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.

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 8 June (15:00)

3,366,251 Confirmed cases*
183,950 Deaths*
54 Countries / areas / territories counted for epidemiological purposes

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
PAHO/WHO Response (2 to 8 June 2020)
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.

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. The Organization’s work to date falls under the following nine pillars from the global Strategic Preparedness and Response Plan for COVID-19:

### Regional

**Given the region’s multi-ethnic and multicultural heritage, PAHO has targeted its intervention to Afro-descendants, indigenous populations, and other ethnic groups to eliminate inequalities they face in accessing health care. This included the issuance of recommendations for these groups to reduce exposure to COVID-19, as well as for community leaders, health workers, and governments who provide health services to them.**

Furthermore, PAHO has considered the ongoing gender-based inequalities which affect women and girls in the region. As such PAHO has released considerations for health authorities to consider how to integrate gender equality into their response to the COVID-19 pandemic and future emergencies and disasters.

PAHO conducted a webinar on “Health Services and the Role of the Local Authorities in the context of COVID-19”, in collaboration with the Latin American Federation of Cities, Municipalities and Municipal Associations (FMACMA). This training reached 115 participants from across the Region.

### Country

The Costa Rica, El Salvador, Panama, Peru, and Mexico teams worked within national emergency operations centers and with other UN agencies, multilateral partners, and foreign missions to help...
coordinate health sector efforts to combat COVID-19. This multi-sectoral coordination has been instrumental in addressing issues that are not managed entirely by the health sector, such as health in prison populations, indigenous populations, and certain populations in vulnerable situations.

In Peru, PAHO worked with the Ministry of Health to donate two oxygen concentrators for use in intensive care units which were set up to support the country’s indigenous populations. This support was complemented with donations of personal protection equipment (PPE) for the surveillance personnel in the La Libertad department.

The Mexico team supported the national authorities by providing guidance on technical specifications for ventilators and other essential equipment for COVID-19.

The Costa Rica and Panama teams prioritized working with migrants to ensure that they have access to care and diagnostics.

With a large population of Venezuelan migrants in Brazil, PAHO targeted this population in the municipality of Boa Vista (state of Roraima) by promoting mental health in the contexts of COVID-19 and immigration. They also disseminated risk communications materials tailored to the elderly, healthcare professionals, and other sectors. In addition, the team trained Venezuelan and Brazilian community leaders involved in supporting COVID-19 prevention measures.

In Haiti, PAHO trained 135 Ministry of Health personnel in various aspects critical to the early detection and subsequent case management of COVID-19 cases. Between 25 and 29 May, 13 health institutions in the Ouest Department were visited to evaluate the set-up for early detection and isolation of COVID-19 cases. All institutions received technical recommendations regarding IPC and case management. In collaboration with the Ministry of Health and other UN agencies, PAHO continued to train health professionals at the community level.
Regional
PAHO disseminated key COVID-19-related information and knowledge across multiple media platforms. The Director of PAHO, Doctor Carissa Etienne, urged the Region and its Member States to maintain social distancing measures, improve surveillance, and strengthen health systems as the three keys to controlling the COVID-19 pandemic in the Americas.

New infographics were published on symptoms of COVID-19 compared to other diseases and conditions, as well as how to wear a mask safely.

Country
The Peru and Suriname teams held media briefings alongside Ministry of Health counterparts to disseminate key messages to the population.

The Peru team worked with Ministry of Health counterparts to provide risk communication training to 30 journalists from the Pasco region.

| 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) |

In Costa Rica, PAHO conducted seminars to sensitize stakeholders on the rights of migrant children in the context of COVID-19 and in other key aspects of the COVID-19 response. Furthermore, PAHO continued its work with the IOM and national authorities to identify information sources that would enable the country to monitor the spread and impact of COVID-19 in the country.

The Panama team developed, adapted, and disseminated COVID-19-related communications materials (triptychs, videos, etc.) targeted towards the Guna-Yala and Ngäbe-Buglé indigenous populations.

The Mexico team disseminated health promotion materials related to COVID-19 via radio and television, with a focus on formulating key messages towards the population of the state of Chiapas.

