

PAHO/WHO Response. 1 June 2020. Report ° 10

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 the 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, followed by Brazil on 26 February 2020. Since then, COVID-19 has spread to **all 54 countries and territories in the Americas**. With cases in the Americas on the rise, the epicenter of the pandemic has now shifted to this Region.

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 countries' strategies and policies to manage this pandemic.

SITUATION IN NUMBERS IN THE AMERICAS

as of 1 June (14:00)

2,905,432

Confirmed cases*

163,248

Deaths*

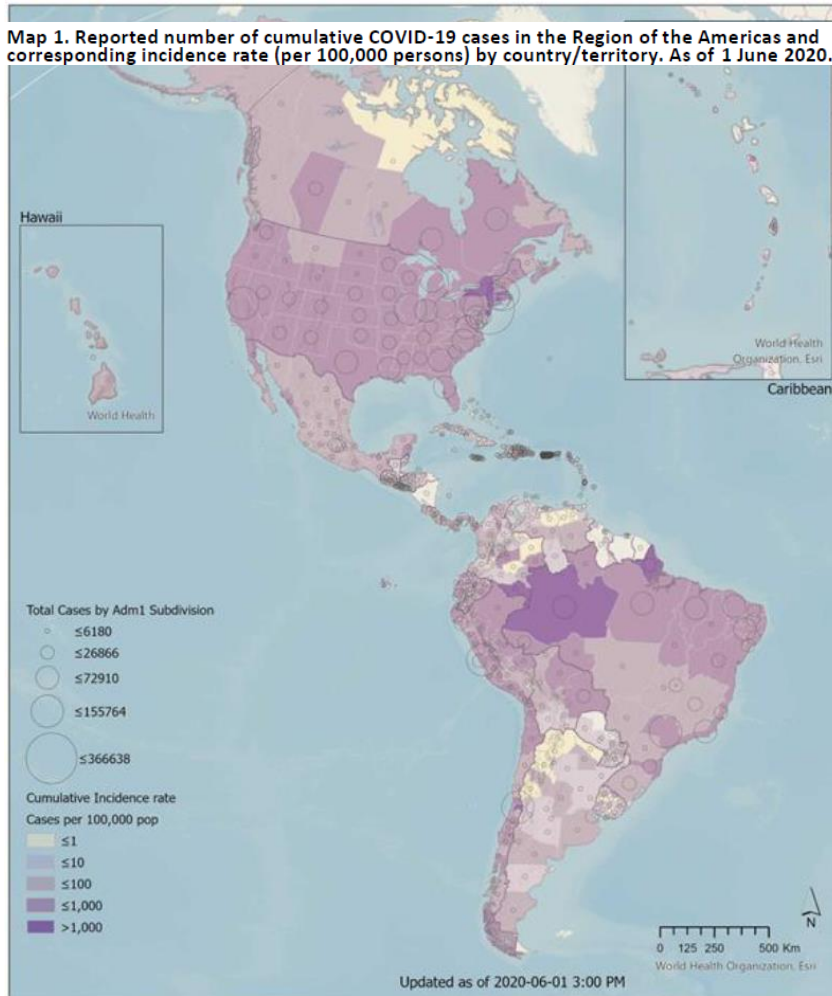
54

Countries / areas / territories counted for epidemiological purposes

*Total includes both **confirmed** and **probable** for Ecuador (deaths), Puerto Rico (deaths) and the US (probable deaths in NYC)

RESPONSE PILLARS

- Coordination, Planning, and Monitoring
- Risk Communication and Community Engagement
- Surveillance, Rapid Response Teams, and Case Investigation
- Points of Entry
- National Laboratory
- Infection Prevention and Control
- Case Management
- Operational Support and Logistics
- Maintaining Essential Health Services during the Pandemic



