

REPORT FROM THE SIXTH MEETING OF THE LONG-TERM CARE POLICY NETWORK IN LATIN AMERICA AND THE CARIBBEAN (REDCUIDAR+ NETWORK)

April 21, 2022

SHARED CHALLENGES: THE IMPORTANCE OF A REGIONAL PUSH TO STRENGTHEN THE REDCUIDAR+ NETWORK

The network's sixth meeting was held in a hybrid online and in-person format for the first time. Patricia Jara, a specialist at the IDB Health and Social Protection Division, opened the meeting by underscoring how important the network is to the IDB, particularly the input and community of learning that results from the participation of all member countries and organizations. She shared that the IDB is drafting a roadmap or agenda through 2025 to address the urgent challenges related to this issue and others that have arisen in the region following the pandemic. The cornerstone of this vision through 2025 is recovering a certain level of productivity, but with an inclusive and gender approach. The issues of care, aging, and long-term care will inevitably be central to the vision.

Jara invited attendees to share lessons learned during the process of gradually forming care systems, with an emphasis on working to create spaces like this network and promoting knowledge for evidence-based decision-making. The network currently achieves these tasks by drawing on international experience and the knowledge of experts, but most of all through the potential of exchanges between the countries. Jara concluded by expressing her hope that the meeting will identify actions that can help speed up the pace of establishing care policies.

Dina Boluarte Zegarra, Minister of Development and Social Inclusion and Vice President of Peru added her opening remarks, commending the work done by the RedCUIDAR+ network and by the international agencies in general. In Peru, the Ministry of Development and Social Inclusion takes a lifecycle approach and has a policy with five strategic pillars: 1) child nutrition (for children ages 0 to 3 years), 2) early childhood development (ages 0 to 5), 3) holistic development for children and adolescents (ages 6 to 17), 4) economic inclusion (ages 18 to 64), and protection for older people (over age 65). Peru has 819 local governments, which have begun monitoring more than 480,000 children under age two. These local governments are the on-the-ground means of implementing this core policy. For the pillar of protection for older people, during the pandemic, the Amachay network was created to support older people and people with severe disabilities. This network provides promotion, prevention, and protection services to mitigate the effects of the health crisis. Additionally, the Ministry of Development and Social Inclusion instituted the aging with dignity approach by promoting production-related knowledge among older people. The Ministry of Development and Social Inclusion also aims to close vulnerability gaps by providing non-contributory pensions to older people living in poverty and extreme poverty.

RedCUIDAR+ network

The Long-Term Care Policy Network in Latin America and the Caribbean is an initiative promoted by the Inter-American Development Bank, the European Union's EUROSociAL+ program, and the French Development Agency.

The Network's main objective is to advance and facilitate exchanges of knowledge and experience, as well as to strengthen opportunities for collaboration between those responsible for shaping long-term care policies in Latin America and the Caribbean. The network will thus help develop the institutional and technical capacity of member countries and promote best practices for implementing long-term care services.

Next, **Victoria Giussani**, International Cooperation Advisor from the European Union Delegation in Argentina, praised the coordination between EUROsociAL, AFD, and BID to avoid redundancies and excessive overlaps between programs. She emphasized that the network is a concrete sign of tangible progress under very difficult circumstances on the care agenda, which is a key aspect of social cohesion worldwide. Giussani urged the network's members to cultivate the network and continue strengthening it.

The Paraguayan Minister of Women, **Celina Esther Lezcano**, explained the commitment of both her country's constitution and government authorities to caring for the Paraguayan people. She also highlighted the advantages of entering care-related agreements both within the region and with other regions and that have strong synergies with the work of the RedCUIDAR+ network.

Then **María Cristina Perceval**, Secretary of Equality Policies of the Ministry of Women, Genders, and Diversity of Argentina, emphasized how important it is to view care policies as more than just health, economic, or social security policies, and instead take a human rights approach to envision them as systems that transcend a limited focus on the economically active population.

Alfonso Martínez Saenz, Deputy Coordinator of the Gender Policies Division of the EUROsociAL+ Program, coordinated by Expertise France (a member of the AFD group), spoke on behalf of the AFD. He commended the creation and growth of the RedCUIDAR+ network and highlighted the benefits of being able to draw on the care-related experiences of the European Community, both positive and negative, to build more just societies in Latin America.

