

## PAHO/WHO Response. 6 July 2020. Report ° 15

### 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 6 July (15:00)

**5,915,551**

Confirmed cases\*

**266,736**

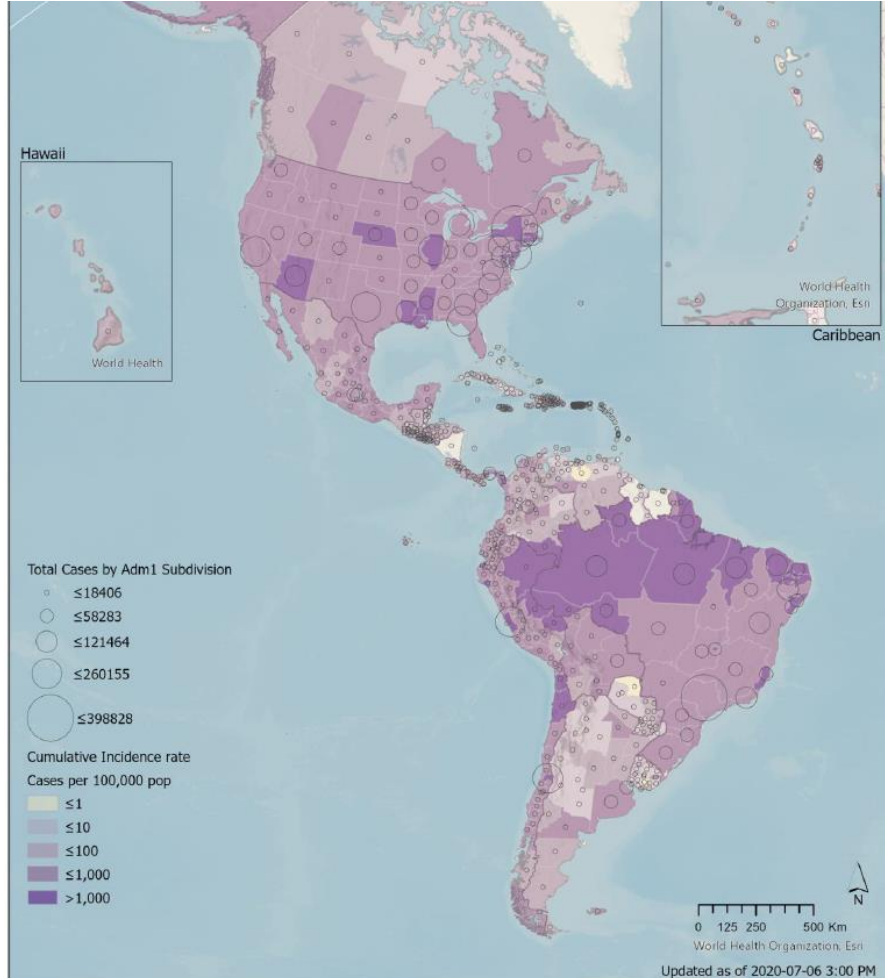
Deaths\*

**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)

Map 1. Reported number of cumulative COVID-19 cases in the Region of the Americas and corresponding incidence rate (per 100,000 persons) by country/territory. As of 6 July 2020.



### RESPONSE PILLARS

- Coordination, Planning, and Monitoring
- Risk Communication and Community Engagement
- Surveillance, Rapid Response Teams, and Case Investigation
- Points of Entry
- National Laboratories
- 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	<b>92</b> Technical guidelines and recommendations developed or adapted from WHO	<b>5.2M</b> COVID-19 PCR tests sent to 36 countries and territories	<b>&gt;99</b> Virtual / in-person regional and country trainings on testing, tracking, care, and more	PAHO has sent 54 PPE shipments to 26 countries and territories	
				<b>1.4M</b> Gloves	<b>418k</b> Gowns
				<b>1M</b> Surgical & N95 Masks	<b>43k</b> Goggles
Regional Readiness	<b>32/35</b> # Countries with national COVID-19 Preparation and Response Plans	<b>37/51</b> # Countries and territories with molecular detection capacity to diagnose COVID-19	<b>20/35</b> # countries using existing SARI/ILI surveillance systems to monitor COVID-19	<b>17/22</b> # Reporting countries where at least 50% of health facilities have triage capacity	<b>29/31</b> # Reporting countries with national IPC / WASH plans for health facilities

