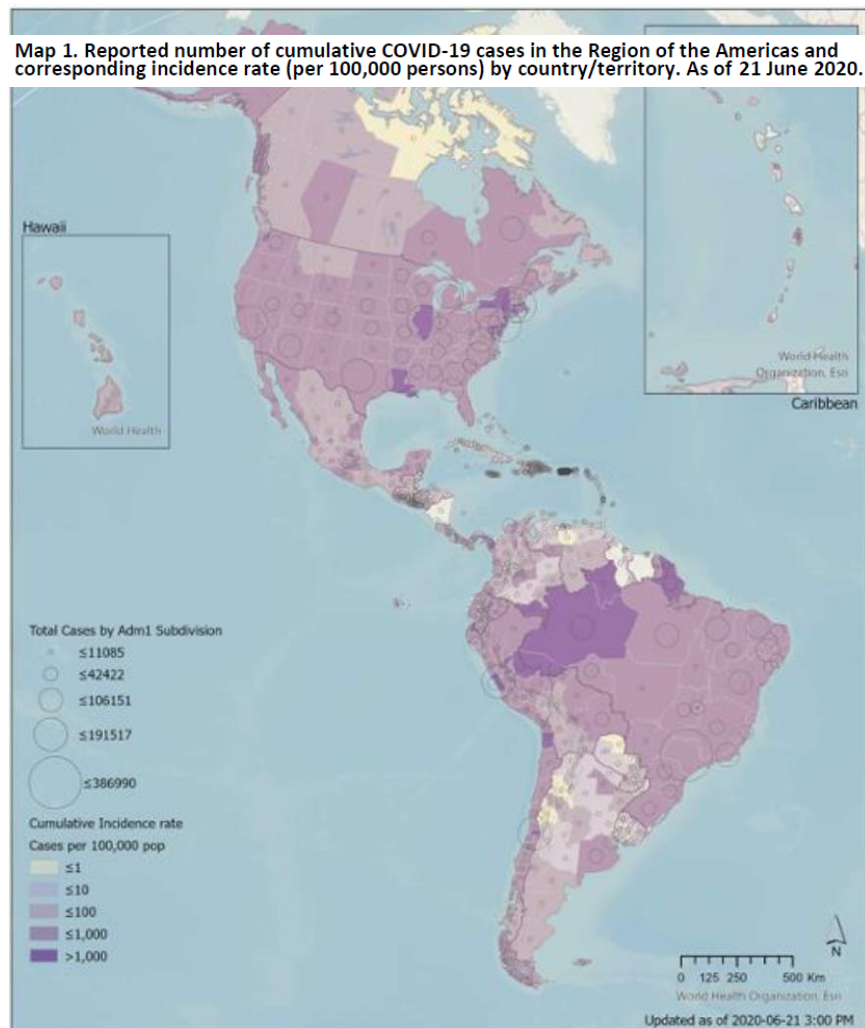


## PAHO/WHO Response. 22 June 2020. Report ° 13

### 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 22 June (15:00)

**4,437,946**

Confirmed cases\*

**224,207**

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      |  <b>89</b><br>Technical guidelines and recommendations developed or adapted from WHO |  <b>4.4M</b><br>COVID-19 Tests using molecular detection sent to 36 countries and territories       |  <b>&gt;90</b><br>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>1.3M</b><br>Gloves  |  <b>403k</b><br>Gowns   |
| Regional Readiness |  <b>32/35</b><br># Countries with national COVID-19 Preparation and Response Plans   |  <b>37/51</b><br># Countries and territories with molecular detection capacity to diagnose COVID-19 |  <b>20/35</b><br># countries using existing SARI/ILI surveillance systems to monitor COVID-19             |  <b>17/22</b><br># Reporting countries where at least 50% of health facilities have triage capacity |  <b>29/31</b><br># Reporting countries with national IPC / WASH plans for health facilities |
|                    |   |  |  |   |  |

## PAHO/WHO Response (16 to 22 June 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

PAHO **Jamaica** continued to lead the COVID-19 response within UN Country Team and worked together with the Government of Jamaica to coordinate the national response and advance the timely implementation of its response activities. Additionally, PAHO provided the MoHW with equipment (laptops, tablets, VHF radios, and other supplies) to support the national Emergency Operations Center's (EOC) coordination activities.

