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# WEEKLY PRESS BRIEFING ON COVID-19 DIRECTOR'S REMARKS—14 OCTOBER 2020

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A very good morning to all of you that are joining today's press briefing.

As of 13<sup>th</sup> of October, there have been more than 18 million COVID-19 cases and more than 590,000 deaths reported in our region.

The state of the pandemic in the Americas remains complex.

Canada is currently facing its second wave and areas that were not previously affected are now surpassing the numbers seen during the first wave, with the most populous provinces of Quebec and Ontario contributing the most to the country's death toll.

Over the past week, we have also seen a high number of cases in the English-speaking Caribbean, as well as in some of the Dutch territories like Bonaire, Curaçao, Aruba and Sint Maarten.

In many countries, the pandemic has also moved to less populated areas. In Guatemala, for example, the department of Petén has experienced a 3-fold increase in deaths, and the department of Tarija, in Bolivia, has the highest incidence rate in the country.

Cases in Argentina also continue to accelerate – reaching up to 16,000 cases per day during the past week.

Since the pandemic began more than nine months ago, we have known that to beat this virus, we must transform our public health response.

We need public health measures to prevent community transmission; fast, accurate and affordable diagnostic tests to determine when someone has been infected with COVID 19; we need new medicines to help COVID patients get better and, ultimately, a safe and effective vaccine.

Today, I am happy to report that one of these breakthroughs has arrived – and it could be a gamechanger for our region.

Slowing the spread of this virus rests on our ability to figure out early when someone is infected.

At the individual level, accurate testing allows us to better manage patients and prevent the virus from infecting others.

At the community level, it also allows us to track changes in the virus's spread and adjust our response.

A multitude of rapid diagnostic tests have flooded the market since the pandemic began. Many of them are fast, some are cheap, yet few have been reliable.

That's why PCR diagnostic tests – which are highly accurate and must be conducted in lab settings – have remained today the gold standard.

Yet the Americas contain a rich diversity of landscapes, including urban centers and remote and hard-to-reach mountains, deserts and islands.

And as cases have increased, our centralized laboratories have been flooded with samples, causing many of those tested to experience significant delays to receive their results.

As patients wait for test results, they carry on with their lives. They go to work, they take public transportation and visit family.

This means that for days or even weeks, they run the risk of infecting their loved ones, their co-workers and their communities.

This is exactly how a virus spreads out of control.

But thanks to the tireless work of the WHO's ACT Accelerator, we now have an affordable and reliable diagnostic test that can be performed anywhere.

By providing results quickly, the new test empowers frontline health workers to better manage cases by isolating patients to prevent further spread and to begin treatment immediately.

And it gives health care workers – whether they're working in a hospital in Buenos Aires or a mobile health clinic in the Amazon – it gives them the power to test and diagnose cases within minutes, not days, at one third of the cost of the traditional PCR test that we have been using.

These new diagnostics will allow us to test more people faster and more accurately than ever before – particularly in remote communities without easy access to a laboratory, which have been disproportionately impacted by the pandemic.

If distributed widely, this new test will transform our COVID response.

Today, PAHO can provide access to hundreds of thousands of these tests via PAHO's Strategic Supply Fund, with millions more expected in the coming weeks. We have built a stock pile and make them available for our Member States.

As these tests are being rolled out, PAHO has begun helping countries implement new testing protocols so that health workers know how to use the new diagnostics and report their results.

We're also excited to announce that PAHO is conducting pilot studies with Ecuador, El Salvador, Mexico and Suriname. In the case of the study in Mexico, PAHO will closely collaborate with the Ministry of Health and the WHO.

With support from WHO, we will be providing these diagnostic tests free of cost as we keep a close eye on how they're used. The data collected via this study will help countries within and outside of our region make the most of these new diagnostics.

Let me repeat: *I really believe this new rapid diagnostic test can be a gamechanger for the Region of the Americas.*

I urge our Member States to partner with PAHO to bring these new tests to the hospitals and health clinics on the frontlines of our fight against the virus.

But it's important to remember that no single innovation is a panacea.

That's why it remains critical to stay the course in every aspect of our COVID response:

- We must continue to adhere to public health measures to prevent the spread of the virus.
- We must continue to test and isolate cases and trace their contacts to prevent new infections.
- And we must continue to let data underpin our actions to prevent any new cases from spreading out of control.

We must also remember that innovations cannot have impact if they do not reach the people who need them the most.

To capitalize on the power of this new diagnostic, countries must make them available and accessible to everyone – irrespective of who they are or where they live – to bring us closer to our promise for health for all.

Thank you.