
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 15 June (15:00)

3,841,609 Confirmed cases*
203,574 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**
- 85: Technical guidelines and recommendations developed or adapted from WHO
- 4.4M: COVID-19 Tests using molecular detection sent to 36 countries and territories
- >93: Virtual / in-person regional and country trainings on testing, tracking, care, and more

**PAHO has sent 54 PPE shipments to 26 countries and territories**
- 707k Gloves
- 204k Gowns
- 497k Surgical & N95 Masks
- 16k Goggles

**Regional Readiness**
- 32/35: Countries with national COVID-19 Preparation and Response Plans
- 37/51: Countries and territories with molecular detection capacity to diagnose COVID-19
- 20/35: Countries using existing SAR/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 (9 to 15 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. The Organization’s work to date falls under the following nine pillars from the global Strategic Preparedness and Response Plan for COVID-19:

**Country-level Coordination, Planning, and Monitoring**

**Regional**
PAHO continued to collaborate 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.

**Country**
PAHO Jamaica maintained the technical lead for health for the COVID-19 response within the UN Country Team and the Government of Jamaica (GoJ) system. The team heightened its collaboration with the Ministry of Health and Wellness (MOHW) to advance timely implementation COVID-19 response activities.

In Mexico, PAHO conducted dialogue with the Mexican Association of Pharmaceutical Research Industries, resulting in new lines of cooperation with the Ministries of Health and Environment of Mexico City regarding masks.

The sub-regional team for Barbados and the Eastern Caribbean Countries (ECC) conducted a webinar on “Health Emergency and Disaster Risk Management,” which provided a forum for discussion on the adaptation of existing preparedness response plans, including measures for COVID-19.

The team in Belize collaborated with the Global Fund to develop the COVID-19 Response Mechanism proposal.

In Costa Rica, the team provided technical advice to the Ministry of Justice and Peace, for the implementation of Alternative Medical Care Sites (AMCS) in correctional facilities.

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Source: PAHO, June 2020
Regional

PAHO continued to disseminate key COVID-19 messages across multiple platforms, and to respond to media enquiries. During the week, the Director held a media briefing to discuss the upcoming influenza and hurricane seasons in the Region and the potential impact on the COVID-19 response.

PAHO also released new videos, infographics and social media cards regarding the use of masks, COVID-19 and influenza, and how to save water while washing your hands.

The regional team continued to host the weekly Facebook Live “Ask the Expert” session. This week the topic of discussion was on indigenous populations.

Country

In Cuba, PAHO provided technical support on communications products addressing tobacco use during the pandemic.

PAHO Panama collaborated with other UN agencies to analyze the situation of mental health in the migrant population affected by COVID-19.

The team in Trinidad and Tobago conducted a webinar, “COVID-19 and the School Environment,” with 524 participants from Trinidad and Tobago and the Overseas Territories of the Netherlands.

Surveillance, Rapid Response Teams, and Case Investigation

Regional

PAHO maintains its hub for COVID-19 data from the Americas. Now launched in the COVID-19 institutional webpage, the hub includes a dashboard and epidemiological data updated daily. The Organization 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. The public can also consult PAHO’s interactive map which shows cumulative cases reported by countries and territories. This data also promotes international coordination and public awareness of the situation in the Region.
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 detailing trends in influenza and other respiratory viruses, as well as SARS-CoV-2 surveillance indicators (*available here*).

**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. During the week, PAHO provided an official Spanish translation of the Go.Data user manual.

Further, PAHO continued to manage data of the line list of nominal cases reported by Member States.

**Country**

The team in **Haiti** conducted support missions in the Departments of Nippes and Sud-Est to complete surveillance plans. Further, to increase surveillance at the border between Haiti and Dominican Republic, the Haiti team worked with the Ministry of Health, **IOM**, **UNFPA** and **UNICEF**. This effort has helped to raise awareness amongst migrants on COVID-19 prevention measures, as well as ensure proper screening at the main ports of entry.

In **Dominican Republic**, PAHO developed simulations and prediction models in relation to COVID-19 cases and deaths. Further support continued to strengthen surveillance systems and on a national seroprevalence study.

The **Jamaica** team disseminated the Go.Data implementation/deployment guide with the Ministry of Health, as well as with the national authorities in Bermuda and the Cayman Islands.

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**Points of Entry**

**Country**

The teams in **Haiti** and **Dominican Republic** coordinated meetings with their respective Ministries of Health to evaluate joint actions to be implemented on both sides of the island at border crossings.