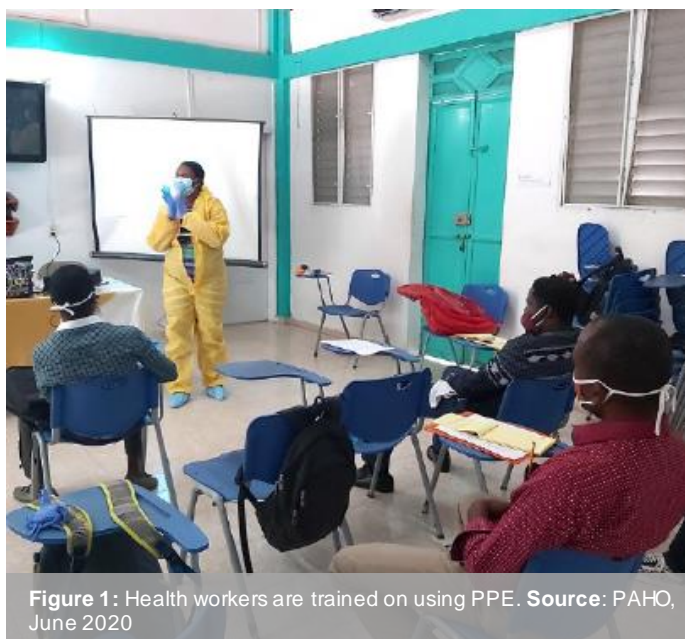


Figure 1: Health workers are trained on using PPE. Source: PAHO, June 2020

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.

In **Ecuador**, PAHO collaborated with stakeholders in the health cluster to map their COVID-19 response actions. The team coordinated with the UNDP and the national government to support the development of the Post Disaster Needs Assessment.

The team in **Costa Rica** collaborated with the Office of the Comptroller General, the Central Bank of Costa Rica, and the Ministries of Finance and Health to develop projections and conduct an analysis of medium-term economic scenarios as a result of COVID-19.

The team in **Bahamas** remained embedded within the Ministry of Health's EOC and provided technical advice to assist the country to manage the pandemic.

In **Mexico**, the PAHO team coordinated with diplomatic missions from Belize, Canada, France, the United Kingdom, Spain and the USA to facilitate the exchange of experiences and information and to identify areas for support for the country's COVID-19 response. Subsequently, these collaboration efforts fostered the re-launch of activities of the Collaboration Program between Mexico and the United Kingdom ("Better Health") for the training of Human Resources in Health and the strengthening of primary health care (PHC).

In addition, the team in **Mexico** convened a meeting with the Citizen Movement Bank of the national Chamber of Deputies to share its perspective and analysis on the COVID-19 situation in the country.

The team in the **Eastern Caribbean** coordinated with the Pan Caribbean Partnership against HIV/AIDS (PANCAP) to convene eight **webinars** to provide **effective, timely and relevant information to the Caribbean population on a wide range of COVID-19-related topics**. The webinars targeted diverse audiences and served to provide updates on new scientific evidence and respond to issues of relevance in the response to COVID-19. These webinars have reached approximately 15,000 persons. Topics have included: Clinical Management of COVID-19 Patients & Psychosocial Support for Health Care Providers, Mental Health and Psychosocial Support during COVID-19 for adolescents, Ethical Implementations for COVID-19 and HIV, Continuation of HIV Services during COVID-19, Continuity of Care for Persons with HIV and NCDs during COVID-19: Learning from the Chronic Care model, and most recently the effects of COVID-19 and Gender-based violence.

### 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. During the week, PAHO Director, Dr Carissa Etienne held the weekly media briefing where over 130 reporters participated in questions and answers, and discussions on hot topics.

PAHO convened the first of PAHO/CDB training series for media workers and health communicators in the Caribbean subregion. The webinar “*Key epidemiological and ethical concepts for reporting during the COVID-19 pandemic, including mental health and psychosocial aspects and tips for self-care*” is available [here](#).

