COVID-19

PAHO/WHO Response. 31 March 2020. Report ° 1

CONTEXT

Following an outbreak of a novel Coronavirus (COVID-19) in Wuhan City, Hubei Province of China, rapid community, regional and international spread has occurred with exponential growth in cases and deaths. On 30 January 2020, the Director-General (DG) of WHO declared the COVID-19 outbreak a public health emergency of international concern (PHEIC) under the International Health Regulations (IHR) (2005). The first case in the Americas was confirmed in the UNSA on 20 January 2020 and Brazil reported the first case for Latin America and the Caribbean on 26 February 2020. Since then, COVID-19 has spread to 50 countries and territories in the Americas.

PAHO/WHO activated regional and country incident management system teams to provide direct emergency response to Ministries of Health and other national authorities for surveillance, laboratory capacity, support health care services, infection prevention control, clinical management and risk communication; all aligning with priority lines of action. The Organization has developed, published, and disseminated evidence-based technical documents to help guide Member States' strategies and policies to manage this pandemic in their territories.

SITUATION IN NUMBERS IN THE AMERICAS
as of 31 March (14:00)

188,949
Confirmed cases

3,561
Deaths

51
Countries / areas / territories

PRIORITY LINES OF ACTION FOR PAHO RESPONSE

- Real-time information, coordination, and response operations
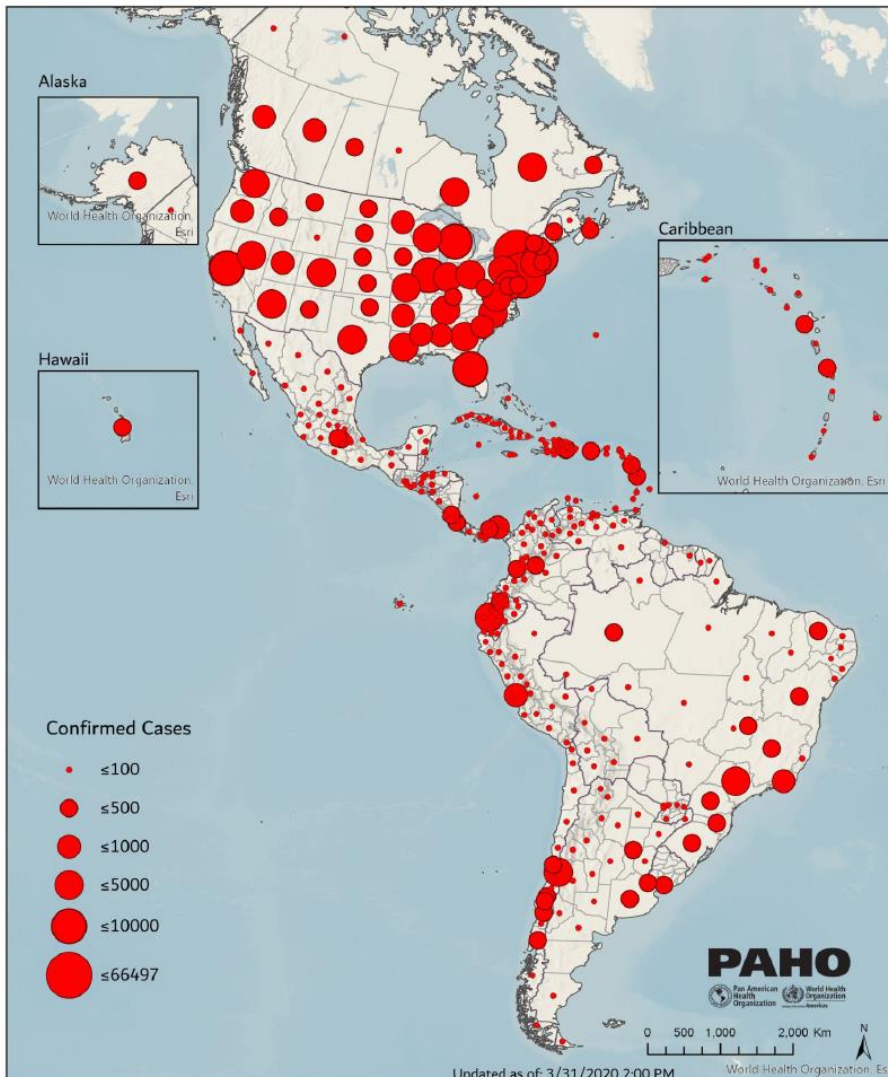- Limited human-to-transmission and prevent transmission amplification events
- Identify, isolate, and care for patients early
- Communicate critical risk and event information and counter misinformation
- Research, Innovation, and Development

