

COVID-19

PAHO/WHO Response. 07 September 2020. Report ° 24

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 07 September (15:00)

14,193,356

Confirmed cases*

494,145

Deaths*

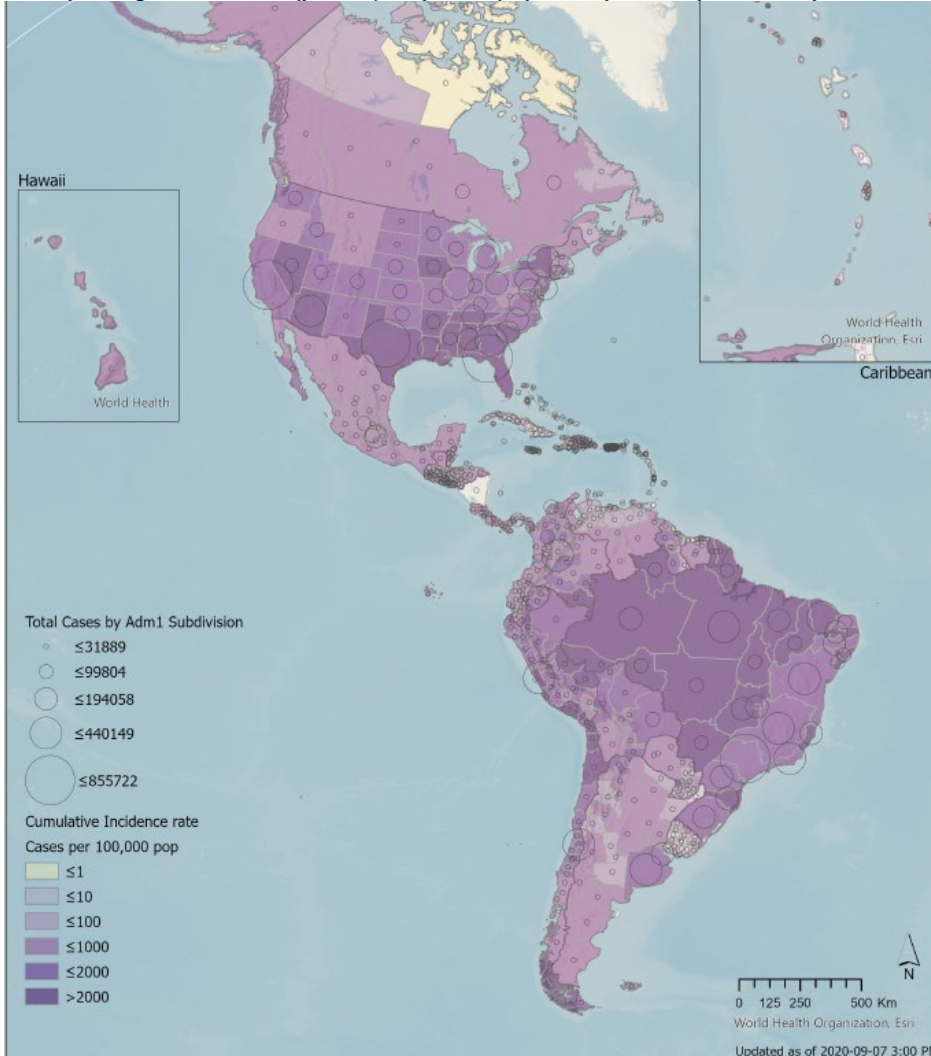
54

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 Laboratories
-  Infection Prevention and Control
-  Case Management
-  Operational Support and Logistics
-  Maintaining Essential Health Services during the Pandemic

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 7 September 2020.



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[Link to PAHO's technical and epidemiological reports, guidance, and recommendations](#)

[Link to global operational situation reports](#)

Key Figures: The Americas' Response to COVID-19

PAHO Response		PAHO has sent 95 PPE shipments to 32 countries and territories	
PAHO Response	102 Technical guidelines and recommendations developed or adapted from WHO	6.4M COVID-19 PCR tests sent to 36 countries and territories	>147 Virtual / in-person regional and country trainings on testing, tracking, care, and more
		1.41M Gloves	1.44M Gowns
		33.7M Surgical & Respirator Masks	238k Goggles
Regional Readiness			
Regional Readiness	32/35 # Countries with national COVID-19 Preparation and Response Plans	38/51 # 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	33/35 # Reporting countries with national IPC / WASH plans for health facilities

PAHO/WHO Response (01 to 07 September 2020)

On 17 January 2020, the Pan American Sanitary Bureau activated an organization-wide Incident Management Support Team (IMST) to provide 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.

