Argentina

This document is a compilation of all questions, justifications, and sources used to determine the 2021 Global Health Security Index scores for Argentina. For a category and indicator-level summary, please see the Country Profile for Argentina.

Category 1: Preventing the emergence or release of pathogens with potential for international concern

1.1 ANTIMICROBIAL RESISTANCE (AMR)

1.1.1 AMR surveillance, detection, and reporting

1.1.1a

Is there a national AMR plan for the surveillance, detection, and reporting of priority AMR pathogens?

Yes, there is evidence of an AMR plan, and it covers surveillance, detection, and reporting = 2, Yes, there is evidence of an AMR plan, but there is insufficient evidence that it covers surveillance, detection, and reporting = 1, No evidence of an AMR plan = 0

Current Year Score: 2

There is public evidence that Argentina has a national AMR plan for the surveillance, detection and reporting of priority AMR pathogens.

The Argentine Strategy for the Control of Antimicrobial Resistance (EACRA) was issued by joint resolutions of the Ministry of Health and the Ministry of Agriculture, Ranching and Fishing in 2015 (Resolution 834/2015 and Resolution 391/2015, respectively). [1] The strategy has three high-level goals: delaying or halting the emergence and dissemination of resistant bacteria, strengthening AMR surveillance under the One Health framework, and promoting innovation in antimicrobials, non-antibiotic growth promoters, and diagnostic tests to identify resistant bacteria. [2] Specific objectives of the strategy related to human health also include detecting the appearance of new resistance mechanisms, determining and analyzing sources of AMR and related trends, and raising awareness of the problem among all interested parties. [2]

Section 2 of the plan states that human health AMR surveillance "consists of systematically and continually collecting, processing, analyzing, interpreting and sharing comparable and validated data about antimicrobial resistance". Section 2.2.1 describes three surveillance systems that are related to AMR: WHONET-Argentina, SIREVA-Argentina (SIREVA - System of Surveillance Networks of the Bacterial Agents Responsible for Pneumonia and Meningitis) and PROVSAG (Gonococcal Antimicrobial Susceptibility Surveillance Program). The operation of these systems includes an indication to "emit alerts via email for national and regional emergencies with potentially pandemic resistance mechanisms". [2]

Resolution 834/2015 also created the National Commission for the Control of Antimicrobial Resistance, which is housed in the Secretariat of National and International Relations at the Ministry of Health. [2] In 2020, Argentina committed "to active membership and participating in the AMR Action Package" with the Global Health Security Agenda (GHSA). [3]

According to the Global Database for the Tripartite Antimicrobial Resistance Country Self-assessment Survey (TrACSS) for Argentina for the 2019-20 period, the country has implemented a "limited or small-scale antimicrobial resistance awareness campaign targeting some but not all relevant stakeholders" mainly targeting the human health sector, and both human and animal health authorities use "relevant antimicrobial consumption/use and/or antimicrobial resistance data to amend national strategy and/or inform decision making, at least annually". [4]

[1] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2019. "Antimicrobial resistance" ("Resistencia antimicrobiana"). [https://www.argentina.gob.ar/senasa/micrositios/resistencia-antimicrobiana]. Accessed 24 February 2021.

[2] Ministry of Health and Ministry of Agriculture, Ranching and Fishing (Ministerio de Salud y Ministerio de Agricultura, Ganadería y Pesca). 2015. "Joint Resolution 834/2015 and 391/2015".
[http://servicios.infoleg.gob.ar/infolegInternet/anexos/245000-249999/248651/texact.htm]. Accessed 24 February 2021.
[3] Global Health Security Agenda (GHSA). November 2020. "Commitments to the Global Health Security Agenda 2024 Targets". [https://ghsagenda.org/wp-content/uploads/2020/11/Commitment-Visualization_REV9Nov20.pdf]. Accessed 24 February 2021.
[4] World Health Organization. 2019. "Country Self-assessment Survey (TrACSS) for Argentina for the 2019-20 period". [https://amrcountryprogress.org/]. Accessed 24 February 2021.

1.1.1b

Is there a national laboratory/laboratory system which tests for priority AMR pathogens?
All 7 + 1 priority pathogens = 2 , Yes, but not all 7+1 pathogens = 1 , No = 0

Current Year Score: 2

There is public evidence that Argentina has a national laboratory system which tests for all 7 + 1 priority AMR pathogens.

The National Administration of Laboratories and Health Institutes (ANLIS) supervises the Ministry of Health's national laboratory network. [1] ANLIS supervises three laboratory networks that monitor AMR in Argentina. The National Network for Antimicrobial Surveillance (WHONET-Argentina) began operations in 1989 and includes laboratories at 96 sentinel hospitals throughout Argentina. [2] WHONET processes more than 200,000 bacterial samples and trains more than 5,000 professionals per year regarding AMR. [3] WHONET carries out AMR surveillance of E. Coli, K. pneumonia, S. aureus, Salmonella spp., Shigella spp. and Mycobacterium tuberculosis. [4, 5, 6, 7, 8] In addition to WHONET, ANLIS supervises Argentina's participation in the System of Surveillance Networks of the Bacterial Agents Responsible for Pneumonia and Meningitis (SIREVA). [9] SIREVA-Argentina carries out surveillance of S. pneumoniae, Neisseria meningitidis and Haemophilus influenzae. [2] Finally, ANLIS also supervises the Surveillance Program for Antimicrobial Sensitivity of Gonococcus of the Sexually Transmitted Infection Network, which monitors AMR in N. gonorrhoeae. [2]

According to the Global Database for the Tripartite Antimicrobial Resistance Country Self-assessment Survey (TrACSS) for Argentina for the 2019-20 period, the country has a functioning national AMR surveillance system covering common bacterial infections in hospitalized and community patients, with external quality assurance, and a national coordinating center producing reports on AMR". [10]

[1] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2019. "Mission". [http://www.anlis.gov.ar/?page_id=1471]. Accessed 24 February 2021.
[2] Ministry of Health and Ministry of Agriculture, Ranching and Fishing (MINISTERIO DE SALUD y MINISTERIO DE AGRICULTURA, GANADERÍA Y PESCA). 2015. "Joint Resolution 834/2015 and 391/2015".
[http://servicios.infoleg.gob.ar/infolegInternet/anexos/245000-249999/248651/texact.htm]. Accessed 24 February 2021.
[3] Pan American Health Organization. 2018. "Argentina recibió a expertos de la ONU en resistencia antimicrobiana para desarrollar recomendaciones a nivel mundial".
[https://www.paho.org/arg/index.php?option=com_content&view=article&id=10236:argentina-recibio-a-expertos-de-la-onu-en-resistencia-antimicrobiana-para-desarrollar-recomendaciones-a-nivel-mundial&Itemid=0]. Accessed 24 February 2021.
[4] Lucero Celeste, Tuduri Ezequiel, Pasterán Fernando and Corso Alejandra. 2018. "VIGILANCIA DE LA RESISTENCIA A LOS ANTIMICROBIANOS EN AISLAMIENTOS DE E. coli PROVENIENTE DE INFECCIONES URINARIAS DE LA COMUNIDAD EN ARGENTINA". [http://antimicrobianos.com.ar/2018/11/vigilancia-de-la-resistencia-a-los-antimicrobianos-en-aislamientos-de-e-coli-proveniente-de-infecciones-urinarias-de-la-comunidad-en-argentina/]. Accessed 24 February 2021.

[5] S Cogut, L Errecalde, M Erbin, N Sanchez, F Pasteran, G Saa, J Latner, C Ramallo, and S Kaufman. 2016. "Emergencia de K. pneumoniae productora de OXA-163 en una Unidad de Neonatología, uso de un método inmunocromatográfico novel para la confirmación del mecanismo de Resistencia". [http://antimicrobianos.com.ar/2016/09/emergencia-de-k-pneumoniae-productora-de-oxa-163-en-una-unidad-de-neonatologia-uso-de-un-metodo-inmunocromatografico-novel-para-la-confirmacion-del-mecanismo-de-resistencia/]. Accessed 24 February 2021.

[6] A. Corso, P. Gagetti, P. Ceriana, C. Lucero, D. Barcudi, D. Faccone, J. Bocco, Grupo S. aureus Argentina and C. Sola. 2018. "ACTIVIDAD DE CEFTOBIPROLE EN AISLAMIENTOS CLINICOS DE S. aureus DE ARGENTINA: ASOCIACION CON DIFERENTES TIPOS CLONALES DE MRSA". [http://antimicrobianos.com.ar/2018/11/actividad-de-ceftobiprole-en-aislamientos-clinicos-de-s-aureus-de-argentina-asociacion-con-diferentes-tipos-clonales-de-mrsa/]. Accessed 24 February 2021.

[7] E. Albornoz, C. Lucero, G. Romero, M. Rapoport, WHONET-Argentina Group, M. Galas, A. Corso, and A. Petroni. 2013. "Prevalence of Plasmid-Mediated Quinolone Resistance (PMQR) Genes in Clinical Isolates of Escherichia coli, Shigella spp. and Salmonella spp. from Argentina". [http://antimicrobianos.com.ar/2013/09/prevalence-of-plasmid-mediated-quinolone-resistance-pmqr-genes-in-clinical-isolates-of-escherichia-coli-shigella-spp-and-salmonella-spp-from-argentina/]. Accessed 24 February 2021.

[8] Ministry of Health (Ministerio de Salud). 2016. "Estudio Nacional de Consumo de Antimicrobianos en Hospitales de Argentina". [http://antimicrobianos.com.ar/ATB/wp-content/uploads/2017/06/Informe-Estudio-Nacional-de-Consumo-de-Antimicrobianos-2016.pdf]. Accessed 24 February 2021.

[9] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2019. "SIREVA - Argentina". [http://antimicrobianos.com.ar/category/resistencia/sireva/]. Accessed 24 February 2021.

[10] World Health Organization. 2019. "Country Self-assessment Survey (TrACSS) for Argentina for the 2019-20 period". [https://amrcountryprogress.org/]. Accessed 24 February 2021.

1.1.1c

Does the government conduct environmental detection or surveillance activities (e.g., in soil, waterways) for antimicrobial residues or AMR organisms?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Argentina conducts environmental detection or surveillance activities for antimicrobial residues or AMR organisms.

The Argentine Strategy for the Control of Antimicrobial Resistance (EACRA) mentions coordinating AMR surveillance among the human health, animal health, and environmental sectors (Section 2.3) and considering the impact of antibiotics used in animal on the environment (Section 8.3), but it does not describe any specific activities carried out by the environmental agency. [1]

The Ministry of Environment and Sustainable Development participated in meetings regarding AMR in 2018, but a report on the meetings did not mention specific activities carried out by the ministry. [2] Similarly, the Global Database for the Tripartite Antimicrobial Resistance Country Self-assessment Survey (TrACSS) for Argentina for the 2019-20 period noted that the "environment" sector is "actively involved in developing and implementing the AMR National Action Plan" (Question 4.2), but the country is not "using relevant antimicrobial consumption/use and/or antimicrobial resistance data to amend national strategy and/or inform decision making, at least annually" from the environment sector (Question 7.6). Question 10 notes that "high-risk locations been identified" for some possible AMR discharges, but TrACSS does not cover environmental detection or surveillance activities. [3]

Academic papers describe environmental surveillance for AMR pathogens carried out in water sources by university

researchers in one case and regional health researchers in another. The papers do not mention the involvement of or coordination with environmental authorities. [4, 5] The websites of the Ministry of Health, Ministry of Environment and Sustainable Development, Ministry of Agriculture, Ranching and Fishing, National Service for Agricultural Health and Quality (SENASA), and National Administration of Laboratories and Health Institutes do not contain additional information regarding environmental detection or surveillance activities for antimicrobial residues or AMR organisms. [6, 7, 8, 9, 10]

[1] Ministry of Health and Ministry of Agriculture, Ranching and Fishing (Ministerio de Salud y Ministerio de Agricultura, Ganadería y Pesca). 2015. "Joint Resolution 834/2015 and 391/2015".
[http://servicios.infoleg.gob.ar/infolegInternet/anexos/245000-249999/248651/texact.htm]. Accessed 24 February 2021.
[2] Pan American Health Organization. 2018. "Argentina recibió a expertos de la ONU en resistencia antimicrobiana para desarrollar recomendaciones a nivel mundial".
[https://www.paho.org/arg/index.php?option=com_content&view=article&id=10236:argentina-recibio-a-expertos-de-la-onu-en-resistencia-antimicrobiana-para-desarrollar-recomendaciones-a-nivel-mundial&Itemid=0]. Accessed 24 February 2021.
[3] World Health Organization. 2019. "Country Self-assessment Survey (TrACSS) for Argentina for the 2019-20 period".
[https://amrcountryprogress.org/]. Accessed 24 February 2021.
[4] Baldini M. and P. Selzer. 2008. "Patrones de resistencia a antibióticos de enterococos aislados de aguas estuarinas".
[https://www.redalyc.org/pdf/2130/213016786011.pdf]. Accessed 24 February 2021.
[5] School of Medicine - University of the Northeast (Universidad Nacional del Nordeste - Facultad de Medicina). 2009.
"Bacterias resistentes a los antibióticos".
[http://argentinainvestiga.edu.ar/noticia.php?titulo=bacterias_resistentes_a_los_antibioticos&id=159]. Accessed 24 February 2021.
[6] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 24 February 2021.
[7] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura".
[https://www.argentina.gob.ar/agricultura]. Accessed 24 February 2021.
[8] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021.
"SENASA". [https://www.argentina.gob.ar/senasa]. Accessed 24 February 2021.
[9] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.
[10] Ministry of Environment and Sustainable Development (Ministerio de Ambiente y Desarrollo Sustentable). 2021.
"Ambiente y Desarrollo Sustentable". [https://www.argentina.gob.ar/ambiente]. Accessed 24 February 2021.

1.1.2 Antimicrobial control

1.1.2a

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for humans?
Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0
Current Year Score: 1

There is public evidence that Argentina has national regulations in place requiring prescriptions for antibiotic use for humans , but there is evidence of gaps in enforcement.

The Ministry of Social Wellbeing's Resolutions 3835/69 and 378/70 required that all pharmaceuticals with active ingredients that exhibited antibiotic activity be sold only by prescription starting January 1, 1970. [1] In 2009, the Penal Code (Law 26,524) made violating distribution regulations for pharmaceutical products a crime punishable by up to three years in prison. [2] Nonetheless, the Argentine Strategy for the Control of Antimicrobial Resistance (EACRA) notes that more

enforcement action needs to be taken to ensure compliance with existing regulations requiring prescriptions for antibiotic use for humans. [1] Press reports indicate that significant amounts of antibiotics are sold in the country without a prescription, despite legal requirements. [3]

[1] Ministry of Health and Ministry of Agriculture, Ranching and Fishing (Ministerio de Salud y Ministerio de Agricultura, Ganadería y Pesca). 2015. "Joint Resolution 834/2015 and 391/2015".
[http://servicios.infoleg.gob.ar/infolegInternet/anexos/245000-249999/248651/texact.htm]. Accessed 24 February 2021.
[2] Honourable Congress of the Argentine Nation (HONORABLE CONGRESO DE LA NACION ARGENTINA). 2009. "Law 26524 CODIGO PENAL". [http://servicios.infoleg.gob.ar/infolegInternet/verNorma.do?id=159680]. Accessed 24 February 2021.
[3] Clarin. 2017. "Antibiotics: Argentina has the highest consumption in the region and warning for self-medication". [https://www.clarin.com/sociedad/antibioticos-argentina-mayor-consumo-region-alertan-automedicacion_0_B1Gl8Rcr-.html]. Accessed 24 February 2021.

1.1.2b

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for animals?
Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina has national regulations in place requiring prescriptions for antibiotic use for animals, however there is some public evidence of gaps in enforcement.

The National Service for Agricultural Health and Quality's (SENASA) Resolution 609/2007 established that all veterinary antimicrobial products require a prescription for use in animals. [1] In addition, Resolution 666/2011 requires all facilities that produce animal products for human consumption to record all veterinary products administered to animals. In 2013, SENASA created a National Traceability System for Phytosanitary and Veterinary Products, which allows the government to track the volume and type of antimicrobials sold in the country and their end-user. [2]

In 2019, SENASA prohibited the use of antimicrobial colistin as a growth promoter in animals. [3, 4] According to a press report, SENASA conducts inspections to ensure that antibiotics are not administered without a prescription in animal agriculture. [4] According to Argentina's 2014 PVS Evaluation Report, SENASA has "an effective and well-organized system for the control of medicines and biological products for veterinary use", but "the prescription for the administration of medicines and biological products that veterinarians issue, is not uniform and does not clearly assign responsibility to the veterinarian for their use in animals and livestock lots under their responsibility". [5]

[1] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2007. "Resolution 609/2007". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/130000-134999/132756/norma.htm]. Accessed 24 February 2021.
[2] Ministry of Health and Ministry of Agriculture, Ranching and Fishing (Ministerio de Salud y Ministerio de Agricultura, Ganadería y Pesca). 2015. "Joint Resolution 834/2015 and 391/2015".
[http://servicios.infoleg.gob.ar/infolegInternet/anexos/245000-249999/248651/texact.htm]. Accessed 24 February 2021.
[3] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2019. "Resolution 22/2019". [https://www.boletinoficial.gob.ar/detalleAviso/primera/200151/20190115]. Accessed 24 February 2021.
[4] Infobae. 2019. "War against super-bacteria will limit use of antibiotics in animals".
[https://www.infobae.com/salud/2019/05/03/guerra-contra-las-superbacterias-limitaran-el-uso-de-antibioticos-en-animales-y-venta-de-comprimidos-innecesarios-para-humanos/]. Accessed 24 February 2021.

[5] World Organisation for Animal Health. 2014. "PVS Evaluation Report Argentina".
[http://www.oie.int/fileadmin/Home/eng/Support_to_OIE_Members/pdf/PVS_Informe_Final_Argentina.pdf]. Accessed 24 February 2021.

1.2 ZOONOTIC DISEASE

1.2.1 National planning for zoonotic diseases/pathogens

1.2.1a

Is there national legislation, plans, or equivalent strategy documents on zoonotic disease?
Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina has national legislation, plans, or equivalent strategy documents on zoonotic disease.

In 2011, Argentina's Ministry of Health created the National Program for Control of Zoonotic Diseases via Resolution 1812/2011. The Resolution established that the program would be housed in the Ministry's Directorate of Epidemiology and would be managed by an Office of Coordination created by the Resolution. [1]

The Program's general objective is to reduce human morbidity and mortality related to zoonotic diseases. Specific objectives include notifying human and animal cases of zoonoses in the National Public Health Surveillance System (SNVS), strengthening laboratory diagnosis of zoonoses, maintaining a strategic reserve of medicines and biological compounds to prevent and control zoonoses, and coordinating with other national agencies, among others. [1] In terms of implementation, one example at the subnational level can be found in the provincial Ministry of Health in Santiago del Estero, which implements the national goals locally. [2]

The OIE's 2014 PVS Evaluation Report for Argentina does not mention a national law, plan, or equivalent strategy document on zoonotic disease. The report states that the National Service for Agricultural Health and Quality (SENASA) occasionally works with other government bodies to control specific zoonoses, noting that coordination among SENASA and other entities is good, but should take place in a "more formal context". The report states that SENASA's ability to coordinate external activities has allowed it to achieve control of several zoonoses. [3] During 2019, zoonosis teams from the Ministry of Health and subnational authorities participated in training from the Pan American Health Organization to care for zoonoses and other unattended diseases. [4]

[1] Ministry of Health (Ministerio de Salud). 2011. "Resolution 1812/2011".
[http://servicios.infoleg.gob.ar/infolegInternet/anexos/185000-189999/189688/norma.htm]. Accessed 24 February 2021.
[2] Ministry of Health Santiago del Estero (Ministerio de Salud Santiago del Estero). 2019. "Programa de Control de Enfermedades Zoonóticas". [http://www.msaludsgo.gov.ar/web2/?cargar=articulo&id=471]. Accessed 24 February 2021.
[3] World Organisation for Animal Health. 2014. "PVS Evaluation Report Argentina".
[http://www.oie.int/fileadmin/Home/eng/Support_to_OIE_Members/pdf/PVS_Informe_Final_Argentina.pdf]. Accessed 24 February 2021.
[4] Pan American Health Organization. 2020. "2019 Annual Report of Activities in Argentina".
[https://iris.paho.org/bitstream/handle/10665.2/51904/OPSARG200001_spa.pdf?sequence=1&isAllowed=y]. Accessed 24 February 2021.

1.2.1b

Is there national legislation, plans or equivalent strategy document(s) which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient public evidence that Argentina has national legislation, plans or equivalent strategy document(s) which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans.

There are disease-specific guidelines which provide more specific measures for risk identification and reduction for zoonotic disease spillover events from animals to humans. For example, the National Service for Agricultural Health and Quality's (SENASA) Resolution 372-E/2017 issued the National Plan to Control Caprine Brucellosis, which includes risk identification measures such as categorizing all areas in the country according to four classifications: Endemic Area (with local transmission among animals and humans), Enzootic Area (local animal transmission, but not among humans), Free Area, and Area with Insufficient Data. In terms of risk reduction, Endemic Areas are required to carry out "massive and systematic vaccination" among animals, while Enzootic Areas can implement vaccination and/or periodic diagnostic testing of animals. In terms of the pathways for transmission from animals to humans, the Plan requires active and passive surveillance, as well as prevention activities and disinfection of facilities where infections have occurred. [1]

The Ministry of Health's 2018 "Guide for the prevention, surveillance and control of rabies in Argentina" also includes risk identification and a combination of risk reduction and mitigation measures, such as describing transmission mechanisms for urban and rural terrestrial, airborne, and mixed populations of animals (and humans) and prevention via vaccination, population control, education, and import controls. [2]

[1] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2017. "Resolution 372-E/2017". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/275000-279999/275784/norma.htm]. Accessed 24 February 2021.
[2] Ministry of Health (Ministerio de Salud). 2018. "Guide for the prevention, surveillance and control of rabies in Argentina" ("Guía para la prevención, vigilancia y control de la rabia en Argentina"). [https://www.argentina.gob.ar/sites/default/files/infoleg/RES1223.pdf]. Accessed 24 February 2021.

1.2.1c

Is there national legislation, plans, or guidelines that account for the surveillance and control of multiple zoonotic pathogens of public health concern?

Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina has national regulations and plans that account for the surveillance and control of multiple zoonotic pathogens of public health concern.

In terms of surveillance, Law No. 15,465 of 1960 established compulsory notification for zoonoses in Argentina, including for rabies, brucellosis, anthrax, trichinosis, malaria, and echinococcosis, among others. Public health authorities must be notified of zoonoses immediately, within 24 hours or weekly depending on the specific disease. [1] In terms of control, the Ministry of Health's National Program for Control of Zoonotic Diseases specifically mentions improving diagnosis and control of rabies, brucellosis, and leptospirosis. [2]

In addition, disease-specific guidelines provide more specific measures. The National Service for Agricultural Health and Quality's (SENASA) Resolution 372-E/2017 issued the National Plan to Control Caprine Brucellosis, which includes mass vaccination campaigns, re-vaccination every two years, diagnostic testing of at-risk animal populations, and animal movement restrictions to prevent the spread of the disease to other areas of the country. [3]

In 2018, the Ministry of Health published the Guide for the prevention, surveillance, and control of rabies in Argentina. The Guide includes control actions such as vaccination for humans and animals, control of reservoir populations of animals, and education among the public. [4]

SENASA's Coordination of Risk Analysis and Analytical Epidemiology office is tasked with carrying out epidemiological studies of zoonoses. [5] The OIE's 2014 PVS Evaluation Report for Argentina does not mention national plans, guidelines, or laws that account for the surveillance and control of multiple zoonotic pathogens of public health concern. However, the report notes that SENASA's ability to coordinate external activities has allowed it to implement national animal health epidemiological surveillance programs as well as control various zoonoses. [6]

[1] Honorable Congress of the Argentine Nation (Honorable Congreso de la Nacion Argentina). 1960. "Law No. 15,465". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/195000-199999/195093/norma.htm]. Accessed 24 February 2021.
[2] Ministry of Health (Ministerio de Salud). 2011. "Resolution 1812/2011". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/185000-189999/189688/norma.htm]. Accessed 24 February 2021.
[3] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2017. "Resolution 372-E/2017". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/275000-279999/275784/norma.htm]. Accessed 24 February 2021.
[4] Ministry of Health (Ministerio de Salud). 2018. "Guide for the prevention, surveillance and control of rabies in Argentina" ("Guía para la prevención, vigilancia y control de la rabia en Argentina"). [https://www.argentina.gob.ar/sites/default/files/infoleg/RES1223.pdf]. Accessed 24 February 2021.
[5] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2012. "Resolution No. 301/2012". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/195000-199999/198860/texact.htm]. Accessed 24 February 2021.
[6] World Organisation for Animal Health. 2014. "PVS Evaluation Report Argentina". [http://www.oie.int/fileadmin/Home/eng/Support_to_OIE_Members/pdf/PVS_Informe_Final_Argentina.pdf]. Accessed 24 February 2021.

1.2.1d

Is there a department, agency, or similar unit dedicated to zoonotic disease that functions across ministries?
Yes = 1 , No = 0
Current Year Score: 0

There is no public evidence that Argentina has a department, agency or similar unit dedicated to zoonotic disease that functions across ministries.

The Ministry of Health created the National Program for Control of Zoonotic Diseases via Resolution 1812/2011. The Resolution established that the Program would be housed in the Ministry's Directorate of Epidemiology and would be managed by an Office of Coordination created by the Resolution. The Resolution does not include any information regarding the Directorate or the Office functioning across ministries but does state that the Program shall "coordinate activities with the various Programs dependent on the Ministry and other institutions that are related to zoonotic diseases" and "coordinate

activities with the National Service for Agricultural Health and Quality (SENASA) regarding animal health. [1]

In the animal health sector, SENASA's National Directorate of Agricultural Food Safety and Quality is tasked with implementing actions to control zoonoses among animal populations, as established by Administrative Decision 1881/2018. The Administrative Decision does not include any information regarding the Directorate functioning across ministries. [2]

Separately, some institutions at the subnational level appear to take an intersectoral approach: the Autonomous City of Buenos Aires' Louis Pasteur Zoonosis Institute supports the city's Ministry of Health and vaccinates animal populations. [3] The Institute's Department of Zoonosis Prevention and Control is divided into three divisions: Operations, Veterinary Medicine, and Community Actions for Health. [4] In addition, the province of La Pampa has an Interinstitutional Zoonosis Working Group that includes human and animal health authorities, as well as education and public safety authorities. The Group was described in a 2018 press release. [5]

The Argentine Zoonosis Association is a non-profit civil association that has sought to generate and share information on zoonoses in the country since 1989. The Association publishes research and hosts conferences for professionals working in the field. [6]

Argentina's 2019 International Health Regulations (IHR) State Party self-assessment annual report scored the country at 80% for indicator "C3.1. Collaborative effort on activities to address zoonoses". [7] The OIE's 2014 PVS Evaluation Report for Argentina does not mention a department, agency, or similar unit dedicated to zoonotic disease that functions across ministries but does mention SENASA coordinating its activities with the respective health and environmental authorities. [8]

The websites of the Ministry of Health, Ministry of Agriculture, Ranching and Fishing, SENASA, and National Administration of Laboratories and Health Institutes do not contain additional information regarding a department, agency, or similar unit dedicated to zoonotic disease that functions across ministries. [9, 10, 11, 12]

[1] Ministry of Health (Ministerio de Salud). 2011. "Resolution 1812/2011". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/185000-189999/189688/norma.htm]. Accessed 24 February 2021.
[2] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2017. "Administrative Decision 1881/2018". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/315000-319999/317359/norma.htm]. Accessed 24 February 2021.
[3] Louis Pasteur Zoonosis Institute (Instituto de Zoonosis Luis Pasteur). 2021. "Institucional". [https://www.buenosaires.gob.ar/institutopasteur/institucional]. Accessed 24 February 2021.
[4] Louis Pasteur Zoonosis Institute (Instituto de Zoonosis Luis Pasteur). 2021. "Department of Zoonosis Prevention and Control". [https://www.buenosaires.gob.ar/institutopasteur/areas-de-trabajo-instituto-pasteur/prevencion-y-control]. Accessed 24 February 2021.
[5] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2018. "La Mesa de Zoonosis en La Pampa analizó estrategias de concientización". [https://www.argentina.gob.ar/noticias/la-mesa-de-zoonosis-en-la-pampa-analizo-estrategias-de-concientizacion]. Accessed 24 February 2021.
[6] Argentine Zoonosis Association (Asociación Argentina de Zoonosis). 2019. "La Asociación". [https://www.aazoonosis.org.ar/pagina-ejemplo/]. Accessed 24 February 2021.
[7] World Health Organization. 2019. "IHR Score per capacity - Argentina". [https://extranet.who.int/e-spar/]. Accessed 24 February 2021.
[8] World Organisation for Animal Health. 2014. "PVS Evaluation Report Argentina". [http://www.oie.int/fileadmin/Home/eng/Support_to_OIE_Members/pdf/PVS_Informe_Final_Argentina.pdf]. Accessed 24 February 2021.
[9] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de

Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

[10] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 24 February 2021.

[11] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura". [https://www.argentina.gob.ar/agricultura]. Accessed 24 February 2021.

[12] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021. "SENASA". [https://www.argentina.gob.ar/senasa]. Accessed 24 February 2021.

1.2.2 Surveillance systems for zoonotic diseases/pathogens

1.2.2a

Does the country have a national mechanism (either voluntary or mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency?

Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina has a mandatory national mechanism for owners of livestock to conduct and report on disease surveillance to a central government agency.

Articles 21 and 22 of the National Service for Agricultural Health and Quality's (SENASA) Resolution 422/2003 establish that veterinarians and livestock owners and handlers must notify SENASA of animal diseases in writing or electronically as soon as possible after suspecting or detecting a disease. [1] SENASA has established a national phone number, website, and email addresses for individuals to use when notifying the agency of animal diseases. [2, 3, 4] The OIE's 2014 PVS Evaluation Report for Argentina noted that the national reporting system worked well for suspected animal diseases, but that information from inspections of slaughterhouses was not consistently sent to SENASA's National System for Epidemiological Surveillance (SNVE). [5]

[1] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2003. "Resolution 422/2003". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/85000-89999/87866/norma.htm]. Accessed 24 February 2021.

[2] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2018. "Caprine Brucellosis How to Recognise and Prevent it" ("BRUCELOSIS CAPRINA CÓMO RECONOCERLA Y PREVENIRLA"). [http://www.senasa.gob.ar/sites/default/files/brucelosis_caprina.pdf]. Accessed 24 February 2021.

[3] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021. "Zoonosis". [https://www.argentina.gob.ar/senasa/programas-sanitarios/zoonosis]. Accessed 24 February 2021.

[4] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021. "Contact". [https://www.argentina.gob.ar/senasa]. Accessed 24 February 2021.

[5] World Organisation for Animal Health. 2014. "PVS Evaluation Report Argentina". [http://www.oie.int/fileadmin/Home/eng/Support_to_OIE_Members/pdf/PVS_Informe_Final_Argentina.pdf]. Accessed 24 February 2021.

1.2.2b

Is there legislation and/or regulations that safeguard the confidentiality of information generated through surveillance activities for animals (for owners)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient public evidence that Argentina has laws or guidelines that safeguard the confidentiality of information generated through surveillance activities for animals (for owners).

The National Service for Agricultural Health and Quality's (SENASA) Resolution 422/2003, which establishes compulsory notification for animal diseases, does not mention confidentiality for animal owners. [1] SENASA's Resolution 540/2010, which created the System for Registering and Notifying Advisable Animal Diseases, does not mention confidentiality for animal owners. [2]

Law No. 15,465 of 1960 established compulsory notification for diseases, including zoonoses, in Argentina. Article 8 of the law states that "notifications and communications will be confidential" and that notifications cover the "sick person or animal". Article 4 states that professionals with knowledge of cases of diseases included in the list must notify the Ministry of Health, including veterinarians. However, the law is focused on human diseases, not animal diseases—for example, the list includes "human brucellosis" but does not mention bovine brucellosis. [3]

SENASA's Resolution 617/2005, which established the Control and Eradication Program for Equine Diseases, mentions respecting confidentiality standards for all information collected in the program (Article 12), but there is no public evidence that this applies to all SENASA programs involving animal owners. [4] The websites of the Ministry of Health, Ministry of Agriculture, Ranching and Fishing, SENASA, and the OIE's 2014 PVS Evaluation Report for Argentina do not contain additional information regarding confidentiality for animal owners. [5, 6, 7, 8]

[1] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2003. "Resolution 422/2003". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/85000-89999/87866/norma.htm]. Accessed 24 February 2021.
[2] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2010. "Resolution 540/2010". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/170000-174999/170691/norma.htm]. Accessed 24 February 2021.
[3] Honorable Congress of the Argentine Nation (Honorable Congreso de la Nacion Argentina). 1960. "Law No. 15,465". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/195000-199999/195093/norma.htm]. Accessed 24 February 2021.
[4] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2005. "Resolution 617/2005". [http://www.senasa.gob.ar/normativas/resolucion-617-2005-senasa-servicio-nacional-de-sanidad-y-calidad-agroalimentaria]. Accessed 24 February 2021.
[5] World Organisation for Animal Health. 2014. "PVS Evaluation Report Argentina". [http://www.oie.int/fileadmin/Home/eng/Support_to_OIE_Members/pdf/PVS_Informe_Final_Argentina.pdf]. Accessed 24 February 2021.
[6] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 24 February 2021.
[7] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura". [https://www.argentina.gob.ar/agricultura]. Accessed 24 February 2021.
[8] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021. "SENASA". [https://www.argentina.gob.ar/senasa]. Accessed 24 February 2021.

1.2.2c

Does the country conduct surveillance of zoonotic disease in wildlife (e.g., wild animals, insects, other disease vectors)?
Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina conducts surveillance of zoonotic disease in wildlife via the National Service for Agricultural Health and Quality (SENASA) and the Ministry of Environment and Sustainable Development (MADS).

