

THE HEALTH CRISIS: FUTURE SCENARIOS AND STRATEGIES FROM THE HEALTH SECTOR TO CONTROL THE COVID-19 PANDEMIC

PAHO



Pan American
Health
Organization

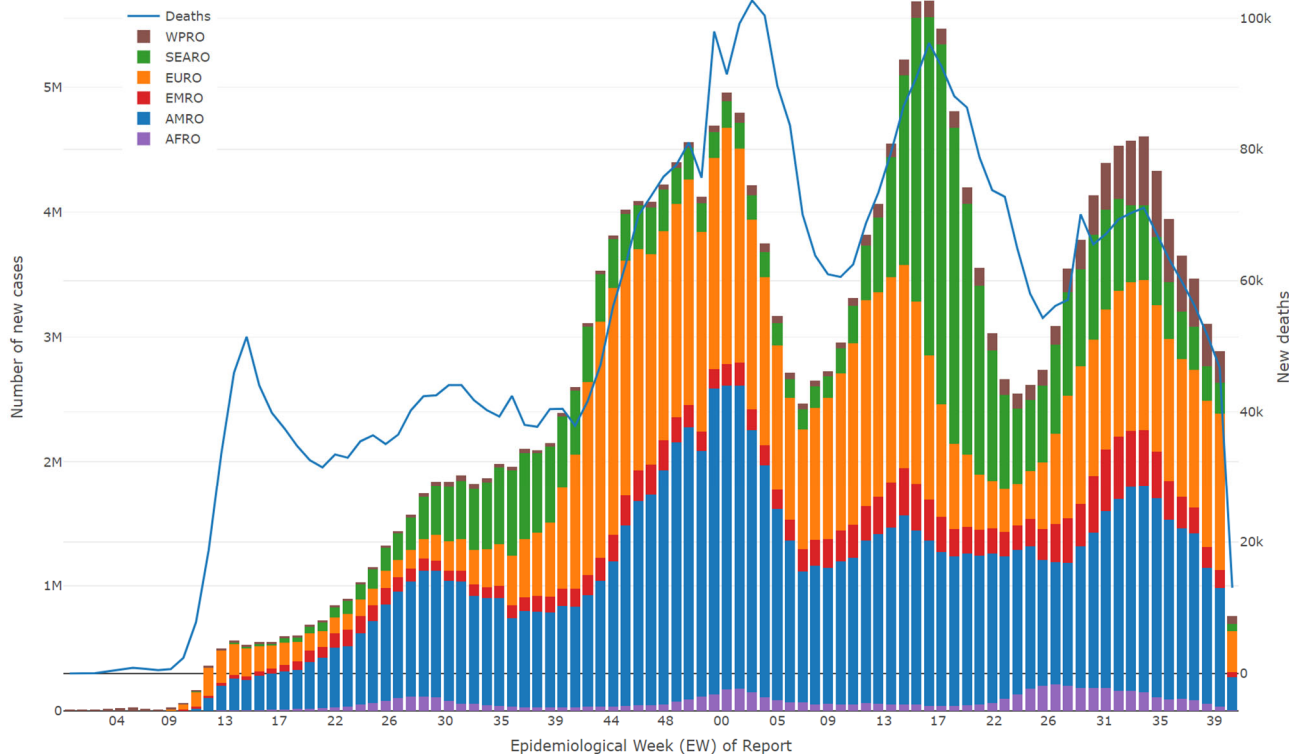


World Health
Organization
REGIONAL OFFICE FOR THE
Americas

Carissa F. Etienne
Director, PAHO/WHO

COVID-19 Pandemic: Global Overview

Number of COVID-19 cases reported by WHO Region, and global deaths by epidemiological week of report. EW 1, 2020 - EW 41, 2021



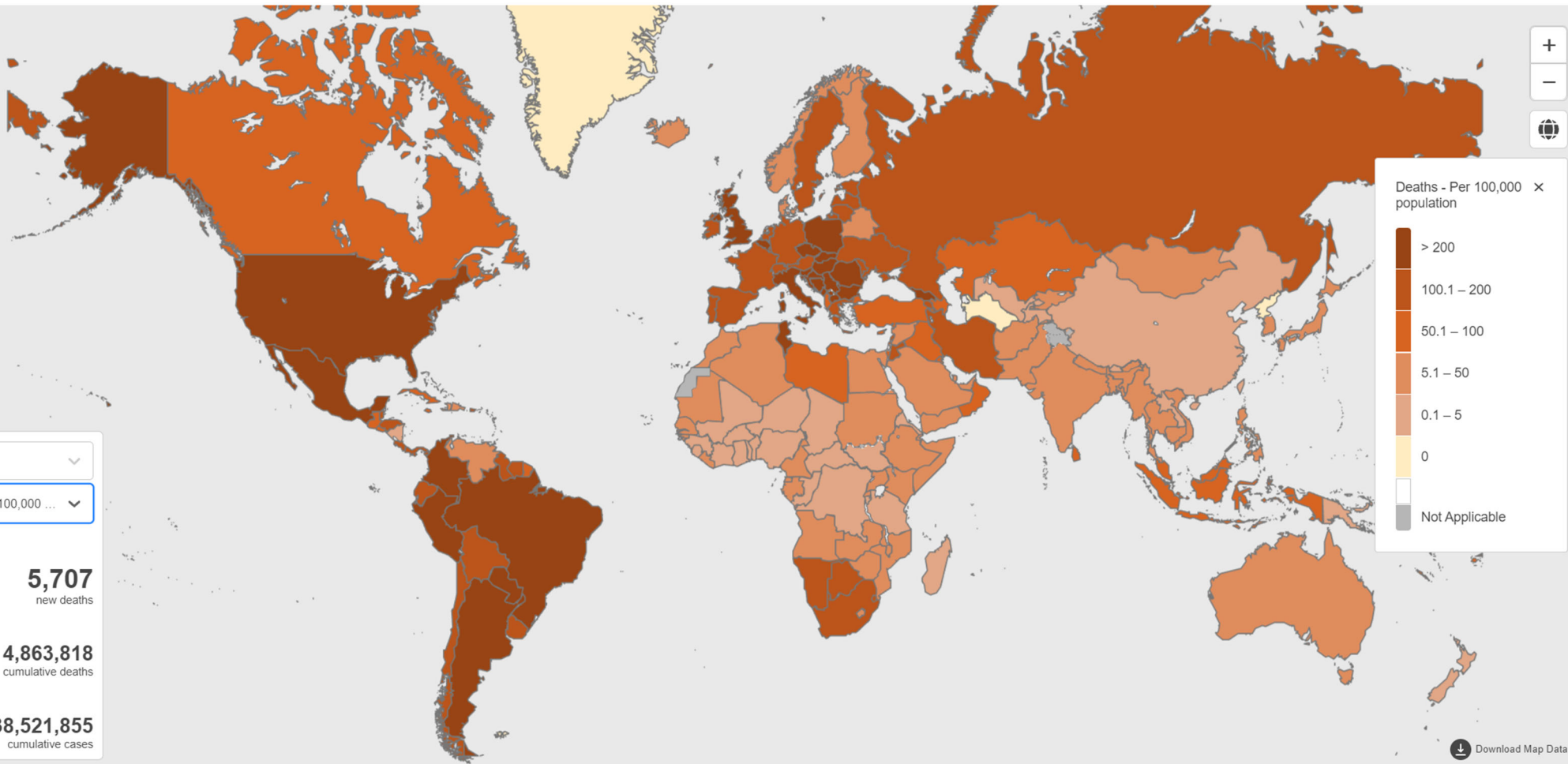
As of September 13, 2021:

