

---

# ANNUAL REPORT OF THE DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU - 2020 DIRECTOR'S REMARKS—21 JULY 2021

---

21 JULY 2021

- YOUR EXCELLENCY, HONORABLE AMBASSADOR WASHINGTON ABDALA, VICE CHAIR OF THE GENERAL COMMITTEE AND PERMANENT REPRESENTATIVE OF URUGUAY TO THE ORGANIZATION OF AMERICAN STATES
- EXCELLENCIES, AMBASSADORS, PERMANENT REPRESENTATIVES AND PERMANENT OBSERVERS
- YOUR EXCELLENCY SECRETARY-GENERAL LUIS ALMAGRO
- YOUR EXCELLENCY, ASSISTANT SECRETARY- GENERAL NESTOR MENDEZ
- SECRETARIES, DIRECTORS AND OTHER PROFESSIONALS OF THE ORGANIZATION OF AMERICAN STATES
- ESTEEMED COLLEAGUES
- SPECIALLY INVITED GUESTS

*A Very Good Morning to You All*

I am very pleased to share with you the 2020 Annual Report of the Pan American Health Organization, which reflects our technical cooperation achievements in the Region of the Americas during a year of unprecedented challenges.

When I delivered my 2019 report, COVID-19 was not part of that presentation, as we had only recorded the first case in our region on January 20, 2020. However, I did reassure you then that PAHO was working assiduously to assist your Ministries of Health in preparing for and responding to this pandemic and I further called on our experts and partners to take early action. This 2020 report will focus primarily on the Organization's actions to help countries prepare for and control the COVID-19 pandemic.

Your Excellencies- I wish to reiterate that we continue to seek your steady leadership and unstinting support even at this time, as COVID-19 challenges persist for all countries of the Americas Region and solidarity is needed now more than ever.

As of December 2020, COVID-19 had affected 216 countries and territories, globally, resulting in more than 80 million cases and 1.7 million deaths. In our own region over the same period, the pandemic had swept through every country and territory, infecting more than 35 million people and causing around 850,000 deaths. The Region of the Americas has been and remains an epicenter of the pandemic. As in other regions, persons at increased risk of severe illness and death due to COVID-19 included older individuals, those with non-communicable diseases and -or certain underlying health conditions. As of 20 July 2021, more than 75 million cases have been confirmed in our region and the death toll has regrettably reached just under 2 million.

The COVID-19 pandemic has also exacerbated longstanding inequities within and among countries. Because some of the most dramatic wealth disparities in the world are observed in the Americas, COVID-19 has exposed the vulnerabilities of our countries across the health, economic and social sectors as well as heightened disparities by gender, ethnicity, geographic location, access to quality and affordable health services, food insecurity, and housing.

Together, we must continue protecting the health and well-being of all peoples during the COVID-19 pandemic even while we recognize the tremendous fiscal, economic, and social protection challenges faced by all countries as they struggle to meet the colossal demands generated by this pandemic.

When the first cases were reported in our region in January 2020, PAHO immediately activated its Incident Management System Teams [or IMST] at the regional level and in every country office. These teams provided direct emergency assistance to Ministries of Health and other national authorities in the areas of surveillance, laboratory diagnostic capacity, health care services, infection prevention and control, clinical management, and risk communication. Early in the pandemic, PAHO planned

and implemented the deployment of personnel and supplies to strengthen the capacity of national health systems and frontline health care workers. PAHO also supported the design and activation of national emergency plans, providing personal protective equipment [or P-P-Es] and developing the necessary technical guidelines for national efforts to mitigate the impacts of the pandemic. I would like to assure you that these efforts continue.

Between February and March 2020, laboratory training workshops were organized in Brazil for nine South American countries, and in Mexico for seven Central American and Caribbean countries. PAHO dispatched laboratory experts as well as specialists in clinical management, infection prevention and control, and the reorganization of health services to a number of countries and territories to support national response efforts. Additionally, experts on the implementation of *Go.data* - a digital contact tracing platform - were deployed to support Argentina, Brazil, Colombia, and Mexico with their contact tracing initiatives.

One of the most challenging aspects of the response at the regional level was in achieving inter- and intra- country coordination in ways that enabled all Member States to respond in a timely manner and with the highest quality possible within a context of rapidly evolving evidence and information.