After the opening remarks, the next speaker was Viviana Piñeiro, a EUROsociAL+ expert who led the **“Presentation and dialogue with the countries about progress on and challenges for care policies for in Latin America and the Caribbean.”** The expert first presented an introductory framework to standardize the network's terms and concepts. She then presented the status of care systems in Latin America as a whole and in each country, and invited discussion and input from the person representing each country, whether they were attending in person or online.

In her presentation, Piñeiro underscored that for public policy, care must necessarily be understood as an inter-sectoral way to promote the autonomy, care, and assistance for people who need help from others to carry out activities of daily living. This understanding of care has two dimensions: the right of those people to receive care, and the social function of the people or institutions that provide it, whether or not they are paid to do so.

She then presented the basic premise on which all care systems worldwide have been predicated—the sexual division of labor that assigns the role of provider to men in households and allocates domestic and care responsibilities to women. This situation has been altered by social and demographic phenomenon that have both challenged this logic and led to a deficit of care workers. In other words, more people need care and less people are available to provide it, giving rise to a care-giving crisis.

Piñeiro then explained that most countries have implemented some type of care policy or program, however limited, for at least one target population. But a care system means national projects that encompass all areas of care, complementing and completing the education, health, and social security pillars of welfare schemes with the fourth pillar of care.

A true care system requires three elements: i) a new social organization of care (that encompasses the tasks of providing care, assistance, or support to those who need it; promoting appreciation for the task of caregiving; and recognizing, reducing, and redistributing unpaid care work); ii) a new mode of governance that achieves inter-institutional cooperation and includes a social participation component; and iii) inter-sectoral

management of services, training, regulations, communication for cultural transformation, and information and knowledge management.

Piñeiro then briefly described how the care agenda has intensified globally and regionally and summarized the main milestones. The critical pace of this agenda is compounded by the care crisis, which was in turn exacerbated and exposed by the COVID-19 pandemic. Piñeiro also explained that academics sort care policies into three major categories: i) care services (institutional or homecare, public or private, direct or indirect, and existing or new); ii) time for care (leaves of absence and time off); and iii) money for care (cash transfers and subsidies).

After laying out this solid conceptual framework, Piñeiro then described her aims in summarizing the status of care policies in each country in the region. Essentially, she seeks to identify **advances in designing and implementing comprehensive and systemic policies that further the development of national care policies and/or systems for the entire region**. In countries that have not made an explicit decision to pursue this path, she presented policies, programs, or initiatives that could help move them in that direction.

She started with **Argentina**, sharing that it is devoted to creating a more just social organization of care with the aim of establishing care in both its human rights and social function dimensions. In terms of governance, it has managed to set up an inter-ministerial council on care, with the participation of 15 government agencies. Another Argentine initiative that is highly relevant in terms of replicability is its federal care map. Argentina has also made key efforts to foster civic engagement and has drafted a Comprehensive Care System bill. The representatives from Argentina added that a key challenge is institutionalizing the inter-ministerial council. They also stressed the importance of a region-specific approach at the federal level, and they explained how civic engagement at care parliaments were a driving force in the early stages of drafting the bill.

The second country Piñeiro analyzed was **Bolivia**, highlighting progress at different sub-national levels. She focused on the valuable example set by the Co-Responsibility Law passed in Cochabamba. Due to the pandemic, this law have not reached its full potential in the area of care.

Because of its size and internal organization, **Brazil** has made significant progress at the federal level, including some transfers linked to situations of care dependence. Key achievements of Brazil's Ministry of Citizenship include shared care day centers, the National Technology Plan focused on technical assistance for people with different levels of care dependence, the Crianza Feliz Program, and several statutes. Although these statutes do not have the status of law and only target specific populations, they do signify greater state involvement in and commitment to guaranteeing the right to care in a context of co-responsibility. However, the most important advance is Inter-Ministerial Ordinance 3/2021, which creates a task force for designing a national care policy.

Piñeiro then analyzed the case of **Mexico**, where Congress has incorporated care into its agenda as part of its constitutional reform process. This reform includes many aspects present in the legal texts or government initiatives that have given rise to care policies and systems in other countries, but with the major advantage of granting constitutional status to aspects like the right to care under dignified conditions or promoting co-responsibility. Likewise, the Senate is drafting a General Care System Bill with the aim of creating a national system as a coordinating body, with inter-institutional characteristics and a countrywide presence at the different administrative levels of government. The policy details the services offered, the target population that would receive care, and aspects related to governance and the funding model. It uses a cost calculation method that takes into account the positive structural effect of care on other sectors by presenting different coverage scenarios (using a publicly available tool created by UN Women). The National Institute of Women asserted that to implement this policy, it is important to consider factors like the need for the measures in

the bill to be gradual, the significant coordination efforts required, and an effort to devise strategies that ensure sustainability.