PAHO produced several new videos, infographics and media cards in several languages covering topics such as [COVID-19 and shoes](#); [influenza and COVID-19](#); [masks](#); [stigma on health care workers](#); [care at home](#); [COVID-19 and Science](#); [Health care workers](#); [Mental health and kids](#); [domestic violence in the context of COVID-19](#); [save water and hand washing](#).

During the weekly “Ask the Expert” session, PAHO specialists discussed [malaria, dengue, TB and HIV in the context of COVID-19](#).

### Country

In **Cuba**, PAHO worked with national authorities to produce communications products to discourage the use of tobacco during the pandemic.

The team in **Belize** worked with other UN agencies to develop and now implement a joint PAHO-UNHCR-UNFPA risk communications and community engagement (RCCE) strategy under the UN Multi-Partners Trust Fund.

In **Ecuador**, the team delivered continued training for communicators and journalists from provinces with indigenous, Afro-descendant and Montubian populations. The training covered mental health, home disinfection techniques, prevention protocols, and the prevention of gender-based violence in the context of COVID-19. PAHO also provided guidance in effective risk communication to national authorities for health, tourism, and the Galapagos National Park. Surveyors seeking to capture previously-unrecorded COVID-19 deaths received additional training in crisis communication given the challenges inherent to their mission.



Figure 2: PAHO assessed health facilities in Haiti. Source: PAHO, June 2020



## 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 dashboards and epidemiological data updated daily. The Organization has supported **Argentina, Belize, Chile, Guatemala, 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 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.



Figure 3: PAHO worked with the government of Paraguay to keep vaccinating despite the pandemic. Source: PAHO, June 2020

**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. PAHO continued to provide technical cooperation for further Go.Data implementation in the region.

During the week, PAHO provided respiratory surveillance training to **Antigua and Barbuda, Grenada, and Saint Kitts and Nevis**. In addition, the team convened the quarterly regional SARInet webinar, which addressed preparedness for the start of the 2020 influenza season in the Southern Hemisphere.

PAHO's team in the **Eastern Caribbean** co-hosted a webinar on COVID-19, the surveillance of respiratory illnesses, and the interruption of transmission. It reached over 50 epidemiologists, persons working in surveillance and contact tracers in the Caribbean.

### Country

In the **Bahamas**, PAHO continued to provide technical assistance to the Ministry of Health (MoH) to reinforce capacities to conduct COVID-19 outbreak data management using the WHO tool Go.Data for contact tracing.

The team in the **Dominican Republic** prepared simulations and prediction models for COVID-19 cases and deaths. It provided additional support to strengthen the country's surveillance teams and provided technical guidance for conducting a national seroprevalence study.



## Points of Entry

### Country

The **Jamaica** team worked with the national authorities to share considerations for its guidelines as the country prepared for adjusting its travel measures and reopen its borders.



## 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 and the national laboratory in **Mexico** discussed the project and future provision of genomic sequences for the regional phylogeny.

The regional team completed molecular diagnosis training in **Saint Vincent and the Grenadines**. This was the first time that the country is using open platform molecular techniques for diagnostics/surveillance. Additional training was provided to **Saint Lucia** on the use of alternative extraction kits and the detection of a human internal control.

During the week, PAHO provided additional troubleshooting sessions and follow up calls regarding diagnostic implementation to **Dominican Republic, El Salvador** and **Peru**. Additional in-depth troubleshooting of the molecular detection workflow was conducted in **Antigua and Barbuda**.

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 **4.865 million** reactions/tests. During the week, PAHO provided **Antigua and Barbuda, Costa Rica, Cuba, and Saint Lucia** with extraction kits and internal controls (primers and probes). Reagents for molecular detection of SARS-CoV-2 were sent to **El Salvador, Peru** and **Suriname**. Additionally, PCR enzymes were delivered to the Institute of Epidemiological Diagnosis and Reference (InDRE) in **Mexico**.



## Infection Prevention and Control (IPC)

### Regional

PAHO continued to support and promote the safety of health care workers in countries. During the week, the regional office trained participants in **Dominica** on IPC practices for the tourism industry. Additionally, PAHO provided IPC training to stakeholders in **Paraguay**.

In collaboration with the US Centers for Disease Control and Prevention (CDC), PAHO co-hosted a regional seminar on the safe and respectful management of fatalities in the context of COVID-19, with 300 participants from across the Americas trained.