Regulatory frameworks and requirements

Health technology assessments (HTAs) are invaluable guidance for health authorities in the use of technologies relevant to the COVID-19 pandemic. The Regional Database of HTA Reports of the Americas ([BRISA](#)) now has 264 reports 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 procedure (EUL) and recommendations from eight NRAs from around the globe. PAHO continued to maintain a list of 67 prioritized IVDs for proprietary and open platforms.

The Organization collaborated with NRAs from across the Americas to share recommendations, considerations, and evaluations on products that would be used to manage COVID-19 during the pandemic. 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](#)).

Country

Together with 18 actors from the United Nations (UN) System, cooperation agencies, and national and international NGOs, PAHO **El Salvador** continued to coordinate the health cluster of the Humanitarian Country Team of the national response.

The teams in **Costa Rica**, **Honduras** and **Nicaragua** collaborated with development partners to present the critical roadmap to high-level policy makers in these countries, with the aim of advancing the formulation of binational agreements to address malaria.

Considering the needs of migrants, PAHO **Panama** provided technical support to develop a guide for health care in the face of COVID-19, specifically targeted to migrants and refugees. Technical advice was also presented to define the equipment and supplies needed for health services during the pandemic in territories with indigenous populations. This aimed at coordinating an articulated response with other agencies of the UN System.

The team in **Chile** facilitated an interagency consultation with various UN agencies to examine issues related to the reopening of schools, and to determine unified recommendations within the UN Country Team.

In the theme of facilitating cooperation between **Mexico** and its neighbors, PAHO convened a consultation to coordinate activities for COVID-19 mitigation with a focus on the migrant population. Further, technical advice was provided to the UN High Commission for Refugees to develop a sanitary protocol for the transfer and relocation of refugees within the country.

The team in **Costa Rica** hosted a meeting with UN agencies to establish priorities for resource mobilization to support persons with disabilities.

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)

Standard precautions: Hand hygiene (COVID-19) (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 messages across multiple platforms, and to respond to media enquiries. The **infographics** cover a range of issues related to COVID-19, including tips for older adults to keep active and health during COVID-19.

During the weekly press briefing, the Director of PAHO **encouraged countries** to ensure readiness for the next health emergency. She indicated that a first step would be to expand the health work force, increasing the number of doctors, nurses, midwives and first responders.



PAHO has produced communication materials in Portuguese to disseminate materials to keep the population safe during the COVID-19 pandemic. Source: PAHO, 2020

During the weekly **"Ask the Experts"** PAHO discussed how COVID-19 could impact the efforts in the Americas to eliminate communicable diseases including dengue, malaria, intestinal parasites, HIV, tuberculosis, hepatitis, and HPV.

Country

The sub-regional office for **Barbados** and the **Eastern Caribbean Countries** and UNICEF delivered risk communications training to students and faculty of the Division of Nursing Education of the **Saint Vincent and the Grenadines** Community College. Participants learned how to effectively communicate vital COVID-19 information to patients and the public.

The team in **Argentina** collaborated with its partners to publish and disseminate messages on social networks, aimed at Afro- and migrant populations.



Surveillance, Rapid Response Teams, and Case Investigation

Regional

PAHO has developed a **Geo-Hub** for the Region which includes a series of dashboards and epidemiological data updated daily. It has four sub-regional and 54 country and territory geo-hubs for the Americas. In addition, the public can 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 continued its **Event-Based Surveillance (EBS)** while also supporting countries to boost their **Indicator-Based Surveillance (IBS)**. Efforts continued to ensure that countries **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 published weekly reports detailing trends in influenza and other respiratory viruses, as well as SARS-CoV-2 surveillance indicators ([available here](#)).

PAHO managed data of the line list of nominal cases reported by Member States. To date, 38 of the 54 countries and territories in the Americas have reported this data. This represented approximately 54% of all reported cases and 49% of reported deaths in the Americas.



