
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 all 54 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 recommendations to help guide Member States’ strategies and policies to manage this pandemic in their territories.

SITUATION IN NUMBERS IN THE AMERICAS as of 13 April (14:00)

- 645,428 Confirmed cases
- 25,975 Deaths
- 54 Countries / areas / territories

PRIORITY LINES OF ACTION FOR PAHO RESPONSE

- Real-time information, coordination, and response operations
- Limit 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
PAHO/WHO Response (6-12 April 2020)
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). PAHO is now monitoring closely for clusters in healthcare workers (considering high impact on health services) and in indigenous populations. PAHO supported countries and territories in the Eastern Caribbean to use Go.Data, a software package for contact tracing. Efforts are undergoing to ensure that all countries in the Region integrate COVID-19 into their routine severe acute respiratory illness / influenza-like illness (SARI/ILI) surveillance systems.

To foster greater global coordination and promote integrated planning to COVID-19, PAHO has supported and trained 26 countries to access and utilize the WHO-led Partners Platform. Twenty countries are now using this web-based tool, which helps guide countries’ planning efforts and enable external partners to meet critical resource needs.

**Country**
The Belize team is working with national counterparts to share relevant information and calculate estimates and develop projects for the epidemic. Bolivia and other PAHO country offices continue to support governments to develop and implement national response plans. Paraguay is supporting the country’s emergency operations center with active participation and providing up-to-date technical guidance. The Argentina and Guatemala team are working with country counterparts to use Go.Data for contact tracing.

The Dominican Republic team is supporting the government’s emergency operations center with coordination support and epidemiological analysis (results published in the country’s daily bulletin).

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

**Regional**
The critical need for personal protection equipment (PPE) requires quality assurance (QA) processes to ensure that procured items meet necessary specifications. PAHO is applying QA criteria that it developed to guide the procurement of PPE and in vitro diagnostic (IVD) tests for COVID-19. These efforts are made in close coordination with WHO, UNICEF, UNDP, UNOPS, UNFPA, and other agencies in the COVID-19 Supply Chain Interagency Coordination Cell. The Organization supported Haiti in procuring 17,394 gowns, preparing COVID kits for dispatching throughout the Region, and is procuring swabs and testing kits. In collaboration with Direct Relief, it is leveraging its logistics hub in Panama to deliver life-saving supplies to Venezuela. PAHO delivered reagents to Cuba and mobilized to dispatch an emergency expert, four PAHO COVID kits, body bags, and WHO-supplied PPE to Ecuador (arriving 9 April).
PAHO has issued recommendations to support Emergency Medical Teams (EMTs) with configurations on triage areas for patients with respiratory symptoms (along with drawings and diagrams) that can guide countries to set up areas for triage, treating Severe Acute Respiratory Infection (SARI), and the flow of sterile/contaminated materials.

**Country**

The Belize team is training volunteers to manage quarantine facilities. It has assessed key hospitals and isolation and quarantine facilities. This is complemented with delivering technical guidance on case management, infection prevention and control (IPC), reorganization of health systems, estimation of country needs to expand health services, and recommendations for medical surge capacity. The Dominican Republic identified health centers that could serve as dedicated COVID-19 facilities and is supporting the country with modelling and estimation efforts to plan, including for ICU and hospital bed needs. Both Argentina, Dominican Republic, and Mexico are working to strengthen capacities for protecting mental health. Guatemala, in collaboration with other UN agencies and partners, is supporting the government to identify designated COVID-19 facilities and to implement a multi-sectoral approach for managing points of entry and working with individuals returning from abroad. Guidance on managing dead bodies, IPC, and assessing hospital capacity has also been critical. The Paraguay team is working with national counterparts to prepare the health sector for managing an increasing number of cases, ranging from capacity building in PPE use, IPC, case management, among other areas. The Eastern Caribbean office is working with UN Women to develop a template guideline for shelters to be shared with National Gender Machineries within governments (NGMs).

