A Very Good Morning to You All

I am immensely pleased to share with you the 2021 Annual Report of the Pan American Health Organization, which reflects our technical cooperation achievements in the Region of the Americas during this second year of the pandemic - a year which has challenged us, but yet gave us reason for hope.

We recorded three times as many COVID infections and deaths in 2021 than we did during the previous year. Hospitals were stretched thin, vital medicines and supplies
ran low, and our health systems were put to the test like never before. While this complex situation forced us to pause, reflect, and take stock, we have learned more about what it really takes to bring this virus under control.

This 2021 report will focus primarily on the Organization’s actions to support countries to respond and control the COVID-19 pandemic, while highlighting the adaptations and innovations of the region to ensure that, even as the response to COVID-19 intensified, progress continued to be made on most of our priorities, as outlined in the PAHO Strategic Plan 2020-2025.

I wish to reiterate that we continue to value and seek your strong and steady leadership and support to effectively control this pandemic and advance the social and economic recovery processes of the region, with health at the center of our efforts.

One of the most instructive and valuable lessons that this pandemic has taught us is the crucial importance of solidarity and Pan-Americanism in our region, values which have been shared over the past 120 years of our existence. Effective collaboration across borders has enabled vaccines to be donated, virus variants to be quickly identified, and countries to adjust their responses based on the latest available evidence. When we have worked together, we have had breakthroughs and generated effective outcomes. However, when countries worked in isolation and when innovations and resources were not shared, we created spaces in which the pandemic was able to thrive. Now is the time to renew and strengthen our commitment to regional solidarity and Pan-Americanism.

This pandemic has negatively impacted families and communities, as well as our societies and economies. COVID-19 has jeopardized the attainment of the 2030 Sustainable Development Goals and some of the objectives of the Sustainable Health Agenda for the Americas, 2018-2030.
In a region with the world’s highest inequity prior to the pandemic, inequities have deepened in areas ranging from access to health services, food and nutrition insecurities, and the availability of personal protective equipment and of COVID-19 vaccines.

In the Americas as of December 2021, COVID-19 had affected more than 104 million people and had resulted in approximately 2.4 million deaths. Thirty percent of all cases and 44% of all deaths reported globally had occurred in this Region, which only accounts for 13% of the world’s population.

In this Region the risk of dying from COVID-19 has also been shown to be higher in ethnic minority groups, indigenous peoples, and those of lower socioeconomic status.

Over the first two months of 2022, countries throughout the Americas experienced the impact of a new, more infectious variant, Omicron. Countries reached new infection peaks, and emergency room visits, hospitalizations and deaths also surged. Between January through February 2022, the Americas had already reported more than 40 million COVID cases and more than 184,000 COVID-related deaths.

The good news is that thanks to the protective power of vaccines, COVID deaths have been declining among vaccinated populations. This underscores the importance of expanding access to vaccines - including boosters, where available - to save lives.

During this reporting period, PAHO continued to assist its Member States in responding to the pandemic. The Organization’s technical cooperation for COVID-19 was delivered through a range of public health pillars, which included risk communication; surveillance, laboratories, and diagnostics; logistics and supply chain management; strengthening of essential health services and systems; and vaccination coverage, among other areas.
PAHO supported medical surge capacities in 23 countries through the deployment of Emergency Medical Teams [EMT] and the establishment of alternative medical care sites [AMCS] for COVID-19. In December 2021, 23 countries reported that at least 100 national EMTs were still deployed, and 129 AMCS were operational, providing a total of more than 6,800 inpatient beds and 1,000 critical care beds.

By December 2021, the Regional SARS-CoV-2 Genomic Surveillance Network (COVIGEN) had included 30 countries and territories in the Americas. Via this Network, PAHO strengthened countries with existing sequencing capacity by providing key reagents, standardized protocols, training, and human resources. Countries with none or limited genomic sequencing capabilities were also facilitated by way of access provided to eight regional reference sequencing laboratories.

Through the work of the Network and PAHO Member States, over 200,000 full genome sequences of SARS-CoV-2 from Latin America and the Caribbean were uploaded to the global platform known as G-IS-AID. This enabled the Region to detect the rise of the Omicron variant of concern early and to adjust its public health and social measures appropriately. We are fully committed to expanding national capacity for genomic surveillance in 2022 and beyond in preparation for future epidemics and pandemics.