Piñeiro then presented the case of **Chile**, mentioning two robust policies that allude to care, since Chile does not have a comprehensive care system. The first is *Chile Crece Contigo*, a policy on comprehensive protection for children that broke new ground in the region. This policy includes some elements of care for children. The second and more recent policy is *Chile Cuida*, a support and care subsystem for people experiencing care dependence. These programs are a solid foundation for the new administration's explicit commitment to pushing for a National Care System.

Regarding **Colombia**, Piñeiro described certain initial steps like including the care economy in the National Accounts System (2010), as well as the sustained prominence of the issue of care in national development plans. These first steps have led to key progress on conceptualizing and designing a national care policy, in addition to the creation of an inter-sectoral committee to oversee implementation of that policy. She also briefly touched on the specific case of Bogota's District Care System, a sub-national initiative with four modes of care: i) integrated "city block" care centers, ii) mobile units, iii) home respite program, and iv) cultural transformation strategy. The unique feature of this experiences that it masterfully combines care with training to employ women who provide unpaid care.

Similar to other countries, **Costa Rica** has taken important initial steps, especially the REDCUDI, which has done groundbreaking work to establish care and child development policies that are universal, publicly accessible, and offer solidarity-based financing. However, its most recent milestone is the launch of the National Care Policy to cover people experiencing care dependence who do not receive care. The Costa Rican representative added that the country has made significant strides on the specific issue of care for children. He also stressed the major advantages of designing a Comprehensive Care policy based on scientific evidence. Another key aspect for Costa Rica that he underscored is medium-term planning, meaning a plan limited to three years instead of a decade-long roadmap. This type of plan sets up initial milestones that mark progress toward achieving the general plan.

The next country to be analyzed was **Ecuador**, which has several regulatory precedents for different target populations or groups that might need care. However, the Creating Opportunities Plan (2021–2025) makes several key references to the issue of care for different populations. The representative from Ecuador confirmed the extensive existing regulations that structure the variety of care services offered, but she focused her comments on the new developments underway. More specifically, she explained that the Early Childhood Law is nearing the final stages of the legislative process. This law is relevant because it seeks to provide a legal foundation for care for young children, since Ecuador, unlike other countries in the region, has not given priority to addressing problems in this group such as chronic child malnutrition.

The next country analyzed was **El Salvador**, where social planning for the upcoming period includes care-related aspects, like direct cash transfers or different programs focused on specific segments of the population with care needs. Especially relevant is the Co-Responsibility Policy for care, which is currently being validated. The representative from El Salvador emphasized the obstacles to making progress and building momentum to form a comprehensive care system, so the chance to exchange experiences in the RedCUIDAR+ network is highly valuable.

For **Guatemala**, Piñeiro focused on the formation of the National Coalition for Empowering Women, an initiative led by the Ministry of Economy in partnership with UN Women, which states the need for a Comprehensive Care System as its third pillar. The presentation then addressed **Honduras**, which also has taken some initial legislative and regulatory steps related to care policies for specific populations, and moved to protect certain rights of women in connection with these issues. But it is crucial to mention the major opportunity that the

incoming administration offers and the central role it gives its program for promoting the autonomy of Honduran women.

Panama has advances that stretch back at least five years and that include public policy roundtables on building a care system. These milestones provide an idea of how the care policy is being conceptualized. However, 2021 was a very important year in the push for a national care system. The representative from Panama confirmed that 2021 was a turning point and spoke of the importance of having a preliminary costing analysis to guide the direction of public care policies, as well as the need to secure the commitment of a range of key stakeholders with a consistent inter-sectoral approach. She also mentioned that Panama is currently piloting the care system, which makes its participation in the network even more valuable as a source of experience at this juncture.

In **Paraguay**, a group advocating for a national care policy was formed as early as 2016, which has allowed the care agenda to span different administrations. This group was institutionalized in 2019, and in 2021 achieved a bill to create the SINACUP, a system currently in the process of being designed and reviewed to ensure correct implementation. The representative from Paraguay highlighted the importance of forming an inter-sectoral space to promote a care agenda and the need to work closely with the executive branch. She also emphasized the support of the different agendas that were closely involved in the steps taken by Paraguay, and the valuable civic engagement process that lent legitimacy to the bill that followed.

