

GLOBAL PANDEMIC JUSTICE

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INTRODUCTION

PANDEMIC JUSTICE FOR AND FROM LATIN AMERICA

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Introduction

This open-access issue aims to highlight views about justice in a pandemic context from Latin American countries and to contribute to the dialogue between them as well as with the global scientific community. It explores the global challenges of the COVID-19 pandemic, relevant differences between public health measures and their impact in high-income countries versus low- or middle-income countries, and how global injustice deepened because of the COVID-19 pandemic. It also draws attention to experiences, outcomes, and responses to the pandemic from the global north regarding vulnerable populations and exposure paths that are also present in Latin America.

In this introduction, we describe the particular impacts of the COVID-19 pandemic in Latin America (Section 1). We also identify the main justice challenges that should be part of the pandemic ethics agenda for the region

(Section 2). We draw attention to the knowledge gap that limits the development of evidence-based pandemic preparedness and response strategies in Latin America (Section 3). Finally, we describe what contribution each article makes to the overall goal of this issue (Section 4).

The impacts of the COVID-19 pandemic in Latin America

Due to the overlapping vulnerabilities of great portions of the population and the lack of robust health systems, the COVID-19 pandemic has impacted Latin America severely and given rise to social, political, and economic crises (HALPERN & RANZANI, 2022). The particularities of the region affected the mortality and incidence rate variations related to socioeconomic factors and involved a significant decrease in economic development (BOLAÑO-ORTIZ et al., 2020; CIFUENTES-FAURA, 2021). In the region of the Americas, 193,210,684 cases of COVID-19 infections were confirmed. By November 2023, nearly 1.8 million people had died due to COVID-19 in Latin America and the Caribbean (WHO COVID-19 Dashboard). In 2020, nine of the 20 countries with the highest number of COVID-19 deaths per million were Latin American (BERNIELL, 2020). As a consequence of the pandemic, for example, Brazil's GDP was predicted to decline by approximately six per cent in 2020 (OWID, 2023).

The rate of COVID-19-related deaths of young adults in developing countries was five percentage points above that of their counterparts in high-income countries and it was 23 % higher in the group of middle-aged adults (CHAUVIN, 2020). Despite the fact that the Latin American population is younger than, for example, the European population, the excess mortality rate since the beginning of the pandemic has been exceedingly high due to the health risks faced by populations living in vulnerable and precarious conditions (KARLINSKY & KOBAK, 2021; LIMA et al., 2021; YABAR, 2023). These asymmetries have been associated with several life course stressors such as nutritional deficiencies, environmental hazards, occupational precarity, structural discrimination, exclusion, and poverty. Additionally, scarcity of medical personnel in the region contributed significantly to this imbalance. According to Benza and Kessler (2022), in Latin America there were only 20 physicians per 10,000 inhabitants and two hospital beds per 1,000 inhabitants. These numbers are well below the rates in OECD countries, where there were 35 physicians for every 10,000 inhabitants and 4.8 hospital beds for every 1,000 inhabitants.

The pandemic generated short-, medium-, and long-term impacts that we should consider when assessing the vulnerabilities and exposure levels of Latin American populations for facing future pandemics. In 2020,

the poverty rate increased to 33.7% and the extreme poverty rate to 12.5%. In aggregate numbers, this is 209 million Latin Americans living in poverty (22 million more than in 2019), and 78 million living under conditions of extreme poverty (eight million more than in 2019) by the end of 2020 (ECLAC 2021). Some direct impacts on poverty and extreme poverty rates could be attributed to the fact that high healthcare-related expenses related to COVID-19 contributed to 12 million people becoming poorer (BENZA & KESSLER, 2022, 34).