Despite the existence of considerable misinformation and premature conclusions regarding what worked and what did not work to contain and mitigate the virus during the early days, PAHO strengthened its Regional Database of Health Technology Assessments for the Americas (BRISA). There are now over 312 reports tabled in its COVID-19 section. Currently, PAHO's Virtual Health Library contains a "window of knowledge" on COVID-19, and health professionals can access up-to-date technical and scientific materials through PAHO's different portals and repositories. As of December 2020, more than 277,000 users had accessed these critical informational resources. PAHO also collaborated with 24 National Regulatory Agencies across the Americas to

share recommendations and evaluations on approved efficacious, safe, and high-quality products that could be used to manage COVID-19.

As the global scientific community raced to identify and assess the efficacy of potential therapeutics, PAHO reviewed findings from over 1,700 clinical trials and 70 therapeutic options to support health authorities in their evidence-based decisions for patient care. As a result, the therapeutic options have been summarized, providing health authorities with timely synthesis of evidence to ensure that populations have access to recommended effective and safe interventions.

Given that we were navigating through uncharted territory with this pandemic, national healthcare teams required additional training to build certain skills and competencies. In response, PAHO conducted over 250 in-person and virtual training sessions on topics such as prevention, testing, contact tracing, and standards of care. We developed, adapted, and translated more than 110 technical documents and tools for use in the Americas. To increase preparedness and effectiveness, PAHO supported the development of COVID-19 modeling, which projected how epidemiological trends could evolve as the virus spread across the Americas and we made these models available to our Member States.

In addition, PAHO supported the strengthening and installation of SARS-CoV-2 virus laboratory diagnostic capacities in 35 countries and territories. The Organization also purchased and distributed laboratory reagents, PPEs, and medical supplies and equipment to 38 countries and territories.

The Bureau successfully mobilized over US \$263 million from key donors and partners, including international and governmental agencies, individuals, and nonprofits to fund its COVID-19 technical cooperation requirements and to provide supplies for the fight against COVID-19 in the Americas. This amount included direct financial support to PAHO, contributions channeled through WHO, and agreements with PAHO member states with support from a range of international financial institutions.

Despite lockdowns and border closings, PAHO was able to effectively help countries with logistics and transportation. Disaster response and epidemic alert teams collected, prioritized, and shipped much needed supplies to countries.

By the end of 2020, PAHO had delivered to 34 countries and territories of the Americas 667 tons of protective equipment and diagnostic supplies, including nearly 6.38 million pairs of gloves, 366,000 goggles, more than 1.9 million protective gowns, over 3.3 million face shields, and almost 37 million respirators and N-95 surgical masks. We also donated and delivered over 8 million SARS-CoV-2 PCR tests and 1 million antigen-based tests.

Because contact tracing is critical for monitoring and controlling the spread of the virus, PAHO trained health workers in 31 countries and territories on the *Go.Data* application in collaboration with the Global Outbreak Alert and Response Network - GOARN. This application supports the investigation and management of suspected COVID-19 cases, displaying transmission chains, and facilitating contact tracing.

Given the evolving COVID-19 virus mutations, PAHO has worked to establish a regional genomics surveillance network to monitor coronavirus variants in our populations. This type of surveillance will enhance countries' capacities to reorient or adjust their public health control and prevention measures.

Within the Access to COVID-19 Tools [ACT] Accelerator, GAVI- the Vaccine Alliance, CEPI- the Coalition for Epidemic Preparedness Innovations and WHO together with multinational and developing country vaccine manufacturers launched the COVAX Facility in 2020. This Facility sought to provide governments with the opportunity to benefit from a large portfolio of COVID-19 candidate vaccines using a range of technology platforms, produced by manufacturers across the world, thus guaranteeing a bigger market to provide security of demand - often with greater scope than individual governments or regional groups could support on their own. The COVAX Facility was, therefore, envisaged as a global risk-sharing mechanism for pooled procurement and equitable distribution of eventual COVID-19 vaccines.

PAHO's Revolving Fund for Vaccines is supporting access to COVID-19 vaccines from the COVAX Facility for the Region of the Americas, while UNICEF is facilitating access for the other WHO regions. Globally, 187 countries and territories are now participating in the COVAX Facility and these countries fall into two categories, namely: self-financing countries and territories, of which there are 27 in our Region, and countries eligible for Advance Market Commitment [AMC] support, of which there are 10 in our Region.

The 27 self-financing countries and territories on our Region have signed commitment agreements with GAVI and have already met the COVAX Facility's financial requirements -- an allocation of more than \$1.1 billion in down payments and financial guarantees.