The Eastern Caribbean office, Paraguay, and other PAHO country teams are working with national counterparts to source critical supplies, medicines, and equipment. The Eastern Caribbean team has provided PPE kits to its countries in collaboration with the Regional Security Services (RSS). It has also provided COVID-19 testing kits and training to Antigua and Barbuda, Dominica, Grenada, and Saint Kitts and Nevis. The office is working with UNDP, UNICEF, and UNOPS to support countries with procuring medical equipment and other immediate needs.
Regional
PAHO has released critical information for prioritizing diagnostic tests for SARS-CoV-2 in order to address health systems’ procurement needs. PAHO continues to identify prioritized in vitro diagnostics (IVD) tests for potential procurement to deploy across the Americas once supplies are available. Grenada has successfully adopted molecular diagnosis for COVID-19 following virtual technical cooperation from PAHO. PAHO dispatched reagents (primers & probes) for molecular detection of SARS-CoV-2 to 26 countries. Additional laboratory materials (enzymes and/or RNA extraction kits) were sent to 15 countries.

PAHO has issued recommendations to support Emergency Medical Teams (EMTs) for medical surge capacity and deploying emergency medical teams (EMTs). PAHO provided training to Brazil and several NGOs on effectively managing EMTs and delivered a separate training to Colombia focused on EMT training and first-level of care strengthening.

The Organization has also developed a list of essential medicines for the management of patients admitted to intensive care units (ICUs) with suspected or confirmed COVID-19 diagnosis. Guidance has also been issued on the reorganization and progressive expansion of health services for the response to the COVID-19 pandemic.

PAHO conducted webinars on case management and therapeutics with its country focal points and networks in the Member States. To foster the sharing of experiences and identifying best practices, it has conducted a meeting on Intensive Care Delivery for COVID-19: Experience from Hospital Settings. Targeted technical support was given to the Eastern Caribbean and 12 other countries and territories (Argentina, Bahamas, Brazil, Chile, Guatemala, Guyana, Panama, Paraguay, Suriname, Turks and Caicos, Uruguay, and Venezuela). PAHO trained 17 participants from the Ministry of Health of Argentina on using the Hospital capacity progressive expansion tool. A virtual meeting was held with Ecuador’s Ministry of Health team to assess how its health services could be reorganized to manage the country’s outbreaks.

Country
The Eastern Caribbean office worked with the IAEA to donate laboratory supplies and equipment to Antigua and Barbuda, Barbados, Dominica, Grenada, Saint Lucia, Saint Vincent, and the Grenadines and Saint Kitts and Nevis. The Dominican Republic provided diagnostic training for private laboratories, including donating kits. The teams in Argentina and Belize facilitated the procurement of additional laboratory supplies and are working with the national laboratory systems to strengthen diagnostics capacities. The Guatemala team is working with private sector health facilities to ensure continued testing of cases. The Paraguay team is helping national laboratories estimate needs to ensure continued capacities for diagnosing the disease.

Guatemala, Costa Rica, and Mexico have supported their governments to develop strategies to address health-related issues arising from migrants, asylum-seekers, and persons returning from abroad (in coordination with IOM, UNHCR, Red Cross, and national authorities in the case of Costa Rica and Mexico). The Panama team supported the government to establish field hospitals. The Paraguay team is working with rapid response teams to identify cases. It has helped set up a call center and has trained personnel to conduct contact tracing.
Regional
PAHO disseminates key COVID-19-related information and knowledge across multiple media platforms and sources. It developed a guide to help journalists practice responsible coverage of the pandemic using evidence-based information. PAHO participated in the #Juntosencasa show from Univisión and in a World Economic Forum (WEF) platform. This week focused particularly on warning the Region about possible shortages in blood during this pandemic. To expand dissemination of its messages, PAHO has added sign language to its Spanish-language COVID-19 videos. New posters addressing coping with stress and protecting the elderly and people with underlying conditions are now available.