In Suriname, PAHO has adapted information on stress management among health workers into Dutch for dissemination in the country. Additionally, the team disseminated educational and communication materials by printing posters, renting billboards, and launching messages via social media and the radio. Prioritization was made for indigenous populations, persons living in long-term care institutions, and other persons living in situations of vulnerability.
Regional
PAHO maintains its hub for COVID-19 data from the Americas. It includes a dashboard and epidemiological data updated daily. It has supported Argentina, Belize, Chile, Guyana, Nicaragua, Suriname, and Venezuela to establish their own GIS hubs to facilitate the monitoring of COVID-19 cases in these countries. 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.

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. To date, 20 countries have integrated COVID-19 surveillance into their SARI/ILI 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, nineteen countries and territories are taking advantage of this tool after the Bahamas and Haiti adopted it during the past week.

Analyzing collected data is essential to monitoring the spread of the virus. PAHO delivered a webinar on COVID-19 surveillance and data analysis to Caribbean countries and territories.

Country
In Brazil, PAHO deployed a field team to the state of Roraima to support health authorities in surveillance and contact tracing.

In Suriname, PAHO worked with the country to project how the virus could spread considering current trends using the CovidSIM and EpiEstim tools. The country also received support to use Go.Data for contact tracing in the field.

In Honduras, PAHO deployed experts to support the government’s rapid response team in the western part of the country to strengthen epidemiological surveillance and establish a situation room to boost analytical capacities.

In Peru, PAHO provided the national government with projections on how the pandemic might unfold in the future based on trends to date.

The Haiti team partnered with the Ministry of Health and UN agencies (including the IOM, UNDP, and UNFPA) to improve department-level surveillance. It has emphasized surveillance along the border area with the Dominican Republic, where it is helping the government to screen migrants. This is complemented with health promotion and trainings for community health workers involved in investigating suspected cases and contact tracing.
In the Bahamas, PAHO supported the Ministry of Health to improve the management of COVID-19 data needed to track the spread of the virus.

**Regional**

PAHO provided virtual technical cooperation and troubleshooting support in molecular diagnosis to Barbados, Bermuda, Chile, Colombia, Dominica, Grenada, Mexico, Saint Lucia, and Trinidad and Tobago. PAHO has finalized training Antigua and Barbuda to conduct molecular diagnosis for COVID-19. Saint Kitts and Nevis received support on the design and appropriate layout of a laboratory area for molecular testing, and Saint Vincent and the Grenadines received training to use its new PCR machine.

PAHO supported Bolivia and Guatemala with primers and probes to conduct 515,000 PCR tests for the molecular detection of SARS-CoV-2. It also sent 1,500 swabs and other materials to Barbados and Suriname. To date, PAHO has sent materials for over 3.99 million COVID-19 tests, as well as 22,500 swabs, 85 enzymes and 130 extraction kits (among other material).

PAHO delivered a webinar on its laboratory response, recommended assays, and other laboratory aspects to the Ministry of Health of Mexico during their expert panel meeting.

**Country**

In Haiti, PAHO trained personnel from the country’s national laboratory (LNSP, as per its French acronym) on molecular detection of COVID-19.

The Suriname team donated primers, probes, and RNA extraction kits, allowing the country the conduct up to 3,000 tests and 500 extractions.

**Regional**

PAHO delivered a training session on the safe use of PPE to 90 participants during a webinar with the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA).

In Haiti, PAHO trained 17 health professionals from private hospitals in the management of suspected COVID-19 cases. This included training on the appropriate use of PPE, as well as oxygen therapy.

PAHO convened a webinar for health professionals in Costa Rica and Mexico. The session provided training in aspects essential to preventing infection among persons working in the proximity of COVID-19 cases, with a focus on the safe use of PPE.

In anticipation of Tropical Storm Amanda making landfall, the PAHO team in El Salvador worked with national counterparts to establish protocols for shelters to reduce the risk of COVID-19 infection. It also monitored the health of sheltered persons.

In Suriname, PAHO donated PPE to the Ministry of Health.
Regional
PAHO trained 385 health personnel in technical and regulatory aspects related to the **prolonged use, reuse, and reprocessing of respirators** considering the current context in which there is a shortage of essential COVID-19 supplies and equipment. This was complemented with a webinar delivered to 140 health professionals on national coordination strategies for **manufacturing ventilators** in the COVID-19 context.