The presentation on Peru described initial steps like the Cuna Más program or Amachay network, or the national multi-sector policies on disability and older people. Piñeiro especially focused on the 2021 technical document entitled “Conceptual Framework for Care,” and asked the representatives from Peru to add to the information she provided. The MIDIS team then shared how Peru has made progress following the boost the COVID-19 pandemic gave to care issues.

Piñeiro then presented information on the Dominican Republic, and the enormous efforts of its technical teams as they work to develop a national care policy. She also shared that the country has a pilot care plan called Communities of Care. She especially emphasized the clarity of the care policy’s national objectives, which explicitly address not only the major premises of building a care-oriented society — a human rights framework and co-responsibility — but also the potential of care to galvanize and reactivate the economy. The representative from the Dominican Republic expanded on this overview by explaining that the reasoning behind the approach of the Dominican government, and especially the Ministry of Economy, stems from the backdrop of troubling economic indicators following the COVID-19 pandemic, which are even more concerning when examined through a gender lens. The IDB played an important role in this analysis, which led to the need to include a strong care component in the national economic recovery strategy. The final idea presented in relation to the Dominican Republic is that while the country undergoes the costly process of developing institutional coverage, it can expedite the launch of home care services by training care workers and grouping them in cooperatives that can provide both public and private services. This strategy serves to strengthen formal employment.

The final country covered in the regional presentation was **Uruguay**. Piñeiro described how in this country the care agenda was primarily driven by civil society and academia. She also highlighted how the process of developing care issues has spanned different administrations, with a conceptualization and design phase that began over a decade ago, in addition to the implementation of a pilot plan. In this first phase, Uruguay passed a law creating the system and its main components and took the first steps to implement services and broaden the care provided to older people with care dependence. Piñeiro also stressed the need to form mechanisms that ensure a fixed budget for care policies for future planning and sustainability. The representative from Uruguay spoke about the need to critically analyze the country’s

experience, since despite being one of the most widespread and well-established systems in the region, it has made mistakes along the way.

Piñero concluded her presentation by summarizing the **main challenges for each country in the network in terms of developing comprehensive care policies and/or systems**, though recognizing that there is no one-size-fits-all solution. Her first point was that while countries have to start somewhere, care policies should aspire to universal access and equal quality. She then summarized the difficulties of addressing three critical aspects: (i) balanced inter-sectoral management and leadership among the entities that are created; (ii) the cultural transformation required to change traditional care patterns; and (iii) the perennial issue of funding for care policies.

In Piñero's final point, she described the main elements that all countries should have as they define their principles to continue advocating for care systems in their different contexts: i) a human rights approach; ii) achieving higher levels of gender equality; iii) understanding the systems as a tool to fight poverty and inequality; and iv) emphasizing the social sustainability effect these systems cause in the economic development of countries that manage to implement them.

Following the full-group discussion, the participants of the sixth network meeting broke into two groups (one in-person and one online) to do **group work** structured by the following **guiding questions**:

- (i) Given your country's care policy priorities, what are the three main areas where the network's knowledge exchange, experience, and mutual support could play a role? What specific activities could be organized between now and the end of the year to address these three main areas?*
- (ii) In your country, what other key stakeholders should be considered when addressing different aspects, like financing for example?*
- (iii) To make the network sustainable, what kind of governance do you think it should have?*

After a productive group exchange and discussion, one person from each group briefly presented the group's main conclusions to all participants. **These conclusions are described and organized below.**

First, while all countries are at different stages of the process, the most important thing is they are all moving forward with and committed to developing comprehensive care systems.

The groups identified having a shared and clear conceptual framework to facilitate regional communication and exchange as a key advantage. This framework is extremely useful for overcoming challenges in countries' communication strategies.

The first guiding question, on the **main spaces where the network's knowledge exchange, experience, and mutual support could** play a role, elicited multiple and varied responses, but a few main trends emerged. Countries identified the following discussion topics as priority for the network in the near future: financing; investment in infrastructure; creating and/or strengthening automated IT systems; centralizing information at the national (and even regional) level and creating IT systems to guide policy decisions and help monitor, track, and evaluate those policies; and defining communication strategies in order to share with the population a solid and realistic narrative about care that counteracts traditional approaches to distributing domestic work and raises the profile of care as an economic opportunity for countries.

Specifically regarding services, participants emphasized the need to invest more in: institutional capacity to provide services at the home care and local (municipal) level to ensure the services offered are diversified according to context; training and certifying caregivers, including family members, to ensure their professionalism and increase formal employment; and quality assurance according to predefined standards.