The severity of the pandemic's impacts in Latin American countries can also be attributed partially to the lack of contextualising facts and the weight of conflicting values in the development and implementation of pandemic response strategies. Latin American governments adopted COVID-19 pandemic infection control measures designed for and first implemented in the global north, but they frequently did not adapt these measures to account for local conditions, views, or conflicting values. So, many pandemic responses in the region overlooked local enablers and constraints. Some constraints, like the fact that 25% of the population lacks access to drinking water⁵, demand a contextual approach in the development and implementation of global health strategies. The same applies to lockdowns in regions with poor overcrowded housing conditions and a lack of sufficient sanitation (VARGAS & FLORES, 2021).

Another fact frequently overlooked by governments due to a lack of contextualism is that the advantages of school closures were surpassed by the disadvantages related to the fact that providing children with nutritious meals in Latin America depends mainly or exclusively on schools (STEELE et al., 2020; BENITES-ZAPATA et al., 2021; JENSSEN et al., 2021). In addition, the impacts of school closure differ between regions and social groups. Because of the way families, especially impoverished families, organise work and care tasks, many children drop out of school permanently after school closure. By March 2021, UNICEF estimated that more than three million children in the region may permanently drop out of school because of the pandemic.⁶ Moreover, the COVID-19 pandemic may imply a substantial increase in poverty in the future for the cohort hit by school closures (BRACCO et al., 2022).

The pandemic also impacted Latin American women's rights and well-being. It provoked a rise in reported gender violence (PEREZ-VINCENT & CARRERAS, 2022), a limitation and violation of reproductive rights (BENZA & KESSLER, 2022, 36), and regression in women's economic and job market participation (BENZA & KESSLER, 2022, 38). Like all women around the world, the gender bias in the research and development of the COVID-19

vaccine (VIJAYASINGHAM et al., 2022) also affected Latin American women's health.

Another particularity of the region is that with half a million incarcerated people, prisons in Latin America are overpopulated. The infection and mortality risk due to COVID-19 inside prisons is higher because 58% of inmates have no bed to sleep in, 20% lack access to potable water, only 37% have access to soap, and 29% receive no medical attention whatsoever, although HIV and tuberculosis rates are higher in prison populations (BENZA & KESSLER, 2022, 36-37). The impact of these conditions on infection and mortality risk led to unpopular decongestion policies like the release of prisoners (MARMOLEJO ET AL., 2020). The unpopular character of this strategy negatively affected public approval and support for local pandemic response policies⁷.

Concurrently, some social-cultural factors offered advantages that reduced the pandemic impacts and showed resilience capacity in the region. The epidemiological experience in the continent, mainly due to frequent infectious disease outbreaks, offered a toehold for developing prevention and vaccination strategies (BAUTISTA-MOLANO et al., 2020). Despite the lack of transparency and corruption cases at the beginning of the vaccination campaigns⁸, eight out of 10 adults in Latin America had vaccination intentions by 2021 (URRUNAGA-PASTOR et al., 2021) and two-thirds of people in Latin America and the Caribbean were vaccinated with two doses of the COVID-19 vaccine by April 2022.⁹

At the request of the Community of Latin American and Caribbean States (Spanish acronym: CELAC), the United Nations Economic Commission for Latin America and the Caribbean (Spanish acronym: CEPAL) has developed a Health Self-Sufficiency Plan that includes a regional vaccine purchasing mechanism, the creation of consortia to accelerate vaccine development, clinical trial platforms, access to intellectual property, and an inventory of regional capacities (CEPAL 2021).

Considering the capabilities of the region, the PAHO, within the framework of an initiative of the World Health Organization (WHO), launched an initiative in 2021 to develop mRNA vaccine manufacturing capacities in Latin America and the Caribbean. The initiative seeks to consolidate the capacities in the region for all stages of vaccine production. In 2021, the Pan American Health Organization (PAHO) announced the selection of two regional centres for the development and production of mRNA vaccines in Argentina and Brazil.¹⁰ In this context, Brazil's Bio-Manguinhos Institute supplied more than 233 million vaccine doses, including 153 million doses of the recombinant COVID-19 vaccine produced in partnership with the biopharmaceutical company AstraZeneca¹¹.

