National Institute of Statistics, Geography and Informatics (INEGI, in Spanish), in its June 2020 publication estimates that just over half (59.6%) of businesses in Mexico implemented as preventive measures temporary closures. Regarding the economic importance, 41.4% of companies considered as essential undertook temporary closings for 21 days or more, while non-essential ones represented 50.5%. Furthermore 93.2% of businesses registered at least one form of affectation due to COVID-19. The greatest was income decrease, with 91.3 percent, followed by a reduced demand that at the national level was reported by 72.6% of surveyed companies (INEGI, 2020).

INEGI's (June 2020) COVID-19 telephone survey regarding the labor market, estimates that 32.9 million employed people (23.5% worked from home), 30.3% did not work standard hours, 46.1% decreased their income and 21.8% were temporarily absent from their work but sustained a labor relationship. The report indicates that in 30.4% of households some member lost their job due to the pandemic and in 65.1% their income decreased during the contingency. 37.4% of the homes with an income decrease, their members had to sell some goods, borrow money or resort to their savings.

These numbers provide insight to calculate through REGHAC-SAM's, the impact that the rural households' income decrease would have. SAM's 2020 reports the income obtained in 2019 in current pesos, the hypothetical simulation analysis would be an income loss of three, five or 12 months.

TABLE 5. RECHAG'S ECONOMY STRUCTURE
(THOUSANDS OF CURRENT PESOS) IN 2019

Territory's aggregate economy	Current pesos 2019
GDP	\$471,813.4
Aggregate offer	\$606,931.6
Import Activities	\$128,684.2
Export Activities	\$3,966.5
Migrant remittances	\$349,408.4
Household imports	\$220,245.4
Subsidies	\$29,285.2

Source: Social Accounting Matrix REGHAC, 2020.

To interpret the relative changes Table 5 reports REGHAC's economy aggregates. A \$471 million pesos GDP in 2019. The service sector provides an income of \$349 million pesos that comes, according to face-to-face interviews in Merida (the state capital) and the Riviera Maya, via trades, such as: domestic workers, bricklayers, painters, mechanics, electricians, dishwashers, cooks, drivers, etc. With this income, REGHAC's households buy goods and services, mostly imported (they are produced and offered outside the territory) –in the best of cases– and from other parts of the world.

The \$349.4 million pesos per year, relate to a \$72,793.36 annual income distribution per household (\$6,066.11 household monthly income), to a monthly per-capital income average of \$1,378.66. The model simulates an income loss of \$145.6 million pesos, that is, 41.6% of the livelihood of households in 2020 that are employed in trades and that due to the COVID-19 lockdown lost their source of income. The model does not consider, in the loss, households that kept their income while working at home: teachers, professionals employed in certain companies in the area, and other jobs in the economy formal sector, which unfortunately were the fewest.

The analysis simulates an income decrease by household members working in the informal service sector in Merida, capital city, (*ceteris paribus* all other sectors). The model's objective variable is to maximize the Gross Domestic Product (GDP).

TABLE 6. REGHAC'S LEONTIEF MULTIPLIER EFFECTS, 2020

Anillo de los Cenotes 2020 (15 municipalities)			Leontief multiplier effects	
			Five month income loss due to lockdown	Three month income loss due to lockdown
Activities	Cornfield (Milpa)	1	-33.80	-20.28
	Family garden (Solar)	2	-34.30	-20.58
	Apiculture	3	-10.70	-6.42
	Natural resources	4	-37.94	-22.76
	Handicrafts	5	-20.96	-12.57
	Commerce	6	-37.96	-22.78
	Services	7	-40.86	-24.52
Factors	Waged employee	8	-40.84	-24.50
	Family work	9	-38.64	-23.18
	Land	10	-33.80	-20.18
	Capital	11	-39.51	-23.70
Institutions	Primary activity household	12	-37.22	-22.33
	Secondary activity household	13	-38.19	-22.91
	Tertiary activity household	14	-38.03	-22.82
	Government	15	-11.45	-6.87
	JAPAY ²	16	-38.13	-22.88
Capital	Financial	17	-38.01	-22.80
	Human	18	-38.01	-22.81
Exterior	Region	19	-38.01	-22.81
	Mexico	20	31.02	-18.61
Total		21		
Gross Domestic Product			-40.31	-24.19

Source: Multisectoral analysis results reported by GAMS.²

² Japay is the satte Office of Water.

The hypothetical scenario results, three and five months' income loss –conservative objective and credible to local conditions– show a resounding GDP drop. The model suggests a 23% to 38% detriment in both scenarios regarding household income drop, which corresponds to the income received by REGHAC inhabitants. The majority of the population reported being employed in the service sector with informal jobs. This affects the total of activities within the area under study: cornfield agriculture, cultivation activities (backyard of homes), beekeeping, use of natural resources, handicrafts and local commercial activity. To this we must add the damage caused by tropical storm Cristobal (end of May beginning of June 2020, which is beyond the scope of our analysis).

5. CONCLUSIONS AND RECOMMENDATIONS

The analysis fulfills its general objective by quantifying the direct and indirect effects of the total and partial closure of key sectors of the economy in Yucatan during the “Jornada de Sana Distancia” and the “New Normal” regarding the weekly epidemiological traffic light and undertaking a simulation analysis of the three and five months' closure of activities and income reduction implications to rural households.

The analysis also responds to the question posed about the social and economic implication of the closure of economic activities considered –erroneously– as non-essential, but support thousands of families in Yucatan. This reliable sample provides robust and systematic information, with a high level of reliability and a low margin of error on the direct and indirect impacts on the detriment of REGHAC household income in rural areas. Knowing that the theoretical approach of Leontief's (1984) multiplier effect, regarding the income decrease of households with a pendular migration (every day) to Merida (state capital), indirectly affects the goods and services that these households demand in their localities of origin. The result is a sharp drop in the local and regional economy. The results demonstrate that keeping the population alive under lockdown and social distancing has been highly costly. Household income fall has led to the closure of other activities, multiplier effect, considering the circular flow of income and expenses in this theoretical approach.

The analysis supports the hypothesis of the draconian measure of a total closure of the economy, surpassing an income loss above 30%, an expensive and ineffective measure. According to Bloomberg's analysis, Mexico is classified as the worst country to live in the era of COVID-19 (53rd place out of 53 countries, www.bloomberg.com/graphics/covid-resilience-ranking). The

measures to manage the pandemic by the Federal Government have been costly in terms of family income detriment and not very effective.

To recover and expand the economy in Yucatan, it is prudent to follow orderly, energetic and expeditious policies, without restrictions. Governments should consider the experience of the school of economic thought, particularly the Keynesian school, which succeeded in lifting economies out of the 1929 Great Depression, the real estate crisis of 2008, and the multiplier effects on the circular flow of income and expenditure of institutions. One must consider the economy's activities with greater multiplicative effects. Currently, many governments are providing fiscal stimuli in the order of 10% of GDP or higher. In addition, it is imminent that small business will have to reconvert in the way they offer goods and services, and adopt new customer service sanitary standards. Digital platforms and home delivery are opportunity areas. Society must be attentive of buying what is well "Made in Yucatan", and buying products that come from Yucatan's rural areas. We should remember that a peso spent on a product of Yucatan is income to local households –in terms of the Leontief multiplier effect–, with direct and indirect effects due to the economy's linkages. Derived from the Leontief multisectoral analysis and with a Keynesian theoretical assumption, we suggest the following actions to prompt the region's economic recovery:

- Reduce gender inequality and incorporate an inclusive model for indigenous communities, as an empowerment precursor and grassroots' development, to foster fair local employment.
- Promote on a global and local scale the benefits of Mayan apiculture, its nutritional values, ecosystem benefits and low environmental impact.
- Promote local gastronomy (gourmet type value) and present local crops that come from polycultures [such as cornfield (milpa) and Mayan family garden (solar)], and the Mayan people's culture and values regarding their identity, thought and philosophy.
- Promote alternative tourism, –not massive or resort style–, but one that provides the experience of exploring and venturing into the pre-Hispanic Mayan Cenotes, based on guides and interpretations in the hands of the Mayan people and culture.
- Promote fair market. From the producer to the chef or final consumer.
- Promote and extension of the use, handling, application and final disposal of agrochemical containers and packaging.

- Promote and participate in native seeds markets and fairs (heirloom) for corn, squash, *espelon* (Mayan bean), beans, *ibes* (white bean), to mention a few that are used in the milpa's polyculture, as well as in the solar.
- Promote knowledge and knowledge exchange in a ludic and multicultural manner.
- Promote and disseminate local agrobiodiversity. The nutritional properties of each crop.
- Promote gastronomic circuits with local crops, showing and underscoring the attributes of local agrobiodiversity. With direct benefits to REGHAC's rural inhabitants.
- Promote green economy and circular economy actions.
- Have higher education institutions and research centers be involved –with a multicultural approach– in REGHAC with extension projects, knowledge exchange.
- Promote youth entrepreneurship actions that solve local, grassroots problems and concerns in REGHAC's territory.
- As an urgent issue, innovate and make a change in sewage and waste water disposal of homes, public and private institutions and livestock activities.

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CHINA'S HEALTH DIPLOMACY IN LATIN AMERICA: A SILK ROAD OF HEALTH? THE CASE OF SARS-COV-2

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ABSTRACT: While the coronavirus (SARS-CoV-2) outbreak originated in China, the People's Republic of China seems to have succeeded in convincing the world of its capacity to manage a health crisis. In broader terms, Beijing has focused on developing a genuine health diplomacy, in parallel with its pragmatism in terms of international strategic agenda. Beijing's health diplomacy is strongly rooted in Latin America, particularly due to the gradual withdrawal of the United States from the region. Cooperation in the healthcare sector is a soft-power tool for China's influence in the region, as well as a means of economic penetration and influence. China's credibility in the health sector has been built up step by step, as has its economic presence in Latin America.

Keywords: Health diplomacy, COVID-19, China, Latin America.

1. CHINA'S HEALTH DIPLOMACY: INCORPORATION INTO THE PRAGMATIC FOREIGN POLICY STRATEGY OF THE PEOPLE'S REPUBLIC

In order to analyze what the Chinese health diplomacy implies, first, it must be placed within the context of China's international strategic agenda. In other words which are the determining factors of the foreign policy of the People's Republic? What kind of power does it hold on the world healthcare agenda?

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With regard to the history of Chinese health diplomacy, it can be said that it has been more active nowadays than the foundation of the People's Republic of China in 1949. In this sense, according to Xu, Liu and Guo (2011), it is possible to distinguish strategic changes in Chinese health diplomacy, in which they highlight five periods. The first period is known as the "leaning to one side" phase, characterized by health cooperation between China and the Soviet Union in the 1950s; the second period, known as the decade of the struggle between the two superpowers between the 1950s and 1960s, was characterized by the sending of medical teams to Africa. The third and fourth periods are respectively the beginning of multilateral health diplomacy in the 1960s and 1970s and the beginning of the pragmatic period of China's comprehensive health diplomacy from the 1970s to the 1990s (Xu, Liu and Guo, 2011).

Looking at the last period, the great importance given to health with respect to the current international problems is apparent. Chinese pragmatism in foreign policy was affirmed by the doctrine developed by the Secretary General of the Communist Party, Jiang Zemin : the observance of a "good neighborhood policy" and of "cooperation, friendship and development among nations" (睦邻, 安邻, 富邻, *mulin, anlin, fulin*). By cooperating with other countries in world forums such as the United Nations Joint Program on HIV/AIDS (UNAIDS), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Global Alliance for Vaccines and Immunization (GAVI), the People's Republic wanted to demonstrate its international credibility in health matters. This period is framed by the term "Harmonious Society", coined in 2004 by former president Hu Jintao, who "sought political and social stability, with a sustainable development aimed to achieve the well-being of people" (López, 2016, pp. 173-174). In addition to that term, there is the "Chinese Dream", developed by current President Xi Jinping, which consists of "the search for prosperity within the collective effort to maintain socialism and national glory" (Lopez, 2016, p. 174). Under this logic is that the concept expands to a mentality of "harmonious world" which is still present today, achieving a much broader development of comprehensive health diplomacy, where diplomatic tools are used to solve health problems afflicting the globalized world (Xu, Liu and Guo, 2011):

At present, China is actively involved in international health affairs, activities including cooperating with international health organizations, expanding intergovernmental health cooperation, and pioneering non-governmental health diplomacy (Xu, Liu and Guo, 2011, p. 1).

According to the Pan American Health Organization, Global Health Diplomacy, also known as Global Health Diplomacy (GHD), is the practice by which governments and non-state actors attempt to coordinate global policy solutions and mechanisms to improve health around the world (PAHO). Therefore, by definition, Global Health Diplomacy incorporates a multiplicity of actors and fields among which are public health, international relations, law, economics, trade policy, among others.

The complex relation between health, prosperity and national security also forces China to push its national interests into the global health program. Zheng Bijian, a Chinese philosopher whose globalization and transparency theories underline the importance of projecting soft power and peace into global relations (Li and Shaw, 2014), explained that the foreign policy of the People's Republic was also pushed forward by the resolution of three very important domestic obstacles for its development. These same obstacles also apply to health policy.

Firstly, a growing scarcity of the necessary natural resources for the industrial development of the country, which are also needed for fabricating medical equipment (oxygen masks, first aid kits, antiseptics, etc.); secondly, an imbalance between the country's economic and social development, with a growing aspiration among the middle class for public services of a higher quality (better attention at hospitals and nursing homes); and thirdly, the environmental challenge and the disastrous impact of carbon-intensive industries on public health, which have accelerated the transition toward cleaner energies due to the increase in medical costs related to air pollution and lung diseases (Zheng, 2005).

The importance of Health Diplomacy is increasingly emphasized by the severity of health problems that go beyond national borders, and that require a higher coordination for fighting against them. In fact, ever since the beginning of the 21st century, at least six global health crises can be identified as issues needing a joint response: SARS, antimicrobial resistance, Zika, Ebola, HIV and the current SARS Cov-2 pandemic, popularly known as Coronavirus (PAHO). The articulation between China's foreign policy and its national interests is at the core of the People's Republic's health strategy. It can be analyzed through three perspectives: a rationalist standpoint, an institutional angle and a discursive or constructivist dimension.

First and foremost, China is interested in maintaining an active health policy with its neighbors, particularly because it is the second largest health market in the world (IMS Health, 2015). For example, the "Healthy China 2030" plan had the objective of reforming the health system so that it could be modernized at a

domestic level, as it faces several challenges, such as the population aging and the impact of pollution (Regional Economic Service of the French Embassy in China, 2017). It also integrates an international dimension: China has the intention of becoming a leading country in the production of medical equipment for medical diagnoses and treatments, as well as conquering a substantial part of the world's pharmaceutical market, thus creating new comparative advantages and facilitating the creation of national giants that are capable of competing in the global pharmaceutical market in the mid-term.

Secondly, China's leadership aspirations in health-related matters also require the creation of forums for international dialogue. In May 2017, China held the first Belt and Road Forum for Health Cooperation with great enthusiasm, in which 29 Heads of State and Government took part. This meeting was then followed by a summit meeting in August 2017 to address cooperation in health-related issues in the context of the Belt and Road Initiative, which gathered 30 health ministers and heads of international organizations (WHO, 2017). A key outcome of the meeting was that Xi Jinping signed a memorandum of understanding with the World Health Organization for promoting health security through the Silk Roads, an initiative described as "visionary" by Dr. Tedros Ghebreyesus, the organization's General Director (WHO, 2017; Bondaz, 2020). Subsequently, numerous bilateral agreements have been signed with China's partners for integrating health issues into the investment plans of the One Belt One Road Initiative.

Third, the growing influence of the People's Republic in the global health program is also reflected in the rhetoric of Chinese leaders. Although Xi Jinping tries to convince his domestic audience that his country is the champion of free trade and international economic cooperation (consider the declarations of President Xi at the Davos summit of 2017, for example), China lacks credibility in the health front. Chinese authorities have been criticized in the past for their lack of transparency and their mismanagement of health issues. When faced with the severe acute respiratory syndrome (SARS) in 2002, an unknown and extremely virulent pathogen, the authorities of the People's Republic of China abruptly rejected the assistance of international health experts, locking themselves into obstructionism, secrecy and isolationism (Goldizen, 2016).

The stir caused by SARS in the Chinese public opinion and the economic cost of that epidemic have precipitated a radical change in the position of China's Communist Party, which has developed a new discourse about the infringement of their national security (Chan et al., 2010) and has tended to resort to more regular and intensive cooperation with international institutions. The greater socialization of Chinese authorities under the auspices of the WHO has allowed them to acquire more knowledge in health matters among their

peers, something that, up to this point, had seemed to be rather neglected by the Communist Party. It has also allowed a greater participation of the People's Republic in global health diplomacy, thanks to the incorporation of the national security doctrine into health policies. After the SARS outbreak in 2002 and the avian flu (H5N1) epidemics in 2008 and 2012, the reputation of Chinese public officials has been questioned, which has accelerated the need for domestic reforms, also supported by a change in the national discourse on health policy, now considered as a diplomatic tool, but also a pillar of national security (Chan et al., 2009; Goldizen, 2016).

On the grounds of this analysis, when talking about China's Health Diplomacy, one cannot ignore that it additionally refers to a soft-power mechanism. The concept of soft power coined by Joseph Nye consists of describing the capacity of a political actor to influence other actors through actions or interests. In this respect, Chinese health diplomacy is seen as a mechanism of soft power since, after the events of SARS in 2003, China set out to regain the international trust that had been lost through cooperation in the area of health, with various instruments such as technical cooperation, doctors, supplies, among others.

It should be clear, however, that China's health diplomacy is not just a state-level issue. As previously stated, health diplomacy is by definition multifaceted, so it encompasses Chinese regions, private companies and state-owned enterprises, among other actors that join the state.

2. CHARACTERISTICS OF CHINESE HEALTH DIPLOMACY IN LATIN AMERICA

The collaboration with China allowed Latin American countries to find a strong ally in health issues. Indirectly, these countries contributed to the affirmation of Chinese influence, not only in the region but also in the international system. The increased political space that has followed the relative withdrawal of the United States from world affairs is also taking place in the area of health, as evidenced by the skeptical behavior of President Trump's administration during the SARS-CoV-2 (COVID-19) outbreak, which claimed, for example, that there was "enormous evidence" (*The Guardian*, 2020) that the virus came from a Chinese laboratory. The US ongoing withdrawal from WHO activities is in line with their progressive disengagement from health diplomacy.

What seems surprising at first glance is that the creation of partnerships between China and Latin America used to focus almost exclusively on economic and trade relations. The first ministerial meeting of the China-Community of Latin American and Caribbean States Forum (CELAC), held in

Beijing in January 2015, laid the groundwork for an unprecedented deepening of economic cooperation between China and the subcontinent. The Ministerial Meeting resulted in the adoption of the Cooperation Plan between China and the countries of Latin America and the Caribbean (2015-2019), which combines pragmatism and the affirmation of China's development strategy, as well as the desire for economic integration of the CELAC member states (China-CELAC Forum, 2015). However, since the SARS crisis in 2002, there has been a change in the area of health, with an increase in health cooperation instruments, as well as investment chapters dedicated to advanced technologies and cooperation in science and medical care.

By situating China's strategy in the health sector in its relationship with the American continent, one can observe the importance of the triptych "interests, institutions, ideas" in the projection of the People's Republic's influence on health. First, from a rather Rationalist perspective, China wants to clear its international image from the criticism it has been receiving for its mismanagement and lack of transparency during the SARS crisis in 2002 and, to another extent, the H5N1 flu crisis in 2009. It wants to show that it is now capable of managing health crises, while promoting itself as a national champion in health and technology (through its state-owned enterprises). China also wants to secure its markets in Latin America, combining the imperatives of national security with medium and long-term investment strategies in the region, and maintaining the balance it has built in the region around the "Beijing Consensus", i.e., incorporating partners from the periphery into China's centralized development model (Ramo, 2004; Halper, 2012). In particular, the idea is to create links of dependence between the People's Republic, which is in the process of industrial development and seeks to conquer new markets for its high value added and high technology products, and the countries that are still in the process of development based on the export of primary sector products (agriculture, mining), such as those in the Latin American region (Ferchen et al., 2013).

This center-periphery relationship also takes place in the field of health. The network of state-owned or mixed enterprises is actively involved in the administration of China's health diplomacy in Latin America. The lack of investment in infrastructure in the subcontinent, compared to other regions, leads to a series of negative externalities, such as declining productivity, income inequality, or reduced access to quality health services. The technology company Huawei, for example, which already has a strong presence in Latin America through its telecommunications networks since 1999 (Creutzfeldt, 2012), plans to invest in 5G technology or artificial intelligence to connect all objects and interfaces that are not yet connected, particularly in the hospital

sector. The mobilization of public and private actors supports China's medium- and long-term economic interests in the region and in healthcare.

Secondly, with regard to cooperation between China and Latin America, the latter has resulted in close high-level collaboration between governmental, regional and local medical and health institutions, within the framework of a joint action plan established in 2018 by the People's Republic and CELAC (Koop et al., 2020), *de facto* excluding the United States and Canada. China's cooperation model is primarily based on bilateral agreements. So far, they consisted largely of investment policies for the development of Latin American countries, sometimes exceeding the loans granted by the World Bank and the Inter-American Development Bank together, reaching \$29 billion in 2014 (plus almost \$35 billion in credits) and totaling more than \$125 billion since 2005 (Liu et al., 2014). So far, these funds have not been a true affirmation of China's health policy in Latin America, but rather a development aid policy. China's health diplomacy was not obvious in Latin America compared to other areas of its foreign policy, such as trade, agriculture or mining. The CELAC-China Joint Action Plan for Cooperation on Priority Areas (2019-2021) only mentions health cooperation in the penultimate point, among the "other areas" of cooperation, and is not specifically addressed. Consequently, the institutional framework of Chinese health diplomacy is not very developed, although the existing structures (WHO, CELAC-China summits, bilateral meetings) facilitate a high-level dialogue among political leaders.

However, it is worth noting that this health cooperation is also part of the rationale of the "Silk Road" initiative pursued by Beijing. As Bondaz (2020) points out, China wants to use its new voice in the international health agenda to create "Health Silk Roads" based on the model of pre-existing bilateral economic agreements. Since most of the construction projects under the Belt and Road Initiative are in developing countries, China has realized that helping recipient countries strengthen the health system capacity is not only of great practical importance, given their vulnerability, but is a necessary condition for Belt and Road growth and development. In 2019, 19 countries in Latin America and the Caribbean have joined the Belt and Road project: Peru along with Chile, Ecuador, Uruguay, Panama, Bolivia, Venezuela, Cuba, El Salvador, and the Dominican Republic, among others (Liévano, 2019). In Latin America, the institutional framework of Chinese health diplomacy requires a close dialogue between heads of state and government. Teams of Chinese medical experts are offering knowledge and advice in public administrations to health ministers and hospital directors. As it does not have formal diplomatic relations with China, Paraguay is the only country in Latin America that does not receive assistance from Beijing.

Thirdly, the soft power used by China in the display of its health diplomacy is occurring in parallel with the rise of Traditional Chinese Medicine (TCM). Officially recognized by the World Health Organization since 2017 and included in the global pharmacopoeia, China has managed to convince the international community about the complementarity of TCM with Western medicine. WHO has estimated that herbal medicine meets the health needs of nearly 80% of the world's population, particularly in developing countries and rural areas. Under the Silk Roads agenda, TCM relies essentially on less invasive and less aggressive techniques than Western medicine through the use of plants, massage, and acupuncture. This recognition is considered an important step forward for Chinese health authorities, first of all in terms of global recognition, since TCM is not always well accepted due to uncertainties about its effectiveness and integration within the regulatory systems of Western countries. The quality of the herbs, the effectiveness of the remedies and the lack of research data are regularly pointed out by doctors and Western governments (WHO, pp. 34 and 40). Several even prohibit the practice of TCM by non-physicians, i.e., those not trained in Western universities.

Yet this battle for recognition of the TCM is essential for the People's Republic and a matter of acceptance of its influence by local populations, especially since the SARS and H5N1 episodes the country has suffered. Used as an addition to Western medicine, TCM was used in particular to treat 50% of SARS patients in China in 2003 (Jin-Ming et al., 2003). At the same time, many people in Latin America see TCM as an alternative to American or European BigPharma. Some countries, such as Bolivia and Chile, have an official permit to practice traditional medicine (Lovera Arellano, 2014). Therefore, TCM coexists with the ancestral health care practices of these countries and therefore enjoys privileged access among local populations. In Latin American countries where this type of regulatory framework does not exist, such as in Central America or Uruguay, the soft power of Chinese health diplomacy is less easily asserted.

It is also relevant to underline the impact of Chinese influence in Latin America with regard to certain practices sometimes judged negatively in the area of health, particularly when it comes to its development aid policy. How can health diplomacy be reconciled with harmonious development when some companies are locally accused of adopting predatory behaviour? As Gonzalez points out, some companies managed from Beijing are rejected by local populations, in particular because of the:

erosion of genetic diversity, unsustainable levels of pesticide use, agrochemical contamination of lakes, rivers, and groundwater, increased human

exposure to toxic pesticides, depletion of aquifers, and deforestation (due to the conversion of forests to crop land)” (Gonzalez, 2010, p. 10178).

Therefore, the promotion of high-level health diplomacy by the People’s Republic seems to face certain contradictions, which demonstrate the primacy of economic relations in its interaction with Latin America.

3. CHINESE HEALTH DIPLOMACY IN LATIN AMERICA: COVID-19

The first case of COVID-19 (SARS-CoV-2) in Latin America was reported in Brazil on February 26, 2020. As governments in the region battle one of the worst pandemics on record, China has expanded what is known as “mask diplomacy” not only across the globe, but also in Latin America and the Caribbean.

According to Margaret Myers (2020), Director of the Asia and Latin America Program at the Inter-American Dialogue, there are five observations about the nature and extent of Chinese medical shipments to the region.

First, several Chinese entities delivered medical equipment and services a few days after the first case of COVID-19 was detected in the region, and the deliveries have been carried out steadily over time. On March 6, 2020, a week after the first case was detected in the region, the Chinese company BGI and the Mammoth Foundation announced the delivery of reagents to carry out tests for the diagnosis of Coronavirus (Embassy of China in Peru, 2020). This announcement is one of the first publicly documented, and one of more than two hundred transactions from China to Latin America. However, although most of these transactions are characterized as donations, others involve the sale of personal protection equipment. In this sense, Latin American and Caribbean countries have purchased items from China to protect those who are on the “front line” of the fight against Coronavirus.

Secondly, collaboration in the fight against COVID-19 has reached most of Latin America and the Caribbean, regardless of the large debt that some countries have with China. Regarding the debt, the main source has been loans from the China Development Bank (CDB) and the Export-Import Bank of China (EXIM Bank). In that respect, the largest loans were granted to Venezuela (US\$ 62.2 billion), Brazil (US\$ 28.9 billion), Ecuador (US\$ 18.4 billion), Argentina (US\$ 17.1 billion), among others (Gallagher and Myers, 2020). Even though the region’s debt is increasing, its restructuration to comply with payment commitments is not an issue at the moment, which is evidenced

by the statements of the Chinese Ambassador in Argentina, Zou Xiaoli, who states: “China is willing to strengthen the coordination of financial policies with Argentina in order to fight together against the challenges of #Covid” (Embassy of China in Argentina, 2020), and also emphasizes that financial cooperation between the parties is growing and diversifying, in addition to using a common concept in Chinese rhetoric: that of integral strategic partners.

