COVID-19

Pan American Health Organization
World Health Organization
Regional Office for the Americas

PAHO

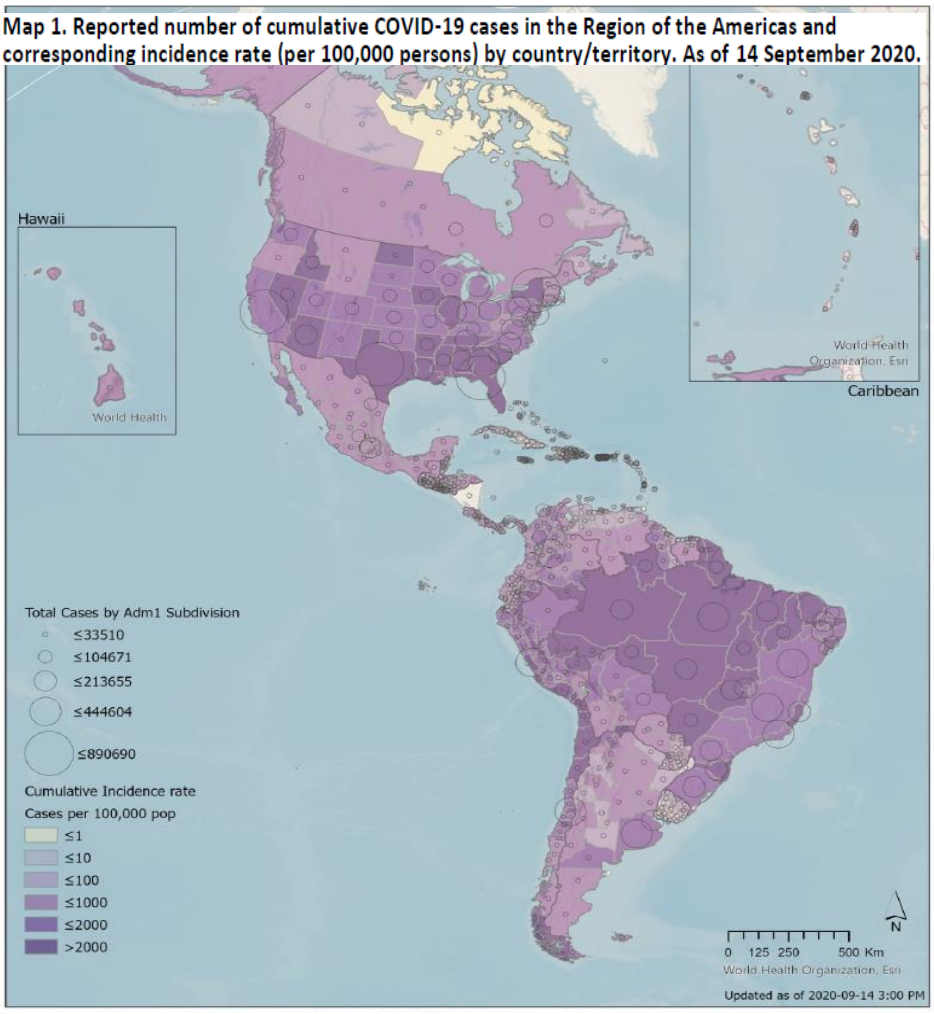
PAHO/WHO Response. 14 September 2020. Report º 25

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.

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 14 September 2020.