According to CEPAL (2021), the company AstraZeneca signed technology transfer agreements that allow an Argentine company to produce the active pharmaceutical ingredient of the vaccine and a Mexican laboratory to complete the stabilisation, manufacturing, and packaging process for subsequent distribution in the region. As of August 6, 2021, 22 million doses had been produced. Production capacity was estimated to be between 150 and 250 million doses annually. In Argentina, another laboratory produced components of the Sputnik V vaccine with an estimated capacity of 40 million doses in 2021 and 200 million in 2022. In Brazil, 87.9 million doses were produced based on the agreement for local production with AstraZeneca doses until 2021. A technology transfer agreement with Sinovac for the production of the CoronaVac vaccine meant the delivery of 92 million doses in August 2021. Agreements for filling and packaging with Pfizer-BioNtech with a capacity of 100 million doses annually count in the list of regional efforts to adapt to the pandemic scenario. In Chile, in August 2021, an agreement was announced for the installation of a Sinovac filling and packaging plant. In Mexico, Drugmex packages CanSinoBIO's Convidecia vaccine; as of August 2021, 4.5 million doses had been produced. In Colombia, a memorandum of understanding has been signed with Sinovac for production projects, technology transfer and vaccine development, starting with the filling and packaging processes from the second quarter of 2022.

In a record time of 45 days, scientists from the Fundación Instituto Leloir and CONICET of Argentina led the development of "COVIDAR IgG", a serological test that allows determining whether a person has antibodies against the new coronavirus SARS-CoV-2.¹² Like other countries in the region, Argentina counts with a COVID-19 vaccine developed entirely in the country¹³. Finally, research protocols, publications, and collaborations on COVID-19 in Latin America and the Caribbean show that in the region, there was an increase in the amount of collaborative research, and the number of protocols not funded by industry increased (CHAPMAN et al., 2022).

Pandemic Ethics and Justice Challenges in Latin America

The COVID-19 crisis has exposed vulnerabilities in important systems, particularly health systems (LUNA, 2021). Due to the combination of these vulnerabilities and the scarcity of medical resources, the pandemic has raised many ethical challenges, from ICU allocation to the justification of mandatory vaccinations. At the same time, many domestic and global structural inequalities influenced pandemic outcomes, thus necessitating its analysis from a justice perspective. Infectious diseases, epidemics, and

pandemics bring inequalities, structural injustices, and domination relations to light. At the global level, inequalities combined with scarcity and the deepening of nationalism put those in the global south in a precarious situation. This was especially evident in the global allocation of COVID-19 vaccines and other medical supplies at the beginning of the pandemic. For that reason, the study of the ethics of the COVID-19 pandemic provides important lessons about how to face future pandemics and systems vulnerabilities as well as overlapping emergencies, such as climate change (PHILLIPS et al., 2020).

Latin American countries faced the COVID-19 pandemic with limited resources and structural factors that negatively conditioned governments' responses. In addition to conditions of absolute scarcity imposed by the pandemic, the precarious health systems in this region simultaneously faced local epidemics and outbreaks of tropical diseases (GUTMAN et al., 2020; TILLI et al., 2021; HOLLINGSWORTH et al., 2021). Moreover, the COVID-19 pandemic has further contributed to the neglect of tropical diseases. For example, the development of diagnostics for COVID-19 at the beginning of the pandemic led to an interruption in the manufacturing of rapid diagnostic tests and molecular tests for many tropical diseases (DE SOUZA et al., 2020).