During 2021, Member States continued to receive ongoing updates on the COVID-19 pandemic via specially convened PAHO meetings for Ministers of Health, through situational reports, epidemiological alerts, press releases, other informational documents as well as weekly Press Briefings. Weekly reports were also published with SARS-CoV-2 surveillance indicators, as well as those related to influenza and other respiratory viruses.

PAHO is supporting the use of epidemiological and surveillance tools for its Member States to improve surveillance of COVID-19 and other potential emerging diseases. Notably, the use of an Epidemic Intelligence Tool from Open Sources has been expanded throughout the region to support Member States in Event-Based Surveillance
built around artificial intelligence and machine learning. In addition, the Early Warning, Alert, and Response System (E-WARS) has been deployed in health emergencies as an adjunct to the national disease surveillance system.

PAHO’s logistics hub in Panama has supported the delivery of 747 tons of medical supplies to 36 affected countries and territories via 348 international and national shipments. A humanitarian dispatch occurred on average every 48 hours, underscoring the criticality of PAHO’s strategic reserve and emergency logistic mechanisms. These were enhanced during the COVID-19 pandemic and utilized for other concurrent emergencies, such as the volcanic eruption in St. Vincent and the Grenadines and the earthquake in Haiti.

PAHO’s strategic stock is maintained with voluntary contributions, partner donations, and PAHO’s own resources. PAHO strengthened its technical cooperation, and its partnership with Direct Relief, mobilizing 38 shipments of medicines and medical supplies to countries in need.

PAHO enabled increased access to essential health supplies for COVID-19 through advocacy, coordination, and negotiation within key global mechanisms such as COVID-19 global supply consortium and the Access to COVID-19 Tools (ACT) Accelerator.

During 2021 the PAHO Strategic Supply Fund procured $318 million of medicines and other public health supplies on behalf of 30 participating countries and entities, impacting over 41 million people and constituting a four-fold increase in the utilization of the Strategic Fund when compared to the same period in 2019.

In 2021 the Strategic Supply Fund helped to mitigate major disruptions to healthcare supply chains, through successfully procuring $180 million worth of COVID-19 diagnostic tests, personal protective equipment, laboratory, medical equipment, and ICU-critical medicines for 18 countries, supporting approximately 24 million people in the region.
PAHO provided technical guidance to 53 countries and territories with the reorganizing of health services and in expanding capacities to respond to the COVID-19 Pandemic. With PAHO support, countries were able to better monitor their health services, particularly at the primary level of care.

PAHO strengthened and adapted its Virtual Campus for Public Health for strategic technical cooperation, delivering more than 30 COVID-19-related courses to one million health workers throughout the Americas. The Campus averaged 40,000 new health workers every month in 2021.

Today, more than 1.3 billion COVID vaccine doses have been administered in the Americas. Although the rollout of these vaccines has not been as rapid as we would have liked, nor as evenly distributed, today 65 percent of people across Latin America and the Caribbean have been fully vaccinated against COVID-19.

This success has been possible thanks to the hard-fought efforts of our countries together with the generous support of donors like Spain, Canada, and the United States, which helped our Region to secure vaccine doses when the supply was limited.

While the Region today has some of the highest rates of COVID-19 vaccination coverage in the world, serious gaps remain, and some countries are being left behind. For example, in the Caribbean, the Cayman Islands has protected more than 90% of its population with COVID vaccines, while less than 1% of people in Haiti have been immunized. As we strive to reach the WHO goal of vaccinating 70% of the population in each country by July 2022, 13 countries have yet to achieve 40% coverage, and 10 of these countries are in the Caribbean.

More than one in four people across the Americas have yet to receive a single dose of vaccine, and if we focus on low- and middle-income countries, more than half of these populations have yet to receive a single COVID-19 vaccine.
To bring this virus under control, our Region must address the vaccine inequity in practical and sustainable ways and the very serious challenge of vaccine hesitancy, even when there is ready access to vaccines.

Your Excellencies, there is no magic bullet against COVID-19 and that is why I would like to emphasize that we must embrace sound public health measures, including social distancing, testing, and vaccination. Decisions and actions must be grounded in evidence. We urge countries to heed the advice of PAHO, WHO, scientists, and regulators whose collective expertise inform and guide us.

As we have seen with COVID vaccines, procurement and supply chains can be major barriers to access. To alleviate some of these barriers, PAHO has been collaborating with Member States and public and private institutions to expand the regional production capacity for vaccines, medicines, and other health technologies and to advocate for the creation of markets that would be sustainable and reduce dependence on imported products.