### PAHO/WHO Response (30 June to 6 July 2020)

On 17 January 2020, the Pan American Sanitary Bureau activated an organization-wide Incident Management Support Team (IMST) 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 nine pillars of 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. PAHO's regional IMST also provided support and strategic guidance to countries' IMSTs as they coordinate and monitor their national response activities.

#### Country

In **Panama**, PAHO worked with the Ministry of Health to ensure its COVID-19 situation room was prepared to continue to respond to the pandemic.

The team in **Mexico** continued to work with government agencies for foreign affairs, health, and public education, as well as with Doctors without Borders, UN agencies, and NGOs to identify strategies for protecting the health of migrants and refugees during the COVID-19 pandemic.

### 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)**



## Risk Communication and Community Engagement

### Regional

As the communication needs of the region evolve during the pandemic, PAHO continued to disseminate key COVID-19 messages across multiple platforms, and to respond to media enquiries. The Director of PAHO urged countries to **take a phased approach to relaxing public health measures based on local conditions while ensuring preparations are in place to impose preventive measures again if epidemiological situations change.**

PAHO produced videos, infographics and media cards in different languages covering topics such as **when and how to use masks; avoiding infections as certain settings reopen; domestic violence in the context of COVID-19; and saving water and hand washing.**

During the weekly “Ask the Expert” session, PAHO specialists shared **critical information on what health care providers and people with noncommunicable diseases (NCDs) need to know about COVID-19.**



Figure 1: PAHO shares guidance on steps to avoid infection. Source: PAHO, 6 July 2020

### Country

In **Turks and Caicos Islands**, PAHO shared communications materials on environmental public health, mental health and psychosocial support, gender-based violence during the crisis, and harmful alcohol use among others.

The team in **Cuba** worked with UNICEF and the Ministry of Education to develop COVID-19-related communication materials as the country prepared to re-open schools.

In **Ecuador**, PAHO produced risk communication materials in 12 languages spoken by its indigenous populations, Afro-descendants, and Montubias.



## Surveillance, Rapid Response Teams, and Case Investigation

### Regional

PAHO has developed a Geo-**Hub** for the region’s COVID-19 data. It includes a series of dashboards and epidemiological data which are updated daily. It has four sub-regional and 54 country and territory geo-hubs for the Americas. PAHO has supported **Argentina, Belize, Chile, Guatemala, and Venezuela** to *enter* their country data and adapt their own GIS hubs to facilitate the monitoring of COVID-19 cases. During the week, PAHO supported **Ecuador and Guatemala** to update their country GIS Hub. The public can also consult PAHO's **interactive dashboard** showing cumulative cases, deaths, cumulative incidence rate, new cases and deaths, as well as several other epidemiological indicators 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 continued 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**). Further, PAHO continued to manage data of the line list of nominal cases reported by Member States.



In collaboration with GOARN, PAHO has trained 31 countries and territories in the **Go.Data** app, and 20 of those are already implementing it. The Go.Data app is a tool that support suspect case investigation and management, display of transmission chains, and contact tracing. PAHO continued to provide technical cooperation for further Go.Data implementation in the region.



Figure 2: PAHO meets with counterparts from the Ministry of Health in Guatemala to strategize on measures to prepare for COVID-19 cases in the country. Source: PAHO, 5 March 2020

During the week, PAHO held a webinar to build country capacities on estimating COVID-19 cases considering excess mortality compared to previous years. Participants from across the Region attended.

### Country

In **Costa Rica**, PAHO worked with the Ministry of Health and a research arm of the University of Costa Rica to develop projections on how the virus could spread in the country, giving decision makers critical information for planning and estimating needs.