In 2018, SENASA's surveillance of wild bat populations in Salta and Jujuy detected the presence of rabies. The agency carried out further surveillance and vaccinated the bat populations as well as livestock to control the spread of the disease. Activities included evaluating bat populations, capturing bats, and treating them for rabies. Some animals were captured and sent to SENASA's laboratory for tests. SENASA personnel used special nets to trap the bats at night and vaccinate them for rabies. In addition, the agency provided training to farmers, students, indigenous communities, and veterinarians in the area, asking them to immediately notify SENASA if they detected bats or other animals with symptoms of rabies. The agency's report on the incident stated that it would continue to monitor the bat populations as sentinel sites for other outbreaks. [1]

Also in 2018, MADS reported conducting surveillance of yellow fever among howler monkey populations in the province of Misiones. MADS carried out the surveillance in coordination with the Ministry of Health as part of the Epizootic Surveillance Network. [2]

In August 2019, SENASA provided information at three events regarding how hunters can report zoonoses among wild animal populations to SENASA. [3] In 2014, SENASA published an academic paper regarding its epidemiological surveillance in wild pig populations. [4] In 2019, the Pan American Health Organization supported Argentina in the formation of the Argentinean Surveillance Network for Insecticide Resistance among insect vectors that transmit zoonoses. [5] According to the OIE's 2014 PVS Evaluation Report for Argentina, SENASA should formalize its wildlife surveillance programs in order to more fully implement the OIE's One Health concept. [6]

[1] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2018. "Prevención y control de la rabia paresiante en Salta y Jujuy". [http://web-legacy.senasa.gob.ar/senasa-comunica/noticias/prevencion-y-control-de-la-rabia-paresiante-en-salta-y-jujuy]. Accessed 24 February 2021.
[2] Ministry of Environment and Sustainable Development (Ministerio de Ambiente y Desarrollo Sustentable). 2018. "Ambiente continúa el trabajo de vigilancia de circulación de la fiebre amarilla". [https://www.argentina.gob.ar/noticias/ambiente-continua-el-trabajo-de-vigilancia-de-circulacion-de-la-fiebre-amarilla]. Accessed 24 February 2021.
[3] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2019. "The role of hunters in surveillance of animal diseases". [https://www.argentina.gob.ar/noticias/el-rol-de-los-cazadores-en-la-vigilancia-de-enfermedades-animales]. Accessed 24 February 2021.
[4] Carpinetti, Bruno N., et al. 2014. "EPIDEMIOLOGICAL SURVEILLANCE IN WILD PIG (SUS SCROFA) POPULATIONS. IMPLICATIONS FOR PUBLIC HEALTH, ANIMAL PRODUCTION AND BIODIVERSITY CONSERVATION". [https://www.argentina.gob.ar/sites/default/files/carpinetti_et_al._vigilancia_epidemiolgica_en_poblaciones_de_cerdos_silvestres.pdf]. Accessed 24 February 2021.
[5] Pan American Health Organization. 2020. "2019 Annual Report of Activities in Argentina". [https://iris.paho.org/bitstream/handle/10665.2/51904/OPSARG200001_spa.pdf?sequence=1&isAllowed=y]. Accessed 24 February 2021.
[6] World Organisation for Animal Health. 2014. "PVS Evaluation Report Argentina". [http://www.oie.int/fileadmin/Home/eng/Support_to_OIE_Members/pdf/PVS_Informe_Final_Argentina.pdf]. Accessed 24 February 2021.

1.2.3 International reporting of animal disease outbreaks

1.2.3a

Has the country submitted a report to OIE on the incidence of human cases of zoonotic disease for the last calendar year?

Yes = 1 , No = 0

> Current Year Score: 1

2019

OIE WAHIS database

1.2.4 Animal health workforce

1.2.4a

Number of veterinarians per 100,000 people

Input number

> Current Year Score: 63.82

2019

OIE WAHIS database

1.2.4b

Number of veterinary para-professionals per 100,000 people

Input number

> Current Year Score: 2.94

2019

OIE WAHIS database

1.2.5 Private sector and zoonotic

1.2.5a

Does the national plan on zoonotic disease or other legislation, regulations, or plans include mechanisms for working with the private sector in controlling or responding to zoonoses?

Yes = 1 , No = 0

> Current Year Score: 0

There is insufficient public evidence that Argentina's zoonotic disease policies and regulations include mechanisms for working with the private sector in controlling or responding to zoonoses.

The Ministry of Health created the National Program for Control of Zoonotic Diseases via Resolution 1812/2011. The Resolution does not specifically mention the collaboration with the private sector, instead tasking the Program to coordinate

and make agreements with "the various actors involved in controlling zoonoses in Argentina". [1]

The Ministry of Health's 2018 "Guide for the prevention, surveillance, and control of rabies in Argentina" does not mention working with the private sector other than notification of suspected and confirmed cases of rabies by private veterinarians. [2]

The National Service for Agricultural Health and Quality's (SENASA) Resolution 372-E/2017 issued the National Plan to Control Caprine Brucellosis, but it does not mention the private sector. [3] At the subnational level, SENASA has established local Inter-Institutional Zoonosis Roundtables, which include authorities from the public and private sectors, such as in localities in the northern Buenos Aires region, but there is no public evidence to indicate if these mechanisms cover the entire country. [4, 5]

The websites of the Ministry of Health, Ministry of Agriculture, Ranching and Fishing, SENASA, National Administration of Laboratories and Health Institutes and the OIE's 2014 PVS Evaluation Report for Argentina do not contain additional public information regarding mechanisms for working with the private sector in controlling or responding to zoonoses. [5, 6, 7, 8, 9]

[1] Ministry of Health (Ministerio de Salud). 2011. "Resolution 1812/2011". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/185000-189999/189688/norma.htm]. Accessed 24 February 2021.
[2] Ministry of Health (Ministerio de Salud). 2018. "Guide for the prevention, surveillance and control of rabies in Argentina" ("Guía para la prevención, vigilancia y control de la rabia en Argentina"). [https://www.argentina.gob.ar/sites/default/files/infoleg/RES1223.pdf]. Accessed 24 February 2021.
[3] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2017. "Resolution 372-E/2017". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/275000-279999/275784/norma.htm]. Accessed 24 February 2021.
[4] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2017. "Inter-Institutional Zoonosis Roundtable in the locality of General Villegas". [http://www.senasa.gob.ar/senasa-comunica/noticias/mesa-interinstitucional-de-zoonosis-en-la-localidad-de-general-villegas]. Accessed 24 February 2021.
[5] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021. "SENASA". [https://www.argentina.gob.ar/senasa]. Accessed 24 February 2021.
[6] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 24 February 2021.
[7] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura". [https://www.argentina.gob.ar/agricultura]. Accessed 24 February 2021.
[8] World Organisation for Animal Health. 2014. "PVS Evaluation Report Argentina". [http://www.oie.int/fileadmin/Home/eng/Support_to_OIE_Members/pdf/PVS_Informe_Final_Argentina.pdf]. Accessed 24 February 2021.
[9] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

1.3 BIOSECURITY

1.3.1 Whole-of- government biosecurity systems

1.3.1a

Does the country have in place a record, updated within the past five years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Argentina has in place a record, updated within the past five years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities.

The Ministry of Health's Resolution 2334/2015 approved Argentina's strategy to destroy the country's remaining samples of wild poliovirus in accordance with WHO agreements. The Resolution states that Argentina carried out an inventory of facilities storing samples of wild poliovirus in 2008 and updated it in 2015, finding five institutions with samples. The Resolution does not mention any other pathogens. [1] In 2016, the National Administration of Laboratories and Health Institutes (ANLIS) reported that it had destroyed Argentina's remaining wild poliovirus samples. [2]

Argentina's National Registry of Health Research (RENIS) maintains a list of facilities approved to conduct research, with 955 registered as of February 2021, but there is no public evidence that the registry records the facilities in which especially dangerous pathogens and toxins are stored or processed. [3]

The websites of the Ministry of Health, Ministry of Agriculture, Ranching and Fishing, SENASA, National Administration of Laboratories and Health Institutes, Verification Research, Training and Information Centre (VERTIC), National Council for Scientific and Technical Research, and Ministry of Defense do not contain additional information regarding a record, updated within the past five years, of the facilities in which especially dangerous pathogens and toxins are stored or processed. [4, 5, 6, 7, 8, 9, 10]

Although Argentina submitted Confidence Building Measures reports in 2020, 2019, and 2018, access to the reports is restricted (not available to the public), so it is not known what information they contain regarding this matter. [11]

[1] Ministry of Health (Ministerio de Salud). 2015. "Resolution 2334/2015". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/255000-259999/257946/norma.htm]. Accessed 25 February 2021.
[2] National Administration of Social Security (Administración Nacional de la Seguridad Social). 2016. "Argentina destroyed poliovirus under world plan to eradicate polio". [http://noticias.anses.gob.ar/noticia/argentina-destruyo-poliovirus-en-el-marco-del-plan-mundial-para-erradicar-la-poliomielitis-1661]. Accessed 25 February 2021.
[3] Ministry of Health (Ministerio de Salud). 2021. "National Registry of Health Research (RENIS)". [https://sisa.msal.gov.ar/sisa/#sisa]. Accessed 25 February 2021.
[4] National Council for Scientific and Technical Research (Consejo Nacional de Investigaciones Científicas y Técnicas). 2021. "CONICET". [https://www.conicet.gov.ar/]. Accessed 25 February 2021.
[5] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021. "SENASA". [https://www.argentina.gob.ar/senasa]. Accessed 24 February 2021.
[6] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 24 February 2021.
[7] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura". [https://www.argentina.gob.ar/agricultura]. Accessed 25 February 2021.
[8] Verification Research, Training and Information Centre (VERTIC). 2021. "Argentina". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/]. Accessed 25 February 2021.
[9] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.
[10] Ministry of Defense (Ministerio de Defensa). 2021. "Ministerio de Defensa". [https://www.argentina.gob.ar/defensa]. Accessed 25 February 2021.

[11] United Nations Office at Geneva. 2021. "BWC Electronic Confidence Building Measures Portal". [https://bwc-ecbm.unog.ch/state/argentina]. Accessed 25 February 2021.

1.3.1b

Does the country have in place legislation and/or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems, and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Argentina has in place legislation and/or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed.

Argentina completed a Joint External Evaluation (JEE) with the WHO in 2019. The full report is not publicly available, but the country scored 20% on category "C6 Biosafety and Biosecurity". [1] Similarly, Argentina's 2019 International Health Regulations (IHR) State Party self-assessment annual report scored the country at 20% for indicator "C5.2 Implementation of a laboratory biosafety and biosecurity regime". [2]

Decree 569/2019 established the objectives of the National Administration of Laboratories and Health Institutes (ANLIS), including to provide "strategic safe areas under specific guidelines of biosafety and biosecurity" for the "national health and scientific-technological system". The decree does not provide more specific requirements regarding biosecurity. [3] The Argentine Association of Microbiology (AAM) put forth a Code of Conduct for its members in 2017. The Code includes that members will respect biosecurity standards. The Code does not describe the standards. [4] In addition, AAM houses a Biosafety and Biosecurity Subcommittee tasked with "developing, updating and disseminating biosafety and biosecurity standards". [5]

The websites of the Ministry of Health, Ministry of Agriculture, Ranching and Fishing, SENASA, National Administration of Laboratories and Health Institutes, Verification Research, Training and Information Centre (VERTIC), National Council for Scientific and Technical Research, and Ministry of Defense do not contain additional information regarding national legislation and/or regulations related to biosecurity. [6, 7, 8, 9, 10, 11, 12] Although Argentina submitted Confidence Building Measures reports in 2020, 2019 and 2018, access to the reports is restricted (not available to the public), so it is not known what information they contain regarding this matter. [13]

[1] World Health Organization. 2019. "JEE Status". [https://extranet.who.int/sph/jee?region=All&country=244]. Accessed 25 February 2021.
[2] World Health Organization. 2019. "IHR Score per capacity - Argentina". [https://extranet.who.int/e-spar/]. Accessed 24 February 2021.
[3] President of the Argentine Nation (PRESIDENTE DE LA NACIÓN ARGENTINA). 2019. "Decree 569/2019". [https://www.argentina.gob.ar/normativa/nacional/decreto-569-2019-326785/texto]. Accessed 25 February 2021.
[4] Argentine Association of Microbiology (Asociacion Argentina de Microbiologia). 2017. "Codigo de Conducta". [http://aam.org.ar/src/img_up/cconductafinal.pdf]. Accessed 25 February 2021.
[5] Argentine Association of Microbiology (Asociacion Argentina de Microbiologia). 2019. "Subcommittees". [http://www.aam.org.ar/subcomisiones.php?s=2]. Accessed 25 February 2021.
[6] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 24 February 2021.
[7] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura".

[https://www.argentina.gob.ar/agricultura]. Accessed 25 February 2021.

[8] Verification Research, Training and Information Centre (VERTIC). 2021. "Argentina".
[https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/]. Accessed 25 February 2021.

[9] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

[10] National Council for Scientific and Technical Research (Consejo Nacional de Investigaciones Científicas y Técnicas). 2021. "CONICET". [https://www.conicet.gov.ar/]. Accessed 25 February 2021.

[11] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021. "SENASA". [https://www.argentina.gob.ar/senasa]. Accessed 24 February 2021.

[12] Ministry of Defense (Ministerio de Defensa). 2021. "Ministerio de Defensa". [https://www.argentina.gob.ar/defensa]. Accessed 25 February 2021.

[13] United Nations Office at Geneva. 2021. "BWC Electronic Confidence Building Measures Portal". [https://bwc-ecbm.unog.ch/state/argentina]. Accessed 25 February 2021.

1.3.1c

Is there an established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulations?
Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Argentina has an established agency responsible for the enforcement of biosecurity legislation and regulations.

Argentina completed a Joint External Evaluation (JEE) with the WHO in 2019. The full report is not publicly available, but the country scored 20% on category "C6 Biosafety and Biosecurity". [1] Similarly, Argentina's 2019 International Health Regulations (IHR) State Party self-assessment annual report scored the country at 20% for indicator "C5.2 Implementation of a laboratory biosafety and biosecurity regime". [2]

Decree 569/2019 established the objectives of the National Administration of Laboratories and Health Institutes (ANLIS), including to provide "strategic safe areas under specific guidelines of biosafety and biosecurity" for the "national health and scientific-technological system". The decree does not provide more specific requirements regarding biosecurity or task ANLIS with enforcement. [3] In 2016, the Argentine Chamber of Deputies discussed a resolution requesting information from the executive branch regarding the institutionalization of biosecurity responsibilities in a government agency. The Chamber's website does not contain a response from the government. [4]

The websites of the Ministry of Health, Ministry of Agriculture, Ranching and Fishing, National Service for Agricultural Health and Quality, National Administration of Laboratories and Health Institutes, Verification Research, Training and Information Centre (VERTIC), National Council for Scientific and Technical Research, and Ministry of Defense do not contain additional information regarding an established agency responsible for the enforcement of biosecurity legislation and regulations. [5, 6, 7, 8, 9, 10, 11] Although Argentina submitted Confidence Building Measures reports in 2020, 2019 and 2018, access to the reports is restricted (not available to the public), so it is not known what information they contain regarding this matter. [12]

[1] World Health Organization. 2019. "JEE Status". [https://extranet.who.int/sph/jee?region=All&country=244]. Accessed 25 February 2021.
[2] World Health Organization. 2019. "IHR Score per capacity - Argentina". [https://extranet.who.int/e-spar/]. Accessed 24 February 2021.

[3] President of the Argentine Nation (PRESIDENTE DE LA NACIÓN ARGENTINA). 2019. "Decree 569/2019".
[https://www.argentina.gob.ar/normativa/nacional/decreto-569-2019-326785/texto]. Accessed 25 February 2021.

[4] Deputies Argentina (Diputados Argentina). 2016. "File 1724-D-2016".
[https://www.hcdn.gob.ar/proyectos/proyecto.jsp?exp=1724-D-2016]. Accessed 25 February 2021.

[5] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021.
"SENASA". [https://www.argentina.gob.ar/senasa]. Accessed 24 February 2021.

[6] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 24 February 2021.

[7] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura".
[https://www.argentina.gob.ar/agricultura]. Accessed 25 February 2021.

[8] Verification Research, Training and Information Centre (VERTIC). 2021. "Argentina".
[https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/]. Accessed 25 February
2021.

[9] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de
Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

[10] National Council for Scientific and Technical Research (Consejo Nacional de Investigaciones Científicas y Técnicas). 2021.
"CONICET". [https://www.conicet.gov.ar/]. Accessed 25 February 2021.

[11] Ministry of Defense (Ministerio de Defensa). 2021. "Ministerio de Defensa". [https://www.argentina.gob.ar/defensa].
Accessed 25 February 2021.

[12] United Nations Office at Geneva. 2021. "BWC Electronic Confidence Building Measures Portal". [https://bwc-
ecbm.unog.ch/state/argentina]. Accessed 25 February 2021.

1.3.1d

Is there public evidence that shows that the country has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Argentina has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities.

The Ministry of Health's Resolution 2334/2015 approved Argentina's strategy to destroy the country's remaining samples of wild poliovirus in accordance with WHO agreements. The Resolution states that Argentina carried out an inventory of facilities storing samples of wild poliovirus in 2008 and updated it in 2015, finding five institutions with samples. The Resolution does not mention any other pathogens. [1] In 2016, the National Administration of Laboratories and Health Institutes (ANLIS) reported that it had destroyed Argentina's remaining wild poliovirus samples. [2] Also in 2016, Argentina joined other Latin American countries calling for the universal adoption of the Convention on Biological Weapons but did not call for specific actions related to inventories of dangerous pathogens and toxins. [3]

The websites of the Ministry of Health, Ministry of Agriculture, Ranching and Fishing, National Service for Agricultural Health and Quality, National Administration of Laboratories and Health Institutes, Verification Research, Training and Information Centre (VERTIC), National Council for Scientific and Technical Research, and Ministry of Defense do not contain additional information regarding action to consolidate inventories of especially dangerous pathogens and toxins into a minimum number of facilities. [4, 5, 6, 7, 8, 9, 10] Although Argentina submitted Confidence Building Measures reports in 2020, 2019 and 2018, access to the reports is restricted (not available to the public), so it is not known what information they contain regarding this matter. [11]

[1] Ministry of Health (Ministerio de Salud). 2015. "Resolution 2334/2015".
[http://servicios.infoleg.gob.ar/infolegInternet/anexos/255000-259999/257946/norma.htm]. Accessed 25 February 2021.
[2] National Administration of Social Security (Administración Nacional de la Seguridad Social). 2016. "Argentina destroyed poliovirus under world plan to eradicate polio". [http://noticias.anses.gob.ar/noticia/argentina-destruyo-poliovirus-en-el-marco-del-plan-mundial-para-erradicar-la-poliomielitis-1661]. Accessed 25 February 2021.
[3] United Nations Security Council. 2018. "Nota verbal de fecha 8 de enero de 2018 dirigida a la Presidencia del Comité por la Misión Permanente de la Argentina ante las Naciones Unidas". [https://undocs.org/pdf?symbol=es/S/AC.44/2018/1]. Accessed 25 February 2021.
[4] National Council for Scientific and Technical Research (Consejo Nacional de Investigaciones Científicas y Técnicas). 2021. "CONICET". [https://www.conicet.gov.ar/]. Accessed 25 February 2021.
[5] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021. "SENASA". [https://www.argentina.gob.ar/senasa]. Accessed 24 February 2021.
[6] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 24 February 2021.
[7] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura". [https://www.argentina.gob.ar/agricultura]. Accessed 25 February 2021.
[8] Verification Research, Training and Information Centre (VERTIC). 2021. "Argentina". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/]. Accessed 25 February 2021.
[9] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.
[10] Ministry of Defense (Ministerio de Defensa). 2021. "Ministerio de Defensa". [https://www.argentina.gob.ar/defensa]. Accessed 25 February 2021.
[11] United Nations Office at Geneva. 2021. "BWC Electronic Confidence Building Measures Portal". [https://bwc-ecbm.unog.ch/state/argentina]. Accessed 25 February 2021.

1.3.1e

Is there public evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR)–based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen?
Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina has the capacity to conduct Polymerase Chain Reaction (PCR)-based diagnostic testing for anthrax and Ebola, which would preclude culturing a live pathogen.

An academic paper published in the Argentine Veterinary Review documented the first use of PCR in diagnostic testing for anthrax in Argentina in 2002. Researchers successfully used the method to identify an outbreak of anthrax among cattle and ranch workers. The results were compared to existing diagnostic methods to ensure viability. [1] A disease reporting form for anthrax confirms that the method is used in the country. [2] In 2014, Argentina's National Administration of Laboratories and Health Institutes (ANLIS) reported that it had successfully developed and tested a PCR-based diagnostic test for Ebola. ANLIS tested two PCR methods, conventional and real-time, with success. [3]

[1] Noseda R., et al. 2002. "CARBUNCLO BOVINO: SU INFECCION AL HUMANO, DIAGNOSTICO POR METODOS TRADICIONALES Y CARACTERIZACION MOLECULAR (PCR)". [http://www.laboratorioazul.com.ar/Carbunclo/carbunclo/carbunclo_bovino_infeccion_a_humanos_diagnostico_metodos_tradicionales_molecular.html]. Accessed 25 February 2021.
[2] Ministry of Health of Neuquen (Ministerio de Salud Neuquen). 2012. "Anthrax".

[https://www.saludnqn.gob.ar/salasituacion/archivos/descargas/enfermedadesNotifObligatorias/Carbunco.pdf]. Accessed 25 February 2021.

[3] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2014. "Preparación de laboratorio para el diagnóstico de enfermedad por virus Ébola en Argentina". [http://www.anlis.gov.ar/inei/?p=363]. Accessed 25 February 2021.

1.3.2 Biosecurity training and practices

1.3.2a

Does the country require biosecurity training, using a standardized, required approach, such as through a common curriculum or a trainthe-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Argentina requires biosecurity training for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential.

In 2020, the government's National Institute of Industrial Technology (INTI) offered a course on laboratory biosecurity and biosafety in light of COVID-19 for laboratory personnel in the public and private sectors. [1] Argentina's National Administration of Laboratories and Health Institutes (ANLIS) has publicized biosecurity training opportunities for its workers, but there is no mention that they are required. [2] In addition, the Argentine Association of Microbiology (AAM) has promoted biosecurity training opportunities for professionals and students, with its most recent courses listed as having occurred in May 2019. [3]

The websites of the Ministry of Health, National Council for Scientific and Technical Research, Ministry of Agriculture, Ranching and Fishing, National Service for Agricultural Health and Quality, National Administration of Laboratories and Health Institutes, Verification Research, Training and Information Centre (VERTIC), and Ministry of Defense do not contain additional information regarding required biosecurity training. [4, 5, 6, 7, 8, 9, 10] Although Argentina submitted Confidence Building Measures reports in 2020, 2019 and 2018, access to the reports is restricted (not available to the public), so it is not known what information they contain regarding this matter. [11]

[1] National Institute of Industrial Technology (Instituto Nacional de Tecnología Industrial). 2020. "Biosafety in the microbiological laboratory". [https://www.inti.gob.ar/capacitaciones/curso/433-bioseguridad-en-el-laboratorio-microbiologico]. Accessed 25 February 2021.

[2] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2015. "CAPACITACIONES SOBRE: BIOSEGURIDAD Y BIOCUSTODIA EN ÁREAS DE SALUD y CABINAS DE SEGURIDAD BIOLÓGICA, SELECCIÓN, VERIFICACIÓN, USO Y MANTENIMIENTO". [http://www.anlis.gov.ar/?p=755]. Accessed 25 February 2021.

[3] Argentine Association of Microbiology (Asociacion Argentina de Microbiologia). 2019. "Subcommittees". [https://www.aam.org.ar/subcomisiones.php?s=2&s=2]. Accessed 25 February 2021.

[4] National Council for Scientific and Technical Research (Consejo Nacional de Investigaciones Científicas y Técnicas). 2021. "CONICET". [https://www.conicet.gov.ar/]. Accessed 25 February 2021.

[5] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021. "SENASA". [https://www.argentina.gob.ar/senasa]. Accessed 24 February 2021.

[6] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 24 February 2021.

[7] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura".
[https://www.argentina.gob.ar/agricultura]. Accessed 25 February 2021.

[8] Verification Research, Training and Information Centre (VERTIC). 2021. "Argentina".
[https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/]. Accessed 25 February
2021.

[9] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de
Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

[10] Ministry of Defense (Ministerio de Defensa). 2021. "Ministerio de Defensa". [https://www.argentina.gob.ar/defensa].
Accessed 25 February 2021.

[11] United Nations Office at Geneva. 2021. "BWC Electronic Confidence Building Measures Portal". [https://bwc-
ecbm.unog.ch/state/argentina]. Accessed 25 February 2021.

1.3.3 Personnel vetting: regulating access to sensitive locations

1.3.3a

Do regulations or licensing conditions specify that security and other personnel with access to especially dangerous
pathogens, toxins, or biological materials with pandemic potential are subject to the following checks: drug testing,
background checks, and psychological or mental fitness checks?
Personnel are subject to all three of these checks = 3, Personnel are subject to two of these checks = 2, Personnel are subject
to one of these checks = 1, Personnel are not subject to any of these checks = 0

Current Year Score: 0

There is no public evidence that Argentine regulations or licensing conditions specify that security and other personnel with
access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to the following
checks: drug testing, background checks, and psychological or mental fitness checks.

The websites of the Ministry of Health, Ministry of Agriculture, Ranching and Fishing, National Service for Agricultural Health
and Quality, National Administration of Laboratories and Health Institutes, Verification Research, Training and Information
Centre (VERTIC), National Council for Scientific and Technical Research, and Ministry of Defense do not contain additional
information regarding personnel vetting for security and other personnel with access to especially dangerous pathogens,
toxins, or biological materials with pandemic potential. [1, 2, 3, 4, 5, 6, 8] Although Argentina submitted Confidence Building
Measures reports in 2020, 2019 and 2018, access to the reports is restricted (not available to the public), so it is not known
what information they contain regarding this matter. [7]

[1] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura".
[https://www.argentina.gob.ar/agricultura]. Accessed 25 February 2021.

[2] Verification Research, Training and Information Centre (VERTIC). 2021. "Argentina".
[https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/]. Accessed 25 February
2021.

[3] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de
Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

[4] National Council for Scientific and Technical Research (Consejo Nacional de Investigaciones Científicas y Técnicas). 2021.
"CONICET". [https://www.conicet.gov.ar/]. Accessed 25 February 2021.

[5] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021.
"SENASA". [https://www.argentina.gob.ar/senasa]. Accessed 24 February 2021.

[6] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 24 February 2021.

[7] United Nations Office at Geneva. 2021. "BWC Electronic Confidence Building Measures Portal". [https://bwc-ecbm.unog.ch/state/argentina]. Accessed 25 February 2021.

[8] Ministry of Defense (Ministerio de Defensa). 2021. "Ministerio de Defensa". [https://www.argentina.gob.ar/defensa]. Accessed 25 February 2021.

1.3.4 Transportation security

1.3.4a

Does the country have publicly available information on national regulations on the safe and secure transport of infectious substances (specifically including Categories A and B)?

Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina has national regulations on the safe and secure transport of infectious substances that mention Categories A and B.

In 2010, the Ministry of Health issued Resolution 1884/2010 to adopt Mercosur's Technical Regulation for the Transport of Infectious Substances and Diagnostic Samples (Resolution GMC No. 50/08). [1] The technical regulation provides guidance on proper packing and shipping of infectious substances and biological specimens, dividing them into categories A and B and listing requirements for shipping for each category (Section 1). [2]

[1] Ministry of Health (Ministerio de Salud). 2010. "Resolution 1884/2010". [https://www.argentina.gob.ar/normativa/nacional/resoluci%C3%B3n-1884-2010-174142]. Accessed 25 February 2021.

[2] MERCOSUR Common Market Group. 2008. "Resolution GMC No. 50/08". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/150000-154999/154960/norma.htm]. Accessed 25 February 2021.

1.3.5 Cross-border transfer and end-user screening

1.3.5a

Is there legislation and/or regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence that Argentina has regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential.

Argentina, Brazil, Paraguay, and Uruguay are signatories to 'Resolution No. 50/08 MERCOSUR Technical Regulation for the Transport of Infectious Substances and Biological Samples between the States Parties', which includes various measures for cross-border transfer checks and end-user screening. [1, 2] According to the MERCOSUR resolution, the relevant bodies for implementation are: Argentina's Ministry of Health, Brazil's Ministry of Health / ANVISA, Paraguay's Ministry of Public Health and Social Welfare, and Uruguay's Ministry of Public Health. [2] The Resolution includes Category A and B infectious substances, crops, biological samples, and genetically modified organisms (GMOs) in its definition of infectious substances. [2]

This Resolution places responsibilities on Senders, Receivers, and the relevant health bodies. Specifically, Senders are required to organize a written approval from the receiving institution or organisation in advance, determine appropriate transportation including mode of transportation and the most direct route, acquire customs and sanitary clearances from relevant agencies, notify recipients of procedures to be carried out in advance, and follow the WHO "Guide on regulations relating to the transport of infectious substances" for packaging and labelling. [2] The Recipient is also required to obtain necessary authorizations for entry into state, provide Sender with necessary documentation, and notify Sender of received materials. Both the Sender and the Receiver are also mandated to get the relevant health authority in the countries to inspect the respective export and import materials. [2] Required documentation as part of this Resolution includes "commercial shipping / invoice list that includes the recipient's address, number of packages, detail of content, weight and value (if any)" as part of its end-user screening procedures. [2]

Uruguay incorporated this Resolution in its national laws under Resolution of MS No. 1884/2010 of 10/19/10, published in the BO on 10/28/10. [1]

[1] MERCOSUR. 28 November 2008. "MERCOSUR / GMC / RES. No. 50/08: MERCOSUR Technical Regulation for the Transport of Infectious Substances and Biological Samples between the States Parties - Regulations details". [https://normas.mercosur.int/public/normativas/277]. Accessed 1 June 2021.
[2] MERCOSUR. 28 November 2008. "(Resolution 50/2008): MERCOSUR Technical Regulation for the Transport of Infectious Substances and Biological Samples between the States Parties (REPEAL OF RES. GMC No. 25/00)". [https://normas.mercosur.int/simfiles/normativas/4072_RES_050-2008_ES_RTM%20TranspSubst%20Infecciosas.pdf]. Accessed 1 June 2021.

1.4 BIOSAFETY

1.4.1 Whole-of-government biosafety systems

1.4.1a

Does the country have in place national biosafety legislation and/or regulations?
Yes = 1 , No = 0

Current Year Score: 0

There is insufficient public evidence that Argentina has specific biosafety legislation at the national level that broadly covers all facilities and personnel that handle harmful biological substances.

Noting the lack of national biosafety regulation, in 2008, the National Council of Scientific and Technical Research, issued Resolution 1619/2008, adopting the WHO's Laboratory Biosafety Manual as mandatory for researchers working on its programs or with its funds. [1]

In 2010, a medical journal editorial noted that Argentina still lacked national biosafety regulation. [2] The Argentine Institute of Normalization and Certification has issued Standard IRAM 80059 on biosafety based on the classification of biological agents and the activity to be carried out, but the standard is voluntary. [3] The Ministry of Health's National Program to Guarantee Quality Medical Care (PNGCAM) was created in 1992 and sets care and operational standards for medical care in Argentina. [4] Resolution 856-E/2017 updated the PNGCAM and includes references to patient "safety" but no mention of biosafety. There is no public evidence that PNGCAM includes general requirements for biosafety in a medical setting. [5]

Specific regulations that are included as part of the PNGCAM do mention biosafety, but these apply to particular medical

situations and/or facilities. For example, Resolution 2/2015 adopted Mercosur's Good Practices for the Organization and Operation of Urgent and Emergency Services. The resolution states that these services should have "written biosafety instructions" but does not set requirements for content. [6] Similarly, Resolution 1703/2007 established requirements for pathology departments. It states that strict compliance with biosafety standards and guides is required but does not set requirements for content. [7]

In terms of specific diseases, Resolution 814/2001 approved the Technical Regulations for the Control of Tuberculosis. The regulations include a chapter on biosafety as it relates to tuberculosis care. [8] At the subnational level, the province of Mendoza adopted a Biosafety Manual for Healthcare Facilities via Resolution No. 001555 in 2014. The Manual describes practices and requirements for different areas of facilities, such as surgery, neonatal units, blood banks, and others. [9]

In 2020, Law 27548 issued the Program for the Protection of Healthcare Personnel during the Coronavirus Pandemic COVID-19, which establishes biosafety (referring to minimizing the risk of infection) as a requirement in public and private healthcare facilities. However, the legislation does not define specific measures, it is specific to COVID-19, and references that it is applicable "during the health emergency" (Article 2). [10]

Argentina completed a Joint External Evaluation (JEE) with the WHO in 2019. The full report is not publicly available, but the country scored 20% on category "C6 Biosafety and Biosecurity". [11] Similarly, Argentina's 2019 International Health Regulations (IHR) State Party self-assessment annual report scored the country at 20% for indicator "C5.2 Implementation of a laboratory biosafety and biosecurity regime". [12]

The websites of the Ministry of Health, Ministry of Agriculture, Ranching and Fishing, National Service for Agricultural Health and Quality, National Administration of Laboratories and Health Institutes, Verification Research, Training and Information Centre (VERTIC), and National Council of Scientific and Technical Research do not contain additional public information regarding national biosafety regulations. [13, 14, 15, 16, 17, 18] Although Argentina submitted Confidence Building Measures reports in 2020, 2019 and 2018, access to the reports is restricted (not available to the public), so it is not known what information they contain regarding this matter. [19]

[1] National Council of Scientific and Technical Research (Consejo Nacional de Investigaciones Cientificas y Tecnicas). 2008. "Resolution 1619/2008". [https://patagonianorte.conicet.gov.ar/wp-content/uploads/sites/79/2017/08/Res.-CONICET-1619-08.pdf]. Accessed 25 February 2021.
[2] Fink, Susana. 2010. "Bioseguridad: una responsabilidad del investigador". [https://www.researchgate.net/publication/262650276_Bioseguridad_una_responsabilidad_del_investigador]. Accessed 25 February 2021.
[3] Argentine Institute of Normalisation and Certification (Instituto Argentino de Normalizacion y Certificacion). "Standard IRAM 80059 on biosafety based on classification of biological agents". [https://www.buenosaires.gob.ar/sites/gcaba/files/norma_80059.pdf]. Accessed 25 February 2021.
[4] Ministry of Health and Social Development (Ministerio de Salud y Desarrollo Social). 2019. "National Program to Guarantee Quality Medical Care" ("Programa Nacional de Garantía de Calidad en la Atención Médica"). [https://www.argentina.gob.ar/salud/calidadatencionmedica]. Accessed 25 February 2021.
[5] Ministry of Health (Ministerio de Salud). 2017. "Resolution 856-E/2017". [http://test.e-legis-ar.msal.gov.ar/leisref/public/showAct.php?id=29089&word=]. Accessed 25 February 2021.
[6] Ministry of Health (Ministerio de Salud). 2015. "Resolution 2/2015". [http://test.e-legis-ar.msal.gov.ar/leisref/public/showAct.php?id=25681&word=]. Accessed 25 February 2021.
[7] Ministry of Health (Ministerio de Salud). 2007. "Resolution 1703/2007". [http://test.e-legis-ar.msal.gov.ar/leisref/public/showAct.php?id=7124&word=]. Accessed 25 February 2021.
[8] Ministry of Health (Ministerio de Salud). 2017. "Resolution 814/2001".

[http://servicios.infoleg.gob.ar/infolegInternet/resaltaranexos/65000-69999/68432/norma.htm]. Accessed 25 February 2021.