PAHO convened a workshop on installation of oxygen supplies in emergency medical teams (EMTs) operating in alternative medical care sites (AMCS). **Costa Rica** received guidance on implementing AMCS into correction facilities.

PAHO has produced 52 health technology assessment (HTAs) reports on COVID-19 related products. These are available at the Regional Database of HTA Reports (**BRISA**, accessible [here](#)).

Country
In **Mexico**, PAHO trained Ministry of Health personnel in essential aspects of clinical management. PAHO also delivered webinars on drug safety and patient safety in relation to COVID-19, the latter reaching 157 participants from across the Region. The **Mexico** team also trained health workers in case management, use of PPE, and managing patients with risk factors.

The **Suriname** team provided the government with guidance in implementing AMCS, as well as for other measures that could improve screening, sampling, and contact tracing.

Regional and Country
PAHO continued to conduct technical assessments of different personal protective equipment (PPE) products as countries and multilateral agencies consider products for procurement and distribution across the Americas.

Country
In **Jamaica**, PAHO worked with the national health authorities on prioritizing essential health services despite the strain caused by the spread of COVID-19. This included a focus on strengthening the first level of care and boosting information systems.

The PAHO team in **Barbados** disseminated messages to promote food safety in the context of COVID-19.

In **Suriname**, PAHO developed materials aimed to support the country in its efforts to eliminate malaria despite the ongoing COVID-19 pandemic.
PAHO continued 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.

PAHO also continued to maintain an updated document on potential COVID-19 therapeutics, the product of a series of rapid systematic reviews. Considering the breadth of knowledge and evidence related to COVID-19, PAHO produced an interactive infographic to help external partners navigate PAHO and WHO’s technical material and compilations of evidence from the Americas and around the globe.

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 seroepidemiologic study, SOLIDARITY II, to study the prevalence of the virus.

The team in Brazil published online repository of scientific material, instructions and guidance documents in order to provide reliable information on COVID-19 to health professionals.

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.
PAHO has been supporting the Ministry of Health in Colombia to maintain essential services during the COVID-19 pandemic. This week we highlight one such initiative:

**Saving Lives at home: Vaccination continues during the pandemic:**
It was the last week of April, and very early, in the cold mountains in the south of Bogota, a group of vaccinators enlist to “save lives at home”. It was Vaccination Week 2020. This annual activity is not new; but this year it was very different in light of the COVID-19 pandemic. According to Claudia Acosta, Coordinator of the Expanded Program on Immunizations “In the midst of a pandemic, vaccination must continue. As history has shown, if large gaps in immunization coverage are allowed, vaccine-preventable diseases such as polio and measles, can resurface”.

Thanks to PAHO’s guide “Immunizations in the context of the COVID-19 Pandemic” and guidance from the Ministry of Health and Social Protection, the vaccinators, protected by full PPE adhered to a two-fold strategy: vaccination in health centres by appointment, and vaccination at home for priority population. This ensured that there was no crowding at the health facilities.

At one priority health center, the vaccinators attended to Venezuelan migrants who were starting or completing the vaccination schedules of their children, as well as health care workers who had not yet been vaccinated for influenza or pneumococcus, diseases which may be more difficult to diagnose in the context of COVID-19.

At the end of the day, with the satisfaction of having saved lives through vaccination, following hygiene protocols and the proper use of personal protective equipment, and without allowing the COVID-19 pandemic to interfere with their efforts, the vaccinators from Ciudad Bolívar end yet another battle against vaccine-preventable diseases.
Cooperation, Planning, and Monitoring

Key Considerations for Integrating Gender Equality into Health Emergency and Disaster Response: COVID-19, 4 June 2020
Published: 4 June 2020

Key considerations to integrate gender equality into health emergency and disaster response, particularly in the COVID-19 context. Due to existing gender-based inequalities, vulnerabilities, unequal access to information and early warnings, and varying national capacities and experiences, it is necessary to address different needs in the response to COVID-19 and other health emergencies. The response should integrate a gender-responsive approach, while considering factors that affect the disease’s impact on individuals, groups, and populations, including gender-diverse groups.