Worldwide: 238,521,855 confirmed cases of COVID-19, including 4,863,818 deaths.

The Americas reported a cumulative 91,589,750 confirmed cases and 2,247,451 deaths

The Americas has been the Epicenter of this Pandemic, represents the 38.4% of global cases and 46.3% of global deaths.

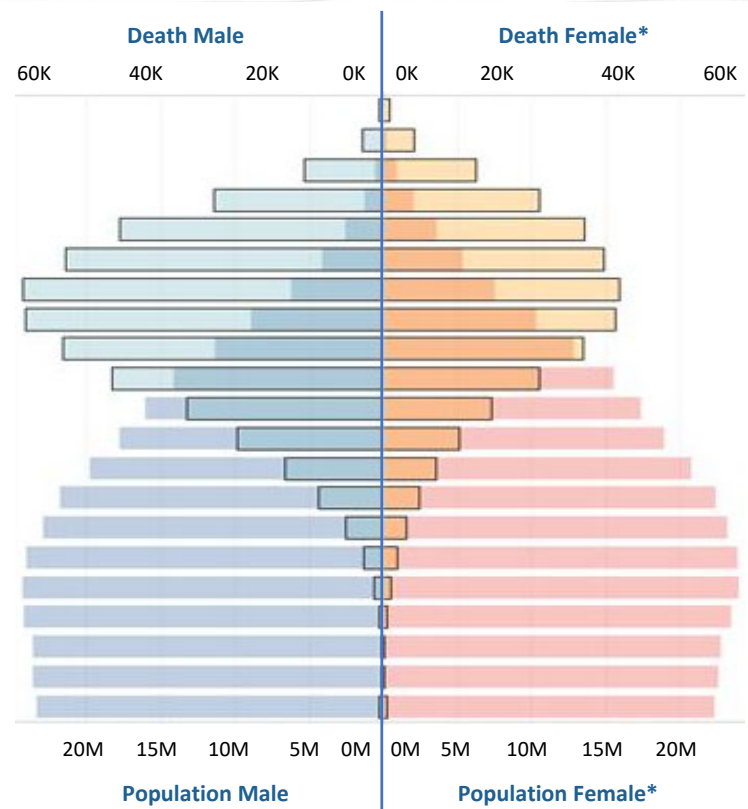
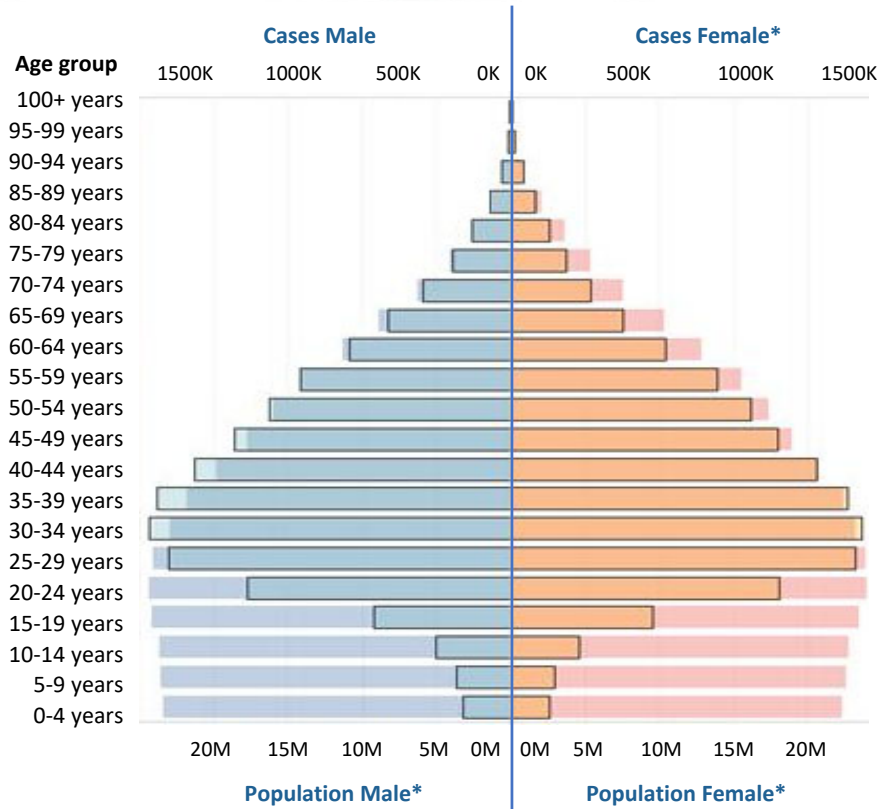
COVID-19 Deaths per 100,000 population