[9] Ministry of Health, Province of Mendoza. 2014. "Resolution No. 001555".
[http://www.salud.mendoza.gov.ar/biblioteca/manuales/manual-de-bioseguridad-para-establecimientos-de-salud-introduccion/]. Accessed 25 February 2021.

[10] Honorable Congress of the Argentine Nation (Honorable Congreso de la Nacion Argentina). 2020. "Law 27548".
[http://servicios.infoleg.gob.ar/infolegInternet/anexos/335000-339999/338400/norma.htm]. Accessed 25 February 2021.

[11] World Health Organization. 2019. "JEE Status". [https://extranet.who.int/sph/jee?region=All&country=244]. Accessed 25 February 2021.

[12] World Health Organization. 2019. "IHR Score per capacity - Argentina". [https://extranet.who.int/e-spar/]. Accessed 24 February 2021.

[13] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

[14] National Council for Scientific and Technical Research (Consejo Nacional de Investigaciones Científicas y Técnicas). 2021. "CONICET". [https://www.conicet.gov.ar/]. Accessed 25 February 2021.

[15] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021. "SENASA". [https://www.argentina.gob.ar/senasa]. Accessed 24 February 2021.

[16] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 24 February 2021.

[17] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura". [https://www.argentina.gob.ar/agricultura]. Accessed 25 February 2021.

[18] Verification Research, Training and Information Centre (VERTIC). 2021. "Argentina".
[https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/]. Accessed 25 February 2021.

[19] United Nations Office at Geneva. 2021. "BWC Electronic Confidence Building Measures Portal". [https://bwc-ecbm.unog.ch/state/argentina]. Accessed 25 February 2021.

1.4.1b

Is there an established agency responsible for the enforcement of biosafety legislation and regulations?
Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Argentina has an established agency responsible for the enforcement of biosafety legislation and regulations. There is insufficient public evidence that Argentina has specific biosafety legislation at the national level that broadly covers all facilities and personnel that handle harmful biological substances.

Argentina completed a Joint External Evaluation (JEE) with the WHO in 2019. The full report is not publicly available, but the country scored 20% on category "C6 Biosafety and Biosecurity". [1] Similarly, Argentina's 2019 International Health Regulations (IHR) State Party self-assessment annual report scored the country at 20% for indicator "C5.2 Implementation of a laboratory biosafety and biosecurity regime". [2]

According to Argentina's national database of legislation, the first mention of biosafety in a law in Argentina was Law No. 23,798 in 1990, which established the government's program to combat HIV. Articles 3 and 12 of the law tasked the then Ministry of Health and Social Action, Subsecretariat of Health, with establishing biosafety standards related to the treatment of the disease. [3] However, the current organization of functions of the Ministry of Health and Social Development does not directly mention biosafety. The Secretariat of Health Regulation and Management's objectives mention developing policies to reduce morbidity and mortality, improving human resources in health care and regulating the health system generally. [4]

In the agricultural and animal health sector, the Secretariat of Food and Bio-economy and the Secretariat of Agriculture, Ranching and Fishing are both tasked with designing and implementing biosafety policies. [4] At the subnational level, the province of Mendoza adopted a Biosafety Manual for Healthcare Facilities via Resolution No. 001555 in 2014. The provincial Ministry of Health enforces the biosafety standards outlined in the manual. [5]

In 2008, the National Council of Scientific and Technical Research, issued Resolution 1619/2008, adopting the WHO's Laboratory Biosafety Manual as mandatory for researchers working on its programs or with its funds. However, the resolution does not mention an oversight or enforcement agency, meaning that the Council would be responsible for overseeing its own employees and grantees. Article 3 states that Division heads and project leaders "are responsible for complying with and ensuring compliance with" the biosafety norms adopted. Article 1 states that the WHO manual is to be adopted as "guidelines". [6]

The websites of the Ministry of Health, Ministry of Agriculture, Ranching and Fishing, National Service for Agricultural Health and Quality, National Administration of Laboratories and Health Institutes, Verification Research, Training and Information Centre (VERTIC), and National Council of Scientific and Technical Research do not contain additional public information regarding an established agency responsible for the enforcement of biosafety legislation and regulations. [7, 8, 9, 10, 11, 12] Although Argentina submitted Confidence Building Measures reports in 2020, 2019 and 2018, access to the reports is restricted (not available to the public), so it is not known what information they contain regarding this matter. [13]

[1] World Health Organization. 2019. "JEE Status". [https://extranet.who.int/sph/jee?region=All&country=244]. Accessed 25 February 2021.

[2] World Health Organization. 2019. "IHR Score per capacity - Argentina". [https://extranet.who.int/e-spar/]. Accessed 24 February 2021.

[3] Honourable Congress of the Argentine Nation (HONORABLE CONGRESO DE LA NACION ARGENTINA). 1990. "Law No. 23,798". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/0-4999/199/norma.htm]. Accessed 26 February 2021.

[4] President of the Argentine Nation. 2018. "Decree 958/2018". [http://servicios.infoleg.gob.ar/infolegInternet/resaltaranexos/315000-319999/315725/norma.htm]. Accessed 26 February 2021.

[5] Ministry of Health, Province of Mendoza. 2014. "Resolution No. 001555". [http://www.salud.mendoza.gov.ar/biblioteca/manuales/manual-de-bioseguridad-para-establecimientos-de-salud-introduccion/]. Accessed 25 February 2021.

[6] National Council of Scientific and Technical Research (Consejo Nacional de Investigaciones Cientificas y Tecnicas). 2008. "Resolution 1619/2008". [https://patagonianorte.conicet.gov.ar/wp-content/uploads/sites/79/2017/08/Res.-CONICET-1619-08.pdf]. Accessed 25 February 2021.

[7] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura". [https://www.argentina.gob.ar/agricultura]. Accessed 25 February 2021.

[8] Verification Research, Training and Information Centre (VERTIC). 2021. "Argentina". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/]. Accessed 25 February 2021.

[9] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

[10] National Council for Scientific and Technical Research (Consejo Nacional de Investigaciones Científicas y Técnicas). 2021. "CONICET". [https://www.conicet.gov.ar/]. Accessed 25 February 2021.

[11] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021. "SENASA". [https://www.argentina.gob.ar/senasa]. Accessed 24 February 2021.

[12] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 24 February

2021.

[13] United Nations Office at Geneva. 2021. "BWC Electronic Confidence Building Measures Portal". [https://bwc-ecbm.unog.ch/state/argentina]. Accessed 26 February 2021.

1.4.2 Biosafety training and practices

1.4.2a

Does the country require biosafety training, using a standardized, required approach, such as through a common curriculum or a trainthe-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Argentina requires biosafety training, using a standardized, required approach.

The Ministry of Health's National Program to Guarantee Quality Medical Care (PNGCAM) was created in 1992 and sets care and operational standards for medical care in Argentina. [1] Resolution 856-E/2017 updated the PNGCAM, tasking it with providing training, but does not mention biosafety training specifically. [2] Law No. 19,587 of 1972 established requirements for hygiene and safety in the workplace. The law does not mention biosafety, but Article 6 states that biological contamination should be a consideration in workplace regulations. Article 10 requires employees to participate in training and education programs related to hygiene and safety during working hours. [3]

Argentina's National Administration of Laboratories and Health Institutes (ANLIS) has publicized biosafety training opportunities for its workers. [4] The Argentine Association of Microbiology (AAM) has promoted biosafety training opportunities for professionals and students. The most recent biosafety course on the AAM's website dates from March 2021. [5] In 2008, the National Council of Scientific and Technical Research, issued Resolution 1619/2008, adopting the WHO's Laboratory Biosafety Manual as mandatory for researchers working on its programs or with its funds. The resolution states that operational units of the Council must hire graduates from university-level Hygiene and Work Safety programs and the Council will establish biosafety training for them. Operational units are also required to create an annual training plan that includes Hygiene and Work Safety. [6]

The websites of the Ministry of Health, Ministry of Agriculture, Ranching and Fishing, National Service for Agricultural Health and Quality, National Administration of Laboratories and Health Institutes, Verification Research, Training and Information Centre (VERTIC), and National Council of Scientific and Technical Research do not contain additional public information regarding biosafety training, using a standardized, required approach. [7, 8, 9, 10, 11, 12] Although Argentina submitted Confidence Building Measures reports in 2020, 2019 and 2018, access to the reports is restricted (not available to the public), so it is not known what information they contain regarding this matter. [13]

[1] Ministry of Health and Social Development (Ministerio de Salud y Desarrollo Social). 2019. "National Program to Guarantee Quality Medical Care" ("Programa Nacional de Garantía de Calidad en la Atención Médica"). [https://www.argentina.gob.ar/salud/calidadatencionmedica]. Accessed 25 February 2021.

[2] Ministry of Health (Ministerio de Salud). 2017. "Resolution 856-E/2017". [http://test.e-legis-ar.msal.gov.ar/leisref/public/showAct.php?id=29089&word=]. Accessed 25 February 2021.

[3] Honorable Congress of the Argentine Nation (HONORABLE CONGRESO DE LA NACION ARGENTINA). 1972. "Law No. 19,587". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/15000-19999/17612/norma.htm].

[4] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de

Salud). 2015. "CAPACITACIONES SOBRE: BIOSEGURIDAD Y BIOCUSTODIA EN ÁREAS DE SALUD y CABINAS DE SEGURIDAD BIOLÓGICA, SELECCIÓN, VERIFICACIÓN, USO Y MANTENIMIENTO". [http://www.anlis.gov.ar/?p=755]. Accessed 25 February 2021.

[5] Argentine Association of Microbiology (Asociacion Argentina de Microbiologia). 2019. "Subcommittees". [https://www.aam.org.ar/subcomisiones.php?s=2&s=2]. Accessed 25 February 2021.

[6] National Council of Scientific and Technical Research (Consejo Nacional de Investigaciones Cientificas y Tecnicas). 2008. "Resolution 1619/2008". [https://patagonianorte.conicet.gov.ar/wp-content/uploads/sites/79/2017/08/Res.-CONICET-1619-08.pdf]. Accessed 25 February 2021.

[7] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura". [https://www.argentina.gob.ar/agricultura]. Accessed 25 February 2021.

[8] Verification Research, Training and Information Centre (VERTIC). 2021. "Argentina". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/]. Accessed 25 February 2021.

[9] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

[10] National Council for Scientific and Technical Research (Consejo Nacional de Investigaciones Científicas y Técnicas). 2021. "CONICET". [https://www.conicet.gov.ar/]. Accessed 25 February 2021.

[11] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021. "SENASA". [https://www.argentina.gob.ar/senasa]. Accessed 24 February 2021.

[12] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 24 February 2021.

[13] United Nations Office at Geneva. 2021. "BWC Electronic Confidence Building Measures Portal". [https://bwc-ecbm.unog.ch/state/argentina]. Accessed 26 February 2021.

1.5 DUAL-USE RESEARCH AND CULTURE OF RESPONSIBLE SCIENCE

1.5.1 Oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research

1.5.1a

Is there publicly available evidence that the country has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Argentina has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential, and/or other dual-use research.

In 2017 and 2018, Argentina carried out three pieces of training for government agencies on how to identify dual-use materials in order to comply with its export control regime. There is no public evidence that the training discussed ongoing dual-use research. [1, 2, 3] In December 2019, the Ministry of Health issued the National Research Agenda for Public Health. The Agenda does not mention an assessment of dual-use research. [4]

The websites of the Ministry of Health, Ministry of Agriculture, Ranching and Fishing, National Service for Agricultural Health and Quality, National Administration of Laboratories and Health Institutes, National Council for Scientific and Technical Research, Verification Research, Training, and Information Centre (VERTIC), and Ministry of Defense do not contain additional

public information regarding an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential, and/or other dual-use research. [5, 6, 7, 8, 9, 10, 11] Although Argentina submitted Confidence Building Measures reports in 2020, 2019, and 2018, access to the reports is restricted (not available to the public), so it is not known what information they contain regarding this matter. [12]

[1] Ministry of Foreign Affairs and Worship (Ministerio de Relaciones Exteriores y Culto). 2018. "Capacitación en control de exportaciones de material sensitivo". [http://enaun.mrecic.gov.ar/es/capacitaci%C3%B3n-en-control-de-exportaciones-de-material-sensitivo]. Accessed 26 February 2021.

[2] Ministry of Foreign Affairs and Worship (Ministerio de Relaciones Exteriores y Culto). 2018. "Curso sobre identificación de Mercaderías Sensitivas y de Uso Dual". [https://cancilleria.gob.ar/es/actualidad/comunicados/curso-sobre-identificacion-de-mercaderias-sensitivas-y-de-uso-dual]. Accessed 26 February 2021.

[3] Ministry of Security (Ministerio de Seguridad). 2018. "Capacitación internacional".
[https://www.argentina.gob.ar/noticias/capacitacion-internacional]. Accessed 26 February 2021.

[4] Ministry of Health (Ministerio de Salud). 2019. "National Research Agenda for Public Health".
[http://iah.salud.gob.ar/doc/435.pdf]. Accessed 26 February 2021.

[5] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 26 February 2021.

[6] Ministry of Defense (Ministerio de Defensa). 2021. "Ministerio de Defensa". [https://www.argentina.gob.ar/defensa].
Accessed 25 February 2021.

[7] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura".
[https://www.argentina.gob.ar/agricultura]. Accessed 25 February 2021.

[8] Verification Research, Training and Information Centre (VERTIC). 2021. "Argentina".
[https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/]. Accessed 25 February 2021.

[9] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

[10] National Council for Scientific and Technical Research (Consejo Nacional de Investigaciones Científicas y Técnicas). 2021. "CONICET". [https://www.conicet.gov.ar/]. Accessed 25 February 2021.

[11] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021. "SENASA". [https://www.argentina.gob.ar/senasa]. Accessed 24 February 2021.

[12] United Nations Office at Geneva. 2021. "BWC Electronic Confidence Building Measures Portal". [https://bwc-ecbm.unog.ch/state/argentina]. Accessed 26 February 2021.

1.5.1b

Is there legislation and/or regulation requiring oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?
Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Argentina has a national policy requiring oversight of dual-use research.

Publicly available evidence documents that Argentina's policy regarding dual-use materials is focused on export control. Decree 603/92 created Argentina's export control regime, which includes dual-use materials. The decree does not mention dual-use research. [1] In December 2019, the Ministry of Health issued the National Research Agenda for Public Health. The Agenda does not articulate a policy for dual-use research. [2] In 2017 and 2018, Argentina carried out three pieces of training for government agencies on how to identify dual-use materials in order to comply with its export control regime. There is no public evidence that the training discussed ongoing dual-use research. [3, 4, 5]

The websites of the Ministry of Health, Ministry of Agriculture, Ranching and Fishing, National Service for Agricultural Health and Quality, National Administration of Laboratories and Health Institutes, National Council for Scientific and Technical Research, Verification Research, Training and Information Centre (VERTIC), and Ministry of Defense do not contain additional public information regarding a national policy requiring oversight of dual-use research. [6, 7, 8, 9, 10, 11, 12] Although Argentina submitted Confidence Building Measures reports in 2020, 2019 and 2018, access to the reports is restricted (not available to the public), so it is not known what information they contain regarding this matter. [13]

[1] President of the Argentine Nation. 1992. "Decree 603/92". [http://www.vertic.org/media/National%20Legislation/Argentina/AR_Decreto_603_1992.pdf].

[2] Ministry of Health (Ministerio de Salud). 2019. "National Research Agenda for Public Health". [http://iah.salud.gob.ar/doc/435.pdf]. Accessed 26 February 2021.

[3] Ministry of Security (Ministerio de Seguridad). 2018. "Capacitación internacional". [https://www.argentina.gob.ar/noticias/capacitacion-internacional]. Accessed 26 February 2021.

[4] Ministry of Foreign Affairs and Worship (Ministerio de Relaciones Exteriores y Culto). 2018. "Capacitación en control de exportaciones de material sensitivo". [http://enaun.mrecic.gov.ar/es/capacitaci%C3%B3n-en-control-de-exportaciones-de-material-sensitivo]. Accessed 26 February 2021.

[5] Ministry of Foreign Affairs and Worship (Ministerio de Relaciones Exteriores y Culto). 2018. "Curso sobre identificación de Mercaderías Sensitivas y de Uso Dual". [https://cancilleria.gob.ar/es/actualidad/comunicados/curso-sobre-identificacion-de-mercaderias-sensitivas-y-de-uso-dual]. Accessed 26 February 2021.

[6] Ministry of Defense (Ministerio de Defensa). 2021. "Ministerio de Defensa". [https://www.argentina.gob.ar/defensa]. Accessed 25 February 2021.

[7] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura". [https://www.argentina.gob.ar/agricultura]. Accessed 25 February 2021.

[8] Verification Research, Training and Information Centre (VERTIC). 2021. "Argentina". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/]. Accessed 25 February 2021.

[9] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

[10] National Council for Scientific and Technical Research (Consejo Nacional de Investigaciones Científicas y Técnicas). 2021. "CONICET". [https://www.conicet.gov.ar/]. Accessed 25 February 2021.

[11] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021. "SENASA". [https://www.argentina.gob.ar/senasa]. Accessed 24 February 2021.

[12] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 26 February 2021.

[13] United Nations Office at Geneva. 2021. "BWC Electronic Confidence Building Measures Portal". [https://bwc-ecbm.unog.ch/state/argentina]. Accessed 26 February 2021.

1.5.1c

Is there an agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

　　　　Current Year Score: 0

There is no public evidence that Argentina has an agency responsible for oversight of research with especially dangerous pathogens, pathogens with pandemic potential, and/or other dual-use research.

Decree 603/92 created the National Commission for Export Control of Sensitive and War Materials. The National Commission for Space Activities, the Nuclear Regulatory Authority, and the Armed Forces Institute of Scientific and Technical Research (CITEDEF) participate in the Commission. [1, 2] The decree does not mention dual-use research. [1] CITEDEF's mandate does not include oversight of dual-use research. [3]

The Ministry of Defense also houses the Subsecretariat of Scientific Research and Industrial Policy, National Directorate of Science, Technology, and Production. The Directorate's mandate includes "to assist in the design and implementation of research initiatives, development, and production of dual-use technologies", but the mandate does not mention anything regarding supervision or research involving pathogens. [4] Finally, in January 2021, the Economic and Social Council for the Knowledge Economy in Health met for the first time to discuss the public-private partnership in health research, but publicly available information does not mention dual-use research or the Council's official mandate. [5]

The websites of the Ministry of Health, Ministry of Agriculture, Ranching and Fishing, National Service for Agricultural Health and Quality, National Administration of Laboratories and Health Institutes, National Council for Scientific and Technical Research, Verification Research, Training, and Information Centre (VERTIC), and Ministry of Defense do not contain additional public information regarding an agency responsible for oversight of research with especially dangerous pathogens, pathogens with pandemic potential, and/or other dual-use research. [6, 7, 8, 9, 10, 11, 12] Although Argentina submitted Confidence Building Measures reports in 2020, 2019, and 2018, access to the reports is restricted (not available to the public), so it is not known what information they contain regarding this matter. [13]

[1] President of the Argentine Nation. 1992. "Decree 603/92". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/10000-14999/12381/norma.htm]. Accessed 27 February 2021.
[2] Institute of International Relations (Instituto de Relaciones Internacionales). 2005. "2005 Yearbook". [http://www.iri.edu.ar/publicaciones_iri/anuario/CD%20Anuario%202005/Seguridad/68-arg-informe%20res%201504%20cs.pdf]. Accessed 27 February 2021.
[3] Ministry of Defense (Ministerio de Defensa). 2021. "Armed Forces Institute of Scientific and Technical Research (CITEDEF)". [https://www.argentina.gob.ar/defensa/citedef]. Accessed 27 February 2021.
[4] Ministry of Defense (Ministerio de Defensa). 2020. "Appendix II". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/330000-334999/334957/dea286-2.pdf]. Accessed 27 February 2021.
[5] Ministry of Health (Ministerio de Salud). 2021. "First meeting of the Economic and Social Council for the Knowledge Economy in Health". [https://www.argentina.gob.ar/noticias/primera-reunion-del-consejo-economico-y-social-de-economia-del-conocimiento-para-la-salud]. Accessed 27 February 2021.
[6] Ministry of Defense (Ministerio de Defensa). 2021. "Ministerio de Defensa". [https://www.argentina.gob.ar/defensa]. Accessed 25 February 2021.
[7] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura". [https://www.argentina.gob.ar/agricultura]. Accessed 25 February 2021.
[8] Verification Research, Training and Information Centre (VERTIC). 2021. "Argentina". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/]. Accessed 25 February 2021.
[9] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.
[10] National Council for Scientific and Technical Research (Consejo Nacional de Investigaciones Científicas y Técnicas). 2021. "CONICET". [https://www.conicet.gov.ar/]. Accessed 27 February 2021.
[11] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021. "SENASA". [https://www.argentina.gob.ar/senasa]. Accessed 24 February 2021.
[12] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 26 February

2021.

[13] United Nations Office at Geneva. 2021. "BWC Electronic Confidence Building Measures Portal". [https://bwc-ecbm.unog.ch/state/argentina]. Accessed 26 February 2021.

1.5.2 Screening guidance for providers of genetic material

1.5.2a

Is there legislation and/or regulation requiring the screening of synthesized DNA (deoxyribonucleic acid) against lists of known pathogens and toxins before it is sold?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Argentina has national legislation, regulation, policy, or other guidance, requiring the screening of synthesized DNA before it is sold.

The National Service for Agricultural Health and Quality's (SENASA) Resolution 412/02 established the Fundamentals and Criteria for the Evaluation of Foods derived from Genetically Modified Organisms (GMO). The resolution does not mention the screening of synthesized DNA. [1] The Secretariat of Agriculture, Ranching, Fishing and Food's Resolution 57/2003 established requirements for authorizing experimental projects with GMOs and/or releasing them into the environment. The resolution requires applicants to share detailed information on modified DNA sequences, but it does not regulate sales of the DNA. [2] In 2018, the Secretariat of Food and Bio-Economy issued Resolution 5/2018 regarding the experimental use of "microbial biotechnology", but the resolution does not mention sales or screening of synthesized DNA. [3]

The websites of the Ministry of Health, Ministry of Agriculture, Ranching and Fishing, National Service for Agricultural Health and Quality, National Administration of Laboratories and Health Institutes, National Council for Scientific and Technical Research, Verification Research, Training and Information Centre (VERTIC), and Ministry of Defense do not contain additional public information regarding a requirement to screen synthesized DNA before it is sold. [4, 5, 6, 7, 8, 9, 10] Although Argentina submitted Confidence Building Measures reports in 2020, 2019, and 2018, access to the reports is restricted (not available to the public), so it is not known what information they contain regarding this matter. [11]

[1] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2002. "Resolution 412/02". [http://www.senasa.gob.ar/sites/default/files/normativas/archivos/res_412-2002.pdf]. Accessed 27 February 2021.

[2] Secretariat of Agriculture, Ranching, Fishing and Food (Secretaría de Agricultura, Ganadería, Pesca y Alimentos). 2003. "Resolution 57/2003". [http://www.vertic.org/media/National%20Legislation/Argentina/Resolucion_57-2003_Biotecnologia_Agropecuaria.pdf]. Accessed 27 February 2021.

[3] Secretariat of Food and Bio-Economy. 2018. "Resolution 5/2018". [https://www.boletinoficial.gob.ar/detalleAviso/primera/193058/20181001]. Accessed 27 February 2021.

[4] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021. "SENASA". [https://www.argentina.gob.ar/senasa]. Accessed 24 February 2021.

[5] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 27 February 2021.

[6] Ministry of Defense (Ministerio de Defensa). 2021. "Ministerio de Defensa". [https://www.argentina.gob.ar/defensa]. Accessed 25 February 2021.

[7] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura". [https://www.argentina.gob.ar/agricultura]. Accessed 25 February 2021.

[8] Verification Research, Training and Information Centre (VERTIC). 2021. "Argentina".

[https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/a/]. Accessed 25 February 2021.

[9] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

[10] National Council for Scientific and Technical Research (Consejo Nacional de Investigaciones Científicas y Técnicas). 2021. "CONICET". [https://www.conicet.gov.ar/]. Accessed 27 February 2021.

[11] United Nations Office at Geneva. 2021. "BWC Electronic Confidence Building Measures Portal". [https://bwc-ecbm.unog.ch/state/argentina]. Accessed 26 February 2021.

1.6 IMMUNIZATION

1.6.1 Vaccination rates

1.6.1a

Immunization rate (measles/MCV2)

Immunization rate (measles/MCV2), 95% or greater = 2, 80-94.9% = 1, Less than 80%, or no data = 0

Current Year Score: 1

2019

World Health Organization

1.6.1b

Are official foot-and-mouth disease (FMD) vaccination figures for livestock publicly available through the OIE database?

Yes = 1 , No = 0

Current Year Score: 1

2020

OIE WAHIS database

Category 2: Early detection and reporting for epidemics of potential international concern

2.1 LABORATORY SYSTEMS STRENGTH AND QUALITY

2.1.1 Laboratory testing for detection of priority diseases

2.1.1a

Does the national laboratory system have the capacity to conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests?

Evidence they can conduct 5 of the 10 core tests and these tests are named = 2, Evidence they can conduct 5 of the 10 core tests and the tests are not named = 1, No evidence they can conduct 5 of the 10 core tests = 0

Current Year Score: 2

There is public evidence that Argentina's national laboratory system has the capacity to test for 5 of the 10 WHO-defined core tests: polymerase chain reaction (PCR) testing for Influenza virus (flu); virus culture for poliovirus (polio); serology for HIV; microscopy for mycobacterium tuberculosis (tuberculosis/TB); and bacterial culture for Salmonella enteritidis serotype Typhi (typhoid).

The National Administration of Laboratories and Health Institutes (ANLIS) manages the national laboratory network and also houses the national reference laboratory, the National Institute of Infectious Diseases (INEI). [1, 2] The national laboratory network includes several sub-networks for specific diseases. For example, the National Network for Influenza and Respiratory Viruses comprises 65 laboratories, 35 of which can test for influenza via PCR. [3] INEI's Neurovirus Service can test for polio via virus culture. [4] Laboratories in the National Network of Sexually Transmitted Infections can test for HIV via serology. [5, 6] 697 laboratories in the National Tuberculosis Network can test for tuberculosis via microscopy. [7]

A 2019 workshop in Buenos Aires found that Argentina's tuberculosis surveillance met WHO standards. [8] Laboratories in the National Network of Official Food Analysis Laboratories can test for typhoid via bacterial culture. [9] A series of documents on preventing and controlling malaria in Argentina from 2018, state that the National Administration of Medicines, Food and Medical Technology (ANMAT) had not approved rapid diagnostic tests for use in Argentina. [10, 11, 12]

ANMAT's website does not contain documents showing that such tests have been approved. [13] The websites of the Ministry of Health and ANLIS do not contain additional public information regarding Argentina's four country-specific WHO core diagnostic tests. [14, 15]

[1] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2019. "About us". [http://www.anlis.gov.ar/cnrl/?page_id=21]. Accessed 27 February 2021.

[2] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2019. "Mission and Vision". [http://www.anlis.gov.ar/inei/?page_id=4]. Accessed 27 February 2021.

[3] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2014. "National Network for Influenza and Respiratory Viruses". [http://www.anlis.gov.ar/cnrl/wp-content/uploads/2014/10/RED-NACIONAL-DE-INFLUENZA-Y-VIRUS-RESPIRATORIOS.pdf]. Accessed 27 February 2021.

[4] Cisterna, Daniel M., et al. 2007. "Epidemiology of enteroviruses associated with neurological diseases". [http://www.scielo.org.ar/pdf/medba/v67n2/v67n2a01.pdf]. Accessed 27 February 2021.

[5] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de

Salud). 2014. "National Network of Sexually Transmitted Infections". [http://www.anlis.gov.ar/cnrl/wp-content/uploads/2014/10/RED-NACIONAL-DE-INFECCIONES-DE-TRANSMISION-SEXUAL.pdf]. Accessed 27 February 2021.

[6] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2013. "RECOMENDACIONES NACIONALES PARA LA PREVENCIÓN DE LA TRANSMISIÓN VERTICAL DEL VIH, SÍFILIS Y CHAGAS". [http://www.anlis.gov.ar/inp/wp-content/uploads/2013/12/Flujograma-CHAGAS.pdf]. Accessed 27 February 2021.

[7] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2014. "National Tuberculosis Network". [http://www.anlis.gov.ar/cnrl/wp-content/uploads/2014/10/RED-NACIONAL-DE-TUBERCULOSIS.pdf]. Accessed 27 February 2021.

[8] Pan American Health Organization. 2020. "2019 Annual Report of Activities in Argentina". [https://iris.paho.org/bitstream/handle/10665.2/51904/OPSARG200001_spa.pdf?sequence=1&isAllowed=y]. Accessed 24 February 2021.

[9] National Administration of Medicines, Food and Medical Technology (Administración Nacional de Medicamentos, Alimentos y Tecnología Médica). 2011. "ANÁLISIS MICROBIOLÓGICO DE LOS ALIMENTOS". [http://www.anmat.gov.ar/renaloa/docs/analisis_microbiologico_de_los_alimentos_vol_i.pdf]. Accessed 27 February 2021.

[10] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2018. "MANUAL OPERATIVO PARA EL DIAGNÓSTICO LABORATORIAL DE PALUDISMO". [http://www.anlis.gov.ar/inei/parasitologia/wp-content/uploads/2018/04/Manual-Operativo-Diagnostico-Laboratorial-de-Paludismo-MO-PR-01-00-web.pdf]. Accessed 27 February 2021.

[11] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2018. "Guide for surveillance for the prevention of the reestablishment of malaria in Argentina". [https://www.argentina.gob.ar/sites/default/files/guia_de_vigilancia_para_la_prevencion_del_restablecimiento_del_paludismo_en_argentina_preliminar.pdf]. Accessed 27 February 2021.

[12] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2018. "Laboratory diagnostic manual". [https://www.argentina.gob.ar/sites/default/files/manual_de_diagnostico_laboratorial.pdf]. Accessed 27 February 2021.

[13] National Administration of Medicines, Food and Medical Technology (Administración Nacional de Medicamentos, Alimentos y Tecnología Médica). 2021. "ANMAT". [https://www.argentina.gob.ar/anmat]. Accessed 27 February 2021.

[14] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

[15] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 27 February 2021.

2.1.1b

Is there a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing?

Yes, there is evidence of a plan, and it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 2, Yes, there is evidence of a plan, but there is insufficient evidence that it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 1, No evidence of a plan = 0

Current Year Score: 1

There is public evidence that Argentina has a national plan, strategy or similar document for conducting testing during a public health emergency, but there is insufficient evidence that it includes considerations for testing for novel pathogens. There is no public evidence that Argentina has an overarching national public health emergency response plan that would contain such information. [1]

In 2007, the Ministry of Health (MSAL) issued the Integrated Response Plan for Pandemic Influenza. In terms of scaling

capacity, the Plan states that it follows WHO recommendations regarding laboratory testing for pandemic influenza: testing is limited to the three National Influenza Centers during the pre-pandemic period in order to limit the risk of spread among laboratory staff, while testing can occur at all laboratories that with Biosafety Level 2 installations during the pandemic period in order to expand capacity.

In terms of novel pathogens, the Plan only deals with pandemic influenza. In terms of defining goals for testing, the plan provides basic guidelines depending on the stage of the pandemic, stating that specimens will only be tested for suspected cases with specific symptoms or travel histories. During the highest alert stage a limited number of cases will be tested for each outbreak to determine if the agent is a pandemic virus. [2]

In 2014, MSAL issued the National Plan for Preparation and Response to Chikungunya Fever in Argentina. The Plan does not provide specific information regarding testing, only stating that MSAL shall "guarantee diagnosis" and "reinforce laboratory surveillance". [3]

In 2020, MSAL issued the Operational Plan for Preparation and Response to COVID-19 in Argentina. The Plan does not discuss novel pathogens or provide specifics regarding scaling capacity. In terms of defining goals, the Plan states that laboratory confirmation will only be provided for severe and fatal cases, while clinical and epidemiological confirmation will be provided for less severe cases. [4] The websites of the Ministry of Health, Ministry of Agriculture, Ranching and Fishing, National Service for Agricultural Health and Quality, and National Administration of Laboratories and Health Institutes do not contain additional public information regarding a national plan, strategy or similar document for conducting testing during a public health emergency. [1, 5, 6, 7]

[1] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 27 February 2021.

[2] Ministry of Health (Ministerio de Salud). 2007. "Integrated Response Plan for Pandemic Influenza" ("Plan de Respuesta Integrada para Pandemia de Influenza"). [https://www.paho.org/hq/images/stories/AD/HSD/CD/INFLUENZA/nippp%20argentina.pdf?ua=1]. Accessed 28 February 2021.

[3] Ministry of Health (Ministerio de Salud). 2014. "National Plan for Preparation and Response to Chikungunya Fever in Argentina" ("Plan Nacional de Preparación y Respuesta frente a la Fiebre Chikungunya en Argentina"). [https://bancos.salud.gob.ar/sites/default/files/2018-10/0000000526cnt-chikungunya_plan_nacional_preparacion.pdf]. Accessed 28 February 2021.

[4] Ministry of Health (Ministerio de Salud). 2020. "Operational Plan for Preparation and Response to COVID-19 in Argentina". [https://www.argentina.gob.ar/salud/coronavirus-COVID-19/plan-operativo]. Accessed 28 February 2021.

[5] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021. "SENASA". [https://www.argentina.gob.ar/senasa]. Accessed 24 February 2021.

[6] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

[7] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura". [https://www.argentina.gob.ar/agricultura]. Accessed 28 February 2021.

2.1.2 Laboratory quality systems

2.1.2a

Is there a national laboratory that serves as a reference facility which is accredited (e.g., International Organization for Standardization [ISO] 15189:2003, U.S. Clinical Laboratory Improvement Amendments [CLIA])?

Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina's national reference laboratory, the National Administration of Laboratories and Health Institutes' (ANLIS) National Institute of Infectious Diseases (INEI) is accredited.

The Argentine Accreditation Organization accredited the INEI to carry out diagnostic tests in the Mycology Department as well as the Virology Department in late 2017. Both departments provide reference testing for subnational laboratories. The departments perform tests accredited to the Argentine Institute of Normalization and Certification's IRAM 301:2005 standard, which is equivalent to ISO/IEC 17025:2005. [2, 3] ISO/IEC 17025:2005 is a standard for "General requirements for the competence of testing and calibration laboratories". [4]

[1] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2018. "Acreditación de Normas IRAM para el INEI de ANLIS Malbrán". [http://www.anlis.gov.ar/?p=2572]. Accessed 28 February 2021.
[2] Argentine Accreditation Organisation (Organismo Argentino de Acreditacion). 2018. "ALCANCE DE LA ACREDITACIÓN DEL LABORATORIO DE ENSAYO". [http://www.oaa.org.ar/docs/255%20LE%2022-02-2018.pdf]. Accessed 28 February 2021.
[3] Argentine Accreditation Organisation (Organismo Argentino de Acreditacion). 2018. "ALCANCE DE LA ACREDITACIÓN DEL LABORATORIO DE ENSAYO". [http://www.oaa.org.ar/docs/252%20LE%2005-09-2018.pdf]. Accessed 28 February 2021.
[4] International Organization for Standardization. 2021. "ISO/IEC 17025:2005 General requirements for the competence of testing and calibration laboratories". [https://www.iso.org/standard/39883.html]. Accessed 28 February 2021.

