Good morning and thank you for joining today’s press briefing.

Since the start of this pandemic, less than a year ago, the Region of the Americas has recorded nearly 31 million cases and 787,000 deaths due to COVID-19. This represents roughly half of all COVID-19 infections and deaths worldwide.

In the last week alone, there were nearly five million new COVID-19 infections reported – most in North America, where Canada and the U.S. continue to be the principal drivers of new cases. In Canada, hospitalizations are mounting, particularly in its central regions, raising concerns about hospital capacity. In the U.S., deaths have surpassed 300,000, a milestone that underscores the human toll of this crisis.

In Central America, Panama and Belize are seeing a rise in COVID-19 infections. Some hospitals in Belize are already over capacity, raising concerns about the availability of care.

Meanwhile, Honduras, El Salvador, Guatemala, and Nicaragua are reporting relatively low COVID numbers overall. However, we should consider these trends with caution since hurricanes Eta and Iota may have impacted national surveillance systems and many people have been displaced from the affected regions.

Popular tourism islands of the Caribbean, like Bermuda, are experiencing a rise in infections. And unfortunately, after many weeks, Sint Maarten and Aruba have recently reported new COVID-19 deaths.

And as we look to South America, Brazil and Colombia are reporting the highest numbers of new cases, with a worrisome rise in infections within Brazil’s southeastern regions. Bordering areas in Paraguay and Uruguay are also seeing an acceleration in cases, although both countries are reporting rising infections nation-wide.
However, we’re also seeing a reduction in cases in other parts of the continent. Chile has remained stable, and new infections are decreasing in Argentina, Bolivia, Peru and Ecuador.

Today’s press conference will be the last regularly scheduled COVID-19 briefing of 2020. So, I’d like to spend the next few minutes looking back on what is undoubtedly the most extraordinary public health event of our lifetimes.

The Americas are no stranger to disease outbreaks: We experienced a devastating cholera outbreak in the 90s, overcame a deadly H1N1 flu pandemic just over 10 years ago and saw the arrival of Zika in 2015.

In fact, PAHO was founded in 1902, in part to address yellow fever, which was ravaging our region at that time.

But this pandemic stands out in both scale and impact.

And it has put a spotlight on two of the longstanding challenges of our region: inequality and underinvestment of our health systems.

Latin America is one of the most unequal regions of the world, and COVID-19 exacerbated these inequalities.

People living in close quarters or dense urban communities without the necessary infrastructure were unable to follow the basic public health measures necessary to avoid the virus. The many millions who rely on the informal economy for their livelihoods didn’t have the option to stay home. And for people living in marginalized settings and remote areas – like our indigenous communities and migrants – proper health care was often out of reach.

Health systems across our region struggled to manage the influx of COVID-19 cases due to limited supplies, space and staff. The COVID-19 response also disrupted the essential health services that people depend on to manage conditions like HIV, TB, as well as diabetes and hypertension. As a result, patients are at greater risk from these treatable conditions and our region could lose decades of progress against diseases.

2020 should be a clarion call for countries to put health first – now and into the future. The wellbeing of our communities and our economies depend on it.

As we look back over the past year, we must also recall that our region matched tragedy and adversity with determination and solidarity.
Along the way, we learned several important lessons that have informed our approach to this pandemic and will reshape public health well into the future.

First, we learned to follow the latest data to make smart decisions.

Within the early stages of this pandemic, our region had access to COVID-19 PCR tests, trained health workers and a laboratory network that could detect cases within cities and rural communities alike, even before the first COVID-19 patient was identified in Latin America.

This strong surveillance system was critical to understanding how the virus was spreading and how our health systems were faring, which helped governments deliver resources and support to areas in greatest need.

Over time, this data has also been critical to helping countries assess when and how to adjust their public health measures and reopen their economies, while remaining in control of the virus.

Second, we learned to act swiftly and remain dynamic in our response.

At the beginning of this pandemic, governments across the Americas acted quickly to limit the spread of the virus early and buy critical time to prepare health systems for the challenges ahead. The number of ICU beds in Latin America nearly doubled this year thanks to their swift efforts.

PAHO was able to support readiness assessments in more than 500 public hospitals in our region that helped shape country strategies against this virus. PAHO has led hundreds of trainings and donated millions of PPEs and diagnostic tests and issued more than 100 pieces of technical guidance to ensure that health workers understand the latest science and can access the latest tools they need to safely combat this virus.

As hospitals became overwhelmed, most countries also worked to bring vital COVID-19 support, such as testing and contact tracing right down to the community level. They also built their telehealth capacity and community outreach programs so patients could access essential health services without ever leaving their homes.

This made a big difference, not only in protecting hospital capacity, but also in ensuring that more people could access care.

Third – and perhaps most crucially – we learned the power of working together.

Within a matter of months, scientists developed diagnostic tests that could detect the virus in minutes, not days.
Today, our doctors and nurses are better equipped to manage critical patients even as hospitalizations are on the rise.

And as of this week, some of the most vulnerable people in our region are already receiving COVID-19 vaccines, with millions more doses expected early next year.

This timeline is astonishing and a testament to the unprecedented collaboration among scientists, researchers and experts alike.

Global partnerships like the COVAX Facility are also pooling resources, expertise and efforts to ensure that countries have equal access to safe and effective COVID-19 vaccines, under the same timelines. The Americas represent a fifth of all COVAX-participating countries – a testament to our regional solidarity and the value we place on collaboration.

We also saw this spirit of collaboration reflected in this week’s announcement by the Government of Canada that it is donating $255 million Canadian dollars to the ACT Accelerator to support the development, delivery and distribution of COVID-19 vaccines and treatments. These funds will benefit several already-stretched health systems in our region. We hope other countries will join Canada in its demonstration of solidarity and commitment to promoting equitable access to safe and effective COVID-19 tools. Other major donors to our work include the U.S. Centers for Disease Prevention and Control (CDC), the European Commission, the United Kingdom, USAID, the World Food Programme, and the Rockefeller Foundation. We are grateful for their support.

This year, the Americas and indeed the world faced the largest public health challenge of our time.

But this week, we were inspired by seeing the first people in our region get vaccinated against COVID-19.

And while we hope 2021 will usher a new chapter in our fight against this virus, protecting the millions of people in our region with COVID-19 vaccines will be a huge undertaking.

So, we must be patient and remain realistic that COVID-19 will be among us for some time – so our work to control it cannot and must not stop.

Controlling the pandemic will require us to heed the lessons we’ve learned thus far and to address the challenges that have long held us back: pervasive inequality and underfunded health systems.
2020 was a year unlike any other. And I hope that as we look back on it, we remember it not only as the year that brought us COVID-19, but the year we finally decided to make health our top priority.