<https://covid19.who.int/>

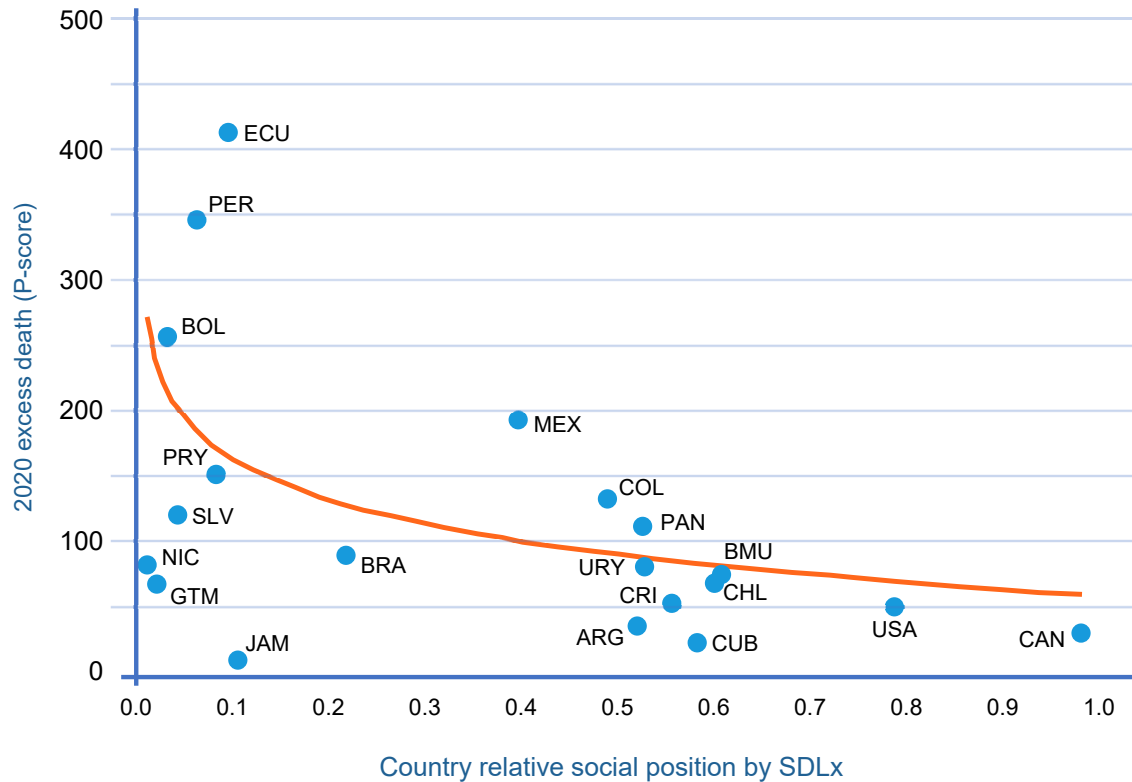
Deaths disproportionately affect the elderly and men

COVID-19 cases and deaths by sex and age-group



Source: PAHO/WHO

Vulnerable countries suffered the most excess deaths in 2020



Systemic weaknesses in health systems and services in the Americas

Challenges for the Americas



1.7 million

Estimated number of deaths that should not have occurred in 2016 if there were accessible and quality services (1.3 million in LAC).



37.1

Absolute gap between subregions in the HAQ Index, from 54.2 (out of 100) in the Caribbean to 91.3 in North America; (70 in South America).



29.3%

Estimated percentage of the population that forgone needed care due to different access barriers (279 million people).



7.8%

Absolute gap between the poorest 20% and the richest 20% of the population forgoing care (31.5% vs. 23.7%).



40.6%

Estimated percentage of people who forgone appropriate care due to institutional barriers (financial, accommodation, availability and geographic).



57.9%

Estimated percentage of people who forgone appropriate care for personal and cultural reasons (beliefs, language, preferences, perception of their health, knowledge of health).



11.3%

Estimated percentage of people in 2015 with catastrophic OOP with respect to 10% of their income or expenses (109.8 million people); [1.8% (18 million), 25% threshold].

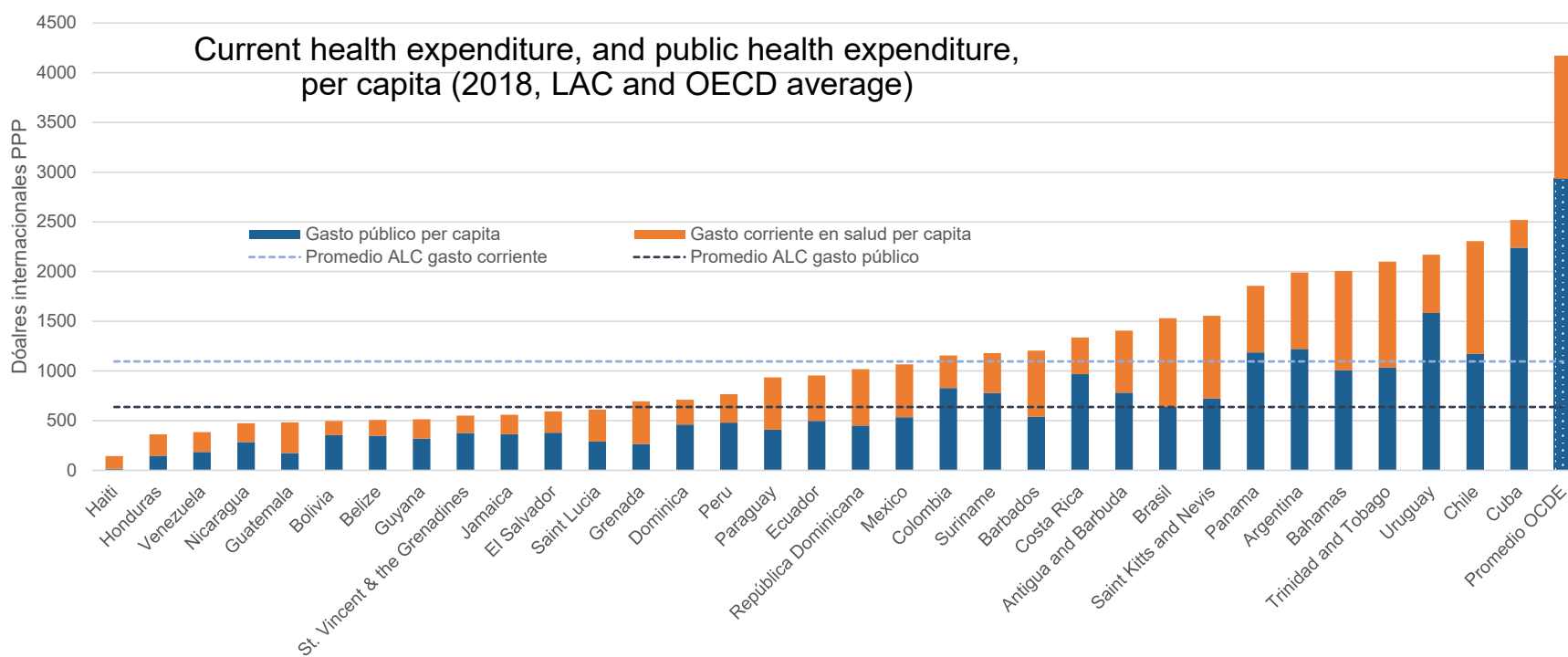


2,2%

Estimated percentage of people in 2015 who were impoverished by OOP with respect to the poverty threshold of 60% of per capita consumption (14.6 million people); [0.4% (4.2 million) poverty line \$ 3.20].