2.1.2b

Is there a national laboratory that serves as a reference facility which is subject to external quality assurance review?
Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina's national reference laboratory, the National Administration of Laboratories and Health Institutes' (ANLIS) National Institute of Infectious Diseases (INEI), is subject to external quality assurance (EQA) review.

INEI receives quality-assurance reviews from the CDC in Atlanta for typing and subtyping of influenza viruses. The WHO also reviews INEI's influenza diagnostics twice per year. [1] The WHO also reviews INEI's sexually transmitted infections diagnostics. The Pan American Health Organization and the Public Health Institute of Chile have also reviewed the INEI's sexually transmitted infections diagnostics. The CDC reviews INEI's syphilis testing four times per year. [2] INEI also receives EQA from the Pan American Health Organization for malaria testing. [3]

[1] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2014. "National Network for Influenza and Respiratory Viruses". [http://www.anlis.gov.ar/cnrl/wp-content/uploads/2014/10/RED-NACIONAL-DE-INFLUENZA-Y-VIRUS-RESPIRATORIOS.pdf]. Accessed 27 February 2021.
[2] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2014. "National Network of Sexually Transmitted Infections". [http://www.anlis.gov.ar/cnrl/wp-content/uploads/2014/10/RED-NACIONAL-DE-INFECCIONES-DE-TRANSMISION-SEXUAL.pdf]. Accessed 27 February 2021.
[3] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2018. "Guide for surveillance for the prevention of the reestablishment of malaria in Argentina". [https://www.argentina.gob.ar/sites/default/files/guia_de_vigilancia_para_la_prevencion_del_restablecimiento_del_paludismo_en_argentina_preliminar.pdf]. Accessed 27 February 2021.

2.2 LABORATORY SUPPLY CHAINS

2.2.1 Specimen referral and transport system

2.2.1a

Is there a nationwide specimen transport system?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Argentina has a nationwide specimen transport system.

The Ministry of Health (MSAL) updated its Guide for Taking Samples, Conservation, and Transport for Toxicological Analyses in 2016. The Guide discusses proper handling and packaging but does not include any reference to a specimen transport system in Argentina. [1]

The National Service for Agricultural Health and Quality's (SENASA) Resolution 540/2010 created the System for Registering and Notifying Notifiable Animal Diseases. The resolution includes the forms for sending specimens to SENASA. Neither the forms nor the resolution mentions a specimen transport system. [2]

One private transport provider in Argentina has posted information regarding biological specimen transport online. The provider's website states that it can provide door-to-door service for specimens for diagnosis, quality assurance, and research. [3] MSAL's 2020 Operational Plan for Preparation and Response to COVID-19 in Argentina states that the ministry will "support and guarantee the transport of specimens to the National Reference Laboratory" but does not provide details. [4] Argentina's 2019 International Health Regulations (IHR) State Party self-assessment annual report scored the country at 80% for indicator "C5.1. Specimen referral and transport system". [5]

The websites of the Ministry of Health, Ministry of Agriculture, Ranching and Fishing, National Service for Agricultural Health and Quality, and National Administration of Laboratories and Health Institutes do not contain additional information regarding a specimen transport system. [6, 7, 8, 9]

[1] Ministry of Health (Ministerio de Salud). 2016. "Guide for Taking Samples, Conservation, and Transport for Toxicological Analyses". [https://bancos.salud.gob.ar/sites/default/files/2018-10/0000000776cnt-guia_toma_de_muestras.pdf]. Accessed 28 February 2021.
[2] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2010. "Resolution 540/2010". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/170000-174999/170691/norma.htm]. Accessed 28 February 2021.
[3] EPSA-BIO. 2021. "Transporte de material Biológico". [https://epsared.com.ar/material-biologico/]. Accessed 28 February 2021.
[4] Ministry of Health (Ministerio de Salud). 2020. "Operational Plan for Preparation and Response to COVID-19 in Argentina". [https://www.argentina.gob.ar/salud/coronavirus-COVID-19/plan-operativo]. Accessed 28 February 2021.
[5] World Health Organization. 2019. "IHR Score per capacity - Argentina". [https://extranet.who.int/e-spar/]. Accessed 24 February 2021.
[6] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.
[7] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura". [https://www.argentina.gob.ar/agricultura]. Accessed 28 February 2021.

[8] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 27 February 2021.

[9] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021. "SENASA". [https://www.argentina.gob.ar/senasa]. Accessed 24 February 2021.

2.2.2 Laboratory cooperation and coordination

2.2.2a

Is there a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak?

Yes = 2 , Yes, but there is evidence of gaps in implementation = 1 , No = 0

Current Year Score: 0

There is no public evidence that Argentina has a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak that applies to multiple pathogens.

Government websites contain public evidence of efforts to supplement national laboratory capacity, but only regarding the COVID-19 pandemic. In 2020, the Ministry of Health (MSAL) issued the Operational Plan for Preparation and Response to COVID-19 in Argentina. The Plan states the ministry shall "evaluate the decentralization of diagnosis to regional laboratories, providing support, training and provision of reagents". In addition, the Plan states that MSAL will "coordinate actions with diagnostic entities from the private subsector". The Plan does not provide more specific details. [1] In practice during the COVID-19 pandemic, MSAL decentralized testing to regional government laboratories, reaching 106 laboratories by April 2020. [2, 3] MSAL also trained personnel from the National Service for Agricultural Health and Quality (SENASA) to carry out COVID-19 testing at the country's national animal health reference laboratory to supplement MSAL's capacity. There is no public evidence this was part of an established plan. [4]

The websites of the Ministry of Health, Ministry of Agriculture, Ranching and Fishing, National Service for Agricultural Health and Quality, and National Administration of Laboratories and Health Institutes do not contain additional information regarding a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak. [5, 6, 7, 8]

[1] Ministry of Health (Ministerio de Salud). 2020. "Operational Plan for Preparation and Response to COVID-19 in Argentina". [https://www.argentina.gob.ar/salud/coronavirus-COVID-19/plan-operativo]. Accessed 28 February 2021.

[2] Ministry of Health (Ministerio de Salud). 2020. "ANLIS progresses in the decentralization of diagnostic testing of the new coronavirus". [https://www.argentina.gob.ar/noticias/anlis-avanza-en-la-descentralizacion-de-la-deteccion-diagnostica-del-nuevo-coronavirus]. Accessed 28 February 2021.

[3] Ministry of Health (Ministerio de Salud). 2020. "Now 106 laboratories performing COVID-19 testing throughout the country". [https://www.argentina.gob.ar/noticias/ya-son-106-los-laboratorios-que-analizan-pruebas-de-diagnostico-de-covid-19-en-todo-el-pais]. Accessed 28 February 2021.

[4] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2020. "The laboratory collaborates with the Malbran Institute for COVID-19 testing". [https://www.argentina.gob.ar/noticias/el-laboratorio-colabora-con-el-instituto-malbran-en-el-diagnostico-del-covid-19]. Accessed 28 February 2021.

[5] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2021. "SENASA". [https://www.argentina.gob.ar/senasa]. Accessed 24 February 2021.

[6] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

[7] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura".
[https://www.argentina.gob.ar/agricultura]. Accessed 28 February 2021.
[8] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 27 February 2021.

2.3 REAL-TIME SURVEILLANCE AND REPORTING

2.3.1 Indicator and event-based surveillance and reporting systems

2.3.1a

Is there evidence that the country is conducting ongoing event-based surveillance and analysis for infectious disease?
Yes, there is evidence of ongoing event-based surveillance and evidence that the data is being analyzed on a daily basis = 2,
Yes, there is evidence of ongoing event-based surveillance, but no evidence that the data are being analyzed on a daily basis
= 1, No = 0

> Current Year Score: 2

There is public evidence that Argentina conducts ongoing event-based surveillance (EBS) and analysis for infectious disease.
The Ministry of Health's (MSAL) National Directorate of Epidemiology houses a Situation Room tasked with providing "multi-sector mechanisms for the flow of information" and analysis of the national and regional health situation. [1] In addition, the
Directorate supports provincial Situation Rooms operated by subnational authorities. [2] Both types of Situation Rooms
conduct ongoing EBS including searching news sources and "surveillance of rumors" regarding health conditions. Surveillance
and analysis, including sharing information with relevant agencies and authorities, occurs daily and on a "permanent" basis.
[2] Argentina's 2019 International Health Regulations (IHR) State Party self-assessment annual report scored the country at
80% for indicator "C6.1 Early warning function: indicator-and event-based surveillance". [3]

[1] Ministry of Health (Ministerio de Salud). 2021. "What is a Situation Room".
[https://www.argentina.gob.ar/salud/epidemiologia/que-es-una-sala-de-situacion]. Accessed 28 February 2021.
[2] Ministry of Health (Ministerio de Salud). 2013. "Successful experiences with the Situation Room in Argentina".
[https://www.argentina.gob.ar/sites/default/files/experiencias-exitosas-sala-situacion-argentina.pdf]. Accessed 28 February
2021.
[3] World Health Organization. 2019. "IHR Score per capacity - Argentina". [https://extranet.who.int/e-spar/]. Accessed 24
February 2021.

2.3.1b

**Is there publicly available evidence that the country reported a potential public health emergency of international concern
(PHEIC) to the WHO within the last two years?**
Yes = 1 , No = 0

> Current Year Score: 1

There is public evidence that Argentina reported a potential public health emergency of international concern (PHEIC) to the
WHO within the last two years. On January 23, 2019, Argentina reported an outbreak of Hantavirus Pulmonary Syndrome to
the WHO. [1, 2] The Ministry of Health and Social Development issued the first alert regarding the outbreak on December 19,
2018. The outbreak started October 28, 2018 in Chubut province. Eleven deaths were reported from 27 cases of infection.
Two of the cases reached neighboring regions of Chile. [2] There is no public evidence that Argentina reported COVID-19 as a
PHEIC. [3, 4, 5]

[1] World Health Organization. 2019. "Disease Outbreak News 2019". [https://www.who.int/csr/don/archive/year/2019/en/]. Accessed 1 March 2021.

[2] World Health Organization. 2019. "Hantavirus Pulmonary Syndrome – Argentine Republic".

[https://www.who.int/csr/don/23-January-2019-hantavirus-argentina/en/]. Accessed 1 March 2021.

[3] World Health Organization. 2021. "Disease Outbreak News – Argentina".

[https://www.who.int/csr/don/archive/country/arg/en/]. Accessed 1 March 2021.

[4] World Health Organization. 2020. "Disease Outbreak News 2020". [https://www.who.int/csr/don/archive/year/2020/en/]. Accessed 1 March 2021.

[5] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.

2.3.2 Interoperable, interconnected, electronic real-time reporting systems

2.3.2a

Does the government operate an electronic reporting surveillance system at both the national and the sub-national level?

Yes = 1 , No = 0

> Current Year Score: 1

Argentina's government operates an electronic reporting surveillance system at both the national and sub-national level. The National Health Surveillance System (SNVS) is managed by the Ministry of Health's (MSAL) National Directorate of Epidemiology. SNVS is a communications network between different surveillance agents and connects the different levels and sectors of the health care community. [1] SNVS operates as an application that connects to central servers via the internet to compile epidemiological information. SNVS users, ranging from local health workers to regional and provincial workers input surveillance data into the system. [2] SNVS 2.0 updated the system's technology platform to integrate data from clinical surveillance and the national laboratory system. [1] Argentina completed a Joint External Evaluation (JEE) with the WHO in 2019. The full report is not publicly available, but the country scored 60% on category "C9 Real-Time Surveillance" and 80% on category "C10 Reporting". [3]

[1] Ministry of Health (Ministerio de Salud). 2021. "National Health Surveillance System 2.0".

[https://sisa.msal.gov.ar/sisa/#sisa]. Accessed 1 March 2021.

[2] Ministry of Health (Ministerio de Salud). 2007. "Manual de normas y procedimientos de Vigilancia y Control de Enfermedades de Notificación Obligatoria".

[http://www.snvs.msal.gov.ar/descargas/manual%20de%20normas%20y%20procedimientos%202007.pdf]. Accessed 1 March 2021.

[3] World Health Organization. 2019. "JEE Status". [https://extranet.who.int/sph/jee?region=All&country=244]. Accessed 25 February 2021.

2.3.2b

Does the electronic reporting surveillance system collect ongoing or real-time laboratory data?

Yes = 1 , No = 0

> Current Year Score: 1

There is public evidence that Argentina's electronic reporting surveillance system collects ongoing or real-time laboratory data.

The National Health Surveillance System (SNVS) is managed by the Ministry of Health's (MSAL) National Directorate of

Epidemiology. SNVS 2.0 updated the system's technology platform to integrate data from clinical surveillance and the national laboratory system. [1] SNVS receives data from the Laboratory Surveillance System (SIVILA), including test results for specimens from individuals, animals, food, and the environment. [1, 2] SIVILA sends ongoing data to SNVS and can generate alerts when notifiable events and pathogens are detected. The alerts are sent to the relevant epidemiological officials. SIVILA began development in 2004 and by 2007 was implemented across Argentina. [2]

In 2020, MSAL reported that it had updated the SIVILA reporting templates used by the national reference laboratory and that results were imported into SNVS daily. [3] During the COVID-19 pandemic, MSAL reported that the national laboratory network, as well as private diagnostic laboratories, were connected to the SNVS "allowing for real-time communication among the actors intervening with responsibility for health simultaneously and from any place in the Argentine territory". [4]

[1] Ministry of Health (Ministerio de Salud). 2021. "National Health Surveillance System 2.0".
[https://sisa.msal.gov.ar/sisa/#sisa]. Accessed 1 March 2021.
[2] Ministry of Health (Ministerio de Salud). 2007. "Manual de normas y procedimientos de Vigilancia y Control de Enfermedades de Notificación Obligatoria".
[http://www.snvs.msal.gov.ar/descargas/manual%20de%20normas%20y%20procedimientos%202007.pdf]. Accessed 1 March 2021.
[3] Ministry of Health (Ministerio de Salud). 2020. "2020 Report Integrated Health Systems".
[https://sisa.msal.gov.ar/sisa/sisa/service/document?location=342063]. Accessed 1 March 2021.
[4] Ministry of Health (Ministerio de Salud). 2021. "COVID-19 Surveillance".
[https://www.argentina.gob.ar/salud/coronavirus-COVID-19/vigilancia]. Accessed 1 March 2021.

2.4 SURVEILLANCE DATA ACCESSIBILITY AND TRANSPARENCY

2.4.1 Coverage and use of electronic health records

2.4.1a

Are electronic health records commonly in use?
Electronic health records are commonly in use = 2, Electronic health records are not commonly in use, but there is evidence they are used = 1, No evidence electronic health records are in use = 0

Current Year Score: 1

There is public evidence that Argentina has an electronic health records (EHR) system, but there is insufficient evidence that EHR are commonly in use.

Article 13 of Law No. 26,529 of 2009 recognized EHR as legal in Argentina. [1] Nonetheless, the WHO's 2015 Atlas of eHealth Profiles stated that Argentina did not yet have a national EHR system and did not provide coverage levels for EHR use at primary, secondary, or tertiary care facilities. [2]

In October 2018, the Ministry of Health (MSAL) issued the National Digital Health Strategy 2018-2024. The Strategy's first objective is for all public health facilities to possess "connectivity and an EHR system". [3] The Strategy's Phase 2 runs from 2020-2024 and states that EHR projects will be implemented building on progress already made in the provinces. [3] According to the Strategy, "a limited percentage of public health actors in the country have any type of electronic record" and the "vast majority still maintain paper health records". [3]

A May 2018 report from the Federal Health Council noted that EHR had been successfully piloted in Buenos Aires and was

planned to be implemented in public health facilities throughout the rest of the country. [10] According to data from the City of Buenos Aires, 100% of its community health centers had implemented EHR as of August 2017, and 1.7m individuals (60% of the city's population) had an EHR as of August 2019. [4, 5] Other provinces have also implemented EHR systems, but there is no public evidence of centralized data on coverage levels. [6, 7] The websites of the Ministry of Health and the National Administration of Laboratories and Health Institutes do not contain additional information regarding the common use of EHR in Argentina. [8, 9]

[1] Honourable Congress of the Argentine Nation (HONORABLE CONGRESO DE LA NACION ARGENTINA). 2009. "Law No. 26,529". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/160000-164999/160432/texact.htm]. Accessed 1 March 2021.

[2] World Health Organization. 2015. "Atlas of eHealth Profiles".
[https://apps.who.int/iris/bitstream/handle/10665/204523/9789241565219_eng.pdf;jsessionid=44433CF895B7711ECCEED185A1B56A8C?sequence=1]. Accessed 1 March 2021.

[3] Ministry of Health (Ministerio de Salud). 2018. "National Digital Health Strategy 2018-2024".
[http://www.legisalud.gov.ar/pdf/sgsres189_2018anexo.pdf]. Accessed 1 March 2021.

[4] City of Buenos Aires (Buenos Aires Ciudad). 2021. "Electronic health records".
[https://data.buenosaires.gob.ar/dataset/historia-clinica-electronica]. Accessed 1 March 2021.

[5] City of Buenos Aires (Buenos Aires Ciudad). 2021. "The city". [https://www.buenosaires.gob.ar/laciudad/ciudad]. Accessed 1 March 2021.

[6] Infobae. 2020. "What is the bill for the digitalization of health records about".
[https://www.infobae.com/salud/2020/11/30/de-que-se-trata-el-proyecto-de-ley-de-digitalizacion-de-historias-clinicas-que-obtuvo-media-sancion-de-senadores/]. Accessed 1 March 2021.

[7] Ministry of Health (Ministerio de Salud). 2018. "Objectives". [https://www.argentina.gob.ar/salud/digital/objetivos]. Accessed 1 March 2021.

[8] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.

[9] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

[10] Federal Health Council (Consejo Federal de Salud). 2018. "Implementación de la Cobertura Universal de Salud".
[https://www.argentina.gob.ar/sites/default/files/2018-caba_1-implementacion-cus.pdf]. Accessed 1 March 2021.

2.4.1b

Does the national public health system have access to electronic health records of individuals in their country?
Yes = 1 , No = 0

Current Year Score: 0

There is insufficient public evidence that Argentina's national public health system has access to electronic health records (EHR) of individuals in the country. In September 2018, the Ministry of Health (MSAL) issued Resolution 1840/2018, authorizing the National Directorate of Health Information Systems to issue standards related to interoperability of EHR between different health facilities and services. [1] Reports from 2018 demonstrate that EHR had been implemented in both the public and private health systems and do not mention interoperability between the two or the ability of the public health system to access all EHR in the country. [2, 3, 4] MSAL's National Digital Health Strategy 2018-2024 called for integration of EHR across jurisdictions and sectors, enabling the public health system to access all EHR in the country. [5] In May 2019, several provinces reported that they had begun installation of a federally funded project to integrate existing EHR from the public and private sectors to make them available to all institutions. However, there is insufficient public evidence that public access to private EHR currently exists. [6, 7, 8] The websites of MSAL, the National Administration of Laboratories and Health Institutes do not contain additional public information regarding the national public health system's access to EHR of

individuals in the country. [9, 10]

[1] Ministry of Health (Ministerio de Salud). 2018. "Resolution 1840/2018". [http://test.e-legis-ar.msal.gov.ar/leisref/public/showAct.php?id=31993]. Accessed 1 March 2021.

[2] Federal Health Council (Consejo Federal de Salud). 2018. "Implementación de la Cobertura Universal de Salud". [https://www.argentina.gob.ar/sites/default/files/2018-caba_1-implementacion-cus.pdf]. Accessed 1 March 2021.

[3] Integrando Salud. 2019. "Historia Clínica Electrónica". [https://www.integrandosalud.com/es-ar/productos-para-medicos/]. Accessed 1 March 2021.

[4] Argentine Society of Cardiology (Sociedad Argentina de Cardiología). 2019. "CONDICIONES DE USO DE LA HISTORIA CLÍNICA ELECTRÓNICA AMBULATORIA DE LA SOCIEDAD ARGENTINA DE CARDIOLOGÍA". [https://www.sac.org.ar/historia-clinica-electronica/]. Accessed 1 March 2021.

[5] Ministry of Health (Ministerio de Salud). 2018. "National Digital Health Strategy 2018-2024". [http://www.legisalud.gov.ar/pdf/sgsres189_2018anexo.pdf]. Accessed 1 March 2021.

[6] Info Negocios. 2019. "Single EHR advances in Cordoba". [https://infonegocios.info/nota-principal/avanza-la-historia-clinica-unica-digital-en-cordoba-ya-esta-en-marcha-en-3-hospitales-y-cerrara-el-ano-con-14-mas]. Accessed 1 March 2021.

[7] Jujuy Al Momento. 2019. "Government will hire private firms to provide health services". [https://www.jujuyalmomento.com/atencion-hospitales/el-gobierno-contratara-empresas-privadas-brindar-servicios-salud-n84726]. Accessed 1 March 2021.

[8] Mirador Provincial. 2019. "Santa Fe is a pioneer in implementation of shared EHR". [https://www.miradorprovincial.com/?m=interior&id_um=198158-santa-fe-es-pionera-en-la-implementacion-de-la-historia-clinica-electronica-compartida-salud]. Accessed 1 March 2021.

[9] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.

[10] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

2.4.1c

Are there data standards to ensure data is comparable (e.g., ISO standards)?
Yes = 1 , No = 0

      Current Year Score: 1

There is public evidence that Argentina has adopted data standards for electronic health records (EHR) in the country. The Ministry of Health's (MSAL) website states that the country's EHR system utilizes the SNOMED CT (SNOMED Clinical Terms) global clinical terminology language, which has been completely translated to Spanish and includes more than 330,000 clinical concepts. The WHO has agreements with SNOMED to allow for joint use of its language and the WHO's CIE-10 and CIE-11 standards for classifying illnesses. Any user in Argentina can apply for a free license to use the SNOMED CT language for EHR, and MSAL has stated it will publish a capacity-building timeline for provincial and community health providers. [1] Argentina joined the SNOMED International partnership as the 31st country in January 2018. [1] In addition, a May 2018 report from the Federal Health Council noted that EHR had been successfully piloted in Buenos Aires and were planned to be implemented in public health facilities throughout the rest of the country. The report stated that the system implemented the SNOMED CT and Health Level 7 (HL7) standards to ensure interoperability of EHR. According to the report, some standardization still needs to be worked out. [2] In September 2018, MSAL issued Resolution 1840/2018, authorizing the National Directorate of Health Information Systems to issue standards related to interoperability of EHR between different health facilities and services, as well as data terms and glossary related to interoperability and minimum data requirements. [3] At the subnational level, in the City of Buenos Aires, emergency medical personnel can use QR code readers to access basic medical information about patients that have opted in to a system to share information such as blood type and medical

allergies. [4]

[1] Ministry of Health and Social Development (Ministerio de Salud y Desarrollo Social). 2019. "SNOMED".
[https://www.argentina.gob.ar/salud/snomed]. Accessed 1 March 2021.
[2] Federal Health Council (Consejo Federal de Salud). 2018. "Implementación de la Cobertura Universal de Salud".
[https://www.argentina.gob.ar/sites/default/files/2018-caba_1-implementacion-cus.pdf]. Accessed 1 March 2021.
[3] Ministry of Health (Ministerio de Salud). 2018. "Resolution 1840/2018". [http://test.e-legis-
ar.msal.gov.ar/leisref/public/showAct.php?id=31993]. Accessed 1 March 2021.
[4] eHealth Reporter. 2015. "Emergency medical services will be able to access EHR via QR codes".
[https://ehealthreporter.com/web/es/noticia/el-same-podra-acceder-a-las-hce-mediante-codigos-de-respuestas-rapidas-en-
la-via-publica/]. Accessed 1 March 2021.

2.4.2 Data integration between human, animal, and environmental health sectors

2.4.2a

Is there evidence of established mechanisms at the relevant ministries responsible for animal, human, and wildlife surveillance to share data (e.g., through mosquito surveillance, brucellosis surveillance)?
Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina has established mechanisms at the relevant ministries responsible for animal, human and wildlife surveillance to share data.

The Laboratory Surveillance System (SIVILA) captures diagnostic test data from public health, animal health, environmental and food safety laboratories in Argentina. SIVILA uploads this data into the National Health Surveillance System (SNVS) that is managed by the Ministry of Health and Social Development's (MSAL) National Directorate of Epidemiology. [1, 2] SNVS is a communications network between different surveillance agents and connects the different levels and sectors of the health care community. [1] SNVS operates as an application that connects to central servers via the internet to compile epidemiological information. SNVS users, ranging from local health workers to regional and provincial workers input surveillance data into the system. [2] SNVS 2.0 updated the system's technology platform to integrate data from clinical surveillance and the national laboratory system. [1] SNVS receives data from the Laboratory Surveillance System (SIVILA), including test results for specimens from individuals, animals, food and the environment. [1, 2] SIVILA sends ongoing data to SNVS and can generate alerts when notifiable events and pathogens are detected. [2]

In addition, the Ministry of Environment and Sustainable Development (MADS) and MSAL jointly operate the Epizootic Surveillance Network in the provinces of Misiones and Corrientes, sharing the surveillance data gathered on yellow fever and other diseases. The network also includes municipalities and researchers. [3] The National Service for Agricultural Health and Quality's (SENASA) Resolution No. 301/2012 established that its epidemiological surveillance information system should be integrated and shared with the Ministry of Health's information system. [4] The Argentine Strategy for the Control of Antimicrobial Resistance (EACRA) was issued by joint resolutions of the Ministry of Health and the Ministry of Agriculture, Ranching and Fishing in 2015 (Resolution 834/2015 and Resolution 391/2015, respectively) and documents that SENASA and the Ministry of Health utilize the same software platform for epidemiological surveillance data. [5] In 2018, the Ministry of Health published the Guide for the prevention, surveillance and control of rabies in Argentina. The Guide documents sharing of surveillance data between MSAL and SENASA. [6]

[1] Ministry of Health (Ministerio de Salud). 2021. "National Health Surveillance System 2.0".
[https://sisa.msal.gov.ar/sisa/#sisa]. Accessed 1 March 2021.
[2] Ministry of Health (Ministerio de Salud). 2007. "Manual de normas y procedimientos de Vigilancia y Control de
Enfermedades de Notificación Obligatoria".
[http://www.snvs.msal.gov.ar/descargas/manual%20de%20normas%20y%20procedimientos%202007.pdf]. Accessed 1
March 2021.
[3] Ministry of Environment and Sustainable Development (Ministerio de Ambiente y Desarrollo Sustentable). 2018.
"Ambiente continúa el trabajo de vigilancia de circulación de la fiebre amarilla".
[https://www.argentina.gob.ar/noticias/ambiente-continua-el-trabajo-de-vigilancia-de-circulacion-de-la-fiebre-amarilla].
Accessed 1 March 2021.
[4] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2012.
"Resolution 301/2012". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/195000-199999/198860/texact.htm].
Accessed 1 March 2021.
[5] Ministry of Health and Ministry of Agriculture, Ranching and Fishing (MINISTERIO DE SALUD y MINISTERIO DE
AGRICULTURA, GANADERÍA Y PESCA). 2015. "Joint Resolution 834/2015 and 391/2015".
[http://servicios.infoleg.gob.ar/infolegInternet/anexos/245000-249999/248651/texact.htm]. Accessed 1 March 2021.
[6] Ministry of Health (Ministerio de Salud). 2018. "Guide for the prevention, surveillance and control of rabies in Argentina"
("Guía para la prevención, vigilancia y control de la rabia en Argentina").
[http://saladesituacion.salta.gov.ar/php/documentos/materiales_descarga_programas_epi/zoonosis/guia_rabia-2018.pdf].
Accessed 1 March 2021.

2.4.3 Transparency of surveillance data

2.4.3a

Does the country make de-identified health surveillance data on infectious diseases publicly available via reports (or other
format) on government websites (such as the Ministry of Health, Ministry of Agriculture, or similar)?
Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that the government of Argentina makes de-identified health surveillance data on disease outbreaks
publicly available via Integrated Surveillance Bulletins published weekly. The Ministry of Health publishes the bulletins on its
website. The bulletins include surveillance data on notifiable diseases and outbreaks. [1] For example, the 2021 Week 5
bulletin included surveillance data on dengue, and Zika in addition to Covid-19. [2]

[1] Ministry of Health (Ministerio de Salud). 2021. "Epidemiological bulletins".
[https://bancos.salud.gob.ar/bancos/materiales-para-equipos-de-salud/soporte/boletines-epidemiologicos/]. Accessed 1
March 2021.
[2] Ministry of Health (Ministerio de Salud). 2021. "Boletín integrado de vigilancia N535 SE 05/2021".
[https://bancos.salud.gob.ar/recurso/boletin-integrado-de-vigilancia-n535-se-052021]. Accessed 1 March 2021.

2.4.3b

Does the country make de-identified COVID-19 surveillance data (including details such as daily case count, mortality rate,
etc) available via daily reports (or other formats) on government websites (such as the Ministry of Health, or similar)?
Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that the government of Argentina makes de-identified health surveillance data on COVID-19 publicly available via daily reports (or other format) on government websites. [1] The Ministry of Health (MSAL) publishes a daily report with the daily number of confirmed cases, total cases, deaths, testing statistics, and hospital utilization rates. [1, 2, 3] In addition, MSAL also publishes a full dataset with extended information about cases that is updated daily. [4]

[1] Ministry of Health (Ministerio de Salud). 2021. "Daily reports". [https://www.argentina.gob.ar/coronavirus/informes-diarios]. Accessed 1 March 2021.
[2] Ministry of Health (Ministerio de Salud). 2021. "March 2021". [https://www.argentina.gob.ar/coronavirus/informes-diarios/reportes/marzo2021]. Accessed 1 March 2021.
[3] Ministry of Health (Ministerio de Salud). 2021. "Situation report COVID-19 March 1, 2021". [https://www.argentina.gob.ar/sites/default/files/sala-situacion-covid-19_01-03-2021.pdf]. Accessed 1 March 2021.
[4] Ministry of Health (Ministerio de Salud). 2021. "COVID-19 Open Dataset". [http://datos.salud.gob.ar/dataset/covid-19-casos-registrados-en-la-republica-argentina/archivo/fd657d02-a33a-498b-a91b-2ef1a68b8d16]. Accessed 1 March 2021.

2.4.4 Ethical considerations during surveillance

2.4.4a

Is there legislation and/or regulations that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities?
Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina's laws and guidelines safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities. Law 25,326 of 2000, the Personal Data Protection Law, protects individuals' health data. Article 8 requires health facilities and professionals to keep individual health information secret. Article 11 states that consent for use of individual health data is not required when it is used for epidemiological studies as long as it has been adequately de-identified. [1] In addition, Law No. 15,465 of 1960, which established compulsory notification for diseases, states that "notifications and communications" regarding individuals with illnesses are "confidential". [2] Both the National Epidemiological Surveillance System and the Laboratory Surveillance System (SIVILA) state that they guarantee the confidentiality of patient data uploaded to the systems as part of epidemiological reporting. User controls are employed to determine which users can access personally identifiable data. [3]

[1] Honourable Congress of the Argentine Nation (HONORABLE CONGRESO DE LA NACION ARGENTINA). 2000. "Law No. 25,326". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/60000-64999/64790/norma.htm]. Accessed 1 March 2021.
[2] Honorable Congress of the Argentine Nation (Honorable Congreso de la Nacion Argentina). 1960. "Law No. 15,465". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/195000-199999/195093/norma.htm]. Accessed 24 February 2021.
[3] Ministry of Health (Ministerio de Salud). 2007. "Manual de normas y procedimientos de Vigilancia y Control de Enfermedades de Notificación Obligatoria". [http://www.snvs.msal.gov.ar/descargas/manual%20de%20normas%20y%20procedimientos%202007.pdf]. Accessed 1 March 2021.

2.4.4b

Is there legislation and/or regulations safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, include mention of protections from cyber attacks (e.g., ransomware)?

Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina's law safeguarding the confidentiality of identifiable health information for individuals mentions protection from cyber attacks. Law 25,326 of 2000, the Personal Data Protection Law, protects individuals' health data. Article 8 requires health facilities and professionals to keep individual health information secret. Article 9 requires users of personal data to "adopt the technical and organizational measures that are necessary to guarantee the security and confidentiality of personal data, sufficient to prevent their unauthorized adulteration, loss, access, or use, and which allow the detection of diversion of the information, whether intentional or not". Article 32 establishes a penalty of one month to two years in prison for violating data security and confidentiality systems. [1]

[1] Honourable Congress of the Argentine Nation (HONORABLE CONGRESO DE LA NACION ARGENTINA). 2000. "Law No. 25,326". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/60000-64999/64790/norma.htm]. Accessed 1 March 2021.

2.4.5 International data sharing

2.4.5a

Has the government made a commitment via public statements, legislation and/or a cooperative agreement to share surveillance data during a public health emergency with other countries in the region?

Yes, commitments have been made to share data for more than one disease = 2, Yes, commitments have been made to share data only for one disease = 1, No = 0

Current Year Score: 2

There is public evidence that the government of Argentina has made a commitment via a cooperative agreement to share surveillance data during a public health emergency with other countries in the region, and this commitment covers more than one disease.

The Ministry of Health's (MSAL) Resolution 2033/2010 adopted Mercosur's Resolution GMC No. 22/08 on "Epidemiological surveillance and control of prioritized diseases and outbreaks among the Party States of MERCOSUR". The resolution tasks MSAL with sharing surveillance data with Brazil, Paraguay and Uruguay in the event of a notifiable outbreak. The criteria for a notifiable outbreak include the epidemic potential of the disease, whether it is likely to move internationally, and if it is an emerging disease, among others (Section I). In the event of a notifiable outbreak, MSAL must contact its counterparts in Brazil, Paraguay and Uruguay, by internet or phone to notify them (Section III). MSAL must also share surveillance data, including illness, agent, place and date of start of outbreak, number of cases and death, means of transmission, associated factors and control measures adopted (Section III). [1] In 2020, the Ministry of Health (MSAL) issued the Operational Plan for Preparation and Response to COVID-19 in Argentina. The Plan states the ministry shall "provide information on the genomic sequencing of the virus in order to understand its evolution and enable studies of antivirals and development of vaccines". [2]

[1] Ministry of Health and Social Development (Ministerio de Salud y Desarrollo Social). 2010. "Resolution 2033/2010". [http://servicios.infoleg.gob.ar/infolegInternet/resaltaranexos/175000-179999/175063/norma.htm]. Accessed 1 March 2021.

[2] Ministry of Health (Ministerio de Salud). 2020. "Operational Plan for Preparation and Response to COVID-19 in Argentina". [https://www.argentina.gob.ar/salud/coronavirus-COVID-19/plan-operativo]. Accessed 28 February 2021.