Thirdly, it should be noted that China’s response to the pandemic is not only dependent on the Chinese government, but on a wide range of actors involved. State-centered approaches to diplomacy, described as the single international actor in diplomatic relations, have been challenged by increasing globalization and regionalism (Liu and Song, 2020). The main problem is that:

few theoretical and empirical studies produced since the 1970s have focused on subnational governments, as opposed to such non-central government actors as sub-units of ministries (Keohane and Nye, 1974), legislature (Milner, 1997), bureaucrats (Slaughter, 2004), as well as commercial oligarchies.

In this respect, for several years China has been engaged in what is known as “multi-level diplomacy”, which does not limit diplomacy to the role of the State, but also incorporates relations with sub-national governments such as municipalities, regions, federations, departments, among others. According to Myers (2020), the assistance to Latin America and the Caribbean has not only taken place centrally (from Beijing), but also from local governments such as large cities in China to Chinese embassies in the region. For example:

the city of Chongqing in central China delivered 1,000 protective suits, 1,000 surgical suits, and 5,400 N95 masks to Ecuador in early April, according to China’s embassy there. Suzhou, which is located in China’s Jiangsu province, donated 20,000 facemasks and 200 hazmat suits to Panama’s government later that same month. And the city of Nanjing donated 30,000 facemasks to Colombia

Fourthly, something interesting that can be observed in health diplomacy between China and Latin America is the China-COVID-19 narrative. Chinese embassies in the region have coordinated and brokered donations, but have also addressed criticism about the origin of the virus, sometimes even generating diplomatic disputes.

Finally, and fifthly, it is worth noting what the gratitude and suspicions that Chinese donations have meant in Latin America and the Caribbean. On the one hand, many Latin American States have been thankful for the Chinese

collaboration with equipment to fight against the Coronavirus but, on the other hand, some have suspicions about this “help”. In fact, suspicions and criticisms arise because the purchase of personal protection products is purchased at much higher prices than what may be offered during normal circumstances. An example of this is the sale of raw materials to the Asian giant, which generate manufactured products sold to Latin American countries at a much higher price, reinforcing the low diversification of the economy in the region.

Concerning China's health diplomacy, some suspicions are raised about the People's Republic's true intentions in Latin America. As is well known, China faces at the national level an industrial overload requiring international cooperation, especially from the Latin American region, which is rich in “strategic minerals (copper, lithium), food (soy, meat) and other natural resources (energy, iron, water; fish stocks), etc.” (Bernal-Meza, 2019, p. 60). For this reason, some distrust is aroused towards Chinese “altruism” in the ongoing Coronavirus pandemic. The following are relevant points in connection with the mistrust towards the diplomacy deployed by the Asian giant.

One of the concerns that arises is the supposed “reputation-washing” that China would be driving with the collaboration of the region in the area of health. According to a study by Latinobarómetro, the image that Latin Americans have of China is mostly positive, reaching its highest level (65%) in 2011 (Cunhai, 2017). Although the region's opinion of the Asian giant is high, it is far surpassed by Latin Americans' opinion of the United States: “it is 10 percentage points higher than the proportion of the opinion expressing a good opinion of China; which reflects the profound long-term influence that the United States has on Latin America” (Cunhai, 2017, pp. 27-28).

Considering that the United States is relatively distancing itself from Latin American affairs, as a result of a reprioritization in the foreign, economic and commercial policies deployed by the Trump administration, a closer relationship with the Asian giant can be observed through strategic partnerships, investment development, infrastructure construction, loans, etc. With regard to the latter, and due to the pandemic that is strongly affecting the Latin American countries, China agreed to grant a loan of approximately US\$1 billion to ensure the supply of a future vaccine created by China. This program is just one of the many grants and loans that China has provided since the beginning of the pandemic in Latin America, where it is not only seeking to improve its image with respect to the management of pandemics, but also the perception that Latin Americans have of China, strategically addressing the relative withdrawal of the United States in the region.

Another concern about China's involvement in the context of the pandemic is the supplies business. Although China has provided funds to Latin America

in the midst of the pandemic, the region has also bought products from the Asian giant. Since countries in the region are generally known to be primary exporters, they are subsequently buying manufactured products from China. The purchase of supplies for the management of the pandemic is another illustration of the dependence of Latin America in its trade with China (Bernal-Meza, 2019). These trade relations, although they are supposed to be complementary and harmonious (since China buys the products it needs and Latin America sells them), have not resulted in the economic diversification that the countries of the region require.

4. CONCLUSIONS

China's strategic health agenda follows the same logic as the economic or safety diplomacy pursued by the Beijing authorities: it is first and foremost pragmatic. Since the early 2000s, China has maintained close relations with Latin American countries, both through bilateral cooperation agreements and within the framework of multilateral agencies such as the United Nations, particularly its health body, the WHO.

With the gradual withdrawal of the United States from the main international cooperation forums, Beijing has managed to align its objectives with the solutions found collectively to improve health at the global level. The SARS and H5N1 epidemics were the triggering factors that forced China's elites to change their paradigm and gradually move toward transparency in health. As a result, there has been an increase in technical, material and intellectual assistance to developing countries, and to Latin America in particular, through health diplomacy led by the Communist Party of China.

In recent years, however, a "multilevel diplomacy" has been emerging, involving not only the Chinese central state, but also provinces and municipalities, which manage health care directly with the People's Republic's diplomatic representations in the countries of the Latin American region. The shipment of surgical masks and doctors to Latin America during the COVID 19 epidemic followed this new strategic paradigm. Chinese embassies in the region also served as intermediaries to silence criticism of the People's Republic's handling of the virus. These diplomatic representations became essential actors of China's soft power in Latin America, both as logistical support for Beijing in the region and as discursive vehicles for the regime.

China's new strategic paradigm in Latin America was displayed with greater force with the arrival of the first case of COVID-19 (SARS-CoV-2), through which the Asian giant expanded its "mask diplomacy". It is specifically interesting to highlight the nature and scope that this form of diplomacy has

had in the region, where most of the shipments are made through donations. However, Latin America has also bought supplies from China to protect the population.

At the same time, the large debt that some countries in the region owe to China has been ignored, using the rhetoric of integral strategic partners. Another key characteristic is the use of multilevel diplomacy, involving a wide range of participants in the collaboration with the region. Finally, there are concerns about this cooperation with Latin America, mainly because of its purchase of much more expensive inputs, thus increasing the structural underdevelopment of the countries on this side of the world.

China has used the opportunities that the United States has left to penetrate the region not only economically but also in a more comprehensive manner. However, this strategy adopted by China in the healthcare field due to the Coronavirus pandemic is not dissimilar to the economic approach it has adopted with the region, since it is mainly pragmatic.

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PREVENTION PUBLIC POLICIES AS RESPONSE TO THE SARS-COV-2 PANDEMIC IN MEXICO. A PERSPECTIVE FROM THE HUMAN RIGHTS TO HEALTH AND THE FREEDOM OF MOVEMENT

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ABSTRACT: The objective of this article is to identify the most important elements of the adoption of public policies of prevention and risk as a response to the pandemic caused by SARS-CoV-2 in Mexico, seen from the human right to health and the freedom of movement of people, considering that, in the absence of effective pharmaceutical measures, the reduction of human mobility is a key element for addressing this health contingency in which government actions can very often be arbitrary, disproportionate or can even violate human rights. This research uses the documentary method and approaches to human rights and public policies.

Keywords: Public policies on prevention; human rights, health, free movement of persons.

INTRODUCTION

The year 2020 has been marked by an extremely exceptional situation derived from the rapid propagation of the SARS-CoV-2 virus (COVID-19 or Coronavirus) which began in the community of Wuhan, China by the end of 2019. In March, 2020, the quick expansion of this disease caused the World

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Health Organization to declare a world sanitary emergency as a result of the COVID-19 pandemic.

COVID-19 is a new disease, different from others caused by coronavirus. This virus spreads rapidly, which is why outbreaks grew with an exponential rhythm. Currently, there are no therapies, treatments or vaccines that allow its prevention or treatment, although national governments, the WHO and its partners are working on their development (Actualization of the strategy against Covid-19, 2020, p. 1).

In order to contain communal transmission, the World Health Organization presented several preventive considerations, such as measures of physical distancing among the population and restriction of non-essential domestic and international flights, which implies the possibility that countries adopt several public health and social measures in response to COVID-19, like restrictions imposed on the mobility of people, closing shopping centers and schools, and restrictions on international travel.

On the one hand, these actions suppose the adoption and implementation of public policies that guarantee such measures and, on the other hand, the restriction of some human rights, which is why the present research aims to identify which are the most important elements of the public policies for prevention and risk as a response to the pandemic caused by SARS-CoV-2 in Mexico, all seen from the perspective of the human rights to health and the freedom of movement.

This study applies the documentary method and the approaches of human rights and public policies. In the following sections, the concepts of public health, prevention and promotion will be reviewed, as well as the health policies of prevention within the context of the pandemic caused by SARS-CoV-2 in Mexico and their correlation with the human right to health and the freedom of movement.

1. PUBLIC HEALTH, PREVENTION AND PROMOTION AS CONCEPTS

According to the constitution of the World Health Organization (WHO) of 1998, health is defined as “a state of complete physical, mental and social well-being, and not just the absence of disease or illness”. Likewise, it is considered as “a means to reach an end, as a resource that allows people to carry an individual, social and economically productive life... a resource for everyday life (including) social and personal resources, as well as physical aptitudes” (Glossary of Health Promotion, 1998, p. 10).

Health, understood as a fundamental human right, includes the guarantee that all people can enjoy it. Additionally, it implies the recognition of some pre-requisites such as: a) peace; b) adequate economic and nutritional resources; b) access to a decent dwelling; and c) a stable ecosystem and a sustainable use of resources. The aforementioned manifests the close relation that exists between the social and economic conditions, the physical surroundings, individual lifestyles and health. “An integral vision of health supposes that every system and structure that governs social and economic conditions, as well as the physical surroundings, must consider the implications and the impact of their activities in health and the individual and collective well-being” (1998, p. 10).

Public health is a social and political concept that is destined to extend and improve the quality of life of populations through the promotion and prevention of diseases and other forms of health intervention. In the international instruments and organizations, the analyses of the determinants of health, and of the methods to solve the problems of public health, are all underlined. In the same way, “the recognition of the need to deploy resources and carry out reasonable investments in policies, programs and services that create, maintain and protect health, supporting healthy lifestyles and creating environments that foster health” is emphasized (1998, p. 12).

The prevention of sickness as an element of public health and action of the health sector, “encompasses the measures destined not just to prevent the appearance of a disease, such as reducing the risk factors (characteristics that increase the probability of an illness or injury), but also to stop its advancement and to mitigate its consequences once it has settled” (1998, p. 13). Prevention can be classified in three levels. The primary is addressed to avoid the initial appearance of a disease or illness through the control of the responsible factors, aside from diminishing the incidence of the disease. The secondary and tertiary have the purpose of stopping or slowing down the disease that is already present and its effects as well, through early detection and adequate treatment for reducing the relapse cases and the settling of chronicity (1998, p. 13).

For its part, the promotion of health is considered as the process that allows people to increase the control over their health for improving it. For its compliance, the Ottawa Letter of 1986 identifies three different strategies:

1. The advocacy of health (regulations) with the purpose of creating the aforementioned essential health conditions;
2. To facilitate that every person can develop their total health potential (guarantee mechanisms); and

3. To intercede for health among the different interests found within society (policy creation).

The aforementioned comes from 5 pressing actions which are: the establishing of a healthy public policy; the creation of environments that support health; the strengthening of communal actions for health; the development of personal activities; and the reorientation of health services (1998).

2. HEALTH AND PUBLIC POLICY

Public policy is related to the transformations of the public sphere through the intervention of the State, with its relation with the market and the way in which it has configured governmental action. Public Policy is related to the capability of a government for intervening rationally in the solution of public problems (Laswell, 1951). Likewise, it focuses on the handling of information for the generation of evidence that gives a basis to the articulation of knowledge and practice; of reality; the design and implementation of policies. It seeks to explain the “how, why and what for do governments adopt certain measures and act or do not act” (Heidenheimer et al, 1990; Parsons, 2007, p. 31). To that effect, it uses an interdisciplinary approach with the purpose of contributing to the democratization of society.

Health, from a public policy approach, is held as an explicit concern that is part of the political agenda of governments, as well as part of the resources, investments and accountability destined to optimize the impact in terms of promotion. It is through health policies that “governments define the performance priorities and parameters in response to health needs. Health policy usually is enacted through legislation or other normative forms that define the regulation and incentives that allow the benefit of health services and programs, as well as their access” (Glossary of Health Promotion, 1998, p. 21).

3. HEALTH PREVENTION PUBLIC POLICIES WITHIN THE CONTEXT OF THE PANDEMIC

Prevention public policies in matters of health become relevant when it comes to diseases, situations or agents that could put a population on risk or danger, such as the case of COVID-19 and the implementation of basic measures by international organizations such as the WHO, that adopt actions to break the

chains of transmission, to slow down the transmission of the virus and prevent the related deaths, which are shown below:

1. The detection, the isolation, the tests and the treatment of all cases;
2. The tracking and the quarantine of contacts;
3. The encouragement of physical distancing of at least one meter apart, combined with a frequent hand hygiene and the proper habits when coughing and sneezing (Considerations for the quarantine of the contacts of COVID-19 cases, 2020, p. 1).

By quarantine we understand “the restriction of activities and/or the separation from other people that are not sick, but are suspicious of being, in such a way that the possible spread of the infection or contamination based on it”. A quarantine can be applied under two circumstances: 1) towards travelers coming from zones of communal transmission, and 2) towards contacts of known cases. It is important to point out that, although these temporary orientations are destined to the national authorities responsible for the local or national regulations, the Member States (in conformity with the Charter of the United Nations Letter and the principles of international law) have the sovereign right to legislate and apply laws in compliance with their health policies, even when these laws restrict the movement of people, although they still must be adequate and proportionate (Considerations for the quarantine of the contacts of COVID-19 cases, 2020).

The world strategic objectives for controlling the pandemic are:

1. To promote and mobilize the responsible participation of all the sectors and communities of government and civil society for guaranteeing the prevention measures and the hand hygiene, respiratory, isolation (quarantine) and physical distancing protocols;
2. To control sporadic cases;
3. To develop vaccines and safe, trustworthy and efficient therapies with access to the whole world;
4. To guarantee access to health services, as well as assuring the safety of front line workers and vulnerable populations;
5. To contain communal transmission through adequate and proportionate restrictions of displacement, mainly for non-essential domestic and international travel (Actualization of the strategy against COVID-19, 2020, p. 5).

In relation to the last strategic objective, one could point out that there is a possibility that countries adopt several public health and social measures in response to COVID-19, such as restrictions on the freedom of movement, the closing of shopping malls and schools, and restrictions on international travel, which implies that governments implement several policies for guaranteeing their compliance and the restriction of human rights such as the freedom of movement.

4. HUMAN RIGHTS APPROACH: HEALTH AND THE FREEDOM OF MOVEMENT OF PEOPLE

The Human Rights Approach represents a contribution of substantial character for the content of public policies that emphasizes the State's obligations, establishing these as content guidelines, in such a way that public policies are seen as means for satisfying rights, and not only as mechanisms for solving problems and unsatisfied demands (Salazar, 2014). This approach “contributes to strengthen the capabilities of the rights holders (as well as their legal and regulatory rights) to elevate their claims, as well as those of the holders of duties to fulfill along with their obligations”.¹

To incorporate a human rights perspective into public policies it is necessary to keep several elements present: a) The International Human Rights Standard and b) The Transversal Elements. The International Standards stem from the standpoint that the International Right to Human Rights (IRHR) represents a conceptual framework that is accepted by the international community and that may offer a coherent system of principles and rules that contributes to define with greater precision the obligations of States before human rights.

The human rights approach takes universality, equality and non-discrimination as a model from which preferential actions addressed towards vulnerable groups or excluded from society stem from. Some of these principles are: a) the real materialization of the rights; b) the special attention towards marginalized or vulnerable groups; c) the interdependence and wholesomeness of every right; d) the active participation of the right holders; and e) the accountability of the duties holders.²

On the other hand, the Transversal Elements (gender, multicultural, age diversity, independent life and the right to a healthy environment) allude to another series of basic principles that, whoever makes the decisions, must

¹ Manual for cross-cutting of the human rights approach with equality, <https://www.corteidh.or.cr/tablas/28829.pdf>, p. 17..

² <https://www.corteidh.or.cr/tablas/28829.pdf>

observe in the whole design, formulation, implementation and evaluation of state programs, policies and actions. The Transversal Elements have the objective of getting the equality in the access to resources and benefits by means of planification, (re)organization, improvements and evaluation of political processes.³

Based on the aforementioned, health, seen from a human rights perspective, implies the obligation of States for guaranteeing the means and mechanisms aimed towards its satisfaction. Which is why, we now analyze the human right to health from this approach.

4.1 RIGHT TO HEALTH

As it has been pointed out, in the preamble of its Constitution, the World Health Organization defines Health as a state of total physical, mental and social wellbeing and not only as the absence of diseases or illnesses. Combined to which, it is established that “it represents a basic condition to achieve peace and security, and depends of the most extended cooperation of people and States” (OMS, 2006, p. 1). In this sense, health represents one of the most important human rights inasmuch its adequate protection and guarantee depend on the realization of human beings, of their life projects, their freedom and of the whole group of elements that configure human activity.

Based on the aforementioned, and since health is a “fundamental and indispensable right for the exercise of all other human rights” (CDESC, 2000, Paragraph 1), its inclusion in fundamental regulations of national and supranational character has been a shared tendency in the most relevant sources of international law of human rights. The IRHR is integrated by institutions and bodies of diverse nature that find their sources (*corpus iuris*) within a diversity of systems which operate simultaneously in plenty of occasions. According to O’Donnell (2012, p. 55), the typology of international instruments stems from three large categories: a) the great declarations of 1948; b) the great universal and regional treaties; and c) other instruments on human rights. In practice, these sources interconnect and operate as a whole, hence that, in order to observe with greater clarity the obligations of States in matters of human rights, it is important to realize a cross-cutting reading of the expressed obligations in the different sources that comprise both the Universal System of Human Rights (USHR) and the regional systems.

Now, we carry out a brief glimpse of the development of the right to health in two of the international systems to which Mexico belongs: the Universal System of Human Rights (USHR) and the Interamerican System of Human Rights (ISHR).

³ Idem

In the USHR, the starting point is Article 25 of the Universal Declaration of Human Rights, which states that all people have an adequate lifestyle that guarantees health. For its part, the International Pact of Economic, Social and Cultural Rights (article 12) picks up, in an exhaustive manner, the right to health, from which it recognizes a group of measures that must be adopted by States, in order to guarantee its full effectiveness.

Aside from the aforementioned, the right to health is addressed by several conventions of the Universal System of Human Rights, this is due to their close relation with the exercise of other human rights. In this regard, and just to quote some of them, the human right in question is provided by the International Convention on the Elimination of all Forms of Racial Discrimination (article 5, section e, subsection iv), the Convention on the Elimination of all Forms of Discrimination against Women (articles 11 and 12), and the Convention on the Rights of the Child (article 24).

Likewise, it is provided within the Alma Ata Declaration of 1978: the recognition of health as a state of complete physical, mental and social well-being and as fundamental human right that demands the intervention of many other social and economic sectors in order to achieve its effective guarantee, through the formulation and implementation of policies, strategies and national action plans (Alma Ata Declaration, 1978, pp. 1-2).

It still should be pointed out that the IRHR is formed by sources of diverse nature and with an obligatory nature of different degrees (regulations of *hard* and *soft law*), which is why it must be referred that the development of the right to health has been supported largely by what is stipulated by the reports and general observations carried out within the framework of the bodies of treaties. Particularly, the Committee of Economic, Social and Cultural Rights (Comité de Derechos Económicos, Sociales y Culturales, DESC) have set in motion a progressive development of the characteristics, components and obligations that the right to health entails through its general observations. On this regard, it is noteworthy that, in their general observation number 14 (2000), the Committee pointed out that the right to health should not be understood only as the right to being healthy, but as one that also takes other freedoms and rights into account, as well as a wide group of benefits, goods, services and necessary conditions in order to reach the highest possible level of health (CDESC, 2000). In this regard, the Committee understands the right to health, defined in section 1 of article 12, as an inclusive right that not only covers the timely and appropriate health attention, but also the main determinant factors of health, as well as the access to clean drinking water and adequate health conditions, the adequate supply of healthy food, an adequate nutrition, an adequate dwelling, healthy conditions at work and the surrounding environment, as well as access

to education and information on matters related to health, including sexual and reproductive health (CDESC, 2000, paragraphs 8, 9 and 11).

Combined with the aforementioned, the present general observation is quite important since it anoints the existence of “essential elements”. These represent obligations that compel governmental action at the time of designing the application of rights and that are fundamental for their fulfillment (Serrano and Vázquez, 2013, pp. 83-84). Following the above observation, these elements are: Availability, Accessibility and Quality.

Availability means that “...each State should count with a sufficient number of public health establishments, goods and services and centers, as well as programs” (CDESC, 2000, párr. 12). For its part, accessibility is related with said establishments, goods and services being accessible in terms of non-discrimination, within geographic and physical reach, affordability and access to their information. Acceptability, on the other hand, constitutes an element focused on the respect of a certain culture and the specific particularities of the recipients of said services. Finally, the quality constitutes an obligation of acceptability from a scientific and technical perspective (2000, párr. 12).

On the other hand, and in what the Interamerican Human Rights concerns, some regulations that refer to the right to health are: the American Declaration of Rights and Duties of Man (article XI), and the Additional Protocol to the American Convention on Human Rights in relation to Economic, Social and Cultural Rights (Protocol of San Salvador), which is greatly important, since it points out, in its article 10, the right of every person to enjoy the right to health, as well as the duties addressed to States in matters of health.

As it is clear, the right to health is not expressed in the American Convention on Human Rights, since its coverage alludes to the aforementioned Protocol. In spite of this, the Interamerican Court on Human Rights, through its precedents, has carried out a development of the standards and duties that States are committed to comply in matters of health. In this sense, the Court has fulfilled its job of interpreting and expansion of the content through the relation that this rights keeps with other rights, such as the right to life, the right to personal integrity, human dignity and human equality.

Based on all of the above, the jurisprudence of the Interamerican Court establishes general principles attached to the right to health that are related directly with economic, social and cultural rights. Thus, the interdependence, the indivisibility and the progressiveness of social rights have been exposed in the cases of *Acevedo Buendía and others (“Unemployed and Retired Workers of the Government Accountability Office”) vs Peru*; *Gonzales Lluy and others vs Ecuador*; and *Cuscul Pivaral and others vs Guatemala* (CoIDH, 2020, pp. 6-11). Likewise, for the Interamerican Court, the right to health is systematized

from two large aspects: the right to health as an independent right within the framework of article 26 of the American Convention on Human Rights, and through the particular developments on the right to health carried out by the Court (2020, p. 13). On this regard, the case of *Poblete Vilches and others vs Chile* is particularly interesting. In it, it is argued that health is a fundamental and indispensable human right for the adequate exercise of all other human rights, which is translated as the highest possible enjoyment of health that allows them to live with dignity and which entails the general duty of guaranteeing access for people working in essential health services, guaranteeing quality and efficient medical benefits, as well as driving the improvement of the health conditions of the population (CoIDH, 2018, paragraphs 118-120).

Also, it must be mentioned that the right to health is developed by the Court through its interrelation with other rights inscribed within the text of the American Convention on Human Rights, in large part due to the fact that the right to health, as an independent right, recognized in article 10 of the Protocol of San Salvador, has not yet been configured in the precedent in a compelling form, hence that there is still a long way for the Court to have a precedence that strengthens the stately duties in matters of health, in a direct form. However, it is imperative to acknowledge the importance and transcendence of their work through the progressive inclusion in matters of social rights as fundamental elements for the validity of civil and political rights.

4.2 THE RIGHT TO THE FREEDOM OF MOVEMENT

For its part, the freedom of movement is a fundamental freedom that, as Rodrigo Uprimny and Luz María Sánchez (2014, p. 533) point out, keeps an obvious importance in every democracy, since it is associated with the exercise of freedom itself and the autonomy of people. In a similar sense, the Committee of Human Rights of the United Nations underlines its guarantee as an indispensable condition for the free development of every person and whose protection, of course, is associated with the effectiveness of other human rights. Hence, the main sources of International Right to Human Rights, as well as the fundamental laws of each state, consecrate said freedom.

Within the framework of several regulations that form the IRHR, there is an important recognition to this freedom. So, within the USHR, article 13 of the Universal Declaration of Human Rights, and article 12 of the International Pact of Civil and Political Rights, not only underscores the recognition of the right being studied, but also the need to establish legitimate limits for its restriction. Likewise, in the realm of the Interamerican System, the American Convention on Human Rights contemplates this human right within its article 22, where the characteristics and duties of States before them become even more explicit.

As it can be seen, even though the freedom of movement apparently is a right with simple characteristics, the interpretation of the aptitudes of both systems shows decidedly complex character that has an impact in the exercise of freedom of movement in the international, regional and national realm. Likewise, it has a diversity of components that consecrate it as an autonomous right that implies the existence of concrete state obligations, which are related to the legal state of people, the compliance of certain requisites of administrative nature and, generally, to the patterns that national and international regulations refer to for enabling the freedom of movement on the one hand, and the residency of people in specific territories on the other. For the present study, we will only refer to the right to the freedom of movement in the strictest sense, i.e.: that which refers to the possibility that people move freely within a certain national territory.

The General Observation No. 27 of the Committee on Human Rights (1999) has pointed out that the freedom of movement is an indispensable condition for the free development of a person, and that it involves the possibility that everyone that finds themselves legally inside a certain territory of a State can move freely within it. Also, this right is related with the whole territory of a state, including all the parts of the federal States, without the person's circulation or permanence in a certain place depending of any particular objective or motive by the person in question (CDH, 1999, paragraphs 1, 4, 5 and 6).

On this regard, and as Uprimny and Sánchez observe (2014, p. 535), said component does not constitute an established universal guarantee for every person, but only for those that are legally inside the State in question, which entails to the determination, on the one hand, that every national enjoys this right; and, on the other hand, that States have the power of deciding who are admitted into their territory, implying that, once accepted within the territory, that is, once they acquire the character of "legal", they automatically enjoy said right.

Added to the aforementioned, and quite close to the international regulations mentioned above, there are certain restrictions to the freedom of movement that have been recognized as legitimate by several bodies of human rights. In this sense, once a person is legally inside the territory of a State, it is obligated to strictly comply with certain conditions if in need of limiting said right (Uprimny and Sánchez, 2014, p. 536). In this regard, it is noteworthy to quote the third paragraph of article 22 of the American Convention of Human Rights that points out that: "The exercise of the aforementioned rights cannot be restricted but in virtue of a law, in the indispensable way in which a democratic society, in order to prevent penal infractions or in order to protect

national security, public safety or order, public moral or health, or the rights and freedoms of others”.

Likewise, the Interamerican Court in the case of *Ricardo Canese vs Paraguay* (CoIDH, 2004, paragraphs 117 and 124), analyzed the conditions so that the restrictions to these freedoms are legitimate, specifying that it is necessary that said restrictions are expressly set by law, and destined to prevent penal infractions or to protect national security, public safety and order, public moral or health or the rights and freedoms of others, to the indispensable degree within a democratic society.