Several voices suggested that the network's participants could potentially collaborate to systematize the different regulatory and legal frameworks for care policies and systems in the region. Participants also proposed that the network compile and digitalize as much information on this topic in Latin America as possible and construct progress indicators for the network, in the form of a dashboard, so all the countries can see the progress their peers are making. Lastly, there was a proposal to bolster the arguments and tools for presenting a strong case for the specific benefits to countries' economies of developing care policies and systems.

Regarding the second question on **key stakeholders to include in the process of building national care systems**, answers varied based on the context of each country. However, a pattern of several stakeholders not always sufficiently or satisfactorily included in the process emerged. These stakeholders include ministries of women, ministries of labor, ministries of planning, ministries of treasury, civil society and academia, and the private sector. Participants expressed ongoing uncertainty regarding the private sector's role in designing and managing care policies.

There was a strong general consensus surrounding the need to improve inter-institutional cooperation by assigning specific roles to each stakeholder. On a similar note, participants shared their uncertainty about how to achieve the co-responsibility component that should be inherent to any care policy, and there was a proposal to address this challenge by replicating local projects that have proven effective in the area of co-responsibility.

Regarding the last question, on **the sustainability of the network and the type of governance it should have**, several participants lamented members' limited or partial ownership of the network, leaving almost all leadership to the international agencies that created it (EUROsociAL, BID; AFD).

In response, it was proposed that the network operate based on six-month periods with set objectives and leadership that rotates between one or more countries, with the continued technical and financial support of the international agencies. As an example, participants cited the "Red Calle" project, which is coordinated by Uruguay and managed by the "Adelante" initiative (EU-LAC triangular cooperation facility) with a structure similar to the one proposed for the RedCUIDAR+ network. In this example case, the results have been highly satisfactory.

Finally, after broad and lively group work, the meeting concluded with closing remarks from Andrea Mónaco, a senior social policy technician from the EUROsociAL program.

Mónaco reiterated certain conclusions from the meeting, especially the fact that care is already on the agenda in the region, although each country's progress and vision obviously varies to some degree, which enriches and enhances the network. She also touched on the many areas where much work and information is still needed, especially home care, caregiver training, service quality, information systems, communications, data exchange, and regulations.

In her view, it is extremely important to continue strengthening the network, and she circled back to the proposal that one of the two work groups had made that certain countries take turns leading the network to foster more ownership of its operations.

Links to presentations:

Link to the presentation and video of the meeting:

https://cursos.iadb.org/en/indes/commonchallenges_sharedgoals

Participants

	Country/institution	Name	Type of participation
1	Argentina	Adriana Capuano	online
2	Argentina	Carina Vieta	online
3	Argentina	Leandro Bleger	In-person
4	Argentina	Lucia Cirmi Obon	In-person
5	Argentina	Maria Cristina Perceval	In-person
6	Argentina	Mario Sánchez	online
7	Argentina	Mauro Olivera	online
8	Argentina	Paula Severini	In-person
9	IDB	Beatrice Fabiani	online
10	IDB	Deborah Oliveira	online
11	IDB	Fiorella Benedetti	In-person
12	IDB	Marco Stampini	online
13	IADB	Mario Sánchez	In-person
14	IDB	Nadin Medellín	online
15	IDB	Natalia Aranco	In-person
16	IDB	Pablo Ibararán	online
17	IDB	Patricia Jara	In-person
18	IDB	Violeta Valledor	In-person
19	Brazil	Ana Nedavaska	online
20	Brazil	Deusina Lopes da Cruz	online
21	Brazil	Talita Arantes Cazassus Dall'agnol	online
22	Chile	Dániza Ruiz	online
23	Chile	Gladys Elinor Gonzalez Alvarez	online
24	Chile	Hernan Acuña	online
25	Chile	Jeanet Leguas	online
26	Chile	Mirentxu Jiménez	online
27	Chile	Mónica Gamin	online
28	Chile	Paula Forttes	online
29	Chile	Tamara Van Hemelryck	online
30	Colombia	Alejandra Nieto Guevara	online
31	Colombia	Daniel Ossa	online
32	Colombia	Elisa Ferrari	online
33	Colombia	Gabriel Alfonso Beltrán Muñoz	online
34	Colombia	Karla Mora	online
35	Colombia	Laura Pabon	online
36	Colombia	Magda Yanira Camelo Romero	online
37	Colombia	Marta Yadira Torres Rodriguez	online
38	Colombia	Robinson Cuadros	online
39	Costa Rica	Francisco Delgado Jiménez	In-person
40	Ecuador	Alfredo Astudillo	online
41	Ecuador	Cinthia Arroyo	online
42	Ecuador	Diana Manosalvas	online
43	Ecuador	Diego Granda	online
44	Ecuador	Estefanía Larriva	online
45	Ecuador	Narcisa Madruñero	online
46	Ecuador	Vanessa González	online
47	El Salvador	Alba Lisseth Benitez Trujillo	online
48	El Salvador	Claudia Susana	online
49	El Salvador	Fabricio Otoniel Abrego Rivas	online
50	El Salvador	Ivonne Arely Soriano De Pérez	online
51	El Salvador	Jennifer Jovel	online
52	El Salvador	Josue Loni	online
53	El Salvador	Marta Cecilia Palacios De Martinez	online
54	El Salvador	Nidia Teresa Cañas Flores	online
55	El Salvador	Rebeca Sanchez	In-person
56	El Salvador	Rey Avila	online
57	EUROsociAL	Alfonso Martinez	In-person
58	EUROsociAL	Andrea Monaco	In-person
59	EUROsociAL	Carlotta Gradin	In-person
60	EUROsociAL	Cristian Peña	In-person
61	EUROsociAL	Francesca Capparucci	In-person