Key Figures: The Americas' Response to COVID-19

PAHO Response	70 Technical guidelines and recommendations developed or adapted from WHO	3.4M COVID-19 Tests using molecular detection sent to 36 countries and territories	>83 Virtual / in-person regional and country trainings on testing, tracking, care, and more	PAHO has sent 51 PPE shipments to 26 countries and territories	
				677k Gloves	189k Gowns
				482k Surgical & N95 Masks	15.6k Goggles
Regional Readiness	32/35 # Countries with national COVID-19 Preparation and Response Plans	37/51 # Countries and territories with installed molecular detection capacity to diagnose COVID-19	20/35 # Countries using existing SARI/ILI surveillance systems to monitor COVID-19	17/22 # Reporting countries where at least 50% of health facilities have triage capacity	29/31 # Reporting countries with national IPC / WASH plans for health facilities

PAHO/WHO Response (26 May – 1 June 2020)

On 17 January 2020 the Pan American Sanitary Bureau activated an organization-wide response to provide all its countries and territories with technical cooperation to address and mitigate the impact of the COVID-19 pandemic. PAHO's work to date falls under the following nine pillars from the global Strategic Preparedness and Response Plan for COVID-19:



Coordination, Planning, and Monitoring

Regional

PAHO collaborates with its partners within the Region and across the globe to deliver technical cooperation, evidence-based guidance and recommendations, and to advocate for the Americas on the global stage.

Health System Strengthening

With WHO participation, PAHO convened its 7th COVID-19 Regulatory Update virtual meeting for the Americas, focusing on providing regulatory authorities with updated information on improving access to vaccines, therapeutics, diagnostics, and medical devices.

Countries face a complex market with COVID-19- related supplies and medicines of varying levels of quality. PAHO has conducted technical assessments of new products considering regulatory aspects and technical specifications to support UNICEF's procurement of Personal Protective Equipment (PPE).

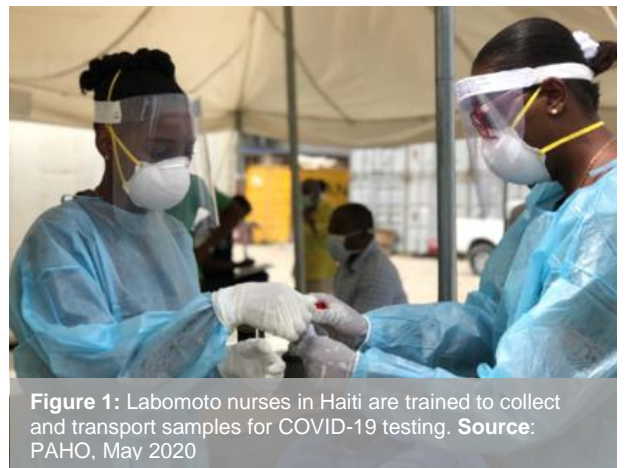


Figure 1: Labomoto nurses in Haiti are trained to collect and transport samples for COVID-19 testing. Source: PAHO, May 2020

PAHO conducted a technical webinar on triaging patients with respiratory symptoms, tailored to emergency medical teams (EMTs). The Organization also trained national authorities from **Guyana** on key aspects for building national EMT capacity.

PAHO provided recommendations to **Belize** on health services coordination amidst the COVID-19 pandemic, and to **Costa Rica** on implementing alternative medical care sites (AMCS). **Trinidad and Tobago** received training in the use of PAHO's tools for estimating hospital beds, staff time, medicines, medical supplies, and PPE considering epidemic projections.

Country

The teams, including in **Ecuador**, **Peru**, and other countries, worked directly alongside national counterparts from ministries of health and emergency response teams to assess and provide recommendations on national COVID-19 response strategies and approaches and on adapting PAHO and WHO protocols and methodologies to national contexts.

The team in **Ecuador** worked with a national NGO to encourage Ecuadorians to use bicycles for transportation to keep healthy and mitigate risk of infection during the pandemic.

In **Peru**, PAHO helped national authorities estimate needs for hospital beds and supplies.