In August 2021, PAHO launched the Regional Platform to Advance the Manufacturing of COVID-19 Vaccines and other Health Technologies in the Americas, with two projects being selected to begin the process for mRNA technology and two countries selected as quality assurance hubs for strategic medical supplies.

PAHO is prepared to support countries, and other partners to find alternative solutions to enable access to future COVID therapeutics and other health technologies. This region has the technical expertise, manufacturing capacity, regulatory infrastructure, and an effective pooled procurement mechanism via our Strategic Fund that, if effectively leveraged, will help to accelerate access to these much-needed technologies.
The mental health and well-being of populations have also been severely impacted by the pandemic as evidenced by the high reported rates of stress, depression, and anxiety. Concomitantly, the pandemic resulted in significant disruptions to mental health services, and it has now been more clearly appreciated that these essential services must be rapidly expanded in order to adequately satisfy the escalating needs and demands. Support for the development and implementation of mental health policies, plans, laws, together with capacity building have been strengthened throughout the region. Thirty-four countries and territories now have a mental health policy or plan approved by their respective governments, with an emphasis on community-based mental health care.

Last year PAHO proposed a new Policy on mental health for adoption by Members States in 2022 and last month launched a Commission on Mental Health comprised of regional leaders and experts.

Due to the increasing suicide rates in the Region, suicide prevention now constitutes an important focus of our work. A new Regional Suicide Report was published in 2021, and five countries [Argentina, Costa Rica, Suriname, Guyana, and Trinidad & Tobago] are implementing suicide prevention activities with technical guidance from PAHO, including the conduct of situational assessments and stronger surveillance implementation.

In addition to the higher levels of pandemic-associated stress and anxiety in the population at large, increased alcohol consumption was also observed together with much misinformation about alcohol, resulting in hundreds of deaths due to the consumption of adulterated alcohol.

*Pahola*, the new PAHO digital health worker dedicated to alcohol-related topics was launched in November 2021, along with a communication campaign that achieved about 115 million hits across all media during a 10-week period. Pahola is based on artificial intelligence and can autonomously interact with users, empathetically,
anonymously, answering questions and providing feedback on a variety of alcohol related topics, from any device, 24 hours a day, to an unlimited number of users. Her near human features are engaging and facilitates a connection with the user.

The pandemic has also exacerbated the difficulties faced by persons with substance-use disorders, who, in turn, face higher risks of poor outcomes related to COVID-19 infection. PAHO will provide technical support to Colombia, Costa Rica, Ecuador, Guyana, Jamaica, and Panama to bolster national capacities to better respond to substance-use related problems. PAHO’s work in this area will also provide strategic opportunities for enhanced collaboration with other relevant partners, such as the Inter-American Drug Abuse Control Commission.

Improving the response to sexual violence, including post-rape care, was critical in the context of COVID-19, given increased demands for support by victims. The Organization has rolled out a series of capacity-building workshops on strengthening the health system response to sexual violence against women and girls, with the active participation of health policymakers and health managers from seven priority countries [Argentina, Bolivia, Ecuador, Dominican Republic, Honduras, Peru, and Paraguay].

PAHO maintained its focus on health throughout the life course to address the increased vulnerabilities of women, mothers, children, adolescents, and older persons during the pandemic, using a variety of interventions in schools, workplaces, and urban settings to promote health and safety.

As part of these efforts, the Organization enhanced COVID-19 surveillance among pregnant women and newborns and conducted a review of scientific information on children and the pandemic related to the re-opening of schools, the use of masks and other public health and social measures as well as the direct and indirect effects of the pandemic. This work has generated recommendations for concrete actions to mitigate the indirect effects of the pandemic on health, learning, and wellbeing, and to ensure support for children, their families, and school staff.
PAHO and the OAS have continued to introduce school-based activities centered around the prevention and control of non-communicable diseases, in line with the workplan of the Inter American Committee on Education 2019-2022. This work includes activities aligned with the PAHO Plan of Action for the Prevention of Obesity in Children and Adolescents, and the monitoring and evaluation of school environments that are conducive to the prevention of NCDs.

We now have an innovative approach for continuing NCD surveillance during the COVID-19 pandemic through the application of mobile phone surveys. Surveys were implemented in five countries [Antigua & Barbuda, Belize, Bolivia, Honduras, and Paraguay] and the data, which was generated on how people with NCDs have been affected by COVID-19, will inform future policies and actions.