As it can be seen, the Interamerican Court analyzes conditions so that the restrictions imposed on the right to the freedom of movement are legitimate, specifying that they must not only pursue the authorized purposes by the American Convention (protection of National Security, public order, public health or moral, or the rights and freedoms of third parties), but must also be necessary in a democratic society for reaching such purposes (Uprimny and Sánchez, 2014, p. 536).

4.3 HUMAN RIGHTS IN THE CONTEXT OF THE PANDEMIC

Now, having settled the main elements of the right to health and freedom of movement, we will focus on referring those related to the situation of the world health emergency that befell in 2020.

As it was pointed out earlier, 2020 has been characterized by a particularly problematic context mainly because of the easy infection and the quick spread of the COVID-19 virus, which consequently brought the declaration of a world health emergency by the WHO, from which stemmed several heterogeneous and extraordinary actions implemented by governments all over the world.

Because of the aforementioned, and every time that the pandemic has represented a threat for health and life, but also for all the group of human rights, on April 10 of the same year, the Interamerican Commission of Human Rights adopted Resolution No. 1/2020 “Pandemic and Human Rights in the Americas”. In said resolution, the Commission emphasized the need to adopt strategies for preventing, handling and containing the virus from a human rights standpoint. This is because the quick spread of the virus pushed governments to adopt extraordinary actions within the framework of the declaration of states of exception and emergency, which served as justifications for excessive, abusive and arbitrary interventions.

Of course, the main topic of the pandemic has been health, hence that in the document in discussion there are considerations and recommendations addressed to the States involved with the aim of reducing the risk of a human

rights infringement. By the same token, the Commission warns that, within the context of the pandemic, there is a high potential of gravely affecting the right to health, directly or indirectly, increasing the risk of infection of people and of the health personnel, affecting social organization and health systems in a negative way, saturating health care in general. By virtue of the aforementioned, States have the reinforced obligation of respecting and guaranteeing human rights, encouraging applied research, innovation and dissemination of new scientific technologies directly applied to the fight against the spread of the pathogen and, quite specially, the discovery of new treatment alternatives. Remember, as well, that health is a public good that must be protected and one that occupies an inclusive character, hence the need to observe the inherent obligations to health services, social groups and professional categories that are particularly vulnerable, in the construction of actions that face the pandemic (CIDH, 2020, pp. 5-6).

Added to the aforementioned, within this world context of alarm, the responses of States have been heterogeneous, with degrees of attention that have justified unusual measures and quite often controversial. Mainly in regions with wide gaps of inequality, poverty, corruption, violence and impunity, the challenge of facing adequate measures supposes a greater challenge (Chípuli, 2020). Among the most common strategies used in this context we can mention the ones related to the limitation of human mobility, which are encompassed within what the WHO has denominated “non-pharmaceutical interventions”, and which may consist of isolations, quarantines, forbidding agglomerations in public spaces and, in extreme cases, communal quarantines or health belts.

While it is true that the WHO, as an international health authority, has recognized, within its International Health Regulations, the viability of the application of said measures, particularly before situations where there are no medications able to effectively defeat the disease, the implementation of blind measures upon the human rights that can turn a public health situation into a human rights crisis. That is why these measures are destined to limit the freedom of movement must be strictly necessary, proportionate and looking for a legitimate end, thus avoiding radical restrictions as much as possible (such as the use of unnecessary force, inhumane treatments, among others). Likewise, the access to basic goods must be guaranteed, such as food, medicine, water and electricity (Chípuli, 2020).

5. THE MEXICAN CASE STUDY

In Mexico, the right to health is recognized through article 4, paragraph four, of the Political Constitution of the Mexican United States, in which it is established that “every person has the right to the protection of their health”, which is why the State has the obligation of guaranteeing and establishing the necessary mechanisms for every person to enjoy a state of total physical, mental and social wellbeing for their development.

The aforementioned legal statues also establish that, in the cases of an invasion, a serious disturbance of public peace, or of any other type that places society in great danger or conflict, only the President, with the prior approval of the Mexican Parliament, in the whole country or in certain areas, could restrict or suspend the exercise of rights or guarantees that could become an obstacle for facing the situation quickly and easily; but these measures must be applied for a limited time only, by means of general preventions and without the restriction or suspension contracts to specific people (Constitution Article 29, first paragraph).

Likewise, Article 73, fraction XVI, Bases 2nd and 3rd of the Magna Carta, establish that the Ministry of Health will have the obligation of immediately dictating the indispensable preventive measures, in case of epidemics of serious character or in danger of an invasion of exotic diseases into the country, unless they are later sanctioned by the President of the Republic. It also points out that the health authority will be executive and its dispositions will be obeyed by the administrative authorities of the country. Therefore, it is up to the Ministry of Health to elaborate and implement public policies, programs or campaigns for the control or eradication of those contagious diseases that may constitute a real problem or potential for health in coordination with the governments of federative entities.

As it has already been settled, the right to the protection of health is picked up in several international treaties ratified by Mexico, among which the Universal Declaration of Human Rights, the American Convention on Human Rights and the International Pact of Economic, Social and Cultural Rights stand out. Thus, within the context of the SARS-CoV-2 pandemic, Mexico had to adopt a series of recommendations for its control, which were submitted by the World Health Organization, as well as publishing an accord that establishes the preventive measures that must be implemented for the mitigation and control of the health risks that COVID-19 implies (decree published on March 24, 2020 in the *Official Journal of the Federation*).

These preventive measures are implemented as communal interventions defined in the “National Conference of Healthy Distancing”, which has the

objective of social distancing for mitigating the virus transmission among the population. Some of these measures are described below:

- a) Avoid the attendance to work centers, public spaces and other crowded places, particularly adults of 65 years and older and other vulnerable groups;
- b) Temporary suspension of activities in all levels of school until April 17, 2020 (a date that wasn't neither conclusive nor definitive), according to what was established by the Ministry of Public Education;
- c) Temporary suspension of all activities of the public, social and private sector that involve the physical concentration, transit or urban displacements; and
- d) Compliance of the measures of healthy distancing and basic protocols of hygiene, as well as avoiding contact with other people during the first 15 days after the symptoms have begun.

During the following months after its publication, these preventive measures were extended by equal measure, in terms of opening and reactivation of activities, as evidence of which are the following decrees published in the *Official Journal of the Federation* (JOF):

- a) Agreement by which extraordinary actions are established for taking care of the health emergency generated by the SARS-CoV-2 virus published in March 31, 2020, ordering in its First Article, fraction I, the immediate suspension, from March 30 to April 30, 2020.
- b) Agreement from April 21, 2020 by which the same is modified by which the extraordinary actions are established for taking care of the health emergency generated by the SARS-CoV-2 virus published in March 31, 2020, ordering in its third article the suspension of extraordinary action on May 18, 2020, in those municipalities of the national territory that represent to that date a low or non-existent transmission of the SARS-CoV-2 virus.
- c) Agreement by which a strategy is established for the reopening of the social, educational and economic activities, as well as a system of regional traffic lights for evaluating week by week the epidemiological risk related with the reopening of activities in each federative entity, on May 14, 2020 in the JOF that establishes the date for reopening in 3 stages: 1. Opening of municipalities that do not present COVID on May 18, 2020; 2. Preparation of protocols from May 18 to 31, 2020; and 3. Opening of social, educational and economical activities on June 01, 2020.

It is until the publication of the decree published by the JOF dated May 14, 2020, that a strategy is established for the opening of social, educational and economic activities, as well as a system of regional traffic lights for evaluating the epidemiological risk related with the reopening of each federative entity on a week by week basis. The epidemiological traffic lights is a monitoring system that regulates the use of public spaces by using colors to guide the population through different levels of risk and increments or decreases of the local epidemic activity, as well as the health safety regulations (implemented by the federal, state or local authorities and by the citizens) that are appropriate for the reopening of work and educational activities. These traffic lights are composed by four colors: red, orange, yellow and green:

- a) The color red only allows essential economic activities and the possibility that people can go out and walk around their dwellings during daytime;
- b) The color orange allows, aside from the essential activities, that businesses of non-essential activities work with 30% of their personnel for its functioning, always considering the maximum measures of safety for people with large risks of presenting a serious case of COVID-19, likewise, allows the opening of open public spaces with a reduced capacity.
- c) The color yellow allows all work activities, taking care of people with great risk of presenting a serious case of COVID-19. The open public space is opened in a regular form and closed public spaces can be opened with a reduced capacity.
- d) The color green allows all activities in parks, shopping malls and open public spaces; recreational, commercial and religious activities (cinemas, theaters, museums and cultural events), including schools and educational activities. In this color all extraordinary actions are suspended (COVID-19 Traffic Light, <https://coronavirus.gob.mx/semaforo/>).

For their part, on a sub-national level, several decrees were published that limited the free circulation of people, such is the case of the federal entity of Puebla that implemented the temporal measure “No Circulation Today” (“Hoy No Circula”), for reducing the mobility of people, through the restriction of circulation or vehicle transit among the population within the Territory of the State of Puebla, as well as the restriction of maximum number of passengers per vehicle, reducing it to 3 people (Decree published in May 8, 2020 by the *Official Newspaper of the State of Puebla*).

In contrast with what the Ministry of Government pointed out, since it mentions that the health emergency does not represent the establishment of

a state of exception and suspension of guarantees. That is why the authorities that apply measures that restrict rights before the pandemic must be sure that they have explicit capabilities for doing so and that the measures are proportionate for avoiding a fall into acts of authority abuse, that violate the rights of people or that have a disproportionate effect on excluded groups of historically discriminated. Governors, as health authorities, have the faculty for dictating health measures in the context of their competences. However, some actions that they have adopted, besides from overtaking this context, can represent risks for the protection and guarantee of human rights. Among these actions it is noteworthy to mention: closing of borders, roads and highways, curfews, checkpoints and other measures that restrict the freedom of movement (Observations on violations of human rights during the health contingency because of COVID-19, 2020, p.4).

CONCLUSIONS

Health, from a public policy perspective, is conceived as a basic human right that comprehends the guarantee that all people can enjoy it, which is why governments hold it as an explicit concern that is part of their political agenda, as well as part of the resources, investments and accountability destined to optimize its impact in terms of promotion. In spite that there are health policy directives at an international level, States have the sovereign right to legislate and apply laws in compliance of their health policies, even when these laws restrict some rights, but in a manner that is adequate, proportionate and strictly necessary seeking a legitimate end and avoiding, as much as possible, radical restrictions. All of the aforementioned is based on the absolute respect of the dignity, the human rights and the fundamental freedoms of people.

In the case of Mexico, there is an interest by the government in the implementation of the directives, recommendations, actions and pronounced measures by the international organisms to which they belong, that is how, for example, there are preventive measures that should be implemented for the mitigation and control of the health risks implied by COVID-19, which were published in March, 2020.

However, there is no clarity in relation to the implementation of the preventive measures related to the temporary suspension of the activities of the public, social and private sectors activities that involve the concentration of people, transit or people displacement, since many changes can be observed in diverse decrees, mainly with opening dates and strategies. There is ambiguity in the policy for imposing the social distancing policy at the time of the pandemic.

From a human rights perspective, health as well as the freedom of movement are constituted by multiple components (or sub-rights) that are translated into a map of very diverse duties that must be complied by the States that have signed and ratified treaties and conventions where contents have been found. The compliance of said obligations is related to a foundation of a substantive character for the public policies, which aside from fulfilling a series of international standards, must cross-cut elements such as the principle of equality, the gender perspective, the mechanisms of enforceability, the participation, among others, in order to consolidate as instruments that close the gap between law and reality. The relevance of implementing a human rights approach also has a fundamental importance in exceptional contexts, such as a pandemic situation, where States observe a high degree of discretion for the implementation of unusual and heterogenous measures, that can even violate human rights in plenty of cases. Mainly in regions with wide gaps of inequality, poverty, corruption, violence and impunity, the challenge of responding through adequate measures represents an even greater challenge (Chípuli, 2020).

As it has been shown, among the most common used strategies within this context are those related with the limitation of human movement, which are encompassed within what the WHO has called “non-pharmaceutical interventions”, which consist of isolation, quarantines, prohibition of gatherings in public spaces and, in extreme cases, communal quarantines or quarantine lines.

While it is true that, as an international health authority, the WHO, has recognized the viability of the application of such measures in its International Health Regulations, particularly in situations in which there are no medicines that can effectively defeat the disease, it also recognizes that the implementation of measures that turn a blind eye to human rights can turn a public health situation into a human rights crisis.

Ultimately, the Mexican case is unique, every time is not encompassed in the declaration of a state of emergency or exception, but whose omissions opened the door for subnational governments to establish measures of questionable legality, endangering human rights through the legal unfulfillment, of disproportionate actions and without a human rights approach, which questions the legitimacy of certain actions.

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THE IMPACTS OF COVID-19 ON THE MEXICAN LABOR MARKET: AN ANALYSIS FROM A GENDER PERSPECTIVE

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ABSTRACT: This article contributes, from a gender perspective, to the growing literature on the impacts of the COVID-19 pandemic on the labor market and the different approaches of policy responses. The research is focused on the Mexican case while the analysis is carried out using data from telephone household surveys and the review of government programs. The results indicate that Mexican women are being affected in a disproportionate manner. This differentiated impact can be mainly observed in the large unemployment rates, the reduction in work hours and their larger loads of reproductive work. Based on the comparative analysis of policies, certain gaps can be identified in the actions of the Mexican government, mainly in those destined to relieve the increase of the reproductive workload at homes.

Keywords: Gender disparities, economic participation, reproductive work, public policy.

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1. INTRODUCTION

The measures of confinement and social distancing set out in response to the COVID-19 pandemic have proven to be effective in saving lives, but have also caused negative impacts on the operation of firms and the livelihoods of millions of workers. The International Labour Organization estimates that, during the second quarter of 2020, the equivalent to 400 jobs were lost, with the developing countries being the most affected (ILO, 2020a).

While the pandemic has had effects all over the world, the impacts have been differentiated. The pandemic has exposed the inequalities within social, political, and economic systems, affecting the health and livelihoods of the most disadvantaged groups in a disproportionate manner (United Nations, 2020). From a gender perspective, the pandemic has had a larger impact on women in comparison to men, putting at risk the advances made in the last decades.

All over the world, women receive lower incomes and have larger probabilities of occupying precarious jobs (United Nations, 2020). This situation is even more critical in those contexts where social norms impose a traditional division on gender roles. In Latin America, women tend to be mainly responsible for domestic work and other unpaid housekeeping work, which means that, on an average, women dedicate between 22 and 24 hours a week to domestic work –three times more than men (Economic Commission for Latin America and the Caribbean, CEPAL by its Spanish acronym, 2020).

Domestic workloads put women in a disadvantage within the labor market. Before the pandemic, the international participation of women in the labor market was of 44% in comparison with 70% of the men's (ILO, 2020b). Likewise, women have a high participation in the informal economy, of 58% in 2018 (UN Women, 2020). Women entrepreneurs also face major barriers by the sole fact of being women. For example, just about 5.3% of women entrepreneurs use financing, in comparison with 8% of men (ILO, 2020b).

During the pandemic, four sectors were classified as highly risky in terms of their impact on employment: hospitality, real estate, businesses services, manufacturing and commerce. Globally, 41% of the total female workforce is concentrated on those sectors, in comparison with 35% of male workforce (ILO, 2020b). This situation puts women on a more vulnerable position than men against negative impacts on their livelihoods.

Even when there is growing evidence of the disproportionate effect of the pandemic on the economic security of women and their load of unpaid work, according to the COVID-19 Global Gender Response Tracker, only 11% of the total number of government measures set out globally as a response to the pandemic, address these issues (UNDP – UN Women, 2020).

This article analyzes the impact of the COVID-19 pandemic in the Mexican labor market from a gender perspective, as well as the related policy responses. The article suggests three hypothesis of analysis:

- (i) that women have suffered a larger impact than men in terms of their participation in productive work as a consequence of the COVID-19 pandemic;
- (ii) that women have suffered a larger impact than men in terms of the reproductive workload as a consequence of the COVID-19 pandemic;
- and (iii) that fewer programs have been implemented in Mexico with the goal of supporting the productive and reproductive work of women in comparison with those implemented all over the world.

The study of the effects of the pandemic on the job market presented in this research are mainly based on the analysis of micro-data from the Telephone Survey on COVID-19 and the Labor Market (ECOVIND-ML by its Spanish acronym) conducted by the National Institute of Statistics and Geography (Instituto Nacional de Estadística y Geografía, INEGI). The units of analysis were the population of 18 years and older that used the telephone, both land line and mobile (INEGI, 2020b). As for the policy analysis, it is based on the review of data bases and studies published by international organizations and information compiled from Mexican government agencies and those equivalent in selected countries –with emphasis on Latin America– where effective practices were identified.

The article is structured as follows: Section 2 defines the concepts of productive and reproductive work, examines how these concepts have been used in gender analysis and describes the disparities within the Mexican labor market before the pandemic. Section 3 presents the analysis of the impacts of the pandemic on the labor market, differentiating the observed effects between women and men. Section 4 analyzes the programs in support of productive and reproductive work implemented in response to the pandemic, in Mexico and in other countries. Based on the review of lessons from past economic and health crises, section 5 discusses the impacts of the COVID-19 pandemic on gender disparity in productive and reproductive work, as well as different public policy approaches. Lastly, section 6 concludes by summarizing the main impacts identified, policy gaps and gender sensitive policy options to address the impacts of the pandemic in the Mexican labor market. The limitations of the analysis and areas for future research are also discussed in this section.

2. GENDER DISPARITY IN THE MEXICAN LABOR MARKET

An analysis from a gender perspective allows the study of social relations between women and men and their different expressions in institutions, symbols, regulations and forms of political, economic and social organization (Ribas, 2004). From this perspective, gender is studied as a social construction that does not only assign different functions and roles to women and men, but also influences how we value the functions and roles women and men perform (Padavic, Ely and Reid, 2020). In studying the labor market in particular, a gender perspective widens the understanding of work by including not just the goods and services that are subject to a transaction in the market, but also those for personal use or subject to a non-monetary exchange (Ribas, 2004).

Since several decades ago, gender studies have analyzed the division between productive and reproductive work, highlighting the inequalities in the sexual division of work and its repercussions in the working life of women (Beneria, 2006). Productive work is considered to be the creator of goods and services related to the market and it is placed in the public arena. This work is economically recognized and valued since it is almost always remunerated. In contrast, reproductive work is carried out to take care of the needs of the household members (Collinas, 2008).

Reproductive work involves domestic tasks such as cleaning activities, cooking, laundry and grocery shopping, on the one hand; but also social reproduction tasks such as caring for children and the elderly (Collinas, 2008; Lozares, López and Martí, 2004). Reproductive work has an economic value because, otherwise, it would be translated to the market as hiring someone to take care of the children or taking them to a nursery, taking the elderly to retirement homes, paying the laundry or hiring someone for home cleaning.

The sexual division of work is the base of the segregation of productive and reproductive work, since tasks related to productive work are considered to be masculine, while the reproductive work tasks are considered to be feminine (Daune-Richard, 2000). In Mexico, this can be seen in the results of the National Survey on the Use of Time (Encuesta Nacional del Uso del Tiempo, ENUT), since, in 2014, 70.6% of the hours dedicated to unpaid work at home were carried by women in contrast to men who only contributed 28.3 % (Instituto Nacional de Estadística y Geografía, 2014). Aside from the aforementioned, in Mexico there are more than 9.26 million households that are led by women (INEGI, 2015), who face a harder challenge of reconciling both productive and reproductive work. Thus, the responsibility of reproductive work falls mainly on women, which conditions their work life (Beneria, 2006). By being in charge

of carrying out this unpaid extra work, they have to reconcile their professional life with the tasks at home and, in plenty of cases, also the care for their children (Torns and Recio, 2012). In addition, in Mexico, the incorporation of women into the labor market has frequently increased their workload, since men have not taken an equal responsibility on domestic tasks (Deere, 2005), just as the ENUT data shows.

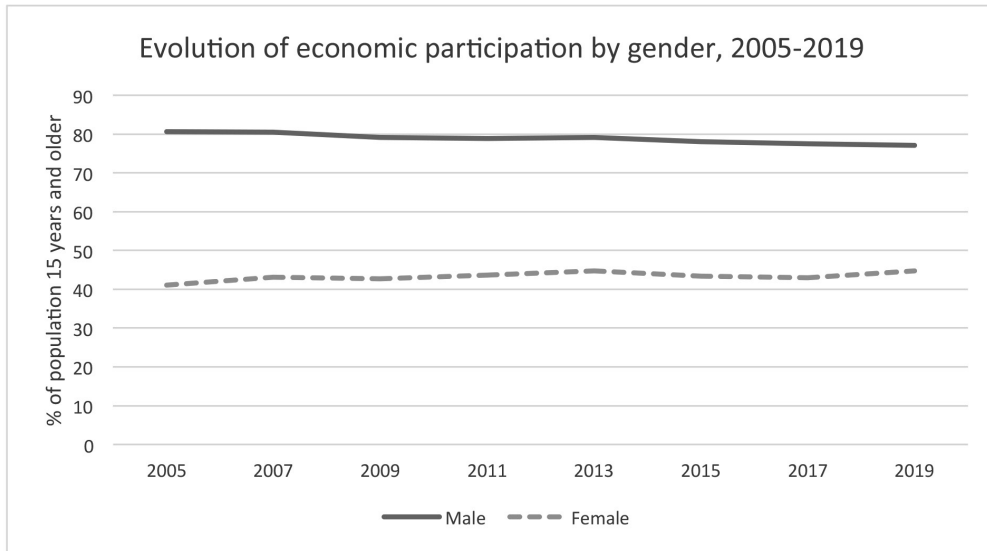
Other factors that illustrate the gender disparities in the labour market are the overrepresentation of women in less remunerated jobs, job flexibility and wages gaps. Globally, women continue to be overrepresented in low profile employment, in spite of having the same educational level (in some occasions even higher) than that of men. The subordination of women to lower ranks and salaries is explained by a distribution of job positions that prioritises the hegemonic gender roles in the sexual division of work, instead of the capacities, knowledge and skills required for the job (Buedo, 2015; Rubio, Plaza and Chervellino, 2012).

The recurrent economic crisis derived from the dominant system has forced structural adjustments that permeate the working conditions such as job flexibility. For some, job flexibility simply means adapting to the environment by reducing costs and maximizing utilities; for others, it is an adjustment that leads to precarious employment and a setback in the rights of working men and women (De la O Martínez, 2000). According to the report of the International Trade Union Confederation (2011), precarious employment is more common among women in developing countries, since they are the ones that most often find themselves in situations of informal employment or unemployment.

In Mexico, the economic participation –i.e., the percentage of the Economically Active Population (EAP)– that represents the whole of the population of 15 years and older was significantly larger for men, 77.1% in 2019, than it was for women, with 44.7% on the same year of reference. The Mexican Institute for Women (Instituto Nacional de las Mujeres (2020) explains this labor market patterns in terms of the female segregation in hiring, gender wage gaps, lack of access to job promotions, as well as difficulties for accessing services, such as nurseries, and an overload of domestic work.

However, as it can be seen in Figure 1, in the last years there has been a slight convergence between the economic participation of women and men. The differentiated impacts of COVID-19 between genders on productive and reproductive work, as it is analyzed in section 3, threaten to setback the small advances that have been registered in the economic participation of women in recent years.

FIGURE 1. EVOLUTION OF ECONOMIC PARTICIPATION BY GENDER IN MEXICO, 2005-2019



Source: INEGI (2020a).

The tendency in income disparities is even more worrying. As it can be observed in Figure 2, although the gap between women and men that earn up to one minimal wage is narrower than the one in the economic participation, this difference has exacerbated during recent years. The proportion of women and men that earn up to one minimum wage has increased since the economic crisis of 2008/09. This tendency has also meant a setback in the slight advances in the gender wage gap observed between 2005 and 2007. The wage gap is attributed to a social phenomenon that involves determining women wages based on prejudices rather than according to their performance (Rodríguez and Castro, 2014).

FIGURE 2. WORKERS THAT EARN UP TO ONE MINIMUM WAGE BY GENDER, 2005-2019.

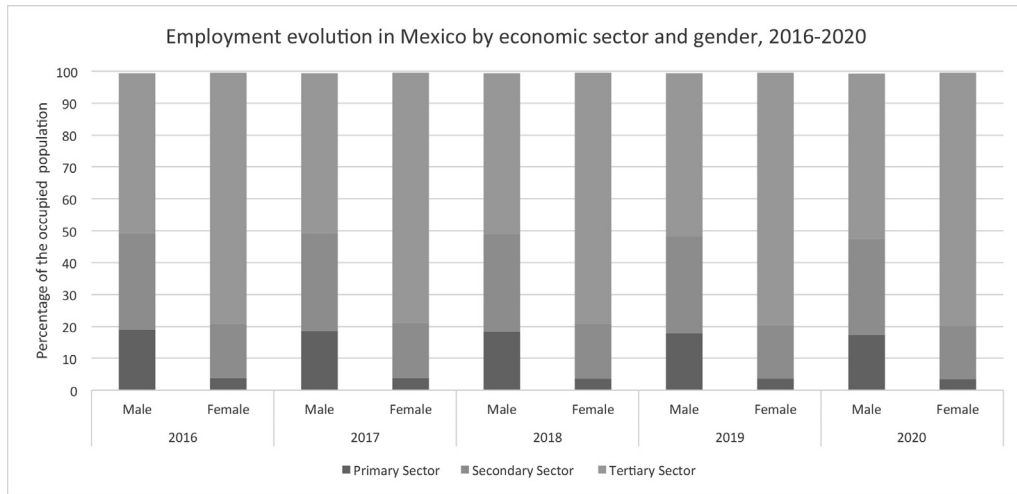


Source: INEGI (2020c).

Regarding the occupations by economic sectors, there also some significant differences. In the case of women, 79% of EAP work in the service sector (a larger percentage than the world average), while 17% work in the secondary sector (mainly manufacture) and only 4% work in the primary sector. In contrast, in the case of men, about 50.5% is employed in the tertiary sector, 30.5% in the secondary sector, and 19% in the primary sector. As it can be observed in Figure 3, there have been no changes in this distribution by economic activity and gender during recent years.

As aforementioned in the introduction, the larger participation of women in the service sector puts them in a larger risk of economic insecurity, because it is within this sector where the deepest economic impacts have been observed. Also, it is in this sector where larger rates of informality tend to be observed and, therefore, lack of access to social security services. During the first quarter of 2020, the informality rate in the hospitality sector was of 70% (INEGI, 2020c).

FIGURE 3. EMPLOYMENT EVOLUTION IN MEXICO BY ECONOMIC SECTOR AND GENDER (2016-2020)



Source: INEGI (2020a).

3. IMPACTS OF COVID-19 ON THE LABOR MARKET

The pandemic caused by COVID-19 has had tremendous negative effects on the world economy and Mexico's has not been an exception. Lockdown and social distancing measures, as well as the restrictions of domestic and international mobility, have affected the functioning of supply chains and have had an impact on the demand of goods and services (Baldwin & Freeman, 2020). The movement restriction of workers and supplies has affected the operation of companies, while the measures of social distancing and the reduction of the population's income have shrunk the demand for most goods and services, with few exceptions, such as personal protection equipment, food, beverages and electronic appliances (United Nations Industrial Development Organization, 2020).