I must emphasize that, regardless of AMC eligibility or self-financing status, PAHO views all participating countries and territories as one group, united together in solidarity and purpose. To that end, the PAHO Secretariat convened a special session of the Regional Committee of WHO for the Americas on December 10, 2020. Member States adopted a resolution recognizing PAHO and the Revolving Fund as the Pan American technical cooperation mechanism most suitable for providing equitable access to COVID-19 vaccines throughout the Region. The resolution also called for Member States to actively participate in the COVAX Facility and to advocate for solidarity, affordable pricing, and equitable allocation.

Your Excellencies, I am appealing to all Ambassadors to help us to preserve and maintain the Revolving Fund, as a regional public good. For more than forty years PAHO's Revolving Fund has built a sturdy collaboration with our Member States, providing robust support in facilitating their access to efficacious, safe, quality and affordable vaccines and with the implementation of their national immunization campaigns.

Our work to increase the visibility of our region within the global scenario of this pandemic has been unceasing. On behalf of the Organization, I together with our Assistant Director as well as other senior PAHO staff have been utilizing our Weekly Press Briefings, my participation in WHO's Global Policy Group Meetings, our engagement with ECLAC, the international Finance Institutions and other agencies, my meetings with key extra-regional personalities and numerous others to emphasize that the Americas has been and continues to be at the epicenter of this outbreak and to advocate for enhanced vaccine allocations from the COVAX facility based on our epidemiologic realities.

Although our COVID-19 pandemic response demanded our full attention and focus as well as a significant injection of financial and human resources, the Organization simultaneously pursued vigorous efforts to fulfill some of our other strategic goals and commitments for 2020. We regrouped and planned different modalities via which to deliver our technical cooperation especially for those critical high priority public health programs.

For example, non-communicable diseases, an area which has been a key focus of our work, became even more critical within the context of COVID-19. Epidemiologic and scientific data have demonstrated the increased likelihood of mortality from COVID-19 infection among those with non-communicable chronic diseases, and we are keenly aware that appropriate screening, diagnostic and treatment services for NCDs have been delayed due to prolonged lockdowns and disruptions in health services.

To estimate the population at increased risk of severe COVID-19 disease due to underlying health conditions and to help countries plan their health services during this critical time, PAHO developed a regional modeling tool. This tool revealed that 325 million people in the Americas were at increased risk of experiencing severe COVID-19 illness due to NCDs and-or their risk factors. PAHO provided information and guidance to the public and established a dedicated webpage for NCDs and COVID-19. Additionally, 2,500 health professionals working on NCD prevention and nutrition

completed introductory social marketing courses addressing NCD risk factors and COVID-19.

As you may be aware, the monumental challenges of the COVID-19 pandemic have generated a substantial upsurge in the reported incidence of depression and anxiety in our Region. PAHO supported 27 countries to meet the increased demands for essential mental health and psychosocial support (MHPSS) services, through the establishment of a multisectoral coordination platform as part of their COVID-19 national response. We further supported countries to train their health workers at the primary care level on the management of mental health conditions.

The impact of the COVID-19 pandemic on the mental health of populations and mental health systems and services in the Region has been profound and is likely to persist and be felt long after the pandemic recedes. Once again, I would like to underscore that political leadership together with significant investments in health financing and human resources will be needed to address the gaps. Additionally whole-of-society approaches will be required to establish comprehensive multisectoral mental health responses during the COVID-19 pandemic and beyond.

To respond to the rise in domestic violence reported during the COVID-19 pandemic, PAHO intensified its technical cooperation to seven countries with the aim of improving the health sector's response. Efforts included strengthening the policy dialogue with governments and partners on how to better identify and reach victims of abuse and enhancing the training of health and helpline workers to better address these challenges.

In terms of tobacco control, three countries (Bolivia, St. Lucia and Paraguay) adopted smoke-free regulations aligned with the WHO Framework Convention on Tobacco Control, bringing the number of countries and territories with smoke-free regulations within the region up to 23. In addition, Mexico introduced a ban on



electronic cigarettes, while Peru adopted an automatic indexation of its excise tax on tobacco products and Trinidad & Tobago increased excise taxes on tobacco products.

Regarding our work in the area of nutrition, Mexico joined three countries in the Region (Chile, Ecuador, Peru) in implementing a strategy to discourage the consumption of processed or ultra-processed products through front-of-package warning labeling, while Uruguay will join the group early in 2021.