The strategic application of taxes to support health priorities continues to be part of the comprehensive plan to reduce the risk factors associated with noncommunicable diseases in the region. PAHO continues to work collaboratively with agencies in the InterAmerican system on these approaches.

In collaboration with the International Agency for Research on Cancer (IARC), PAHO worked with Ministries of Health in twelve countries from Latin America and ten countries from the Caribbean to assess and build capacity to improve screening for breast, cervical, and colorectal cancers. The initiative is part of a global Cancer Screening in Five Contents [CanScreen5] project to improve cancer screening programs.

PAHO supported Chile, Jamaica, St. Kitts & Nevis, and Paraguay to develop preventive cervical cancer strategies and improve screening as part of the Global Elimination Strategy. In collaboration with strategic partners, PAHO created a virtual monthly tele-mentoring program on cervical cancer elimination with countries in Latin America.
PAHO is providing technical assistance to 14 countries in Latin America and the Caribbean that have committed to implement the CureALL framework to improve childhood cancer. Eight of these countries [Peru, Panama, El Salvador, Dominican Republic, Guatemala, Costa Rica, Haiti, and Nicaragua] have developed national childhood cancer plans, and have defined priorities to strengthen health services and quality of care for children with cancer.

Twenty-one countries are benefitting from PAHO’s technical cooperation through the HEARTS in the Americas Initiative, for improved management of hypertension in a primary care setting. Five of those countries joined during 2021. There are now more than 1,000 primary care centers where the HEARTS technical package is being implemented, including 306 new health centers in 2021.

Updated technical tools have been developed and deployed, including the New Hypertension Clinical Pathway and the PAHO Cardiovascular Disease Risk Calculator, a free application that estimates the possible 10-year risk of myocardial infarction, stroke, or cardiovascular death, as well as a new Regulatory Framework for Blood Pressure Devices to help improve the use of validated blood pressure devices in clinics.

National assessments of rehabilitation and assistive technology services have taken place in Bolivia, Dominican Republic, and El Salvador. These assessments will underpin the development of new plans and policies for rehabilitation and assistive technologies in 2022 and will integrate learning on how the COVID pandemic has impacted rehabilitation services.

PAHO continued to pursue its ambitious communicable disease elimination agenda and in 2021 El Salvador became the first country in Central America to be certified free of malaria by PAHO/WHO. This certification represents the culmination of more than 50 years of an unwavering commitment and dedicated work by El Salvador to eliminate this disease.
In 2021, Dominica joined seven other Caribbean countries validated by PAHO/WHO for the elimination of mother-to-child transmission of HIV and Syphilis. Achieving such a milestone required the adoption of harmonized and integrated approaches for improving the health outcomes for women and their children.

Guyana is the first country in the world to have successfully completed the required two rounds of triple-therapy massive drug administration for Lymphatic Filariasis. Impact assessment surveys are now underway as a final stage to elimination.

PAHO continued its implementation of the Smart Hospitals Initiative in Belize, Dominica, Grenada, Guyana, Jamaica, Saint Lucia, Saint Vincent and the Grenadines, British Virgin Islands, and Sint Maarten. By the end of 2021, retrofitting of 49 health facilities had been completed, five full designs were transferred to Ministries of Health, and retrofitting of seven additional health facilities was initiated.

Despite the ongoing COVID-19 pandemic, increasing recovery of regular HIV, TB, malaria, and NTDs [Neglected Tropical Diseases] services in the Region, was possible due to innovative technical cooperation. This included virtual assessment missions, loan negotiations, and virtual engagement with national authorities.

Eleven countries in the Americas joined a global initiative to develop climate-resilient and low-carbon health systems during the UN climate summit in Glasgow (COP26). The countries - Argentina, The Bahamas, Belize, Chile, Colombia, Costa Rica, Dominican Republic, Jamaica, Panama, Peru, and the United States - joined 39 others, which had agreed to participate in the COP26 Health Program, an initiative that includes PAHO/WHO.

In April 2021, the Organization celebrated its 19th Vaccination Week in the Americas, with the participation of 43 countries and territories. Almost 100 million people were vaccinated with routinely programmed vaccines as well as with the new
COVID-19 vaccines. PAHO also supported Member States in the planning, implementation, and evaluation of COVID-19 vaccination campaigns.

With over 40 years of experience in pooled vaccine procurement, PAHO’s Revolving Fund delivered 50 million doses of COVID-19 vaccines (WHO EUL) to 33 countries and territories in 2021. The Fund also supplied 267 million doses of 58 different routine vaccines and over 600 million syringes for 41 countries and territories.