Weak health systems, prolonged health crisis

- Among other indicators, the weakness of our health systems can be seen from the health financing perspective



Health sector response to the pandemic

ICU / Occupancy rate: Analysis 16 countries

Impact on Health Services – ICU beds and occupancy rate

	mar-20		sep-21		Increase	
	UCI beds	Occupancy rate	UCI beds	Occupancy rate		
Brasil	37.749	80%	75.498	38%	37.749	100,0%
Colombia	5.845	45%	11.157	52%	5.312	90,9%
Dominican Republic	420	57%	644	38%	224	53,3%
México	2.446	45%	11.681	47%	9.235	377,6%
Argentina	8.521	40%	12.023	51%	3.502	41,1%
Panamá	567	40%	759	46%	192	33,9%
Chile	1.500	80%	2.140	81%	640	42,7%
Perú	820	80%	2.120	51%	1.300	158,5%
Ecuador	1.016	65%	1.417	54%	401	39,5%
Paraguay	512	60%	1.031	99%	519	101,4%
Guatemala	322	50%	556	100%	234	72,7%
Bolivia	430	90%	690	94%	260	60,5%
Honduras	150	60%	168	92%	18	12,0%
Costa Rica	210	80%	496	100%	286	136,2%
Uruguay	622	40%	908	55%	286	46,0%
Venezuela	276	60%	1213	95%	937	339,5%
Total	61.406	61%	122.501	68%	61.095	99,5%

Increase
61,095
ICU beds



99%

ICU beds x 100k pop

	mar-20	sep-21
	ICU beds x 100K Hab	
Brazil	17,8	35,7
Colombia	11,4	21,7
Dominican Republic	4,1	8,3
México	1,9	9,1
Argentina	19,0	26,8
Panamá	13,6	18,2
Chile	7,7	13,5
Perú	2,5	6,3
Ecuador	5,7	8,0
Paraguay	7,1	10,4
Guatemala	1,9	3,2
Bolivia	3,6	5,9
Honduras	1,5	1,7
Costa Rica	4,1	8,5
Uruguay	17,9	28,6
Venezuela	1,0	4,3

March
2020

61,406
ICU beds

61%
Average
Occupancy rate

122,501
ICU beds

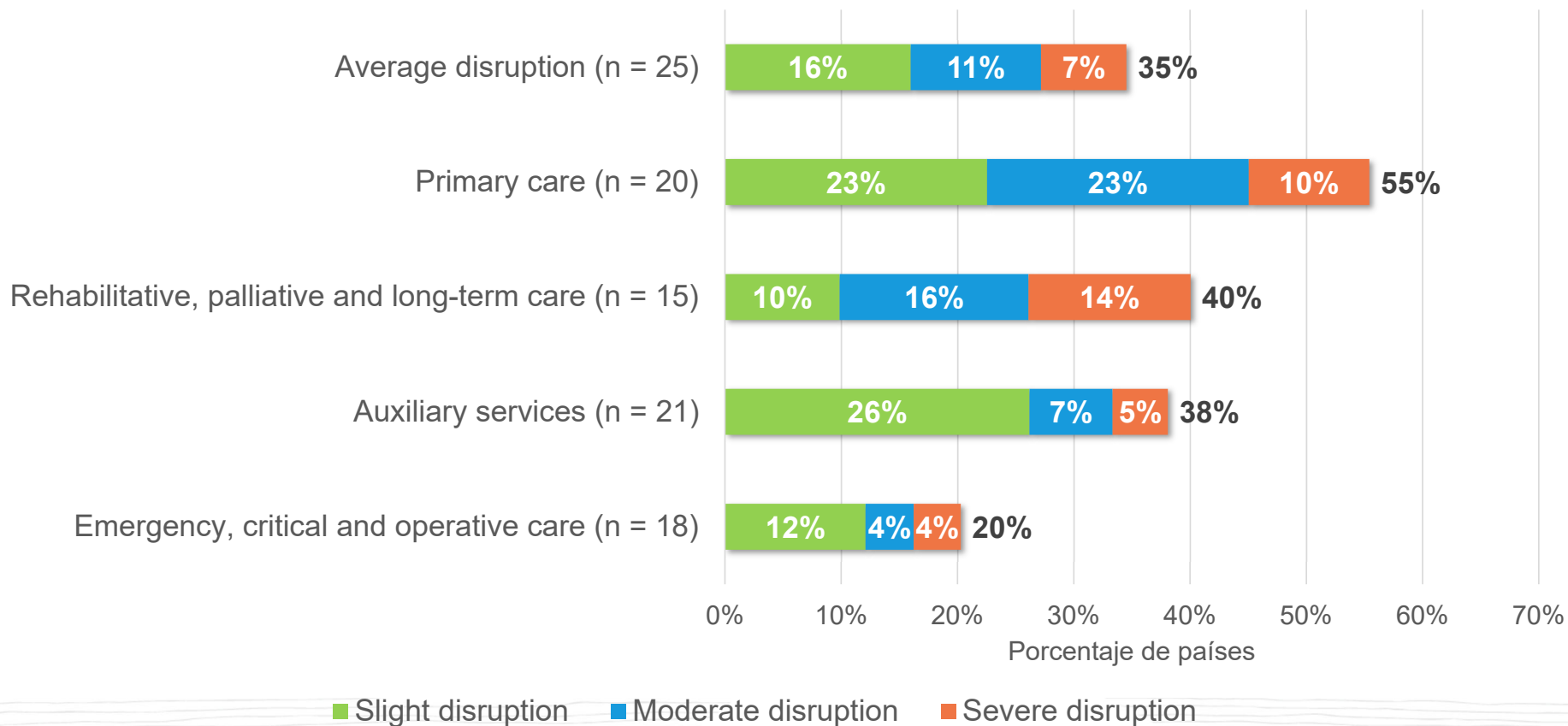
68%
Average
Occupancy rate

September
2021

12 OECD average ICU beds
ICU beds x 100k pop /2020

OECD Policy Brief on the response to the Covid-19 crisis

Primary care services disproportionately affected by interruption of essential health services



