
WEEKLY PRESS BRIEFING ON COVID-19 DIRECTOR'S REMARKS—2 DECEMBER 2020

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Good morning and thank you for joining us. I'm happy to be back for today's press briefing.

This past week, 1.6 million new cases and 22,000 deaths from COVID-19 were reported in our region. In the month of November alone we had over six million new cases reported in the Americas – nearly a 30% increase from the numbers at the end of October.

We've seen record-setting daily cases registered in North America.

In Canada, more and larger outbreaks are occurring in nursing homes and assisted living facilities as well as in hospitals, and cases are spreading among indigenous communities and more remote areas of the country, such as Yukon and Nunavut.

In the U.S., hospitalizations continue to increase with more than 96,000 people currently hospitalized – the highest number since the onset of the pandemic.

In Central America, health authorities in Honduras and Belize are closely monitoring the aftermath of hurricanes Eta and Iota. In Panama, which has been reporting increasing cases nation-wide for a couple of weeks, the Guna-Yala province, home to indigenous communities, has reported the highest increase.

In South America, during the last couple of weeks Brazil has been experiencing an increase in several states, while Argentina's declining cases, a trend that started in early November, continues this week.

In the Caribbean, local outbreaks have been reported in provinces of the east and the center of Cuba.

These continuing cases of COVID-19 are why we must act swiftly, especially in places where the caseload has not been controlled.

And while we're inching closer to an effective COVID-19 vaccine, at this time, we must continue to rely on the public health measures that we can all take and that have helped to curb previous outbreaks: relying on stay-at-home measures, practicing social distancing and wearing masks.

Vigorous government action is also needed to ensure accessible testing to identify cases, robust efforts to isolate symptomatic patients and quarantine their contacts.

We have the tools at our disposal, let's use them.

The pandemic has made it clear that this virus, like other health crises, disproportionately affects the most vulnerable – especially our populations of African descent.

Afrodescendants represent about a fifth of all people in the Americas. They're the dominant racial group in most Caribbean countries, over half of the Brazilian population, 13% of the U.S. population and about one in ten people in Ecuador and Panama, just to mention a few countries with significant populations of African descent.

And while people of African descent in Caribbean islands may face different vulnerabilities from their peers across other parts of our region, in many places, poverty, inadequate living conditions and limited access to health care puts them at greater risk of COVID-19.

Our Afrodescendant populations are on the front lines of our fight against COVID-19. They're among the essential workers who power our sanitation systems, run our public transportation, care for our elderly, and tend to the sick.

Despite their invaluable contributions to society, their jobs make it harder for them to work from home, practice social distancing or take time off, so they're more likely to get infected and, consequently, at higher risk of dying from the virus.

The regional picture for Afrodescendants is still blurred because of limited data. However, the evidence we have from some countries is telling.

In the U.S., the CDC reports that a black person is 2.6 times more likely to contract the virus and twice as likely to die from COVID-19 than their white counterparts.

Death rates among black and mixed-race Brazilians are 1.5 times higher than among white citizens.

And in Ecuador, Afrodescendant males are three times more likely to die from COVID-19 than their female counterparts and they suffer 50% higher death rates from COVID than men in the country's mestizo population.

This disproportional burden is not unique to COVID-19, and in fact it's reflected across our health indicators, from non-communicable diseases to maternal health outcomes. Especially for women of color, who typically have a harder time accessing the health services they need.

The roots of many of these inequities are entangled in our region's long and complex colonial history, which is stained by social injustice and the enslavement of Africans – a heavy heritage that we have not yet overcome, and we see play out in our health systems.

Indeed, systemic racism may pose barriers to appropriate care, result in mistrust in health providers and, ultimately, cause worse outcomes for black patients in many countries in our Region.

COVID-19 has shed a harsh light on this reality – and against the backdrop of urgent calls for racial equality in the U.S., Brazil and other countries in our region – we urge health authorities to face this pressing challenge.

PAHO is committed to addressing this injustice and has commissioned a report on the health of Afrodescendants to shed light on this issue and the actions required to better serve them across our Region.

We're taking this issue as a priority and mainstreaming it into our programs, including by convening our Member States around an actionable agenda established by Afrodescendant leaders in our Region, focusing on three key points:

- **First, better data:** Much like COVID-19, the effectiveness of our strategies depends on understanding what is happening on the ground. Countries must do a better job at recording ethnicity information in health registries. This is key for better and more targeted prevention and care.
- **Second, greater participation:** Health programs that address vulnerabilities of communities of African descent must be developed and implemented alongside these communities. This includes, black health workers, public health experts, and community representatives, especially women, who must have a seat at the table.
- **And third, improved access to services:** PAHO is committed to universal health coverage in our region, which can only be achieved by designing programs that address the cultural and social differences that prevent populations of African descent from being adequately served.

PAHO has provided Member States with updated guidance to contain COVID-19 among those most vulnerable using the agenda I've just laid out.

It's also critical that Afrodescendants in our region have the means to protect themselves from the pandemic, especially social protection and support systems required to adhere to public health measures.

As a woman of African descent, born and raised in the Caribbean, as a doctor and a public health leader in our region, I'm fully aware of the racial dimensions of this pandemic and I'm committed to promote the change we need. So is our team at PAHO.

Our organization was built on the principle of solidarity. When nations work together to overcome shared challenges, and when they share resources and diverse perspectives, we all grow stronger and more resilient.

Today marks the 118th anniversary of the Pan American Health Organization. We were founded, here in Washington, DC, by President Theodore Roosevelt and other leaders of the Americas on this day in 1902.

Since then, our union has grown and become more diverse, establishing itself at the core of public health in the Americas. It was clear then, as it is now, that health is at center of development for our Region.

After nine months of living under the grip of COVID-19 in the Americas, the principles of our foundation remain central to PAHO's daily work on the pandemic and will ultimately, pave our way out of it.

The pandemic is an urgent call to action on racial inequities, an opportunity for us to do better and make good on our promise of health for all.