Many structural vulnerabilities in the global south, like the indigenous population's lack of access to the health system (MENESES-NAVARRO et al., 2020), relate to contemporary colonial structures or, as Lu (2017) calls them, the "living legacies" of colonialism. The history of colonialism is marked by the imposition of factors that have caused or aggravated local epidemics and imported foreign epidemics (KELTON, 2007). Consider how the early 20th-century period of German colonialism in the Upper Nyong area of Africa led to a severe Human African trypanosomiasis (HAT) epidemic outbreak (LACHENAL et al., 2016). In the Americas, European colonialists not only spread novel pathogens but also fostered their wide distribution through their slave trading practices, leading to the catastrophic death toll of 56 million people in barely more than 100 years (TÁIWÒ, 2022, 159). At present, contemporary colonial-related vulnerabilities interact with other social determinants of health, such as the levels of exposure to pathogens due to the precarious ways of life, which increases the risks of infections, loss of DALYs and premature deaths (BALBOA-CASTILLO et al., 2021).

For Latin American countries, the reproduction of colonial injustices results in diminished negotiation capacity in the international arena and an asymmetric power imbalance that influences international cooperation. The COVAX facility, the main global arrangement for guaranteeing the COVID-

19 vaccine, recognised these structural factors and attempted to address them but faced limitations in terms of both allocation criteria and implementation. Allocation limitations included population-proportional constraints that limited the adoption of other criteria of justice until every country had vaccinated 20% of its population (WHO, 2020a). Implementation limitations involved inadequate vaccine storage and transportation (TAGOE et al., 2021). At present, considering the lessons from the COVID-19 pandemic, the WHO pandemic treaty offers an opportunity to adopt substantive and procedural principles for redressing these inequalities and asymmetries (JECKER, 2022; SCHAEFER et al., 2023).

Since the beginning of the COVID-19 pandemic, the debate on global pandemic ethics has focused mainly on global vaccine allocation (EMANUEL et al., 2020). International frameworks were developed by the WHO, which adopted the allocation of vaccines as the central goal (WHO, 2020b). The focus on vaccine allocation was reproduced at the national level. The WHO also built a framework for fair domestic vaccine allocation (WHO, 2020c) and, almost simultaneously, many countries developed their own national allocation plans adopting different prioritisation criteria (DOS SANTOS COSTA & ESSAR, 2021). So, at the global and domestic level, the justice arguments have mainly focused on the fair allocation of vaccines and the identification of priority criteria.

Less attention has been paid to the allocation of burdens that could contribute to pandemic control, for example, the burden to provide life-saving resources, like COVID-19 vaccines, to people abroad. The burden-sharing question, together with the question about how to allocate benefits and who should be prioritised, can describe the practical problems that define the role of pandemic justice. The burden-sharing debate frequently has centrality for countries that develop pandemic supplies and attempt to justify the hoarding of these resources to cover the present and future needs of their residents. From the perspective of Latin American countries, however, it is also a relevant question since different allocation schemes can influence the level of life-saving resource availability and the level of access to essential pandemic supplies for their residents.

The insufficient attention devoted to the burden-sharing question at the global level may be attributed to the prevalent heuristic informing global health discourses. While in the domestic arena, strategies to control the pandemic were justified in terms of residents' rights and national governments' duties owed to their own residents (FROWDE et al., 2020), in the global arena, they were developed in terms of the rights of non-nationals and solidarity (HOLZER et al., 2023). The duties of justice that the

national government owed to other countries' residents had almost no space in this debate. The heuristic of investment also influenced the global burden-sharing strategy for controlling the pandemic. For example, the COVAX mechanism was presented as an investment opportunity¹⁴. While the heuristics of solidarity and investment contribute to the global efforts to respond to the COVID-19 pandemic, they should not serve to hinder the justice questions.

Considerations such as how to allocate the duty to supply vaccines to global mechanisms like COVAX emerge in the scope of the burden-sharing question. So far, two tendencies have prevailed in the burden-sharing debate among countries at the global level. First, some countries have argued that their special duties toward their residents should reduce their burden to supply vaccines and other medical supplies to non-nationals, a practice that has been described as "vaccine nationalism" when countries give excessive weight to the interests of their residents to the point of withholding more vaccines doses than necessary to cover the needs of their entire population (SANTOS RUTSCHMAN, 2020). Second, global justice considerations favoured the construction of criteria for limiting vaccine nationalism (EMANUEL et al., 2021a).