In **Mexico**, PAHO collaborated with the Embassy of the United Kingdom to convene HO held a webinar session on “The use of mathematical models during the COVID-19 pandemic: What does the future hold for us?” Over 700 people participants from Mexico and across the globe attended.



### Points of Entry

#### Country

In **Jamaica**, PAHO collaborated with the Ministry of Health to design an isolation facility at an international airport.



### National Laboratory

#### Regional

PAHO is implementing its SARS-CoV-2 sequencing project to generate more sequenced data and in a timely manner. This week, PAHO convened a meeting with counterparts in **Haiti** to discuss the process and protocols for shipping samples to reference laboratories.

During the week, PAHO provided additional troubleshooting sessions and follow up calls regarding diagnostic implementation to **Antigua and Barbuda, Belize, Costa Rica, Dominica, El Salvador, Grenada, Guatemala, Guyana, Haiti, Suriname, and Uruguay**. The team also provided theoretical SARS-CoV-2-PCR training to the National Public Health Laboratory in **Jamaica**, the second open platform testing site in the country.

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 **5.2 million** reactions/tests. During the week, PAHO provided **Antigua and Barbuda, Grenada, Saint Vincent and the Grenadines, and Suriname** with extraction kits, transport media, swabs, and internal controls (primers and probes). Reagents for molecular detection of SARS-CoV-2 were sent to **Antigua and Barbuda, Peru, and Saint Vincent and the Grenadines**.



## Infection Prevention and Control (IPC)

### Regional

PAHO continued to support and promote the safety of health care workers in countries. During the week, the team conducted two webinars on administrative controls on IPC (260 participants trained). **Guyana** and **Paraguay** received direct PAHO capacity building on IPC measures (90 trained).

### Country

In **Ecuador**, PAHO donated PPE to hospitals in five locations, including the state of Manabí.



## Case Management

### Regional

PAHO continued to support countries and territories with technical guidance for the management of COVID-19 cases. The regional team has published a revised version of the *Ongoing Living Update of Potential COVID-19 Therapeutics: summary of rapid systematic reviews*, [available here](#).

PAHO also trained health professionals from **Guyana** on IPC practices, laboratory considerations, and clinical management of severe acute respiratory illness in the context of COVID-19 (32 trained, including doctors, nurses, and paramedics).

This past week PAHO delivered 20 oxygen concentrators to **Panama** to enable the country to manage more COVID-19 cases.



Figure 3: PAHO donates PPE to help keep frontline workers in Peru safe from COVID-19 infection. Source: PAHO, 30 June 2020

### Country

In **Costa Rica**, PAHO worked with the national authorities to maintain essential public health functions following a prioritization in response to COVID-19. PAHO also collaborated with the Ministry of Health and other public agencies to strategize on ensuring that the country has the needed human resources for health to respond to the pandemic.

The team in **Panama** coordinated with the Ministry of Health to develop and implement recommendations for managing COVID-19 patients.

In **Ecuador**, PAHO supported the Ministry of Health to prepare protocols for managing COVID-19 cases among indigenous, Afro-descendant, and Montubio populations. PAHO provided recommendations on the layout and other key aspects for an alternative medical care site for managing COVID-19 cases.



## 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.

PAHO further worked with WHO and other partners to procure essential supplies and equipment for subsequent distribution to its Member States to enable the delivery of life-saving services and supplies to keep patients and health workers from Latin America and the Caribbean safe. The Organization also prepared estimates of PPE needs for Latin America and the Caribbean to help guide future procurement efforts.

### Country

**Guatemala** received training on key aspects for procuring goods and supplies essential to the country's COVID-19 response.