2.5 CASE-BASED INVESTIGATION

2.5.1 Case investigation and contact tracing

2.5.1a

Is there a national system in place to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing in the event of a public health emergency?
Yes, there is evidence that the national government supports sub-national systems to prepare for future public health emergencies = 2, Yes, there is evidence that the national government supports sub-national systems, but only in response to active public health emergencies = 1, No = 0

Current Year Score: 1

There is public evidence that Argentina has a national system in place to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing but only in response to active public health emergencies (PHE).

The 2018 Manual for the Implementation of Emergency Medical Teams (EMT) for response to emergencies and disasters in the Framework of the National Comprehensive Risk Management System (SINAGIR) does not describe any contact tracing plans during a PHE. [1]

During the COVID-19 pandemic, the Ministry of Health (MSAL) created the "DetectAR" program for testing and contact tracing, which is implemented by authorities at the subnational level. MSAL has issued standardized methodologies and criteria for searching for cases, testing and tracing close contacts of infected persons. However, there is no public evidence that "DetectAR" was implemented following a pre-formed plan or utilizing previously identified resources. [2] At the subnational level, public health authorities have implemented the program via call centers and home visits in areas with high infection rates. [3, 4, 5] The websites of the Ministry of Health and the National Administration of Laboratories and Health Institutes do not contain additional information regarding a national system in place to provide support at the sub-national level to conduct contact tracing in the event of a PHE. [6, 7]

[1] National Comprehensive Risk Management System (SINAGIR). 2018. "Manual for the Implementation of Emergency Medical Teams (EMT) for response to emergencies and disasters" ("Manual de Implementación de la Iniciativa de Equipos Médicos de Emergencia (EMT) para la respuesta a emergencias y desastres"). [https://www.paho.org/arg/index.php?option=com_docman&view=download&alias=329-manual-de-implementacion-de-la-iniciativa-de-equipos-medicos-de-emergencia-emt&category_slug=salud-ambiental-y-desarrollo-sustentable&Itemid=624]. Accessed 1 March 2021.
[2] Ministry of Health (Ministerio de Salud). 2020. "DetectAR". [https://www.argentina.gob.ar/coronavirus/detectar]. Accessed 1 March 2021.
[3] City of Buenos Aires (Buenos Aires Ciudad). 2020. "How the emergency operations center functions as a key part of contact tracing". [https://www.buenosaires.gob.ar/salud/noticias/asi-funciona-el-centro-de-operaciones-de-emergencias-clave-para-el-seguimiento-de-los]. Accessed 1 March 2021.
[4] Ministry of Health (Ministerio de Salud). 2020. "Identification and contact tracing". [https://www.argentina.gob.ar/salud/coronavirus-COVID-19/Identificacion-y-seguimiento-de-contactos]. Accessed 1 March 2021.

[5] Pan American Health Organization. 2020. "Argentina field work uses technology for contact tracing". [https://www.paho.org/es/historias/argentina-operativos-terreno-tecnologia-para-seguimiento-contactos-son-clave-para-frenar]. Accessed 1 March 2021.

[6] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.

[7] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

2.5.1b

Does the country provide wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention?
Yes, both economic support and medical attention are provided = 2, Yes, but only economic support or medical attention is provided = 1, No = 0

Current Year Score: 0

There is no public evidence that Argentina provides wraparound services in the form of medical attention and economic support (paycheck, job security) to enable infected people and their contacts to self-isolate or quarantine as recommended. Avaailable evidence of medical attention is specific to COVID-19.

During the COVID-19 pandemic, the national government provided food aid and cash transfers to informal and low-income workers in order to enable them to comply with stay-at-home orders, but these were not explicitly linked to quarantine for infected people and their contacts. [1, 2, 3]

In terms of medical attention, the Ministry of Health (MSAL) created the "DetectAR" program for detecting and caring for infected people and their contacts. Care includes home visits and/or transfer to an isolation facility where more serious cases can be closely monitored. However, there is no public evidence that "DetectAR" was implemented following a pre-formed plan or utilizing previously identified resources. [4, 5] The websites of the Ministry of Health and the National Administration of Laboratories and Health Institutes do not contain additional information regarding wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended. [6, 7]

[1] Ministry of Social Development (Ministerio de Desarrollo Social). 2020. "Social measures during the coronavirus emergency". [https://www.argentina.gob.ar/noticias/medidas-sociales-ante-la-emergencia-por-el-coronavirus]. Accessed 1 March 2021.

[2] Ministry of the Economy (Ministerio de Economía). 2020. "Emergency family income". [https://www.argentina.gob.ar/economia/medidas-economicas-COVID19/ingresofamiliardeemergencia]. Accessed 1 March 2021.

[3] Ministry of the Economy (Ministerio de Economía). 2020. "Transfers for vulnerable groups". [https://www.argentina.gob.ar/economia/medidas-economicas-COVID19/bonos]. Accessed 1 March 2021.

[4] Ministry of Health (Ministerio de Salud). 2020. "DetectAR". [https://www.argentina.gob.ar/coronavirus/detectar]. Accessed 1 March 2021.

[5] Pan American Health Organization. 2020. "Argentina field work uses technology for contact tracing". [https://www.paho.org/es/historias/argentina-operativos-terreno-tecnologia-para-seguimiento-contactos-son-clave-para-frenar]. Accessed 1 March 2021.

[6] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.

[7] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

2.5.1c

Does the country make de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites (such as the Ministry of Health, or similar)?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Argentina makes de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites. The Ministry of Health (MSAL) publishes a daily report with case information, but this does not include de-identified data on contact tracing such as the percentage of new cases from identified contacts. [1, 2, 3] In addition, MSAL also publishes a dataset, updated daily, with information about cases but it does not include data relevant for de-identified contact tracing. [4]

[1] Ministry of Health (Ministerio de Salud). 2021. "Daily reports". [https://www.argentina.gob.ar/coronavirus/informes-diarios]. Accessed 1 March 2021.

[2] Ministry of Health (Ministerio de Salud). 2021. "March 2021". [https://www.argentina.gob.ar/coronavirus/informes-diarios/reportes/marzo2021]. Accessed 1 March 2021.

[3] Ministry of Health (Ministerio de Salud). 2021. "Situation report COVID-19 March 1, 2021". [https://www.argentina.gob.ar/sites/default/files/sala-situacion-covid-19_01-03-2021.pdf]. Accessed 1 March 2021.

[4] Ministry of Health (Ministerio de Salud). 2021. "COVID-19 Open Dataset". [http://datos.salud.gob.ar/dataset/covid-19-casos-registrados-en-la-republica-argentina/archivo/fd657d02-a33a-498b-a91b-2ef1a68b8d16]. Accessed 1 March 2021.

2.5.2 Point of entry management

2.5.2a

Is there a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency?

Yes, plan(s)/agreement(s) are in place to prepare for future public health emergencies = 2, Yes, but plan(s)/agreement(s) are in place only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is insufficient public evidence that Argentina has a joint plan or cooperative agreement between the public health system and border control authorities in place to identify suspected and potential cases in international travelers and trace and quarantine their contacts to prepare for future public health emergencies.

In early 2014, the Ministry of Health (MSAL) issued Resolution 78/2014, which adopted Mercosur's Resolution GMC No. 04/2013 "Minimum requirements for creating contingency plans for Public Health Emergencies of International Importance (PHEIC) at points of entry". [1] The resolution committed Argentina to create the aforementioned contingency plans with minimum content, including organizational charts, a listing of the agencies involved in emergency response at points of entry along with their responsibilities and procedures for their personnel, flow charts, coordination mechanisms, and centers for coordination of emergency operations, among others. [1]

In 2014 MSAL issued the "Reinforcement of Public Health Contingency Plans during the Risk of Ebola at Argentine Points of Entry". The plan states that MSAL's Border Health Office has primary responsibility for detecting and responding to cases and

that it coordinates with various ministries and agencies, including Defense, Public Safety, Interior and Transport, as well as customs and immigration agencies. The plan states that "these procedures have been agreed upon among the organizations that function at Points of Entry" via "prior inter-ministerial agreements". [2]

Similarly, in 2020 MSAL issued the "Reinforcement of Public Health Contingency Plans at Points of Entry in the context of the Current Coronavirus (COVID-19) Epidemiological Situation". [3] The plan mirrors the 2014 document, corroborating that inter-ministerial coordination takes place between public health and border control authorities and that agreements are in place between agencies. [3] Argentina completed a Joint External Evaluation (JEE) with the WHO in 2019. The full report is not publicly available, but the country scored 60% on category "C17 Events Points of Entry (PoEs)". [4]

[1] Ministry of Health (Ministerio de Salud). 2014. "Resolution 78/2014".
[http://servicios.infoleg.gob.ar/infolegInternet/anexos/225000-229999/225788/norma.htm]. Accessed 1 March 2021.
[2] Ministry of Health (Ministerio de Salud). 2014. "Reinforcement of Public Health Contingency Plans during the Risk of Ebola at Argentine Points of Entry". [https://bancos.salud.gob.ar/sites/default/files/2018-10/0000000645cnt-10-11-2014-plan-contingencia-puertos-entrada.pdf]. Accessed 1 March 2021.
[3] Ministry of Health (Ministerio de Salud). 2020. "Reinforcement of Public Health Contingency Plans at Points of Entry in the context of the Current Coronavirus (COVID-19) Epidemiological Situation".
[https://www.argentina.gob.ar/sites/default/files/refuerzo_plan_de_contingencia_covid-19_en_pde_18_de_febrero_20.pdf.pdf]. Accessed 1 March 2021.
[4] World Health Organization. 2019. "JEE Status". [https://extranet.who.int/sph/jee?region=All&country=244]. Accessed 25 February 2021.

2.6 EPIDEMIOLOGY WORKFORCE

2.6.1 Applied epidemiology training program, such as the field epidemiology training program, for public health professionals and veterinarians (e.g., Field Epidemiology Training Program [FETP] and Field Epidemiology Training Program for Veterinarians [FETPV])

2.6.1a

Does the country meet one of the following criteria?
- Applied epidemiology training program (such as FETP) is available in country
- Resources are provided by the government to send citizens to another country to participate in applied epidemiology training programs (such as FETP)
Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1

There is public evidence that Argentina has an applied field epidemiology training program (FETP); there is no public evidence that resources are provided by the government to send citizens to another country to participate in applied epidemiology training programs. The Ministry of Health's (MSAL) Residency Program in Epidemiology, the Argentina FETP, began in 2010 and has graduated 512 individuals. It is a three-year, full-time, advanced-level program. The program consists of approximately 30% academic work and 70% in-service training (field work). [1] The websites of MSAL and Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) do not contain additional information regarding the government of Argentina sending citizens to another country to participate in applied epidemiology training programs. [2, 3]

[1] Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET). 2021. "Argentina Field Epidemiology Training Program". [https://www.tephinet.org/training-programs/argentina-field-epidemiology-training-program]. Accessed 1 March 2021.

[2] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.

[3] Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET). 2021. "Home". [https://www.tephinet.org/]. Accessed 1 March 2021.

2.6.1b

Are the available field epidemiology training programs explicitly inclusive of animal health professionals or is there a specific animal health field epidemiology training program offered (such as FETPV)?

Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina's applied epidemiology training program is explicitly inclusive of animal health professionals; there is no public evidence of a specific animal health field epidemiology training program offered. The Ministry of Health's (MSAL) Residency Program in Epidemiology, the Argentina FETP, began in 2010 and has graduated 512 individuals. It is a three-year, full-time, advanced-level program. The program consists of approximately 30% academic work and 70% in-service training (field work). [1] A description of the requirements to participate in the program lists "Veterinary doctor; veterinarian" as a degree that is eligible to participate in the program. [2] The program's "achievements" list that 9 veterinarians have graduated from it. [1]

[1] Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET). 2021. "Argentina Field Epidemiology Training Program". [https://www.tephinet.org/training-programs/argentina-field-epidemiology-training-program]. Accessed 1 March 2021.

[2] Ministry of Health (Ministerio de Salud). 2020. "Entry exam to the Residency in Epidemiology". [https://www.argentina.gob.ar/salud/epidemiologia/ingresoaresidencia].

2.6.2 Epidemiology workforce capacity

2.6.2a

Is there public evidence that the country has at least 1 trained field epidemiologist per 200,000 people?

Yes = 1 , No = 0

Current Year Score: 0

2020

Completed JEE assessments; Economist Impact analyst qualitative assessment based on official national sources, which vary by country

Category 3: Rapid response to and mitigation of the spread of an epidemic

3.1 EMERGENCY PREPAREDNESS AND RESPONSE PLANNING

3.1.1 National public health emergency preparedness and response plan

3.1.1a

Does the country have an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with epidemic or pandemic potential?

Evidence that there is a plan in place, and the plan is publicly available = 2, Evidence that the plan is in place, but the plan is not publicly available OR, Disease-specific plans are in place, but there is no evidence of an overarching plan = 1, No evidence that such a plan or plans are in place = 0

Current Year Score: 1

There is insufficient public evidence that Argentina has an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with epidemic or pandemic potential.

The Ministry of Health (MSAL) has issued disease-specific plans. In 2014, MSAL issued the National Plan for Preparation and Response to Chikungunya Fever in Argentina. The plan is 10 pages in total and includes basic intervention strategies such as intersectoral coordination and epidemiological surveillance. [1]

In 2007, MSAL issued the Integrated Response Plan for Pandemic Influenza. The plan is 140 pages in total and includes detailed information on public health strategies, such as vaccination and specimen transport, as well as clinical guides and instructions for receiving and treating patients. [2] In 2011, MSAL issued a complementary document for the flu plan, the Manual for strengthening surveillance of influenza-like diseases utilizing a Sentinel Sites strategy. [3]

The websites of MSAL, the National Administration of Laboratories and Health Institutes and the Subsecretariat of Risk Management and Civil Protection do not contain additional information regarding an overarching national public health emergency response plan. [4, 5, 6]

Argentina's 2019 International Health Regulations (IHR) State Party self-assessment annual report scored the country at 20% for indicator "C8.1 Planning for emergency preparedness and response mechanism" and 40% for indicator "C8.2 Management of health emergency response operations". [7] Argentina completed a Joint External Evaluation (JEE) with the WHO in 2019. The full report is not publicly available, but the country scored 40% on category "C12 Preparedness". [8] In 2020, MSAL issued the Operational Plan for Preparation and Response to COVID-19 in Argentina. [9]

[1] Ministry of Health (Ministerio de Salud). 2014. "National Plan for Preparation and Response to Chikungunya Fever in Argentina" ("Plan Nacional de Preparación y Respuesta frente a la Fiebre Chikungunya en Argentina"). [https://bancos.salud.gob.ar/sites/default/files/2018-10/0000000526cnt-chikungunya_plan_nacional_preparacion.pdf]. Accessed 28 February 2021.

[2] Ministry of Health (Ministerio de Salud). 2007. "Integrated Response Plan for Pandemic Influenza" ("Plan de Respuesta Integrada para Pandemia de Influenza"). [https://www.paho.org/hq/images/stories/AD/HSD/CD/INFLUENZA/nippp%20argentina.pdf?ua=1]. Accessed 28 February 2021.

[3] Ministry of Health (Ministerio de Salud). 2011. "Manual for strengthening surveillance of influenza-like diseases utilising a

Sentinel Sites strategy" ("Manual para el fortalecimiento de la vigilancia de la enfermedad tipo Influenza utilizando la estrategia de Unidades Centinela"). [https://bancos.salud.gob.ar/sites/default/files/2018-10/0000000050cnt-01-manual-uceti.pdf]. Accessed 1 March 2021.

[4] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.

[5] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

[6] Subsecretariat of Risk Management and Civil Protection (Subsecretaría de Gestión del Riesgo y Protección Civil). 2021. "Actions". [https://www.argentina.gob.ar/seguridad/gestion-del-riesgo-y-proteccion-civil].

[7] World Health Organization. 2019. "IHR Score per capacity - Argentina". [https://extranet.who.int/e-spar/]. Accessed 24 February 2021.

[8] World Health Organization. 2019. "JEE Status". [https://extranet.who.int/sph/jee?region=All&country=244]. Accessed 25 February 2021.

[9] Ministry of Health (Ministerio de Salud). 2020. "Operational Plan for Preparation and Response to COVID-19 in Argentina". [https://www.argentina.gob.ar/salud/coronavirus-COVID-19/plan-operativo]. Accessed 28 February 2021.

3.1.1b

If an overarching plan is in place, has it been updated in the last 3 years?

Yes = 1 , No /no plan in place= 0

        Current Year Score: 0

There is no public evidence that Argentina has an overarching national public health emergency response plan in place that has been updated in the last 3 years. The Ministry of Health (MSAL) has issued disease-specific plans. The websites of MSAL, the National Administration of Laboratories and Health Institutes and the Subsecretariat of Risk Management and Civil Protection do not contain additional information regarding an overarching national public health emergency response plan in place that has been updated in the last 3 years. [1, 2, 3]

[1] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.

[2] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

[3] Subsecretariat of Risk Management and Civil Protection (Subsecretaría de Gestión del Riesgo y Protección Civil). 2021. "Actions". [https://www.argentina.gob.ar/seguridad/gestion-del-riesgo-y-proteccion-civil]. Accessed 1 March 2021.

3.1.1c

If an overarching plan is in place, does it include considerations for pediatric and/or other vulnerable populations?

Yes = 1 , No /no plan in place= 0

        Current Year Score: 0

There is no public evidence that Argentina has an overarching national public health emergency response plan in place that includes considerations for pediatric and/or other vulnerable populations. The Ministry of Health (MSAL) has issued disease-specific plans. The websites of MSAL, the National Administration of Laboratories and Health Institutes and the Subsecretariat of Risk Management and Civil Protection do not contain additional information regarding an overarching national public health emergency response plan in place that includes considerations for pediatric and/or other vulnerable populations. [1, 2, 3] The National System for Integrated Risk Management's (SINAGIR) 2018-2023 National Plan for Disaster Risk Reduction includes consideration for three categories of vulnerable populations (social, structural and emergent), but it

does not cover public health emergencies such as epidemics or pandemics. [4]

[1] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.
[2] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.
[3] Subsecretariat of Risk Management and Civil Protection (Subsecretaría de Gestión del Riesgo y Protección Civil). 2021. "Actions". [https://www.argentina.gob.ar/seguridad/gestion-del-riesgo-y-proteccion-civil]. Accessed 1 March 2021.
[4] Ministry of Safety. 2018. "2018-2023 National Plan for Disaster Risk Reduction". [https://www.argentina.gob.ar/sites/default/files/pnrrd_2018_-_2023.pdf]. Accessed 1 March 2021.

3.1.1d

Does the country have a publicly available plan in place specifically for pandemic influenza preparedness that has been updated since 2009?

Yes = 1 , No = 0

Current Year Score: 0

2020

WHO Strategic Partnership for IHR and Health Security (SPH)

3.1.2 Private sector involvement in response planning

3.1.2a

Does the country have a specific mechanism(s) for engaging with the private sector to assist with outbreak emergency preparedness and response?

Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina has specific mechanisms for engaging with the private sector to assist with outbreak emergency preparedness and response.

In 2014, the Ministry of Health (MSAL) issued the National Plan for Preparation and Response to Chikungunya Fever in Argentina. The plan prioritizes patient care and includes an objective to adequately train private-sector medical professionals in order to ensure that the disease is quickly detected and properly treated. [1]

In 2007, MSAL issued the Integrated Response Plan for Pandemic Influenza. The plan includes actions to collaborate with the private sector: signing agreements with private healthcare facilities to ensure sufficient beds in the event of an outbreak, training private sector veterinarians to detect influenza, including private sector representatives in the formation of a Health Emergency Operational Committee, and incorporating private specialized laboratories that work with poultry producers into the active surveillance program. [2]

In 2020, MSAL issued the Operational Plan for Preparation and Response to COVID-19 in Argentina. The Plan includes two actions related to working with the private sector: "to promote the use and registration of the checklist to contribute to the preparation of healthcare facilities in the public sector and the private subsector" and, in terms of testing, "to coordinate actions with diagnostic facilities in the private subsector". [3]

In addition, in 2018, the Ministry of Safety issued the National Plan for Disaster Risk Reduction (PNRRD). The plan calls for combining efforts in disaster risk reduction among national and provincial governments, the private sector, academia, and civil society. The PNRRD was incorporated input from thematic working groups which included participants from all of the sectors listed above. One of the PNRRD's fundamental principles is the integration of the private sector and NGOs in all stages of disaster risk management. On the provincial level, the PNRRD calls on governments to look to the private sector for tools and machinery that could be needed in the event of a disaster. However the PNRRD does not mention epidemics, pandemics or outbreaks. [4]

[1] Ministry of Health (Ministerio de Salud). 2014. "National Plan for Preparation and Response to Chikungunya Fever in Argentina" ("Plan Nacional de Preparación y Respuesta frente a la Fiebre Chikungunya en Argentina"). [https://bancos.salud.gob.ar/sites/default/files/2018-10/0000000526cnt-chikungunya_plan_nacional_preparacion.pdf]. Accessed 28 February 2021.
[2] Ministry of Health (Ministerio de Salud). 2007. "Integrated Response Plan for Pandemic Influenza" ("Plan de Respuesta Integrada para Pandemia de Influenza"). [https://www.paho.org/hq/images/stories/AD/HSD/CD/INFLUENZA/nippp%20argentina.pdf?ua=1]. Accessed 28 February 2021.
[3] Ministry of Health (Ministerio de Salud). 2020. "Operational Plan for Preparation and Response to COVID-19 in Argentina". [https://www.argentina.gob.ar/salud/coronavirus-COVID-19/plan-operativo]. Accessed 28 February 2021.
[4] Ministry of Safety. 2018. "2018-2023 National Plan for Disaster Risk Reduction". [https://www.argentina.gob.ar/sites/default/files/pnrrd_2018_-_2023.pdf]. Accessed 1 March 2021.

3.1.3 Non-pharmaceutical interventions planning

3.1.3a

Does the country have a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic?
Yes, a policy, plan and/or guidelines are in place for more than one disease= 2, Yes, but the policy, plan and/or guidelines exist only for one disease = 1, No = 0
           Current Year Score: 2

There is public evidence that Argentina has a policy, plan and/or guidelines applicable to more than one disease in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic.

The Ministry of Health (MSAL) has provided guidance for NPIs in disease-specific response plans. For example, MSAL's 2007 Integrated Response Plan for Pandemic Influenza, Chapter 7, Section D, describes a series of NPIs, including restricting social gatherings, suspending public events, limiting flights, contact tracing, and voluntary self-isolation. The Plan only mentions these in the context of pandemic influenza. [1] The websites of MSAL, the National Administration of Laboratories and Health Institutes and the Subsecretariat of Risk Management and Civil Protection do not contain additional information regarding a policy, plan and/or guidelines in place to implement NPIs. [2, 3, 4] In 2020, MSAL issued the Operational Plan for Preparation and Response to COVID-19 in Argentina. The Plan includes "social distancing" among its preventative actions. [5]

[1] Ministry of Health (Ministerio de Salud). 2007. "Integrated Response Plan for Pandemic Influenza" ("Plan de Respuesta Integrada para Pandemia de Influenza"). [https://www.paho.org/hq/images/stories/AD/HSD/CD/INFLUENZA/nippp%20argentina.pdf?ua=1]. Accessed 28 February 2021.

[2] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

[3] Subsecretariat of Risk Management and Civil Protection (Subsecretaría de Gestión del Riesgo y Protección Civil). 2021. "Actions". [https://www.argentina.gob.ar/seguridad/gestion-del-riesgo-y-proteccion-civil]. Accessed 1 March 2021.

[4] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.

[5] Ministry of Health (Ministerio de Salud). 2020. "Operational Plan for Preparation and Response to COVID-19 in Argentina". [https://www.argentina.gob.ar/salud/coronavirus-COVID-19/plan-operativo]. Accessed 28 February 2021.

3.2 EXERCISING RESPONSE PLANS

3.2.1 Activating response plans

3.2.1a

Does the country meet one of the following criteria?
- Is there evidence that the country has activated their national emergency response plan for an infectious disease outbreak in the past year?
- Is there evidence that the country has completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year?
Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1

There is some public evidence that Argentina has activated its national emergency response plan for an infectious disease outbreak in the past year; there is no public evidence that the country has completed a biological threat-focused exercise in the past year.

On March 12, 2020, Argentina's President and Cabinet issued Decree 260/2020, declaring a state of national emergency in the country due to the COVID-19 pandemic and extending it for one year. Article 2 of the declaration instructed the Ministry of Health (MSAL) "to issue the recommendations and measures to be adopted regarding the epidemiological situation, in order to mitigate the health impact". [1] As part of hosting the G20 summit, Argentina hosted an AMR pandemic crisis simulation (SimEx) in October 2018. [2] Health ministers from G20 nations participated in the simulation, which was led by the governments of the United Kingdom and Argentina. The simulation was designed to test countries' capability to react rapidly if antimicrobial resistant pathogens were able to cross national borders. [3] The SimEx is listed on Argentina's WHO page. [4] The websites of MSAL, the National Administration of Laboratories and Health Institute, and the Subsecretariat of Risk Management and Civil Protection do not contain additional information regarding a biological threat-focused exercise or the activation of the national emergency response plan for an infectious disease outbreak in the past year. [5, 6, 7]

[1] President of the Argentine Nation (PRESIDENTE DE LA NACIÓN ARGENTINA). 2020. "Decree 260/2020". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/335000-339999/335423/texact.htm]. Accessed 1 March 2021.

[2] G20 Argentina 2018. 2018. "Mar del Plata to host G20 health ministerial meeting next week". [https://qa-g20.argentina.gob.ar/en/news/mar-del-plata-host-g20-health-ministerial-meeting-next-week]. Accessed 1 March 2021.

[3] Department of Health and Social Care. 2018. "World leaders to take part in crisis simulation of AMR pandemic". [https://www.gov.uk/government/news/world-leaders-to-take-part-in-crisis-simulation-of-amr-pandemic]. Accessed 1 March 2021.

[4] World Health Organization. 2021. "Simulation Exercise Argentina". [https://extranet.who.int/sph/simulation-exercise?region=All&country=244]. Accessed 1 March 2021.

[5] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

[6] Subsecretariat of Risk Management and Civil Protection (Subsecretaría de Gestión del Riesgo y Protección Civil). 2021. "Actions". [https://www.argentina.gob.ar/seguridad/gestion-del-riesgo-y-proteccion-civil]. Accessed 1 March 2021.

[7] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.

3.2.1b

Is there evidence that the country in the past year has identified a list of gaps and best practices in response (either through an infectious disease response or a biological-threat focused exercise) and developed a plan to improve response capabilities?

Yes, the country has developed and published a plan to improve response capacity = 2 , Yes, the country has developed a plan to improve response capacity, but has not published the plan = 1 , No = 0

Current Year Score: 0

There is no public evidence that Argentina has identified a list of gaps and best practices in response (either through an infectious disease response of a biological-threat focused exercise) and developed a plan to improve response capabilities in the past year.

The websites of the Ministry of Health, WHO IHR portal, WHO Argentina country page, WHO after-action review page, Ministry of Agriculture, Ranching and Fishing, the National Administration of Laboratories and Health Institutes, and the Subsecretariat of Risk Management and Civil Protection do not contain additional information regarding the country identifying a list of gaps and best practices in response (either through an infectious disease response of a biological-threat focused exercise) and developing a plan to improve response capabilities. [1, 2, 3, 4, 5, 6, 7]

[1] World Health Organization. 2021. "Argentina IHR portal". [https://extranet.who.int/sph/country/argentina]. Accessed 1 March 2021.

[2] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

[3] Subsecretariat of Risk Management and Civil Protection (Subsecretaría de Gestión del Riesgo y Protección Civil). 2021. "Actions". [https://www.argentina.gob.ar/seguridad/gestion-del-riesgo-y-proteccion-civil]. Accessed 1 March 2021.

[4] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.

[5] World Health Organization. 2021. "Argentina country page". [https://www.who.int/countries/arg/]. Accessed 1 March 2021.

[6] World Health Organization. 2021. "Argentina AAR page". [https://extranet.who.int/sph/after-action-review?region=All&country=244]. Accessed 1 March 2021.

[7] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura". [https://www.argentina.gob.ar/agricultura]. Accessed 28 February 2021.

3.2.2 Private sector engagement in exercises

3.2.2a

Is there evidence that the country in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Argentina in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives. The National Service for Agricultural Health and Quality (SENASA) has carried out biological threat-focused exercises in the past, but these have only been at the subnational level. [1, 2] The World Health Organization's (WHO) After Action Review site, Simulation Exercise site, Health Security Calendar and Argentina country page do not contain information regarding a national-level biological threat-focused exercise that has included private sector representatives. [3, 4, 5, 6] The websites of the Ministry of Health, Ministry of Agriculture, Ranching and Fishing, and the Subsecretariat of Risk Management and Civil Protection do not contain additional information regarding a national-level biological threat-focused exercise that has included private sector representatives in the past year. [7, 8, 9]

[1] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2018. "Organization carries out simulation in Misiones". [http://www.senasa.gob.ar/senasa-comunica/noticias/en-misiones-el-organismo-realizo-un-simulacro-de-intervencion-ante-la-aparicion-de-una-enfermedad-en]. Accessed 1 March 2021.
[2] National Service for Agricultural Health and Quality (Servicio Nacional de Sanidad y Calidad Agroalimentaria). 2018. "Simulation of attention to outbreak of classic swine plague". [http://www.senasa.gob.ar/senasa-comunica/noticias/simulacro-de-atencion-de-un-foco-de-peste-porcina-clasica]. Accessed 1 March 2021.
[3] World Health Organization. 2021. "Health Security Calendar". [https://extranet.who.int/sph/calendar]. Accessed 29 January 2021.
[4] World Health Organization. 2021. "Simulation Exercise Argentina". [https://extranet.who.int/sph/simulation-exercise?region=All&country=244]. Accessed 1 March 2021.
[5] World Health Organization. 2021. "Argentina country page". [https://www.who.int/countries/arg/]. Accessed 1 March 2021.
[6] World Health Organization. 2021. "Argentina AAR page". [https://extranet.who.int/sph/after-action-review?region=All&country=244]. Accessed 1 March 2021.
[7] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura". [https://www.argentina.gob.ar/agricultura]. Accessed 28 February 2021.
[8] Subsecretariat of Risk Management and Civil Protection (Subsecretaría de Gestión del Riesgo y Protección Civil). 2021. "Actions". [https://www.argentina.gob.ar/seguridad/gestion-del-riesgo-y-proteccion-civil]. Accessed 1 March 2021.
[9] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.

3.3 EMERGENCY RESPONSE OPERATION

3.3.1 Emergency response operation

3.3.1a

Does the country have in place an Emergency Operations Center (EOC)?
Yes = 1 , No = 0

Current Year Score: 1

There is some public evidence that Argentina has in place an Emergency Operations Center (EOC).

In 2018, the Ministry of Safety issued the National Plan for Disaster Risk Reduction (PNRRD). The plan states that during emergencies and disasters, the national government will activate its Health Emergency Operations Committee (COE-s), while provinces will do the same at the subnational level. [1] These provincial Health Emergency Committees (CES) bring together national and provincial health authorities to plan for public health emergencies or respond when emergencies occur. [2] In

late 2017, the government reported that it had created five CES across the country. [3]

The Ministry of Health's (MSAL) 2007 Integrated Response Plan for Pandemic Influenza describes the operation of the national COE-s, tasking it with "planning, programming and directing actions" for a response to the public health emergency. [4] The COE-s coordinates with provincial health authorities under Argentina's federalized system, as well as MSAL's National Directorate of Health Emergencies (DINESA), which plays an operational role in responding to disasters and health emergencies. [4, 5]

Argentina's 2019 International Health Regulations (IHR) State Party self-assessment annual report scored the country at 80% for indicator "C6.2 Mechanism for event management (verification, risk assessment, analysis investigation)" and 40% for indicator "C8.2 Management of health emergency response operations". [6] Argentina completed a Joint External Evaluation (JEE) with the WHO in 2019. The full report is not publicly available, but the country scored 40% on category "C12 Preparedness" and 80% on category "C13 Emergency Response Operations". [7] During the COVID-19 pandemic, the national COE-s was activated and its activities included meeting with provincial CES to coordinate actions. [8, 9]

[1] Ministry of Safety. 2018. "2018-2023 National Plan for Disaster Risk Reduction". [https://www.argentina.gob.ar/sites/default/files/pnrrd_2018_-_2023.pdf]. Accessed 2 March 2021.

[2] Ministry of Health (Ministerio de Salud). 2019. "Capacitacion". [https://www.argentina.gob.ar/salud/dinesa/actividades/capacitacion]. Accessed 2 March 2021.

[3] Ministry of Health (Ministerio de Salud). 2017. "Avanza la creación del Comité de Emergencias Sanitarias de la región Centro". [https://www.argentina.gob.ar/noticias/avanza-la-creacion-del-comite-de-emergencias-sanitarias-de-la-region-centro-0]. Accessed 2 March 2021.

[4] Ministry of Health (Ministerio de Salud). 2007. "Integrated Response Plan for Pandemic Influenza" ("Plan de Respuesta Integrada para Pandemia de Influenza"). [https://www.paho.org/hq/images/stories/AD/HSD/CD/INFLUENZA/nippp%20argentina.pdf?ua=1]. Accessed 28 February 2021.

[5] Ministry of Health (Ministerio de Salud). 2021. "DINESA". [https://www.argentina.gob.ar/salud/dinesa]. Accessed 2 March 2021.

[6] World Health Organization. 2019. "IHR Score per capacity - Argentina". [https://extranet.who.int/e-spar/]. Accessed 24 February 2021.

[7] World Health Organization. 2019. "JEE Status". [https://extranet.who.int/sph/jee?region=All&country=244]. Accessed 25 February 2021.

[8] World Bank. 2020. "COVID-19 Response Project - Stakeholder Engagement Plan". [http://documents1.worldbank.org/curated/en/696191584630998549/Stakeholder-Engagement-Plan-SEP-AR-COVID-19-Emergency-Response-Project-P173767.doc]. Accessed 2 March 2021.

[9] Greater Buenos Aires (Gran Buenos Aires). 2020. "National and provincial Emergency Operation Committees meet". [https://www.gba.gob.ar/comunicacion_publica/gacetillas/los_comit%C3%A9s_operativos_de_emergencia_de_la_naci%C3%B3n_y_la_provincia_se]. Accessed 2 March 2021.

3.3.1b

Is the Emergency Operations Center (EOC) required to conduct a drill for a public health emergency scenario at least once per year or is there evidence that they conduct a drill at least once per year?

Yes = 1 , No = 0

       Current Year Score: 0

There is insufficient public evidence that Argentina's Health Emergency Operations Committee (COE-s) is required to conduct a drill for a public health emergency scenario at least once per year or that it conducts a drill at least once per year.