On the second quarter of 2020, Mexican economy registered a fall of -18.9%, in comparison with the same period of the previous year (INEGI, 2020e). This economic contraction reflects both the disruptions on firms' operations and demand reductions. According to data from INEGI (2020d), 9 out of 10 of the firms surveyed reported reductions in their incomes on the month of April, while 6 out of 10 reported technical or temporal closures and 3 out of each 10 reported shortages of supplies.

Working from home is a strategy adopted by a significant number of companies for continuing their operations, particularly by large companies (94.7%). Other strategies for facing the fall of income include: home delivery of orders, online shopping, staff layoffs and wages reductions. This last strategy is mainly relevant for large companies, among which 4 out of every 10 have reduced the wages of their workers (INEGI, 2020d).

While these measures have impacted both men and women, the unequal distribution of reproductive work and the salary gaps in productive work that were discussed in section 2, have also contributed to a differentiated impact between men and women.

The temporary closing of companies and diminishing demand have had negative and differentiated impacts between men and women on employment levels, duration of working days and the workers' wages. As Table 1 shows, a year before the pandemic, the unemployment rate among women was slightly higher than that of men, while, on the month of April of 2020, when the first economic effects of the pandemic began showing, the unemployment rate of surveyed women almost doubled that of men's.

TABLE 1. UNEMPLOYMENT AND NUMBER OF HOURS WORKED BY GENDER, 1ST QUARTER 2019 – APRIL 2020

Variable	Q1 2019		April 2020	
	Female	Male	Female	Male
Unemployment rate	3.5	3.3	8.3	4.3
Worked up to 14 hours	8	2.9	23.3	14

Source: INEGI (2020c, 2020f).

Large part of the personnel that has not lost their job yet has faced reductions on their working hours and wages. Since women tend to take on larger responsibilities at home (reproductive work), they are the ones that, even before the pandemic, used to occupy jobs with reduced workdays (Table 1). This situation aggravated after the pandemic, since a larger percentage of women (44.6%) than of men (4.9%) reported to have suffered a reduction on the number of their working hours. This difference was found to be statistically significant (Table 2). However, the percentage of women and men that reported to have suffered reductions on their income was quite similar (46.1% vs. 46.2%).

While women are facing large unemployment rates and reductions on their workdays, data also shows that, possibly due to the nature of their work, they have also had larger opportunities to work from home. The percentage

of women that are working from home represents more than double of the percentage of men. However, this has also increased women’s workload of reproductive work. Also, a lower percentage of women than men reported to have all the necessary equipment for performing their work.

The effects of COVID-19 on independent workers, many of them informal, also have been differentiated by gender. A larger percentage of women than men have faced problems on their activities due to the pandemic, mainly related to the decrease on customers (Table 2).

TABLE 2. IMPACTS OF COVID-19 ON THE LABOR MARKET BY GENDER, APRIL 2020

Variable	Female	Male	Chi-squared test (p-value)
Reduction in the number of hours worked (%)	44.6	40.9	<0.001
Self employed workers facing problems because of COVID-19	44.9	39.3	<0.001
Working from home (%)	34.7	16.6	<0.001
Has all the equipment required to work from home	67.7	73	<0.001

Source: INEGI (2020f).

On the other hand, during the pandemic, women have been particularly vulnerable since they are overrepresented among the care and cleaning workers:

- 8 out of every 10 nurses are women.
- 9.6 out of every 10 people working as carers of children, disabled people and the elderly are women.
- 9 out of every 10 people working in paid domestic work are women. 75% of them does not have any type of social security benefits.
- 6 out of every 10 people working as cleaners in formal establishments are women (INMUJERES, 2020).

As it was discussed in section 2, women dedicate more than double of their time to unpaid work. With schools closing and work from home, in which women are overrepresented, it is very likely that this situation has exacerbated (INMUJERES, 2020). As Table 3 shows, among the employees that work from home, the participation of women is statistically larger than that of men, both in caring and in domestic tasks at home.

TABLE 3. INVOLVEMENT OF EMPLOYEES WORKING FROM HOME IN REPRODUCTIVE TASKS BY GENDER, APRIL 2020

Variable	Female	Male	Chi-squared test (p-value)
Performed care tasks (% of those working from home)	34	24	<0.001
Performed housekeeping tasks (% of those working from home)	91.9	78	<0.001

Source: INEGI (2020f).

While women face larger unemployment rates, workday reductions, health risks at work and larger workloads of unpaid work, the ECOVID-ML also provides evidence of women receiving slightly more support than men during the pandemic (Table 4). However, it is likely that this difference in support received is not compensating the gaps in the labor market discussed in this article.

TABLE 4. SUPPORT RECEIVED IN THE LAST TWO WEEKS, DISTRIBUTED BY GENDER, APRIL 2020

Variable	Female	Male	Chi-squared test (p-value)
Performed care tasks (% of those working from home)	34	24	<0.001
Performed housekeeping tasks (% of those working from home)	91.9	78	<0.001

Source: INEGI (2020f).

4. POLICY RESPONSES WITH A GENDER PERSPECTIVE: CHALLENGES AND OPPORTUNITIES

The gender perspective has been applied as a methodological tool for the design of public policies that aim to eliminate inequalities (Instituto Chihuahuense de la Mujer, 2009); however, in order to understand the incorporation of the gender perspective into public policy, it is first necessary to explain both concepts separately.

Public policy is defined as the state or governmental intervention in public problems (Parsons and Acevedo Aguilar, 2007). There are two dimensions in regard to public problems, the identification of the problem or undesired situation that must be modified and the action that solves the critical or undesired social situation (Aguilar Villanueva, 2010). In order to achieve the objectives

of public policy, it is necessary to implement it through action programs (Thoenig, 1999), i.e., concrete and structured governmental actions derived from public policy and backed by public resources (Aguilar Villanueva, 2010).

Historically, social problems have been addressed from a male-centered perspective, which presupposes a bias that needs to be corrected. Thus, the gender perspective enables a wider outlook, by taking into account gender differences in the design of public policies, programs and projects (SENDOTU, 2010).

4.1 THE MEXICAN RESPONSE

In Mexico, in 2019, with the arrival of the new Federal Administration, emblematic social programs from former administrations, such as *PROSPERA* and the *Seguro Popular*, were substituted by a new generation of programs, transfers unconditional cash transfers targeted at vulnerable groups such as the elderly, disabled people, indigenous populations and students (Consejo Nacional de Evaluación de la Política de Desarrollo Social, 2020).

On April 23, 2020, Mexico's Federal Government decreed to postpone actions and public spending for facing the crisis generated by the COVID-19, with the exception of 32 priority programs, which are part of the new generation of programs. It is noteworthy that 19 out of the 38 priority programs are related to economic stimulus and social development. Among these, only one—the Support Program for the Welfare, of Working Mothers' Children—seems to have been created with a gender perspective. It is targeted at “single mothers, fathers or tutors that work, seek employment or study and do not have access to children care” (Secretaría del Bienestar, 2019), which makes the economic implications of reproductive work visible.

Aside from maintaining priority programs, the decree of April 23, 2020 allocated three million pesos in loans to small businesses facing the negative effects of the pandemic (*Diario Oficial de la Federación*, 2020). The amounts ranged from 25 thousand pesos per business or person, with the repayment starting three months after the loans had been granted, on a timeframe of 3 years. Eligible beneficiaries also include independent working people and people performing domestic work. The latter may indicate a design with a gender perspective since 90% of domestic workers are women (INMUJERES, 2018), many of whom find themselves without an income due to the lockdown situation.

Moreover, an interesting proposal aimed towards the economic recovery of women is the “She Makes History” initiative (“Ella Hace Historia”) that was launched by the federal government on July 2020. This is a digital program for strengthening the capacities of women entrepreneurs as a response to the the pandemic (Secretaría de Gobernación, 2020). However, according to

the recommendations of CONEVAL (2020), a more adequate alternative for supporting men and women micro-entrepreneurs was the National Financing Program for Micro-Entrepreneurs and Rural Women (PRONAFIM) which was active until 2019 and used to provide microfinance services in favorable conditions for the creation and productivity of micro-enterprises.

At the sub-national level, governments also implemented additional actions for facing the crisis (Comisión Nacional de Mejora Regulatoria, 2020). In ten states, there were programs of economic stimulus and social assistance targeted at women. These ten programs were related to subsidized credits, one with an extension on credit payments and one with direct cash-transfer (Laboratorio Nacional de Políticas Públicas, 2020).

4.2 INTERNATIONAL EXPERIENCE

Countries around the world have responded in different ways to the pandemic. While developing countries, such as Mexico, have opted for a moderate response, concerned of keeping a sustainable fiscal balance, developed countries have opted for more aggressive approaches, increasing public debt. For example, in March, the United States Senate approved the Coronavirus Aid, Relief and Economic Security Act (CARES Act) which represents an expenditure of 2.3 trillion dollars, close to 11% of the country's gross domestic product. This recovery package includes budget increases on: unemployment benefits; food security for the most vulnerable in society; business credits, including small and medium sized; an increase in health expenditure; transfers to state and local governments; and international aid (International Monetary Fund, 2020).

Table 5 shows examples of government programs in different countries in response to the pandemic. The revision of programs is focused on those that have a direct effect on the participation of women in productive and reproductive activities and which were created or modified as a result of the impacts caused by the pandemic. Four categories were identified among these government programs: (i) business incentives, support for entrepreneurial activities and for formal employees; (ii) support for workers in sectors considered as "essential", therefore, exposed to a higher risk of virus contagion; (iii) support for independent workers, including informal workers; and (iv) relief support for the increase in the reproductive workload.

Although financial stimulus for established businesses and start-ups are some of the most commonly adopted economic interventions, few examples were identified of these measures targeted at women. Exceptions include: the case of Costa Rica, where interest rates were reduced for priority groups; the case of Canada, where resources for supporting women entrepreneurs were increased; and the case of Morocco, where an electronic platform was created

for the commercialization of products from women agricultural cooperatives and the government eased the certification of apparel workshops led by women to produce face masks.

Regarding programs that offer support for workers with greater contagion risks, interventions identified include temporal and permanent increases to their salaries, exceptional bonuses and paid leaves for vulnerable workers. These type of interventions were found in Germany, Argentina, Canada and Iceland. In India, the government designed a subsidized life insurance scheme for health care workers, both working in the public system and self-employed. In addition, in El Salvador, the government granted a paid leave license for vulnerable workers.

Support for independent workers mainly include loans, such as the Mexican case discussed in section 4.1, and subsidies in the form of transfers/cash transfers. Examples of this last type of intervention were identified in Peru, Canada, South Korea, Iceland and United Kingdom. In Ecuador and Peru, transfers/cash transfers have also been delivered, targeting farmers and other rural households.

Finally, relief programs addressing the increase in reproductive work due to the closing of schools and the work from home include: financial support; changes in legislation to allow employees to apply for additional leave days for taking care of family members; authorizing care services to continue operating for the children of essential workers; and social media campaigns for raising awareness on the fair workload division of reproductive work.

Cash transfer/transfers targeted at households with children or adults with special needs were identified in Argentina, Barbados, Brazil, Canada, Colombia, South Korea, Chile, Iceland and Italy. Additionally, in Brazil and India, there were economic support specifically targeted at women. For example, in Brazil, temporary cash transfer/transfers (3 months) have been adopted, granting the double of the stipulated amount to female headed households.

Regarding support for taking time off work, South Korea increased the flexibility of the legislation on leave days and reduced workdays for family care, while the New Zealand government has subsidized paid absences. In Germany, Costa Rica and United Kingdom there were measures for keeping child care services for the children of essential workers in operation. Also, in Peru, a safety and care network was established for the elderly and disabled people. Media campaigns for raising awareness on gender disparity in reproductive work were identified in Ecuador and El Salvador.

TABLE 5. SELECTED GOVERNMENT COVID-19 RESPONSE PROGRAMS

Country	Businesses, Entrepreneurship and Formal employment	Risk at Work	Independent Workers	Reproductive Work Overload
Latin America				
Argentina	Programa de Recuperación Productiva (REPRO, Productive Recovery Program) for complementing part of the monthly salary of business workers whose sales income had been diminished	Bonuses (cash transfers) for health workers	Ingreso Familiar de Emergencia (Emergency Family Income) which consists of a non-contributive monetary loan, of an exceptional type, destined to vulnerable groups, including the unemployed, people that work in the informal economy and paid domestic workers.	Extraordinary bonus for beneficiaries of Asignación Universal por Hijo (AUH), Universal Asignación per Child and the Asignación Universal por Embarazo (AUE, Universal Assignment for Pregnancy). Cash transfers for vulnerable groups, including workers in informal economy and domestic service workers.
Barbados				Programa de Supervivencia (Survival Program): Exceptional transfers and extension of regular transfers for benefitted families.
Bolivia		Legislation for reducing workdays and granting paid absences for vulnerable workers, including pregnant women.		“Bono Familiar” (Family Bonus) Program: Exceptional transfers for beneficiary families. Paid absences for people with children of 5 years old and younger.
Brazil	Subsidies for workers with short workdays of up to 60% of the income of days in which they are not working.		Exceptional transfers for informal workers and micro-entrepreneurs.	Basic income for three months for helping low income families during the economic crisis caused by the COVID-19 pandemic. Additional payment (double) for women that are heads of their households.

Country	Businesses, Entrepreneurship and Formal employment	Risk at Work	Independent Workers	Reproductive Work Overload
Chile	Cash transfer for the unemployed (limited to 2 million people)			Programa Subsidio Único Familiar (Sole Family Subsidy Program). Cash transfer and access to health services for homes with children and disabled people. License period extension for parents from 30 to 90 days.
Colombia				Extraordinary transfers through the conditioned transfer programs “Familias en Acción” (Families in Action) y “Jóvenes en acción” (Youth in Action).
Costa Rica	Interest reduction for loans to priority groups including young people, the elderly, Native Americans, African Americans, farmers, etc.			Continuity of childcare services operations.
Ecuador			Exceptional cash transfers during two months for families affiliated to the Seguro Social Campesino (Farmer Social Security) on the regime of Unpaid Work.	Social media campaigns for raising awareness on the fair distribution of home chores.
El Salvador		30 day paid leave for vulnerable workers, including people of 60 years and older, pregnant women or with pre-existing conditions.		Exceptional cash transfers for 75% of homes. Social media campaigns for raising awareness on the fair distribution of home chores.

Country	Businesses, Entrepreneurship and Formal employment	Risk at Work	Independent Workers	Reproductive Work Overload
Peru			Independent bonus. Income transfer for informal workers, including domestic workers. JUNTOS (Together), a conditioned transfer program with primarily rural coverage.	Bono Familiar Universal (Universal Family Bonus). Cash transfer for vulnerable homes. Network for caring for the elderly and the disabled.
Venezuela	Exceptional cash transfers for any private sector worker that has been affected by distancing measures.		Exceptional transfers for informal workers that have been affected by lockdown measures.	
Rest of the world				
Germany	Support plan for businesses that had to reduce their workdays, financing up to 60% of net salary losses caused by workday reduction.	Bonus payments in occupations (dominated by women) such as retailer commerce and nursing as compensation for extraordinary work during the crisis.		Workers with children receive 67% of their salaries in comparison with 60% of those without children. Childcare services for children of essential workers have been kept in operation. Expansion of childcare benefits for low income homes.
Burkina Faso			Solidarity fund for benefitting people that work in the informal sector with women as a priority. Cash transfers of up to 26 weeks for independent workers whose activities were affected due to the pandemic.	

Country	Businesses, Entrepreneurship and Formal employment	Risk at Work	Independent Workers	Reproductive Work Overload
Canada	Expansion of financial resources for the “Women Entrepreneurship Strategy”, diverse support (training, mentorships) for women entrepreneurs.	Temporary increase of salaries to low income essential workers.		Cash transfers of up to 26 weeks for workers that cannot continue their activities due to their responsibilities for children or other family members.
South Korea			Cash transfers for independent workers.	“Childcare coupons” cash transfers for homes with children of 7 years and younger. Passing of a law for 10 or more days a year for caring for families. “Family Care Leave” Program. Days off and workday reduction for family care.
Spain	Lines of credit and endorsement for businesses that belong to the tourism sector and related activities promoted by the National Credit Institute provided in the Real Decreto Ley (Royal Law Decree) 8/2020.			Approval of the royal law decree on the Ingreso Mínimo Vital (IMV, Vital Minimum Income) in homes in extreme poverty.

Country	Businesses, Entrepreneurship and Formal employment	Risk at Work	Independent Workers	Reproductive Work Overload
India		Creation of life insurance schemes in collaboration with the private sector. "Insurance Scheme for Health Workers Fighting COVID-19". A life insurance addressed for healthcare workers that also covers public and private sector workers, as well as workers in self-employment schemes. Insurance premium covered by the government.	Expansion of credit programs that do not require collateral targeted at low income women.	Creation of a temporary subsidy targeted at women. Three month cash transfers, conditioned to opening a bank account.
Iceland		Salary increase to "front-line" healthcare workers.	Cash transfers equivalent to up to 80% of their 2019 monthly income.	Program extension for all families with children of 18 years or younger. Cash transfers for homes with children. The amount of the transference depends on the family income. Workers with children care responsibilities may access permissions at work or, in case they cannot perform work remotely, they can access a grant for hiring housekeeping services.
Italy	Postponement of credit payments.			

Country	Businesses, Entrepreneurship and Formal employment	Risk at Work	Independent Workers	Reproductive Work Overload
Morocco	Creation of a digital platform for the commercialization of farming products from women cooperatives. Facilitate the certification of cooperatives for face mask production (100% of which belong to women).			
New Zealand	“COVID-19- Support for Employers” Program which subsidizes the salary of workers for businesses that meet certain criteria.		“COVID-19 Income Relief Payment” Program which grants up to 12 weeks of payments for subsistence in case their current employment was lost (salaried or independent).	Paid absence by the State for workers that cannot carry out their duties because of health reasons or for caring for other people.
United Kingdom			Inclusion of independent workers as beneficiaries of cash transfers from the “Universal Credit”, a monthly cash transfer.	Childcare services have continued operating for the children of essential workers.

Source: Banco Interamericano de Desarrollo (Interamerican Development Bank, 2020); Chacaltuna, J. (2020); CONAMER (2020); Government of Canada (2020); Government of Iceland (2020); Ministry of Economy and Finances of South Korea (2020); Institute of Official Credit, Government of Spain (Instituto de Crédito Oficial, Gobierno de España, 2020); International Labour Organization (2020b); IZA Institute of Labor Economics (2020); Ministry of Health and Family Welfare, Government of India (2020); Organization for the Cooperation and Economic Development (2020a); Ministry of Social Development, New Zealand Government (2020); International Labour Organization (2020); OCDE (2020b); Secretaría de Economía (Mexican Ministry of Economy, 2020); United Nations (2020); UNDP – UN Women (2020).

5. DISCUSSION

Based on the analysis of micro-data from the ECOVID-ML, the first hypothesis of this article is confirmed: *women have suffered a greater impact than men in their participation in productive work as a consequence of the COVID-19 pandemic*. Particularly, larger impacts were identified for women in unemployment and the reduction of their workday, both of which accentuated the existing gender disparities. However, it was also found that women have had larger opportunities for continuing productive work from home. This can be mainly explained because women are overrepresented in economic sectors, such as education, that have been able to continue their operations remotely.

Among those that continue their productive work from home, the proportion of employees that do not have the necessary equipment to carry out their tasks is larger for women than for men. This deficiency can have different implications, from increasing the number of necessary hours to conduct their work, affecting the quality of their work, and even having some repercussions in their health (for example, skeletal muscle disorders) (Office for National Statistics, 2020).

Similar impacts on productive work have been observed in previous economic crisis. After the economic crisis of 2008/09, 65% of the people that lost their job in the textile and apparel industry in Nicaragua were women (Espino and Sanchís, 2009). During the Asian financial crisis of 1997/98, women were also disproportionately affected in losing their jobs because they tended to occupy more precarious job positions than that of men, mainly in the export-oriented industries (Gálvez and Rodríguez, 2011; Ghosh, 2011).

Lessons from previous economic crises in Latin America and Asia have shown as well that the negative effects in the economic participation of women usually are experienced in the short term, while the effects in the quality of the available work usually last longer (Montaño & Milosavljevic, 2010; Walby, 2009). Given the limited capacity of social protection systems in developing countries, the fewer employment opportunities tend to translate in larger job precariousness.

Previous health crises also provide evidence that impacts on the economic security of women usually last longer than of the impacts on their male counterparts. During the Ebola epidemic, the economic activity of men returned to pre-crisis levels shortly after the prevention measures were suppressed, while the effects on the economic activities carried out by women lasted longer (United Nations, 2020). Gálvez and Rodríguez (2013) arrived to similar conclusions based on the revision of the effects of economic crisis during the last hundred years: female employment takes longer to recover than that of

men's. The researchers explain this phenomenon in terms of public policies and social norms that favor male participation in productive activities.

The disparities in the distribution of reproductive work among men and women indicate that, as a result of the lockdown measures, including the closing of schools, care services for children and the ill, the load of reproductive work has increased for women (ILO, 2020b; United Nations, 2020). The analysis of the micro-data of the ECOVID-ML allowed the confirmation of the second hypothesis: *women have gone through a greater impact than men in the load of reproductive work as a consequence of the COVID-19 pandemic*. Among those people that find themselves working from home, the participation of women is greater than that of men's both in caring for other people than in domestic tasks.

The experience of previous crises shows that the load of reproductive work for women usually increases both in the mid and in the long term as a consequence of reductions in household income (Gálvez and Rodríguez, 2011; Montaña & Milosavljevic, 2010; Walby, 2009). Sometimes, coupled with an increase in their participation in productive work (Gálvez and Rodríguez, 2011). It is expected that the impacts of the current health and economic crisis will be even greater than those observed in previous crises, considering the effects of lockdown measures and the interactions between productive and reproductive work.

The review of programs in response to the pandemic, in Mexico as well as in other countries, allows us to confirm the third research hypothesis: *fewer programs have implemented in Mexico with the goal of supporting the productive and reproductive work of women in comparison with those implemented all over the world*. From the international revision we identified programs addressing both productive and reproductive work. Initiatives that address productive work include financial support to businesses, formal and informal workers. Some of these initiatives have focused on those workers exposed to larger contagion risks during the pandemic.

Different approaches were identified among the initiatives that address reproductive work, including: awareness campaigns, financial support and legislation changes for increasing the flexibility of the regulations on care leaves. It is important to emphasize that the target population of these measures are both men and women, since this type of design not only contributes to balance the loads of reproductive work, but also promotes changes in gender norms (Kaplan & Piras, 2019).

In the case of Mexico, the main policy gaps were identified in three areas: (i) initiatives targeted at rural women, (ii) initiatives protecting workers in

high risk sectors, and (iii) interventions for relieving the increase in the load of reproductive work. Long term strategies for improving work conditions in the health sector and other essential services, as well as for strengthening the infrastructure and coverage of childcare services, will increase the resilience of both the State and households to face future crises. Evaluation of childcare programs in both developing and developed countries provide evidence of positive effects of the increase of quality, availability and accessibility of these services on the economic participation of women (Mateo and Rodriguez, 2016). Particularly for Mexico, Mateo and Rodriguez (2016) found impacts on the reduction of time dedicated to care work, as well as an increase in the probability of women having a job and increases in the number of hours devoted to productive work.

6. CONCLUSIONS

Based on the analysis presented in this article, it was identified that women have suffered a greater impact than men on their participation in productive work as a consequence of the COVID-19 pandemic. The data analyzed also allowed us to identify differences in the distribution of reproductive work between men and women.

From the review of policy responses to the pandemic, it was identified that a fewer programs for supporting the productive and reproductive work of women have been implemented in Mexico, in comparison with those implemented internationally. The policies delivered by the Mexican federal government targeted at women in response to the SARS-CoV-2 virus crisis have included mostly loans and cash transfers. However, a reduced number of strategies have addressed the increase of the reproductive workload. Additionally, a significant gap identified, in Mexico as well as internationally, were policies targeted at women in rural contexts. The resources and strategies are mainly focused on urban areas.

The review of international experiences discussed in this article show examples of strategies that could be adopted for a better response to the disproportionate impacts, direct and indirect, caused by COVID-19 on women. In terms of social policy, the adoption of “universal basic income” type cash transfers has been one of the main achievements during the pandemic, promoted by several international and academic organizations (Devereux et al., 2020). This type of responses was identified in countries such as Brazil, Colombia, Peru and the United Kingdom. These programs have the objective of leveling up the income of the poorest households –however, with the exception of the

Brazilian case, these responses do not incorporate gender disparities in their design. The cases of South Korea and New Zealand also show examples of approaches for making the workday more flexible in response to the increase in the gender gap in the loads of reproductive work.

Ideally, these short term responses should be accompanied by long term strategies that reduce gender discrimination in the labor market. In this sense, strategies include strengthening the compliance of job regulations, the strengthening of childcare services, the promotion of awareness campaigns for work rights, as well as increasing in the transparency of the information regarding the salaries paid by firms (Kaplan & Piras, 2019).

6.1 LIMITATIONS AND FUTURE RESEARCH AREAS

One of the main limitations of this research is the use of data that came from a telephone household survey which, may be biased in terms of the socioeconomic status of the sampled population –however, the adoption of cell phones in the country is high in the urban and the rural context as well, representing 86.5 million people (75.1%) of the population of six years or older (Federal Institute of Telecommunications, Instituto Federal de Telecomunicaciones, 2020).

Likewise, the size of the sample is smaller than the one usually used in household surveys, which is why the disintegration of data by gender with national representation is limited. The availability of larger data sets, and at lower granularity in the future, will help to gain a better understanding of the impacts of the pandemic in gender disparity in the labor market. In turn, this evidence will be crucial for the design of policies with gender perspectives.

The impacts of the pandemic between women are also heterogeneous. A larger availability of data in the future, such as the results of surveys conducted during the pandemic, retrospective studies and policy evaluations will contribute to a better understanding on how the livelihoods of different groups of women have been affected during the pandemic. This includes differentiations by economic status, geographical context (rural / urban) and ethnic origin.

The revision of initiatives of the civil organizations and informal support networks is another topic that future research can tackle to examine to what extent these initiatives were responding to policy gaps, as well as studying potential synergies.

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IMPROVING PUBLIC MANAGEMENT THROUGH TERRITORIAL GOVERNANCE. LESSONS LEARNED FROM COVID-19

Esther Nissán Schoenfeld*

ABSTRACT: Collaborative territorial governance experiences play a fundamental role in improving public management to mitigate health and the economic crisis impacts due to COVID-19 pandemic.

The Ministry of Interior (SEGOB, in Spanish) of the Mexican federal government implemented the methodology Neighborhoods Networks for Solidarity Support “Redes Vecinales de Apoyo Solidario” (REVES, in Spanish). It is a territorial organization system based on community co-responsibility that aims to improve the satisfaction of basic needs derived from the health and economic emergency caused by COVID-19, and is an example for municipalities throughout Mexico. REDES implies a collaborative territorial governance system. In this article we describe and analyze the actions carried out by seven municipalities that are executing the project.

Keywords: Territorial and collaborative governance, networks, public management, municipality.