## Maintaining Essential Health Services during the Pandemic

### Regional and Country

**Health technology assessments** (HTAs) are invaluable in guiding health authorities to use technologies relevant to the COVID-19 pandemic. The Regional Database of Health Technology Assessment Reports of the Americas (**BRISA**) has 154 reports now available in its COVID-19 section. PAHO continued to work with its Member States to provide guidance on the use of *in vitro* diagnostics (IVDs) and other regulatory aspects, considering authorizations from WHO's Emergency Use Listing (EUL) Procedure and recommendations from eight national regulatory agencies around the globe.

Additionally, PAHO maintained a repository of websites and relevant information, including regulatory response on COVID-19, at the Regional Platform on Access and Innovation for Health Technologies (**PRAIS**).

During the week, **Bolivia** received support on regulating medical devices (ventilators and PPE) during the COVID-19 pandemic. PAHO provided 16 health professionals from 10 Caribbean countries with updated information on blood donation in the COVID-19 context, as well as on recommendations for the regulation of convalescent plasma. At a recent meeting convened by the Andean Organism for Health (ORAS), PAHO shared key information on the use of convalescent plasma as a therapeutic for COVID-19 cases. It was attended by 188 participants from six countries (Bolivia, Chile, Colombia, Ecuador, Peru, and Venezuela).



Figure 4: PAHO is working with the government of Honduras to maintain operations to push towards malaria elimination while taking strong measures to avoid introducing COVID-19 cases into communities. Source: PAHO, 29 June 2020

PAHO trained 150 health professionals from the Americas on primary health care and managing COVID-19 cases.



**Emergency medical teams** (EMTs) are of significant value when a country's health system is stretched beyond its capacity. PAHO worked with Samaritan's Purse to disseminate experiences from EMT deployments in Italy to 110 participants from the Region. PAHO additionally shared tools and templates to facilitate the deployment of EMTs. National experts from **Costa Rica** were trained to use the EMT Medical Information and Coordination Cell (CICOM) methodology for managing EMT deployments.

PAHO worked with authorities from **Costa Rica** and **Ecuador** on strategies to establish **alternative medical care sites** (AMCS) to manage COVID-19 cases to prevent overburdening of existing health systems.

## Country

In **Chile**, PAHO worked with the Ministry of Health to assess how routine services for HIV, communicable diseases, migrants, antimicrobial resistance, and other issues were impacted by the COVID-19 pandemic.

Blood donations are essential for health services. In **Suriname**, PAHO worked with the country's Blood Bank to identify bottlenecks and devise strategies to follow up with and recruit new donors during the pandemic. This was complemented with measures to protect donors from possible COVID-19 infection while donating.

In **Mexico**, PAHO worked with the Secretariat of Health to implement a strategy to keep older persons safe during the COVID-19 pandemic.



## Research, Innovation, and Development

## Regional

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.

PAHO/WHO's COVID-19 response was made possible in part due to generous contributions from the governments of Azerbaijan, Belize, Canada, China, Germany, Japan, the United Kingdom of Great Britain and Northern Ireland, the United States of America, the Caribbean Confederation of Credit Unions, Development Bank of Latin America (CAF), Fundación Yamuni Tabush, World Bank, the World Food Program, the United Nations Central Emergency Response Fund, the UN Multi-Partner Trust Fund, and other small contributions, and to the invaluable collaboration from our partners within the Americas and beyond.

## CONTRIBUTE TO OUR RESPONSE

An estimated US\$200 million is needed to support pandemic preparedness and response in Latin America and the Caribbean through December 2020. As of 1 July 2020, PAHO has received US\$66.6 million in donor contributions and firm pledges.

You can donate to support PAHO's response to COVID-19 at this [link](#).

## NEW AND UPDATED PAHO/WHO Technical Materials on COVID-19



### Recommended Interventions for Mental Health and Psychosocial Support during the Pandemic (Spanish only)

**Published:** 1 July 2020

Describes key mental health and psychosocial support interventions that are recommended to develop through an intersectoral approach in countries and communities. This includes a pyramid of interventions for these services developed by the Inter-Agency Standing Committee (IASC), which illustrates different levels of support ranging from social considerations to specialized services for managing more severe conditions, as well as likely levels of demand for each level.



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