
WEEKLY PRESS BRIEFING ON COVID-19 DIRECTOR'S REMARKS—6 OCTOBER 2021

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Good morning and thank you. Let me thank sincerely all of you who have joined today's press briefing.

For the last month, we've seen COVID infections drop throughout the region, even if cases remain high.

Over the last week, nearly 1.2 million COVID-19 cases and 24,000 COVID-related deaths were reported in the Americas.

In North America, while cases are down in the US and Canada, Mexico is reporting a jump in new infections. But national data doesn't tell us the whole story. If we look deeper, we see that local trends remain worrisome.

Many southwestern Canadian provinces are reaching their highest hospitalization and ICU peaks since the beginning of the pandemic. In the state of Alaska, which today reports the US's worst COVID outbreak, emergency rooms are overwhelmed with COVID and patients and doctors are facing difficult choices about how to allocate hospital beds.

Across the Caribbean, infections are going down overall, although Cuba and Bermuda continue to report high rates of new infections and Barbados saw cases increase by nearly 75% over the last week.

In Central America, while cases are decreasing throughout the subregion, Costa Rica continues to see high rates of hospitalization and ICU bed use. Hospitalizations have also jumped by two thirds in Belize.

In South America, while countries are continuing to see a drop in infections, Chile is seeing a jump in new cases driven primarily by outbreaks in urban centers, like the Metropolitan Region of Santiago and the port cities of Coquimbo and Antofagasta.

As we look across the region, we're reminded that governments need to keep a close eye on local trends because infection dynamics vary widely within each country, in part due to differences in vaccine availability and uptake.

This more localized approach will be key to keeping outbreaks under control.

Today just 37% of people in Latin America and the Caribbean have been fully vaccinated against COVID-19.

As seven countries and territories in the Americas have vaccinated more than 70% of their populations, just as many have yet to vaccinate 20% of their populations. Jamaica, Nicaragua, and Haiti have yet to reach even 10% coverage. We must focus our attention to close this gap as quickly as possible.

In just the past week, 875,000 vaccine doses arrived in countries across Latin America and the Caribbean, but we know these are not enough to protect everyone.

So, we continue to urge countries with surplus doses to share these with countries in our region, where they can have life-saving impact.

Let me assure you that PAHO is doing everything it can to accelerate vaccinations in the Americas – from delivering COVAX doses, to supporting donations, to purchasing vaccines on behalf of our region and establishing a platform to ramp up vaccine manufacturing in our region. I am pleased to announce that PAHO has already closed agreements with three EUL authorized producers: Sinovac, Sinopharm and AstraZeneca. We are now in conversation with our member states that want to use this alternative of direct purchase through the Revolving Fund. We have vaccines from Sinovac and AstraZeneca available this year and also from the three producers to 2022.

Whether it's getting vaccines to our region or tracking the spread of variants, controlling this pandemic rests on the work and support of partners across our region and indeed the world.

And just as we work together to control this pandemic, we must consider the ways in which we can collaborate to avoid future pandemics.

COVID-19 has been unique in its scale and impact, but it's not the first emerging disease to cause ripple effects throughout the world. Whether it's COVID-19, Ebola, chikungunya, yellow fever, avian influenza, or Zika, we've seen that diseases that spill from animals to people can have severe impacts.

We have a list of emerging pathogens that have the potential for public health risk, and almost all of those are either zoonotic, meaning that they can transmit from animals to people, or common to humans and animals.

As climate change impacts ecosystems and as people come into closer contact with animals via urbanization and deforestation, the potential for spillover is increasing. The health sector plays a critical role in managing this risk, but it can't do it alone.

That's why it's crucial that pandemic plans and policies reflect the expertise and the recommendations of public health, animal health and environmental sectors.

This is especially critical in a region like our own, which has tropical zones with high potential to harbor new diseases, like the Amazon Basin, Gran Chaco, the Lacandon Jungle, the Darien Isthmus, and La Mosquitia.

The economies of many countries in the Americas also rely heavily on agricultural production and exportation, so the threat of animal diseases looms large and has the potential to impact entire industries and national development. And of course, the risk for a new pandemic.

A “One Health” approach has long been a priority for PAHO. For more than 70 years, PAHO has hosted a veterinary public health program that works with both public health and animal health sectors on zoonotic diseases and food safety. In the late 1990s, PAHO developed a strategy for strengthening surveillance of emerging Infectious diseases that includes the human-animal interface, and that is a defining feature of “One Health.” Our integrated surveillance leverages animal health institutes to monitor animal and human diseases, conduct joint risk assessments, and host workshops and trainings on issues like yellow fever.

Recently, Ministers of Health at our Directing Council approved a new “One Health” policy that outlines a blueprint for countries to bring together experts and officials from across sectors to address some of the most challenging issues of our time including zoonotic diseases, food safety, anti-microbial resistance, and climate change.

We need countries to ensure that animal, agricultural and environmental partners are brought to the table to build more robust surveillance systems that can detect risks faster, prioritize investments in R&D for high-risk pathogens, and establish strong pandemic responses that build on the strengths of these diverse areas of expertise.

Because the cost of preventing a pandemic is much less than the cost of responding to one.

COVID-19 alone has caused a loss of some US\$4 trillion dollars in global GDP, and we’re not yet out of the woods.

So, in the months ahead, as countries revisit their health budgets, rethink how they deliver health care and engage in global efforts to prevent the next pandemic, we want to urge everyone to build on this “One Health” approach as the smartest, most cost-effective way to protect ourselves from the next crisis that can lead to a global pandemic. Let me thank you again.