INTRODUCTION

Our aim is to underscore how collaborative territorial governance experiences have a fundamental role in successful public management to mitigate health and economic crisis caused by COVID-19.

The article is divided in three parts. First, we provide a theoretical conceptualization of governance, its meaning –specifically collaborative

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territorial governance—, its key elements, and some inherent concepts. We describe the theoretical-practical argumentation that justifies the advantages, development and implementation in local governments.

In the second section, we present the experiences of seven municipalities. They exemplify collaborative territorial governance systems under REDES –its primary objective is to respond to the needs as a result of COVID-19 pandemic. The Ministry of the Interior of Mexico encourages the use of REDES for local governments to improve the living conditions of citizens due to the health and economic emergency we face worldwide.

The third and last part, we present the achievements of the seven local governments. We hope readers can ponder on the value of using local governance systems in municipal public management as a tool to solve specific problems and situations in their territory.

All the information was through qualitative research. We conducted in-depth interviews, and video-meetings that allowed the municipal experiences to be presented.

Although it is early to talk about the impact and final result of the implementation of REDES, there are some key elements we can infer that facilitate its management and improve the COVID-19 situation that exists in Mexico and word wide; without a doubt networks are effective public management tools to improve the conditions of citizens during confinement.

1. ON THE ISSUE OF GOVERNANCE

The paradigm of governance implies that relationships are developed with an active collaboration and social participation. The term has multiple interpretations and definitions, but in the last three decades several common elements arise: the presence of the government or governmental actors that relate and interact with non-governmental actors, civil society, in order to improve, collaborate, cooperate and be more efficient to solve common problems. We can summarize it as the interaction of various stakeholders, from different sectors, with a common goal.

If we analyze the concept of governance by different authors, we can see an evolution from 1980 to the present. Classical European authors such as Renate Mayntz, Jan Kooiman, R.A.W. Rhodes, Joan Prats i Catalá, among others, explain this new approach of managing public affairs, in which the governments organizational structures increasingly depend on the cooperation of private and social actors –outside of their hierarchical control–, to seek solutions to society’s problems.

Joan Prats i Catalá (2005) highlights that: "... governance is the method of governing, not the only one, but the most representative of our time". Governance is the product of the evolution of public administration of the 20th century and currently this century: from bureaucracy, new public management, later public management reaching our current development of governance.

Governance needs the government as its coordinating body. The latter must change from being an "omnipotent solver" to a "manager of interdependencies". Prats (2005) argues that governance does not eliminate the role of government, but rather reinforces its role as an entrepreneur, facilitator, mediator, conflict solver, negotiator and rule-maker. He recognizes that some functions can be performed by other business and social actors since governments are not the only stakeholders facing today's great social issues, and explains that the vertical structures of the State must be transformed into a combination of vertical and horizontal structures, derived from the new needs for the effectiveness and legitimacy of public action (Prats i Catalá, 2005).

Rhodes (1997) is one of the authors who began with the theory of governance by networks. Networks are presented as the solution to coordination and management problems of modern societies. This author refers to governance as "network management". Social coordination and management of inter-organizational links are a common form of networks. The government plays an important role as a facilitator in the development and function of networks.

Luis F. Aguilar (2007) refers to governance as the process of directing or channeling. Society and the government define a sense of path, values and objectives regarding their "associated life". It includes the way in which work will be organized and divided to reach social objectives. He explains that governance is a new focus within the new public management where society and the government share responsibility of federal, state or local level policies. It encourages the active participation of different organizations (public and private) for the advantage of a good government performance, as well as the achievement of objectives that improve societies quality of life. For this author, governance promotes a governing style based more in coordination than command, more horizontal than vertical, and with new public and private partnerships.

For Alfonso Iracheta (2012: 39) governance:

... expresses the process in which social actors decide in an organized way their fundamental objectives of coexistence and the coordination to achieve them [...] and pursues to recover and rebuild the public nature of the State, as well as its capacity to govern and administer, placing citizens at its center.

Public action comes to life by the coordination of collective action (participation of social actors), since it is recognized that the State cannot look after everything, thus becoming into a network of horizontal relationships.

R. Uvalle Berrones (2005) describes that governance is necessary, but not sufficient, for public policies to achieve their objectives. Public administration must be inclusive and democratic; it must involve citizens to participate actively in the policy processes of the community. The State is a facilitator that encourages and promotes true governance to obtain the best results. The joint participation of government and citizens in the process of creating public policies is important, from problem identification within the community, to the development or establishment of the policy, its implementation, execution and evaluation.

Rosas-Ferrusca et al. (2012: 119) synthesize some key aspects of the concept: "... governance is the process in which citizens collectively solve their problems and respond to the needs of society, using the government as an instrument to carry out their tasks". For the authors governance has citizens and organizations as their focus, both acting jointly with the government. Governments must operate as a network and less with vertical and authoritarian structures. Territories are the central sphere for decision-making and the execution of public policies. The institutional structure of governments (federal, state and municipal) has been overtaken by reality, requiring new forms of participation to function more efficiently.

C. Zurbriggen (2011) discusses regarding the presence of international agencies (World Bank, United Nations Program and the Inter-American Development Bank) in Latin America. These agencies promote governance as the best tool to provide better infrastructure services and achieve sustainable development in the region. This perspective includes the privatization of public services, new offers of social policies, and decentralization processes. The recommendations of the international community suggest governance as an alternative tool to attain improvement in health services, which is why public-private partnerships are promoted to provide public services. This includes participating stockholders from the public and private sectors.

1.1. TERRITORIAL OR LOCAL GOVERNANCE

For many local governments territorial governance is strategic to improve public management due to COVID-19, in some cases even before it began. Territorial governance enables to establish relationships and interactions between municipal level stakeholders and local non-governmental actors –social, private, academic sectors and society as a whole–. These relationships improve territorial development and solve common problems. The conjunction

of actors cooperating and collaborating helps to mitigate the serious situation caused by the pandemic, including insecurity problems.

Farinos (2015) explains that policies should not be imposed on territories, but rather adapt to them. Territorial governance allows regions to decide and make their own policies based on their needs. Farinos affirms that territorial governance is framed to a geographical setting and society. Both are key elements when deciding and planning on the future, which improves relations between the State, businesses and society.

Thus, the primary objective of territorial governance is to achieve cohesion through the joint application of sustainable territorial development strategies. Therefore, local governance has the task of coordinating interactions between participants in a specific territory, through innovative cooperation formulas that promote social and institutional capital, strengthen the community's social cohesion, and work in the joint construction of a territorial project (Zurbano Irizar, 2008, in Abad, 2010).

Enrique Cabrero (2005) mentions that in order to better understand territorial governance, it is necessary to recognize the collective action of the various local actors, specific groups within the territory, coalitions and conglomerates of interests, as well as the relationship between governmental and non-governmental players. It is important to identify networks of participants, interaction mechanisms and the regulation between them, as well as the role of local government.

1.2. COLLABORATIVE GOVERNANCE

Collaborative governance relies on a multi-actor and inter-organizational collaboration. It is the conjunction of various stakeholders that have a civic commitment, and cooperate with each other and build consensus regarding common objectives (Siriani, 2009, cited in Mariñez-Navarro, 2015).

The work of Mariñez-Navarro (2015), mentions that the use of technologies in the collaborative governance approach promotes collaboration and open citizen participation. It connects citizens, organizations, companies and the government. This promotes the exchange of information, knowledge, resources, opinions, debates and can be a helpful tool for decision-making regarding a common problem. It also may facilitate entrepreneurship and social capital development. The digital revolution and the use of Web 2.0 allows public and private participants, and organizations to collaborate in real time to co-create public policies.

Citizen participation and engagement are key elements in collaborative governance, as both are a positive influence regarding trust, legitimacy, and government accountability. The existence of a collaborative governance

network in a territory can improve the efficiency of the making of public policies, their implementation, the development of social capital, the improvement of public services, the detection of local needs, better information flows and accountability, as well as giving a greater voice to society (Mariñez-Navarro 2015, p. 80).

Information communication technologies (ICTs), Web 2.0 tools and smart phone applications are important instruments that complement and support citizen participation initiatives. Citizens can use and access information, schooling, communication, create and participate in public discussions, all these strengthen the diversity of opinions, the flow of information and freedom of expression. These digital and information tools pave new ways of interacting, by allowing citizens, organizations and other stakeholders to be co-producers and co-creators of actions and content; organize themselves into subgroups and networks. As well as share knowledge, strategies, concerns, thus being able to influence public decisions.

Civic engagement networks (neighborhood associations, sport federations, cooperatives, among other) are essential social capital. The tighter these networks are the more likely the members of a community will cooperate for their common good.

The value of these governance approaches lies in that they integrate processes that are aimed to transform reality, improve public management, the lives of the citizens at the local level and thus impact the territory. They provide fertile ground for alternative schemes of administration and public management. A key role will be the flexibility and adaptation that each one has to specific situations and territories.

Several management experiences regarding governance arrangement at the local level spawn spaces and structures that promote active citizen participation. For example, participatory budgeting, citizen participatory laws, or the creation of citizen councils or committees for various objectives.

Two successful examples that illustrate territorial governance systems in health issues are in Brazil (Souto Mair and Dornelas 2008), and Chile (J. Salinas, A. Anselmo, et al 2007).

In the first a family health model was developed. They introduced Health Councils (with civil society representatives) with a close relationship to the municipality's health team, creating networks with the community. A highlight of this experience is that the municipal government called for associativity in the community and the formation of networks with civil society organizations (CSOs), providing evidence that the greater number of participation of CSOs, the more effective the health family program was in each locality.

In the second example, a National Council for the promotion of health by the name of *Vida Chile* was established. It included a network of local councils constituted with CSOs, community organizations, private entities, the academy and municipal authorities. The project had excellent results in terms of coverage, 98% of the country's municipalities had a Community Health Promotion Plan and a *Vida Chile* Committee, and the program provided benefits to 20% of the country's population. Here too, the participation of CSOs and community organizations together with local governments were key to its success, and exemplify local governance.

The concepts of governance from European and Latin American authors have complemented each other and included new connotations, always revealing as a central theme the active and co-responsible participation of society alongside the government, to solve common problems that concern the locality.

2. COLLABORATIVE TERRITORIAL GOVERNANCE: CASE STUDIES DURING COVID19 PANDEMIC.

“Neighborhood Solidarity Networks (REVES in Spanish)” (CIAS, 2020) is a multi-stakeholder coordination and interaction platform for community advocacy and social transformation in emergency scenarios at the local, regional and national levels. It is a territorial organization system that covers basic needs derived from the COVID-19 emergency. This method established priorities and the community's co-responsibilities (mutual aid and solidarity). These networks build a system that identifies the most urgent needs of the community (food, health, emotional care and public safety), making the best use of existing resources. REVES has three levels of territorial organization: 1. The street or household unit, 2. The neighborhood or zone, and 3. The town or municipality. Each level has a responsible liaison, named neighborhood, sector and municipal liaison. The networks are connected through digital technologies, using WhatsApp. The operation manual developed by (CIAS, 2020 a and b) establishes seven steps as to how the networks are implemented at the local level.

In April 2020, this methodology was adapted and implemented by SEGOB as part of the actions by the Mexican government to face the COVID-19 pandemic, in collaboration with the non-government organization “*Centro de Investigación y Acción Social, Jesuitas por la Paz*”, and summon for solidarity through REDES, referring this strategy to nearly 2000 municipalities throughout the country (SEGOB, 2020a).

Since April 2020, SEGOB has maintained periodic meetings with municipalities. They provide advice and consultancy to local governments, and give them tools for a successful implementation of this methodology in their communities. Up to mid-September, 2020, 52 virtual meetings have been scheduled and more than 184 municipalities, organizations and entities that participate in REDES have been contacted.

Initially (between April and May), SEGOB divided the country into eight regions. From these 13 states and 17 municipalities were selected, considering their fatality and contagions rate due to COVID-19. A second phase was carried out and included 29 municipalities in 18 states. Using local participatory diagnosis, the program was strengthened, so localities could identify their own problems, and successfully implement the methodology of the strategy.

After six months of lockdown/semi lockdown in Mexico, it is too early to present results or impacts of the experience under REDES during the COVID-19 pandemic. Its implementation in municipalities has been gradual, but three degrees of progress can be distinguished. First are the ones that are still in the planning phase (initial stage). Second are those in the first implementation stages, and third are those already advanced in structuring and working with the network (follow-up stage).

We will now refer to some of the experiences at the local level of the different stages.

2.1. MUNICIPALITIES IN THE INITIAL STAGE

2.1.1 Local government of Salamanca in the state of Guanajuato

Salamanca is in the initial stage. They have “*Vecino Vigilante*” a neighborhood watch program –neighbors, businesses and municipal authorities participate– that promotes protection among neighbors for the safety of their community. Each street has a representative, who is trained to organize the area. The objective is to reduce crime and reinforce coexistence among neighbors.

WhatsApp groups are created and the issues that are addressed are local government’s public services complaints, public safety measures (fraud and extortion). Thanks to REDES neighborhood trust has improved, as well as the social cohesion, and support among community members. It also helps to identify needs regarding crime prevention and restoring the social networks in the community (SEGOB, 2020c).

2.1.2 Local government of Iguala de la Independencia, in the state of Guerrero

This municipality has begun its organization by sectorizing neighborhoods. It integrated 69 into the networks, by establishing “solidarity tables” food

donated by the same community. REDES has also helped to recover public areas, provide support for women victims of violence (with an effective communication to care for women), or focus on situations or problems within the community. For example, REDES helped find a missing child, or provide medical attention to neighbors with blood pressure problems or glucose levels in diabetics.

Local media such as radio, posters, videos, social networks such as Facebook (URL *Red Vecinal de Apoyo Solidario Iguala*, from the local police crime prevention office) have been used to sponsor the REDES program. These platforms publish activities, share knowledge, invite people to join the project, promote hygiene and procedures when in public spaces and provides a close contact between citizens (SEGOB, 2020c).

2.2. MUNICIPALITIES IN THE IMPLEMENTATION STAGE

2.2.1 Local government of Acapulco de Juárez, in the state of Guerrero

SEGOB proposed REDES to Acapulco, and in May 2020 trained 160 municipal public servants for this purpose. This local government was chosen because it was already working –since 2019– on the Project for the Reconstruction of the Social Fabric with the NGO “*Centro de Investigación y Acción Social, Jesuitas por la Paz*”. They had committees to interact with CSOs and business, among other participants. The local government already had the territory divided into sectors, which made the implementation of REDES easier since they had an established structure.

Unlike the original project, REDES was divided into five levels. The first within housing blocks for a neighborhood contact (there are 13,170 of these contacts). The second level was of a Group (ten blocks, reaching 1,317 group contacts). The third level, covers a section (called the zone link, 439 of these). Then the fourth level is the electoral district of the locality and the sectorial link (there were seven) and finally, the municipal coordination. Acapulco has approximately 275 neighborhood networks. In addition, containment is being carried out by block, with access to contact phones in case of emergencies (Municipality of Acapulco de Juárez, 2020a).

The materials and operation manuals offered by SEGOB (2020b) were adapted for Acapulco. These documents explain the logistics, communication between groups, the strategy’s implementation, among others. In addition, on the municipality’s website there is a section called *Acapulco Unido* with video links of the program among other actions (Municipality of Acapulco de Juárez, 2020b). They also have two apps *Reporte Ciudadano*, citizens can file reports or complaints, and *Consumo Local*, which promotes local consumption.

Coordination and communication between stakeholders and residents of the town is through WhatsApp, video calls are also encouraged if necessary.

The municipality has 35 community kitchens to support people with food insecurity, geolocated in its website, where donations can also be made, and neighbors can register to form their own networks. There is also a directory of Acapulco businesses, as well as services, with the possibility of being geolocated on a map (Municipality of Acapulco de Juárez, 2020ab).

The purpose of these actions is to generate trust in citizens as well as share responsibility and coordinate work with the inhabitants of the municipality (SEGOB, 2020c).

2.2.2 Local government of General Escobedo, in the state of Nuevo León

General Escobedo (2020a) in Nuevo Leon has implemented REDES in 204 of their most vulnerable (economic problems and domestic violence) areas in neighborhoods (70% of the municipality). They established networks at the neighborhood and housing block level.

The local government divided the territory into 14 sectors, each one with a responsible coordinator and 212 fellow neighbors (per housing block). 227 WhatsApp groups have been created, each with a different issue depending on the neighborhoods' needs. Some of the themes relate to food, psychological care, public safety, recreational activities, among others. The municipal liaison is in charge of delivering the required municipal support. In addition, there are 24 hour 1-800 telephone lines to attend medical and psychological care issues, and a specialized line regarding domestic and gender violence.

The project allowed to approach different stakeholders of the community. Three CSOs support the project as well as various businesses with whom alliances were made. They provided donations and products in kind. The program *AyuDar* was developed to support families in need with food packages, approximately 40,000 of them have been delivered.

As a result of the implementation of REDES, more than 5,000 families have been attended (approximately 20,000 people), with the impact of having a local government with a more efficient communication and greater proximity with citizens.

According to the municipality of General Escobedo the use of WhatsApp facilitated,

the formation of groups has allowed to have constant communication with citizens, know their needs and generate trust. It is important that neighbors themselves establish the rules of use of the group and the actions for noncompliance. (Municipality of General Escobedo, 2020a).

Another technological tool used due to COVID-19 were video-meetings. These are used for high priority issues for the community and helped lessen tension and citizen stress. Also a free web 2.0 page was setup for small and medium size businesses to promote their products to the public. More than 280 local companies –including others from different municipalities registered– (Municipio General Escobedo, 2020b).

A disadvantage in the use of ICTs was that not all residents had internet and their mobile devices did not allow them to access the app.

These networks have also aided to mitigate economic problems. They help promote local consumption by showcasing and offering local products of the territory. They created the program *Dinámica por la Paz* for each neighborhood to fight domestic violence against women (which has increased). They used Zoom to generate family coexistence spaces to carryout activities, games and playful dynamics, including a contest to promote healthy family life and values. A great effort has been placed to improve this emotional area. These activities brought positive results and helped reduce stress in people. A pre and post intervention survey has been used to measured them.

REDES has been important, since it provides structure to the ways neighbors and institutions communicate. It makes it possible to make aid programs more efficient, reach citizens, create a bond with families, and allows to fulfill the specific needs of the population (General Escobedo Municipality, 2020c).

The coordinator of the REDES program of the municipality mentions that although the program was created for COVID-19 contingency, they now consider that it should be a policy that stays permanently within the municipal administration (General Escobedo Municipality, 2020a).

2.2.3 Local government of San Nicolás de los Garza, state of Nuevo León

In this municipality REDES is implemented for a solidarity based economy. Through a Web 2.0 platform, they developed a “trade” web page for 10 neighborhoods (11,500 inhabitants) from the most deprived areas. The objective of the “trade” project is to provide food to families who lack of it. According to the reports, this project has positive results, since it is possible to exchange either a product for another product, or a service for a product or viceversa. For example, a construction worker does a job in exchange for food. It is important to mention that on the subject of governance, the local government has a close relation with local companies, who support with resources, especially food and improvement of the family economy (Municipality of San Nicolás de los Garza, 2020a).

Another REDES initiative in this local government is *Vecinos Solidarios*, where young volunteers are given COVID-19 protective equipment and they

provide support by doing supermarket purchases and other errands for vulnerable neighbors and the elderly so they don't leave their homes. They even organized a "challenge" to help vulnerable families. Regarding psychological care, the municipal government has been very concerned. Through REVES the local government has detected that emotional support is highly required by the people of the locality to address stress and anxiety. Another important issue they face is food insecurity. Food packages have been distributed to the people who need them most. On the municipality's website there is a link "*Consume San Nico*" to promote local consumption, and another one where restaurants can register for home delivery (Municipality of San Nicolás de los Garza, 2020b).

2.3. MUNICIPALITIES IN FOLLOW-UP STAGE

The municipalities in this section are the most advanced implementing REDES. They already have an organized neighborhood network structure or committee, which allowed REDES to adapt more easily.

2.3.1 Municipality of Tijuana, Baja California

Since 2008, Tijuana began to work with citizens on crime prevention and violence reduction issues. A Citizen Security Neighbors Committee Program was established to promote a culture of good neighbor, fostering values of tolerance, respect, cooperation, teamwork, citizen participation and improvement of the quality of life in the city.

The program involves joint work between society and the local government. After 12 years of the program, an operational reengineering was carried out and 18 programs were created. Currently there are 215 recognized neighborhood committees and they use ICTs and social networks, such as Facebook. Periodically parents, teachers and neighbors receive training, as well as transversal work with other government entities such as the local family development system (DIF, in Spanish). Thus neighbors have the ability to transform their environments and recover their community.

Tijuana took advantage of the established structure and organization and adapted REVES' methodology. The government has a well-organized system to form committees and neighborhood networks, and the people who participate are recognized by the city's Town hall.

To implement the strategy of REVES the local government divided the actions into three steps. First: Social Bonding, where they summon citizens to be part of the networks. The second step is Committee's Formation: citizens are selected, work groups are organized, and the protocols to form the committees are established along a formal structure (President, Vice President, secretary

and four members). To participate citizens must meet certain requirements (be Mexican, of a certain age, should not hold public post, among others). In the third step –protocol– committee members are sworn in and an official document is drafted.

Currently Tijuana has more than 1,500 community leaders –all volunteers–, whom the city council provides training on an ongoing basis. By community leader we understand: “...a participant who recognizes the problems in his area and wishes to contribute to improve the quality of life of his family and neighbors” (Eduardo Goriz in SEGOB, 2020c).

2.3.2 Local government of Nezahualcōyotl, in the state of Mexico

In Nezahualcōyotl REDES is also being implemented. Since 2015, the local government had several Neighborhood Security Networks. They divided the town in quadrants, 100 community polices for 100 quadrants, in four zones. Neighbors are in constant communication with the community’s police officers to give quick notice of crimes or public safety issues. Currently there are 10,954 neighborhood security networks, and 1,200 business networks. This model provided an excellent framework to implement REDES due to COVID-19 (Municipality of Nezahualcōyotl, 2020).

REDES presented three types of schemes in this municipality. The first was to identify vulnerable people (i.e. seniors in poverty, people with chronic diseases). The second helped identify donors, such as businesses, CSO’s, to set up aid food stands in different parts of the territory where neighbors could donate food. The third scheme was the distribution of donations in an unbiased and helpful manner to those in need. Young people registered in the federal program *Jóvenes construyendo el futuro*, helped by gathering the food aid going house to house. Also emotional and psychological support was provided to those neighbors suffering from stress and anxiety.

The project has a second stage that involves permanent training for citizens, in a horizontal network focused on sustainable human security, physical integrity and prevention. Themes regarding health issues, natural disasters and urban risks are covered.

The authorities mention that REDES has been valuable, especially to identify the population at risk and to implement programs during COVID-19. A current program *La lectura toca a tu ventana* aimed at local children for virtual story telling (fables and tales), started to invite children and the local police to read stories together (keeping health protocols such a social distancing). This has helped reduce stress and anxiety in the territories. Sixty story telling sessions have been done, reaching 1,200 children. Another program *Violencia de Género* provides care to women who have suffered violence. The program

has more than 600 members. There are other programs, where neighborhood networks have been fundamental to implement them (Román Mejorada, SEGOB, 2020c).

3. ACCOMPLISHMENTS AND CONSIDERATIONS REGARDING REDES

Even though the implementation of REDES in the different municipalities shown is unique and based on their own needs and resources, we can identify common achievements.

Attention to needs: In all cases, in the first months of the pandemic we can underscore three actions: priority was given to secure food to vulnerable population; efforts were directed to provide emotional and psychological support to reduce stress and anxiety (including domestic and gender violence); and provisions to support the families' economy and promote local consumption.

The use of networks: The most relevant uses of the networks at the beginning of the confinement were monitoring health situations of the population of the territory to channel support, meet basic needs, emotional care, monitor the most vulnerable neighbors, prevent family violence, and distribute aid (external support from government and private institutions, and civil society).

After three months of confinement, at the end of June, beginning of July, in some states lockdown measures were lessened (businesses, restaurants, shops among others begin to reopen at 30% of their capacity). REDES provided a platform to follow up on the support provided chiefly in the local economy's revival (local consumption), and also public safety issues.

REDES structure and organization's strength: In the case of Tijuana and Nezahualcóyotl we can highlight that because they already had a previous network structure and experience, it was easier for them to adapt and meet the needs due to COVID-19, and thus are the more advanced cases in implementing REDES. In both municipalities neighborhood networks started years earlier to address insecurity problems in their area. The public entities that developed the networks were Crime Prevention and Citizen Participation, and in the case of Nezahualcóyotl the police department. Regarding municipalities in the initial stage their structure and organization has been slow. As they have more experience it will consolidate. Such is the case of Acapulco.

Increase in neighborhood trust: A relevant and common aspect of the neighborhood networks in the territory is that in all the cases there was an increase in neighborhood trust, thus more social cohesion of those who share a territory. Neighborhood networks can be a way to transform and rebuild the social fabric in the community.

Increase in social participation: Neighborhood organization increased social participation and encouraged alliances between local authorities and sectors of civil society (businesses, universities and CSOs).

Formation of Committees or Councils: REDES fostered neighborhood committees or working groups with specific issues (food donations management, emotional health support, local economy promotion and solidarity, public safety, identify vulnerable people). In most cases the working committees had positive results and achieved their objectives.

Use of digital tools: All of the neighborhood networks employed digital tools to communicate and coordinate, the most common ICTs was WhatsApp, Web 2.0 pages and the use of videoconferences and video meetings.

Evolution: Considering the first six months (March-September) of the COVID-19 pandemic in Mexico, neighborhood networks have evolved. At the beginning, their main function was to attend the food, health and economic emergency. Now their focus is in producing more active societies to rebuild the social fabric, make closer relations with other community participants and coordinate solidarity actions to address social problems in association with the government and society. We can highlight the participation of CSOs among other stakeholders to rebuild the social fabric in the community.

Issues addressed: The most common public problems addressed were the reconstruction of the social fabric, crime prevention, community resilience, attention to needs due to COVID-19 (food, health, mental health, economic development), and develop joint work with the community, education institutions, government, religious associations, civil society, and businesses. This underscores a genuine system of territorial governance.

Public management: To develop an institutional system, it is important to systematize the information (activities, stakeholders, goals, beneficiaries, etc.) evaluate network performance, establish indicators. So far, none of the municipalities has a formal information system. Tijuana has regulations regarding the creation of working committees, and for the results achieved. Nezahualcóyotl has also partially systemized its information.

4. CONCLUSIONS

With the cases presented of local governments implementing REDES we can observe their benefits and magnitude to the citizens in these territories.

The municipal level is strategic to improve the living conditions of people. Local governments are suitable to generate local governance and citizen participation initiatives. Some of the traits that municipalities have are: a) they are the closest order of government for citizens, therefore they identify the relevant problems experienced in the locality, b) local governments must focus in attending the collective interests within their territory, c) municipal public administrations can be flexible to meet the specific citizens' demands, d) they have greater possibilities to create favorable conditions to include individuals or groups interested in public matters, therefore promote participation citizen, e) they can promote community identity and make citizens conscious of the importance to commit locally.

The collaborative territorial governance approach provides greater value to the role of citizen participation, even in decision-making process. Compared to the new public management approach that focuses more on products, results and impacts. Local governance can contribute to greater legitimacy and credibility of government action and generate winning circumstances for all participating actors.