The burden-sharing question can also reach commercial corporations, some of which are considered to have a special role in global health, like pharmaceutical companies (EMANUEL et al., 2021b). Since the beginning of the pandemic, representatives and organisations from Latin America have pleaded for COVID-19 vaccine patent waivers¹⁵. Until the beginning of 2022, the majority of the countries in the region were excluded from the Pfizer-Medicines Patent Pool agreement deal for the COVID-19 treatment nirmatrelvir/ritonavir. Additionally, Latin American countries will face obstacles to the production of generic treatments until at least 2041 or for their acquisition from other manufacturers bound by the Pfizer deal¹⁶.

Despite the live-saving character of COVID-19 vaccines and other pharmaceuticals used in the treatment as well as the emergency posed by the pandemic, the World Trade Organization did not adopt the Ministerial Decision providing a partial waiver of intellectual property rights until June 2022 which waived patent rights on vaccines and protected clinical trial data for regulatory approval of vaccines. This measure differs from the broader Indian and South African proposal of 2020 that asked for the waiver of all intellectual property rights on COVID-19 vaccines, therapeutics and diagnostics supplies, technology, etc. In the context of negotiations, many countries argued in favour of postponing the waiver until the end (TAI, 2021; GABRIELE, 2022). At present, article 11 of the revised draft of the

pandemic treaty offers different formulations of the duty to waive patents during pandemics that are under debate (WHO, 2023b).

More broadly, the zero draft of the pandemic treaty recently launched by the WHO incorporated the principle of common but differentiated responsibility in responding to the burden-sharing question. Article 4 point 8 of the draft claimed that “states that hold more resources relevant to pandemics, including pandemic-related products and manufacturing capacity, should bear, where appropriate, a commensurate degree of differentiated responsibility with regard to global pandemic prevention, preparedness, response and recovery” (WHO, 2023a). This principle resembles the principle guiding the Paris Agreement's goals for climate change under which article 2(2) incorporated a “principle of common but differentiated responsibilities and respective capabilities, in the light of different national circumstances” (UNFCCC, 2015).

The revised draft of the pandemic treaty considers three alternatives regarding the allocation of pandemic burdens that are under debate (WHO, 2023b). According to a first alternative, in addition to the responsibility for the health of their residents, “parties that hold more capacities and resources relevant to pandemics should bear a commensurate degree of differentiated responsibility regarding global pandemic prevention, preparedness, response and recovery”. The second alternative only recognises a government’s responsibility towards its residents. The third alternative consists of the exclusion of a responsibility principle.

The first wording recognises common and differentiated responsibilities principle and, for that reason, is more suitable for responding to the question about how to allocate pandemic burden. The common character derives from the nature of pandemics that require the cooperation of all countries; the differentiated character implies that the level of efforts of countries varies according to normative considerations like responsibility, capability, benefits, etc. This version also establishes a limit to the degree of differentiated responsibility by requiring only a “commensurate degree” of responsibility. This limit considers the duties of the states that produce scarce pandemic resources, like vaccines, with their own residents, and it is compatible with moderate nationalism (EMANUEL et al., 2021). At the same time, it recognises that efforts made by funder countries give them some priority over their pandemic supplies based on the argument that those who have contributed to the development of something have a legitimate right over a portion of the final product (MURALIDHARAN et al., 2022).

The COVID-19 pandemic also illustrates why health, infectious disease prevention, and pandemic control depend on international

cooperation. At the international level, the Latin American countries' lack of political and economic power makes cooperation necessary but also puts a challenge in the way cooperation frameworks are established. This asymmetry restricted access to vaccines for low- and medium-income countries (LMICs) due to some practices by suppliers countries described by the concept of vaccine nationalism (EMANUEL, 2021). Such practices also undermine multilateral mechanisms to distribute vaccines globally, such as COVAX.