PAHO provided Haiti with technical cooperation to test for COVID-19. Source: PAHO, August 2020

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 supports suspect case investigation and management, display of transmission chains, and contact tracing.

During the week, the regional team held three technical sessions with countries to provide training on the following tools: 1) co-morbidities tool (held with **Honduras** and **Paraguay**); 2) tool for risk assessment in large cities (held with **Argentina**, **Haiti** and **Mexico**); and 3) modelling tools Rt and COVIDSIM (held with **Jamaica** and **Guyana**).

The regional team also provided technical collaboration to countries on sero-epidemiological studies, strengthening contact tracing activities, and strengthening COVID-19 surveillance into influenza surveillance.

Country

In **Jamaica**, PAHO hosted a technical session for the training of senior officials of the Ministry of Health and Wellness on the Modelling tools EpiEstim and COVIDSim. The training was delivered to 54 participants.

Working with the Ministry of Health, PAHO **Guatemala** supported the updating of the COVID-19 dashboard, to include data on health workers, pregnant women, and probable cases.

The team in **Mexico** convened a meeting to monitor the implementation of the Go.Data platform.

PAHO **Bahamas** convened a technical meeting with senior policy makers of **Turks and Caicos Islands** and Public Health England to assess the COVID-19 outbreak, response and risk mitigation.



Points of Entry

Regional and Country

The team in **Chile** provided recommendations to national authorities regarding the recurrence of non-essential international travel.



National Laboratory

Regional

Since the beginning of PAHO's response up to the date of this report, the Organization has provided primers, probes and/or PCR kits for approximately **6.46 million** reactions/tests. PAHO also provided approximately 310,000 swabs, 154 sampling kits, enzymes for around 990,000 reactions, among other critical material. Detection reagents and materials (primers & probes, positives controls, swabs, enzymes) were sent to **Honduras** and **Saint Lucia**.

During the week, PAHO provided troubleshooting sessions and follow up calls regarding diagnostic implementation to **Dominica**, **Grenada**, and **Guyana**.

PAHO has published and disseminated a concept note entitled "Expansion of the COVID-19 Diagnostic Laboratory Network: Implementation of Antigen-based Detection Tests". During the week, the regional team convened two webinars to update countries on the implementation of antigen-based detection.

Country

The team in **Belize** facilitated the selection and procurement of additional test kits to support testing of pregnant women in the country.



Infection Prevention and Control (IPC)

Regional

PAHO conducted training in IPC to **Guyana** (fourth of six planned sessions, with 70 participants), the **Bahamas** (session five of ten, with 27 participants), and **Paraguay** (final session, with 30 participants).

Country

PAHO **Belize** coordinated with national authorities to assess long term residential homes considering the aspects of IPC and environmental risks.



PAHO provided health workers in the Ouest department of Haiti with trainings on the use of PPE. Source: PAHO, August 2020



Case Management

Regional

The sheer breadth of evidence on therapeutics can be daunting for health authorities seeking to formulate the best recommendations on case management.

Emergency medical teams (EMTs) are invaluable when a country's health system is stretched beyond its regular capacity. The regional team hosted a technical EMT Ignite webinar titled "Operational Support Cycle, Part I: Alert, Activation and Mobilization" to 60 participants.

PAHO also participated in the Health Cluster meetings in **Costa Rica** to support discussions on medical supply capacity under the EMT approach specifically in borders and remote areas.

The regional team provided technical support to **Nicaragua** regarding specifications of medical devices. Similar support was provided to **Panama** on voltage stabilizers for oxygen concentrators, and to **Costa Rica** in the regulatory aspects of developing clinical trials of mechanical ventilators.

Country

PAHO **Suriname** collaborated with the Government of Canada to hand over a donation of Personal Protective Equipment to protect health care workers on the front lines of the pandemic. The donation included face shields, goggles, medical masks, respirator masks, and isolation gowns.



PAHO Suriname and the Government of Canada provided PPEs to the Minister of Health to protect health care workers on the front lines of the response. Source: PAHO, August 2020

The sub-regional program for the **Caribbean** introduced the Health Workforce (HWF) Estimator to **Bahamas, Belize, Guyana, Haiti, Suriname, and Trinidad and Tobago**. The estimator aimed to allow planners to estimate workforce requirements, HWF shortage and supply, to better prepare for possible surges in infection.