Disruptions were reported across all service areas

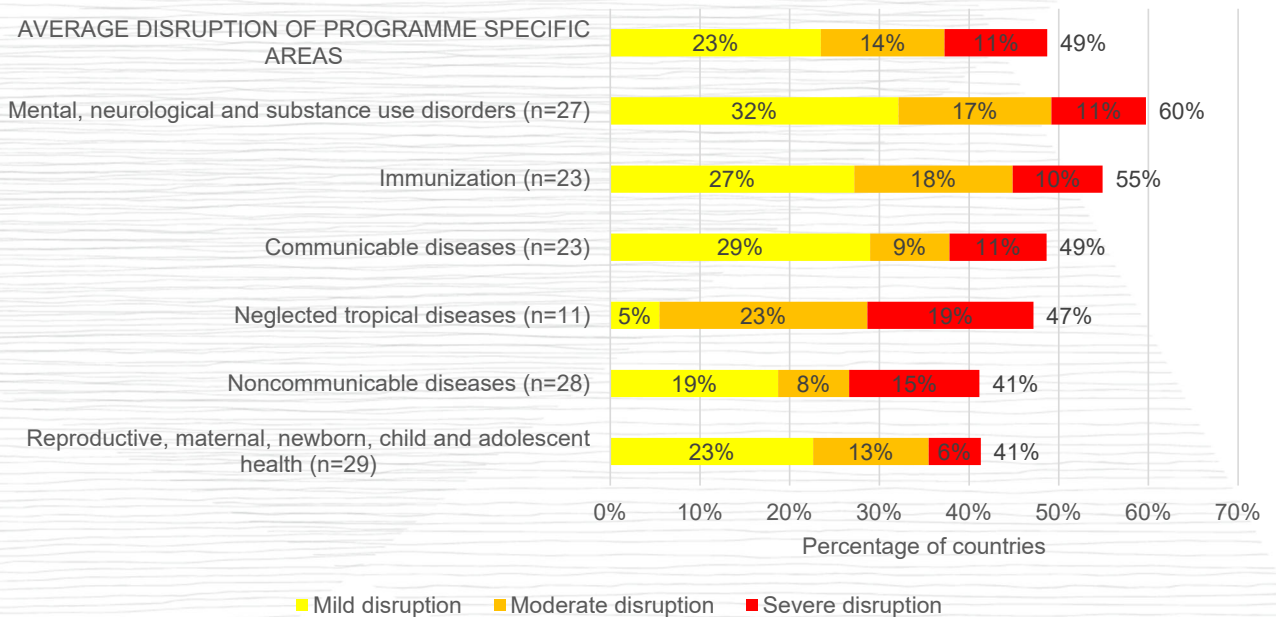
>1/2

More than half of countries reported disrupted services for mental, neurological, and substance use disorders (60%) and immunization (55%).

>40%

Other essential health services for reproductive, maternal, newborn, child and adolescent health and nutrition, neglected tropical diseases, noncommunicable diseases and communicable diseases disrupted in more than 40% of countries.

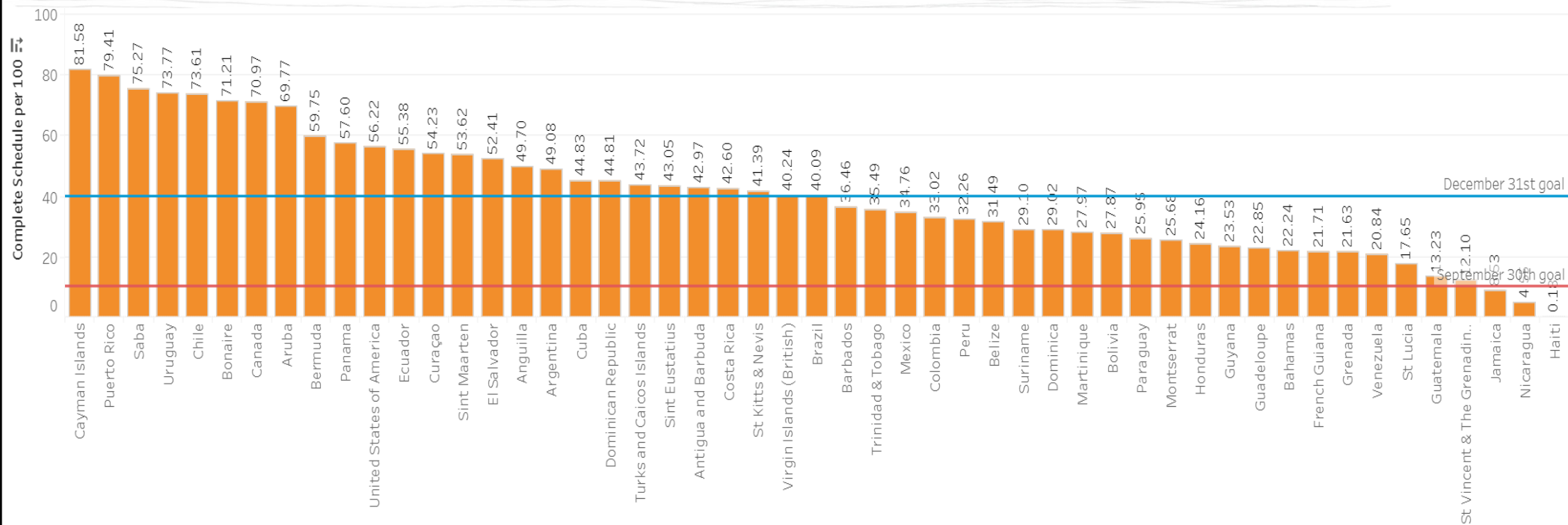
Percentage of countries reporting disruptions across tracer service areas



Note: The calculations do not consider the answers "do not know" or "does not apply". The value of n corresponds to the smallest number of countries that answered a question about each type of service. The "mild disruption" categories mean that between 5% and 25% of users were not served as usual; "Moderate disruption" means that between 26% and 50% of users were not served as usual; and "severe disruption" means that more than 50% of users were not served as usual. The sum of the percentages for the different interrupt levels may not match due to rounding to the decimal places.