PAHO Pan American Health Organization World Health Organization Americas

SITUATION IN NUMBERS IN THE AMERICAS

as of 14 September (15:00)

14,902,862
Confirmed cases*

513,237
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

Link to PAHO's technical and epidemiological reports, guidance, and recommendations

Link to global operational situation reports

World Health Organization

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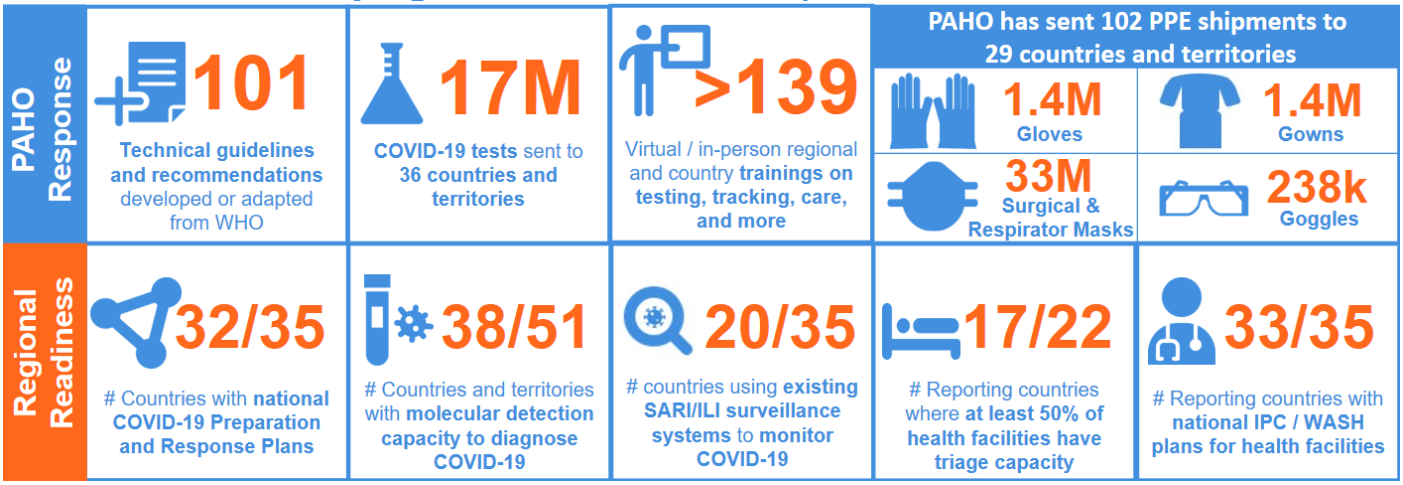
Key Figures: The Americas' Response to COVID-19



PAHO/WHO Response (08 to 14 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.

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 (EUL) procedure and recommendations from eight National Regulatory Agencies (NRAs) from around the globe.

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. 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, the regional team convened a webinar on ethics concerns over the use of chloride dioxide as a treatment for COVID-19. The session hosted 180 participants from NRAs and toxicology centres across the region.

Country

PAHO continued to collaborate on-the-ground with various United Nations (UN) agencies. The Office in **Chile** provided technical leadership in the Committees of the UN System, developing guidelines for various areas of work. PAHO also facilitated UN interagency discussion regarding the possible reopening of schools.

As Tropical Storm Nana threatened to make landfall as a hurricane in **Belize**, the team provided technical

guidance to the National Emergency Management Organization on preparation of hurricane shelters.

PAHO collaborated with national counterparts to organize and celebrate Indigenous Women's Day in **Panama**.

PAHO **Jamaica** remained embedded in the Emergency Operations Centre (EOC) of the Ministry of Health and Wellness. The Office continued to provide 24-hour technical support and guidance, including to the twice-daily EOC briefing meetings.

The team in **Mexico** participated in the 4th meeting of the COVID-19 Vaccine Technical Advisory Group to advise national authorities on the use of a future vaccine in humans. PAHO also provided technical guidance to the Health Commission of the Business Coordinating Council on global, regional and national trends, as well as strategies for the gradual return to the new normal.

Figure I: PAHO **Suriname** provided technical guidance to national authorities to develop the COVID-19 Preparedness and Response Plan. Source: PAHO

Considering the needs of the elderly during the pandemic, PAHO **Chile** delivered a lecture titled *Older People, Health and Society in the context of COVID-19* to faculty and students of social gerontology and geriatrics. The team also provided recommendations to a technical round table discussion on safe voting in the country.

