
WEEKLY PRESS BRIEFING ON COVID-19 DIRECTOR'S REMARKS — 23 SEPTEMBER 2020

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Good morning, and thanks for joining today's press briefing.

Since the start of the pandemic, countries in our region have reported more than 15.5 million cases and some 530,000 deaths due to COVID-19.

This week, we reached another unfortunate milestone as the U.S. mourns its 200,000th death.

As the virus continues to spread in other parts of the globe, here in the Americas – Brazil, Peru, Colombia, Mexico and Argentina – continue to be among the top ten nations with the highest number of COVID-19 cases worldwide.

Over the last few weeks, there have also been a number of important developments in the search for a COVID-19 vaccine.

Today, nearly 200 vaccine candidates are being studied. And we hope that one or more of these will prove to be effective, but then again, there is no guarantee.

Early vaccines may only provide partial protection or may not work for everyone. We don't yet know which vaccine will be found safe and effective and how it will work.

But we do know that if we don't prepare now, we will miss the opportunity to benefit from it quickly. The truth is, countries cannot wait to have all of the answers before they start planning and preparing to deliver a COVID vaccine.

Preparations for vaccination against COVID-19 will not be easy, but our region has a strong legacy of immunization programs that give us a leg up as we plan for the future.

Because time is of the essence, we must work together. That is why we believe that the COVAX Facility, convened by Gavi, CEPI and WHO, will afford countries in our region the best opportunity to fast-track access to COVID-19 vaccines and to reduce the impact of the pandemic on people's lives and our economies. The COVAX facility offers access to a basket of 15 possible vaccines.

In the past, we were not so fortunate enough to have a mechanism like COVAX. During the H1N1 pandemic in 2009, this meant that the more-developed nations were able to vaccinate millions of people, months before a vaccine reached most countries in our region.

Through COVAX, however, participating countries will be guaranteed initial doses to cover at least 3% of their population in the first phases of deployment, as supplies catch up with global demand, eventually reaching 20% of their population – enough to protect those at higher risk for severe COVID-19.

So far, more than 64 self-financing countries and territories from around the world have already committed to the Facility. These members will be joined by 92 that are eligible for support through the Gavi COVAX AMC, which is a financing instrument to support the procurement of vaccines for low and middle-income economies.

Our region has the added advantage of the technical cooperation provided by PAHO to prepare and implement their vaccination campaigns – from planning and forecasting, to communications, from regulations to the training of health personnel. Another benefit to our member states is that they can rely on our Revolving Fund for Vaccines, the biggest regional mechanism for self-financing countries in the world, for the purchase and delivery of vaccines.

Once a vaccine proves safe and effective in trials, we will need countries to work together to quickly validate these findings.

National regulatory authorities, working alongside WHO, will have to swiftly assess and approve a vaccine candidate without compromising quality or cutting corners. This is important. These decisions *must* be made transparently, based on the data and science to earn the public's trust.

For years, PAHO has been working to build regulatory capacity across our region through new technologies, techniques and expertise.

Throughout this pandemic, we've also been in frequent contact with regulators across the Americas so that they're aware of the latest COVID vaccine science to inform the steps that are needed for approval.

We will be supporting countries to monitor the vaccine's safety and effectiveness over time and to assess whether vaccination plans need to be adjusted.

The goal of early vaccination could be to reduce deaths and suffering from this virus, and to minimize the risk of infection, while protecting our health systems overall.

And that's why it is recommended that frontline health workers, first responders and those caring for the elderly would be vaccinated first, followed by vulnerable groups such as adults with pre-existing conditions, especially those over 65 years of age.

The challenge lies in identifying these groups early and determining how to best reach them.

Our seasonal flu campaigns, which this year alone have protected more than 70 million people across our Southern Hemisphere, offer a good blueprint.

Immunization programs will have to be adjusted so they meet the demands of a COVID-19 vaccine.

Just as essential services are being offered outside of traditional settings, vaccination strategies must be designed to minimize the strain on our clinics and hospitals, without sacrificing convenience and access.

To ensure vaccination sites aren't overwhelmed, they must have adequate staff, resources and equipment in place. Scheduling will also be important to control foot traffic and maintaining social distancing.

The success of vaccination also rests on how information is shared. Governments must provide clear guidance about the vaccine and their vaccination strategies to instill trust and to minimize confusion. Misinformation during vaccination activities costs lives.

We hope scientists do uncover an effective vaccine that offers lasting protection against COVID, but it may take a few tries before we find the right one.

But even when we do, it may take time before people are vaccinated.

But this virus will continue to spread and people will continue to get sick, even as a vaccine is being rolled out. So we cannot pin all our hope on vaccines alone. As is the case very often in public health, there are no silver bullets.

We'll still need diagnostics to identify those who are sick and better treatments to care for those that fall ill.

We'll continue to rely on traditional public health measures like testing, contact tracing and quarantines to minimize the spread of this virus.

And we'll continue to count on people exercising social distancing, washing their hands often and wearing masks in public to protect others from getting sick.

So, let me take this opportunity to urge countries around the world to prepare for a coronavirus vaccine, but also to remain realistic, knowing that these preparations do not replace everything else that we must do to save lives today.