PAHO/WHO Response. 6 April 2020. Report ° 2

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 USA 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 53 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 6 April (14:00)

384,435
Confirmed cases

11,270
Deaths

53
Countries / areas / territories

PRIORITY LINES OF ACTION FOR PAHO RESPONSE

- Real-time information, coordination, and response operations
- Limit human-to-human 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
PAHO/WHO Response
On 17 January 2020 the Pan American Sanitary Bureau activated an organization-wide response to provide all 54 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
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. To facilitate real-time information to countries, PAHO continues to work with countries to reinforce their surveillance systems while it conducts Event-based Surveillance (EBS) to complement countries’ Indicator-based Surveillance (IBS). During this week, PAHO liaised with the Global Alert and Response Network (GOARN) to conduct a training on the use of Go.Data for contact tracing for seven countries in the Americas: Belize, Colombia, Chile, Dominican Republic, Haiti, Honduras, and Nicaragua.

Country
PAHO’s country teams are essential actors in helping ensure coordinated efforts to tackle this pandemic. The Bahamas team is working within the national emergency operations center (EOC) where it disseminates PAHO guidelines and provides hands-on support. In Peru, PAHO is supporting the government in information management and is collaborating with other agencies to coordinate the health cluster and contributes to the water and sanitation (WASH) cluster. The team in Suriname is working with UN agencies to ensure a coordinated response while Panama activated a joint PAHO-Ministry of Health situation room.

**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 issued recommendations for countries to prepare prehospital emergency medical services (EMS) to manage suspected COVID-19 cases and transport them safely to designated hospital facilities if necessary. Preliminary recommendations on the management of dead bodies has been issued to guide health authorities in ensuring systems are in place for the safe and respectful management of fatalities in the context of COVID-19. The Organization has conducted technical webinars on the reorganization and expansion of services and has provided training to its country teams in managing emergency medical teams (EMTs), particularly for Argentina, Belize, Colombia, Ecuador, Honduras, Grenada, Guyana, Paraguay, and Suriname. Four of these countries (Belize, Grenada, Guyana, and Paraguay) received targeted support to estimate their countries needs to expand their health services. The virtual CICOM (EMT Medical Information and Coordination Cell) has been made available to countries to help manage deployed teams and ensure the flow of life-saving information. PAHO has issued recommendations for medical surge capacity and the deployment of emergency medical teams. Meanwhile, its procurement team is working with health services and emergency experts to support countries to identify sources for procuring PPE and other essential supplies and equipment.

Country
PAHO offices in Guatemala, Bahamas (for Turks and Caicos), Mexico, Panama, Peru, and Suriname worked with counterparts from ministries of health to tailor guidelines for surveillance, IPC, health promotion, clinical management, and other topics to national contexts. The team in Guatemala provided support to conduct hospital assessments considering IPC needs and to ensure systems were in place to ensure information can be transmitted rapidly to the country’s epidemiological team.
Regional
PAHO has released revised guidelines on the detection and diagnosis of COVID-19 virus infections to take into account new case definitions for suspected cases and updated WHO guidance for laboratory testing. The Organization is working through its country offices to ensure that reference laboratories in the Region can apply the relevant protocols and have needed supplies to test for cases. PAHO continues to work with countries to assess the readiness of their health facilities for increased numbers of cases considering existing human resources and hospital beds and epidemiological models which guide these estimates.

Country
The team in Honduras, Mexico, and Turks and Caicos provided targeted support to build countries' laboratory capacities, with a focus on integrating private and university laboratories in Honduras. The PAHO office in Bahamas has worked to strengthen the country’s laboratory capacities and has facilitated the donation of PPE, nasopharyngeal swabs, PCR test kits, and equipment for triage and case isolation. Costa Rica has facilitated the management and distribution of critical supplies using the PAHO/WHO Supply Management System (SUMA). Panama has facilitated the procurement of 25 tents with generators and other equipment for patient triage and to support cases with respiratory symptoms in hospitals, while Turks and Caicos received a limited emergency supply of PPE. This is coupled with the Panama office to support the government to develop and implement protocols for managing cases in hotels. PAHO has deployed an emergency management expert to Ecuador to support the country’s efforts to manage the ongoing outbreak and implement critical public health measures.