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.

Country

In **Jamaica**, PAHO worked with counterparts to develop research into the impact that COVID-19 continued to have on community engagement.

Considering strategies previously defined, the team in **Costa Rica** continued to work with the UN Interagency Communication Group to execute risk communication activities.

PAHO **Mexico** supported several interventions to improve risk perception among the population. The team prepared the risk communication strategy and perceptions analysis tool (COVID-19 Panorama), which

contributed to decision-making and reporting. Further, PAHO and its national partners commemorated the first International Day of Clean Air for blue skies.

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. In addition, the public can consult PAHO's **interactive dashboard** showing cumulative cases, deaths, cumulative incidence rate, new cases and deaths, as well as other epidemiological indicators.

PAHO continued its **Event-Based Surveillance** (EBS) while also supporting countries to boost their **Indicator-Based Surveillance** (IBS). Efforts continued with countries to **integrate COVID-19** into their routine severe acute respiratory illness / influenza-like illness (**SARI/ILI) surveillance systems**. To date, **20 countries** have achieved this integration. PAHO also published its weekly bulletin on influenza and other respiratory viruses, as well as SARS-CoV-2 surveillance indicators (**available here**).

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

PAHO managed data of the line list of nominal cases reported by Member States. To date, 38 of the region's 54 countries and territories have reported this data.

In collaboration with GOARN, PAHO has trained 31 countries and territories in the **Go.Data** app, and 22 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 tool was implemented in **Trinidad and Tobago**.

To build countries' capacities in modeling and analyses, PAHO convened two virtual consultations to provide training to national authorities. The first with **Haiti** detailed techniques on risk assessment in large cities. The second with **Honduras** and **Ecuador** detailed techniques in analyzing co-morbidities in at-risk populations.

The regional team provided rapid response team training to public health professionals in **Suriname**.

Country

The team in **Bolivia** provided technical support to national authorities to assess potential gaps in the country's information systems for recording COVID-19 data. Additionally, PAHO disseminated technical guidance to the Ministry of Health on the Active Community Surveillance Strategy.

Figure II: The team in **Argentina** worked with the Ministry of Health to strengthen the capacities of personnel with responsibility for detection of cases. Source: PAHO

In **Argentina**, the team consulted with counterparts to document the achievements and challenges in implementing the Risk Assessment Index in Large Cities, specifically to adapt the tool to the local context. The team also reviewed the real-time calculations by province and updated the country's dashboard. Further, PAHO also facilitated the dissemination of two animated videos to explain contact tracing procedures.

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 **6.66 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 **Antigua**, **Bolivia**, **Colombia**, **Cayman Islands**, **Guatemala**, and **Guyana**.

During the week, PAHO provided troubleshooting sessions and follow up calls regarding diagnostic implementation to **Brazil**, **Cayman Islands**, **El Salvador**, **Guyana**, **Guatemala**, **Honduras**, **Peru**, and **Turks and Caicos Islands**. The regional team also provided technical guidance to **Antigua and Barbuda** in laboratory-based surveillance and PCR methods.

Country

The team in **Mexico** facilitated an orientation briefing for UNICEF field staff on diagnostic tests and potential mutations of the SARS-CoV-2 virus.

Infection Prevention and Control (IPC)

Regional

PAHO conducted training in IPC to **Guyana** (five of seven planned sessions, with 100 participants), and the **Bahamas** (session six of twelve, with 25 participants).

Country

PAHO **Mexico** facilitated an orientation briefing for UNICEF staff on the use of Personal Protective Equipment (PPE) to combat the transmission of COVID-19.

The team in **Ecuador** supported the Ministry of Health to develop a webinar on IPC to aid participants in slowing the transmission of the virus. To date, the session has been accessed by 3,606 persons.