Collaborative territorial governance and the cases presented postulates that the local government is a facilitator or administrator in the networks' formation and training so that participants and managers within the networks assume the co-responsibility that this implies.

The formation of collaborative territorial governance networks, where different government and civil society stakeholders are involved and do joint work to solve problems that impact the neighborhood, conveys tangible benefits for the population and the local government; since at times problems surpass the government's capacity to solve them. Also, territorial governance networks strengthen the government's legitimacy, promote social cohesion, create public value, increase trust among citizens and towards the government. Thus facilitating problem solutions.

The collaborative territorial governance project developed during the pandemic presented in this article is a worthy example of coordination and communication between different participants, where citizens (street level), neighborhoods (sector level) and local authorities ally to mitigate the health and economic crisis. Each player puts skills and resources, making it possible for vulnerable people to receive aid and support.

It is crucial to strengthen and transform public management at the local level, particularly regarding the relationship that exists between the government

and citizens, in order to face the economic and social crisis unleashed as a result of COVID-19 pandemic.

Municipalities need to develop collaborative territorial/local governance systems to face the new challenges that the present crisis has left in society, and expand local democracy, generate civic commitment, and promote the development and progress of the local government.

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LOCAL GOVERNANCE PROCESSES: AN ANALYSIS OF THE REGIONAL GOVERNANCE AND SOCIAL COORDINATION OBSERVATORY REGARDING COVID-19 IN YUCATAN, MEXICO

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ABSTRACT: Public and social actions amid COVID-19 involve complex governance challenges –processes through which political and social participants seek to coordinate alternatives and make decisions in a critical or uncertain scenario–. This essay analyzes the Regional Governance and Social Coordination Observatory to contest COVID-19 in Yucatan, Mexico. The Observatory established a local governance model to analyze the experiences in which heterogeneous actors organize and cooperate to address the problems from the pandemic. We aim to demonstrate that this model is capable of examining and characterizing these initiatives, and discuss its potential as a tool to improve local governance processes.

Keywords: local governance, social observatory, pandemic, COVID-19, Yucatan.

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INTRODUCTION

COVID-19 is a global threat and has caused a worldwide humanitarian crisis with serious consequences to our health systems, the economy, employment, food and security. These effects are severe, especially in more vulnerable regions and countries with limited resources to respond to its magnitude and damage. Such is the case of Latin America, where even after decades of state reforms, we still have social inequality, low trust in public institutions, corruption problems, fiscal weakness, and irregular productivity and economic growth.

Not surprisingly, with the outbreak of the pandemic, one of the great concerns is precisely the governments' capacity –national and subnational levels– to respond in an efficiently and timely manner to complex and high emergency situations. Uncertainty requires accurate decisions to protect life and the well-being of entire populations. To carry out far-reaching responses to this contingency, –particularly to vulnerable communities and groups–, implies important governance challenges. We understand governance as the coordination between government and non-government participants who conduct collective action processes (institutional arrangement –rules of the game– and interaction dynamics), that allow to create legitimate and effective solutions to address public problems (Plumtre & Graham, 1999).

In the case of Mexico, as a federalized country, the governance challenge facing COVID-19 is enormous. Two considerations can be highlighted. First, the need to have a collaborative environment between the federal government and its 32 states; and second, state governments need to organize coordination and arrangements mechanisms with their local governments (municipal level), who carry out their own actions and policy measures but not always in an orderly and coherent manner. In dire circumstances such as the current one, we consider that governance processes at the local level are fundamental. It is precisely at this level is where communication, coordination and cooperation mechanisms should be put in place. To allow government and non-government actors to communicate, organize and cooperate and manage actions that are appropriate to the specificities of their local contexts.

Under this proposition, we discuss the importance of local governance processes due to the pandemic in Yucatan, Mexico. We focus our analysis on the Regional Governance and Social Coordination Observatory (ORGA, in Spanish) created as a tool for local monitoring and surveillance of these processes due to COVID-19. ORGA covers five key topics in the region: i) Food security; ii) Economy and jobs; iii) Gender violence; iv) Mobility restrictions, and v) Mayan people.

We present two issues regarding ORGA. First, we sustain that ORGA's analytical model is appropriate to examine and characterize local organization and cooperation experiences, where heterogeneous actors participate and address the problems derived from the pandemic. Second, we discuss to what extent ORGA's management model can foster greater dialogue capabilities, participation and coordination, by providing a convergence space to a diverse and community interested parties. Thus, we want to underscore the potential of this social observatory as an instrument that contributes to improve local governance processes, increase decision-making capacities and build cooperative alliances and strategies for face COVID-19 in the topics mentioned above.

1. COVID -19 AND THE DILEMMAS FOR GOVERNANCE IN MEXICO AND YUCATAN

The COVID-19 crisis in Mexico is marked by deep regional asymmetries. Each state has contrasting conditions and resources to face the pandemic. This is evident in issues like health care access, employment, productive activities, political environment, social cohesion, educational institutions, connectivity and access to information, use of ICTs, etc. The state and local governments' capacities to response are exceeded and, in many cases, contradictory positions and actions have been taken in the face of the pandemic; which has led to disagreements and conflicts between the different government levels.

Since the emergence of COVID-19, lockdown policies in Mexico, such as the national campaign of healthy distance –Jornada Nacional de Sana Distancia– (March 23 until May 31, 2020), were implemented and adapted with different consequences and derivations in the states and municipalities. There went in hand with their own prevention and lockdown measures and actions. However, after the “new business as usual” began (June 1, 2020), increased tension and lack of coordination between the federal and subnational governments' processes became visible. For example, the epidemiological traffic light –implemented in a differentiated manner for each federal entity–; constant disagreements, regarding the traffic light's color in which each state is placed. Since November 20, the Secretary of Health placed Yucatan in yellow,¹ but on that day, the state governor reported that it would be in orange, ratifying more severe lockdown restrictions.

¹ Yellow indicates that working activities are permitted, taking precautions with the most vulnerable persons (over 60 or that have a health precondition). Public areas are opened, enclosed ones may open but with reduced capacity (Secretary of Health, Mexico, <https://coronavirus.gob.mx/semaforo/>).

Despite the unity and governance agreement (signed on March 31, 2020 by the federal government and the county's 32 governors), to face the health emergency; institutional arrangements and mechanisms for coordination between the federation and state governments remain diffuse or non-existent, and the same is true between state and municipal governments. Furthermore, the data generated on COVID-19's evolution do not provide certainty, since inconsistencies have been highlighted by all parties. In addition, despite the media's abundant information regarding COVID-19 facts, there is no consolidated information on the participation of non-governmental actors (civil organizations, entrepreneurs, scientists, etc.) in the schemes to address the problems from the pandemic. Particularly at the regional and municipal levels.

From a local context the lack of reliable actions, coordinated strategies and decisions between neighboring municipalities, accentuate the social perception of uncertainty that the emergency is not under control, and various groups are unprotected and vulnerable. In Yucatan's case, a study by Suárez M. et al (2020) places the state among the entities with the highest degree of vulnerability (based on a COVID-19 vulnerability index). This index measures three dimensions: i) demographic; ii) health; and iii) socio-economic. The local governments' in Yucatan are located between critical and very high vulnerability. Making it one of the regions that concentrates the most marginalized municipalities in the country.

This is not the first study that puts Yucatan as a vulnerable region. A high percentage of the population in the peninsula is vulnerable due to social deprivation: Yucatan 33.3%; Campeche 31.8%; Quintana Roo 41.2% (CONEVAL, 2018). 60% of the population recognizes themselves as indigenous (INEGI, 2015), which is worrisome, considering that a report by the Secretary of Health (2020) indicates that the COVID-19 fatality in indigenous population is higher (16.5%) than that calculated for the general population (12.4%). Also the Yucatan Peninsula is vulnerable to climate change and socio-environmental problems. In fact, during the contingency, different weather phenomena were registered and left thousands of victims in the peninsular territory. Among the most severe were the tropical storm Cristobal (June 1-5), hurricanes Delta (October 5-10) and Zeta (October 26-29). All these events increased the population's vulnerability in ways that have not yet been well studied.

The state of Yucatan is governed by Partido Acción Nacional (PAN). The three most populated municipalities in the state: Merida (capital city), is governed by PAN; Kanasín, by Partido Revolucionario Institucional (PRI); and, Valladolid by Movimiento de Regeneración Nacional (Morena). The state is currently in the 17th position regarding COVID-19 infections (orange traffic

light). However, Merida was first place in active cases for several weeks in July. Pressure was generated by political and social sectors demanding the governments to be more effective and coordinated. However, having different political parties at the municipal level, in some cases opposites of the state government, is a sign that having coordination and concerted actions at the regional level, is complex.

In addition to the federal government's requirements, Yucatan established various measures to safeguard public health. Some included restrictions on motor vehicles, restricted hours for outdoor activities and alcohol sales prohibition. People and businesses opposed these provisions arguing they were vertical and authoritarian, they violate rights and individual freedoms. Also, at least 24 municipalities had their own procedures, ranging from sanitary filters to banning the entry of non-residents.

Lastly, regarding the context of the pandemic in Yucatan, in the midst of the severe economic and social crisis which stroke the poorest (especially, in several municipalities, like Merida, Kanasín and Valladolid), citizen care systems (food distribution and aid, and community dining rooms) emerged to address its effects.

In this scenario, local governance is useful to understand how these processes empirically develop, and how government stakeholders at the municipal and state level interact and coordinate with citizens, social organizations, businesses, the scientific community, among others to decide and implement actions to face the pandemic. In the following section we discuss the theory of local governance to understand its conceptual and analytical framework regarding the social observatory where we focus our exploration.

2. LOCAL GOVERNANCE THEORETICAL FRAMEWORK IN THE CONTEXT OF COVID-19

From a local perspective the concept of governance implies studying the social coordination mechanisms' fashioned at the community, municipal and regional levels. The study of these processes centers to understand the interaction between society and the government, in other words, the mechanisms of citizen participation in local spaces, and the institutions that generate these spaces (Sánchez and Giraldo, 2015). The concept of governance has different interpretations and approaches. For this paper we focus on its horizontal form of interaction between government and citizens, which facilitates an inclusive decision-making process and public management at the local level.

Various authors (Brugué and Gomá, 1998; Navarro, 2002; Cabrero, 2010) agree that the local level is the appropriate setting to develop governance. It is the location with greater proximity between political and social participants, enables citizens to be actively involved in government processes', and influence political decisions and implementation. Therefore, local and regional administrations must encourage participatory democracy, transparency and an accountability system. This allows governance to be a facilitator of local development.

For Kooiman (2003), there are three modes in which governance processes are displayed, and are relevant for the local environment. The first is *self-government*. The community itself is responsible for the decision-making processes regarding public issues. The community has an alternative government approach versus the traditional system that seeks order and control. The second is defined as *co-governance* (an intermediate level), with more horizontal interaction formulas, which facilitate cooperation, coordination and communication between society's members to solve a problem that affects them collectively, with or without the presence of a dominant government actor. The third, suggested by Kooiman, is *hierarchical governance*. Here the government plays a central role, but enables interaction grounds through formal channels, and establishes rules and responsibilities in decision-making. Although the three modes of governance coexist at the local level, the third is the most common in the Latin American context, where a significant degree of centralized power is maintained (Zurbriggen, 2011).

Centralized power leads to greater verticality in the decisions and actions undertaken at the regional and municipal levels of government, who depends on the capacities and decisions of the national level to develop their policy programs. In the context of the pandemic, the situation represents an important challenge and requires the development of resilience mechanisms and adaptive capacities of various social groups and the different levels of government to face this crisis (Pérez, 2020).

Furthermore, local administrations in Latin American present high signs of authoritarianism, patronage, corruption, cronyism, and government authority captured by local elites. All these factors inhibit the construction of an effective institutional framework that allows bringing the population's diverse needs and demands to public decisions (Hernández, 2011). Although these cultural inertias can only change progressively since they are deeply rooted in political and bureaucratic structures. It is essential to generate mechanisms that promote "collective power", as mentioned by Bourgon (2010), and exercise checks and balances on these closed networks.

For the Latin American setting, Jorquera (2011) refers that local governance corresponds to the management of local public affairs through power and authority (political institutions and citizens must be together in this exercise). This notion appears to center in hierarchical governance (Kooiman, 2003). Such is case of Mexico, where municipal and state authorities are subordinate to the federal government, given their scarce political and institutional capacities and a context marked by a high degree of power centralization, which assigns operational tasks to local administrations (Moreno, 2012).

A fundamental characteristic of local governance is the need to coordinate decisions and actions undertaken by local and regional governments, with those of the federal level. In a way that guarantees coherence between the different political-administrative levels (European Commission, 2005). This is essential in the context of COVID-19, which requires to intensify efforts to address –at the different territorial levels– its impacts.

From UNDP's (2020) perspective, similar to the effects of COVID in organisms with pre-existing diseases, societies suffer from chronic pre-pandemic weaknesses such as poverty and inequality, low trust in public institutions, fiscal weakness and low productivity and economic growth. COVID-19 not only represents a health emergency and a humanitarian and socioeconomic crisis, but also a governance deficit. This issue must be addressed considering that a proper management of the pandemic depends on a good governance performance. This requires a leadership capable of coordinating the efforts of state level and social actors (Kaufmann, 2020). In subnational contexts, this leadership entails the challenge to capitalize, support and reinforce the civil society's efforts and initiatives aimed to support the most vulnerable population.

For this pandemic, Bourgon's proposition (2010, p. 16) becomes relevant:

The goal of the government is not to try to predict or control any potential shock. This can be impossible or counterproductive. Rather, it is to promote a resilient society, which means building its collective capacity to learn, adapt and ensure a more equitable distribution of risks, as a way to mitigate negative impacts on the most vulnerable societies.

In other words, there will be greater possibilities to resolve the adverse effects of the pandemic, when better mechanisms are generated and the government becomes a partner and promoter of citizens to develop them as active agents of change.

Also, the characteristics of local governments are replicable in the Yucatan setting –which our analysis is focused on–. For example, the budget dependence on the federal administration for the development of local policy programs. Even though Yucatan was a pioneer in formally implementing the development of public policy planning in the country (Quintal, 2008), this was diminished due to the establishment of the neoliberal reform model in Mexico, which centralized the development of policies to the federal government.

This fostered the subordination of unions, political parties and businesses to the policies imposed from the center, and discouraged citizen participation in decision-making regarding public issues. However, Merida, the state capital, presents important actions referring citizen participation’s mechanisms at the municipal level. Since 2004, the development of these instruments have evolved to community councils in neighborhoods and police departments, and urban participation councils, and open forums to address the community’s requests (Quintal, 2008, p. 412).

These instruments generated a fertile environment to develop local governance; initially they were not led by the government, but by civil society stakeholders (Quintal, 2008). This is a significant fact, to consider that local governance in Yucatan is not generated in a hierarchical manner, but in co-governance modes, such as the one we present here. We sustain that governance processes can be encouraged in the region, even in the dynamic, complex and highly uncertain pandemic context, and can generate resilience and reduce social vulnerability. In a scenario such a this a social observatory can play a relevant role, as we will discuss.

3. ORGA COVID-19 IN YUCATAN: A LOCAL GOVERNANCE ANALYTICAL MODEL IN TIMES OF PANDEMIC

Academic literature on social observatories indicates that its definition is not fully established. There is agreement in considering that an observatory should “... respond to the construction and dissemination of socially relevant knowledge ...” (Moreno and Mantilla, 2016, p. 355). Social observatories’ usefulness usually is to expand knowledge about the trajectory and trends of a social phenomenon, and promote deliberation and public debate. They can be a strategic thinking and surveillance center that contribute to better understand and make decisions regarding collective problems (Angulo, 2009).

On August 19, 2020, ORGA-COVID-19 was created, and apportioned to the National School of Higher Studies in Merida of the National Autonomous

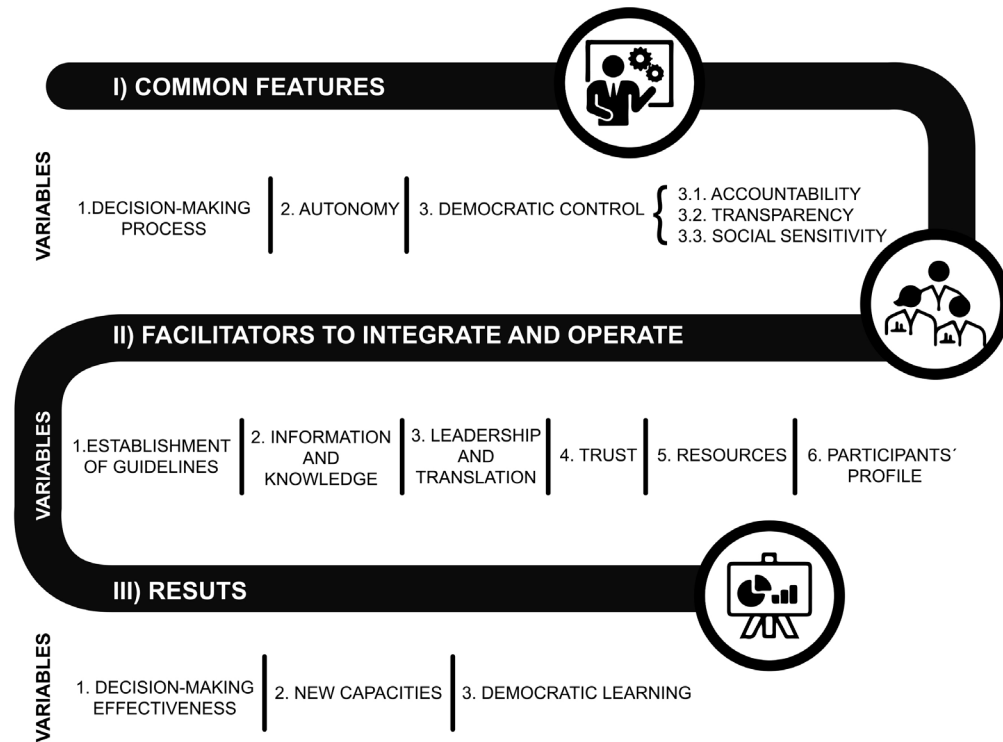
University of Mexico (UNAM, in Spanish) and financed by the National Science and Technology Council (Conacyt, in Spanish). It was an academic proposal for the need of a specialized instrument to analyze and monitor the local governance processes in the face of the pandemic in the state of Yucatan.

This initiative draws from the local governance conceptual framework, addressed in the previous section. According to Puga, (2020), governance is “... the coordination between diverse social participants to carry out specific actions, design or implement public policies or make decisions for the benefit of a group or society”. This definition –regarding local governance in the face of the pandemic– of interactions between government and society, has not necessarily occurred within institutional or formal organizations, for example, citizen’s committees. Nor do they imply policy making. Thus government-society’s interactions and collaborations regarding a collective need, may have concrete actions but are not always formalized within the government’s structures.

The observation of COVID-19 and local governance processes focuses on experiences with heterogeneous participants, whose interactions promote alliances and cooperative strategies, enclosed by cooperation and conflict. These experiences are observed through the lens of a conceptual and analytical local governance model that allows to characterize the processes and identify their functioning conditions and their results (see Figure 1).

With this understanding of governance, we establish an “ideal type”. Thus, the experiences studied can be related to the theoretical model. This ideal type assumes that there is no permanent governance condition in the relationship between society and the government. Instead, there are specific collaboration situations or areas to dialogue or converge. In special circumstances, such as the pandemic, local governance can take the form of specific actions arising from the interaction between government and society, leading new citizen participation mechanisms’ to make inclusive decisions.

FIGURE 1. ORGA COVID-19
LOCAL GOVERNANCE ANALYTICAL MODEL



Source: Infographic from http://orga.enesmerida.unam.mx/?page_id=234.

As outlined in the introduction, ORGA’s analytical model is structured around five observation topics that consider critical issues of the pandemic in the peninsular context, (see Figure 2).

FIGURE 2. ORGA COVID-19
LOCAL OBSERVATION SCENARIOS



Source: Infographic from http://orga.enesmerida.unam.mx/?page_id=234

For ORGA, governance refers to a process and not so much to a stable arrangement. It implies the transition from hierarchical schemes to horizontal ones. The search for consensus, valuing plurality and the balance between the government’s proposals and the society’s needs and demands. Therefore, the importance to consider the different governance modes proposed by Kooiman (2013). Although we focus on those that highlight on regional and municipal level participation. ORGA’s governance model includes three levels of analysis, each with its own variables that relate theory to its operation.² These levels and variables are the following.

- I) Common Features. This level analyses the setting that actions must fulfill when undertaken jointly by the community, municipal or regional participants (government, associations, universities, civil organizations, citizen groups) to address a specific issue. For practical purposes we define it as the “participating group”. It has three variables:

² The model developed on this paper is the “conceptual matrix” elaborated by ORGA’s research group.

1. Decision-making process: Focuses on the decisions regarding organizational aspects, use of resources and actions' paths of the participating group. The decision-making process should be horizontal and include both the plurality of local actors related to the problem, and what social sectors involved represent. Mutual consent decisions are preferable; using negotiation and deliberation as mechanisms.
 2. Autonomy. We analyze it on an individual and collective level (Luna and Velasco, 2017). In individual autonomy each member of the participating group has the ability to define their goals, follow their own rules, control their resources, and make decisions. Collective autonomy implies that the participating group is not subordinate to any government, social or business entity and, therefore, can make decisions within the institutional limits in which its operation is framed.
 3. Democratic control. It involves three traits to build an institutional framework in local spaces: accountability, transparency, and social sensitivity (Luna and Chávez, 2014). Accountability allows the participating group to report and justify its management results' and deliver periodic results reports. Accountability operates by obligation and law (Schedler, 2011), it involves communication processes between the members of the participating group as well as with external actors. Transparency as an accountability instrument (Peschard, 2007) and entails the participating group to provide information for public scrutiny. Social sensitivity promotes a framework of respect and empathy to the community's needs and problems (Luna and Chávez, 2014). For ORGA, we refer to the participating group's capacity to respond.
- II) Facilitators to integrate and operate. This level refers to the mechanisms and factors that enable the participating group's integration, in a governance environment. With six variables:
1. Establishment of guidelines: The guidelines agreed between the group members to reduce uncertainty. They include the requirements so local actors can participate in joint actions, roles and responsibilities each one will assume, group structure, modes of the joint work and the how to implement the adopted decisions. Considering that in local level actors share a common institutional framework, we expect that there will be more political and social disposition to establish these rules.
 2. Information and knowledge: They include the availability of up-to-date, reliable and timely information, as well as the need to include experts or guests, who contribute with their knowledge in the discussions and decision process. Information and knowledge require prior learning

practices that help establish the terms in which information, documents and reports will be generated.

3. **Leadership and translation:** Leadership is a complex balance between the ability to exercise authority and the ability to coordinate different conceptions, interests and languages, valuing the autonomy of each member. Translation is a mechanism to communicate in the “same language” (Luna and Velasco, 2017). Although the participation of heterogeneous actors makes translation difficult, in local settings people and organizations share a common sociocultural identity, which facilitates communication processes.
 4. **Trust:** Is a factor that facilitates cooperation when formal rules are weak, and therefore uncertainty. In a proximity context, there is a higher possibility to strengthen trust to facilitate local governance processes. Trust can be founded on friendship (personal trust), legitimacy and credibility (prestige trust) or mutual benefit (strategic trust) (Luna, 2003). However, the existence of an environment shaded by authoritarian decisions and the absence of democratic control, discourages trust, and splinters the group’s integration.
 5. **Resources:** To achieve the group’s objectives, it is essential to have material resources like: infrastructure (office, furniture, warehouses), technological (computers, internet, website, etc.) and financial (government funding, donations or from the participants themselves).
 6. **Participants’ profile:** The local participants involved must have previous experiences and learnings regarding organizational processes or immersion in social or political activities. Also their commitment regarding the established objectives the time they devote to this process.
- III) **Results:** This third level is harder to measure. It requires time to observe the governance processes’ results and products. We established three variables:
1. **Decision-making effectiveness:** Refers to the costs and benefits of the joint actions of the participant group. Effectiveness implies the efficiency –proper use of resources to reach the objectives– and the effectiveness of the achieved results. Effectiveness includes evaluating the quality of the decisions made and their resulting actions, including their social contribution, and long-term effects (Luna and Velasco, 2017).
 2. **New capacities:** Refers to the resulting capacities due to the joint actions to address the pandemic’s impacts. It includes the development of capacities for dialogue, coordination and organization, the creation

of new initiatives (such as organizations, groups, among others), social creativity and change of perspective.

3. Democratic learning: Finally, the lessons learned by government and local actors are examined as part of their collective actions carried out in a governance environment. These favor the processes of citizen participation and the government's institutional and directive capacities. These learnings include horizontality in decision-making and democratic control mechanisms.

4. ORGA COVID-19 IN YUCATAN FOR BETTER LOCAL GOVERNANCE PROCESSES

So far, we have outlined ORGA's capabilities as an instrument that focuses on studying specific local governance experiences in the context of the pandemic. This has shed new knowledge regarding these processes. However, this social observatory figure entails the need to have mechanisms of knowledge management to organize and provide usefulness to the available data and information, and promote accurate communication and transfer to its social actors. In order to contribute to the decision-making process in uncertain contexts (Sarmiento et al 2019).

Social observatories become knowledge centers and collective intelligence catalysts. Information and knowledge's interaction and exchange increases individual intelligence, and thus promotes spaces to encounter and collaborate between dissimilar actors, who share areas of interest around certain issues or phenomena (Agudelo, 2009). Observatories are also catalysts for citizen participation, a fundamental governance processes component.

This standpoint is explicitly present in ORGA's operating model. Along with its research work, ORGA develops management and network efforts to build strategic alliances and collaboration mechanisms with key governmental and non-governmental stakeholders.

Regarding our research paper, for each observation space described in Figure 1, a team of specialists and students carried out the following functions:

- a) Daily monitoring of governmental and social actions in the observed issues.
- b) Development of a case study to analyze (based on the analytical model), a particular governance arrangement, as described in Figure 3.

FIGURE 3. ORGA COVID-19'S OBSERVATION CASE STUDIES AND TOPICS.

CASE STUDY	OBSERVATION TOPIC	DESCRIPTION
Restriction government decrees. Collaboration processes in conflict contexts.	 MOBILITY RESTRICTIONS	Generate information regarding the government's implementation of mobility restrictions in Yucatan, the role of businesses and analysis of information given to the citizens.
Gender and governance during COVID-19 in Yucatan	 GENDER VIOLENCE	Analyze the governance action factors regarding how do gender violence aid services in Yucatan adapt to the pandemic.
Emergency economic aid in Merida due to COVID-19. Shared decisions between businesses and the government.	 ECONOMY AND JOBS	Study, analyze and provide information regarding the agreements and alliances processes between businesses, the state government of Yucatan and the local government of Merida to promote the economy and jobs due to COVID-19 through the program "Estamos contigo".
Food security, governance and policy. Strategies and alliances in Yucatan during COVID-19.	 FOOD SECURITY	Examine the government and society's strategic actions to counter the consequences of food insecurity in vulnerable groups in Yucatan due to COVID-19.
Governance and participation: Health care for the Mayan People in times of COVID-19.	 MAYA PEOPLE	Highlight the development of actions regarding translation, dissemination and health care that follow the Guide for the care of Indigenous and Afro-Mexican Peoples in the face of COVID-19, and the collaborative role of the government and Maya indigenous participants in these processes.