The **Ecuador** team used PAHO's hospital readiness tool to assess needs and gaps for 303 hospitals, with a focus on estimating needed hospital and ICU beds by province. This was essential in ensuring continued delivery of services during the pandemic, as well as the maintenance of triage capacity and the implementation of IPC measures.

In **Costa Rica**, PAHO worked with prioritized municipalities and national authorities to ensure that the country's COVID-19 response was targeting communities in situations of vulnerability.

PAHO has trained over 100 **Bolivian** local authorities, health workers, and journalists in the national COVID-19 strategy and key response areas.

With the government assessed how to reopen businesses and offices, PAHO worked alongside national authorities in **Jamaica** to develop guidelines aimed at keeping businesses and offices safe for returning workers.



Figure 2: PAHO delivers life-saving PPE to La Libertad and Amazonas in Peru. Source: PAHO, 28 May 2020



Risk Communication and Community Engagement

Regional

PAHO continued to disseminate key COVID-19-related information and knowledge across multiple media platforms. PAHO's Director, Doctor Carissa Etienne, **called on governments** to ensure that the fight against COVID-19 include chronic disease care.

New infographics, animated videos, and social media cards are available on the **vaccination against influenza in times of COVID-19, the correct use of medical masks, and COVID-19-related materials on Tobacco Day**.

PAHO held two Facebook Live events to allow the public to "Ask the expert" on various COVID-19 topics.

Country

In **Ecuador**, PAHO convened journalists and communicators working with Afro-descendent populations, indigenous groups, and the Montubio population, to disseminate key messages and facilitate the exchange

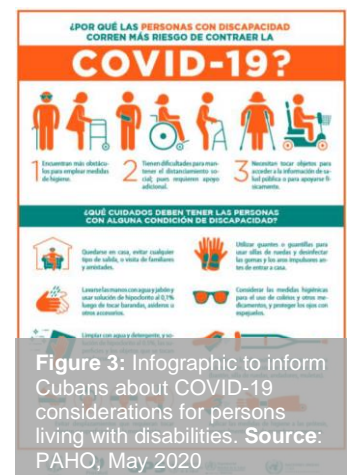


Figure 3: Infographic to inform Cubans about COVID-19 considerations for persons living with disabilities. Source: PAHO, May 2020

of risk communication strategies. It also holds weekly engagement meetings with community leaders and youth representatives from these same populations to ensure that lifesaving information reaches all segments of Ecuador's population.

The **Belize** team has developed key messaging for dissemination through a radio campaign, in support of the national risk communication and community engagement strategy.

In **Barbados**, PAHO, the Minister of Education, and youth leaders worked to conduct a dialogue with young persons to help them adjust to the new normal.

The **Haiti** team trained 106 healthcare facilitators from the departments of Grand-Anse and Sud in case investigation, monitoring, contact tracing, and triage. It also delivered trainings to 89 district health officials on case management, IPC, and the appropriate use of PPE, as well as pre-hospital triage. Missions were conducted to various health institutions to provide recommendations and examine progress to strengthen health care capacities.

In **Suriname**, PAHO translated the Inter-Agency Standing Committee children's book, "My Hero is You," into Dutch for sharing with Suriname's children.

In **Bolivia**, PAHO provided technical support to national authorities and developed communication materials and strategies to deliver COVID-19 risk communication messages to indigenous and Afro-Bolivian populations.

In collaboration with UN Women, ILO, UNHCR, and UNFPA, PAHO disseminated another campaign video in **Argentina** (#CuidarEsTrabajo) aimed at giving visibility to the tasks of caring for women and transgender people in the context of the pandemic. It also launched a TV spot on basic prevention measures for COVID-19, prepared in conjunction with the United Nations Information Center in Argentina.



