
WEEKLY PRESS BRIEFING ON COVID-19 DIRECTOR'S REMARKS—25 AUGUST 2020

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Welcome again and thank you for joining this week's briefing on COVID-19.

As of August 24, there have been more than 12,5 million cases and almost 450,000 deaths due to COVID-19 in the Americas.

The United States of America, Brazil, Colombia, Peru, Argentina and Mexico remain among the 10 most affected countries globally.

We have grown accustomed to the impact of this pandemic. And the numbers reported, week after week, can indeed leave us numb. But we can't remain passive in the face of such devastating human loss. We must follow the numbers and use them to guide our response.

The Region of the Americas has one of the most robust surveillance systems in the world – the result of our long history fighting infectious disease and the deep collaboration among countries that this requires.

Since the pandemic began, PAHO has been working with health authorities at every level to track data on COVID-19 to form a clearer picture of our strengths and gaps in the fight against the pandemic.

PAHO uses this data to help Member States tailor and adjust their public health responses to counter the virus. Over time, we analyze the data to better understand how the virus spreads, why it affects some people more than others and what works best to stop it.

Today, I'd like to share a few observations from the latest data we that have available, as it provides a sense of where we are and where we're going in the Americas.

I'll start with a few things that I'm concerned about so I can leave this with you.

In the past 6 weeks, deaths in our region have doubled and the number of new COVID-19 infections reported has more than doubled, rising from 5.3 million on July 1st to almost 12 million cases today.

Data trending in that direction typically signals an urgent need to implement public health measures to slow the spread of COVID-19 – such as social distancing, sheltering in place and limits on public gatherings.

Yet, over that same period, the opposite has happened. Countries have gradually relaxed restrictions, resumed commerce and some are gearing up to head back to school.

In far too many places, there seems to be a real disconnect between the policies being implemented and what the epidemiological curves tell us.

This is not a good sign. Wishing the virus away will not work, it will only lead to more cases, as we've seen over these past 6 weeks.

Indeed, local health authorities have a central role to play in generating and analyzing data to adjust public health measures to the reality and the reality in each area.

I am also concerned with the disproportionate incidence of COVID-19 in younger people.

Our data show a similar pattern all over the Americas: The vast majority of cases reported are among people between 20 and 59 years of age. Yet, almost 70% of deaths occur in individuals over 60 years old. This indicates that younger people are primarily driving the spread of the disease in our region.

Many young people who contract the virus may not become ill or require an ICU bed, but they can spread it to others who will.

This is a stark reminder that defeating COVID-19 is a shared responsibility – not only among countries and regions, but between people, neighbors and communities.

If you don't take the right steps to keep yourself safe, then you're putting others in danger.

Finally, I want to share a concern about new infections in the Caribbean. During the first months of the pandemic, virtually all Caribbean island countries and territories have avoided major outbreaks thanks to strong political resolve and a smart mix of public health measures.

But now that non-essential air travel is resuming across the region, several countries are reporting spikes in cases.

Two weeks ago, the Bahamas observed a 60 percent increase compared to the previous week, while Sint Maarten, Trinidad and Tobago and the US Virgin Islands all reported a 25 percent jump. This is not just driven by tourism, but also by citizens that are returning home after the lockdown.

We know that countries that depend on tourism cannot remain closed indefinitely, but as they reopen, they must use all the resources available to reduce risk for their population.

There are also encouraging signs in the data – proof that countries have the tools to reduce the spread of COVID-19 and to save lives.

One of the most effective strategies we have is contact tracing.

The Bahamas, for example despite having to deal with more cases now, are working to stop the chain of transmission by using contact tracing to track all new cases and limit the spread of the virus.

Argentina, Guatemala and Suriname were also able to keep transmission low early on. This bought them time to prepare their systems for this moment, and they've built the necessary capacity to identify cases and trace people who may have been exposed.

Dominica used its long-standing primary health care approach and well established first level of care to promote and support public health measures, ensuring aggressive contact tracing, quarantine, case identification and isolation.

There are other examples of how the right strategies can indeed bend the curve of the pandemic.

As recently as June, infections in Chile were rising rapidly. So national authorities looked at the data and tailored their approach: drastically expanding testing, isolating cases and deploying stay-at-home orders in the hardest hit areas.

It worked. For six weeks now, Chile has seen COVID-19 lose steam, and is reporting fewer cases.

Costa Rica on the other hand had low transmission when they implemented stay-at-home orders and used the opportunity to prepare, by expanding testing and hospital capacity. Even though there are new cases now, their health services are coping well.

These few examples prove that if we employ evidence-based approaches, we can eventually overcome this crisis, even in places where cases are rising.

So this virus is going to be with us for a while. Without a vaccine, it's going to be with us for years. This will not be a fight that we win once – but one that will go several rounds.

That's why we need to apply lessons from places that have controlled the virus and let data guide our actions.

We can't stop all transmission, but if countries stay vigilant and expand testing and surveillance, they can better identify spikes in cases and act quickly to contain them before they spread out of control. In order to do that, primary health care should be at the center of the response: identifying cases, acting to contain transmission and providing timely care in the community.

We have good tools today: data that show where the hot spots are, contact tracing protocols to slow onward transmission and public health measures that can reduce the risk of exposure.

We'll have even better tools in the future: improved tests, more effective treatments and even vaccines.

National and local governments need to be strategic about how they use these tools – old and new – to achieve the desired impact.

They don't have to do it alone. PAHO has shared criteria to guide its member states and works closely with our policymakers to help them balance public health measures with economic realities.

As I've said before: a healthy economy requires a healthy population.

It's not only possible to implement sound public health measures alongside social and economic policies, it's necessary, so that we enable countries to function safely for as long as the pandemic lasts.

We are in this for the long run and must do our best to protect lives while keeping our societies strong. Thank you.