PAHO **Jamaica** collaborated with the Ministry of Health and Wellness to ensure appropriate establishment of screening at the international airports, including sampling stations based on approved protocols for the opening of borders.

*Figure 3: PAHO Dominican Republic with Ministry of Health and the 2 Vice Ministers during a virtual meeting with counterparts of Haiti*

*Source: PAHO, June 2020*
Regional
PAHO is implementing its SARS-CoV-2 sequencing project to generate more sequenced data and in a timely manner. During the week, PAHO convened meetings with FIOCRUZ and ISP in Brazil and Chile respectively, to begin preliminary analysis of SARS-CoV-2 genomic data.

The regional team successfully completed molecular diagnostic training in Saint Vincent and the Grenadines. This milestone marked the first time that the country is using open platform molecular techniques for diagnostics/surveillance. In addition, PAHO conducted influenza and SARS-CoV-2 surveillance training for Guyana’s laboratory technicians.

PAHO also provided trouble-shooting support regarding diagnostic implementation to Antigua and Barbuda, Belize, Bermuda, Dominica, El Salvador, Guatemala, Honduras, Suriname, Peru, and Venezuela.

Since the beginning of PAHO’s response up to the date of this report, PAHO has provided primers, probes and/or PCR kits for approximately 4.4 million reactions/tests. During the week, PAHO provided Cuba, Paraguay, and Saint Kitts and Nevis with extraction kits and internal controls (primers and probes).

Country
In Dominican Republic, PAHO continued to strengthen laboratory capacity through the provision of reagent kits to the national authorities.

The team in Jamaica provided the MOHW with laboratory guidance and reference documents on testing with the E-gene only for the La Charité protocols and on interpretation of E-gene RT-PCR results.

Regional and Country
PAHO continued to support and promote the safety of health care workers in countries. During the week, the regional team conducted training of health care workers in Paraguay on IPC measures.

The team in Jamaica collaborated with UNAIDS and civil society organizations to finalize materials on cough etiquette and hand hygiene, tailored primarily to vulnerable populations.

Country
In Argentina, the team collaborated with the National Cancer Institute to review recommendations on the management of palliative care patients in the context of the pandemic.

PAHO Dominican Republic provided technical support to the Ministry of Public Health in the development of tools to strengthen the reporting of variables including hospitalizations, ICU occupancy, ventilator use, and number of patients discharged.
Further the team in **Dominican Republic** provided medical equipment to the National Health Service (SNS, in Spanish) to be distributed to 7 public network centres located in the provinces of Santo Domingo, Barahona and La Romana.

**Operational Support and Logistics**

**Regional**
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.

During the week, the UN Humanitarian Hub in Panama received and set up cold chain equipment. In addition, the PAHO logistics team in Panama received additional supplies which will be distributed shortly.

**Maintaining Essential Health Services during the Pandemic**

**Regional and Country**
PAHO continued to guide national authorities on appropriate measures to maintain health services during the pandemic. During the week, PAHO held 2 training sessions with **Guatemala** and **Paraguay** on the use of the forecasting tool for medicines, medical supplies and PPEs.

**Research, Innovation, and Development**

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 serioepidemiologic study, **SOLIDARITY II**, to study the prevalence of the virus.

The **Jamaica** team is a member of the Essential National Research Committee. PAHO provided support to formulate the country’s COVID-19 research agenda, including for early investigations.

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/WHO Suriname Supports the First Level of Care for COVID-19 response

Following some seven weeks without any newly confirmed COVID-19 cases in Suriname, the number of cases rapidly increased from 12 to 44 between 26 May to 1 June 2020. These new cases were detected mainly in villages in the interior and communities along the coastal area. To support the continued and effective response to the COVID-19 pandemic, on 2 June the PAHO held meetings with the Regional Health Service (RGD) and the Medical Mission (MZ) – the two entities responsible for the provision of health services at the first level of care in Suriname. The MZ, with 51 health facility locations in the interior, and the RGD, with 72 locations in the coastal area, together provide health services to a large part of the Surinamese population, and in many cases are the sole healthcare providers in rural and hinterland communities in Suriname. This is specifically important for tribal and maroon communities living in the interior as they would otherwise have no access to medical services due to their geographic location.