PAHO **Trinidad and Tobago** and the sub-regional office for the **Caribbean** collaborated to deliver a webinar on PAHO's work and COVID-19 response to the University of the West Indies Masters Program in Health Promotion.



Operational Support and Logistics

Regional and Country

The regional team continued to collaborate with regional, national, and international partners (including other UN agencies) on all matters related to procurement, shipping, freight, logistics and technical specifications for personal protection equipment (PPE), oxygen concentrators, in vitro diagnostics, and other goods, supplies, and equipment critical to the COVID-19 response in the Americas.

Considering the multitude of suppliers and concerns about the quality of procured goods, PAHO has made quality assurance a critical component of its technical support to procuring goods, supplies, and equipment for the COVID-19 response. This has entailed reviewing technical specifications of procured goods, ensuring shipping documentation is correct for clearing goods through customs, and supporting countries with quality assurance issues.

During the week, oxygen concentrators were delivered to **Colombia** and **Costa Rica**. Further, other donations were also delivered to **Cuba, Ecuador, and Paraguay**.



Maintaining Essential Health Services during the Pandemic

Regional

The reorganization and expansion of services is critical to ensuring that health systems can adapt to needs arising from the COVID-19 pandemic while sustaining services critical for other health conditions. In collaboration with WHO, PAHO is conducting a **survey on the impact of COVID-19 on health services** across the Americas.

Country

Ministries of Health across the Americas have been encouraged to sustain ongoing critical health services despite the ongoing pandemic.

The team in **Belize** held consultations with the Ministry of Health to discuss strategies for conducting immunizations in at-risk areas with community transmission to increase vaccination rates.

PAHO **Guatemala** provided technical support to national authorities to develop a virtual course on violence against women. In addition, the team helped to define indicators for monitoring the continuity of services at the local level in maternal health, neonatal health and family planning.



Research, Innovation, and Development

Regional

PAHO continued to review new and emerging information to build an evidence base to combat the virus. The public has access to PAHO's **COVID-19 Technical Database** for technical guidelines, scientific publication and ongoing research protocols from the region. This is the result of partnerships with WHO, Cochrane, McMaster University, Epistemonikos, and others. It has been visited over 360,000 times.

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.



PAHO conducted a visit to the Sud-Est department in Haiti to build local capacities for the early detection of COVID-19.. Source: PAHO, August 2020

With WHO, PAHO coordinated to support countries in the region to participate in the **SOLIDARITY trial**, which aims to assess the efficacy of possible therapeutics for COVID-19. PAHO also continued to collaborate 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 and in-kind donations from the governments of Belize, Canada, Japan, New Zealand, Spain, Switzerland, the United Kingdom of Great Britain and Northern Ireland, the United States of America, as well as the Caribbean Development Bank, the Caribbean Confederation of Credit Unions, Corporacion Andina de Fomento – Banco de Desarrollo de América Latina, Direct Relief, the European Union, Fonds d'Assistance Economique et Sociale, Fundación Yamuni Tabush, the Inter-American Development Bank, the World Bank Group, World Food Program, the UN Central Emergency Response Fund, the UN Development Fund, the UN Multi-Partner Trust Fund, the UN Special Session on Children, the World Health Organization and its donors, 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 31 August 2020, PAHO has received US\$122 million in donor contributions and firm pledges.

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

GAPS	CHALLENGES
<ul style="list-style-type: none"> • Surveillance systems: More capacity-building and equipment for analysis. • Information systems: Data management systems are essential for case monitoring and contact tracing while protecting confidentiality. • Strategic planning and response: Countries need enough resources to implement national COVID-19 Preparedness and Response Plan and Risk Communication Plans. • Laboratory test kits and equipment: National laboratories need more extraction kits and other supplies to keep testing. • IPC supplies: PPEs and supplies (including for WASH) are urgently needed for isolation and quarantine wards. Healthcare workers are hesitant to work without PPE. • Health facility evaluations: Countries must undertake additional assessments to guide measures for infection prevention and control (including WASH). • 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. 	<ul style="list-style-type: none"> • 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 has added additional 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.