In 2020, PAHO continued to pursue its ambitious communicable disease elimination agenda including the eradication of neglected infectious diseases such as onchocerciasis, filariasis, trachoma, human rabies, leprosy, and vector-borne Chagas disease.

In addition, the Master Plan for HIV, TB and malaria developed in 2018 continues to represent a blueprint for our HIV and TB response. The Global Fund provided US\$6 million dollars to PAHO's Strategic Fund for the procurement and distribution of antiretroviral medicines, saving the lives of over 45,000 persons living with HIV in Venezuela. Between April and December, all countries in the Region benefited from virtual monthly meetings during which we discussed the latest guidelines on TB and COVID-19, and updated WHO TB guidelines.

With PAHO's technical support, nine countries and territories have committed to moving forward in strengthening access to safe Water, Sanitation and Hygiene (WASH) services in health care facilities. The European Union and the Green Climate Fund provided financial support to Argentina and 12 English-speaking Caribbean countries and territories to prepare and launch health chapters within their National Climate Change Adaptation Plans.

In February 2021, we reached a significant public health milestone on our elimination agenda and in this regard, I would like to publicly congratulate El Salvador

for achieving WHO's certification of the elimination of malaria - a disease which for many years had caused unspeakable suffering and death, particularly among the most vulnerable populations in that country.

I would also like to recognize the combined efforts of all sectors of society, the government of El Salvador, and, especially, the thousands of health workers and volunteers who have toiled for more than 50 years to eliminate malaria.

I do hope that this achievement will be a real inspiration for other countries in Central America and the Region to continue their fight against this disease. Eliminating malaria is possible and it is the right path forward. Through our Elimination Initiative, PAHO will continue supporting the countries of the Region with the elimination of other diseases, as we have done with malaria.

Besides the technical cooperation provided to countries for making their health system and services more integrated, and effective, PAHO reinforced its support to all countries and territories for the reorganization of health services in order to respond to the pandemic. Over 632,000 health professionals from 35 countries and territories in the region had taken COVID-19 courses in our Virtual Campus of Public Health during this review period.

PAHO and ECLAC collaborated to issue a joint report on the need to control the pandemic to enable safe reopening of the economy within the context of COVID-19. It called upon States to demonstrate effective and dynamic leadership and stewardship through national plans that incorporate health, economic and social policies. We also launched the renewal process for the Essential Public Health Functions to strengthen critical capacities and received critical inputs from ten countries and more than 20 National Institutes of Public Health and Universities throughout the Region.

To help strengthen National Regulatory Agencies within the context of COVID-19, PAHO conducted 124 quality assurance evaluations to facilitate the procurement of 78 products on behalf of Member States, and supported quality assurance processes for the regional procurement of medicines and medical devices, including medicines, PPEs and biomedical equipment.

As of 2020, the Caribbean Regulatory System (CRS) issued 71 product recommendations to Member States, including its first orphan drug (satralizumab) for the rare disease neuromyelitis optica spectrum disorder (NMOSD), and two diagnostic test kits for COVID-19.

While COVID-19 vaccination is an urgent and vital priority for the region, PAHO has continued to maintain a concerted focus on all immunization efforts in order to avoid the re-emergence of those high-priority vaccine-preventable diseases, especially those for which eradication or elimination of indigenous transmission has already been achieved in this region. For example, in 2020, our region celebrated 26 years free of wild poliovirus circulation, but we must all recognize the critical importance of protecting and sustaining such public health gains, as the opportunity costs to control any of these re-emerging outbreaks in the future will be prohibitive.

During the year under review, 13 countries made use of the observance of Vaccination Week in the Americas to vaccinate against influenza in order to avoid a potential double burden of respiratory illness due to the co-circulation of COVID-19 and influenza viruses. This vaccination initiative, which prioritized health care workers, older adults, and persons with chronic illness, reached more than 100 million people in the Region. Ten countries vaccinated more than 250,000 children and adults against measles, and several countries and territories enhanced their Polio and HPV vaccination campaigns. Additionally, in 2020, 13 countries and territories in the Region, including the Bolivarian Republic of Venezuela, succeeded in stopping measles virus transmission.

To increase readiness for the deployment of COVID-19 vaccines, PAHO supported 20 countries and territories in evaluating their national cold chain capacities and in updating their cold chain equipment and transportation inventories.