_Ladies and Gentlemen_, I would like to pause for a moment to underscore that the PAHO Revolving Fund for Vaccines is an integral pillar of our technical cooperation with countries. This expression of Pan-American solidarity for public health has given all Member States access to quality and safe vaccines, at a single price for any product, regardless of their economic status. This is an extraordinary testament to regional solidarity and the power of regional pooled procurement.

Immunization programs in the Region have contributed significantly to our populations’ well-being over the past five decades. However, this very success creates a risk that complacency may undermine future progress. Moreover, access to vaccines remains inequitable, and progress in expanding immunization coverage remains less than optimal. To address these challenges PAHO’s Directing Council approved in 2021 a Policy to provide strategic guidance to reinvigorate immunization programs in the Americas as a public good for universal health.

In October 2021, the UN Decade of Healthy Aging (2021-2030) was officially launched in the Region of the Americas. PAHO organized virtual events and technical meetings before the launch to ensure strong stakeholder engagement.

Last year, Member States approved two regional policies on digital and technology solutions for public health: the Roadmap for Digital Transformation of the Health Sector in the Americas, and the Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies, becoming
the first WHO Region to accelerate innovative processes for the digital transformation of the health sector.

Honorable Chair, let me thank the OAS for its collaboration on multiple priorities. I want to congratulate the OAS for the adoption of an important resolution at their November 2021 General Assembly on the Developments in the COVID-19 pandemic and its impact on the hemisphere. It defined relevant strategic actions to advance our joint efforts to defeat the pandemic and enable the Region to recover.

Last week, we had an incredible opportunity to address key issues related to the COVID-19 pandemic at the 9th Summit of the Americas and we are indeed extremely pleased and grateful that an Action Plan on Health and Resilience in the Americas was launched. This Action Plan is intended to assist our countries and partners to prevent, prepare for, and respond to future pandemic threats and other public health emergencies, while also expanding the equitable delivery of healthcare and public health services to remote, vulnerable, and marginalized populations.

Recognizing that the implementation of this Action Plan would require additional investments in our health systems, the USA Administration announced a new program which is well-aligned with the Global Health Worker Initiative. This Americas Health Corps, which was launched by the U.S. Government and the Pan American Health Organization, will provide basic and specialized training to 500,000 public health, health science, and medical professionals throughout the region within five years. It is envisaged that the outputs of this Initiative will strengthen public health and health care systems, contribute to make access to public health services and health care more equitable, and enhance pandemic prevention, preparedness, and response while increasing economic resilience in the region.

Before closing, I would like to recognize and applaud the herculean efforts of all countries in responding to the enormous challenges generated by the COVID-19
pandemic. Sustained Investments in pandemic preparedness are critical for the prevention, detection, and response for the inevitable next pandemic.

COVID-19 has also presented opportunities, such as the increased prioritization of health as essential to the development agenda. We need to learn from our successes and where we have fallen short during this pandemic.

As we continue to fight this virus, we must do more than just stopping COVID-19. We must commit to and deliver on building a more equitable, healthier world. This means ensuring that our Region is more resilient through preparedness to effectively respond to the next health emergency; through building self-sufficiency and manufacturing capacity for the required medical products and health technologies; and in strengthening and re-orienting our health systems to achieve the promise of universal, people-centered health coverage.

Your Excellencies - On December 2, 2022, PAHO will reach the extraordinary and historic milestone of 120 years of providing uninterrupted technical cooperation to the Region of the Americas. Since 1902, the Pan American Sanitary Bureau and PAHO Member States have remained steadfast to the founding vision of the Organization, leading strategic collaborative efforts to promote equity in health, combat disease and improve the lives of the peoples of the Region. PAHO’s success results from the unwavering commitment of the Member States, the investments made in health and of our solidarity in addressing shared challenges.

I wish to thank all of our partners for their continuing contributions, which have made possible the Region’s enormous achievements in public health. The Region of the Americas has demonstrated its global leadership throughout its remarkable and memorable history.

Looking ahead, we stand ready to continue to work together with determination and optimism, to protect our public health gains, recover from the negative impacts of
the pandemic, and build back stronger by placing the health and well-being of the people of the Americas at the center of development.

However, as I close, I must appeal to each of you to commit to making those difficult choices that will be essential to truly ensure that no one is left behind and that together we will assure a safe future and planet for this little girl in which she and all others can survive, thrive, and reach their full potential.

Thank you all very much for your continued support and for your kind attention today.

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