Inequities in COVID-19 vaccine coverage in LAC

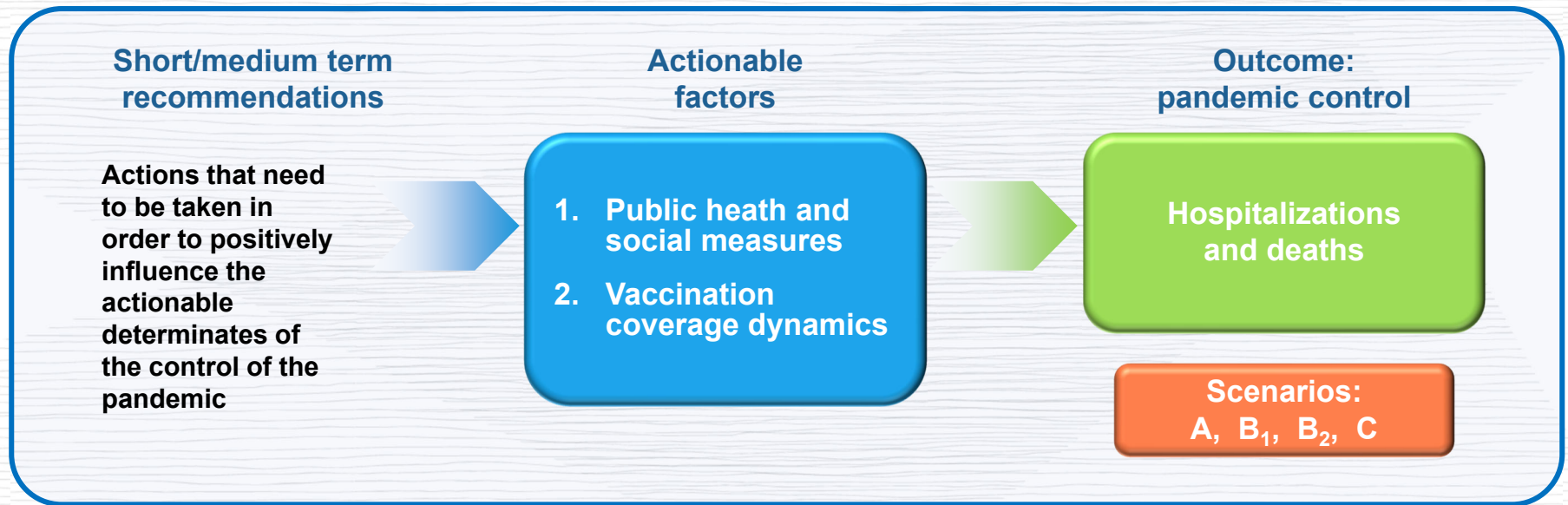
Coverage with complete vaccine courses per 100 population



Source: PAHO/WHO COVID-19 vaccination dashboard. Updated October 8, 2021

PROSPECTIVE ANALYSIS: PANDEMIC CONTROL

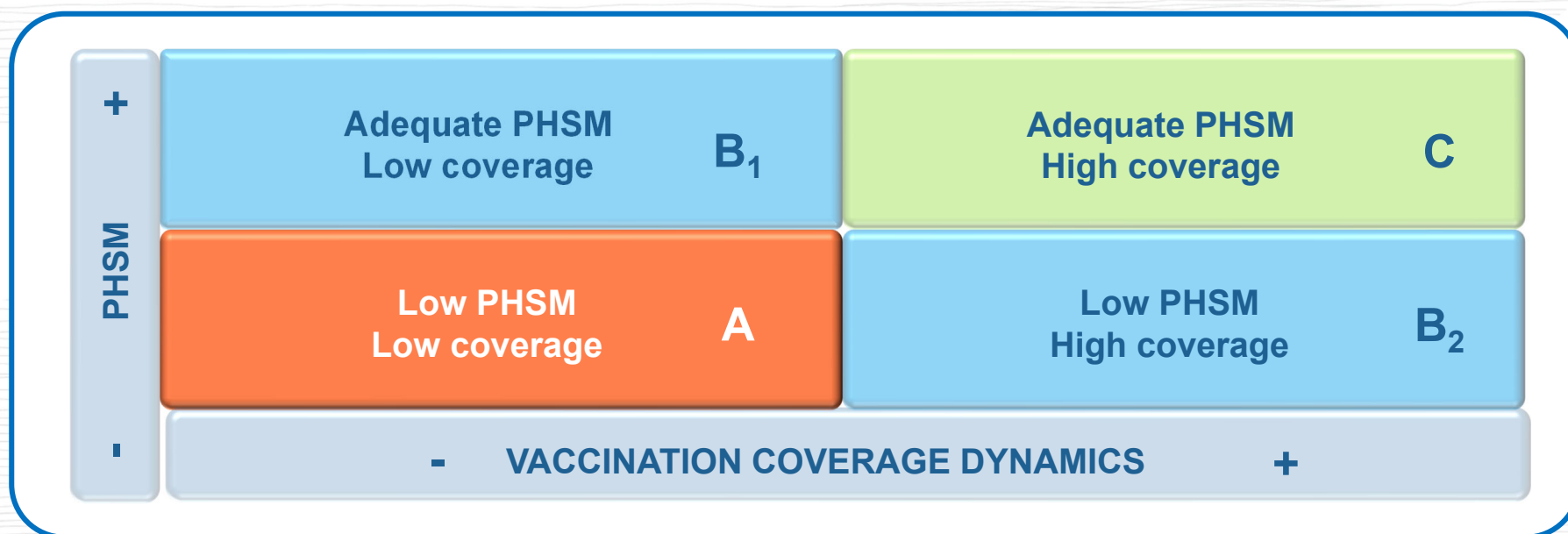
Actionable factors, outcomes/impact



Contextual conditions:

1. Virological/epidemiological
2. Equitable, timely and affordable access to COVID-19 vaccines and related supplies
3. Programmatic aspects and strengthening national immunization programs
4. Structural conditions (socio-economic, political)
5. Socio-cultural and behavioral

Short-term pandemic control scenarios



Transitioning from A to B to C will be highly dependent of the contextual conditions affecting PHSM implementation and the vaccination coverage dynamics.