The Ministry of Health's (MSAL) 2007 Integrated Response Plan for Pandemic Influenza describes the operation of the national COE-s and tasks it with "testing emergency plans in order to update and revise them according to results". [1] However, neither Decree 1250/99, which created the Federal Emergency System, nor Law 27,287 of 2016, which created the National System for Comprehensive Risk Management and Civil Protection mention drills. [2, 3] The national government has carried out drills, but there is no public evidence that public health emergency scenarios occur at least once per year. In 2018, Argentina and Chile carried out a joint drill to provide medical care following an earthquake near their border. The two countries have had a cooperation protocol in effect since 2015, but this was the first drill. [4] The two countries carried out an additional joint drill in 2019, but it was not for a public health emergency scenario. [5] In addition, the national government and the provincial governments of Salta and Jujuy carried out the country's largest drill in 2017. The government established operational EOC's in each province in order to carry out the drill and coordinate actions. However, it was not for a public health emergency scenario. [6] The websites of the Ministry of Health, National Administration of Laboratories and Health Institutes, and Subsecretariat of Risk Management and Civil Protection do not contain additional information regarding a national EOC or required drills. [7, 8, 9]

[1] Ministry of Health (Ministerio de Salud). 2007. "Integrated Response Plan for Pandemic Influenza" ("Plan de Respuesta Integrada para Pandemia de Influenza"). [https://www.paho.org/hq/images/stories/AD/HSD/CD/INFLUENZA/nippp%20argentina.pdf?ua=1]. Accessed 28 February 2021.
[2] President of the Argentine Nation. 1999. "Decree 1250/99". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/60000-64999/60916/norma.htm]. Accessed 1 February 2019.
[3] Honourable Congress of the Argentine Nation (HONORABLE CONGRESO DE LA NACION ARGENTINA). 2016. "Law No. 27,287". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/265000-269999/266631/norma.htm]. Accessed 2 March 2021.
[4] Ministry of Health (Ministerio de Salud). 2018. "Argentina y Chile realizaron simulacro para coordinar asistencia médica en casos de emergencia". [https://www.argentina.gob.ar/noticias/argentina-y-chile-realizaron-simulacro-para-coordinar-asistencia-medica-en-casos-de]. Accessed 2 March 2021.
[5] Ministry of Health of Chile (Ministerio de Salud). 2019. "In the extreme south of the continent Chile and Argentina carried out a drill for an accident with multiple victims". [https://degreyd.minsal.cl/en-el-extremo-sur-del-continente-chile-y-argentina-realizaron-4-simulacro-de-accidente-con-multiples-victimas/]. Accessed 2 March 2021.
[6] Infobae. 2017. "Realizan en Salta y Jujuy el mayor simulacro de emergencias del país". [https://www.infobae.com/sociedad/2017/11/07/realizan-en-salta-y-jujuy-el-mayor-simulacro-de-emergencias-del-pais/]. Accessed 2 March 2021.
[7] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.
[8] Subsecretariat of Risk Management and Civil Protection (Subsecretaría de Gestión del Riesgo y Protección Civil). 2021. "Actions". [https://www.argentina.gob.ar/seguridad/gestion-del-riesgo-y-proteccion-civil]. Accessed 2 March 2021.
[9] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.

3.3.1c

Is there public evidence to show that the Emergency Operations Center (EOC) has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Argentina's Health Emergency Operations Committee (COE-s) has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario. Neither Decree 1250/99, which created the Federal Emergency System, nor Law 27,287 of 2016, which created the National System for Comprehensive Risk Management and Civil Protection mention drills. [1, 2] The websites of the Ministry of Health, National Administration of Laboratories and Health Institutes, and Subsecretariat of Risk Management and Civil Protection do not contain additional information regarding a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario. [3, 4, 5]

[1] President of the Argentine Nation. 1999. "Decree 1250/99".
[http://servicios.infoleg.gob.ar/infolegInternet/anexos/60000-64999/60916/norma.htm]. Accessed 1 February 2019.
[2] Honourable Congress of the Argentine Nation (HONORABLE CONGRESO DE LA NACION ARGENTINA). 2016. "Law No. 27,287". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/265000-269999/266631/norma.htm]. Accessed 2 March 2021.
[3] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.
[4] Subsecretariat of Risk Management and Civil Protection (Subsecretaría de Gestión del Riesgo y Protección Civil). 2021. "Actions". [https://www.argentina.gob.ar/seguridad/gestion-del-riesgo-y-proteccion-civil]. Accessed 2 March 2021.
[5] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.

3.4 LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES

3.4.1 Public health and security authorities are linked for rapid response during a biological event

3.4.1a

Does the country meet one of the following criteria?
- Is there public evidence that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e., bioterrorism attack)?
- Are there publicly available standard operating procedures, guidelines, memorandums of understanding (MOUs), or other agreements between the public health and security authorities to respond to a potential deliberate biological event (i.e., bioterrorism attack)?
Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no public evidence that Argentina's public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event or that there are publicly available standard operating procedures, guidelines, MOUs or other agreements between the public health and security authorities to respond to a potential deliberate biological event.

In terms of public health emergencies, the government has worked to create regional Health Emergency Committees (CES) which bring together national and provincial health authorities to plan for emergencies or respond when emergencies occur. [1] In late 2017, the government reported that it had created five CES across the country. However, there is no evidence of connections between the CES and national security authorities. [2]

In 2011, authorities from Argentina participated in the SIMTECH 2011 bioterrorism simulation in Chile. Public evidence does not state which entities from Argentina participated. [3, 4]

Argentina's 2019 International Health Regulations (IHR) State Party self-assessment annual report scored the country at 100% for indicator "C2.2 Multisectoral IHR coordination mechanisms". [5] Argentina completed a Joint External Evaluation (JEE) with the WHO in 2019. The full report is not publicly available, but the country scored 60% on category "C14 Linking Public Health and Security Authorities". [6]

The websites of the Ministry of Health, National Administration of Laboratories and Health Institutes, and Subsecretariat of Risk Management and Civil Protection do not contain additional information regarding a biological terrorism drill or agreements between public health and national security authorities to respond to a biological terrorism attack. [7, 8, 9]

[1] Ministry of Health (Ministerio de Salud). 2019. "Capacitacion". [https://www.argentina.gob.ar/salud/dinesa/actividades/capacitacion]. Accessed 2 March 2021.
[2] Ministry of Health (Ministerio de Salud). 2017. "Avanza la creación del Comité de Emergencias Sanitarias de la región Centro". [https://www.argentina.gob.ar/noticias/avanza-la-creacion-del-comite-de-emergencias-sanitarias-de-la-region-centro-0]. Accessed 2 March 2021.
[3] Ministry of the Interior and Public Safety (Ministerio del Interior y Seguridad Pública). 2011. "Minister inaugurates bioterrorism drill". [https://www.interior.gob.cl/sitio-2010-2014/n6262_26-10-2011.html]. Accessed 2 March 2021.
[4] Plataforma Urbana. 2011. "Chile is the site of the first bioterrorist attack drill coordinated by the OAS". [https://www.plataformaurbana.cl/archive/2011/10/27/chile-es-escenario-del-primer-simulacro-de-ataque-bioterrorista-coordinado-por-la-oea/]. Accessed 2 March 2021.
[5] World Health Organization. 2019. "IHR Score per capacity - Argentina". [https://extranet.who.int/e-spar/]. Accessed 24 February 2021.
[6] World Health Organization. 2019. "JEE Status". [https://extranet.who.int/sph/jee?region=All&country=244]. Accessed 25 February 2021.
[7] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.
[8] Subsecretariat of Risk Management and Civil Protection (Subsecretaría de Gestión del Riesgo y Protección Civil). 2021. "Actions". [https://www.argentina.gob.ar/seguridad/gestion-del-riesgo-y-proteccion-civil]. Accessed 2 March 2021.
[9] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.

3.5 RISK COMMUNICATIONS

3.5.1 Public communication

3.5.1b

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) outline how messages will reach populations and sectors with different communications needs (eg different languages, location within the country, media reach)?
Yes = 1 , No = 0

Current Year Score: 0

There is insufficient public evidence that Argentina's public health emergency risk communication plan outlines how messages will reach populations and sectors with different communications needs.

In 2016, the Ministry of Health (MSAL) published the Health, Communication and Disasters Basic Guide for Risk Communication in Argentina. [1] The guide includes planning and strategies for risk communication during a public health emergency. Basic steps include gaining participation from all involved sectors, integrating the population in the risk management process, promoting knowledge and understanding of the risks faced, and collaborating to design training and education activities for the population. [1] In addition, the Guide states that authorities must "understand the public", choose how to transmit messages to different sectors of the public, identify how different cultural groups perceive risk, and identify vulnerable populations and which communication channels they use. The Guide states that communicators will probably have to develop different messages for different sectors but does not include examples based on specific groups or scenarios. [1]

MSAL's 2020 Operational Plan for Preparation and Response to COVID-19 in Argentina contains guidelines for risk communication during the pandemic but does not identify specific vulnerable groups or actions regarding them. In terms of communication, the Plan states that MSAL will "create ad-hoc information for prevention and care among vulnerable groups". [2] The websites of the Ministry of Health, National Administration of Laboratories and Health Institutes, and Subsecretariat of Risk Management and Civil Protection do not contain additional information regarding how messages will reach populations and sectors with different communications needs. [3, 4, 5]

[1] Ministry of Health (Ministerio de Salud). 2016. "Health, Communication and Disasters Basic Guide for Risk Communication in Argentina" ("Salud, comunicación y desastres Guía básica para la comunicación de riesgo en Argentina"). [https://www.argentina.gob.ar/sites/default/files/0000000832cnt-2016-05_guia-salud-comunicacion-desastres-isbn21.pdf]. Accessed 2 March 2021.
[2] Ministry of Health (Ministerio de Salud). 2020. "Operational Plan for Preparation and Response to COVID-19 in Argentina". [https://www.argentina.gob.ar/salud/coronavirus-COVID-19/plan-operativo]. Accessed 28 February 2021.
[3] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.
[4] Subsecretariat of Risk Management and Civil Protection (Subsecretaría de Gestión del Riesgo y Protección Civil). 2021. "Actions". [https://www.argentina.gob.ar/seguridad/gestion-del-riesgo-y-proteccion-civil]. Accessed 2 March 2021.
[5] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.

3.5.1 Risk communication planning

3.5.1a

Does the country have in place, either in the national public health emergency response plan or in other legislation, regulation, or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency?
Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina has a document detailing a risk communication plan that is specifically intended for use during a public health emergency.

In 2016, the Ministry of Health (MSAL) published the Health, Communication, and Disasters Basic Guide for Risk Communication in Argentina. [1] The full guide is not publicly available online, but the available section includes planning and strategies for risk communication during a public health emergency. Basic steps include gaining participation from all involved sectors, integrating the population in the risk management process, promoting knowledge and understanding of the

risks faced, and collaborating to design training and education activities for the population. [1]

In addition, MSAL's website contains guidelines for risk communication by emergency response teams for both the news media and the general public. For communicating with the media, the guidelines recommend regular updates and treating all media equally. For communicating with the general public, the guidelines recommend providing clear and correct information and ensuring that messages reduce panic. [2] Argentina's 2019 International Health Regulations (IHR) State Party self-assessment annual report scored the country at 40% for indicator "C10.1 Capacity for emergency risk communications". [4] Argentina completed a Joint External Evaluation (JEE) with the WHO in 2019. The full report is not publicly available, but the country scored 40% on category "C16 Risk Communication". [4]

[1] Ministry of Health (Ministerio de Salud). 2016. "Health, Communication and Disasters Basic Guide for Risk Communication in Argentina" ("Salud, comunicación y desastres Guía básica para la comunicación de riesgo en Argentina"). [https://www.argentina.gob.ar/sites/default/files/0000000832cnt-2016-05_guia-salud-comunicacion-desastres-isbn21.pdf]. Accessed 2 March 2021.
[2] Ministry of Health (Ministerio de Salud). 2019. "Pautas para los comunicadores de los equipos de respuesta". [https://www.argentina.gob.ar/salud/desastres/pautascomunicadores]. Accessed 2 March 2021.
[3] World Health Organization. 2019. "IHR Score per capacity - Argentina". [https://extranet.who.int/e-spar/]. Accessed 24 February 2021.
[4] World Health Organization. 2019. "JEE Status". [https://extranet.who.int/sph/jee?region=All&country=244]. Accessed 25 February 2021.

3.5.1c

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency?

Yes = 1 , No = 0

　　　　　Current Year Score: 0

There is no public evidence that Argentina's risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) designates a specific position within the government to serve as the primary spokesperson to the public during a public health emergency.

In 2016, the Ministry of Health (MSAL) published the Health, Communication and Disasters Basic Guide for Risk Communication in Argentina. [1] The Guide includes a section on spokespersons, with practices and recommendations. However, the Guide does not designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency, only stating that MSAL should identify official spokespersons and that they should be trained and prepared. [1] Similarly, MSAL's website's guidelines for risk communication by emergency response teams states that official spokespersons must be identified and trained but does not designate a specific position. [2]

The websites of the Ministry of Health, National Administration of Laboratories and Health Institutes, and Subsecretariat of Risk Management and Civil Protection do not contain additional information regarding a specific position within the government designated to serve as the primary spokesperson to the public during a public health emergency. [3, 4, 5] MSAL's 2020 Operational Plan for Preparation and Response to COVID-19 in Argentina also states that the ministry must determine the appropriate spokespersons. [6]

[1] Ministry of Health (Ministerio de Salud). 2016. "Health, Communication and Disasters Basic Guide for Risk Communication in Argentina" ("Salud, comunicación y desastres Guía básica para la comunicación de riesgo en Argentina"). [https://www.argentina.gob.ar/sites/default/files/0000000832cnt-2016-05_guia-salud-comunicacion-desastres-isbn21.pdf]. Accessed 2 March 2021.

[2] Ministry of Health (Ministerio de Salud). 2019. "Pautas para los comunicadores de los equipos de respuesta". [https://www.argentina.gob.ar/salud/desastres/pautascomunicadores]. Accessed 2 March 2021.

[3] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.

[4] Subsecretariat of Risk Management and Civil Protection (Subsecretaría de Gestión del Riesgo y Protección Civil). 2021. "Actions". [https://www.argentina.gob.ar/seguridad/gestion-del-riesgo-y-proteccion-civil]. Accessed 2 March 2021.

[5] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.

[6] Ministry of Health (Ministerio de Salud). 2020. "Operational Plan for Preparation and Response to COVID-19 in Argentina". [https://www.argentina.gob.ar/salud/coronavirus-COVID-19/plan-operativo]. Accessed 28 February 2021.

3.5.2 Public communication

3.5.2a

In the past year, is there evidence that the public health system has actively shared messages via online media platforms (e.g. social media, website) to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation?

Public health system regularly shares information on health concerns = 2, Public health system shares information only during active emergencies, but does not regularly utilize online media platforms = 1, Public health system does not regularly utilize online media platforms, either during emergencies or otherwise = 0

Current Year Score: 2

There is public evidence that Argentina's government utilizes media platforms to inform the public about public health emergencies. During the COVID-19 pandemic, the Ministry of Health (MSAL) has provided prevention information via social media, as well as updates regarding vaccine availability and distribution. [1, 2] In addition, MSAL has used the platforms to communicate messages to prevent dengue and chikungunya. [3, 4] A 2016 report from the Pan American Health Organization included Argentina among 18 countries that "use social networks, mainly Twitter and Facebook, both in emergencies and as a way to promote health and disease prevention". [5] In terms of more general public health messages, MSAL has posted health tips and prevention information regarding maintaining healthy kidneys and reducing sodium intake. [6, 7]

[1] Ministry of Health (Ministerio de Salud). 2021. "Prevention measures". [https://www.facebook.com/msalnacion/posts/3710058619031742]. Accessed 2 March 2021.

[2] Ministry of Health (Ministerio de Salud). 2021. "Vaccine arrival". [https://www.facebook.com/msalnacion/posts/3741230095914594]. Accessed 2 March 2021.

[3] Ministry of Health (Ministerio de Salud). 2019. "@msalnacion". [https://twitter.com/msalnacion/status/1091682741433892865]. Accessed 2 March 2021.

[4] Ministry of Health (Ministerio de Salud). 2019. "Secretaría de Gobierno de Salud de la Nación". [https://www.facebook.com/msalnacion/videos/275568049777843/?__xts__[0]=68.ARCwwDr07fnEXomm_znaqxQyhL1Zs650yackFX39ciQeocIgzotBf1x42lT_o1xBgJI1pzNyJv6oxGmSa6cEqxodQn3QjSQgIKHJQWv-aijNfK0Q2LoJNxqseVcgfk-r69lG-UoNJeET06nnwWRvR7RTuSgbwp84cWIMTp25FPwHp8SWOn-AhjavWFeR7-IE2S4PtOscZ6ifBo3RrkSjf7OT-k5IY3fN_W-FQ824aj6RtG0DQhDMEfX9vm8F0YoAudM2CW3FxAWSPnUizQKCLaRJO9gi3x4w7vGLK3ItC8TEl07-smiCVXwiSxJZ8EdDSD3DOt-bwHkYGBRcPCaD9VDDiCcsMP04Ry8&__tn__=-R].

[5] Pan American Health Organization. 23 April 2016. "STRATEGY AND PLAN OF ACTION ON eHEALTH: MIDTERM REVIEW".
[https://www.paho.org/hq/dmdocuments/2016/CE158-INF-13-A-e.pdf]. Accessed 17 February 2021.
[6] Ministry of Health (Ministerio de Salud). 2021. "World Kidney Day".
[https://www.facebook.com/msalnacion/posts/3765718053465798]. Accessed 12 March 2021.
[7] Ministry of Health (Ministerio de Salud). 2021. "World Salt Consumption Awareness Week".
[https://www.facebook.com/msalnacion/posts/3760513153986288]. Accessed 12 March 2021.

3.5.2b

Is there evidence that senior leaders (president or ministers) have shared misinformation or disinformation on infectious diseases in the past two years?
No = 1, Yes = 0

Current Year Score: 1

There is no public evidence that senior leaders in Argentina have shared misinformation or disinformation on infectious diseases in the past two years. National news outlets— Clarin, Infobae, and —and international news outlets—El Pais, BBC Mundo, and EFE Agency—do not contain evidence regarding misinformation or disinformation on infectious diseases spread by senior leaders in Argentina in the past two years. [1, 2, 3, 4, 5, 6]

[1] Clarin. 2021. "Latest". [https://www.clarin.com/]. Accessed 2 March 2021.
[2] Infobae. 2021. "We do journalism". [https://www.infobae.com/?noredirect]. Accessed 2 March 2021.
[3] La Nación. 2021. "Argentina". [https://www.lanacion.com.ar/tema/argentina-tid434]. Accessed 2 March 2021.
[4] El Pais. 2021. "Argentina". [https://elpais.com/noticias/argentina/]. Accessed 17 February 2021.
[5] BBC Mundo. 2021. "Argentina". [https://www.bbc.com/mundo/topics/c7zp57yy6dzt]. Accessed 17 February 2021.
[6] EFE Agencia. 2021. "Search results".
[https://www.efe.com/efe/america/busqueda/50000539?q=argentina+desinformacion]. Accessed 17 February 2021.

3.6 ACCESS TO COMMUNICATIONS INFRASTRUCTURE

3.6.1 Internet users

3.6.1a

Percentage of households with Internet
Input number

Current Year Score: 74.29

2019

International Telecommunication Union (ITU)

3.6.2 Mobile subscribers

3.6.2a

Mobile-cellular telephone subscriptions per 100 inhabitants
Input number

Current Year Score: 130.87

2019

International Telecommunication Union (ITU)

3.6.3 Female access to a mobile phone

3.6.3a

Percentage point gap between males and females whose home has access to a mobile phone
Input number

Current Year Score: 0

2019

Gallup; Economist Impact calculation

3.6.4 Female access to the Internet

3.6.4a

Percentage point gap between males and females whose home has access to the Internet
Input number

Current Year Score: 0

2019

Gallup; Economist Impact calculation

3.7 TRADE AND TRAVEL RESTRICTIONS

3.7.1 Trade restrictions

3.7.1a

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak?
Yes = 0 , No = 1

Current Year Score: 0

There is public evidence that Argentina has, in the past year, issued a restriction, without international/bilateral support, on the export/import of medical goods (eg: medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak. Decree No. 301/20 and Decree No. 617/20 established export licensing requirements on ventilators and medical supplies (such as alcohol, reagents, gloves, and others), limiting trade as a result of the COVID-19 pandemic. [1, 2, 3]

[1] President of the Argentine Nation (PRESIDENTE DE LA NACIÓN ARGENTINA). 2020. "Decree No. 617/20". [https://www.boletinoficial.gob.ar/detalleAviso/primera/232553/20200727?busqueda=1]. Accessed 2 March 2021.

[2] Bloomberg Law. 2021. "International Trade Covid-19 Developments".
[https://www.bloomberglaw.com/product/health/document/XDL12EUG000000#St.%20Vincent]. Accessed 31 January 2021.
[3] World Trade Organization. 2020. "COVID-19: Measures affecting trade in goods".
[https://www.wto.org/english/tratop_e/covid19_e/trade_related_goods_measure_e.htm]. Accessed 31 January 2021.

3.7.1b

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of non-medical goods (e.g. food, textiles, etc) due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 1

There is no public evidence that Argentina has, in the past year, issued a restriction, without international/bilateral support, on the export/import of non-medical goods (eg: food, textiles, etc) due to an infectious disease outbreak. The websites of the Ministry of Health, Ministry of Agriculture, Ranching and Fishing, Ministry of Foreign Relations, International Trade and Religion, and General Directorate of Customs do not contain additional public information regarding a restriction, without international/bilateral support, on the export/import of non-medical goods in the past year. [1, 2, 3, 4] Local news media do not contain public information regarding this topic. [5, 6, 7]

[1] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura".
[https://www.argentina.gob.ar/agricultura]. Accessed 28 February 2021.
[2] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.
[3] General Directorate of Customs (Direccion General de Aduanas). 2021. "DGA".
[https://www.afip.gob.ar/aduana/institucional/]. Accessed 2 March 2021.
[4] Ministry of Foreign Relations, International Trade and Religion (Ministerio de Relaciones Exteriores, Comercio Internacional y Culto). 2021. "Cancilleria". [https://www.cancilleria.gob.ar/]. Accessed 2 March 2021.
[5] Clarin. 2021. "Latest". [https://www.clarin.com/]. Accessed 2 March 2021.
[6] Infobae. 2021. "We do journalism". [https://www.infobae.com/?noredirect]. Accessed 2 March 2021.
[7] La Nación. 2021. "Argentina". [https://www.lanacion.com.ar/tema/argentina-tid434]. Accessed 2 March 2021.

3.7.2 Travel restrictions

3.7.2a

In the past year, has the country implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 0

There is public evidence that Argentina has implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak. On March 16, 2020, the government issued Decree DNU 274/2020 which prohibited non-resident foreigners from entering Argentina for a period of 15 days. [1] The prohibition has been renewed successively through at least March 2021. [2, 3]

[1] President of the Argentine Nation (PRESIDENTE DE LA NACIÓN ARGENTINA). 2020. "Decree DNU 274/2020".
[https://www.argentina.gob.ar/normativa/nacional/decreto-274-2020-335479]. Accessed 2 March 2021.
[2] Chief of the Cabinet of Ministers (JEFE DE GABINETE DE MINISTROS). 2021. "Decisión Administrativa 2/2021".

[https://www.boletinoficial.gob.ar/detalleAviso/primera/5252276/20210108?suplemento=1]. Accessed 2 March 2021.

[3] Reportur. 2021. "Argentina will keep borders closed to tourism".

[https://www.reportur.com/argentina/2021/02/28/argentina-mantendra-las-fronteras-cerradas-al-turismo/]. Accessed 2 March 2021.

Category 4: Sufficient and robust health sector to treat the sick and protect health workers

4.1 HEALTH CAPACITY IN CLINICS, HOSPITALS, AND COMMUNITY CARE CENTERS

4.1.1 Available human resources for the broader healthcare system

4.1.1a

Doctors per 100,000 people

Input number

Current Year Score: 399.01

2017

WHO; national sources

4.1.1b

Nurses and midwives per 100,000 people

Input number

Current Year Score: 259.96

2017

WHO; national sources

4.1.1c

Does the country have a health workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient public evidence that Argentina has in place a public workforce strategy for public health personnel to identify fields where there is an insufficient workforce and strategies to address these shortcomings.

Argentina's Federal Observatory of Human Resources in the Health Sector (OFERHUS) publishes reports and statistics on human resources in the health sector and brings together officials from Argentina's 24 health jurisdictions to cooperate and plan human resources for the sector. However, the Observatory's website does not contain a strategy for public health human resources. [1] In November 2015, the Ministry of Health published a book titled "Human Resources Management in Health in Argentina: A Consensus Strategy". However, the book reviews the actions of the ministry from 2008-2015 and does not identify fields where there is an insufficient workforce and strategies to address these shortcomings. [2]

Argentina's 2019 International Health Regulations (IHR) State Party self-assessment annual report scored the country at 60% for indicator "C7.1 Human resources for the implementation of IHR capacities". [3] Argentina completed a Joint External Evaluation (JEE) with the WHO in 2019. The full report is not publicly available, but the country scored 60% on category "C11 Human Resources (Animal and human health sector)". [4] The websites of the Ministry of Health, Ministry of Education, Science, Culture and Technology, and the Ministry of Labor, Employment and Social Security do not contain additional information regarding a public workforce strategy for public health personnel. [5, 6, 7]

[1] Federal Observatory of Human Resources in the Health Sector (Observatorio Federal de Recursos Humanos en Salud). 2021. "Observatory". [https://www.argentina.gob.ar/salud/observatorio]. Accessed 2 March 2021.
[2] Ministry of Health (Ministerio de Salud). 2015. "Human Resources Management in Health in Argentina: A Consensus Strategy". [https://www.observatoriorh.org/sites/default/files/webfiles/fulltext/2015/gestionRHUS_Arg2015.pdf]. Accessed 2 March 2021.
[3] World Health Organization. 2019. "IHR Score per capacity - Argentina". [https://extranet.who.int/e-spar/]. Accessed 24 February 2021.
[4] World Health Organization. 2019. "JEE Status". [https://extranet.who.int/sph/jee?region=All&country=244]. Accessed 25 February 2021.
[5] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.
[6] Ministry of Labor, Employment and Social Security (Ministerio de Trabajo, Empleo y Seguridad Social). 2021. "Trabajo". [https://www.argentina.gob.ar/trabajo]. Accessed 2 March 2021.
[7] Ministry of Education (Ministerio de Educación). 2021. "Educación". [https://www.argentina.gob.ar/educacion]. Accessed 2 March 2021.

4.1.2 Facilities capacity

4.1.2a
Hospital beds per 100,000 people
Input number
        Current Year Score: 499

2017

WHO/World Bank; national sources

4.1.2b

Does the country have the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation room/unit located within the country?
Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina has the capacity to isolate patients with highly communicable diseases in a patient isolation facility located within the country. The Francisco Muniz Infectious Diseases Hospital has an isolation unit with 14 beds and a special intensive therapy unit. The facility uses negative pressure air systems. The facility does not have a separate entrance, but patients can be immediately isolated in the entry area and are then transported to the isolation unit in a negative-pressure chamber on a stretcher. Hospital personnel are reported to have access to personal protection equipment. In addition, three other public hospitals also have the ability to isolate patients with highly communicable diseases. [1] The Italian Hospital of Buenos Aires and the Allende Hospital also have patient isolation units with air filtering and negative pressure systems. These hospitals do not mention isolation measures beyond the negative air pressure systems. [2, 3]

[1] La Nacion. 2015. "Internaron en el hospital Muñiz a dos chicas por sospechas de ébola". [https://www.lanacion.com.ar/1763098-internaron-en-el-hospital-muniz-a-dos-chicas-por-sospechas-de-ebola]. Accessed 2 March 2021.
[2] Italian Hospital of Buenos Aires. 2014. "Habitaciones con ventilación específica". [https://www1.hospitalitaliano.org.ar/multimedia/archivos/noticias_archivos/74/documentos/74_Habitacionesventilaciones pecificas.pdf]. Accessed 2 March 2021.
[3] Sanatorio Allende. 2018. "Facilities". [https://www.sanatorioallende.com/especialidades/medicinacritica/prestaciones/]. Accessed 2 March 2021.

4.1.2c

Does the country meet one of the following criteria?
- Is there evidence that the country has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years?
- Is there evidence that the country has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient public evidence that Argentina has, in the past two years, demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak or developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak. Argentina has the capacity to isolate patients with highly communicable diseases in facilities located within the country. At least three hospitals in the country are reported to have negative air pressure systems in patient isolation areas. [1, 2, 3] The websites of the Ministry of Health (MSAL) and the Subsecretariat of Risk Management and Civil Protection do not contain additional information regarding if Argentina has, in the past two years, demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak or developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak. [4, 5] In April 2020, MSAL issued a manual on "Equipping Large Spaces in Non-Hospital Buildings for Emergencies", which mentioned patient care, but did not provide a plan to expand patient isolation capacity. [6]

[1] La Nacion. 2015. "Internaron en el hospital Muñiz a dos chicas por sospechas de ébola". [https://www.lanacion.com.ar/1763098-internaron-en-el-hospital-muniz-a-dos-chicas-por-sospechas-de-ebola]. Accessed 2 March 2021.
[2] Italian Hospital of Buenos Aires. 2014. "Habitaciones con ventilación específica". [https://www1.hospitalitaliano.org.ar/multimedia/archivos/noticias_archivos/74/documentos/74_Habitacionesventilaciones pecificas.pdf]. Accessed 2 March 2021.

[3] Sanatorio Allende. 2018. "Facilities". [https://www.sanatorioallende.com/especialidades/medicinacritica/prestaciones/]. Accessed 2 March 2021.

[4] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.

[5] Subsecretariat of Risk Management and Civil Protection (Subsecretaría de Gestión del Riesgo y Protección Civil). 2021. "Actions". [https://www.argentina.gob.ar/seguridad/gestion-del-riesgo-y-proteccion-civil]. Accessed 1 March 2021.

[6] Ministry of Health (Ministerio de Salud). 2020. "Equipping Large Spaces in Non-Hospital Buildings for Emergencies". [https://bancos.salud.gob.ar/sites/default/files/2020-07/covid-19-adecuacion-grandes-espacios-no-hospitalarios-para-emergencias.pdf]. Accessed 4 May 2021. q

4.2 SUPPLY CHAIN FOR HEALTH SYSTEM AND HEALTHCARE WORKERS

4.2.1 Routine health care and laboratory system supply

4.2.1a

Is there a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies (e.g. equipment, reagents and media) and medical supplies (e.g. equipment, PPE) for routine needs?

Yes for both laboratory and medical supply needs = 2, Yes, but only for one = 1, No = 0

Current Year Score: 2

There is public evidence that Argentina has a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies (such as equipment, reagents and media) and medical supplies (equipment, PPE) for routine needs.

Decree 1023/2001 established the current public procurement regime for the government of Argentina. The decree covers both the Ministry of Health (MSAL) as well as the National Service for Agricultural Health and Quality (SENASA). Title I, Chapter II allows agencies to use an online portal for electronic procurement for routine needs. [1] In terms of laboratory supplies, the portal lists procurement processes used by MSAL and SENASA. Process 80-0003-LPU17 was adjudicated in 2017, for the Ministry of Health and Social Development to purchase reagents for diagnosis and follow-up for HIV patients. [2] Process 52-0001-LPR18 was awarded in 2018 for SENASA to acquire reagents and reference materials for its laboratories, including pH regulators and culture media. [3] In terms of medical supplies, MSAL purchased cataract surgery kits via Process 80-0003-LPR19 in 2019, and SENASA purchased supplies including syringes and sterile gloves via Process 52-0016-LPR18 in 2018. [4, 5]

[1] President of the Argentine Nation. 2001. "Decree 1023/2001". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/65000-69999/68396/texact.htm]. Accessed 2 March 2021.

[2] Secretariat of Modernization (Secretaria de Modernizacion). 2019. "Process 80-0003-LPU17". [https://comprar.gob.ar/PLIEGO/VistaPreviaPliegoCiudadano.aspx?qs=BQoBkoMoEhzLOzjQM2R68jIrbIOZl3GLuuf|Gpwh|EQePQWqEDpO2qBN|ll/QWM2LxMot1rzRXDdSMEhZBPaae1saI307xlAZAlUw1R8pH48uLQ/17RcLtQivMmuPCmaPweXX3vVAjQ=]. Accessed 2 March 2021.

[3] Secretariat of Modernization (Secretaria de Modernizacion). 2019. "Process 52-0001-LPR18". [https://comprar.gob.ar/PLIEGO/VistaPreviaPliegoCiudadano.aspx?qs=BQoBkoMoEhyzTV7YHm1s4xcDHqFRAOdt8lped2c8|ux6w5qBJQ0ytOARiS4j8yHIv1rwFeTo1AyysC4tiZjzapTA7iKn8pPUZXiEzvErHr7mBpLIZ7L7LD9UUnjcYpHFOsi1Kcyi9xA=]. Accessed 2 March 2021.

[4] National Procurement Office (Oficina Nacional de Contrataciones). 2019. "Process 80-0003-LPR19".

[https://comprar.gob.ar/PLIEGO/VistaPreviaPliegoCiudadano.aspx?qs=BQoBkoMoEhwjhobegyVnI/4frEr1/w9eFYWUhANIho6
aRiPggoohdypRK0aYxgiGlIBK9HYeGcD/nBbi2ALFofWsVqVZddRqLsEyT|nJgK1ZCtIx6O06QZPi4iF9BnuQ95QWlULkhhg=].
Accessed 2 March 2021.

[5] National Procurement Office (Oficina Nacional de Contrataciones). 2018. "Process 52-0016-LPR18".
[https://comprar.gob.ar/PLIEGO/VistaPreviaPliegoCiudadano.aspx?qs=BQoBkoMoEhwXtBMvwnhN9ER2rkR2hXruVDBNlr0gCg
L6X1ihI/H/AixVbtzm3YUR8KDCdpBiCFq4EQo2e7OYKmT7F6BM9E1J|TQiabzqQCqyvuUmoLhArRNmA4/OP/IexWC1oM/llZ8=].
Accessed 2 March 2021.

4.2.2 Stockpiling for emergencies

4.2.2a

Does the country have a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 1

There is some public evidence that Argentina has a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency, but there is limited information about what the stockpile contains.

