

# COVID-19

PAHO/WHO Response. 8 October 2021. Report n. 61

## HIGHLIGHTS

**PAHO called for united response to COVID-19 in the Americas** during a virtual Special Meeting of the Permanent Council of the Organization of American States (OAS) on 30 September 2021. PAHO's Director Dr. Carissa F. Etienne emphasized that better coordination among countries will end the crisis more quickly for all. She stressed that vaccines must be made available to all. "There is no path to recovery for any of us while our neighbors remain vulnerable and while variants circulate and multiply." Dr. Etienne said the first and most urgent priority is expediting the delivery of COVAX-procured and donated vaccines across the Region to protect people from severe COVID-19 disease. PAHO's second priority is to reduce the Region's overdependence on imported health products. The new regional initiative to produce mRNA vaccines was highlighted. Dr. Tedros Adhanom Ghebreyesus, WHO Director General, Dr. Anthony Fauci, Director of the United States National Institute of Allergy and Infectious Diseases, and Mr. Luis Almagro, OAS Secretary General, also spoke during the meeting, and all called for global collaboration and cooperation.

On 8 October 2021, PAHO launched a social media campaign to raise awareness of the COVID-19 mental health toll on frontline health workers. The campaign **Mental Health Now – Tell Your Story**, invites frontline health workers to share their stories and strategies to better manage and cope with pandemic-induced stress, anxiety, and depression. PAHO will compile and disseminate written and video stories from health workers in the Americas collected through Facebook, Instagram, and Twitter. Preliminary data from the COVID-19 HEalth caRe wORkErS (HEROES) study, a collaboration between the University of Chile, Columbia University in the United States, and PAHO, indicate that between 5% and 15% of respondents in 11 countries in the Americas reported suicidal thoughts in the two weeks prior to being consulted for the survey. Between 15% and 22% reported symptoms compatible with depression. Study findings will be available in November 2021.

## SITUATION NUMBERS IN THE AMERICAS

as of 8 October 2021 (15:00)