RECOMMENDATIONS ON THE WAY FORWARD

Accelerate vaccination and strengthen technology capacity

- **Ensure high and equitable coverage of vaccines:**

- HR training and deployment
- Communication strategy → vaccine hesitancy
- Delivery logistics → cold chain and distribution
- Focus on groups in conditions of vulnerability

- **Increase Regional technological capacities:**

- Regulatory capacities
- Training programs for innovation in health
- Creation or strengthening of health research institutes

Transform Health systems based on Primary Health Care

- **Universal Health strategy, financial sustainability and the role of the State**
 - Increase and improve financing
 - Increased resolution capacity of the service delivery networks with strong first level of care
 - Public health interventions
 - Strengthening stewardship and governance through Essential public health functions
- **Intersectoral focus on health policy:**
 - Social protection and income security
 - Social, environmental, and economic protections related to health
 - Reduce inequities and accelerate recuperation of health gains
 - Intersectoral pandemic preparedness and response planning
- **Accelerate digital transformation of the health sector**

Improve Regional and global collaboration in health

- Promote solidarity between countries with regards to vaccine procurement and other health technologies (short term)
- At the national level: stimulate dialogue between health, finance, international relations, industry (short term)
- Articulate and harmonize technical cooperation:
 - Between international, regional and national actors (PAHO/WHO, WB, IDB, ECLAC, Health Authorities, Financing Authorities, etc.)
- Strengthen regional and subregional governance mechanisms in health
- Stronger coordination between key stakeholders, avoid fragmentation of approaches

PAHO's Actions

Building from past experiences and success

Supporting health systems transformation based on Primary Health Care

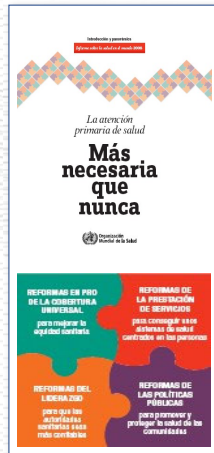
Alma Ata
1978



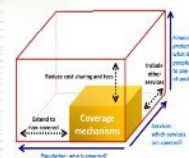
Renewal PHC
2005



Reforms based
on PHC WHR
2008



Towards Universal Health
Coverage, WHR 2010



PAHO 2014



Universal health
Access and coverage for all

SUSTAINABLE
DEVELOPMENT
GOALS

40 years of Alma-Ata
2019



Strategy on resilient health systems in the Americas



59th DIRECTING COUNCIL

73rd SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Virtual Session, 20-24 September 2021

Provisional Agenda Item 4.8

CD59/11
10 August 2021
Original: English

STRATEGY FOR BUILDING RESILIENT HEALTH SYSTEMS AND POST-COVID-19 PANDEMIC RECOVERY TO SUSTAIN AND PROTECT PUBLIC HEALTH GAINS

Introduction

1. The COVID-19 pandemic has significantly impacted health, lives, and livelihoods in the Americas and has caused a social and economic crisis characterized by mass unemployment, increased impoverishment, and exacerbation of longstanding inequities.

Support to countries to:

- Transform health systems, based on a primary health care approach
- ◀ • Strengthen leadership, stewardship, and governance through a renewed focus on the essential public health functions
- Strengthen capacities of health service delivery networks to expand access and improve preparedness and response to public health emergencies
- Increase and sustain public financing in health and social protection, including actions to address the social, environmental, and economic determinants of health

Establishment of Technical Working Group with Member States

- To promote regional collaboration, synergies, experience sharing, and engagement of key stakeholders. (First meeting December 12, 2021)

Regional Platform to Advance the Manufacturing of COVID-19 Vaccines and other Health Technologies

- **Objective:** experience sharing, identification of opportunities for cooperation and articulation of concrete initiatives to increase capacities

Lines of action:



Contribute with a better understanding of our context by release of initiatives, policies and national and international experiences



Share lesson learned and discuss challenges, opportunities and policy options



Articulate cooperation between participants, favoring concrete initiatives of sub-regional and regional scope

PAHO selects centers in Argentina, Brazil to develop COVID-19 mRNA vaccines

21 Sep 2021



Washington DC, September 21, 2021 (PAHO) – The Pan American Health Organization (PAHO) has announced the selection of two centers in Argentina and Brazil as regional hubs for the development and production of mRNA-based vaccines in Latin America in a bid to tackle COVID-19 and future infectious-disease challenges.

“

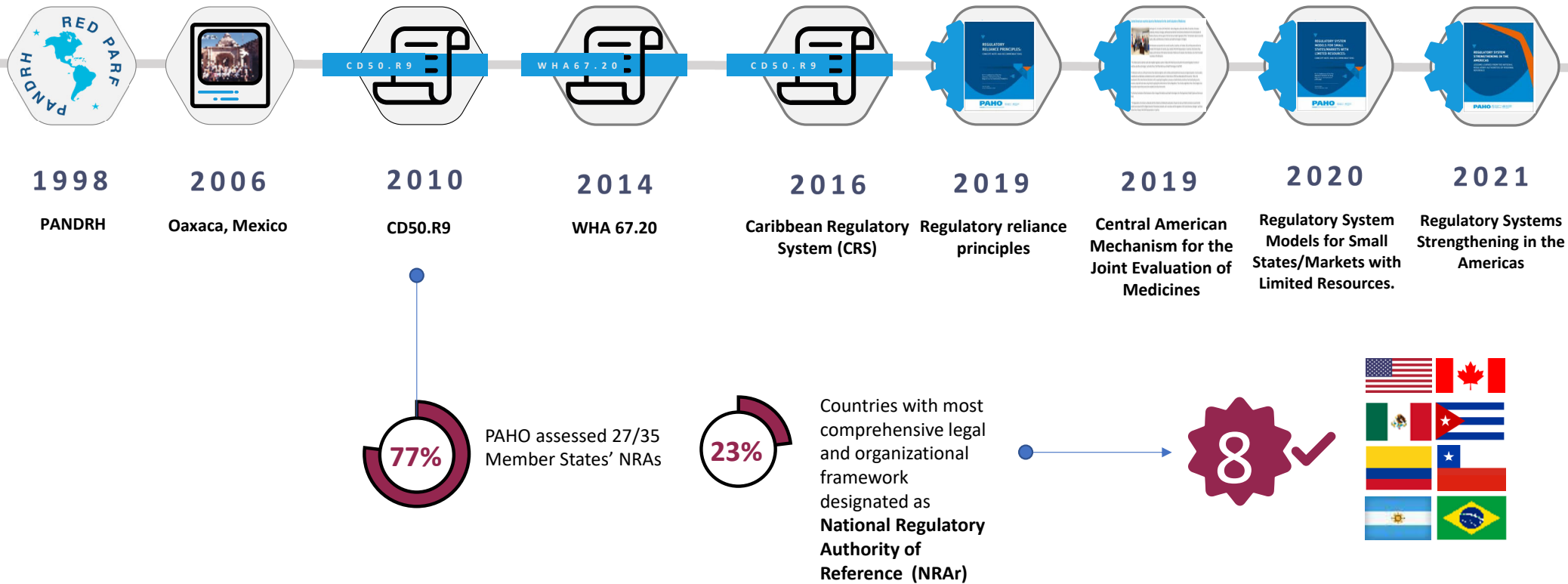
Latin America and the Caribbean has the expertise and capacity to develop and produce vaccines. PAHO will continue to support countries and stakeholders in knowledge sharing, technology transfer, and investment to substantially increase vaccine production.