Considerations on Indigenous Peoples, Afro-Descendants, and Other Ethnic Groups During the COVID-19 Pandemic
Published: 4 June 2020

The Americas is characterized by its rich multi-ethnic and multicultural heritage. Nonetheless, indigenous peoples, Afro-descendants, and other ethnic groups are often subject to discrimination and exclusion, resulting in health inequities. These include their access to services and the quality of services. COVID-19 may have a greater impact on certain populations, such as indigenous peoples and Afro-descendants. This document includes recommendations for these groups, as well as community leaders, health workers, and governments.

Surveillance, Rapid Response Teams, and Case Investigation

International guidelines for certification and classification (coding) of COVID-19 as cause of death
Published: 20 April 2020

This WHO document describes certification and classification (coding) of deaths related to COVID-19. This document’s primary goal is to identify all deaths due to COVID-19. A simplified section specifically addresses the persons that fill in the medical certificate of cause of death.

Considerations for the implementation and management of contact tracing for Coronavirus Disease 2019 (COVID-19) in the Region of the Americas
Published: 5 June 2020

Complements the interim WHO guidance on contact tracing in the context of COVID-19. Provides guidance and operational recommendations for implementing contact tracing for COVID-19 in the Americas. Incorporates current WHO recommendations, considering recommendations from other international agencies and public health institutions. It will be updated as knowledge evolves.
This modeling exercise aims to understand the epicurve's behavior for COVID-19 cases in countries, identify whether implemented public health and social measures (PHSM) are having an effect on lowering the effective reproductive number ($R_t$), and identify the effect on the epicurve and the $R_t$ of lifting the PHSM at any given date. This modeling needs to be updated periodically and interpretation of the results and implications closely discussed with national authorities. This two-step methodology is intended to be completed with the following two tools:

**COVID-19 Modeling Exercise: A how to calculate RT Guide with EpiEstim**
Published: 3 June 2020

**COVID-19 MODELING EXERCISE: A “HOW TO” GUIDE for CovidSIM**
Published: 3 June 2020

This report presents a snapshot of the impact that the COVID-19 pandemic is having on noncommunicable diseases (NCD) services in the Region of the Americas. It represents the views and perspectives of the national health authorities responsible for overseeing the governmental NCD programs during a period of 4 weeks in May 2020, at a moment when the Region of the Americas was considered the epicenter of the pandemic.
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<th><strong>GAPS</strong></th>
<th><strong>CHALLENGES</strong></th>
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<td><strong>Surveillance systems</strong>: More capacity-building and equipment for analysis.</td>
<td><strong>Border closures</strong>: This has seriously hampered the deployment of experts, shipment of samples for testing, and procurement of 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>Information systems</strong>: Data management systems are essential for case monitoring and contact tracing while protecting confidentiality.</td>
<td><strong>Competitive marketplace</strong>: Countries and organizations are competing for limited supplies due to global shortages of PPE and other items.</td>
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<td><strong>Strategic planning and response</strong>: Countries need enough resources to implement national COVID-19 Preparedness and Response Plan and Risk Communication Plans.</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>Laboratory test kits and equipment</strong>: National laboratories need more extraction kits and other supplies to keep testing.</td>
<td><strong>Infected healthcare workers</strong>: Infected health workers who are sick or quarantined will strain health systems.</td>
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<td><strong>IPC supplies</strong>: PPEs and supplies (including for WASH) are urgently needed for isolation and quarantine wards. Healthcare workers are hesitant to work without PPE.</td>
<td><strong>Test availability</strong>: Epidemiological monitoring requires more testing. Counterfeit tests are creating risks in resources lost and incorrect analyses.</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).</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>Resources for and access to populations in situations of vulnerability</strong>: PPE and other supplies are needed in these communities. Logistical challenges must be overcome to deliver these critical goods.</td>
<td><strong>Risk Communication</strong>: The risk perception is still low in some countries/territories.</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>Telephone referral systems</strong>: Some countries are reporting overwhelming call volumes.</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>Logistics systems</strong>: Many countries are still unprepared to manage the distribution of supplies and equipment.</td>
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<td><strong>Intensive care units</strong>: More ICUs will be needed to manage anticipated severe cases.</td>
<td><strong>Continuity in other health services</strong>: The pandemic has diverted resources from other critical services for programs such as HIV, TB, and noncommunicable diseases (NCDs).</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>Stigma</strong>: Countries must take steps to reduce stigma towards persons returning from abroad and others associated with higher likelihood of infection.</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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