For surveillance, Honduras worked with the government to develop models and scenarios using existing epidemiological data. This has aided in targeting rapid response teams (RRTs) deployed to support in prioritized parts of the country. The team in Brazil is working with the government to formulate strategies to flatten the curve using innovative approaches that factor in mobile data to track the virus' spread. The office in Peru is supporting the development of a national epidemiological plan and in using modeling to forecast possible scenarios and strengthen surveillance at points of entry. The team in Panama and Suriname is providing technical cooperation in database management and data analysis and Panama is working with the country's International Health Regulations (IHR) focal point to ensure surveillance systems are in place to capture COVID-19 cases.
Regional
PAHO developed a COVID-19 manual for use by reports to better grasp the key issues around the pandemic. It has additionally disseminated educational video in sign language to ensure messaging can reach people living with hearing disabilities. Animated videos on PPEs and other topics are now available to inform the public, and targeted support was provided to Nicaragua to develop a communication plan. New social media cards on parenting, home care, fraudulent messages, cough etiquette, and non-communicable diseases (NCDs) are available on the COVID-19 website. This is in addition to evidence-based infographics, posters, and videos that have already been dissemination 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. Guatemala and Suriname have produced risk communication materials and trained personnel to better inform the public. Brazil, Costa Rica, and Mexico disseminated messaging to target migrants (for example, in the municipalities of Boa Vista and Roraima in Brazil), people in shelters, and people in situations of vulnerability. Other international agencies including UNHCR, IOM, UNICEF, and the ICRC have collaborated closely with PAHO in Mexico to ensure a coordinated approach to communicating risk. Mental health has been prioritized by Brazil and Costa Rica. Brazil has produced videos to address stigma and mental health care for the elderly and health professionals. PAHO’s office in Honduras translated risk communication materials into indigenous languages to disseminate information on hygiene, the use of PPE, and other key issues.

RESEARCH, INNOVATION, and DEVELOPMENT
Regional
PAHO is continuing to review arising evidence and information that seeks to build an evidence base for combatting this virus. It conducted a rapid review of available studies on the use of Chloroquine and hydroxychloroquine to treat COVID-19 cases (concluding that more evidence is still needed and that governments should take steps to ensure the continued availability of these medicines for treatments for other diseases and conditions). It is coordinating with WHO to support countries from the Region of the Americas to participate in the SOLIDARITY trial, which seeks to test four possible treatments for infection involving over 70 countries from around the globe. The public has access to its COVID-19 Technical Database to further assist our Member States and international partners to seek evidence-based information on science and technologies.
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<th>GAPS</th>
<th>CHALLENGES</th>
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<td>• Surveillance systems: Greater capacity-building and technological equipment is needed to enable MOH personnel to analyze collected epidemiological data. Data management systems are needed for case monitoring and contact training while protecting confidentiality.</td>
<td>• Border closures: Public health measures have seriously hampered the deployment of experts, shipment of samples for testing, and procurement of much-needed supplies and equipment for testing, case management, and infection prevention and control.</td>
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<td>• Strategic planning and response: Countries must develop and implement national COVID-19 Preparedness and Response Plan and Risk Communication Plans.</td>
<td>• Domestic priorities: Countries which manufacture PPEs and other essentials are prioritizing production for domestic use, resulting in shortages elsewhere.</td>
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<td>• Laboratory test kits and equipment: National laboratories require more test kits, supplies, and information on potential international suppliers.</td>
<td>• Managing infections: Supply shortages and limited capacities for infection control and case management in hospitals could exacerbate the spread of the virus.</td>
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<td>• 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.</td>
<td>• 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. Counterfeit tests are creating risks in resources lost.</td>
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<td>• 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.</td>
<td>• Health workforce limitations: Limited human resources hampers countries’ efforts to conduct contact tracing and manage patients in quarantine.</td>
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<td>• Mapping populations in situations of vulnerability: This is essential to determine where resources should be invested to protect these populations.</td>
<td>• Risk Communication: The perception of risk is still low in some countries/territories.</td>
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<td>• Risk communications: Key messages must be tailored to each country’s context to resonate with intended audiences.</td>
<td>• Telephone referral systems: Some countries are reportedly overwhelming volumes of calls, which may impact countries’ capacities to provide care for all cases.</td>
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<td>• Health workers at the subnational level: Countries will need a surge in medical personnel to ensure all the country has the resources in place to serve their whole populations and to ensure more epidemiological data becomes available.</td>
<td>• Logistics systems: Many countries are still unprepared to manage the distribution of supplies and equipment.</td>
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<td>• Intensive care units: More ICUs will be needed to manage anticipated severe cases.</td>
<td>• Infected healthcare workers: Infected health workers quarantined or sickened can lead to additional strains in health systems.</td>
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<td>• Migrant access to health services: Countries are assessing how to serve these populations and better manage outbreaks.</td>
<td>• Ongoing challenging contexts: Difficulties in preexisting humanitarian contexts have been exacerbated by border closures. This will create new pressure on these countries’ health systems.</td>
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