Source: Infographic from http://orga.enesmerida.unam.mx/?page_id=234 .

Also, a specialized team in management and networking was responsible for the institutional contact with government actors –state level and the selected municipalities– (Merida, Kanasín, Hunucmá, Umán and Valladolid), as well as non-government and social organizations, neighborhood groups, businesses, universities and interested citizens in each of the observation areas.

The observatory became a space to meet and dialogue, in these five areas of local interest, where a diverse number of participants can converge through specific dialogue mechanisms such as:

- Forums. One for each observation field where participants can publish questions and comments. The website <http://orga.enesmerida.unam.mx/> has a link for this purpose.
- Agora ORGA. An inclusive participation setting where the government, businesses, academic and social sectors can meet regarding the governance observation processes due to COVID-19 in Yucatán. It operates through panels, discussion tables for each issue and points of view. All are available on the observatory's website.
- Users' workshops. Presents the municipal governance best practices and experiences of social coordination in the face of COVID-19 in Yucatan. They operate on digital platforms.
- Information network. Set up to generate and disseminate current and significant issues regarding the observation areas to the members of our information network
- Dissemination of results. To publish the observatory's findings. It will begin in the first quarter of 2021.

This management model and method to engage actors is activating a network focused on governance and observation issues between institutions, government agencies, associations, scholars, media and expert groups. They all participate encouraged by the opportunity to dialogue and have voice in the decision-making processes.

ORGA's immediate challenge is to consolidate these alliances and a constructive dialogue between diverse local participants, fostering the creation of new deliberation channels regarding public problems and citizen participation in decision-making to face the pandemic. In a postCOVID-19 scenario, ORGA could foresee that these alliances are applied to design and implement public policies with a local and participatory perspective, necessary for the reconstruction of the social order after the crisis.

FINAL THOUGHTS

In this paper, we deliberate on the relevance of addressing governance processes in the scenario of COVID-19. We highlight that the local level, is the arena with the greatest possibilities to articulate collaborative actions concerted solutions and develop social resilience capacities to overcome its effects, by means of taking advantage of the local support networks and environment resources’.

The Regional Governance and Social Coordination Observatory in the face of COVID-19 in Yucatan, is an initiative that provides an analytical model to understand the governance processes and a convergence field where different social actors are able to foster trust bonds to share and articulate new ideas and proposals aimed at reducing the population’s vulnerabilities during and after the pandemic we are living.

As a recent instrument, this observatory faces several challenges to ensure its sustainability and become a center of thought and strategic surveillance, and contributes to improve local governance processes in our region. Some of these challenges are:

Consolidate the production of organized information, analysis and prospecting methods, and short and medium term recommendations to improve public policy actions in the face of the pandemic.

Promote an enduring dialogue with all social groups (reflection and public debate on social, economic and cultural issues) regarding the consequences of the pandemic in Yucatan.

Position itself as a regional and national observatory replicable for other regions, due to its: a) Analytical and organizational model to know and monitor the pandemic. b) Its capacity to produce and distribute documentary information and specialized data. c) As a linking model with society that includes a strong dialogue between public-private sectors and social groups.

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UNIVERSAL BASIC INCOME: AN INSTRUMENT OF SOCIAL POLICY TO FIGHT THE COVID-19 CRISIS. THE CASE OF MEXICO

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ABSTRACT: In this essay, the Universal Basic Income (UBI) is analyzed as a feasible measure of social policy to fight the strains of the SARS-CoV-2 (COVID-19) virus pandemic efficiently in Mexico. The text develops its arguments in four sections. The first one presents the multilateral emergency situation originated by the COVID-19, which pushes for appropriate and contextualized measures. The second one is a reflection on the characteristics, benefits and obstacles of an UBI as a tool for strengthening social policy. The third one studies the possibility of implementing the UBI in Mexico, presenting its advantages, challenges and suggesting schemes for its execution. The essay closes with a final reflection in order to support the implementation an UBI in Mexico.

Keywords: Social policy, Universal Basic Income, Poverty, Money Transfers, Mexico.

*I do not want anything for me:
I just long for the possible impossible:
a world without victims*
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1. THE NEED TO ACT DISTINCTLY AND CATEGORICALLY IN AN ALARMING CONTEXT

The sanitary contingency caused by the SARS-CoV-2 virus (COVID-19) pandemic is unleashing serious social and economic effects in the world. Experts and international organizations warn that we are entering a very difficult economic stage where the Gross Domestic Product (GDP) will shrink in 90% of the world's countries, giving the world economy its biggest fall since World War II, which will be an unprecedented concurrent process with no quick recovery (WB, 2020).

Clashes of supply and aggregate demand, fall in prices of primary products, reductions in production levels, deterioration in commerce chains, a decrease of value in the service sector (particularly in tourism), liquidity problems and the accumulation of debt are dragging along business bankrupts, loss of jobs and diminishing incomes.

For 2020, the forecast is that the world commerce volume will decrease by between 13% and 32%, world tourism will drop between 60% and 80%, and the prices of energy resources will fall 39%, while minerals, metals, agriculture and livestock will drop 6%. With all of these, the world GDP will be reduced by a 5.2% (CEPAL, 2020, pp. 1-4). This will profoundly affect emerging economies, such as the ones in Latin America.

Before the emergency of COVID-19, Latin America was living a context of low economic growth, accumulation of fiscal deficits, job scarcity, increase in poverty, high inequality and a weakening of social cohesion (CEPAL, 2020b and 2020c). For example, in “the decade following the world financial crisis (2010-2019), the regional GDP growth rate decreased from 6% to 0.2%; furthermore, the period from 2014 to 2019 had the shortest growth since the decade of 1950 (0.4%)” (CEPAL/OIT, 2020, p. 5).

In 2019, the unemployment rate increased slightly (CEPAL/OIT, 2020, p. 11), but the average unemployment rate among women was 2.5% above men. Also, there was an increase in underemployment by hourly rate that “confirms a tendency towards a loss of the quality of jobs in the labor market” (CEPAL/OIT, 2020, p. 18).

An aspect that must be emphasized is informal labor, a source of income for many households in Latin America and the Caribbean, where the average rate of job informality is of approximately 54% (CEPAL/OIT, 2020, p. 9). This is a major risk factor since many of these workers do not have access to quality health services and –given the characteristics of their jobs– they are highly exposed to contagion of the coronavirus. Also, their income are generally low, which is why their ability to save for facing long periods of inactivity is limited. (CEPAL/OIT, 2020, p. 9).

In data from 2019, the population considered to be in extreme poverty was 11% of the whole Latin American population, while 30.3% of people were in poverty (CEPAL, 2020c, p. 2). According to numbers of that same year, 77% of the region's population (470 million people) belonged to low or moderately low incomes. In data from 2017, only 31.8% of economically active people with low or moderately low incomes were affiliated or made contributions in the pension system (CEPAL, 2020c, p. 3). And only 61% of the regional population counted with at least one benefit of social protection (CEPAL/OIT, 2020, p. 30).

Given the aforementioned scenario, all of the projections indicate that the pandemic will intensify the social risks in the region. For example, there is an estimated fall of 9.1% in the average GDP in Latin America (CEPAL, 2020, p. 9), which would be “the worst in all of its history” (CEPAL, 2020b, p. 20).

This economic contraction would have serious impacts since it would increase the unemployment rate up to 13.5% by the end of 2020, which means that the number of unemployed persons would reach 44.1 million, an increase of 18 million to the numbers of 2019 (CEPAL, 2020, p. 10).

Informality would also expand, while working days and salaries would be reduced, deteriorating the quality of jobs. This would have an impact on social indicators so that, by the end of 2020, there is a projection that the number of people in poverty will increase by 45.4 million, totaling an amount of 230.9 million people, in other words, 37.3% of the population of Latin America. The population considered to live in extreme poverty would increase by 28.5 million reaching a total of 96.2 million people, which equates to 15.5% of the whole population of Latin America (CEPAL, 2020, pp. 10-11). These are frightening numbers of a reality that normalizes injustice and that would create more victims and new nightmares.

The largest increases of poverty would happen in Argentina, Brazil, Ecuador, Mexico and Peru, while Brazil, Colombia, Ecuador, El Salvador, Mexico and Nicaragua would register the largest increases in extreme poverty (CEPAL, 2020, p. 11). The most serious impacts would be on the most vulnerable sectors: women, children, the young, indigenous people, afro-descendants, immigrants as well as people living in homeless situations, the unemployed, people with informal jobs and from rural areas (CEPAL, 2020c, p. 6).

Also, a deepening in inequality is projected, since the Gini¹ index would increase by between 1% and 8%, presenting its greatest effects in Brazil, Chile, Ecuador, El Salvador, Mexico, and Peru (CEPAL, 2020, p. 11). The average Gini index in 2018 was of 0.465% (CEPAL, 2019, p. 21).

¹ The Gini coefficient is one of the most used ways to measure income inequality. Its values are established between 0 and 1, with 0 being the largest equality and 1 being the largest income inequality.

In this context, the measures that governments take become a fundamental topic, not only for public office, but for everyday life itself. Due to the pandemic, in Latin America several measures of social protection and job markets have been implemented, such as the adaptation of existing transference and food programs, the creation of new transference and food programs, giving back IVA (value-added taxes), bonuses or subsidies for dwelling and dwelling services, psychosocial support services, unemployment insurance, advancement of benefits, protection measures against unemployment, support for small and medium-sized businesses and reductions on taxes and working hours (Rubio, Escaroz, Machado, Palomo and Sato, 2020, pp. 5-9). By July 3, 2020, 190 measures had been registered in Latin America (CEPAL, 2020, p. 22).

Within this context, were the first suggestions, discussions and even implementations of a novel measure to implement in the region: an emergency basic income. Even if it is not the same, said measure caused public debates on another controversial social policy instrument: the Universal Basic Income.

2. BETWEEN STRUCTURES AND JUNCTIONS: THE UNIVERSAL BASIC INCOME AND EMERGENCY TRANSFERENCES

On April 3, 2020, *The Financial Times* considered to be the most important business newspaper in the world, and a relentless free market advocate, published an article stating that the pandemic had shown the frailty of the social contract. In a twist that contradicted its editorial policy, its printed that, in order to face the crisis, it would be necessary for governments to take on a more relevant role in the economy since the subject of redistribution would be back on the agenda. So, policies that once were considered to be eccentric, such as the basic income and wealth taxes, would now have to be part of new proposals.²

Although it is surprising, this has not been the only mention of the basic income during the sanitary contingency. In a column published on May 6, 2020 in *The Guardian*, Esther Duflo and Abhijit Banerjee, both winners of the 2019 *Nobel Prize for Economics*, proposed to set in motion a Super Basic Universal Income to stop the coronavirus crisis from turning into a catastrophe.³ Thomas Piketty, author of *Capital in the Twenty-First Century* suggested a tax on

² Translated by the author. The editorial comment “Virus lays bare the frailty of the social contract” can be consulted in: <https://www.ft.com/content/7eff769a-74dd-11ea-95fe-fcd274e920ca>.

³ Esther Duflo and Abhijit Banerjee “Coronavirus is a crisis for the developing world, but here’s why it needn’t be a catastrophe”, available in: <https://www.theguardian.com/commentisfree/2020/may/06/vulnerable-countries-poverty-deadly-coronavirus-crisis>.

properties for distributing \$132,000 dollars among people older than 25 years old.⁴

The posturing in favor of the basic universal income came from several public figures: entrepreneur Elon Musk and Facebook founder Mark Zuckerberg;⁵ former presidential candidate Bernie Sanders demanded monthly payments for American citizens during the pandemic,⁶ the democrat presidential pre-candidate Andrew Yang promised to make such an idea possible in the United States in case he won the elections,⁷ and the prime minister of Scotland, Nicola Sturgeon, informed that her government had presented four different projects in such regard before the United Kingdom.⁸ The founder of the Twitter social network, Jack Dorsey, announced that he would destine 3 billion dollars for financing an initiative called “Mayors for a Guaranteed Income”, an experimental basic income program to be carried out in 14 cities in the United States.⁹ In a letter addressed to popular movements, Pope Francis wrote that “maybe it was time to think of an universal income”.¹⁰

The proposal to implement a basic income in the world for facing the social consequences of the COVID-19 pandemic has also come from international organizations. By the end of July 2020, the United Nations Development Program (UNDP) published a report in which it called the governments of 132 developing countries to grant a temporary basic income that would benefit 2,700 million people that live below or near the poverty line (Gray and Ortiz, 2020). The Economic Commission for Latin America and the Caribbean (CEPAL by its Spanish acronym) proposed countries the transference of an emergency basic income for their populations living in poverty situations (CEPAL, 2020, p. 22).

That is how one of the measures set in motion for cooling down the social effects of the pandemic has been the creation of new monetary transferences for the most vulnerable among the population, as it has been done in Australia, Austria, South Korea, Spain, the United States, Hong Kong, India, Israel, Kenia, New Zealand, Singapore, Togo and Turkey, just to mention some examples.

4 Source: “Thomas Piketty: ‘Propongo un impuesto que permita dar a todo el mundo 120.000 euros a los 25 años’”, available in: https://elpais.com/elpais/2019/11/22/ideas/1574426613_189002.html?prod=REGCRART&o=cerrideas&event_log=oklogin.

5 Source: “Renta Básica Universal: un debate que trasciende la emergencia del coronavirus”, available in: <https://www.france24.com/es/20200410-renta-basica-universal-debate-covid19>.

6 Source: “Renta Básica Universal: un debate que trasciende la emergencia del coronavirus”, available in: <https://www.france24.com/es/20200410-renta-basica-universal-debate-covid19>.

7 Source: <https://twitter.com/BernieSanders/status/1241380960622522371?s=20>.

8 Source: “‘Time has come’ for universal basic income, says Sturgeon”, available in: <https://www.independent.co.uk/news/uk/home-news/universal-basic-income-ubi-scotland-uk-nicola-sturgeon-coronavirus-a9498076.html>.

9 Source: “Twitter billionaire Jack Dorsey just announced he’ll fund a universal-basic-income experiment that could affect up to 7 million people”, available in: <https://www.businessinsider.com/twitter-billionaire-jack-dorsey-universal-basic-income-experiment-2020-7?IR=T>.

10 Source: “Carta del Santo Padre Francisco a los movimientos populares”, available in: http://www.vatican.va/content/francesco/es/letters/2020/documents/papa-francesco_20200412_lettera-movimentipopolari.html.

In Latin America, the most extensive social protection measure has been the emergency transference: between March and April of 2020, sixteen Latin American countries¹¹ created a new monetary allocation to which they destined an average 0.7% of their GDP (doubling the amount before the pandemic).¹²

The world expansion of monetary transfereces contributed to start the debate on a social policy instrument scarcely implemented but thoroughly controversial: the Universal Basic Income.

The Universal Basic Income (UBI), also called the Universal Basic Wage¹³ is a cash transference or retribution that the State periodically hands out to each citizen or resident in their territory, individually and independently of their economic, family or job situation (Gutiérrez Lara, 2018, p. 16). It is basic and universal because it has the intent of building a minimum limit for everyone to build upon their lives, which is why it must be handed out in cash, individually, with no conditions and no need to verify income in order to receive it (Van Parijs and Vanderborcht, 2017, pp. 20-41).

Although it came up as an idea in Europe by the end of the XVIII century,¹⁴ the UBI has always been a controversial proposal because it counters a world view that occidental States incorporate into their social protection systems: that the sustenance must be earned through labor and that idleness must be condemned, which is why help must only be provided to unemployed people that do not lead slacker lives.¹⁵

11 The countries that created new transfereces were: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Haiti, Jamaica, Paraguay, Peru, Trinidad and Tobago, Dominican Republic and Venezuela. Other countries installed a transference but not for vulnerable families. For example, Cuba established a payment for workers that could be relocated and for hospitalized patients, while Honduras created a solidary bonus but only for transportation workers. For more on this, check the CEPAL COVID-19 Observatory, available in: <https://www.cepal.org/es/temas/covid-19>.

12 Source: “La Cepal llama a los países latinoamericanos a crear una renta básica como paso previo al ingreso universal”, available in: <https://elpais.com/economia/2020-05-12/la-cepal-llama-a-los-paises-latinoamericanos-a-crear-una-renta-basica-como-paso-previo-al-ingreso-universal.html>.

13 The UBI has also been called “state premium”, “social dividend”, “universal subsidy”, “citizen wage” and “survival income” (Van Parijs and Vanderborcht, 2017, pp. 22-23).

14 Although in his book *Utopia* (1516), Thomas More talked about the idea of providing support for everybody so that no one had the need to become a thief, Thomas Paine is commonly known as the forefather of the UBI in his book *Agrarian Justice* (1796), in which he suggested the creation of a national fund for paying 15 pounds sterling to everyone 21 years and older and 10 pounds sterling to everyone 50 years and older. Since then, several thinkers from different ideologies have backed the idea; people like John Stuart Mill, Bertrand Russell, Karl Popper, Milton Friedman, Friedrich Hayek, o Gosta Esping Andersen. To go deeper on the history of the UBI, please go to: (Bejarano, et al., 2019), (Standing, 2018) and (Van Parijs and Vanderborcht, 2017).

15 Such understanding was the foundation of social assistance, originally laid out in the book *De Subventionem Pauperum* by Juan Luis Vives, published in 1526, which generalized the idea that public authorities had to be a direct part in social assistance for people living in poverty (Van Parijs and Vanderborcht, 2017, pp. 75-78). From that point on, both public authorities and intellectuals normalized the idea of earning sustenance only through work and condemning idleness. For example, Kings Carlos I of Spain and V of the Sacred Roman Germanic Empire, in 1531 promulgated an edict that regulated help for people in poverty sanctioning begging (Van Parijs and Vanderborcht, 2017, p. 80). Philosophers such as Montesquieu, John Locke, Edmund Burke and Herbert Spencer thoroughly replicated this idea. Between the XVI and XX centuries, this line of thinking spread out in Mexico’s governmental decisions, legislations and public opinion (González Navarro, 1985).

In the UBI proposal, income is considered to be essential for human survival but it is understood as something disassociated from work¹⁶: it is considered to be a procedural right to implement essential human rights (the right to life, freedom, property) that must be safeguarded by the State.

Quite possibly, the differences in conceptualizing income and employment have obstructed the implementation of UBI, but its opponents have also presented other criticisms. The three main objections are that the UBI is quite expensive to implement; that it discourages the need for work (promoting laziness); and that it is a useless instrument against poverty.

Specialized research has pointed both challenges and potential for UBI but have concluded that “theoretically, at the very least, they can be a mechanism to fight inequality and poverty” (Marín, 2018, p. 25), and for transiting towards new redistribution schemes (Gutiérrez Lara, 2018), protecting and widening human rights (Lo Vuolo, Raventós and Yanes, 2020), for immediately handing out resources with no bureaucratic schemes (Standing, 2018) to reduce costs for providing social benefits (Murray, 2006), and to expand people’s liberties, autonomy and independence (Yanes, 2016). Summarizing, it is feasible to argue that “in scientific terms, there have been no evidences found of most of the negative effects that are attributed to UBI *a priori*, particularly when talking about the job market” (Tena, 2018, p. 867).

Close programs to an UBI have been implemented in Alaska since 1982 and in Macao (a semi-independent province of China) since 2015; while another program was carried out in Iran from 2010 to 2016. Also, there have been other pilot programs carried out in Germany (Berlin), Brazil (Maricá), Canada (Dauphin Manitoba, Ontario), Finland, Scotland, Spain (Barcelona), the United States (California, North Carolina, Indiana, Iowa, New York, Pennsylvania, San Francisco, Seattle), Holland (Utrecht), India (Madhya Pradesh), Italy, Kenya, Namibia and Uganda.¹⁷

As aforementioned, in order to fight the COVID-19 sanitary contingency, several programs have been implemented stimulating the UBI debate. The Emergency Family Income in Argentina and Chile; the Emergency Bonus in Brazil; the Solidary Income in Colombia; and the Minimum Vital Wage in Spain are just some of the new transferences that –although not quite the same

16 People in favor of UBI argued four reasons for conceiving income as a right disassociated from work: 1) It is impossible to assure full employment on any society, so that even if all people wanted to work, they wouldn't be able to do so. 2) There are relevant jobs that are essential for society which cannot be monetized nor remunerated (particularly those of social volunteers and in care systems which are primarily carried out by women). 3) The increase of automation will bring many economic benefits, but also unemployment and scarcity which will deepen inequality. 4) Free time has an emancipating function since it allows people to use their time in what they like, which favors free choice and happiness.

17 The analyses and evaluations of these programs and experiments can be consulted in (Marín, 2018), (Standing, 2018), (Tena, 2018), (Van Parijs and Vanderborght, 2017). Some countries have similar programs to the UBI since they universally deliver certain amount of money to children and the elderly, establishing age as their only requisite.

thing¹⁸— have pushed the argument for the viability of an UBI in Hispanic American countries.

In Mexico, an emergency transference has yet to be created for the pandemic, but the UBI debate has begun here as well. As it will be analyzed in the following section, its implementation is not only necessary but also feasible.

3. THE TIME FOR AN UBI IN MEXICO

By September 20, 2020, 30,905,162 contagion cases had been registered all over the world, with 965,600 deaths caused by the SARS-CoV-2 virus. Mexico held the seventh place with the largest number of confirmed cases, with 697,663, and in fourth place with the largest number of deaths, with 73,493¹⁹, which is why it was one of the most affected countries by the COVID-19 pandemic from a public health standpoint.

The pandemic has had a serious impact on the Mexican economy. In its report of August 26, 2020, the Bank of Mexico described the strong fall of the second quarter of 2020: in comparison to the year's first quarter, automobile exports decreased by more than 80%, manufacturers by 30% and oil by 40% respectively (Banxico, 2020, p. 19). Also, gross fixed investment (in machinery, equipment and construction) came in on its lowest level in the last 20 years (Banxico, 2020, p. 22), while the GDP contracted by 17.05%, which was “the largest quarterly fall in the history of this indicator” (Banxico, 2020, p. 24).

From the job market standpoint, the employed population was reduced in April by 12.5 million people (10.4 million informal workers and 2.1 million formal workers) and the unemployment rate went from 2.9% in March to 4.7% in April (Banxico, 2020, p. 33).

The Bank of Mexico projected that there could be a negative variation in 2020 of up to 750 thousand job positions (Banxico, 2020, p. 98) and the fall of the GDP could reach -12.8% (Banxico, 2020, p. 97). The Organization for the Economic Cooperation and Development (OCDE by its Spanish acronym) estimates that the GDP's collapse in Mexico could be of -10.220, while the World Bank has a more benevolent assessment and considers that the GDP's fall will only be of -6.621.

18 The main differences between both instruments are the requisites and the coverage. While the UBI is suggested to be given to the whole population without any type of conditions (it must be universal and unconditional), the minimum vital transferees are only handed out to parts of the population (the most vulnerable ones) with certain demands to be complied with (they are focalized and conditioned).

19 Source: <https://www.worldometers.info/coronavirus/>.

20 Source: <https://www.oecd.org/coronavirus/en/>.

21 Source: https://www.imf.org/external/datamapper/NGDP_RPCH@WEO/OEMDC/ADVEC/WEOWORLD.

Problems in the economy damage the population's quality of life. The National Council of Evaluation of the Social Development Policy (CONEVAL by its Spanish acronym), an organization responsible for the official measurement of poverty in Mexico, estimated that the population in extreme poverty could grow by up to 10.7 million people and the population in poverty could increase by up to 9.8 million. The population with an income below the extreme poverty line could go from 21 million people (the measurement from 2018) to up to 31.7 million, which would equate to going from a 16.8% to a 25.3% of the population. While the population with an income below the poverty line would change from 61.1 million people to up to 70.9 million people, which would equate to going from 48.8% to 56.7% of the population (CONEVAL, 2020, p. 37).

For its part, CEPAL estimates that the extreme poverty rate in Mexico will increase by 6.3% and poverty would increase by 7.6%. In comparison with their Latin American counterparts, México would be the country in which the largest increase in extreme poverty would take place and the fourth largest increase in poverty rates, only trailing Argentina, Peru and Brazil. Also, CEPAL calculates that inequality in Mexico will grow by between 5% and 5.9% in the Gini index, which will also be one of the main variations in the region (CEPAL, 2020, p. 11).

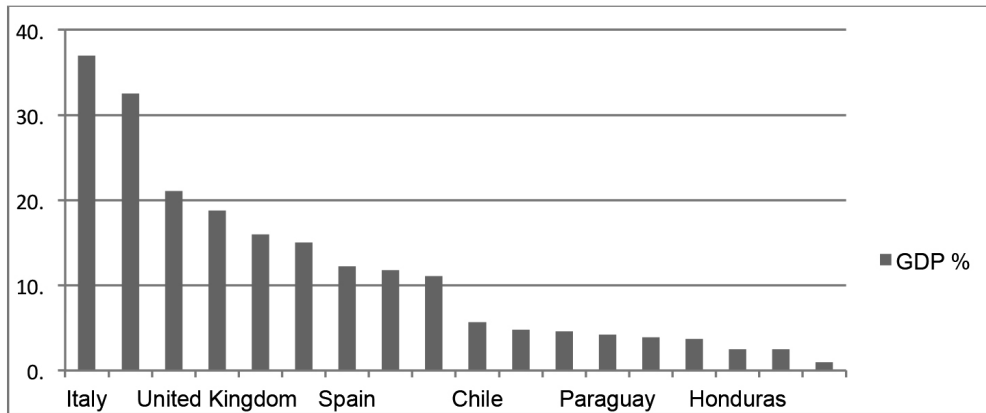
In order to take care of the sanitary, economic and social impact of the pandemic, the federal government has carried out several options that can be grouped in three variations: a) the prevention and attention of the sanitary contingency, such as the temporary hiring of medics and nurses; b) support for households and businesses, such as the extension of the coverage and the advancement of transferences, as well as credits for microbusinesses; and c) support for state and municipal governments, advancing federal transferences (CONEVAL, 2020b, pp. 22-23).

According to the Bank of Mexico, those measures have had a cost of 242.4 million pesos, which represents 1% of the GDP estimation for 2020 (Banxico, 2020, p. 84). This fiscal effort by the Mexican government looks scarce when compared to the ones that other countries have committed to. For example, with information from May 21, 2020, in order to deal with the impact of the pandemic, Italy destined amounts equating 37% of its GDP; Germany assigned an amount similar to 32.5% of its GDP; Japan 21.1% of its GDP; the United Kingdom used 18.8%; France used 16%; the United States 15%; Spain 12.2%; and Canada an amount equal to 11.8% of its GDP (Banxico, 2020, p. 13).

Even in comparison with its regional counterparts, the Mexican amounts seem scarce: according to data from May 20, 2020, in order to deal with the pandemic, El Salvador destined an amount equal to 11.1% of its GDP;

the amount that Chile used represented 5.7% of its GDP; Peru used 4.8%; Brasil 4.6%; Paraguay 4.2%; Argentina 3.9%; Panamá 3.7%; and Honduras and Guatemala 2.5% of its GDP. In Latin America, only Costa Rica (0.8%), Uruguay (0.7%), Dominican Republic (0.7%) and Haiti (0.2%) destined a lesser amount than that of Mexico (CEPAL, 2020d, 25).

FISCAL EFFORTS TO FACE THE SANITARY EMERGENCY OF COVID-19



Source: Elaborated by the author based on (Banxico, 2020) and (CEPAL, 2020d).