The Ministry of Health's (MSAL) National Directorate of Health Emergencies (DINESA) provides health care in "emergency, disaster and catastrophe situations". [1, 2] The "History" section of DINESA's website notes that it responded to Argentina's dengue and H1N1 influenza "epidemics" in 2009. [3] DINESA is tasked with coordinating storage and distribution of the "materials necessary to immediately respond to the need for health care created by emergencies that affect the population", according to Decree 1343/2007. [1] DINESA maintains a stockpile of essential medicines and supplies for these cases. Publicly available documentation does not name specific supplies or medical countermeasures. [1, 2, 4] For example, in 2013, MSAL purchased 2 million doses of antiviral medications as a reserve for provincial health services during an influenza outbreak. [5]

[1] President of the Argentine Nation. 2007. "Decree 1343/2007".
[http://servicios.infoleg.gob.ar/infolegInternet/anexos/130000-134999/133099/texact.htm]. Accessed 2 March 2021.
[2] Ministry of Health (Ministerio de Salud). 2021. "DINESA". [https://www.argentina.gob.ar/salud/dinesa]. Accessed 2 March 2021.
[3] National Directorate of Health Emergencies. 2019. "Historia de la DINESA".
[https://www.argentina.gob.ar/salud/dinesa/historia]. Accessed 2 March 2021.
[4] South American Institute of Health Governance (Instituto Suramericano de Gobierno en Salud). 2012. "Sistema de Salud en Argentina". [http://www5.ensp.fiocruz.br/biblioteca/dados/txt_403158050.pdf]. Accessed 2 March 2021.
[5] AN Digital. 2013. "Giran $60 M al Ministerio de Salud para comprar medicamentos contra la gripe A".
[http://andigital.com.ar/interes-general/item/31180-giran-60-m-al-ministerio-de-salud-para-comprar-medicamentos-contra-la-gripe-a].Accessed 2 March 2021.

4.2.2b

Does the country have a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 0

There is no public evidence that Argentina has a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency. The Ministry of Safety's 2018 National Plan for Disaster Risk Reduction (PNRRD) does not mention a stockpile of laboratory supplies. [1] The websites of the Ministry of Health, Ministry of Safety, Subsecretariat of Risk Management and Civil Protection, Ministry of Defense, and National Administration of Medicines, Food and Medical Technology do not contain additional information regarding a stockpile of laboratory supplies for national use during a public health emergency. [2, 3, 4, 5, 6] Argentina completed a Joint External Evaluation (JEE) with the WHO in 2019. The full report is not publicly available, but the country scored 40% on category "C12 Preparedness". [7]

[1] Ministry of Safety. 2018. "2018-2023 National Plan for Disaster Risk Reduction".
[https://www.argentina.gob.ar/sites/default/files/pnrrd_2018_-_2023.pdf]. Accessed 2 March 2021.
[2] Ministry of Safety (Ministerio de Seguridad). 2021. "Seguridad". [https://www.argentina.gob.ar/seguridad].
[3] National Administration of Medicines, Food and Medical Technology (Administración Nacional de Medicamentos, Alimentos y Tecnología Médica). 2021. "ANMAT". [https://www.argentina.gob.ar/anmat]. Accessed 27 February 2021.
[4] Subsecretariat of Risk Management and Civil Protection (Subsecretaría de Gestión del Riesgo y Protección Civil). 2021. "Actions". [https://www.argentina.gob.ar/seguridad/gestion-del-riesgo-y-proteccion-civil]. Accessed 2 March 2021.
[5] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.
[6] Ministry of Defense (Ministerio de Defensa). 2021. "Ministerio de Defensa". [https://www.argentina.gob.ar/defensa]. Accessed 25 February 2021.
[7] World Health Organization. 2019. "JEE Status". [https://extranet.who.int/sph/jee?region=All&country=244]. Accessed 25 February 2021.

4.2.2c

Is there evidence that the country conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency?
Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that Argentina conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency.

There is some evidence that the country has a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency, but there is limited information about what the stockpile contains. The Ministry of Health's (MSAL) National Directorate of Health Emergencies (DINESA) provides health care in "emergency, disaster and catastrophe situations". [1, 2] DINESA is tasked with coordinating storage and distribution of the "materials necessary to immediately respond to the need for health care created by emergencies that affect the population", according to Decree 1343/2007. [1] DINESA maintains a stockpile of essential medicines and supplies for these cases. Publicly available documentation does not name specific supplies or medical countermeasures or mention an annual review of the stockpile. [1, 2, 3, 4]

Argentina completed a Joint External Evaluation (JEE) with the WHO in 2019. The full report is not publicly available, but the country scored 40% on category "C12 Preparedness" and 80% on category "C15 Medical Countermeasures". [5] The Ministry of Safety's 2018 National Plan for Disaster Risk Reduction (PNRRD) does not mention a stockpile of medical supplies. [6] The websites of the Ministry of Health, Ministry of Safety, Subsecretariat of Risk Management and Civil Protection, Ministry of Defense, and National Administration of Medicines, Food and Medical Technology do not contain additional information

regarding an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency. [7, 8 , 9, 10, 11]

[1] President of the Argentine Nation. 2007. "Decree 1343/2007".
[http://servicios.infoleg.gob.ar/infolegInternet/anexos/130000-134999/133099/texact.htm]. Accessed 2 March 2021.
[2] Ministry of Health (Ministerio de Salud). 2021. "DINESA". [https://www.argentina.gob.ar/salud/dinesa]. Accessed 2 March 2021.
[3] National Directorate of Health Emergencies. 2019. "Historia de la DINESA".
[https://www.argentina.gob.ar/salud/dinesa/historia]. Accessed 2 March 2021.
[4] South American Institute of Health Governance (Instituto Suramericano de Gobierno en Salud). 2012. "Sistema de Salud en Argentina". [http://www5.ensp.fiocruz.br/biblioteca/dados/txt_403158050.pdf]. Accessed 2 March 2021.
[5] World Health Organization. 2019. "JEE Status". [https://extranet.who.int/sph/jee?region=All&country=244]. Accessed 25 February 2021.
[6] Ministry of Safety. 2018. "2018-2023 National Plan for Disaster Risk Reduction".
[https://www.argentina.gob.ar/sites/default/files/pnrrd_2018_-_2023.pdf]. Accessed 2 March 2021.
[7] Ministry of Safety (Ministerio de Seguridad). 2021. "Seguridad". [https://www.argentina.gob.ar/seguridad].
[8] National Administration of Medicines, Food and Medical Technology (Administración Nacional de Medicamentos, Alimentos y Tecnología Médica). 2021. "ANMAT". [https://www.argentina.gob.ar/anmat]. Accessed 27 February 2021.
[9] Subsecretariat of Risk Management and Civil Protection (Subsecretaría de Gestión del Riesgo y Protección Civil). 2021. "Actions". [https://www.argentina.gob.ar/seguridad/gestion-del-riesgo-y-proteccion-civil]. Accessed 2 March 2021.
[10] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.
[11] Ministry of Defense (Ministerio de Defensa). 2021. "Ministerio de Defensa". [https://www.argentina.gob.ar/defensa]. Accessed 25 February 2021.

4.2.3 Manufacturing and procurement for emergencies

4.2.3a

Does the country meet one of the following criteria?
- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?
- Is there evidence of a plan/mechanism to procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?
Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0
        Current Year Score: 0

There is no public evidence that Argentina has a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies (MCMs, medicines, vaccines, equipment, PPE) or a plan/mechanism to procure medical supplies for national use during a public health emergency.

The Manual for the Implementation of Emergency Medical Teams (EMT) for response to emergencies and disasters in the Framework of the National Comprehensive Risk Management System (SINAGIR) describes procedures for EMT response during emergencies. The manual was issued in 2018 by SINAGIR. It sets minimum standards for the amount of PPE that should be available to EMT responders but does not state where the PPE should come from or how it will be supplied. [1] Similarly, the Ministry of Health's (MSAL) response plans for pandemic influenza (2007) and COVID-19 (2020) state that "health system supplies" and PPE supplies should be ensured but do not provide further details. [2, 3]

Argentina's 2019 International Health Regulations (IHR) State Party self-assessment annual report scored the country at 20% for indicator "C8.3 Emergency resource mobilization". [4] The websites of the Ministry of Health, Ministry of Safety, Subsecretariat of Risk Management and Civil Protection, Ministry of Defense, and National Administration of Medicines, Food and Medical Technology do not contain additional information regarding a plan/agreement/mechanism to leverage domestic manufacturing capacity or to procure medical supplies for national use during a public health emergency. [5, 6, 7, 8, 9] Argentina completed a Joint External Evaluation (JEE) with the WHO in 2019. The full report is not publicly available, but the country scored 80% on category "C15 Medical Countermeasures". [10]

[1] National Comprehensive Risk Management System (SINAGIR). 2018. "Manual for the Implementation of Emergency Medical Teams (EMT) for response to emergencies and disasters" ("Manual de Implementación de la Iniciativa de Equipos Médicos de Emergencia (EMT) para la respuesta a emergencias y desastres"). [https://www.paho.org/arg/index.php?option=com_docman&view=download&alias=329-manual-de-implementacion-de-la-iniciativa-de-equipos-medicos-de-emergencia-emt&category_slug=salud-ambiental-y-desarrollo-sustentable&Itemid=624]. Accessed 1 March 2021.
[2] Ministry of Health (Ministerio de Salud). 2007. "Integrated Response Plan for Pandemic Influenza" ("Plan de Respuesta Integrada para Pandemia de Influenza"). [https://www.paho.org/hq/images/stories/AD/HSD/CD/INFLUENZA/nippp%20argentina.pdf?ua=1]. Accessed 28 February 2021.
[3] Ministry of Health (Ministerio de Salud). 2020. "Operational Plan for Preparation and Response to COVID-19 in Argentina". [https://www.argentina.gob.ar/salud/coronavirus-COVID-19/plan-operativo]. Accessed 28 February 2021.
[4] World Health Organization. 2019. "IHR Score per capacity - Argentina". [https://extranet.who.int/e-spar/]. Accessed 24 February 2021.
[5] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.
[6] Ministry of Defense (Ministerio de Defensa). 2021. "Ministerio de Defensa". [https://www.argentina.gob.ar/defensa]. Accessed 25 February 2021.
[7] Ministry of Safety (Ministerio de Seguridad). 2021. "Seguridad". [https://www.argentina.gob.ar/seguridad].
[8] National Administration of Medicines, Food and Medical Technology (Administración Nacional de Medicamentos, Alimentos y Tecnología Médica). 2021. "ANMAT". [https://www.argentina.gob.ar/anmat]. Accessed 27 February 2021.
[9] Subsecretariat of Risk Management and Civil Protection (Subsecretaría de Gestión del Riesgo y Protección Civil). 2021. "Actions". [https://www.argentina.gob.ar/seguridad/gestion-del-riesgo-y-proteccion-civil]. Accessed 2 March 2021.
[10] World Health Organization. 2019. "JEE Status". [https://extranet.who.int/sph/jee?region=All&country=244]. Accessed 25 February 2021.

4.2.3b

Does the country meet one of the following criteria?
- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce laboratory supplies (e.g. reagents, media) for national use during a public health emergency?
- Is there evidence of a plan/mechanism to procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency?
Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no public evidence that Argentina has a has a plan/agreement to leverage domestic manufacturing capacity to produce laboratory supplies (e.g. reagents, media) or a plan/mechanism to procure laboratory supplies for national use during a public health emergency. The Ministry of Health's (MSAL) response plans for pandemic influenza (2007) and COVID-19 (2020) state that "health system supplies" should be ensured but do not provide further details. [1, 8] Argentina's 2019

International Health Regulations (IHR) State Party self-assessment annual report scored the country at 20% for indicator "C8.3 Emergency resource mobilization". [2] The websites of the Ministry of Health, Ministry of Safety, Subsecretariat of Risk Management and Civil Protection, Ministry of Defense, and National Administration of Medicines, Food and Medical Technology do not contain additional information regarding a plan/agreement/mechanism to leverage domestic manufacturing capacity or to procure laboratory supplies for national use during a public health emergency. [3, 4, 5, 6, 7]

[1] Ministry of Health (Ministerio de Salud). 2007. "Integrated Response Plan for Pandemic Influenza" ("Plan de Respuesta Integrada para Pandemia de Influenza").
[https://www.paho.org/hq/images/stories/AD/HSD/CD/INFLUENZA/nippp%20argentina.pdf?ua=1]. Accessed 28 February 2021.
[2] World Health Organization. 2019. "IHR Score per capacity - Argentina". [https://extranet.who.int/e-spar/]. Accessed 24 February 2021.
[3] National Administration of Medicines, Food and Medical Technology (Administración Nacional de Medicamentos, Alimentos y Tecnología Médica). 2021. "ANMAT". [https://www.argentina.gob.ar/anmat]. Accessed 27 February 2021.
[4] Subsecretariat of Risk Management and Civil Protection (Subsecretaría de Gestión del Riesgo y Protección Civil). 2021. "Actions". [https://www.argentina.gob.ar/seguridad/gestion-del-riesgo-y-proteccion-civil]. Accessed 2 March 2021.
[5] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.
[6] Ministry of Defense (Ministerio de Defensa). 2021. "Ministerio de Defensa". [https://www.argentina.gob.ar/defensa]. Accessed 25 February 2021.
[7] Ministry of Safety (Ministerio de Seguridad). 2021. "Seguridad". [https://www.argentina.gob.ar/seguridad].
[8] Ministry of Health (Ministerio de Salud). 2020. "Operational Plan for Preparation and Response to COVID-19 in Argentina". [https://www.argentina.gob.ar/salud/coronavirus-COVID-19/plan-operativo]. Accessed 28 February 2021.

4.3 MEDICAL COUNTERMEASURES AND PERSONNEL DEPLOYMENT

4.3.1 System for dispensing medical countermeasures (MCM) during a public health emergency

4.3.1a

Does the country have a plan, program, or guidelines in place for dispensing medical countermeasures (MCM) for national use during a public health emergency (i.e., antibiotics, vaccines, therapeutics and diagnostics)?
Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina has plans in place to dispense medical countermeasures for national use during a public health emergency.

The Manual for the Implementation of Emergency Medical Teams (EMT) for response to emergencies and disasters in the Framework of the National Comprehensive Risk Management System (SINAGIR) describes procedures for EMT to dispense essential medicines, vaccines and supplies to populations affected by an emergency or disaster. Teams are supposed to deploy with a supply to treat 100 patients per day. [1]

In addition, the Pan American Health Organization has trained Argentine officials on the use of the Logistics Support and Supply Management System (LSS/SUMA), its humanitarian supply inventory system and software. The last training took place in August 2017. [2] National organizations, such as the White Helmets, have in turn trained local authorities to use the system to manage emergency supplies, including medicines. [3] At the subnational level, the city of La Plata's emergency plan

states that the provincial Subsecretariat of Health and Social Medicine is tasked with surveying needs and providing affected populations with medicines. [4]

According to Decree 1343/2007, the Ministry of Health and Social Development's (MSAL) National Directorate of Health Emergencies (DINESA) is tasked with coordinating storage and distribution of the "materials necessary to immediately respond to the need for health care created by emergencies that affect the population", ensuring the supplies reach local levels where teams can dispense them. [5]

[1] National Comprehensive Risk Management System (SINAGIR). 2018. "Manual for the Implementation of Emergency Medical Teams (EMT) for response to emergencies and disasters" ("Manual de Implementación de la Iniciativa de Equipos Médicos de Emergencia (EMT) para la respuesta a emergencias y desastres"). [https://www.paho.org/arg/index.php?option=com_docman&view=download&alias=329-manual-de-implementacion-de-la-iniciativa-de-equipos-medicos-de-emergencia-emt&category_slug=salud-ambiental-y-desarrollo-sustentable&Itemid=624]. Accessed 1 March 2021.
[2] Pan American Health Organization. 2017. "Entrenan a funcionarios y ONGs en logística para atender a emergencias y desastres". [https://www.paho.org/arg/index.php?option=com_content&view=article&id=10150:entrenan-a-funcionarios-y-ongs-en-logistica-para-atender-a-emergencias-y-desastres&Itemid=246]. Accessed 2 March 2021.
[3] Ministry of Foreign Relations, International Trade and Religion (Ministerio de Relaciones Exteriores, Comercio Internacional y Culto). 2019. "White Helmets Commission 2016-2019". [https://cancilleria.gob.ar/userfiles/2020/comision-cascos-blancos-2016-2019_.pdf]. Accessed 2 March 2021.
[4] City of La Plata. Undated. "General Emergency Management Plan" ("Plan General de Gestión de Emergencias"). [https://www.laplata.gob.ar/images/programas/planEmergencia/descarga/planEmergencia.pdf]. Accessed 2 March 2021.
[5] President of the Argentine Nation. 2007. "Decree 1343/2007". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/130000-134999/133099/texact.htm]. Accessed 2 March 2021.

4.3.2 System for receiving foreign health personnel during a public health emergency

4.3.2a

Is there a public plan in place to receive health personnel from other countries to respond to a public health emergency?
Yes = 1 , No = 0

Current Year Score: 0

There is insufficient public evidence that Argentina has a plan in place to receive health personnel from other countries to respond to a public health emergency.

Argentina's international agreements include the possibility to receive foreign health personnel, but there is no public evidence of national planning documents that describe how the country would facilitate the arrival, movement, and licensing of foreign personnel during an emergency. In 1997 Argentina and Chile signed the Agreement between the Argentine Republic and the Republic of Chile on Cooperation in the event of Catastrophes. Article 5 of the agreement allows personnel (but not specifically medical personnel) to move between the countries to assist in disaster response at the invitation of the host country. Article 8 provides the personnel with criminal, civil, and administrative immunity while they are performing their mission. [1]

Similarly, Resolution No. 023/2015 of the Union of South American Nations (UNASUR) allows medical personnel to be requested by a country during a disaster response. The resolution states that personnel must meet accreditation standards

but does not state what these are for each country. [2]

The Manual for the Implementation of Emergency Medical Teams (EMT) for response to emergencies and disasters in the Framework of the National Comprehensive Risk Management System (SINAGIR) describes procedures for EMT response during emergencies but does not mention foreign medical personnel. [3] In March 2020, Argentina's President and Cabinet issued Decree 260/2020, declaring a state of national emergency in the country due to the COVID-19 pandemic. Article 2 authorizes the Ministry of Health to "exceptionally and temporarily" hire and allow for the practice of health professionals with foreign degrees that have not been revalidated in Argentina. [4]

The websites of the Ministry of Health, Ministry of Safety, Ministry of Defense, and Subsecretariat of Risk Management and Civil Protection do not contain additional information regarding a plan in place to receive health personnel from other countries to respond to a public health emergency. [5, 6, 7, 8]

[1] Government of Argentina. 1997. "Agreement between the Argentine Republic and the Republic of Chile on Cooperation in the event of Catastrophes". [http://extwprlegs1.fao.org/docs/pdf/bi-30394.pdf]. Accessed 2 March 2021.
[2] Union of South American Nations (UNASUR). 2015. "Resolution No. 023/2015".
[http://www.itamaraty.gov.br/images/ed_integracao/docs_UNASUL/Res23-2015.pdf]. Accessed 2 March 2021.
[3] National Comprehensive Risk Management System (SINAGIR). 2018. "Manual for the Implementation of Emergency Medical Teams (EMT) for response to emergencies and disasters" ("Manual de Implementación de la Iniciativa de Equipos Médicos de Emergencia (EMT) para la respuesta a emergencias y desastres").
[https://www.paho.org/arg/index.php?option=com_docman&view=download&alias=329-manual-de-implementacion-de-la-iniciativa-de-equipos-medicos-de-emergencia-emt&category_slug=salud-ambiental-y-desarrollo-sustentable&Itemid=624]. Accessed 2 March 2021.
[4] President of the Argentine Nation (PRESIDENTE DE LA NACIÓN ARGENTINA). 2020. "Decree 260/2020".
[http://servicios.infoleg.gob.ar/infolegInternet/anexos/335000-339999/335423/texact.htm]. Accessed 1 March 2021.
[5] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.
[6] Ministry of Defense (Ministerio de Defensa). 2021. "Ministerio de Defensa". [https://www.argentina.gob.ar/defensa]. Accessed 25 February 2021.
[7] Ministry of Safety (Ministerio de Seguridad). 2021. "Seguridad". [https://www.argentina.gob.ar/seguridad].
[8] Subsecretariat of Risk Management and Civil Protection (Subsecretaría de Gestión del Riesgo y Protección Civil). 2021. "Actions". [https://www.argentina.gob.ar/seguridad/gestion-del-riesgo-y-proteccion-civil]. Accessed 2 March 2021.

4.4 HEALTHCARE ACCESS

4.4.1 Access to healthcare

4.4.1a

Does the constitution explicitly guarantee citizens' right to medical care?

Guaranteed free = 4, Guaranteed right = 3, Aspirational or subject to progressive realization = 2, Guaranteed for some groups, not universally = 1, No specific provision = 0

Current Year Score: 0

2020

World Policy Analysis Center

4.4.1b

Access to skilled birth attendants (% of population)

Input number

> **Current Year Score: 99.6**

2015

WHO/World Bank/United Nations Children's Fund (UNICEF)

4.4.1c

Out-of-pocket health expenditures per capita, purchasing power parity (PPP; current international $)

Input number

> **Current Year Score: 287.83**

2017

WHO Global Health Expenditure database

4.4.2 Paid medical leave

4.4.2a

Are workers guaranteed paid sick leave?

Paid sick leave = 2, Unpaid sick leave = 1, No sick leave = 0

> **Current Year Score: 2**

2020

World Policy Analysis Center

4.4.3 Healthcare worker access to healthcare

4.4.3a

Has the government issued legislation, a policy, or a public statement committing to provide prioritized healthcare services to healthcare workers who become sick as a result of responding to a public health emergency?

Yes = 1 , No = 0

> **Current Year Score: 0**

There is no public evidence that Argentina has issued legislation, a policy or a public statement committing to provide prioritized healthcare services to healthcare workers who become sick as a result of responding to a public health emergency. In 2007, the Ministry of Health and Social Development issued the Integrated Response Plan for Pandemic Influenza. The plan designates health workers as a priority population to receive influenza vaccines but does not provide for any other type of prioritized care for them. [1] Similarly, the prioritization for receiving the COVID-19 vaccine places healthcare workers at the top of the list but does not mention any other type of prioritized care. [2] In May 2020, Argentina passed Law 27548, which instituted the Program for Protection of Healthcare Personnel during the Coronavirus COVID-19

Pandemic. The Program provides for infection prevention control and personal protection measures for healthcare personnel but does not provide for prioritized care for healthcare workers. [3, 4] The websites of the Ministry of Health and Subsecretariat of Risk Management and Civil Protection do not contain additional information regarding a commitment to provide prioritized health care services to healthcare workers who become sick as a result of responding to a public health emergency. [5, 6]

[1] Ministry of Health (Ministerio de Salud). 2007. "Integrated Response Plan for Pandemic Influenza" ("Plan de Respuesta Integrada para Pandemia de Influenza"). [https://www.paho.org/hq/images/stories/AD/HSD/CD/INFLUENZA/nippp%20argentina.pdf?ua=1]. Accessed 28 February 2021.

[2] Ministry of Health (Ministerio de Salud). 2021. "Vaccine priority". [https://www.argentina.gob.ar/coronavirus/vacuna/prioridad]. Accessed 2 March 2021.

[3] Honorable Congress of the Argentine Nation (Honorable Congreso de la Nacion Argentina). 2020. "Law 27548". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/335000-339999/338400/norma.htm]. Accessed 25 February 2021.

[4] Ministry of Health (Ministerio de Salud). 2020. "National Plan for Care of Healthcare Workers in the Context of the COVID-19 Pandemic". [https://www.argentina.gob.ar/sites/default/files/anexo_6011863_1.pdf]. Accessed 2 March 2021.

[5] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.

[6] Subsecretariat of Risk Management and Civil Protection (Subsecretaría de Gestión del Riesgo y Protección Civil). 2021. "Actions". [https://www.argentina.gob.ar/seguridad/gestion-del-riesgo-y-proteccion-civil]. Accessed 2 March 2021.

4.5 COMMUNICATIONS WITH HEALTHCARE WORKERS DURING A PUBLIC HEALTH EMERGENCY

4.5.1 Communication with healthcare workers

4.5.1a

Is there a system in place for public health officials and healthcare workers to communicate during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina has a system in place for public health officials and healthcare workers to communicate during a public health emergency.

The Manual for the Implementation of Emergency Medical Teams (EMT) for response to emergencies and disasters in the Framework of the National Comprehensive Risk Management System (SINAGIR) describes procedures for EMT response during emergencies. The manual was issued in 2018 by SINAGIR. It creates a Medical Coordination and Information Unit (CICOM) that is tasked with communicating between healthcare workers and public health officials during response to a public health emergency. The CICOM includes representatives of the Ministry of Health's National Directorate of Health Emergencies (DINESA) and from the armed forces. [1] DINESA has also reported that it has a team of radio operators on call 24 hours per day, 365 days per year to communicate with medical personnel in the field. [2]

[1] National Comprehensive Risk Management System (SINAGIR). 2018. "Manual for the Implementation of Emergency Medical Teams (EMT) for response to emergencies and disasters" ("Manual de Implementación de la Iniciativa de Equipos Médicos de Emergencia (EMT) para la respuesta a emergencias y desastres"). [https://www.paho.org/arg/index.php?option=com_docman&view=download&alias=329-manual-de-implementacion-de-la-

iniciativa-de-equipos-medicos-de-emergencia-emt&category_slug=salud-ambiental-y-desarrollo-sustentable&Itemid=624].
Accessed 2 March 2021.

[2] Ministry of Health (Ministerio de Salud). 2018. "National Directorate of Health Emergencies (DINESA) Two-Pager".
[https://bancos.salud.gob.ar/sites/default/files/2018-10/0000001247cnt-2018_diptico-institucional-dinesa.pdf]

4.5.1b

Does the system for public health officials and healthcare workers to communicate during an emergency encompass healthcare workers in both the public and private sector?

Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina has a system in place for public health officials and healthcare workers to communicate during a public health emergency and it encompasses healthcare workers in both the public and private sectors.

The Manual for the Implementation of Emergency Medical Teams (EMT) for response to emergencies and disasters in the Framework of the National Comprehensive Risk Management System (SINAGIR) describes procedures for EMT response during emergencies. The manual was issued in 2018 by SINAGIR. It creates a Medical Coordination and Information Unit (CICOM) that is tasked with communicating between healthcare workers and public health officials during response to a public health emergency. The CICOM includes representatives of the Ministry of Health and Social Development's National Directorate of Health Emergencies (DINESA) and from the armed forces. The manual states that EMTs can be from the government or non-governmental organizations. CICOM is responsible for coordinating and communicating with all EMT teams. [1] The Pan American Health Organization's Argentina Office 2019 Yearbook reiterates that EMT in Argentina include both government and non-government healthcare workers. [2]

[1] National Comprehensive Risk Management System (SINAGIR). 2018. "Manual for the Implementation of Emergency Medical Teams (EMT) for response to emergencies and disasters" ("Manual de Implementación de la Iniciativa de Equipos Médicos de Emergencia (EMT) para la respuesta a emergencias y desastres").
[https://www.paho.org/arg/index.php?option=com_docman&view=download&alias=329-manual-de-implementacion-de-la-iniciativa-de-equipos-medicos-de-emergencia-emt&category_slug=salud-ambiental-y-desarrollo-sustentable&Itemid=624].
Accessed 2 March 2021.
[2] Pan American Health Organization. 2019. "Argentina Office 2019 Yearbook".
[https://iris.paho.org/bitstream/handle/10665.2/51904/OPSARG200001_spa.pdf?sequence=1&isAllowed=y]. Accessed 2 March 2021.

4.6 INFECTION CONTROL PRACTICES AND AVAILABILITY OF EQUIPMENT

4.6.1 Healthcare associated infection (HCAI) prevention and control programs

4.6.1a

Is there evidence that the national public health system is monitoring for and tracking the number of healthcare associated infections (HCAI) that take place in healthcare facilities?

Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina's national public health system is monitoring for and tracking the number of health care associated infections that take place in healthcare facilities.

The National Administration of Laboratories and Health Institutes (ANLIS) supervises the National Network of Surveillance for Hospital Infections of Argentina (VIHDA). The VIHDA network has operated since 2004 and includes more than 120 hospitals. Participating hospitals use a specialized software program to record surveillance data, which is shared with ANLIS and also immediately available to the hospital so it can obtain its own indicators for immediate decision making. [1] The Global Database for the Tripartite Antimicrobial Resistance Country Self-assessment Survey (TrACSS) for Argentina for the 2019-20 period noted that health facilities in Argentina implement infection prevention control guidelines and monitor results. [2]

[1] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2014. "Red VIHDA". [http://www.anlis.gov.ar/cnrl/wp-content/uploads/2014/10/RED-NACIONAL-DE-VIGILANCIA-DE-INFECCIONES-HOSPITALARIAS-DE-ARGENTINA.pdf]. Accessed 2 March 2021.
[2] World Health Organization. 2019. "Country Self-assessment Survey (TrACSS) for Argentina for the 2019-20 period". [https://amrcountryprogress.org/]. Accessed 24 February 2021.

4.7 CAPACITY TO TEST AND APPROVE NEW MEDICAL COUNTERMEASURES

4.7.1 Regulatory process for conducting clinical trials of unregistered interventions

4.7.1a

Is there a national requirement for ethical review (e.g., from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial?
Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina has a national requirement for ethical review from a Research Ethics Committee (CEI) before beginning a clinical trial. The Ministry of Health's (MSAL) Resolution 1480/2011 updated the Guide for Research in Human Health and made its guidelines compulsory for all clinical trials (Article 3). Section A2 of the guide establishes the requirement for evaluation and approval from a CEI before a clinical trial can begin. [1] According to MSAL statistics, in 2021, there were 259 officially sanctioned CEIs operating in Argentina. [2]

[1] Ministry of Health and Social Development (Ministerio de Salud y Desarrollo Social). 2011. "Resolution 1480/2011". [http://servicios.infoleg.gob.ar/infolegInternet/resaltaranexos/185000-189999/187206/texact.htm].
[2] Ministry of Health (Ministerio de Salud). 2021. "Research Ethics Committees". [https://sisa.msal.gov.ar/sisa/#sisa]. Accessed 25 February 2021.

4.7.1b

Is there an expedited process for approving clinical trials for unregistered medical countermeasures (MCM) to treat ongoing epidemics?
Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Argentina's national requirement for ethical review from a Research Ethics Committee (CEI) before beginning a clinical trial includes an expedited process for approving clinical trials for unregistered medical countermeasures to treat ongoing pandemics. The Ministry of Health's (MSAL) Resolution 1480/2011 updated the Guide for Research in Human Health and made its guidelines compulsory for all clinical trials (Article 3). Section A2 of the guide establishes the requirement for evaluation and approval from a CEI before a clinical trial can begin. [1] Section 2.6 describes the review process. An expedited review is only available for "low-risk observational studies". The resolution does not mention any other type of expedited review process. [1] Section 2.4.1 allows CEIs to establish their own Standardized Operating Procedures (POE), including "evaluation procedures". [1] POEs from several CEIs included procedures for expedited approval for the types of low-risk research mentioned above, and none included an expedited process for approving clinical trials for unregistered medical countermeasures to treat ongoing pandemics. [2, 3, 4] The websites of MSAL, the National Administration of Laboratories and Health Institutes, and National Council for Scientific and Technical Research do not contain additional information regarding an expedited process for approving clinical trials for unregistered medical countermeasures to treat ongoing pandemics. [5, 6, 7]

[1] Ministry of Health and Social Development (Ministerio de Salud y Desarrollo Social). 2011. "Resolution 1480/2011". [http://servicios.infoleg.gob.ar/infolegInternet/resaltaranexos/185000-189999/187206/texact.htm]. Accessed 2 March 2021.
[2] Spanish Hospital of Buenos Aires. 2012. "Standardized Operating Procedures CEI". [https://www.buenosaires.gob.ar/areas/salud/dircap/investigacion/poeespanol.pdf]. Accessed 2 March 2021.
[3] Italian Hospital of Buenos Aires. 2015. "Ethics Committee Research Protocols". [https://www.buenosaires.gob.ar/sites/gcaba/files/poe-_596_72-14_comite_de_etica_de_protocolos_de_investigacion.pdf]. Accessed 2 March 2021.
[4] Dr. Braulio A. Moyano Hospital. 2016. "Standardized Operating Procedures CEI". [https://www.buenosaires.gob.ar/sites/gcaba/files/poes_-_cei_moyano_3.0_0.pdf]. Accessed 2 March 2021.
[5] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 2 March 2021.
[6] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2021. "ANLIS". [http://www.anlis.gov.ar/]. Accessed 24 February 2021.
[7] National Council for Scientific and Technical Research (Consejo Nacional de Investigaciones Científicas y Técnicas). 2021. "CONICET". [https://www.conicet.gov.ar/]. Accessed 27 February 2021.

4.7.2 Regulatory process for approving medical countermeasures

4.7.2a

Is there a government agency responsible for approving new medical countermeasures (MCM) for humans?
Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina's National Administration of Medicines, Food and Medical Technology (ANMAT) is responsible for approving new medical countermeasures for humans. [1] ANMAT registers, controls and supervises medicines, diagnostic tests, medical products and devices, supplements and other items. ANMAT's mission is to ensure the effectiveness, safety and quality of all the products it supervises. [2] ANMAT is a regional reference regulatory authority according to the Pan American Health Organization. [3]

[1] National Administration of Medicines, Food and Medical Technology (Administración Nacional de Medicamentos, Alimentos y Tecnología Médica). 2021. "ANMAT". [https://www.argentina.gob.ar/anmat]. Accessed 27 February 2021.

[2] National Administration of Medicines, Food and Medical Technology (Administración Nacional de Medicamentos, Alimentos y Tecnología Médica). 2021. "Information for the community". [https://www.argentina.gob.ar/anmat/comunidad]. Accessed 2 March 2021.

[3] Pan American Health Organization. 2019. "Argentina Office 2019 Yearbook". [https://iris.paho.org/bitstream/handle/10665.2/51904/OPSARG200001_spa.pdf?sequence=1&isAllowed=y]. Accessed 2 March 2021.

4.7.2b

Is there an expedited process for approving medical countermeasures (MCM) for human use during public health emergencies?

Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina's National Administration of Medicines, Food and Medical Technology (ANMAT) has an expedited process for approving medical countermeasures (MCM) for human use during public health emergencies. Resolution 10874/2017 created the Exceptional Access Regime for Unregistered Medicines (RAEM-NR), which provides expedited approval for medicines for human use when no equivalent countermeasures have already been approved. [1] The regime is meant to be used by individual patients who have no other treatment options, although civil associations can also use it to acquire medicines for their members. The medicines must have already been approved for use in one of the countries listed in the resolution (countries with which Argentina seeks regulatory convergence). Use of the medicine requires a doctor's supervision. [1] In addition, the 2015 Argentine Strategy for the Control of Antimicrobial Resistance (EACRA) calls on the government to implement an "agile review process" for new diagnostics and medicines that could be helpful in combating AMR. [2] During the COVID-19 pandemic ANMAT established an emergency mechanism for registration of "critical Class I and II medical products" in order to treat the ongoing pandemic. [3]

[1] National Administration of Medicines, Food and Medical Technology (Administración Nacional de Medicamentos, Alimentos y Tecnología Médica). 2017. "Resolution 10874/2017". [http://www.anmat.gov.ar/boletin_anmat/BO/Disposicion_10874-E-2017.pdf]. Accessed 2 March 2021.