PAHO **Argentina** convened technical consultations and reviewed guidelines related to cleaning and disinfection of public spaces, as well IPC best practices for face-to-face work.

Figure III: PAHO trained health professionals in **Guatemala** in IPC techniques. Source: PAHO

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. PAHO continued to strengthen the capacities of EMTs in the region, as well as establish Alternative Medical Care Sites (AMCS) to provide surge capacity to the health system.

During the week, the regional team convened one EMT Ignite technical webinar for 111 participants including partner non-government organizations and the Ministry of Health of **Ecuador**. PAHO also convened technical consultations with the Ministry of Health of the **Bahamas** to implement the medical surge capacity approach through EMT/AMCS deployment.

To strengthen the pre-hospital response during the pandemic, PAHO convened a technical consultation with partners in **Nicaragua** to introduce SISMED911, a 911/EMS dispatch software.

Country

PAHO **Suriname** supported national authorities to identify critical equipment for Intensive Care Unit (ICU) care, as well as for case management in hospital settings and at the first level of care.

PAHO facilitated the participation of EMT Coordinators and Health Disaster Coordinators of **Bermuda**, **Cayman Islands**, and **Jamaica** in the Caribbean EMT Coordinators Refresher Course.

In **Costa Rica**, PAHO continued to support partners in developing the plan of action to address COVID-19 in indigenous territories. Further, the team facilitated the development of content for virtual seminars on patient safety, and human resources in health.

The team in **Belize** delivered a webinar on clinical case management of COVID-19 to enhance participants' capacities in treating cases. The team also formalized a strategy with the Ministry of Health to incorporate mental health and psychosocial support in the Ministry's continuous medical education plan.

PAHO **Bolivia** supported the implementation of a new isolation center for mild COVID-19 cases, to facilitate more timely isolation of persons for whom this should be done.

To strengthen the response capacity of the first level of care in remote areas, the Office in **Ecuador** collated data regarding oxygen therapy to better define the distribution of equipment for this procedure. The team continued to guide national counterparts regarding guidelines for the care of COVID-19 patients.

Figure IV: PAHO **Haiti** conducted technical visit to the Sud-Est Department to assess early detection capacities. Source: PAHO

In **Panama**, the team supported national health professionals in two hospitals to develop a guide for the application of oxygen therapy to COVID-19 patients.

Considering the needs of nursing staff working on the front lines, PAHO **Mexico** supported the official launch of a call center to support the mental needs of these professionals.

Operational Support and Logistics

Regional and Country

The regional team continued to collaborate with regional, national, and international partners on all matters related to procurement, shipping, freight, logistics and technical specifications for PPE, oxygen concentrators, in-vitro diagnostics, and other critical supplies and equipment.

Considering the number of suppliers and concerns expressed about the quality of supplies, PAHO made quality assurance a critical component of its procurement activities 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.

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

In **Jamaica**, the team continued to develop a research project on the impact of COVID-19 on the access to essential health services.

The team in **Ecuador** collaborated with their regional counterparts on matters related to the management of HIV during the pandemic. Further, PAHO continued to support the development of the HIV information system, and epidemiological analysis of HIV behavior in the country.

Figure V: The team in **Paraguay** and partners donated tents to the Ministry of Health to be used as safe vaccination spaces for patients who have COVID-19. Source: PAHO

Considering the prevalence of non-communicable diseases, PAHO **Suriname** facilitated a follow up webinar focusing on ways to maintain a healthy lifestyle during the pandemic for persons affected by NCDs. The event generated 5,300 views on the Office's social media platform.

PAHO **Argentina** organized a technical consultation to develop a virtual course regarding sexual and reproductive health, to strengthen the capacities of health personnel to work in conditions of violence in general and in the context of the pandemic. The team also evaluated the training program: "Management in Transfusion Medicine", in the context of the Safe Blood Project of the Ministry of Health.

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.

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
• **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.	• **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.