	Country/institution	Name	Type of participation
62	EUROsociAL	Francesco Chiodi	online
63	EUROsociAL	Ivo Domanico	In-person
64	EUROsociAL	Sabrina Crosina	In-person
65	EUROsociAL	Sofia Chiarucci	In-person
66	EUROsociAL	Victoria Giussani	In-person
67	EUROsociAL	Virginia Tedeschi	In-person
68	EUROsociAL	Viviana Piñeiro	In-person
69	Guatemala	Pilar Chuc Mellado	online
70	Honduras	Jair Lopez	online
71	Honduras	Jorge Pineda	online
72	Mexico	Ana Rosa Arias	online
73	Mexico	Fernanda Castro Tarinda	online
74	Mexico	Guillermo Andres Cruz Rojas	online
75	Mexico	Isaura Portillo	online
76	Mexico	Luis Miguel Gutierrez Robledo	online
77	Mexico	Nadine Gasman	online
78	Mexico	Quetzalli Sandoval	online
79	Mexico	Sandra Giron	online
80	Mexico	Sandy Guadalupe Rosas Maas	online
81	Mexico	Sara Valdes	online
82	Mexico	Ximena Mariscal	online
83	OIT/CINTEFOR	Anne Caroline Posthuma	In-person
84	Panama	Nischma Villarreal	In-person
85	Panama	Oscar Madrigales	online
86	Paraguay	Celina Esther Lezcano Florez	In-person
87	Paraguay	Lilian Fouz	In-person
88	Paraguay	Maria Veronica Cando Benavides	In-person
89	Paraguay	Nancy Del Carmen Aquino Meza	online
90	Peru	Alejandro Rodriguez	online
91	Peru	Andy Centeno	online
92	Peru	Brian Castro Perez	online
93	Peru	Cyntia Espinoza	online
94	Peru	Dalia Acuña	online
95	Peru	Diana Prudencio	online
96	Peru	Dina Boluarte	online
97	Peru	Giuliana Jamely Concha Chirinos	online
98	Peru	Haydee Chamorro Garcia	online
99	Peru	Karen Ulloa Meza	online
100	Peru	Katherine Vejarano	online
101	Peru	Lucía Alvites Sosa	online
102	Peru	Lupe Apaza	online
103	Peru	María Luisa Chavez Kanashiro	online
104	Peru	Mariela Del Carpio Neyra	online
105	Peru	Milagros Ortiz	online
106	Peru	Nadime Reinoso	online
107	Peru	Nancy Garcia	online
108	Peru	Rosa Pretell	online
109	Peru	Úrsula Rondon	online
110	Dominican Republic	Diana Mejor De Vargas	online
111	Dominican Republic	Diandra Peña	online
112	Dominican Republic	Rosa María Cañete Alonso	In-person
113	Dominican Republic	Saoni Brea Contreras	online
114	SISCA	Gloria Yanira Quiteño Jimenez	In-person
115	Uruguay	Florencia Krall	online
116	Uruguay	Gabriela Garbarino	online
117	Uruguay	Nicolas Scarella Cordone	In-person
118		Jose Rok	online