The asymmetries between the Global North and the Global South are influenced by the fact that the latter has a small participation in the development of the scientific grounds and normative terms guiding the cooperation frameworks. An example of the north-situated development of the health ethics framework is reflected in the prevalence of the rhetoric of donations and the notions of solidarity over the ideas of equity and empowerment (HOLZER et al., 2022). This prevalence adds to the trend that voices from the Global South do not have equal participation in the development of the global health ethics field (ROBSON et al., 2019) and reflects the inequality of epistemic opportunities (FRICKER, 2017) for developing south-situated conceptual frameworks for pandemic policy.

In this context, the pandemic treaty offers a forum to consider the particularities of Latin America, integrate local knowledge and generate epistemic opportunities for the co-development of relevant ethics concepts and frameworks. This consideration should be integrated into the procedural and substantial ethical principles guiding the pandemic treaty text agreed upon by the parties (SCHAEFER et al., 2023). The treaty also offers an opportunity for the Latin American region by establishing long-term legally binding obligations that have the potential to offset the political instability that has conditioned public health governance in this region (AGOSTINIS & PARTHENAY, 2021).

The lack of evidence-based pandemic preparedness and response strategies

The asymmetries referred to in the previous section are partially due to a knowledge gap. This gap constrains evidence-based health strategies in Latin America. The fact that during the pandemic, the Latin American medical community performed some practices not based on evidence can be associated with this shortcoming (HALPERN & RANZANI, 2022; FURLAN & CARAMELLI, 2021). Misinformation about "early treatment" for COVID-19 spread by influencers via social media reached a large part of the Latin American population with deathly results (FURLAN, 2021). This shows that

science and statistics training should be integrated urgently not only into medical school programs but also into basic education programs and public campaigns.

One important factor intensifying the knowledge gaps is that scientific developments are mainly delivered in English, inhibiting local participation as only a fraction of the Latin American population can read English at a scientific level. In addition to the gender gap, according to the English Proficiency Index, rising levels of English proficiency in Latin America are driven by workplaces, not schools¹⁷. Since the regional informality rate has already reached 50% (ILO, 2023), that means that only a small part of the population has the chance to achieve the level of proficiency needed to access and participate in debates that require an understanding of mainstream scientific knowledge produced in English. This is also a setback at a global level because little local scientific production is published in English, and many experiences and data on local interests, needs, and priorities end up lost.

The global co-production of knowledge for pandemic response and preparedness needs to identify better strategies for including all local voices from the south by generating mechanisms for overcoming language-linguistic conditioning factors. These act as epistemic constraints as they hinder the development and consideration of different conceptual and normative frameworks as well as experiences. Considering the weight of these factors for our region, this special issue includes the translation from English into Spanish and Portuguese of four articles that stand out for their content and impact.

The article "*An ethical framework for global vaccine allocation*", with Ezekiel J. Emanuel as the leading author of a group of authors, including Florencia Luna, presents different voices in the debate about the global fair allocation of COVID-19 vaccines. This article has been translated into Spanish by Romina Rekers. It presents a model for the fair allocation of vaccines at the global level that progresses in three phases: reducing premature deaths and other irreversible direct and indirect health impacts, reducing serious economic and social deprivations, and reducing community transmission. At the publication of this article, this topic had not previously been in focus as medical resource allocation was done nationally or at sublevels (provinces, cities, hospitals) rather than globally. Hence, it explores principles and values that should guide a global equitable distribution of COVID-19 vaccine.

