
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

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

Link to global operational situation reports
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.

PAHO/WHO Response (01 to 07 September 2020)

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Regional

PAHO/WHO 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.

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.

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.

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

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.
**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.

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**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 surge 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.
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.

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.

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.
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 seroepidemiologic study, SOLIDARITY II, to study the prevalence of the virus.

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.
<table>
<thead>
<tr>
<th>GAPS</th>
<th>CHALLENGES</th>
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<tr>
<td><strong>Surveillance systems</strong>: More capacity-building and equipment for analysis.</td>
<td><strong>Border closures</strong>: 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.</td>
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<td><strong>Information systems</strong>: Data management systems are essential for case monitoring and contact tracing while protecting confidentiality.</td>
<td><strong>Competitive marketplace</strong>: Countries and organizations are competing for limited supplies due to global shortages of PPE and other items.</td>
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<td><strong>Strategic planning and response</strong>: Countries need enough resources to implement national COVID-19 Preparedness and Response Plan and Risk Communication Plans.</td>
<td><strong>Managing infections in healthcare settings</strong>: 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.</td>
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<td><strong>Laboratory test kits and equipment</strong>: National laboratories need more extraction kits and other supplies to keep testing.</td>
<td><strong>Infected healthcare workers</strong>: Infected health workers who are sick or quarantined will strain health systems.</td>
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<td><strong>IPC supplies</strong>: PPEs and supplies (including for WASH) are urgently needed for isolation and quarantine wards. Healthcare workers are hesitant to work without PPE.</td>
<td><strong>Test availability</strong>: Epidemiological monitoring requires more testing. Counterfeit tests are creating risks in resources lost and incorrect analyses.</td>
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<td><strong>Health facility evaluations</strong>: Countries must undertake additional assessments to guide measures for infection prevention and control (including WASH).</td>
<td><strong>Health workforce limitations</strong>: Insufficient human resources hamper countries’ efforts to conduct contact tracing and manage patients in quarantine.</td>
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<td><strong>Resources for and access to populations in situations of vulnerability</strong>: PPE and other supplies are needed in these communities. Logistical challenges must be overcome to deliver these critical goods.</td>
<td><strong>Risk Communication</strong>: The risk perception is still low in some countries/territories.</td>
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<td><strong>Risk communications</strong>: Key messages must be tailored to each country’s context to resonate with intended audiences.</td>
<td><strong>Telephone referral systems</strong>: Some countries are reporting overwhelming call volumes.</td>
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<td><strong>Subnational-level health workers</strong>: A surge in medical personnel is needed to ensure countries can serve their whole populations and obtain more epidemiological data as it becomes available.</td>
<td><strong>Logistics systems</strong>: Many countries are still unprepared to manage the distribution of supplies and equipment.</td>
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<td><strong>Intensive care units</strong>: More ICUs will be needed to manage anticipated severe cases.</td>
<td><strong>Continuity in other health services</strong>: The pandemic has diverted resources from other critical services for programs such as HIV, TB, and noncommunicable diseases (NCDs).</td>
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<td><strong>Migrant access to health services</strong>: Countries are assessing how to serve these populations and better manage outbreaks.</td>
<td><strong>Stigma</strong>: Countries must take steps to reduce stigma towards persons returning from abroad and others associated with higher likelihood of infection.</td>
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<td><strong>Private sector coordination</strong>: This is essential to ensure national protocols are followed.</td>
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