
WEEKLY PRESS BRIEFING ON COVID-19 DIRECTOR'S REMARKS—2 SEPTEMBER 2020

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Thank you, and good morning to everyone. Thank you for joining today's press briefing.

As of this week, the Americas have recorded almost 13, 5million COVID 19 cases and over some 469,000 deaths.

After months of unrelenting spread, cases are stabilizing in the United States of America and Brazil. However, these two countries continue to report the most new COVID-19 cases globally, a clear sign that transmission is still active.

Along most of the Caribbean, however, we're continuing to see a surge of the virus. In fact, nearly half of COVID cases in the Bahamas have been reported in the last two weeks.

As we look south, with the exception of Nicaragua and Costa Rica, which just reported its highest daily case count, most countries in Central America have seen COVID-19 cases drop over the last week.

We're also seeing these downward shifts in South America, where Chile and Uruguay have managed to flatten their curves thanks to effective infection control and response tactics.

Despite these hopeful trends, the human cost of this pandemic remains unacceptably high, with almost 4,000 deaths a day in our region. The scale of this pandemic is unprecedented, and no other group has felt this more acutely than the very men and women who make up our health workforce.

Our health workers are our heroes. They are working longer hours than ever before under more stressful conditions than any of us could imagine, often making extraordinary personal sacrifices as they risk their own safety to help patients in need.

While our health workers, nurses, doctors and other professionals are just a tiny fraction of our population, they are especially vulnerable to COVID-19: Our data shows that **nearly 570,000 health workers across our region have fallen ill and more than 2,500 have succumbed to the virus.**

Based on this data, to date we have the highest number of health care workers infected in the world.

In Canada, health workers represent more than a quarter of all reported COVID-19 cases, while in the U.S. and Mexico—which have some of the highest case counts in the world—health workers represent one in every seven cases. In fact, the U.S. and Mexico account for nearly 85% of all COVID deaths among health care workers in our region.

Women, who are the majority of our health workforce, have been disproportionately affected: nearly three quarters of health workers diagnosed in our region with COVID-19 are women.

These numbers are alarming, and they beg the question: why are so many health workers becoming infected? When we look across our region, we see a few patterns that can help us answer this question.

As countries scrambled to respond to the virus, many health workers were redirected to the outbreak response without sufficient training to protect themselves as they were treating COVID 19 patients.

With a surge in staff and patients, hospitals became overcrowded and many were too slow to implement triaging protocols. This meant that COVID 19 patients were exposed to others who may have been seeking care for different conditions, and soon everyone carried a risk of infection, leaving health workers more vulnerable.

And indeed, preliminary data from Chile shows that nearly 70% of health workers were worried about contracting COVID-19.

This was especially problematic early on when personal protective equipment was running low and health workers were forced to reuse masks and gowns, seek alternatives or forgo protection altogether to care for those in need. Tellingly, a survey of health workers in Mexico showed that nearly half were not provided PPE at work.

Beyond the risks of infection, after months of operating under enormous pressure, our health workers are acutely aware of the mental and psychological impacts of this virus.

A survey of health professionals in Paraguay found that more than 40% are feeling anxious, a third are experiencing depression and more than a quarter are suffering from insomnia as a result of COVID 19.

And this stress, which affects their work and relationships, is worsened by stigma and discrimination.

There are documented cases of health workers feeling isolated as friends or even family avoid them for fear of getting sick. Others are being ostracized and being denied access to restaurants or public transportation, while a few have reported being evicted from their homes due to their jobs. Shockingly, dozens of health workers have been assaulted over the last few months as a result of the public's misplaced fear, misinformation or frustration from this pandemic.

For all of this, when we have an effective vaccine, health workers must be at the front of the line – together with those most at risk of severe COVID-19- to receive the vaccines. Indeed, many health workers across our region are already volunteering for vaccine clinical trials, for which we once again thank them.

That's why today I ask countries to take the necessary steps to give our health workers the protection and peace of mind that they deserve – now, and in the future.

To meet immediate needs, countries must ensure that health workers can do their jobs safely.

This will require maintaining sufficient supplies of PPE and ensuring that everyone is effectively trained in infection control to avoid risking their own health. PAHO has been supporting countries in building safer environments for patients and health workers alike, including by building designated triage and case management zones and we have also donated over 31 million masks and more than 1.4 million gloves and gowns to protect our frontline response.

Health workers should be working regular shifts, not overtime long hours since we know that risk of infection increases the longer we work. This will in turn reduce burnout and stress.

In the event that health workers get sick – including those who may not be caring for patients directly, like our janitorial and cafeteria staff and hospital administrators – they should have the resources, the help and the compensation they deserve.

Over the coming months, countries must also boost their health care capacity.

We must enhance occupational health programs to ensure safe working conditions and fair pay for health workers. These programs help ensure the necessary protection and services for their physical and mental health needs. This is particularly important for women, who comprise the majority of our health work force, who must be supported to fully participate and lead the response to the pandemic.

Clinics and hospitals must also redistribute work so they can cater to COVID-19 patients while maintaining other essential health services. Critical to this will be leveraging health teams at the first level of care, including community health workers and the use of telemedicine and other virtual technologies to minimize hospital traffic.

PAHO has been providing guidance to countries on this, helping them improve systems and helping them training their workforce.

Countries must ensure that we're better prepared when the next health emergency strikes.

This starts by expanding our health workforce. Across Latin America and the Caribbean, there are just 20 physicians per 10,000 people – much lower than the WHO's recommended 30 per 10,000. So countries must hire more doctors, as well as nurses, midwives and first responders. We need to provide essential services for this pandemic and beyond.

When countries expand their health workforces, it doesn't just improve health outcomes, it drives economic growth – so this is both a necessary and a smart investment.

This virus will remain with us for years to come as I said before, so it's critical that we provide health workers the support and resources they need to heal the sick and see us through this pandemic. Our very ability to respond to the pandemic depends on it.

So, as I close, a big thank you to all health workers across the Americas and throughout the world.