The article "*On the Ethics of Vaccine Nationalism: The Case for the Fair Priority for Residents Framework*", with Ezekiel J. Emanuel as the leading author, is translated into Spanish by Romina Rekers. This article,

co-authored by Florencia Luna, denounces unethical practices of countries that aimed at guaranteeing scarce medical resources beyond the actual domestic necessities. It offers an alternative to extreme versions of cosmopolitanism and nationalism, recognising the special duties of governments towards their residents but also the needs and contributions of residents from medium and low-income countries.

The article "*Covid Heterodoxy in three layers*" (2022) by Peter Godfrey-Smith is translated into Portuguese by Victor Machado Barcellos. This article describes the normative ground of the controversies regarding non-pharmacologic interventions such as lockdowns and school closures. These controversies were based on utilitarian considerations, basic liberties, and the value of human life in different stages. It offers grounds for discussion on how to balance conflicting values in pandemic times.

The article "*Pandemic public health policy: with great power comes great responsibility*" by Euzebiusz Jamrozik and George S. Heriot has been translated into Spanish by Alahí Bianchini. Focusing on Australian and New Zealand pandemic strategies, this article argues that the health system is responsible for the way it uses its powers during pandemic times. The authors argue that public debate and transparency should be the main requirements in this context and should cover the communication of risks, the justification of interventions, and long-term global aims. At the same time, the emergency caused by the pandemic offers an opportunity for reorganising health policy priorities in the long term. The authors conclude that public decisions during difficult times should reflect the values of the community.

The contributions to this Special Issue

In "*A distribuição de vacinas no Brasil: justiça e escassez de recursos*" (The vaccine distribution in Brazil: justice and resource scarcity"), Talic Jaber Sleman, Ana Laura Corrêa Porto and Milton Lahuerta discuss whether the distribution of SARS-CoV-2 vaccines in Brazil favoured certain groups. To address this question, they adopt John Rawls' Theory of Justice as their framework. They consider the normative and strategic implications of different forms of allocating vaccines. The authors also evaluate how universal and group-focus approaches could lead to different consequences during pandemics.

"*Bioprecariedad: violencia estructural contra la vida en la pandemia del covid-19*" (Bioprecariousness: structural violence against life in the COVID-19 pandemic) by Sonia Jimeno Ramírez analyses the impact of patents on public health during the COVID-19 pandemic. She argues that

the regimen of patents implicates a form of structural violence that leads a large number of people, mainly in developing countries, to bioprecariousness, a type of structural violence against life due to the impossibility of accessing essential products for life. In conclusion, the author proposes a normative framework applicable to patent ethics that refers to responsibility, caution, global justice, capabilities, and human development considerations.

In "*El aislamiento social como dispositivo pandémico: reflexiones biopolíticas sobre la pandemia del covid-19*" (Social isolation as a pandemic device: biopolitical reflections on the COVID-19 pandemic), André Brayner De Farias and Kelly Janaína Souza Da Silva consider the role of concepts like device, world, bare life, action, biopolitics, necropolitics, plurality, techno-image and their implication for addressing conflict and priority setting in a pandemic context. From a global and a local (Brazil) perspective, they aim to identify how this conceptual set up can help us address pandemics which are marked by loneliness, helplessness, illness, and death.

In "*Evaluación de los programas de vacunación covid-19 en Sudamérica: ¿utilitarismo o prioritarismo?*" (Assessment of COVID-19 vaccination programs in South America: utilitarianism or prioritarianism?), Carlos Yabar analyses the national vaccination programs of Argentina, Brazil, Chile, and Peru to identify the extent to which they aligned with utilitarian and prioritarian approaches in the allocation of COVID-19 vaccines. He integrates socio-economic data and evaluates the strategies of each country to show that the allocation schemes that prioritise those who are in a position of total disadvantage, which above all includes poverty, have better results in terms of social justice.

