
WEEKLY PRESS BRIEFING ON COVID-19 DIRECTOR'S REMARKS — 7 OCTOBER 2020

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A very Good morning to you and thank you for joining this week's briefing.

As of 6 October 2020, there have been over 17 million cases and more than 574,000 deaths due to COVID-19 in the Americas. We remain home to half of all COVID cases and more than half of all deaths globally.

Last week, PAHO hosted ministers of health and other delegates across our region for the 58th Directing Council to discuss the critical health challenges facing our region – and yes, COVID took center stage.

During this two-day virtual meeting, ministers shared lessons from their COVID response and committed to working in solidarity to overcome this virus. Every country in the Americas has been challenged by COVID, and our Member States must work together to overcome it. There is no other way.

While Brazil and the U.S. remain significant drivers of new cases in our region, we are concerned by spikes in cases – including in places that had effectively managed outbreaks, like Cuba and Jamaica. In fact, over the past 60 days, 11 countries and territories in the Caribbean have moved from moderate to intense transmission, which is a concerning development as countries reopen airspace.

Transmission remains very active – some countries in our region are suffering recurrent spikes in cases. The virus is also spreading in new and different ways. Today, I would like to share a few observations to give you a sense of how this virus is continuing to spread throughout the Americas.

Recent data show that, in some countries, COVID-19 is exacting a larger toll on young people more than we saw earlier in the pandemic.

More than half a million children and adolescents in our region have been infected and these numbers continue to rise.

When we look back at the data over the last few months, we see that in the U.S., young people – especially those aged between 20 to 29 years – had the highest incidence of infections of any age group. In fact, they represent more than 20% of new COVID-19 cases.

Many of them are unaware they are infected because they have mild or no symptoms. While many young people won't become ill or require an ICU bed, they are not immune to developing the serious effects of COVID-19.

We also worry that as more of us venture outside, that cases will spread to other, more vulnerable groups. This is particularly concerning for the elderly and those with preexisting conditions like diabetes or hypertension, for whom a COVID diagnosis can be much more serious.

So, let me urge people of all ages to continue to wear masks, practice social distancing to protect themselves and avoid exposing others.

The good news is that rates of severe COVID illness have fallen across our region. Today, fewer people are being hospitalized and fewer require intensive care than before.

This is due in part to our growing knowledge of this virus and how to manage critically ill patients.

It is also credit to the work of governments across our region that acted quickly to expand laboratory networks, increase hospital beds, and hire and train health care workers.

PAHO has been working with countries as they strengthen their health systems to meet the needs of this new pandemic. Over the last few months, we've held more than 160 trainings programs, delivered more than 17 million COVID PCR tests, and millions more gloves, gowns and masks to keep health workers safe.

When hospitals are able to cope and manage patients, there are fewer deaths. These efforts have helped save thousands of lives and will continue to protect countless more.

So, once again, I wish to thank all health care workers, everywhere, for their dedication and commitment, especially as many of them have had to work under difficult conditions.

Yet despite these efforts, too many people remain at risk, especially those with limited access to prevention and care.

Time and again we have seen how health emergencies expose and exacerbate inequalities across gender, income levels and race.

And indeed, we have new COVID data that puts these trends into sharper focus.

Within the U.S., which is home to more than 40% of new cases in our region, Black, Hispanic and Native American populations are nearly three times as likely to contract COVID as their white counterparts. They are also nearly five times as likely to be hospitalized and twice as likely to die from the virus.

In the Amazonian areas of Colombia and Brazil, indigenous people are ten times more likely to contract COVID-19 than any other groups.

We are also worried about migrant and refugee populations, who may be increasingly exposed and at higher risk as they search for better opportunities during these challenging times.

That is why PAHO has been collecting information about COVID's effects on refugees and migrants to help countries adjust their responses.

Early on, PAHO issued specific recommendations to care for these vulnerable groups in the age of COVID.

And we've acted on them: we have provided support to national authorities in Ecuador, Costa Rica, Brazil and Mexico to design strategies so migrant populations can continue to have access to the food, the health care and mental health support that they need.

Migration is part of our history in the Americas. We've always witnessed people moving across the continent in search of a better life. Yet, migrants remain especially vulnerable to this pandemic because they're often at the margins of our health systems, with limited access to care and social protection that may be available to others around them.

Later this week, PAHO is signing a landmark agreement with the UN's International Organization for Migration, in which we commit to work together for the health and wellbeing of our migrant populations.

Our solidarity towards migrants is not only key for controlling transmission and preventing unnecessary deaths due to COVID-19, but a core reflection of our shared belief that everyone has a right to health and that we must leave no one behind. Thank you.