## 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.



## Maintaining Essential Health Services during the Pandemic

### Regional and Country

In **Jamaica**, PAHO collaborated with partners to develop and launch the course on “Mental Health Literacy in Schools”, also in the context of COVID-19, and available on PAHO’s Virtual Campus of Public Health.

The sub-regional office for **Barbados and the Eastern Caribbean Countries (ECC)** conducted a survey among 18 countries and territories on services for the prevention and treatment of non-communicable diseases (NCDs). The survey revealed that most countries have adopted alternative strategies to ensure that the most vulnerable continued to receive treatment for NCDs.

Given the circulating cases of COVID-19 and dengue, PAHO’s team in **Honduras** deployed experts to the municipality of Choluteca and the department of Valle to provide technical cooperation and support to its national health authorities. This support strengthened coordination at the local level through advice for the operations of rapid response teams for COVID-19, as well as the clinical management and vector control of dengue.

The team in **Costa Rica**, together with the Ministry of Health (MINSAL) and other UN agencies collaborated to address the pandemic in indigenous territories. This collaboration will focus on assessing needs for local-level human resources support to support indigenous communities.

At the request of the Municipality of Quito, the PAHO team in **Ecuador** conducted a technical visit to the Quito Solidario COVID-19 patient care center to assess and provide recommendations on capacities for caring for seriously ill patients. Additionally, PAHO trained the EOC working group in the use of its bed estimation tool, which will support efforts for the reorganization of the country’s health services.



## 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.



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

|  |  |
|--|--|
|  | <p><b>Considerations for the Reorganization of Cancer Services during the COVID-19 Pandemic</b><br/><b>Published:</b> 26 May 2020</p> <p>Since the onset of the COVID-19 pandemic, health systems have focused on reorganizing healthcare services and prioritizing hospital beds and intensive care units to manage people with COVID-19. This has included the suspension or reduction of elective cancer care and clinical visits for assessment, diagnosis and management, except for high-risk cancer patients. Cancer services should rapidly manage and avoid any cumulative delays in treatment and prevent an increase in avoidable deaths from cancer.</p> |
|  | <p><b>Safety of COVID-19 Patients and Use of Medicines without Scientific Evidence of Their Benefit</b><br/><b>Published:</b> 26 May 2020</p> <p>COVID-19 treatment options under study include several antiviral drugs and immune modulators, the antimalarials chloroquine and hydroxychloroquine, corticosteroids, convalescent plasma, pharmaceutical products that target the renin-angiotensin system, hyperbaric oxygen, and nitric oxide, among many others. PAHO and WHO are regularly publishing up-to-date summaries of available evidence on the effectiveness of these interventions.</p>   |
|  | <p><b>Emergency use of unproven interventions outside of research: Ethics guidance for the COVID-19 pandemic</b><br/><b>Published:</b> 19 June 2020</p> <p>Presents the existing framework aimed at ensuring that the use of unproven interventions outside of research during an emergency is ethical, discusses the challenges encountered in the use of unproven interventions outside of research during the COVID-19 pandemic in the Americas, and provides general and operational recommendations to advance during the COVID-19 pandemic the ethical use of unproven interventions outside of research.</p>  |
|  | <p><b>Framework for the Response of Integrated Health Service Delivery Networks to COVID-19</b><br/><b>Published:</b> 10 May 2020</p> <p>PAHO activated the Emergency Operations Center to ensure that health delivery services in the countries of the Americas are prepared to respond to sustained community transmission of COVID-19. PAHO has defined these general guidelines for the response to the emergency of COVID-19 based on the Primary health care strategic approach and the transformation toward integrated health service delivery.</p>  |



## GAPS

- **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).
- **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.
- **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.
- **Private sector coordination:** This is essential to ensure national protocols are followed.



## CHALLENGES

- **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.
- **Competitive marketplace:** Countries and organizations are competing for limited supplies due to global shortages of PPE and other items.
- **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:** Infected health workers who are sick or quarantined will strain health systems.
- **Test availability:** Epidemiological monitoring requires more testing. Counterfeit tests are creating risks in resources lost and incorrect analyses.
- **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.
- **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 associated with higher likelihood of infection.