Lautaro Leani and Ignacio Mastroleo wonder whether "*Is the use of DALYs and QALYs ethically permissible in triage decisions?*". They address this question from a queer-crip perspective that make "connections between ableism and heterocisnormativity to expose how bodily and psychic functioning, as well as gender and sexuality, are produced in unequal social conditions that fix a certain functional and sexual ideal, while defining alternative attributes as deficiencies". They argue that the use of disability-adjusted life years (DALYs) and quality-adjusted life years (QALYs) as priority or tie-breaker criteria in triage decisions reinforce structural injustices that affect people with disabilities. They conclude that DALYs and QALYs are constituted by ableist prejudices framed within the Standard View of Disability (SVD) and are applied without considering the social context and the structural conditions that precede them.

In "*Obrigatoriedade moral da vacinação: uma visão a partir do consequencialismo coletivo*" (The moral obligation of vaccination: a vision

from collective consequentialism), Bruno Aislã Gonçalves dos Santos claims that anyone who is apt to be vaccinated has a moral duty to do so, because if all apt individuals follow this rule that brings about the best consequences. The author relies on a version of collective consequentialism and argues that mandatory vaccination does not undermine a person's right since the right to expose others to a possibly harmful outcome cannot be justified. The article also assesses the coercion strategy and offers some strategies for promoting public engagement of a collective duty to be vaccinated.

In "*Revisiting Macklin's arguments against the complete-lives principle*", Federico Abal analyses Macklin's critical essay against a guideline from the General Health Council of México that recommends using age as a tie-breaking criterion to allocate scarce therapeutic resources. The author reconstructs and rejects three of Macklin's arguments against the complete-lives principle. Alternatively, he proposes three new objections: 1) the structured view objection, 2) the oversimplification objection, and 3) the internal inconsistency objection.

Finally, Audrey Funwie, Mehrunisha Suleman and Zackary Berger compare the COVID-19 related experiences of vulnerable groups in the United States and the United Kingdom in "*The effect of COVID-19 on vulnerable populations in the US and UK: an international scoping review*". In this study, the authors found that minority status is an important social determinant of health (SDOH) of COVID-19-related health outcomes in both countries. Additionally, they show that compared with their respective white peers, African-Americans, Hispanic Americans, and Asian Americans in the US and in African-Caribbean/Black-Africans, South-Asians, and Mixed-race people in the UK faced a higher risk of confirmed infection. They show that in both countries essential workers with disabilities were more often affected by COVID-19-related comorbidities. They also noticed misclassification of causes of morbidity and mortality.

Bioethics has been a philosophical discipline in Latin America for thirty years and since then, the context has led philosophers to change many empirical and normative assumptions and emphasis (RIVERA LÓPEZ, 2010, 264-265). Even when pandemics entail similar bioethics and justice problems around the world, they manifest in a different way in Latin America due to the particularities of the legal frameworks and social realities (LUNA, 2006, 15). The COVID-19 pandemic has again shown the necessity of developing a particular ethics agenda for and from the region. We hope this special issue can contribute to the efforts made in this direction.

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Notes

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⁵<https://www.cepal.org/en/notes/regional-water-action-agenda-towards-universal-access-clean-water-and-sanitation>

⁶ <https://www.unicef.org/press-releases/114-million-children-still-out-classroom-latin-america-and-caribbean>

⁷ See for example "Coronavirus en Argentina: por qué genera tanta polémica la decisión de sacar de la cárcel a algunos presos por riesgo a que contraigan el covid-19", <https://www.bbc.com/mundo/noticias-america-latina-52496655>

⁸ See for example <https://www.bbc.com/mundo/noticias-america-latina-56218624> and <https://www.nytimes.com/2021/02/25/world/americas/covid-south-america-vaccine-corruption.html>

⁹<https://www.paho.org/en/news/20-4-2022-two-thirds-people-latin-america-and-caribbean-now-vaccinated-against-covid-19>

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¹⁴ See for example <https://www.gavi.org/investing-gavi/resource-mobilisation-process/gavi-covax-amc-2022-investment-opportunity>

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¹⁷ EF English Proficiency Index (2022), Education First.