Figure 4: PAHO translated the IASC children's book, "My Hero is You," into Dutch. May 2020

COVID-19 Courses Available on PAHO's Virtual Campus for Public Health (SPA-POR)

Emerging respiratory viruses, including COVID-19: detection methods, prevention, response, and control (SPA, POR)

COVID-19 operational planning guidelines: for UNCT systems and other partners (SPA)

Infection prevention and control (IPC) caused by COVID-19 (SPA, POR)

ePROTECT Respiratory Infections: Health and occupational health (SPA)

Course on the clinical management of Severe Acute Respiratory Infections (SARI) (SPA)

Severe Acute Respiratory Infection (SARI) Treatment Facility Design (POR)



Surveillance, Rapid Response Teams, and Case Investigation

Regional

PAHO maintains its **hub** for COVID-19 data from the Americas. It includes a dashboard and epidemiological data updated daily. This data also promotes international coordination and awareness of the situation in our Region. The public can also consult **PAHO's interactive map** showing cumulative cases reported by countries and territories.

In addition, PAHO works continuously with countries to boost surveillance systems while it conducts **Event-based Surveillance (EBS)** to complement countries' **Indicator-based Surveillance (IBS)**. Efforts are

underway 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**. PAHO also publishes weekly reports with influenza and other respiratory viruses, as well as SARS-CoV-2 surveillance indicators.

Go.Data, WHO's contact tracing tool, is helping countries' health authorities follow up on cases and possible contacts. PAHO has trained countries in the Americas to use this tool and has facilitated the use of its servers for interested countries. To date, **twenty countries and territories** utilize this tool with the recent addition of **Belize**.

PAHO supported two countries (**Colombia** and **Guyana**) to analyze and visualize the virus' effective reproductive rate (using EpiEstim) and to project how the virus will spread in each country considering implemented public health measures and its health system (using CovidSIM).



Figure 5: Panama has adapted risk communication materials to its indigenous languages, Guna y Ngäbe. Source: PAHO, May 2020

Country

The **Bahamas** team supported the country with outbreak data management using the WHO Go.Data tool.

In **Ecuador**, the team of 13 data officers helped keep the country's province databases updated, in addition to supporting the country's decentralized laboratory network.

The **Honduras** team deployed a team to the western part of the country to provide epidemiological surveillance support to rapid response teams.

The **Haiti** team trained national teams in case investigation while the **Jamaica** team trained health workers in the WHO Surveillance Protocol for SARS-CoV-2 infection.

Points of Entry

Country

The **Belize** team worked with national authorities to develop technical guidance for repatriating nationals and ensuring appropriate quarantine measures are in place.

The border areas between Brazil, Colombia, and Peru require close coordination to detect cases. The **Peru** team developed a platform for managing information sharing along the Leticia-Tabatinga-Santa Rosa border areas between the three countries.

PAHO's **Haiti** office worked with the Ministry of Health, IOM, UNFPA, and UNICEF to strengthen surveillance at the border with the **Dominican Republic**.



Figure 6: PAHO works with Haiti's government and UN partners to monitor border screening for COVID-19 cases. Source: PAHO, May 2020

In **Mexico**, PAHO shared recommendations with the country as it considers reopening its tourism sector.



National Laboratory

Regional

PAHO provided virtual technical cooperation in molecular diagnosis to **Antigua and Barbuda**. Troubleshooting support was provided to **Bermuda, Dominica, Grenada, Guatemala, Honduras, Jamaica, Saint Lucia, and Trinidad and Tobago**.

PAHO supported **Bermuda, Guatemala, Peru, and Saint Vincent and the Grenadines** with primers, probes, and kits to conduct 305,000 PCR tests for the molecular detection of SARS-CoV-2. Additional materials (including enzymes, internal control primers, PCR tubes, and extraction kits) were sent to **Barbados, Guatemala, Guyana, and Peru**. To date, PAHO has sent materials for over 3.483 million COVID-19 tests, as well as 21,500 swabs, 85 enzymes, and 120 extraction kits (among other material).

Saint Kitts and Nevis received support to design a laboratory area for molecular testing and to identify required equipment and supplies.

PAHO participated in an MOH/**Guatemala**-convened health cluster meeting on the COVID-19 pandemic and cases. During the training, PAHO presented on its laboratory response, recommended assays, and discussed laboratory diagnosis for COVID-19, interpretation of tests, and current challenges.