Note: Numbers correspond to information gathered until May 20, 2020, for Latin American countries, and May 21, 2020, for the rest of the countries.

The scale of the impact of the pandemic and the small amount of financial resources caused the Mexican academia, civil society and legislative powers to rise up with a demand to implement a new monetary transference called Minimum Vital Income (IMV by its Spanish acronym) and even an UBI.

In its third official report on COVID-19, published on May 12, 2020, CEPAL proposed Latin America to implement a basic income during three months, which would allow an advancement towards an UBI (CEPAL, 2020c, pp. 15-19). One day before, CONEVAL published a study on social policy in Mexico within the context of the pandemic and suggested a Basic Citizen Income as an institutionalized long term measure in order to guarantee security before risks (CONEVAL, 2020, p. 58).

On May 5, 2020, ninety five legislators in the Mexican Chamber of Deputies from six different parliamentary groups presented a point of agreement for discussing the establishment of a Sole Vital Income for three months in order to support all of those affected by the sanitary emergency.²² In the same Chamber, on June 10, 2020, two different parliamentary groups presented a decree project

²² Source: <http://www5.diputados.gob.mx/index.php/esl/Comunicacion/Boletines/2020/Mayo/05/3665-Diputadas-y-diputados-proponen-Ingreso-Unico-Vital-para-quienes-no-tienen-recursos-economicos-por-la-pandemia>.

for expanding the Law of the Emergency Minimum Vital Income²³ and on June 17, the Democratic Revolution Party (PRD by its Spanish acronym) presented a decree project to issue the Law of Minimum Vital Income for Special Causes.²⁴

In the Senate of the Republic, on June 3, 2020, legislators of the Citizen Movement party presented an initiative with a decree project for issuing the Law of Vital Minimum for Special Situations,²⁵ and on June 16, 2020, a senator from the MORENA party presented an initiative for elevating the right to the Universal Citizen Income to a constitutional rank.²⁶

Organizations from civil society have also manifested in favor of implementing the UBI or some form of emergency transference. By the end of April 2020, OXFAM Mexico suggested some measures to fight inequality like, for example, providing people with no social security with “a direct, monthly and unconditioned monetary support or basic income”.²⁷ In turn, a coalition of civil organizations created a platform to demand the approval of the Vital Income for supporting more than 12 million people that had lost their sustenance due to the COVID-19 pandemic.²⁸ Even a managerial coalition suggested an emergency transference related to formal employment denominated “Solidary Wage”.²⁹

Although these initiatives are not new,³⁰ these recent calls, legislative initiatives and demands to implement an emergency monetary transference find their reason for being in the highest levels of poverty and the inefficiency of Mexican social policies.

In terms of poverty, Mexico has been unable to get outstanding results. Although it has been able to mitigate it in percentage terms, it has increased

23 Source: http://sitl.diputados.gob.mx/LXIV_leg/cuadros_comparativos/2CP2/0182-2CP2-20.pdf.

24 Source: http://sitl.diputados.gob.mx/LXIV_leg/cuadros_comparativos/2CP2/0232-2CP2-20.pdf.

25 Source: https://senadoresciudadanos.mx/sites/default/files/inic_mc_senadoras_senadores_Isnieg.pdf.

26 Source: https://infosen.senado.gob.mx/sgsp/gaceta/64/2/2020-06-17-1/assets/documentos/Ini_Morena_Sen_Batres_Art_4_CPEUM.pdf.

27 Source: https://www.oxfamemexico.org/sites/default/files/VIVIRALDIA_OXF_042020-FINAL_SO_0.pdf, p. 7.

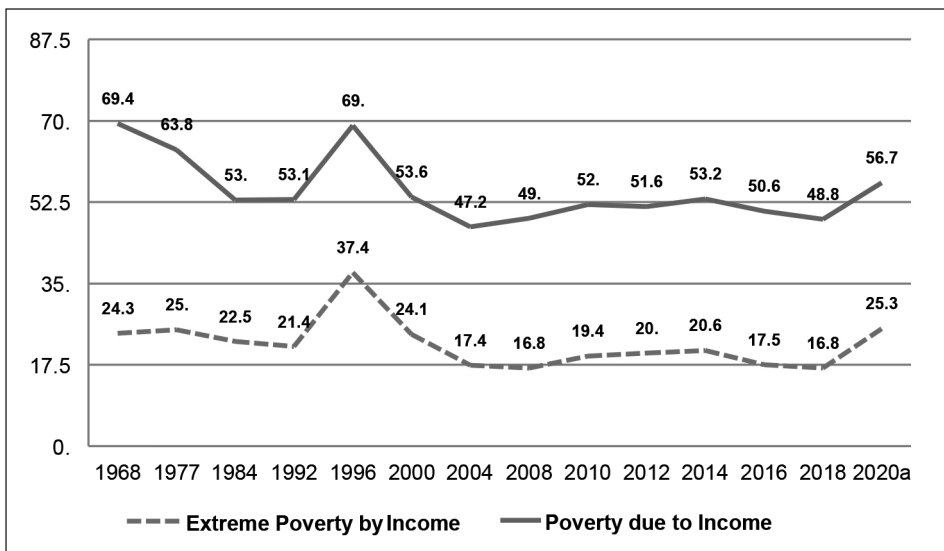
28 Source: <https://www.ingresovital.org/>.

29 Source: <https://coparmex.org.mx/salario-solidario/>.

30 The first documented proposal to implement an UBI in Mexico comes from the book “The unproductive progress” by Gabriel Zaid. In said publication from 1979, the essay writer states that, in order to reduce inequalities, every adult, whether employed or not, should receive a minimum fee (Zaid, 2009, pp. 233-256). Even the UBI has been debated in the Mexican academic realm, its nomination has transcended the judicial, legislatives and electoral realms. In the first realm, in 2016, the National Supreme Court of Justice delivered upon the right to the vital minimum, affirming that it is the right to enjoy minimum benefits and incomes that guarantee sustenance and a decent standard of living, as well as the satisfaction of basic needs (<https://sjf.scjn.gob.mx/SJFSem/Paginas/Reportes/ReporteDE.aspx?idius=2011316&Tipo=1>). In the parliamentary realm four law initiatives had already been set forward to institute an UBI in Mexico in 2007: in 2007 (<http://gaceta.diputados.gob.mx/Gaceta/60/2007/jul/20070706.html#Ini20070706-4>), in 2015 (http://sil.gobernacion.gob.mx/Archivos/Documentos/2015/04/asun_3233355_2015_0421_1429627747.pdf), in 2016 (<http://gaceta.diputados.gob.mx/PDF/63/2016/abr/20160414-IX.pdf>) and in 2017 (http://sil.gobernacion.gob.mx/Archivos/Documentos/2017/09/asun_3570056_20170912_1505253838.pdf). Also, the UBI was included in the electoral platforms of a presidential candidate in 2006 and of a presidential candidate in 2018. An analyses of the inclusions of UBI in the judicial and legislative realms can be found in (Gutiérrez, 2018).

in real numbers. Extreme poverty due to income went from 24.3% of the population in 1968 to 16.8% in 2018 but this represented an increase, since it went from 11.6 million people with an income below the extreme poverty line due to income in 1968 to 21 million in 2018. In turn, poverty by income went from affecting 69.4% of the population in 1968 to 48.8% in 2018, but such percentages meant 33.1 million people in 1968 and 61.1 million people in 2018. That is, while poverty decreased by 20.6 percentage points, it increased doubly in absolute terms.

PERCENTAGE OF THE POPULATION IN EXTREME POVERTY AND POVERTY DUE TO INCOME IN MEXICO, 1968-2018



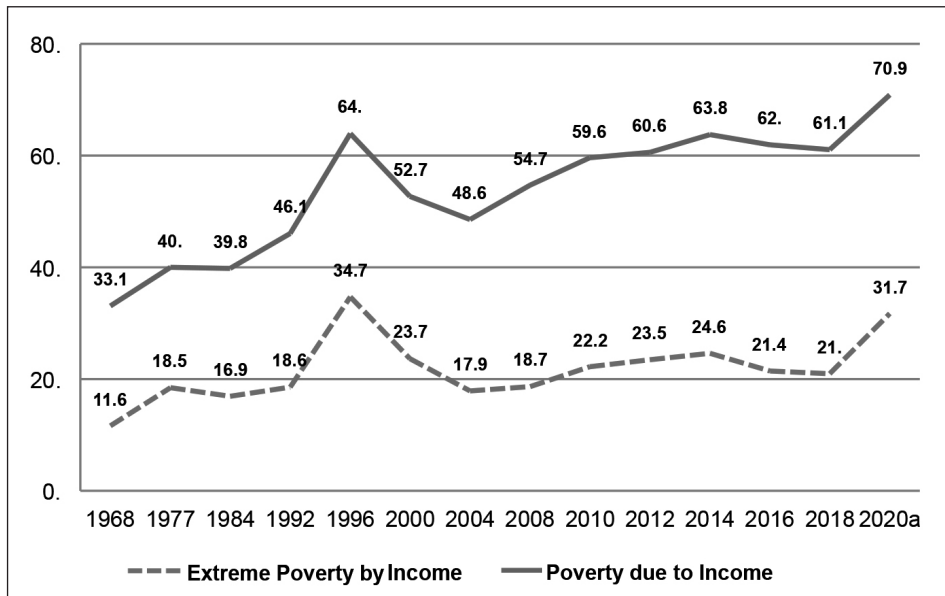
Source: Created by the author based on (Székely, 2005, p. 16) for the period from 1968 to 1984 and “Evolución de la pobreza por la dimensión del ingreso en México”, recovered from <https://www.coneval.org.mx/Medicion/Paginas/Evolucion-de-las-dimensiones-de-pobreza.aspx> for the period from 1992 to 2018.

a. Estimations of (CONEVAL, 2020), scenario II.

Note: The measurements from 1968 to 2004 were identified as “Alimentary Poverty” and “Estate Poverty” and from 2008 to 2018 of the measurements of “Population with an income below the line of extreme poverty due to income” and “Population with an income below the line of poverty due to income”.

If this analysis includes the CONEVAL estimations on the impacts of the pandemic in Mexico, the seriousness of such effects can be observed: the percentage of population in extreme poverty due to income would increase by 8.5%, while the population in poverty due to income would increase by 7.9%. This implies the addition of 10.7 million new people in extreme poverty due to income and 9.8 million of new people in poverty due to income. A catastrophe in a such a short period of time.

ABSOLUTE POPULATION (MILLIONS OF PEOPLE) IN EXTREME POVERTY AND POVERTY DUE TO INCOME IN MEXICO, 1968-2018



Source: Created by the author based on (Székely, 2005, p. 16) for the period from 1968 to 1984 and “Evolución de la pobreza por la dimensión del ingreso en México”, recovered from <https://www.coneval.org.mx/Medicion/Paginas/Evolucion-de-las-dimensiones-de-pobreza-.aspx> for the period from 1992 to 2018.

a. Estimations of (CONEVAL, 2020), scenario II.

Note: The measurements from 1968 to 2004 were identified as “Alimentary Poverty” and “Estate Poverty” and from 2008 to 2018 of the measurements of “Population with an income below the line of extreme poverty due to income” and “Population with an income below the line of poverty due to income”.

Although social policy³¹ cannot eradicate poverty, since it is multifactorial (Banerjee and Duflo, 2014), it can be a core component for its containment, reduction and for providing social welfare (Lindert, 2011), (Brady, 2005). In the case of Mexico, the structure, dynamics and results of social policy are the product of a large process of edification that came from the political-economical context in which it was constituted.

Thus, Mexican social policy skewed its performance in five ways. The first one is that the foundation of social policy was subjugated to an economical paradigm (Torres and Rojas, 215), since it was conceived that the model of industrialization by substituting imports and the public sector were enough for social welfare. From then on, social policy would be implemented as a palliative for the negative externalities of economic policy.

31 Social policy is defined as the structural framework of understandings, institutions, strategies, resources and actions of governments to comply with social (fighting against poverty and providing social welfare), economic (moderating the failings of the market and of the economic system as well) and political goals (helping the estabily and legitimacy of the political system), (Martínez Espinoza, 2019, pp. 19-81).

Since social policy endorsed the industrialization project, the next bias is that social security was structured around formal employment, excluding large part of women, informal workers, the unemployed, peasants and the indigenous (Barba, 2007). Therefore, social protection in Mexico is dual: it is of a certain kind for those with formal employment and of another kind for those who don't. The edification of social protection in Mexico was not "related to the category of citizen, but to that of employee" (Dautrey, 2013, p. 31).

The system of social protection was constructed within a corporative political system (a vertical control that came from the presidency down through official corporations), which is why the third bias is that social protection was also pointed towards helping the stability of the political system: the welfare benefits could be obtained by following the rules of the political system, thus generating a "pact of domination" (Brachet-Márquez, 1996). The favoring and electoral use of social programs feeds this bias.

The fourth bias was the scarce planning and insufficient coordination of the social policy agencies since their domains were created without any integrating strategy (Valencia, Foust and Tetreault, 2012). Here lies the origin of the problems of fragmentation and incoordination of Mexican social policy.

As a result of the economic crisis in the decades of 1970 and 1980, the number of people in poverty incremented exponentially, which is why programs were put together to deal with them in a focalized manner. Social policy focused on attending poverty and the already precarious notion of social welfare was abandoned. However –and this constitutes the final bias–, that strategy has provoked the proliferation of social programs that are fragmented, duplicated, with an inefficient coverage, unaccomplished goals, incorrect designs, scarce transparency and budgeted with no criteria of efficiency or accountability (Martínez, 2019, pp. 130-158).

As a result of this five biases, social expenditure in Mexico has been inefficient for mitigating poverty and providing social welfare, as it has been emphasized in numerous studies. For example, The United Nations Program for Development identified that federal expenditure in health and income transferences tended to be more regressive than the one in education,³² so "the distribution of the so-called federal expenditure in human development promotes inequality instead of correcting it" (PNUD, 2011, p. 16).

In a recent study on the geographic distribution and the beneficiaries of social transferences, Raymundo Campos, Víctor Delgado and Eduardo Medina identified that there is not enough expenditure in the places that need it the most since they observed that those municipalities with greater poverty are not

³² Transferences that concentrate on low income population are called "progressive", while the public resources that concentrate on higher income strata are called "regressive transferences".

the ones that receive the largest expenditures, emphasizing the case of Chiapas, the state with the largest percentage of poverty and “with the lesser number of social programs per individual in poverty” (Campos, *et al.*, 2018, p. 18).

The incompetence of social policy and public expenditure is confirmed when it is compared internationally. In Mexico, the fiscal system and social transferences reduced the Gini index by -7.96%. However, the reductions were of -25.7 in Ireland, -24.4 in Finland and -23.7 in Belgium,³³ while in Latin America they were of -20.43 in Argentina, -14.26 in Uruguay and -14.12 in Brazil (Lustig, 2017, p. 520). The level of impact of social expenditure in Mexico is only a third of the best levels in Europe and Latin America. John Scott calculated that, between 2010 and 2014, social transferences only diminished a percentage point of the Gini coefficient (Scott, 2017, p. 82). In a study of the Interamerican Bank of Development, it was estimated that the inefficiency of public expenditure in Mexico equated to 4.7% of its GDP in 2016 (Izquierdo, Pessino and Vuletin, 2018, p. 69).

In Mexico, social welfare has always been a pending issue, poverty has been a growing structural problem and the social protection system has wasted public expenditure, which has caused vulnerable groups like women, children, adolescents, the elderly and the indigenous to be in disadvantage for the compliance of their social rights (CONEVAL, 2018). The havoc produced by the COVID-19 pandemic will magnify such characteristics, which is why this is the ideal time for experimenting with a different instrument, such as the UBI, which would have the goal of complying the right for a minimum vital wage.³⁴

In specialized literature, where one can find several implementation proposals for Mexico,³⁵ it is stated that, in order to implement an UBI, one must consider at least four topics: expanse, recipients, cost and financing. These are the overlapping conditions that must be solved for an UBI in Mexico.

What kind of transference would be implemented in Mexico?

The expanse entails the definition of the type of transference that would be adopted; that is, if it would be an IMV (focalized, conditioned and temporary) or an UBI (universal, unconditioned and systematic). In this essay, the implementation of an UBI in Mexico is supported, but it is also suggested that

33 Source https://ec.europa.eu/info/sites/info/files/file_import/european-semester_thematic-factsheet_addressing-inequalities_es.pdf

34 Just as it was laid down by the Supreme Court of Justice of the Nation, the right to a minimum vital wage is a fundamental right added to the 1°, 3°, 4°, 6°, 13, 25, 27, 31 and 123 articles in the Political Constitution of the Mexican United States. The right to a minimum vital wage “constitutes the right to enjoy minimum benefits and income that guarantee sustenance and a decent standard of living to every person, as well as the satisfying of all their basic needs.” (Gutiérrez Lara, 2018, p. 19).

35 For example, those of (Gutiérrez, 2018), (Huerta Quintanilla, 2009), (Moreno and Marrufo, 2007), (Scott, 2017) as well as the legislative initiatives of 2016 and 2017.

its application must be progressive in order to gradually solve the different institutional, budget and even ideological reluctances that may oppose it, which is why it is convenient to start with an IMV with perspectives to expand it to become an UBI.

Who would be the beneficiaries?

The proposed UBI would begin as an IMV in which the rightful claimants would be women and men of 18 years and older that are unemployed or employed with just 1 minimum wage as salary, i.e. the most vulnerable in terms of income.

According to official projections, in 2020, the number of people of 18 years and older would increase to 88.3 million (CONAPO, 2018). According to data from the National Institute of Statistics and Geography, the employed population that received more than 1 minimum wage in the last quarter of 2019 were 33.6 million people.³⁶ These people would not receive an UBI initially, while the universe of beneficiaries (all of those who do not receive an income or only earn one single minimum wage) would be 54.7 million people.

How much would the investment cost?

Specialized studies have established that the cost of an UBI would be around barely less than 2% of the GDP and up to 20%. John Scott calculated that a perfectly focalized transference to eliminate extreme poverty in Mexico would have cost 1.72% of the country's GDP in 2014 (Scott, 2017, p. 72). CEPAL forecasts that an emergency basic income for all of the population during six months would cost 2% of the GDP and, for 12 months, 5.2% (CEPAL, 2020, p. 22). The 2016 and 2017 legislative initiatives fixed the total cost of an UBI in between 8.35% and 9.35% of the GDP, while Aníbal Gutiérrez created several scenarios with different costs that go from 8.5% to 19.9% of the GDP of 2017 (Gutiérrez, 2018, p. 28).

The investing costs are subject to the number of recipients, the amounts they receive and the stages of implementation. In this proposal, it is suggested that the amount is based on the value of the urban basic food basket, which was \$1,661.39 (sixteen hundred and sixty one pesos 39/100 M.N.) according to the estimate of CONEVAL, with amounts adjusted to the COVID-19 emergency in August, 2020.³⁷ The ideal would be that the initial amount was based on the poverty line due to income (basic alimentary and non-alimentary basket), that is \$3,238.64 (thirty two hundred and eight pesos 64/100 M.N.) according to

³⁶ Source: <https://www.inegi.org.mx/app/tabulados/default.html?nc=602>

³⁷ Source: https://www.coneval.org.mx/Medicion/Documents/Lineas_bienestar/Lineas_de_pobreza_COVID_19_agosto_2020.pdf

the official estimation, but this would limit the number of beneficiaries and, therefore, the impact of the transference. The suggestion then is to budget based upon the initial amount of the urban basic food basket, while also laying out an increment on the amounts as the UBI becomes more feasible.

So the initial cost of the UBI would begin with a three month IMV (October, November, December) of a monthly amount of \$1,661.39 for 54.7 million people, which generates a total investment of \$272, 634, 099, 000 (two hundred and seventy two billion six hundred and thirty four million ninety nine thousand pesos).

COSTS FOR THE IMPLEMENTATION OF UBI IN MEXICO

Individual monthly amount	Monthly amount for the whole universe of beneficiaries	Total UBI amount for the October-December 2020
\$1, 661.39 ^a	\$90, 878, 033,000 ^b	\$272, 634, 099,000□

Source: Created by the author

a. Established according to the value of the urban basic food basket estimated by CONEVAL for August 2020.

b. Estimated for 54.7 million people.

How would it be financed?

The different models of UBI implementation usually suggest that its financing must be accompanied by a fiscal reform. This a transcendental topic since Mexico occupies the last place in tax collection of all the countries of the OCDE and is five places away from occupying the last place on all the countries in Latin America and the Caribbean.³⁸

Tax reform is a pressing affair for the country and will be a factor that grants sustainability to the UBI, but the proposal is that the UBI’s initial financing is not subject to said reform, nor to a debt acquisition, but that it comes from a multilateral fund created by three types of sources.

The first source of financing is to use the resources of the Program for the Welfare for People in Social or Natural Emergencies, which has the objective of mitigating the negative effects provoked by natural or social phenomena in people. In 2020, the program had a budget of \$703, 030, 456 pesos.³⁹

The second proposal of financing is to reorient social expenditure, eliminating duplicated and deficient social programs. According to the final

38 Source: “Estadísticas tributarias en los países de la OCDE”, available in: <https://www.oecd.org/tax/tax-policy/tax-as-percentage-of-gdp-oecd.png> and “Estadística tributarias en América Latina y el Caribe”, available in: <https://www.oecd.org/tax/tax-policy/brochure-estadisticas-tributarias-en-america-latina-y-el-caribe-2019.pdf>

39 Source: https://www.pef.hacienda.gob.mx/work/models/PEF2020/docs/20/r20_ppcer.pdf

analysis from CONEVAL, 26 programs were identified with a 100% similarity with one or more programs and 23 with a 98% similarity (CONEVAL, 2020b, p. 207). Suppressing eight of the duplicated social programs, \$108,021,877,689 (a little over one hundred and eight billion pesos) could be obtained.⁴⁰

Public expenditure can also be reoriented by eliminating social programs that have had low results in the CONEVAL evaluations (indicator advancement, coverage and priority for contributing to the fight against poverty and support social rights). Doing without nine social programs with the worst results in 2018 and 2019 \$7,773,507,029 (close to 8 billion pesos) could be obtained.⁴¹ Which, added to duplicated programs, would total a final amount of \$115,795,384,718 (one hundred and fifteen billion seven hundred ninety five million three hundred eighty four thousand seven hundred and eighteen pesos).

A third source of financing is the use of the primary surplus (the difference between the government's income minus the resources to be exert), which in 2020 ascended to 200 billion pesos (CONEVAL, 2020, p. 83).

Altogether, an amount of \$316,498,415,174 (three hundred sixteen billion four hundred ninety eight million four hundred fifteen thousand one hundred seventy four pesos) could be taken into account.

INITIAL BUDGET FOR FINANCING AN UBI IN MEXICO

Source	Amount
Program for Welfare of People in Social or Natural Emergencies	\$703, 030, 456
Social expenditure reorientation	\$115, 795, 384, 718
2020 primary surplus	\$200, 000, 000,000
Total	\$316, 498, 415, 174

Source: Created by the author

With this financing, an IMV could be defrayed with a monthly amount of \$1,661.39 pesos during three months for 54.7 million people, according to the estimation of the costs in the latter section and there would be an surplus of \$43,864,316,174 pesos.

Aside from a tax reform, in order to make an UBI sustainable for the future it is suggested to diversify its financing, for which two avenues could be considered: 1) to use some resources of the budget branches number 30

40 For this exercise seven duplicated programs from the Secretariat of Public Education and one program from the Secretariat of Agriculture and Rural Development were taken into account. Duplicated programs from the Secretariat of Health considering that this budget could be destined to the same secretariat for tending this sanitary contingency. The listing and analysis of the similarity among social programs can be found in: https://www.coneval.org.mx/Evaluacion/IEPSM/Documents/Resultados_Similitudes_2020.zip.

41 Source: https://www.coneval.org.mx/Evaluacion/IEPSM/Documents/ANALISIS_PEF_2018_2019.pdf

(debts from former fiscal exercises) and 33 (federal contributions to states and municipalities), as well as the National Lottery for Public Assistance; 2) to establish the UBI as an authorized donation that could receive non-onerous donations allowing for tax deductions.

4. FINAL CONSIDERATION: IN FAVOR OF AN UBI IN MEXICO

Poverty and inequality are routine pandemics in Mexico which are becoming more serious with the sanitary contingency caused by the SARS-CoV-2 virus. To deal with an emergency situation with structures and instruments that have proven their inefficiency does not seem to predict better results. Moments of urgency demand daring solutions. Measures are needed that recognize previous failures, that tend to their obligation in a tidy manner and that can be carried out swiftly; i.e. measures that are rational, responsible and feasible. Here is a proposition for one such measure: the Universal Basic Income (UBI).

An UBI in Mexico would have considerable benefits. In the first place, it would have a positive impact at an economic level by guaranteeing an income to the most vulnerable sectors of society in the context of a crisis, thus favoring demand and consumption.

In the second place, an economic spill would be generated in the direct spending of each beneficiary, thus translating into demand in the communities with lesser incomes, favoring their economic activity (Gutiérrez Lara, 2018). The UBI is a direct economic measure with tangible and immediate effects.

Also, the UBI would favor the redistribution of wealth without elevating salaries nor the unitary costs of businesses. Therefore, it would not have an opposite effect on the national production (Quintanilla, 2009, p. 91). These economic benefits would result in other social advantages, such as an impulse on the diminishing of social scarcities and a greater community cohesion.

Since it would be a direct transference, the UBI has a greater implementation ease than other support schemes based on numerous conditions, thus reducing bureaucratic costs and allowing the eradication of opportunism, political compromises, state bureaucracy and diversion of resources (Gutiérrez Lara, 2018, p. 17). Also it would help to avoid overspending the public expenditure on inefficient social programs.

The UBI, then, has advantages that President Andrés Manuel López Obrador has pointed as the axis of his social policy: it is a benefit that reaches people directly, without intermediaries; it has an immediate effect on people's income; and it is financed without increasing the public debt, nor requiring the cancelation of his mega-projects and primary social programs.

In order to face the struggles of the Great Depression in his country, President Franklin D. Roosevelt proposed a group of interventionist measures that would become known as the “New Deal”. The New Deal had many opponents, so, in order to defend it, in one of his public interventions, President Roosevelt declared: *The country demands us to experiment in a bold way. Common sense dictates us to choose one method and put it to the test. If it fails, we must sincerely recognize it and try with another. But above all, let's try something different.*

Although it didn't achieved all of its objectives, the New Deal favored economic recovery, strengthened social protection and armored the American political system from authoritarian postures.

The same has happened in Mexico, for example, with public social assistance for people in poverty and the implementation of minimum wages: a furious opposition emerges when such policies are suggested (González, 1985) but, as time passes, it is clear that the effect on social equality is greater when measures are defended and implemented from the State itself.

Oscar Wilde wrote that “stronger than thousand armies is an idea whose time has come”. Víctor Hugo said that taking over utopia means to impose the yoke of reality upon it, transforming it from an abstract notion into a concrete idea that, what will lose in beauty, will gain in usefulness.

With COVID-19 the number of victims of the pandemics of poverty and inequality will increase. We must not normalize this situation and, instead, must once again make an argument for the utopia of social justice. It is therefore convenient to face the future with a social policy proposal that is convincing, fair and feasible. Here is one that must be considered.

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