[2] Ministry of Health and Ministry of Agriculture, Ranching and Fishing (MINISTERIO DE SALUD y MINISTERIO DE AGRICULTURA, GANADERÍA Y PESCA). 2015. "Joint Resolution 834/2015 and 391/2015". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/245000-249999/248651/texact.htm]. Accessed 1 March 2021.

[3] National Administration of Medicines, Food and Medical Technology (Administración Nacional de Medicamentos, Alimentos y Tecnología Médica). 2020. "Emergency mechanism for registration of critical Class I and II medical products". [https://www.argentina.gob.ar/noticias/mecanismo-de-emergencia-para-el-registro-de-productos-medicos-criticos-clase-i-y-ii]. Accessed 2 March 2021.

Category 5: Commitments to improving national capacity, financing plans to address gaps, and adhering to global norms

5.1 INTERNATIONAL HEALTH REGULATIONS (IHR) REPORTING COMPLIANCE AND DISASTER RISK REDUCTION

5.1.1 Official IHR reporting

5.1.1a

Has the country submitted IHR reports to the WHO for the previous calendar year?

Yes = 1 , No = 0

> Current Year Score: 1

2020

World Health Organization

5.1.2 Integration of health into disaster risk reduction

5.1.2a

Are epidemics and pandemics integrated into the national risk reduction strategy or is there a standalone national disaster risk reduction strategy for epidemics and pandemics?

Yes = 1 , No = 0

> Current Year Score: 0

There is insufficient public evidence that epidemics and pandemics are integrated into the national risk reduction strategy and there is no public evidence of a standalone national disaster risk reduction strategy for pandemics in Argentina. In 2018, the Ministry of Safety issued the National Plan for Disaster Risk Reduction (PNRRD). The plan calls for the integration of health and sanitation as one of eight axes of intervention for the plan. Specifically, the PNRRD identifies five impacts of disasters on public health: increased morbidity and mortality, changes in transmissible disease patterns, impact on the healthcare system, psychosocial effects on individuals and communities and effects on communities' ability to rebuild. The PNRRD's specific objectives regarding public health include creating secure healthcare facilities and analyzing the sector's vulnerabilities, among others. The Plan does not specifically mention epidemics or pandemics. [1] The websites of the Ministry of Health and Subsecretariat of Risk Management and Civil Protection do not contain additional information regarding a risk reduction strategy for epidemics or pandemics. [2, 3]

[1] Ministry of Safety. 2018. "2018-2023 National Plan for Disaster Risk Reduction". [https://www.argentina.gob.ar/sites/default/files/pnrrd_2018_-_2023.pdf]. Accessed 2 March 2021.
[2] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 2 March 2021.
[3] Subsecretariat of Risk Management and Civil Protection (Subsecretaría de Gestión del Riesgo y Protección Civil). 2021. "Actions". [https://www.argentina.gob.ar/seguridad/gestion-del-riesgo-y-proteccion-civil]. Accessed 2 March 2021.

5.2 CROSS-BORDER AGREEMENTS ON PUBLIC HEALTH AND ANIMAL HEALTH EMERGENCY RESPONSE

5.2.1 Cross-border agreements

5.2.1a

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to public health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 2

There is public evidence that Argentina has agreements with neighboring countries with regards to public health emergencies, and there is no public evidence of gaps in implementation.

As a member of MERCOSUR, along with Brazil, Paraguay, and Uruguay, Argentina participates in two intergovernmental commissions related to public health emergency preparation and response: the Intergovernmental Commission for Risk Management and Reduction of Vulnerability and the Intergovernmental Commission for Implementation of the International Health Regulations. Both Commissions facilitate the member countries' review and joint strengthening of cross-border preparation and response capacities. [1]

In terms of implementation, in 2020 MERCOSUR distributed US$16m among member countries for regional response to the COVID-19 pandemic. [2] In addition, from 2000 to 2011 Argentina and Bolivia worked together along their shared border to spray more than 22,000 homes for mosquito vectors as part of Argentina's efforts to eliminate malaria from the country. [3]

In 1997 Argentina and Chile signed the Agreement between the Argentine Republic and the Republic of Chile on Cooperation in the event of Catastrophes. Article 1 defines a catastrophe as "any occurrence deemed as such by the Party requiring assistance whether natural or provoked by humans that, by its characteristics, could cause grave damage to life, health, essential services or the property of the population or the environment". The definition does not explicitly mention public health emergencies, but they fit within the parameters of the definition, as each country is free to define a catastrophe according to its needs. The agreement allows personnel and goods to move between the countries to assist in disaster response at the invitation of the host country. [4]

[1] Ministry of Health (Ministerio de Salud). 2017. "Health in regional integration processes". [https://salud.gob.ar/dels/entradas/la-salud-en-los-procesos-de-integracion-mercosur-unasur]. Accessed 2 March 2021.
[2] MERCOSUR. 2020. "Regional effort against the pandemic, MERCOSUR approved emergency fund of US$16m". [https://www.mercosur.int/esfuerzo-regional-contra-la-pandemia-el-mercosur-aprobo-un-fondo-de-emergencia-de-us16-millones-que-seran-destinados-en-su-totalidad-al-combate-coordinado-contra-el-covid-19/]. Accessed 2 March 2021.
[3] Pan American Health Organization. 2019. "Argentina Office 2019 Yearbook". [https://iris.paho.org/bitstream/handle/10665.2/51904/OPSARG200001_spa.pdf?sequence=1&isAllowed=y]. Accessed 2 March 2021.
[4] Government of Argentina. 1997. "Agreement between the Argentine Republic and the Republic of Chile on Cooperation in the event of Catastrophes". [http://extwprlegs1.fao.org/docs/pdf/bi-30394.pdf]. Accessed 2 March 2021.

5.2.1b

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to animal health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 0

There is insufficient public evidence that Argentina has agreements with neighboring countries with regards to animal health emergencies. In 2011, Argentina and Chile signed a Memorandum of Understanding outlining a cooperation framework between the two countries on agricultural issues. Article V of the MOU deals with Phyto- and Zoo-sanitary measures, including cooperation on information exchange on risks of animal health threats, sharing laboratory techniques, and analysis of market access issues, among others. The MOU does not mention animal health emergencies. [1] Argentina and Bolivia have cooperated on elimination of agricultural pests along their shared border, but there is insufficient public evidence of a cross-border agreement. [2] Argentina participates in the Pan-American Centre for Foot-and-Mouth Disease (PANAFTOSA) along with 12 South American countries. The goal of PANAFTOSA is to control and eradicate the disease. PANAFTOSA is coordinated by the Pan-American Health Organization and held its most recent annual meeting in May 2019. Information on PANAFTOSA does not mention response to animal health emergencies. [3, 4] The websites of the Ministry of Health, Ministry of Agriculture, Ranching and Fishing, and Subsecretariat of Risk Management and Civil Protection do not contain additional information regarding agreements with neighboring countries with regards to animal health emergencies. [5, 6, 7]

[1] Ministry of Agriculture, Ranching and Fishing. 2011. "Memorandum of Understanding on Technical Cooperation in Agriculture, Ranching, Forestry, Agroindustry and Rural Development".
[http://intra.conaf.cl/shop_image/product/da35b5a3874efcce437ba6bc8fedbbd0.pdf]. Accessed 2 March 2021.
[2] Embassy of Argentina in Bolivia. 2016. "Bolivia and Argentina progress on 16 projects".
[https://ebolv.cancilleria.gob.ar/es/bolivia-y-argentina-avanzan-en-16-proyectos-de-cooperaci%C3%B3n-t%C3%A9cnica-bilateral]. Accessed 2 March 2021.
[3] Pan-American Health Organization. 2019. "INFORME DE SITUACIÓN DE LOS PROGRAMAS DE ERRADICACIÓN DE LA FIEBRE AFTOSA SUDAMERICA Y PANAMÁ".
[https://iris.paho.org/bitstream/handle/10665.2/51789/informesituacion2018_spa.pdf?sequence=1&isAllowed=y]. Accessed 2 March 2021.
[4] Pan-American Health Organization. 2020. "Acerca de PANAFTOSA OPS/OMS".
[https://www.paho.org/panaftosa/index.php?option=com_content&view=article&id=24:acerca-de-panaftosa-ops-oms&Itemid=122]. Accessed 2 March 2021.
[5] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 1 March 2021.
[6] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2021. "Agricultura".
[https://www.argentina.gob.ar/agricultura]. Accessed 28 February 2021.
[7] Subsecretariat of Risk Management and Civil Protection (Subsecretaría de Gestión del Riesgo y Protección Civil). 2021. "Actions". [https://www.argentina.gob.ar/seguridad/gestion-del-riesgo-y-proteccion-civil]. Accessed 2 March 2021.

5.3 INTERNATIONAL COMMITMENTS

5.3.1 Participation in international agreements

5.3.1a

Does the county have signatory and ratification (or same legal effect) status to the Biological Weapons Convention?

Signed and ratified (or action having the same legal effect) = 2, Signed = 1, Non-compliant or not a member = 0

Current Year Score: 2

2021

Biological Weapons Convention

5.3.1b

Has the country submitted confidence building measures for the Biological Weapons Convention in the past three years?

Yes = 1 , No = 0

Current Year Score: 1

2021

Biological Weapons Convention

5.3.1c

Has the state provided the required United Nations Security Council Resolution (UNSCR) 1540 report to the Security Council Committee established pursuant to resolution 1540 (1540 Committee)?

Yes = 1 , No = 0

Current Year Score: 1

2021

Biological Weapons Convention

5.3.1d

Extent of United Nations Security Council Resolution (UNSCR) 1540 implementation related to legal frameworks and enforcement for countering biological weapons:

Very good (60+ points) = 4, Good (45–59 points) = 3, Moderate (30–44 points) = 2, Weak (15–29 points) = 1, Very weak (0–14 points) or no matrix exists/country is not party to the BWC = 0

Current Year Score: 4

2021

Biological Weapons Convention

5.3.2 Voluntary memberships

5.3.2a

Does the country meet at least 2 of the following criteria?

- Membership in Global Health Security Agenda (GHSA)
- Membership in the Alliance for Country Assessments for Global Health Security and IHR Implementation (JEE Alliance)
- Membership in the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (GP)

- Membership in the Australia Group (AG)

- Membership in the Proliferation Security Initiative (PSI)

Needs to meet at least two of the criteria to be scored a 1 on this measure. , Yes for five = 1 , Yes for four = 1 , Yes for three = 1 , Yes for two = 1 , Yes for one = 0 , No for all = 0

> Current Year Score: 1

2021

Global Health Security Agenda; JE Alliance; Global Partnership; Australia Group; PSI

5.4 JOINT EXTERNAL EVALUATION (JEE) AND PERFORMANCE OF VETERINARY SERVICES PATHWAY (PVS)

5.4.1 Completion and publication of a Joint External Evaluation (JEE) assessment and gap analysis

5.4.1a

Has the country completed a Joint External Evaluation (JEE) or precursor external evaluation (e.g., GHSA pilot external assessment) and published a full public report in the last five years?

Yes = 1 , No = 0

> Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.1b

Has the country completed and published, within the last five years, either a National Action Plan for Health Security (NAPHS) to address gaps identified through the Joint External Evaluation (JEE) assessment or a national GHSA roadmap that sets milestones for achieving each of the GHSA targets?

Yes = 1 , No = 0

> Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.2 Completion and publication of a Performance of Veterinary Services (PVS) assessment and gap analysis

5.4.2a

Has the country completed and published a Performance of Veterinary Services (PVS) assessment in the last five years?

Yes = 1 , No = 0

Current Year Score: 0

2021

OIE PVS assessments

5.4.2b

Has the country completed and published a Performance of Veterinary Services (PVS) gap analysis in the last five years?

Yes = 1 , No = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5 FINANCING

5.5.1 National financing for epidemic preparedness

5.5.1a

Is there evidence that the country has allocated national funds to improve capacity to address epidemic threats within the past three years?

Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina has allocated national funds to improve capacity to address epidemic threats within the past three years. According to the Ministry of Health's (MSAL) 2018 "Plan for the prevention of the reestablishment of malaria in Argentina", the government spend US$1.6m on vector control and other activities to maintain eradication of malaria in the country. [1] In addition, MSAL's 2021 budget included US$4.1m for "epidemiological prevention and control of acute diseases" and US$1.1m for "actions related to epidemiological information for decision making". [2] MSAL's 2017 budget included US$21.4m for surveillance, prevention, control and research of diseases that pose epidemic threats, such as HIV and others. [3]

[1] Ministry of Health (Ministerio de Salud). 2018. "Plan for the prevention of the reestablishment of malaria in Argentina". [https://www.argentina.gob.ar/sites/default/files/plan_de_prevencion_del_restablecimiento_del_paludismo_en_argentina_preliminar.pdf]. Accessed 2 March 2021.
[2] Ministry of Health (Ministerio de Salud). 2021. "Jurisdiction 80".
[https://www.economia.gob.ar/onp/documentos/presutexto/proy2021/jurent/pdf/P21J80.pdf]. Accessed 12 March 2021.
[3] Ministry of Health (Ministerio de Salud). 2017. "Jurisdiction 80".
[https://www.economia.gob.ar/onp/documentos/presutexto/proy2017/jurent/pdf/P17J80.pdf]. Accessed 2 March 2021.

5.5.2 Financing under Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS) reports and gap analyses

5.5.2a

Does the Joint External Evaluation (JEE) report, National Action Plan for Health Security (NAPHS), and/or national GHSA roadmap allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a JEE = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.5.2b

Does the Performance of Veterinary Services (PVS) gap analysis and/or PVS assessment allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a PVS = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5.3 Financing for emergency response

5.5.3a

Is there a publicly identified special emergency public financing mechanism and funds which the country can access in the face of a public health emergency (such as through a dedicated national reserve fund, an established agreement with the World Bank pandemic financing facility/other multilateral emergency funding mechanism, or other pathway identified through a public health or state of emergency act)?

Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Argentina has a publicly identified special emergency public financing mechanism and funds which the country can access in the face of a public health emergency.

Article 17 of Law 27,287 of 2016, which created the National System for Comprehensive Risk Management and Civil Protection, created the National Emergency Fund (FONAE) to fund and implement actions to respond to disasters and emergencies. Article 2 of the law defines a disaster as the "interaction between a threat and a vulnerable population that, by its size, creates an interruption in the functioning of a society and/or system based on an imbalance between the means needed to overcome it and the resources available to the affected community. The law defines an emergency as "a situation, damage provoked by an adverse event of natural origin or provoked by human beings that, because of its magnitude, can be dealt with via locally available resources" (Article 2). These definitions do not specifically mention public health emergencies,

but they fit within the parameters established by the definitions. [1]

FONAE's operations manual states that in order to access the funds, a municipality, province, or, in extreme cases, the national government must declare an emergency. The declaration will be evaluated by the Subsecretariat of Disaster Risk Reduction, the Subsecretariat of Civil Protection, and the Department of Administration and Budget. If two of the three instances are in agreement, then the request will be elevated to Congress for approval and allocation of funds. [2]

Argentina's 2019 International Health Regulations (IHR) State Party self-assessment annual report scored the country at 80% for indicator "C1.3 Financing mechanism and funds for timely response to public health emergencies". [3] During the COVID-19 pandemic, FONAES funding was used to purchase medical equipment and diagnostic tests for response activities carried out by provincial public health authorities. [4]

[1] Honorable Congress of the Argentine Nation (HONORABLE CONGRESO DE LA NACION ARGENTINA). 2016. "Law No. 27,287". [http://servicios.infoleg.gob.ar/infolegInternet/anexos/265000-269999/266631/norma.htm]. Accessed 2 March 2021.
[2] Executive Secretariat SINAGIR. 2017. "Manual for Applicants for Financing" ("Manual para Requirentes de Financiamiento"). [http://www.senado.gov.ar/upload/26434.pdf]. Accessed 2 March 2021.
[3] World Health Organization. 2019. "IHR Score per capacity - Argentina". [https://extranet.who.int/e-spar/]. Accessed 24 February 2021.
[4] Ministry of Health (Ministerio de Salud). 2020. "Nation reinforces with medical equipment Mendoza and Tucuman". [https://www.argentina.gob.ar/noticias/nacion-reforzo-el-equipamiento-medico-de-mendoza-y-tucuman]. Accessed 2 March 2021.

5.5.4 Accountability for commitments made at the international stage for addressing epidemic threats

5.5.4a

Is there evidence that senior leaders (president or ministers), in the past three years, have made a public commitment either to:
- Support other countries to improve capacity to address epidemic threats by providing financing or support?
- Improve the country's domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity?
Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no public evidence that senior leaders in Argentina, in the past three years, have made a public commitment to improve the country's domestic capacity to address epidemic threats by requesting support to improve capacity; there is insufficient public evidence that senior leaders have made a public commitment to support other countries to improve capacity to address epidemic threats by providing financing or support.

In terms of the former, in the September 2017 introduction to the Pan American Health Organization's (PAHO) Cooperation Strategy with Argentina, a signed letter from the Minister of Health and the Director of PAHO states that the strategy will drive "progress toward a healthcare system with universal access and coverage to quality services; improve management of health risks from...human activities as well as infectious threats". [1] But this occurred more than 3 years ago.

In terms of the latter, there is no evidence of public statements, although Argentina has supported the Caribbean Community

via triangular cooperation with AMR surveillance and strategy implementation. [2] The websites of the Ministry of Health, Ministry of Foreign Relations, International Trade and Religion, United Nations, and WHO do not contain additional public information regarding a public commitment to support other countries to improve capacity to address epidemic threats by providing financing or support. [3, 4, 5, 6]

[1] Pan American Health Organization. 2017. "Country Cooperation Strategy Argentina". [https://iris.paho.org/bitstream/handle/10665.2/34360/OPSARG17023_spa.pdf?sequence=5&isAllowed=y]. Accessed 2 March 2021.
[2] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2019. "Argentina works with PAHO to detect and prevent AMR". [https://www.argentina.gob.ar/noticias/argentina-trabaja-con-la-ops-para-detectar-y-prevenir-la-resistencia-antimicrobiana]. Accessed 2 March 2021.
[3] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 2 March 2021.
[4] Ministry of Foreign Relations, International Trade and Religion (Ministerio de Relaciones Exteriores, Comercio Internacional y Culto). 2021. "Cancilleria". [https://www.cancilleria.gob.ar/]. Accessed 2 March 2021.
[5] World Health Organization. 2021. "Search results". [https://www.who.int/home/search?indexCatalogue=genericsearchindex1&searchQuery=argentina%20funding%20epidemic&wordsMode=AllWords&healthtopic=undefined&country=undefined]. Accessed 2 March 2021.
[6] United Nations. 2021. "Search Results >> argentina". [https://news.un.org/en/search/argentina/field_news_topics/health-82]. Accessed 2 March 2021.

5.5.4b

Is there evidence that the country has, in the past three years, either:
- Provided other countries with financing or technical support to improve capacity to address epidemic threats?
- Requested financing or technical support from donors to improve the country's domestic capacity to address epidemic threats?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

There is public evidence that Argentina has invested finances from donors to improve its own domestic capacity to address epidemic threats in the past three years. There is insufficient publicly available evidence that Argentina has invested finances (from donors or national budget) or provided technical support either to support other countries to improve capacity to address epidemic threats.

The Global Health Security Funding Tracking Dashboard shows that Argentina received US$408,000 in 2016, US$20.2m in 2017, US$15.1m in 2018, US$85.3m in 2019, and US$605.1m in 2020 to improve its own domestic capacity to address epidemic threats. The majority of the funds were invested in prevention and detection activities, and a small amount was invested in response. The largest donors to Argentina have been the United Nations Development Programme (UNDP), Inter-American Development Bank and United Nations Joint Programme on HIV and AIDS Secretariat (UNAIDS). Specific programs included US$313,050 from Canada for "Addressing the Emergence and Spread of Leishmaniasis in the Borders of Argentina, Brazil, and Paraguay" and US$119,010 from the World Health Organization for "Implementation and monitoring of the global vaccine action plan, with emphasis on strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines". [1]

The Global Health Security Funding Tracking Dashboard does not list Argentina as a funder for any projects in other countries. [2] Argentina has supported the Caribbean Community (CARICOM) via triangular cooperation with AMR surveillance and strategy implementation. [3] The Ministry of Foreign Relations, International Trade and Religion's 2019

report on Argentina's international cooperation describes the project but does not provide any budget information. [4] The websites of the Ministry of Health, Ministry of Foreign Relations, International Trade and Religion, United Nations, and WHO do not contain additional public information regarding financing or technical support to other countries to improve capacity to address epidemic threats. [5, 6, 7, 8]

[1] Georgetown Infectious Disease Atlas (GIDA) Global Health Security Tracker. 2021. "Argentina Recipient Profile". [https://tracking.ghscosting.org/details/880/recipient]. Accessed 2 March 2021.

[2] Georgetown Infectious Disease Atlas (GIDA) Global Health Security Tracker. 2021. "Argentina Funder Profile". [https://tracking.ghscosting.org/table/880/funder]. Accessed 2 March 2021.

[3] Ministry of Agriculture, Ranching and Fishing (Ministerio de Agricultura, Ganadería y Pesca). 2019. "Argentina works with PAHO to detect and prevent AMR". [https://www.argentina.gob.ar/noticias/argentina-trabaja-con-la-ops-para-detectar-y-prevenir-la-resistencia-antimicrobiana]. Accessed 2 March 2021.

[4] Ministry of Foreign Relations, International Trade and Religion (Ministerio de Relaciones Exteriores, Comercio Internacional y Culto). March 2019. "Argentine Cooperation". [https://cancilleria.gob.ar/userfiles/ut/publicacion-paba.pdf]. Accessed 2 March 2021.

[5] World Health Organization. 2021. "Search results". [https://www.who.int/home/search?indexCatalogue=genericsearchindex1&searchQuery=argentina%20funding%20epidemic&wordsMode=AllWords&healthtopic=undefined&country=undefined]. Accessed 2 March 2021.

[6] United Nations. 2021. "Search Results >> argentina". [https://news.un.org/en/search/argentina/field_news_topics/health-82]. Accessed 2 March 2021.

[7] Ministry of Health (Ministerio de Salud). 2021. "Salud". [https://www.argentina.gob.ar/salud]. Accessed 2 March 2021.

[8] Ministry of Foreign Relations, International Trade and Religion (Ministerio de Relaciones Exteriores, Comercio Internacional y Culto). 2021. "Cancilleria". [https://www.cancilleria.gob.ar/]. Accessed 2 March 2021.

5.5.4c

Is there evidence that the country has fulfilled its full contribution to the WHO within the past two years?

Yes = 1 , No = 0

Current Year Score: 0

2021

Economist Impact analyst qualitative assessment based on official national sources, which vary by country

5.6 COMMITMENT TO SHARING OF GENETIC AND BIOLOGICAL DATA AND SPECIMENS

5.6.1 Commitment to sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) in both emergency and nonemergency research

5.6.1a

Is there a publicly available plan or policy for sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) along with the associated epidemiological data with international organizations and/or other countries that goes beyond influenza?

Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that the government of Argentina has policies to share clinical specimens and epidemiological data with international organizations and other countries that goes beyond influenza.

In 2018, Argentina's national reference laboratory, the National Administration of Laboratories and Health Institutes' (ANLIS) National Institute of Infectious Diseases (INEI), published its Operations Manual for Laboratory Diagnosis of Malaria. Section 17.2.5 of the manual states that the INEI sends clinical samples of malaria blood smears to the Pan American Health Organization's supranational laboratories to check its diagnoses periodically. [1]

In addition, the Ministry of Health's (MSAL) Resolution 2033/2010 adopted Mercosur's Resolution GMC No. 22/08 on "Epidemiological surveillance and control of prioritized diseases and outbreaks among the Party States of MERCOSUR". The resolution tasks MSAL with sharing surveillance data with Brazil, Paraguay and Uruguay in the event of a notifiable outbreak. The criteria for a notifiable outbreak include the epidemic potential of the disease, whether it is likely to move internationally, and if it is an emerging disease, among others. [2]

In 2020, the Ministry of Health (MSAL) issued the Operational Plan for Preparation and Response to COVID-19 in Argentina. The Plan states the ministry shall "provide information on the genomic sequencing of the virus in order to understand its evolution and enable studies of antivirals and development of vaccines". [3]

[1] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2018. "MANUAL OPERATIVO PARA EL DIAGNÓSTICO LABORATORIAL DE PALUDISMO". [http://www.anlis.gov.ar/inei/parasitologia/wp-content/uploads/2018/04/Manual-Operativo-Diagnostico-Laboratorial-de-Paludismo-MO-PR-01-00-web.pdf]. Accessed 27 February 2021.
[2] Ministry of Health (Ministerio de Salud). 2010. "Resolution 2033/2010". [http://servicios.infoleg.gob.ar/infolegInternet/resaltaranexos/175000-179999/175063/norma.htm]. Accessed 1 March 2021.
[3] Ministry of Health (Ministerio de Salud). 2020. "Operational Plan for Preparation and Response to COVID-19 in Argentina". [https://www.argentina.gob.ar/salud/coronavirus-COVID-19/plan-operativo]. Accessed 28 February 2021.

5.6.1b

Is there public evidence that the country has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years?
Yes = 0 , No = 1

Current Year Score: 1

There is no public evidence that Argentina has not shared samples in accordance with the PIP framework in the past two years. Evidence indicates Argentina participates in sharing flu data and samples. Argentina's National Network for Influenza and Respiratory Viruses shares data with FluNet weekly throughout the year regarding the types of viruses detected. [1] The 2016 External Evaluation of the Pandemic Influenza Preparedness Partnership Contribution does not refer to Argentina not sharing samples, nor does it list Argentina as a priority country for improving the "national ability to detect, monitor and share novel influenza viruses". [2] The WHO's website does not contain any information regarding Argentina not sharing samples. [3] Local and international media do not contain reports of non-sharing.

[1] National Administration of Laboratories and Health Institutes (Administración Nacional de Laboratorios e Institutos de Salud). 2014. "National Network for Influenza and Respiratory Viruses". [http://www.anlis.gov.ar/cnrl/wp-

content/uploads/2014/10/RED-NACIONAL-DE-INFLUENZA-Y-VIRUS-RESPIRATORIOS.pdf]. Accessed 27 February 2021.

[2] World Health Organization (WHO). 2016. "External Evaluation of the Pandemic Influenza Preparedness Partnership Contribution—High-Level Implementation Plan 2013-2016".

[http://www.who.int/about/evaluation/pip_evaluation_report.pdf]. Accessed 24 January 2021.

[3] World Health Organization. 2021. "Argentina country page". [https://www.who.int/countries/arg/]. Accessed 1 March 2021.

5.6.1c

Is there public evidence that the country has not shared pandemic pathogen samples during an outbreak in the past two years?

Yes = 0 , No = 1

Current Year Score: 1

There is no publicly available evidence that Argentina has not shared pandemic pathogen samples during an outbreak in the past two years. The World Health Organization shows one outbreak of Hantavirus in Argentina in the past two years. The World Health Organization does not mention that Argentina has not shared samples during an outbreak, including samples related to the COVID-19 pandemic. [1] Local and international media do not contain reports of non-sharing in Argentina, including samples related to the COVID-19 pandemic.

[1] World Health Organization. 2021. "Argentina country page". [https://www.who.int/countries/arg/]. Accessed 1 March 2021.

Category 6: Overall risk environment and vulnerability to biological threats

6.1 POLITICAL AND SECURITY RISK

6.1.1 Government effectiveness

6.1.1a

Policy formation (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 2

2020

Economist Intelligence

6.1.1b

Quality of bureaucracy (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 2

2020

Economist Intelligence

6.1.1c

Excessive bureaucracy/red tape (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1d

Vested interests/cronyism (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1e

Country score on Corruption Perception Index (0-100, where 100=best)

Input number

Current Year Score: 42

2020

Transparency International

6.1.1f

Accountability of public officials (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1g

Human rights risk (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 4

2020

Economist Intelligence

6.1.2 Orderly transfers of power

6.1.2a

How clear, established, and accepted are constitutional mechanisms for the orderly transfer of power from one government to another?

Very clear, established and accepted = 4, Clear, established and accepted = 3, One of the three criteria (clear, established, accepted) is missing = 2, Two of the three criteria (clear, established, accepted) are missing = 1, Not clear, not established, not accepted = 0

Current Year Score: 2

2021

Economist Intelligence

6.1.3 Risk of social unrest

6.1.3a

What is the risk of disruptive social unrest?

Very low: Social unrest is very unlikely = 4, Low: There is some prospect of social unrest, but disruption would be very limited = 3, Moderate: There is a considerable chance of social unrest, but disruption would be limited = 2, High: Major social unrest is likely, and would cause considerable disruption = 1, Very high: Large-scale social unrest on such a level as to seriously challenge government control of the country is very likely = 0

Current Year Score: 1

2021

Economist Intelligence

6.1.4 Illicit activities by non-state actors

6.1.4a

How likely is it that domestic or foreign terrorists will attack with a frequency or severity that causes substantial disruption?

No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 3

2021

Economist Intelligence

6.1.4b

What is the level of illicit arms flows within the country?

4 = Very high, 3 = High, 2 = Moderate, 1 = Low, 0 = Very low

> **Current Year Score: 0**

2020

UN Office of Drugs and Crime (UNODC)

6.1.4c

How high is the risk of organized criminal activity to the government or businesses in the country?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

> **Current Year Score: 2**

2021

Economist Intelligence

6.1.5 Armed conflict

6.1.5a

Is this country presently subject to an armed conflict, or is there at least a moderate risk of such conflict in the future?

No armed conflict exists = 4, Yes; sporadic conflict = 3, Yes; incursional conflict = 2, Yes, low-level insurgency = 1, Yes; territorial conflict = 0

> **Current Year Score: 4**

2021

Economist Intelligence

6.1.6 Government territorial control

6.1.6a

Does the government's authority extend over the full territory of the country?

Yes = 1, No = 0

> **Current Year Score: 1**

2021

Economist Intelligence

6.1.7 International tensions

6.1.7a

Is there a threat that international disputes/tensions could have a negative effect?
No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

> **Current Year Score: 3**

2021

Economist Intelligence

6.2 SOCIO-ECONOMIC RESILIENCE

6.2.1 Literacy

6.2.1a

Adult literacy rate, population 15+ years, both sexes (%)
Input number

> **Current Year Score: 99.1**

2016

United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organization (UNESCO); The Economist Intelligence Unit

6.2.2 Gender equality

6.2.2a

United Nations Development Programme (UNDP) Gender Inequality Index score
Input number

> **Current Year Score: 0.65**

2018

United Nations Development Programme (UNDP); The Economist Intelligence Unit

6.2.3 Social inclusion

6.2.3a

Poverty headcount ratio at $1.90 a day (2011 PPP) (% of population)
Input number

Current Year Score: 0.5

2018

World Bank; Economist Impact

6.2.3b
Share of employment in the informal sector
Greater than 50% = 2, Between 25-50% = 1, Less than 25% = 0

Current Year Score: 0

According to the World Bank data website, using data from the International Labour Organization's ILOSTAT database, in 2019 Argentina's vulnerable employment as a percentage of total employment was 22.71%. [1]

[1] World Bank. 2021. "Vulnerable employment, total (% of total employment) (modeled ILO estimate) - Argentina". [https://data.worldbank.org/indicator/SL.EMP.VULN.ZS?locations=AR]. Accessed 18 February 2021.

6.2.3c
Coverage of social insurance programs (% of population)
Scored in quartiles (0-3, where 3=best)

Current Year Score: 2

2016, or latest available

World Bank; Economist Impact calculations

6.2.4 Public confidence in government

6.2.4a
Level of confidence in public institutions
Input number

Current Year Score: 1

2021

Economist Intelligence Democracy Index

6.2.5 Local media and reporting

6.2.5a
Is media coverage robust? Is there open and free discussion of public issues, with a reasonable diversity of opinions?
Input number

Current Year Score: 2

2021

Economist Intelligence Democracy Index

6.2.6 Inequality

6.2.6a

Gini coefficient
Scored 0-1, where 0=best
Current Year Score: 0.43

Latest available.

World Bank; Economist Impact calculations

6.3 INFRASTRUCTURE ADEQUACY

6.3.1 Adequacy of road network

6.3.1a

What is the risk that the road network will prove inadequate to meet needs?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0
Current Year Score: 2

2021

Economist Intelligence

6.3.2 Adequacy of airports

6.3.2a

What is the risk that air transport will prove inadequate to meet needs?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0
Current Year Score: 2

2021

Economist Intelligence

6.3.3 Adequacy of power network

6.3.3a

What is the risk that power shortages could be disruptive?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 2

2021

Economist Intelligence

6.4 ENVIRONMENTAL RISKS

6.4.1 Urbanization

6.4.1a

Urban population (% of total population)

Input number

Current Year Score: 91.99

2019

World Bank

6.4.2 Land use

6.4.2a

Percentage point change in forest area between 2006–2016

Input number

Current Year Score: -0.75

2008-2018

World Bank; Economist Impact

6.4.3 Natural disaster risk

6.4.3a

What is the risk that the economy will suffer a major disruption owing to a natural disaster?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 3

2021

Economist Intelligence

6.5 PUBLIC HEALTH VULNERABILITIES

6.5.1 Access to quality healthcare

6.5.1a

Total life expectancy (years)
Input number

> **Current Year Score: 76.52**

2018

United Nations; World Bank, UNICEF; Institute for Health Metrics and Evaluation (IHME); Central Intelligence Agency (CIA)
World Factbook

6.5.1b

Age-standardized NCD mortality rate (per 100 000 population)
Input number

> **Current Year Score: 435.2**

2019

WHO

6.5.1c

Population ages 65 and above (% of total population)
Input number

> **Current Year Score: 11.24**

2019

World Bank

6.5.1d

Prevalence of current tobacco use (% of adults)
Input number

> **Current Year Score: 21.8**

2018

World Bank

6.5.1e

Prevalence of obesity among adults

Input number

      Current Year Score: 28.3

2016

WHO

6.5.2 Access to potable water and sanitation

6.5.2a

Percentage of homes with access to at least basic water infrastructure

Input number

      Current Year Score: 98.1

2017

UNICEF; Economist Impact

6.5.2b

Percentage of homes with access to at least basic sanitation facilities

Input number

      Current Year Score: 93.15

2017

UNICEF; Economist Impact

6.5.3 Public healthcare spending levels per capita

6.5.3a

Domestic general government health expenditure per capita, PPP (current international $)

Input number

      Current Year Score: 1221.78

2018

WHO Global Health Expenditure database

6.5.4 Trust in medical and health advice

6.5.4a

Trust medical and health advice from the government

Share of population that trust medical and health advice from the government , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 1

2018

Wellcome Trust Global Monitor 2018

6.5.4b

Trust medical and health advice from medical workers

Share of population that trust medical and health advice from health professionals , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 2

2018

Wellcome Trust Global Monitor 2018