**56**

Countries/territories affected

**91,167,473**

Confirmed cases

**2,238,190**

Deaths

**1,099,992,151**

Vaccine doses administered

## RESPONSE PILLARS



1. Coordination, Planning, Financing, and Monitoring



2. Risk Communication, Community Engagement & Infodemic Management



3. Surveillance, Epidemiological Investigation, Contact Tracing; Adjustment of Public Health/Social Measures



4. Points of Entry, International Travel & Transport; Mass Gatherings



5. Laboratories & Diagnostics



6. Infection Prevention & Control; Protection of the Health Care Workforce



7. Case Management, Clinical Operations, & Therapeutics



8. Operational Support & Logistics; Supply Chain



9. Strengthening Essential Health Services & Systems

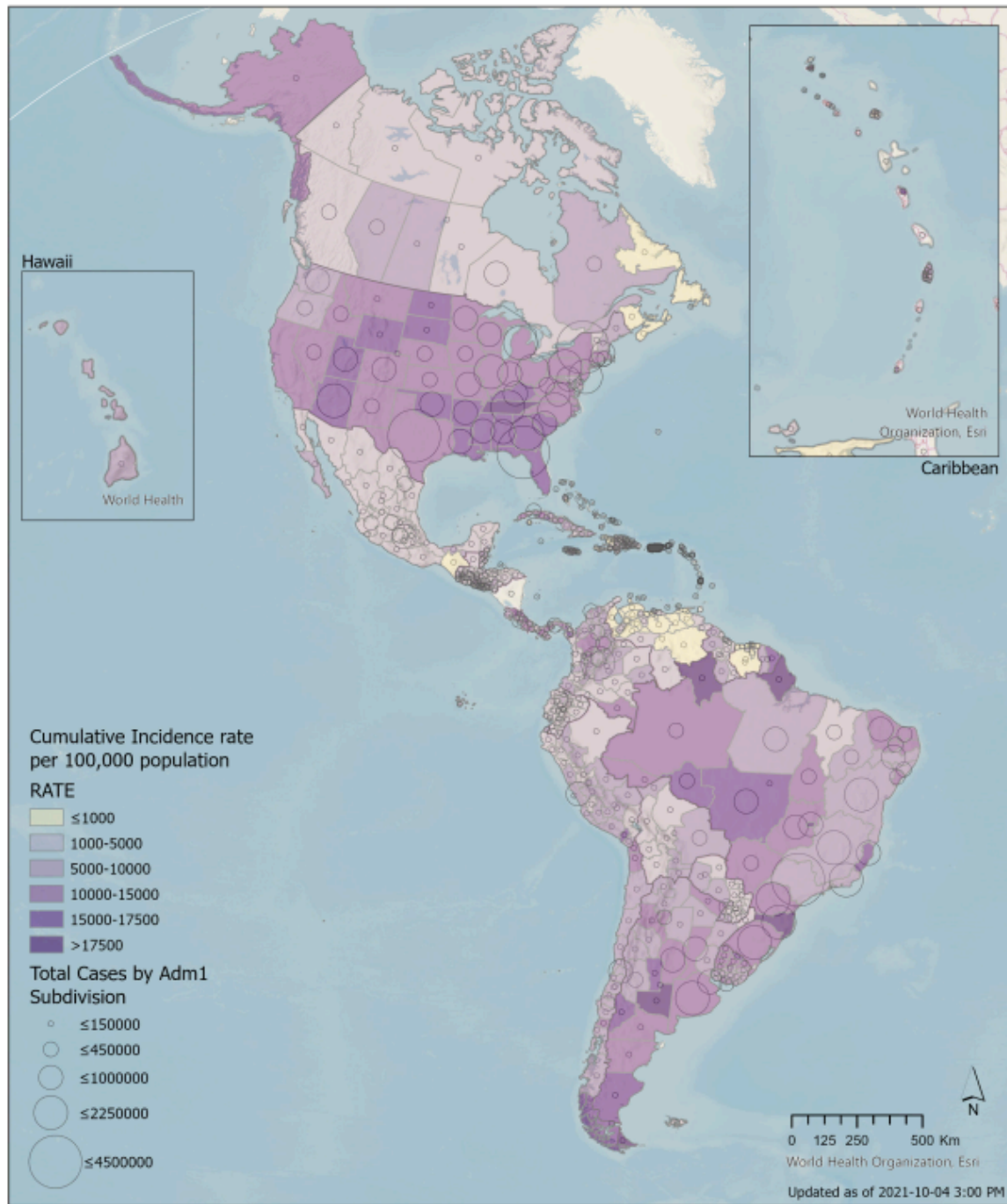


10. Vaccination

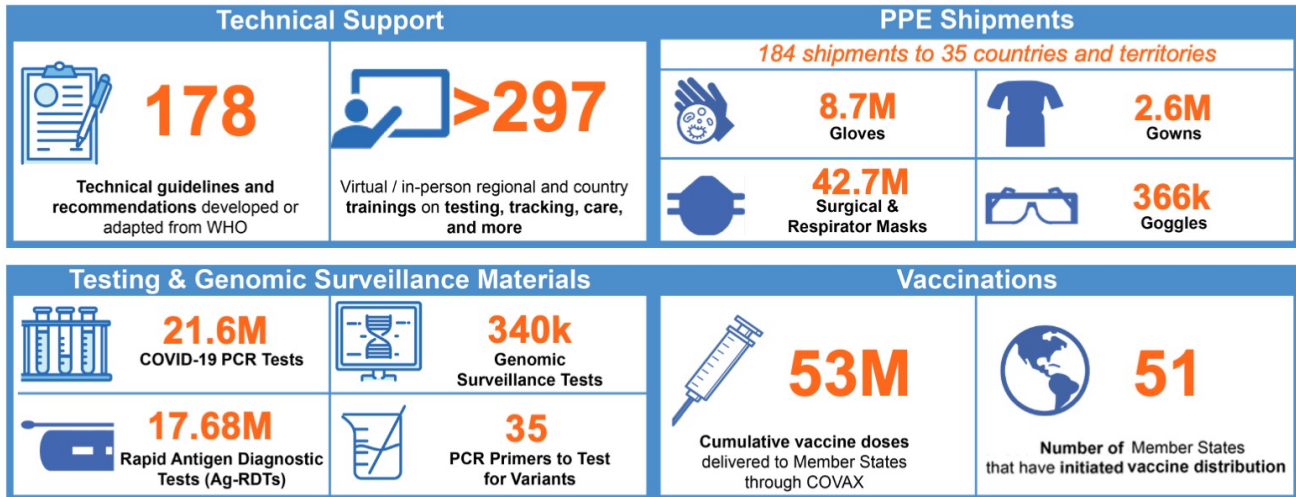
[Link to PAHO's technical and epidemiological reports, guidance, and recommendations](#)

[Link to global operational situation reports](#)

**Map 1. Reported number of cumulative COVID-19 cases in the Region of the Americas and corresponding incidence rate (per 100,000 population) by country/territory. As of 4 October 2021**



## PAHO Regional Response Summary



Cumulative regional response data as of 8 October 2021.

