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## WEEKLY PRESS BRIEFING ON COVID-19 DIRECTOR'S REMARKS—9 FEBRUARY 2022

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A very warm morning to you all and let me thank for joining today's press briefing.

While still very high, new infections and hospitalizations are beginning to go down in some countries in our region. Cases decreased by 31% as compared with the previous week.

Deaths, on the other hand, increased by 13% overall, with higher increases in parts of Central and South America.

Last week, we saw more than 4.8 million new cases and over 33,000 new deaths in our region.

In North America, new infections and deaths decreased in the three countries while hospitalizations and ICU admissions decreased in US and Canada.

Across Central America, deaths increased by nearly 30% overall, but cases are beginning to slow across the subregion, with new infections in El Salvador dropping by 70%. In Belize and Panama, new cases dropped by over a third.

Infections are also slowing in parts of South America. Cases were cut by half in Peru and Argentina. But deaths continued to rise across the region, ranging from a 9.4% rise in Bolivia to a 42% increase in Venezuela. Hospitalizations are rising in most Southern Cone countries, with a 50% rise in Chile

The Caribbean is also seeing new cases slow while deaths continue to climb, except for a few countries. Infections increased by 88% in Dominica over the last week, and they continued to rise in St. Vincent and the Grenadines.

When we look closer, one trend stands out and that is - countries with higher vaccination coverage are seeing lower ICU admissions and deaths.

This emphasizes the importance of expanding access to vaccines – including boosters, where available – to save lives.

When cases surge exponentially, as they have in the past few weeks, the burden falls mostly on the people that power our health systems.

For them, there is nothing mild about the Omicron wave.

As part of PAHO's efforts to support health personnel in the Americas, we've been closely tracking the pandemic's effect on our region's health workforce.

We've released a new report this week that describes the challenges that our frontline workers have faced, and effective policies to help protect them. This data complements other studies that PAHO has led on the mental health of our health workers.

Today I want to share a few lessons and key takeaways from these analyses.

The first, is that especially at the beginning of the pandemic, health workers were caught off-guard, and our health systems were unprepared to support them.

Doctors, nurses, and other frontline health workers saw more patients and worked longer hours than ever before. They were vulnerable to a new virus and, without sufficient masks, gloves, and other personal protective equipment, suffered high rates of COVID infection.

In Ecuador and Bolivia, more than 1 in 10 health care workers got COVID.

Even before the pandemic, the health workforce in the Americas faced serious disadvantages that were only exacerbated by COVID.

Years of underinvestment in our health services, aging information systems and poor labor conditions made our health workers' job even more challenging.

The pandemic revealed a deficit in the availability of health workers, uneven distribution of health workers across our countries, and inadequate training.

Many health workers were at risk of burn out.

According to the collaborative HEROES study in 11 Latin American countries, health workers showed elevated rates of depressive symptoms, suicidal thinking, and psychological distress.

In Chile, more than one third of all health workers experienced a depressive episode, and nearly 15% of the medical workforce had thoughts of suicide. In Brazil, Guatemala, and Colombia, more than 1 in 10 doctors, nurses and community health workers experienced symptoms of severe depression.

And while these numbers vary by country, they gave us a sense of how dire the situation was across the region.

So two years later, we have learned many lessons on how to better support our health workers – especially how planning and investments can make a big difference.

Through our study in Bolivia, Chile, Colombia, Ecuador, and Peru, we gathered examples of best practices that are echoed throughout the region.

Securing essential protective equipment, like masks, gloves, and gowns, was critical to enabling health workers to do their jobs safely. PAHO worked to secure and ship these supplies to countries in our region.

Vaccines have also made a big difference in protecting our health workers, and we've been pleased to see that many countries gave health workers priority, in accordance with PAHO's recommendations.

By recognizing the extra risks health providers faced from COVID in the workplace, some countries paved the way for new policies like hazard pay and life insurance to recognize health workers for their efforts.

Colombia and Chile prioritized regular testing for health care workers, and they transitioned many older and pregnant staff to telemedicine work to protect them from infection.

Some places also revamped medical education to grow the cadre of motivated, well-qualified health personnel.

As countries continue to face the latest Omicron wave, these lessons must guide us as clinics and hospitals once again become full.

Now more than ever, we must ensure that health workers are protected with lifesaving COVID vaccines and receive priority for vaccine boosters, where available.

While many places are doing this already, in Belize, Argentina, and St. Vincent and the Grenadines, more than 40% of healthcare workers have yet to receive their second dose of vaccine.

Countries should also reevaluate their staffing needs, and hire more qualified health personnel, placing them where the largest gaps are.

They should follow the best practices that I outlined earlier – like modifying work environments to guarantee adequate working conditions, providing decent salaries and fair

contracts, and creating spaces where teams can talk and engage in self-care practices.

As countries expand and update their workforce, they can count on support from PAHO's Virtual Campus for Public Health, a learning platform where health workers can take a variety of courses and build on their skills to better face this pandemic.

More than 1.7 million health workers have already participated in training on the virtual campus, and 40,000 new medical personnel are joining every month.

All these actions will remain critical even if the pandemic's acute phase winds down because investing in our health workforce should not be something that countries only do during an emergency.

Many of these changes can and should be made permanent.

Health workers are our frontline against COVID and against every other health risk we face in our lives.

They hold the key to protecting our communities today and as we face new health crises and challenges.

We must *always* protect and care for our health workforce because investing in our health workforce is an investment in all of us.