Alaska

Hawaii

Caribbean

Confirmed Cases
- · ≤100
- ● ≤500
- ● ≤1000
- ● ≤5000
- ● ≤10000
- ● ≤66497

0 500 1,000 2,000 Km

Updated as of: 3/31/2020 2:00 PM

World Health Organization, Esri

Data Sources: Member States Ministries of Health
Map Production: Health Emergency Information & Risk Assesment (HIM);
PAHO Health Emergencies Department (PHE)
Digital cartography sources: SALB-PAHO

PAHO/WHO Response

On 17 January 2020 the Pan American Sanitary Bureau activated an organization-wide response to provide all 51 countries and territories in the Americas with technical cooperation to address and mitigate the impact of the COVID-19 pandemic. PAHO's work to date falls under the following four key objectives from its regional response strategy:

> **OBJECTIVE 1: Ensure real-time information to countries and efficient coordination of national and regional response operations**

Regional

To facilitate real-time information to countries, PAHO is working with countries to assess and adapt their surveillance strategies while it conducts **Event-based Surveillance (EBS)** to complement countries' **Indicator-based Surveillance (IBS)**. This joint approach provides the Region with a better grasp of the epidemiological situation in the Americas. **Trainings in Go.Data**, a contact tracing tool, were provided for the Caribbean, Guatemala, and Honduras. The tool is now being implemented in ten counties in the Americas. A **Public Dashboard** is maintained and updated regularly with COVID-19 epidemiological data to promote international coordination and awareness of the situation in our Region. **Surge personnel** have been activated at all levels of the Organization, and deployments to countries helped strengthen established in-country and local technical expertise. PAHO's Emergency Operations Centre was activated early in our response and continues to provide the Region with 24/7 coordination and operational support.

Country

PAHO country teams are coordinating with national counterparts in recently activated multi-sector emergency response committees and health emergency operating centers. These experts are supporting ministries to leverage in-country partners to contribute towards a multi-sectoral response. The Organization's expertise has been key to developing national COVID-19 response plans in **Venezuela** and other countries in the Region; these build upon prior pandemic influenza preparedness plans (PIP). The **Costa Rica** team facilitated meetings with the World Bank and the Inter-American Development Bank (IDB) to assess the reorientation of country credits towards the health sector's COVID-19 response. **Guatemala** received PAHO support to conduct a simulation exercise with the MOH to prepare for outbreaks. **Jamaica** and **other countries** worked with national authorities (including Bermuda and the Cayman Islands) to conduct needs assessments. The **Colombia** and **Venezuela** teams facilitated a bilateral coordination meeting between both countries' national health authorities to formulate strategies to protect the health of people located along border areas.

> **OBJECTIVE 2: Limit human-to-human transmission, including reducing secondary infections among close contacts and healthcare workers, and preventing transmission amplification events**

Regional

PAHO has developed and disseminated technical guidelines and trainings regarding the **reorganization of health services**, particularly for triage, isolation and intensive care in adults. The Organization has additionally supported 12 countries to complete **needs estimates for hospital capacity expansion** with the help of developed tools and a readiness checklist. Countries have also implemented and adapted PAHO guidelines and recommendations on health services, emergency medical series readiness, infection prevention and control, and laboratory biosafety; these have been tailored to national and local contexts in coordination with respective authorities. PAHO continues to support Member States by contacting suppliers and advising countries on current logistical challenges and the market situation regarding **stocks of medical supplies and personal protection equipment (PPEs)**. Through our network and logistical hubs, PAHO has supported countries in their own procurement efforts and has procured and shipped PPEs (albeit in the small amounts available) to 26 countries and 1 territory, COVID kits to 25 countries, and smaller emergency PPE kits to 9 countries.