Colombian singer Salomón Beda is donating the royalties of his musical theme, “Pa’alante” to PAHO COVID-19 response activities. Artists from Argentina, Chile, Colombia, Ecuador, Mexico, Peru, Puerto Rico, the United States, and Venezuela joined forces to record a new version of the song, called “Pa’alante”, with the aim of raising funds under an initiative called #Volveranlosabrazos (the hugs will return). The song is available here.
Country
In coordination with other UN agencies, Suriname distributed PAHO prevention posters to retirement homes and children’s homes (with materials distributed by other agencies to government ministries, embassies, NGOs, youth groups, and religious organizations). The country is also collaborating with other UN agencies to get social media influencers to participate in the WHO Safe Hands Challenge, in which individuals with strong social media presence film themselves washing their hands following PAHO/WHO guidelines. The PAHO office for the Eastern Caribbean disseminated materials on helping the elderly and those with underlying conditions. Mexico has used its messaging platforms to provide guidance to decision makers, emphasizing handwashing and the appropriate use of face masks. Paraguay is promoting social distancing measures and has trained 50 communicators and 40 journalists in risk communication. The country has shared risk communication materials tailored to points of entry (land and air). A digital campaign is ongoing to disseminate appropriate messages and to combat myths and misconceptions on social media.

Regional
PAHO is continuing to review new evidence and information to build an evidence base to combat this virus. Rapid reviews have been conducted on topics including COVID-19 patients with hypertension and risk of death, corticosteroid therapy, convalescent plasma, IL-6 and lung disease, Interferon-β-1a for patients with moderate to severe acute respiratory distress syndrome, and potential drug treatments (Remdisevir, Gavipavir, Umifenovir, Danoprevir, Nelfinavir, Darunavir, Meplazumab, and Siltuximab).

Anticipating more research related to COVID-19, PAHO has released guidance and strategies to streamline ethics review and oversight. A update was released to guide countries 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). The public has access to PAHO’s COVID-19 Technical Database to further assist Member States and international partners to seek evidence-based information on science and technologies. PAHO continues to coordinate with WHO to support countries from the Region of the Americas to participate in the SOLIDARITY trial, which involves over 70 countries from around the globe to help understand the spread and prevalence of the virus.
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<th>GAPS</th>
<th>CHALLENGES</th>
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<td><strong>Surveillance systems</strong>: 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 tracing while protecting confidentiality.</td>
<td><strong>Border closures</strong>: These 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. This could also add pressure to countries undergoing complex political and socioeconomic transitions.</td>
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<td><strong>Strategic planning and response</strong>: Countries must develop and implement national COVID-19 Preparedness and Response Plan and Risk Communication Plans.</td>
<td><strong>Competitive marketplace</strong>: Countries and organizations are competing for limited supplies due to global shortages of PPE and other essential items.</td>
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<td><strong>Laboratory test kits and equipment</strong>: National laboratories require more test kits, supplies, and information on potential international suppliers.</td>
<td><strong>Managing infections in healthcare settings</strong>: Healthcare workers rely on PPE and other supplies to avoid infection. Global shortages are contributing to increasing cases and loss of life of frontline workers.</td>
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<td><strong>IPC supplies</strong>: 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><strong>Infected healthcare workers</strong>: Infected healthcare workers who are sick or must be quarantined can lead to additional strains in health systems.</td>
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<td><strong>Health facility evaluations</strong>: 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><strong>Test availability</strong>: Limited testing capacity prevents 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><strong>Mapping populations in situations of vulnerability</strong>: This is essential to determine where resources should be invested to protect these populations.</td>
<td><strong>Health workforce limitations</strong>: Insufficient human resources hamper countries’ efforts to conduct contact tracing and manage patients in quarantine.</td>
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<td><strong>Risk communications</strong>: Key messages must be tailored to each country’s context to resonate with intended audiences.</td>
<td><strong>Risk Communication</strong>: The perception of risk is still low in some countries/territories.</td>
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<td><strong>Subnational-level Health workers</strong>: A surge in medical personnel is needed to ensure countries can serve their whole populations and obtain more epidemiological data as it becomes available.</td>
<td><strong>Telephone referral systems</strong>: Some countries are reporting overwhelming call volumes, which may impact countries’ capacities to provide care for all cases.</td>
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<td><strong>Intensive care units</strong>: More ICUs will be needed to manage anticipated severe cases.</td>
<td><strong>Logistics systems</strong>: Many countries are still unprepared to manage the distribution of supplies and equipment.</td>
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<td><strong>Migrant access to health services</strong>: Countries are assessing how to serve these populations and better manage outbreaks.</td>
<td><strong>Continuity in other health services</strong>: Focus on the pandemic has diverted needed resources from other critical health services.</td>
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<td><strong>Private sector coordination</strong>: This is essential to ensure national protocols are followed.</td>
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