Finally, PAHO worked with countries and territories in our region to upgrade their perinatal surveillance mechanisms, developing a Perinatal Information System for the surveillance of women and newborns with COVID (SIP COVID) and maternal mortality due to COVID.

PAHO strengthened our already close alliance and collaboration with the OAS, by convening Ambassadorial briefings on COVID-19 as well as through our participation in your Joint Summit Working Group meetings. In this context, we were pleased to facilitate the discussion on Pandemic Response and Resilience, which is one of the priority topics identified for the Ninth Summit of the Americas in 2022. We have also engaged actively with Member State Presidents and Prime Ministers via a variety of different fora, including meetings of the regional integration mechanisms.

With Secretary-General Luis Almagro, I had the honor of presenting in the Joint Summit Working Group meetings, as a platform to update members on the Regional COVID-19 response and as a safe space to share information with the Inter-American System agencies, including the development banks, and international organizations such as OECD, ECLAC, UNDP, OIM, and others. These meetings have revealed that the multilateral system and its agencies are much more capable of responding to Member States' needs when we act together and in a coordinated manner. I believe that this message needs to be reinforced now more than ever.

With the OAS, PAHO helped to establish permanent coordination mechanisms and high-level agreements between the education and health sectors to better align education policies with current and future needs of health systems.

As part of its Agreement with the OAS, PAHO developed a virtual course for Haiti entitled “Health Systems Preparedness during Crisis Situations,” in collaboration with the Galilee International Management Institute (GIMI) and the Haiti Ministry of Public Health and Population.

Further, PAHO continued its collaboration with strategic partners - including the Inter-American Drug Abuse Control Commission (CICAD), the United Nations Office on Drugs and Crime (UNODC), and national drug authorities - to strengthen country capacities for the formulation of drug policies with a public health perspective and orientation. In Argentina, in collaboration with the National Secretariat for Integrated Policies on Drugs, local intersectoral plans were developed and approved by several provinces to integrate the prevention and treatment of substance use disorders into the public health services network.

Together with CICAD, we supported national task forces in Saint Kitts and Nevis, Saint Lucia, and Trinidad and Tobago with the formulation and updating of their national drug policies. Direct technical cooperation was undertaken with 11 countries and territories, validating quality standards, and developing a road map for establishing program accreditation systems.

In these complex times, PAHO is immensely grateful to you and all our partners who have made it possible for us to assist countries in the Americas as they battle this deadly pandemic. We are aware that there are enormous challenges still ahead, which will require steadfast leadership, ample resources, and an unwavering demonstration of solidarity. We will continue to be a strong advocate every day on behalf of the people of the Americas. We will work unremittingly with our countries and territories to ensure that COVID-19 vaccines are successfully delivered into the arms of over 465 million people in 2021, while we continue our support to limit transmission, reduce mortality, and provide essential health services.

Significant and sustained interventions by countries are essential to suppress COVID-19, tackle increasing poverty levels, and reduce the health and social inequalities that are worsening throughout the Region.

Nonetheless, while the pandemic has demonstrated the devastating societal and economic impacts of an emerging, widespread threat to health, it has also shown that in collaboration with partners, we can efficiently adapt, innovate, and improve interventions that benefit the peoples of the Americas.

PAHO will continue to reinforce the inextricable linkages between health and the economy and ensure that resilient health systems and essential public health functions remain at the center of equitable and sustainable national development.

Before closing, I would like to take this opportunity to pay tribute to all health workers in the Americas for their sterling work, their unstinting dedication and their unwavering commitment during this most unprecedented health crisis in our history. They have shouldered enormous responsibilities to save and maintain life and, in many instances, they provided comfort at the end of life, while risking their own lives and mental health. These men and women are truly heroes, who deserve our deepest respect, appreciation and recognition. We pay the highest tribute and respect to those more than 9,819 health workers who lost their own lives in this battle.

I wish to take this opportunity to recognize and thank the PAHO Secretariat staff at both our headquarters and in the countries for their sustained dedication and commitment in the response to this pandemic, while concurrently supporting the delivery of essential health services and the priorities in the PAHO Strategic Plan -this during a time of serious financial crisis sparked by the delayed payment of assessed contributions by some member states.

COVID-19 will be with us for some time, and our work to bring the pandemic under control and mitigate its impacts must remain at the forefront of our efforts.

*Leaving no one behind* has become more timely and more urgent than ever before.  
Please wear your mask and thank you all for your continuous support and for your kind  
attention today.

CARISSA ETIENNE

21 JULY 2021