”

Dr Carissa Etienne,
Director, Pan American Health Organization.

PAHO Actions to Strengthen National Regulatory Authorities

LAYING THE FOUNDATIONS



PAHO Regional Plan of Action to Strengthen National Regulatory Authorities

- To be developed with NRAs and presented in the Pan American Sanitary Conference in 2022



Core regulatory functions strengthened to ensure quality, safety and efficacy of medicines, vaccines and other health technologies



Development of national and regional regulatory systems based on core capacities, bench marking and regulatory convergence



Consolidating the regional network of NRAs based on PAHO reference NRAS

Milestones in the 43 years of the EPI in the Americas



1994:
"1st Region certified free of polio"



2003:
"1st Vaccination Week in the Americas"



2006:
Acceleration of new vaccines introduction
"Launch of the PROVAC initiative"



2010
"Directing Council resolution on strengthening the EPI (RIVS)"



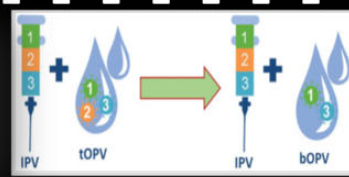
2013:
"Directing Council resolution on the principles of the Revolving Fund"



2015:
"1st Region free of rubella"



2015:
"Directing Council resolution on the RIAP"

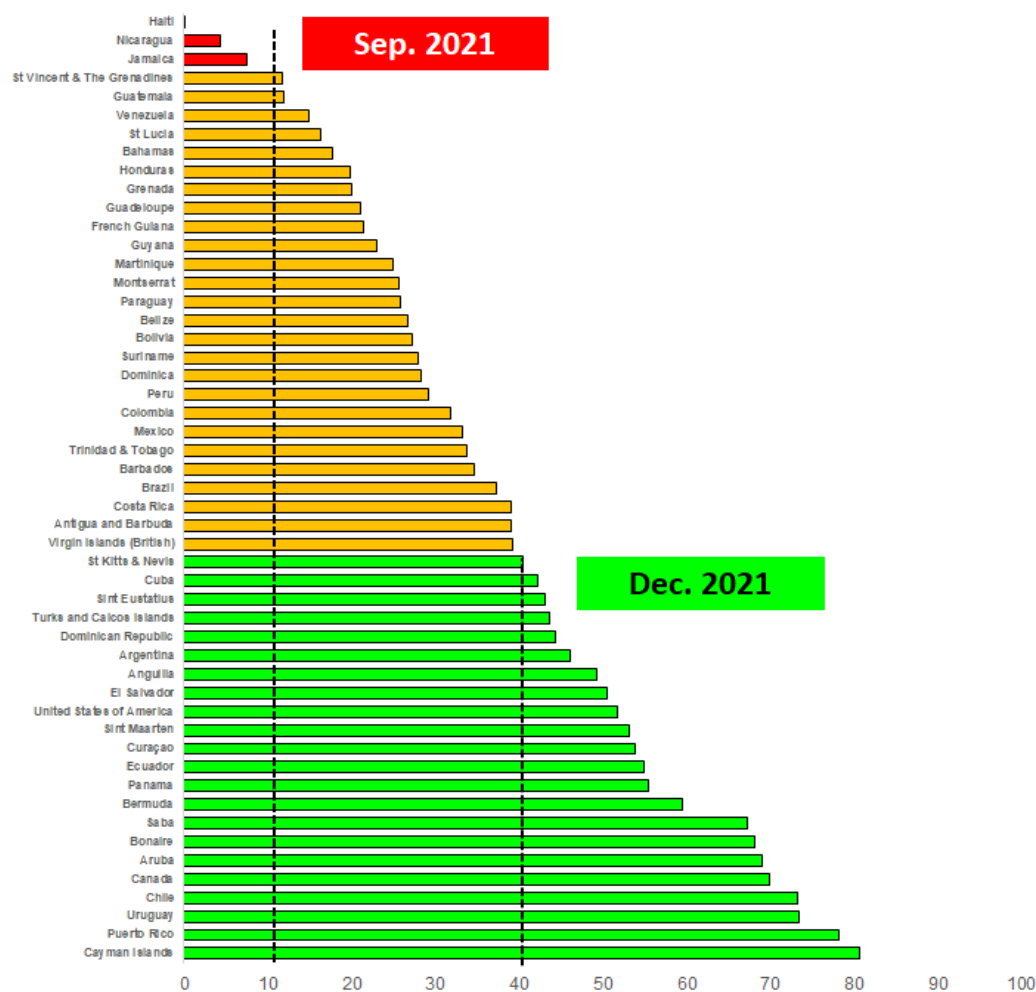


2016:
"Polio Switch"



2016:
"1st Region free of measles"

COVID-19 Vaccine Deployment in the Americas



- All countries and territories have introduced COVID-19 vaccines
 - Availability through bilateral agreements, COVAX Mechanism, local production (Cuba) and donations
 - 33 countries received vaccine doses through COVAX
- >1.099 billion of administered doses, of which 52,9 million were distributed through COVAX.
- Number of persons in LAC who are fully vaccinated : 39 per 100 persons
- Member States with the highest number of fully vaccinated persons per 100 persons: Uruguay (74,4), Chile (73,9), Canada (71,4), Panama (59.1), and USA (56.2)

Reinvigorating Immunization as a Public Good for Universal Health

- Beyond the roll out of the COVID-19 vaccination efforts, the overall strengthening and reinvigoration of immunization programs for VPDs should be a cornerstone of the post-pandemic recovery process.
 - Strengthen governance, leadership, and financing of immunization programs
 - Enhance monitoring of vaccine coverage and surveillance, incorporating digital intelligence strategies into routine analysis
 - Strengthen the integration of immunization programs into primary health care toward universal health
 - Develop innovative and strategic communication approaches to build social awareness and trust in vaccines and increase access to services
 - Strengthen human resources capacities for immunization programs
 - Use scientific evidence to guide decision making and program implementation



**THANK
YOU**



PAHO