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**PRESENTATION BY THE PANAMERICAN HEALTH ORGANIZATION /
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Update on the dimensions of the pandemic in the Americas

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Situation with brief analysis:

Our Region has been the epicenter of the pandemic for a substantive period and during this time all Member States have been working tirelessly to protect the health and wellbeing of the population of their respective countries

As of 12 September, 3pm Washington time, 14,700,000 cases and 509,000 deaths were reported in the Americas.

In the previous 24 hours, 131,000 additional cases and 3221 additional deaths were reported.

Five of the top 10 countries in the world reporting the highest new number of cases in the previous 24 hours are in the Americas: United States of America, Brazil, Argentina, Colombia, and Mexico.

Six of the top 10 countries in the world reporting the highest new number of deaths in the previous 24 hours are in the Americas: Brazil, Argentina, Mexico, Colombia, United States of America, and Peru.

In the Caribbean countries and territories after a relatively low transmission period we are seeing an increase in cases due to the reopening of airspace. Enhanced surveillance system, contact tracing, and isolation as well as sound public health measures are essential to contain spread.

Our data shows that nearly 570,000 health workers across our region have fallen ill and more 2,500 have succumbed to the virus

We are concerned that access to essential health services has been disrupted, and as a consequence, we're beginning to see that patients are dying from readily treatable conditions at higher rates than normal. And in the midst of this pandemic, several services have been hit hard, placing us at risk of additional disease outbreaks ! Today, we are in danger of losing years of health gains, in a matter of months.

From the data we have gathered there are some concerning findings:

- -Immunization coverages across the Region have dropped placing us at risk of outbreaks of vaccine preventable diseases.
- Attendance at ante natal and prenatal has fallen in some countries and births attended by skilled health care workers have decreased as compared to previous years.
- Malaria and TB and HIV/ AIDS programs have been negatively impacted, due to supply chain failures, low diagnosis and non-treatment.
- Regular management of chronic non communicable diseases have been disrupted, hypertension, diabetes, cardiovascular diseases and cancer diagnosis and treatment.
 - Mental health issues are increasing, due to the pandemic and the disruptions in treatment of patients with previous mental health conditions. Health care workers are among the groups that are affected.
 - Domestic violence is growing.

Regional Response:

Most of the countries in the Americas are implementing critical response actions in each of the Global Strategic Preparedness and Response Plan for COVID-19: Coordination, Planning, and Monitoring; Risk Communication and Community Engagement; Surveillance, Rapid Response Teams, and Case Investigation; Points of Entry; National Laboratories; Infection Prevention and Control; Case Management; Operational Support and Logistics; and are trying to maintain Essential Health Services during the Pandemic

PAHO's Secretariat has been providing technical cooperation to complement Countries and territories efforts aligning with their own individual priority lines of action to address and mitigate the impact of the COVID-19 pandemic.

During this period, the Organization has developed, published, and disseminated 102 evidence-based technical documents to help guide Member States' strategies and policies to manage this pandemic in their territories.

More than 16.6 Million PCR tests were sent to 36 countries and territories, almost half of those tests were donated.

To date, 147 virtual and in person trainings were delivered on testing, contact tracing, clinical care, and more.

More than 146 tons of donated PPEs were sent to 32 countries and territories in 90 shipments to protect health care workers.

Thirty eight out of the 54 countries and territories in our Region have onsite molecular detection capacity to diagnose COVID-19, and many countries have decentralized their laboratory diagnostic capacity.

Seventy seven percent of our countries report that most of their health facilities have triage capacity and have been adapted to treat COVID-19 patients.

Rapid expansion of health services for management of COVID-19 cases through the increased availability of intensive care beds, deployment of emergency medical teams, distribution of equipment and supplies, and training of health care personnel had a direct impact on reducing mortality due to COVID-19 in most of the Member States, even though the reported number of daily new cases is still high in the region.

An analysis performed by PAHO of a sample of 8 countries (Peru, Chile, Ecuador, Colombia, Mexico, Brazil, Dominican Republic, and Panama, shows an overall 99.7% increase of the capacity of Intensive Care Units, from 46 thousand to 93 thousand. At the same time that the occupancy rate increased significantly from 58% to 78%, demonstrating that this expanded capacity was crucial to save the lives of severe COVID-19 patients.

ACCESS TO A VACCINE

There is unprecedented degree of urgency for development of potential vaccines for COVID-19, and despite some promising early results, we do not know when and which, or how many of the vaccines in development will be safe and effective for use.

Given the uncertainty of the current landscape, the portfolio of vaccine candidates managed by the COVAX Facility is expected to offer a better chance to ensure universal and equitable access to successful vaccines for all countries regardless of income level. The COVAX Facility, a mechanism coordinated by WHO, GAVI and CEPI with the support from the Gates Foundation, is investing in a basket of up to 15 vaccine candidates in order to increase options for participating countries in the short and longer term as the epidemiological data on COVID-19 disease evolves. We believe that your support and participation in the COVAX Initiative will provide the best opportunity to fast track access to COVID-19 vaccines nationally and regionally throughout the Americas, supporting the path to recovery.

PAHO is working day and night to support this endeavor. We are working closely with WHO and Gavi on the governance and allocation principles for new vaccines; we are supporting national regulatory authorities in the emergency use authorization for the vaccine and preparing immunization programs for its introduction. And we are leveraging the PAHO Revolving Fund and its participating Member States as a unified bloc and viable procurement mechanism through COVAX to ensure rapid access to the vaccine at a unified flat price. In this regard, most of our countries and territories have already provided us with Expressions of Interest to access COVID-19 vaccines from COVAX through the PAHO Revolving Fund. We are working closely with the IDB and other regional banks to support countries in their efforts to rapidly mobilize the resources that will be needed to meet the financial commitments through COVAX.

Closure:

We are a region that understands the power of working together, and the value of ensuring that all members of our societies have access to the health care they need to stay safe.

We have learned together a lot about COVID-19 since January, but the most important lessons come from the countries themselves, from the ones that are at the forefront of the response and that are dealing with multiple technical, social, political, and economic challenges.

I thank Member States, the Inter American System, and our partners for ensuring regional solidarity towards achieving one of the core functions agreed by our Member States in 1902 when PAHO was founded: *“To lend its best aid and experience toward the widest possible protection of the public health of each of the republics in order that disease may be eliminated and that commerce between the said Republics may be facilitated.”*