PAHO facilitated the exchange of experiences in COVID-19 molecular diagnostics between the governments of **Bolivia, Ecuador, and Peru**.

Country

PAHO donated 4,000 nasopharyngeal swabs to the Ministry of Health of **Bahamas**, 700 swabs to the Central Laboratory of **Suriname**, and 100 viral transport medium and swabs to **Barbados**.

In **El Salvador**, PAHO delivered 450,000 RT-PCR tests, laboratory supplies for processing samples, and PPE to the national authorities.

PAHO donated enough extraction kits to **Venezuela** to allow the country to conduct close to 3,500 additional tests.



Figure 7: Health facilities are assessed in Haiti. Source: PAHO, May 2020



Infection Prevention and Control (IPC)

Regional

PAHO delivered virtual training on essential aspects of IPC to **Saint Lucia and Saint Vincent and the Grenadines**.

Over 575 participants from across the Americas received virtual training on IPC practices in **non-traditional settings**.

Country

PAHO worked with **Chile's** health and food safety officials to develop protocols for ensuring the safety of persons visiting open markets.

In **Peru**, PAHO delivered gloves, aprons, and surgical masks to the regions of La Libertad and Amazonas and 17,500 surgical masks to the Ministry of Health in **Barbados**.

PAHO's **Mexico** team worked with national authorities to formulate and implement IPC measures in psychiatric hospitals.



Case Management

Country

PAHO's country teams ensure that Ministries of Health have up-to-date guidance on PAHO/WHO recommendations on caring for infected persons considering the existing evidence base.

In **Haiti**, PAHO provided training to medical staff on oxygen therapy and respiratory rehabilitation.



Maintaining Essential Health Services during the Pandemic

Country

The **Ecuador** team worked with the Ministry of Health to assess the impact of COVID-19 on the malaria, tuberculosis, and HIV/AIDS programs, with a focus on ensuring the continued availability of drugs and supplies while reinforcing surveillance of arboviral diseases along coastal parts of the country.

In **Suriname**, PAHO worked with national authorities to assess how to maintain essential health services affected by the pandemic, such as mental health services, immunizations, and treatment for persons with NCDs. The team assessed the effect of COVID-19 on maternal newborn care provision and developed health information materials on pregnant and recently pregnant women/breastfeeding. This entailed planning mitigation interventions and developing national guidelines for obstetric care providers.

In **Jamaica**, PAHO partnered with UNAIDS to train members of eleven civil society organizations working in HIV/AIDS on the use of PPE and IPC.



Figure 8: PAHO donated PPE and testing supplies to Barbados' Ministry of Health. Source: PAHO, 29 May 2020



Research, Innovation, and Development

PAHO is continuing to review new evidence and information to build an evidence base to combat this virus. The public has access to PAHO's **COVID-19 Technical Database**, to further support countries and territories of the Americas and international partners with evidence-based information on science and technologies.

This is the result of partnerships with WHO, Cochrane, McMaster University, Epistemonikos, and other partners.

With WHO, PAHO coordinates to support countries from the Americas to participate in the **SOLIDARITY trial**, which aims to assess the efficacy of possible therapeutics for COVID-19. It is collaborating with WHO on developing a serioepidemiologic study, **SOLIDARITY II**, to study the prevalence of the virus.

PAHO/WHO's COVID-19 response was made possible in part due to generous contributions from the governments of Azerbaijan, Canada, China, Germany, Japan, the United Kingdom of Great Britain and Northern Ireland, the United States of America, and the United Nations Central Emergency Response Fund, and to the invaluable collaboration from our partners within the Americas and beyond.

Country Spotlight: COLOMBIA

Inter-sectoral coordination between PAHO and its partners continue to support preparedness and response operations at community level. This week we highlight two initiatives in Colombia aimed at addressing the needs of the population during the COVID-19 pandemic:

At-home medicines for people with communicable diseases in Bogotá.