Country

PAHO's country teams have coordinated other UN agencies to facilitate the procurement of personal protection equipment (PPEs) and thermometers for distribution to healthcare personnel and points of entry workers. Technical guidelines and other documents are being adapted to countries' contexts and have been translated into Spanish. Trainings in **Belize, Bolivia, Dominican Republic, Venezuela,** and other were conducted with a focus on the proper use of PPEs, sample collection, patient isolation, and other priorities. The **Panama** and **Honduras** teams worked with authorities from the health sector, points of entry, and other areas to establish systems to screen for possible cases using thermometers and equipped with PPEs.

> **OBJECTIVE 3: Identify, isolate, and care for patients early, including providing optimized care for infected patients**

Regional

In order to establish and strengthen **COVID-19 surveillance**, PAHO supported multiple countries to integrate COVID-19 into surveillance for severe acute respiratory infections / influenza-like illness (SARI/ILI). Case definitions, reporting forms and surveillance guidelines were updated to align with WHO global surveillance guidelines. Case management guidelines (including for safe supporting therapies for severe COVID-19) have been developed and shared with countries.

Tracking, analyzing and forecasting epidemiological trends is key to an effective response; as such, PAHO developed **simulation models** to aid local-level preparedness and response by forecasting regional response needs. It provides national health authorities with simulated numbers for mild, severe, and critical cases during the first 2 months after the virus is introduced into a given country, as well as the required hospital beds and intensive care unit (ICU) beds to manage each scenario. PAHO has combined this with a **hospital capacity progressive expansions tool** which helps estimate needed beds and health worker needs. These steps have given countries valuable information to guide urgent preparations anticipating the arrival of COVID-19 cases in their territories.

PAHO was the first WHO Region to provide its Member States with **laboratory diagnostic kits**. On 17 January, the Charité Protocol kits were ordered and distribution to Member States began on 31 January. Working with the Region's National Influenza Centers (NIC) and Respiratory Viruses Laboratory network, the Organization provided nine countries with **in-country training** and held **two workshops** (Brazil and Mexico) where 18 additional countries were trained in COVID-19 laboratory testing. PAHO dispatched enough reagents to 33 countries and territories to enable COVID-19 testing using PCR. Twenty-nine countries are successfully implementing the recommended PCR testing protocol. Lists of recommended items which can be procured through PAHO's Strategic Fund have been shared with countries. These efforts allowed the Region to have a standardized system for molecular testing and confirmation since February.

Country

Anticipating imported cases and community transmission, PAHO country offices in **Cuba**, **Haiti**, and **Panama** have provided capacity building to national surveillance and epidemiological analysis teams. PAHO's in-country technical teams are working alongside MOH counterparts to assess surveillance data to help target resources and enact public health measures considering different outbreak models and hospital readiness. The **Brazil** team facilitated a training workshop to use Go.Data (10 March, Brasilia). The

Figure: A facilitator trains personnel from Brazil's Ministry of Health to use Go.Data, a software program to that helps guide analysis during outbreaks. **Source: PAHO**

Costa Rica team worked with counterparts to produce and analyze disease models and potential impact on the countries' local health systems. The **Suriname** team is collaborating with IDB counterparts to provide supplies, training, and equipment needed to establish data collection systems.

Procurement efforts are ongoing to ensure the availability of laboratory supplies and equipment for COVID-19 diagnostics. PAHO's teams in **Belize** and **Brazil** facilitated trainings in PCR and in the use of rapid tests for its reference laboratories following the delivery of PCR primers and diagnostics kits. Country teams from **Brazil**, **Cuba**, **Dominican Republic**, **Haiti,** and **Venezuela** joined health authorities to evaluate hospital readiness for managing COVID-19 cases in alignment with PAHO/WHO guidelines.