At the meeting, the PAHO technical team shared recommendations on how the first level of care could be strengthened through the use of innovative approaches to provide COVID-19 services such as triage, case detection and isolation, monitoring of patients at home, patient referral, and public education as well as maintaining other essential services such as immunizations, maternal health and care for persons with chronic conditions among others. Opportunities for collaboration were identified in the areas of surveillance, infection prevention and control measures, risk communication and community engagement activities. Personal Protective Equipment (PPE) including thermal scanners, gloves, goggles, medical masks and hand sanitizer among others were also donated to the RGD and the MZ.

Both the RGD and the MZ expressed appreciation for the supplies provided by PAHO/WHO and welcomed the continued technical assistance to strengthen the first level of care in Suriname.
NEW AND UPDATED
PAHO/WHO Technical Materials on COVID-19

**Retrofit Measures for COVID-19: Smart Hospital Project**
*Published*: 9 June 2020

This document is intended to describe simple natural and mechanical ventilation measures which can be implemented as an extension of the PAHO Smart Retrofits with the aim of reducing the risk of transmission of viruses like COVID-19.

**Technical and regulatory aspects of the extended use, reuse, and reprocessing of respirators during shortages (now available in English)**
*Published*: 20 May 2020

The document presents issues related to the extended use, reuse and reprocessing of N95 and equivalent respirators. Its audience is health facility managers, health authorities, and others involved in decision-making on the use and prioritization of PPE.

**Considerations for Regulatory Oversight of Clinical Trials in the COVID-19 Pandemic**
*Published*: 5 June 2020

This document provides national regulatory authorities (NRAs) with guidance for the regulation of clinical trials (CTs) in order to promote the investigation and use of safe and efficacious medicines and other health technologies that meet health needs during the COVID-19 pandemic.

**Enhancing COVID-19 mortality surveillance in Latin America and the Caribbean through all-cause mortality surveillance**
*Published*: 15 June 2020

The purpose of this document is to provide guidance to countries of the Region on improving COVID-19 mortality surveillance. The document expands on methods for analysis of all-cause mortality as one of the proposed approaches to contribute to the evaluation of the true burden of the COVID-19 epidemic in countries in the Latin America and the Caribbean.
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<th>GAPS</th>
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<td>• Surveillance systems: More capacity-building and equipment for analysis.</td>
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<td>• Information systems: Data management systems are essential for case monitoring and contact tracing while protecting confidentiality.</td>
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<td>• Strategic planning and response: Countries need enough resources to implement national COVID-19 Preparedness and Response Plan and Risk Communication Plans.</td>
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<td>• Laboratory test kits and equipment: National laboratories need more extraction kits and other supplies to keep testing.</td>
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<td>• IPC supplies: PPEs and supplies (including for WASH) are urgently needed for isolation and quarantine wards. Healthcare workers are hesitant to work without PPE.</td>
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<td>• Health facility evaluations: Countries must undertake additional assessments to guide measures for infection prevention and control (including WASH).</td>
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<td>• Resources for and access to populations in situations of vulnerability: PPE and other supplies are needed in these communities. Logistical challenges must be overcome to deliver these critical goods.</td>
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<td>• Risk communications: Key messages must be tailored to each country’s context to resonate with intended audiences.</td>
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<td>• 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.</td>
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<td>• Intensive care units: More ICUs will be needed to manage anticipated severe cases.</td>
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<td>• Migrant access to health services: Countries are assessing how to serve these populations and better manage outbreaks.</td>
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<td>• Private sector coordination: This is essential to ensure national protocols are followed.</td>
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<th>CHALLENGES</th>
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<td>• Border closures: 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>• Competitive marketplace: Countries and organizations are competing for limited supplies due to global shortages of PPE and other items.</td>
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<td>• 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.</td>
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<td>• Infected healthcare workers: Infected health workers who are sick or quarantined will strain health systems.</td>
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<td>• Test availability: Epidemiological monitoring requires more testing. Counterfeit tests are creating risks in resources lost and incorrect analyses.</td>
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<td>• Health workforce limitations: Insufficient human resources hamper countries’ efforts to conduct contact tracing and manage patients in quarantine.</td>
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<td>• Risk Communication: The risk perception is still low in some countries/territories.</td>
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<td>• Telephone referral systems: Some countries are reporting overwhelming call volumes.</td>
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<td>• Logistics systems: Many countries are still unprepared to manage the distribution of supplies and equipment.</td>
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<td>• Continuity in other health services: 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>• Stigma: 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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