JOINT SUMMIT WORKING GROUP OEA/Ser.E

Meeting of High Authorities GTCC/INF.20/20

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**Briefing notes for the OAS Joint Summit Working Group Meeting**

**(**Presented by Dr. Etienne, Pan-American Health Organization**)**

(03 April 2020)

**Current Situation:**

COVID-19 pandemic has now surpassed 1 million cases and 50,000 deaths worldwide, with Europe accounting for 75% of the new daily cases.

In the Americas, as of 2 April 2020 (2pm WDC time), 51 countries and territories reported 247,473 confirmed COVID-19 cases and 5,600 deaths. The last 24 hours, our Region showed an increase of

14% in the number of cases and 23% in the number of deaths.

The United States represents 86% of the cases and the deaths in Region and it is now the country with the highest number of cumulative confirmed cases in the world. In the State of New York, 37% of those tested, resulted positive for COVID-19, the number of deaths increased 3-fold in the past five days, and the new hospitalized patients increased 15 % in one day, 25% of them in intensive care rooms with ventilators.

Other countries in the PAHO region with the highest cumulative number of cases are Canada, Brazil, Chile, and Ecuador.



33 out of the 35 countries in the Americas have adopted additional exit and entry bans and border restrictions, significantly interfering with international traffic. Only Mexico and Nicaragua have not.

Countries with larger numbers of confirmed cases are the ones that have expanded surveillance and implemented more laboratory testing.

Almost all countries declared national emergency and are working around the clock on establishing COVID-19 health facilities.

**Preparedness:**

Long before COVID-19, all countries in the Americas have been strengthening their capacity to respond to Severe Acute Respiratory Infections (SARI):

There are currently around 700 sentinel sites for SARI surveillance, distributed in all countries in the Region.

Laboratory capacity to conduct RT-PCR (Real Time – Polymerase Chain Reaction) surveillance is in place in 31 countries.

All countries had developed their Nacional Pandemic Influenza Preparedness Plans

Our Countries have been strengthening the essential public health functions and have been assessing their capacity through the International Health Regulations

**PAHO Response to COVID-19**

Daily updates are sent to all Member States through the IHR National Focal Point since 31 December

PAHO has been publishing Epidemic Alert and Updates on novel coronavirus since 16 January

On 17 January 2020 the Pan American Sanitary Bureau activated an organization-wide response to provide all 51 countries and territories in the Americas with technical cooperation to address and mitigate the impact of the COVID-19 pandemic.

Member States have been supported in strengthening national response plans and gap analysis, surveillance, case detection and contact tracing, building laboratory capacity through provision of test kits and training, infection prevention and control including supply of PPEs and training, case management and training for risk communication.

PAHO’s works under four key objectives from its Regional Response Strategy:

1: Ensure real-time information to countries and efficient coordination of national and regional response operations

2: Limit human-to-human transmission, including reducing secondary infections among close contacts and healthcare workers, and preventing transmission amplification events

3: Identify, isolate, and care for patients early, including providing optimized care for infected patients, and

4: Communicate critical risk and event information to all communities, and counter misinformation

Update briefings have been organized with the Ministers of Health, Permanent Missions to the OAS, Sub-Regional Entities, National Emergency Management Offices, UN Agencies, International Partners, and the media

PAHO has also been providing guidance, training, supplies and equipment for: Surveillance, Laboratory, Infection prevention and control, Clinical management, Hospital readiness, Risk Communication, Additional Health Measures, among others.

**Challenges:**

In the absence of RT-PCR tests, many countries are now using or purchasing other type of lab kits including rapid test kits. In general, these rapid tests may serve to detect COVID-19 but should not be used to rule out cases.

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Severe shortage of PPEs is putting an increased number of health care workers at risk. especially in countries with weakest health systems and the ones with a high increase of cases.

Countries with previously weak health systems are particularly at risk. The health systems of this region are fragmented and segmented for the most part, with differential access to the poor and vulnerable groups. Social protection is variable across the region.

Another big challenge is the very low availability of ventilators to treat severe and critical patients and limited trained health care professionals in some countries.

International travel restrictions are impacting the delivery of COVID-19 and non COVID medicines, lab kits, PPE, vaccines and other supplies.

**Final Remarks:**

The COVID-19 crisis is one of the greatest challenges that we have faced, and it demands immediate coordinate health response and maximum financial and technical support for the poorest and most vulnerable people and countries.

This pandemic is straining health systems almost everywhere and, while we respond to COVID-19, we also need to maintain essential health services.

COVID-19 could have serious social, economic and political consequences, especially for the most vulnerable. We call on governments to put in place social welfare measures to ensure vulnerable people have access to health, food and other life essentials during this crisis.

Regional solidarity and joint work is more essential than ever to overcome this enormous challenge.