OBJETIVE 4: Communicate critical risk and event information to all communities, and counter misinformation

Regional

PAHO developed evidence-based infographics, posters, and videos for dissemination throughout the Americas. Risk communication strategies and tools for health care workers, media communicators, and leaders were developed and distributed to Member States. Standard messaging has been formulated for use and adaptation across the Region. PAHO continues to respond to hundreds of media enquiries from multiple national and international news agencies to further ensure correct information is available to countries. Over 225 media enquiries have answered by high-level officials in PAHO's Headquarters and its country offices throughout the Americas.

Country

All PAHO country offices have worked with national counterparts to disseminate COVID-19-related key messages and evidence-based recommendations, ranging general hygiene to workplace safety. These materials are being used in health facilities, airports, and other public spaces, and have been disseminated through social media, television, and radio. Risk communication strategies have been developed in **Bolivia**, **Dominican Republic**, and **Honduras**, among others. PAHO's offices in **Haiti** and **Suriname** translated educational materials into Haitian Creole and Dutch respectively and have since disseminated them widely. PAHO has been proactive in building a media presence to battle misinformation, with **Chile, Costa Rica, Mexico,** and **other country offices** giving informational interviews on radio, television, and online platforms. The **Venezuela** team launched a campaign video to disseminate messages on hygiene and in-hospital infection control to help protect the country's most vulnerable.

RESEARCH, INNOVATION, and DEVELOPMENT

Regional

To ensure PAHO provides the latest guidance based on scientific evidence, a specific arm of our COVID-19 response is dedicated to research and development. Our experts are providing countries with updated information and technical advice on advancements in laboratory diagnosis, clinical management, and therapies as new studies are published. They are actively conducting rapid reviews of literature and other information on key topics to contribute towards an evidence base to combat the virus. PAHO has launched a COVID-19 Technical Database to further assist our Member States and international partners to access evidence-based information on science and technologies. This public portal is regularly updated with published technical guidelines, scientific publications, and ongoing research protocols.

🗒️ GAPS	⚠️ CHALLENGES
• **Surveillance systems:** Greater capacity-building and technological equipment is needed to enable MOH personnel to analyze collected epidemiological data. Data management systems must be established to facilitate case monitoring and contact training while protecting confidentiality. • **Strategic planning and response**: Countries must develop and implement national COVID-19 Preparedness and Response Plan and Risk Communication Plans • **Laboratory test kits and equipment**: National laboratories require more test kits, supplies, and information on potential international suppliers. • **IPC supplies**: PPEs and supplies (including for WASH) are urgently needed for isolation and quarantine wards given the expected increase in cases across the Region. • **Health facility evaluations**: Countries must undertake additional assessments to guide measures for infection prevention and control (including WASH) given that the virus will impact multiple states and departments in each national territory. • **Risk communications**: Key messages must be tailored to each country's context to resonate with intended audiences.	• **Border closures**: Public health measures have seriously hampered the deployment of experts and procurement of much-needed supplies and equipment for testing, case management, and infection prevention and control. • **Domestic priorities**: Countries which manufacture PPEs and other essentials are prioritizing production for domestic use, resulting in shortages elsewhere. • **Managing infections**: Supply shortages and limited capacities for infection control and case management in hospitals could exacerbate the spread of the virus. • **Test availability:** Limits to the number of tests prevent countries from gaining a clear understanding of the epidemiological situation of the virus in their territory. In some contexts, tests have not been prioritized for individuals who meet the criteria for the case definition. • **Health workforce limitations:** Limited human resources hampers countries' efforts to conduct contact tracing and manage patients in quarantine. • **Risk Communication:** The perception of risk is still low in some countries/territories, creating scenarios where populations do not take the necessary measures to slow transmission. • **Telephone referral systems:** Some countries are reportedly overwhelming volumes of calls, which may impact countries' capacities to provide care for all cases. • **Logistics systems:** Many countries are still unprepared to manage the distribution of supplies and equipment. • **Ongoing challenging contexts:** Difficulties in preexisting humanitarian contexts have been exacerbated by border closures. This will create new pressure on these countries' health systems.