As the COVID-19 pandemic unfolds, PAHO and its partners, UNDP, UNFPA, and Profamilia, have joined forces to ensure that the most vulnerable persons in Bogota are still being cared for. One initiative to address the needs of the most vulnerable is coordinated between PAHO and its partners, and the company



Domicilios.com. In this alliance, the delivery program for humanitarian aid is carried out by Domicilios.com and will now include medicines to treat communicable diseases in Bogota. This initiative is expected to have spill-over benefits in reducing the risk of new COVID-19 infections by ensuring vulnerable persons do not need to leave their homes to access treatments. Further, the initiative will pave the way to explore new channels for the access and distribution of medicines.

Preventing the spread of COVID-19, a priority in Peace Building

To respond to the pandemic in those communities hardest hit by internal violence in the country, PAHO and its partners, IOM, UNFPA and the Ministry of Health and Social Protection continue to implement the “Health for Peace” project with a new lens: the COVID-19 context. The project is implemented in 171 municipalities prioritized in the peacebuilding process. It is strengthening local capacities and improving access to comprehensive Primary Health Care services with an emphasis on sexual and reproductive health, mental health, prevention the consumption of psychoactive substances, and child health and nutrition. As COVID-19 unfolds, PAHO and its partners are developing prevention and protection measures (including the provision of PPEs, reinforcing of surveillance capacities and health care delivery) to maintain essential health services in these areas.



Figure 9: A boy poses in front of street art calling for peace. Source: PAHO, 2019

 GAPS	 CHALLENGE
<ul style="list-style-type: none"> • Surveillance systems: More capacity-building and equipment for analysis. • Information systems: Data management systems are essential for case monitoring and contact tracing while protecting confidentiality. • Strategic planning and response: Countries need enough resources to implement national COVID-19 Preparedness and Response Plan and Risk Communication Plans. • Laboratory test kits and equipment: National laboratories need more extraction kits and other supplies to keep testing. • IPC supplies: PPEs and supplies (including for WASH) are urgently needed for isolation and quarantine wards. Healthcare workers are hesitant to work without PPE. • Health facility evaluations: Countries must undertake additional assessments to guide measures for infection prevention and control (including WASH). • Services for populations in situations of vulnerability: Populations in remote parts of the countries face barriers to access specialized health services to treat COVID-19. • Risk communications: Key messages must be tailored to each country's context to resonate with intended audiences. • Subnational-level health workers: A surge in medical personnel is needed to ensure countries can serve their whole populations and obtain more epidemiological data as it becomes available. • Intensive care units: More ICUs will be needed to manage anticipated severe cases. • Migrant access to health services: Countries are assessing how to serve these populations and better manage outbreaks, particularly for those living in informal settings. • Private sector coordination: This is essential to ensure national protocols are followed. • Maintain essential health services: Programs for vaccination and other routine health services are affected by strained health systems. 	<ul style="list-style-type: none"> • Border closures: This has 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. • Competitive marketplace: Countries and organizations are competing for limited supplies of PPE and other supplies due to global shortages. • Managing infections in healthcare settings: 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. Infected healthcare workers can lead to strain on health systems. • Test availability: Epidemiological monitoring requires more testing. Counterfeit tests are creating risks in resources lost. • Health workforce limitations: Insufficient human resources hamper countries' efforts to conduct contact tracing and manage patients in quarantine. • Risk Communication: The risk perception is still low in some countries/territories and health workers risk aggression and violence in some settings. • Telephone referral systems: Some countries are reporting overwhelming call volumes. • Logistics systems: Many countries are still unprepared to manage the distribution of supplies and equipment. • Continuity in other health services: The pandemic has diverted resources from other critical services for programs such as HIV, TB, and noncommunicable diseases (NCDs). • Stigma: Countries must take steps to reduce stigma towards persons returning from abroad and others. • Adherence to lockdown: Fatigue is growing in the population, possibly leading to more cases.