
WEEKLY PRESS BRIEFING ON COVID-19 DIRECTOR'S REMARKS—3 FEBRUARY 2021

3 FEBRUARY 2021

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

Last week, over 1.8 million people in the Americas became sick with COVID-19 and more than 47,000 died as a result.

It's extraordinary that this time last year the first cases of COVID-19 were being reported in Latin America.

Twelve months later, the virus has left no country untouched.

In North America, after weeks of unrelenting rise, COVID-19 infections are finally decreasing in the U.S. and Canada. While in Mexico, cases and deaths continue to increase – particularly in the states that attracted significant tourism during the holiday season, like Guerrero, Quintana Roo, Nayarit and Baja California Sur.

In Central America, Guatemala and Honduras are continuing to report a rise in COVID-19 infections.

Across the Caribbean, most nations are seeing a reprieve in COVID-19 infections, although larger islands like the Dominican Republic, Haiti, Puerto Rico and Cuba continue to drive new infections. This week, St. Lucia and Barbados reported the highest jump in cases, and as a result, St. Lucia has implemented a 10-day ban on non-essential activities and social gatherings.

Nearly every country in South America has reported a rise in COVID-19 infections over the last week. Colombia continues to report the highest incidence in cases, followed by Brazil, which is still seeing exponential increases in both cases and deaths in the city of Manaus.

Today, we're seeing that cities, provinces, and countries that had previously managed to control COVID-19 outbreaks are seeing a sometimes-devastating resurgence in cases in our region and beyond.

This should serve as a lesson that keeping the virus at bay is not a one-time effort, but a constant commitment while transmission is still active.

This is especially true as three new variants of concern of the SARS-CoV-2 virus, which are raising questions about possible heightened transmissibility of COVID-19, have been detected in 20 countries in the Americas. However, their frequency is still limited. We know that that might change over a few weeks or months.

While any one of us could become infected with the virus, we've seen time and again how the virus preys on persistent inequalities in access to health care, and across gender, race and income divides.

Today, I would like to dive deeper into the gender dimensions of this pandemic because this virus is impacting men and women differently.

Early in the pandemic, we saw that men were more likely to become sick with COVID-19.

There were many reasons for this: men were more likely to hold jobs that left them exposed to the virus and more likely to suffer from underlying conditions – like diabetes and hypertension – that made them more susceptible to severe COVID infections. As with other diseases, men often delay seeking help, leaving them more vulnerable to serious COVID illness that required hospitalization.

Today, some of these trends are reversing.

Across every age group – men and women are just as likely to become infected with COVID-19.

Women, who make up 70% of the world's health workers, have faced enormous personal risk to care for COVID patients, even when they had little protective equipment at their disposal.

The women who staff nursing homes, daycare centers and grocery stores have been on the frontlines of this virus as they cared for our elderly, educated our children and continued to work so we all had food to eat and to feed our families.

Pregnant women, whose immune systems change throughout the course of their pregnancies, are more susceptible to respiratory infections, like COVID-19 – especially if they're older, overweight, or have existing medical conditions.

Ironically, as countries began reporting COVID-19 outbreaks, maternal, newborn, and child services were often the first to be suspended as health workers were reassigned to the pandemic response and clinics were repurposed to care for COVID patients.

Beyond the unique health risks women face with COVID-19, women are also disproportionately affected by the social and economic impacts of this virus.

Women are invariably caretakers across our region. And as schools closed and lockdowns were imposed, the burden of care has fallen on mothers and grandmothers alike.

Many women have been forced to leave their jobs to care for their families during this pandemic, impacting both their income and their well-being.

And the ongoing stay-at-home measures, coupled with the added economic strains, are increasing the risks of domestic violence.

For too many women, home is not a safe space.

The pandemic is exacerbating gender inequities. And to overcome this pandemic, countries must recognize and respond to the gender dynamics of this outbreak.

- This starts with ensuring that women and girls can access the health services that they need – especially during this time of crisis. This includes gender violence hotlines and sexual and reproductive health services, which are essential services. By leveraging telehealth, leaning on community health workers and making care available outside of hospital settings, health systems can ensure that women receive the care that they deserve.
- As limited COVID-19 vaccines arrive across our region, countries must also prioritize these early doses for our elderly and our health workers – many of whom are women. Vaccinating health workers first is both the right and the smart thing to do: it will help us save lives, protect our health systems and recover our economies faster.
- And as we recover and rebuild from this global crisis, we urge countries to develop policies not *for* women but *by* women, with the full involvement of women by employing women in their pandemic planning and placing them at the center of recovery. Women are some of our most powerful leaders, our leading scientists, our best health workers and our most effective communicators – and we need their help to ensure communities are adequately supported and prepared as we begin immunization campaigns.

Across the Americas, women are more likely than men to live in poverty, more likely to face unpaid work and less likely to participate in our economies. And this pandemic threatens to widen this divide.

For many countries, the pandemic has served as an inflection point as they consider how their health, economic and social policies shaped their pandemic response.

We hope that countries seize this opportunity to address the pervasive gender inequalities across our region and ensure that men and women can lead healthy and productive lives.

Before wrapping up today, I also want to recognize that tomorrow is World Cancer Day.

Cancer is the second leading cause of death in the Americas. And like COVID-19, cancer is a disease that exacerbates inequalities. Those who live in poverty, with limited access to health care are especially at risk.

And yet, about a third of all cancer cases are preventable with, among other things, good diet, exercise and timely screening.

So, as we talk about the urgency of building back better from this pandemic, we're reminded that we must ensure that our health systems can adequately care for patients who are battling COVID-19, but can provide support for the millions of patients living with conditions like diabetes, hypertension and, of course, cancer.