### PAHO/WHO Response (25 September to 8 October 2021)

Following an outbreak of a novel Coronavirus (COVID-19) in Wuhan City, Hubei Province of China, rapid community, regional and international spread occurred with exponential growth in cases and deaths. On 30 January 2020, the Director-General (DG) of the WHO declared the COVID-19 outbreak a public health emergency of international concern (PHEIC) under the International Health Regulations (IHR) (2005). The first case in the Americas was confirmed in the USA on 20 January 2020, followed by Brazil on 26 February 2020. Since then, COVID-19 has spread to **all 56 countries and territories in the Americas**. On 17 January 2020, the Pan American Sanitary Bureau activated an organization-wide Incident Management Support Team (IMST) to provide its countries and territories with technical cooperation to address and mitigate the impact of the COVID-19 pandemic. These efforts align with the ten pillars of the [2021 WHO Strategic Preparedness and Response Plan for COVID-19](#), [PAHO's Response Strategy and Donor Appeal](#), and [PAHO Resolution CD58.R9 approved by its Member States](#). Since then, the Organization has developed, published, and disseminated evidence-based technical documents to help guide countries' strategies and policies to manage this pandemic.



### PILLAR 1: Coordination, Planning, Financing, and Monitoring

Support activation and operation of national public health emergency management mechanisms, as well as COVID-19 planning and response, based on a whole-of-government and inclusive whole-of-society approach

#### Regional

PAHO continued to collaborate with its partners within the Region and across the globe to deliver technical cooperation, evidence-based guidance and recommendations, and to advocate for the Americas on the global stage. PAHO's regional IMST also provided support and strategic guidance to country-level IMSTs as they coordinated and monitored their national response activities.

Since the beginning of January 2021 through 8 October 2021, a total of **1,426 bilateral communications** (under Article 44 of the International Health Regulations) between National Focal Points (NFPs) with information concerning cases/contacts and travel were received. A slight increase in the number of bilateral communications between the NFPs was observed during the last reported week, in comparison with the previous week.

PAHO continued to review new and emerging information to build the evidence base to combat the virus. The public has access to PAHO's **COVID-19 Technical Database** for technical guidelines, scientific publications, and ongoing research protocols from the Region. This is the result of partnerships with WHO, Cochrane, McMaster University, Epistemonikos, and others.

## Country

PAHO chaired a United Nations Emergency Technical Team (UNETT) meeting in **Belize** aimed at concluding the UN Belize Hurricane Contingency Plan which has been considered an important priority within the context of COVID-19. In addition, the Organization also conducted a follow-up meeting with the Inter-American Development Bank (IDB) to discuss approaches for implementing technical cooperation on Immunization Information Systems (IIS) to track COVID-19 vaccination.

In **Chile**, PAHO participated in meetings of the UN System Committees for COVID-19 and assisted the development of technical guidelines and documents to support the Back to Office Plan, Behavior Change, Communication Plans, and the MEDEVAC Plan. Additionally, PAHO provided recommendations for the inclusion of staff of the United Nations System (UNS) into the national vaccination plan. The Organization has also been providing periodic recommendations on staff safety to the UNS Emergency Management Team.



Figure 1: Donation ceremony in the Ministry of Health and Wellness of Jamaica. Source: The Gleaner.

PAHO hosted a **hand-over event** with the Ministry of Health and Wellness in **Jamaica** for items procured for the COVID-19 response. Items included one minibus for rapid response and contact tracing teams, sampling and laboratory supplies, and communication equipment for contact tracers, such as satellite and cell phones, radios, and laptops.

In **Mexico**, PAHO participated in the panel “Effects of the COVID-19 pandemic on the health system and other health care services” at the XXX National Convention of the Pharmaceutical Industry: “Comprehensive pharmaceutical policy: a tool to face health challenges that emerged from COVID-19”. The discussions highlighted the importance of strengthening and modernizing the health systems of countries in the Americas to overcome the current health crisis.



## PILLAR 2: Risk Communication, Community Engagement (RCCE)

Support participatory development and implementation of RCCE plans and dissemination of risk communication information to all populations and to travelers

### COVID-19 Courses Available on PAHO's Virtual Campus for Public Health (SPA-POR)

**Introduction to the COVID-19 Vaccine: Guidance for Identifying Priority Groups and Developing Microplanning (SPA)**

**COVID-19 Vaccination Training for Healthcare Personnel – 2021 (SPA, POR)**

**Vaccination for COVID-19: technical protocols and procedures – Brazil 2021 (POR)**

**Occupational Health and Safety for Healthcare Professionals in the Context of COVID-19 – 2020 (SPA, POR)**

*The full list of courses is available on the [PAHO website](#).*

### 2.1 Weekly Press Briefings

PAHO's Director Dr. Carissa F. Etienne delivered two press briefings during this period. On **29 September 2021**, the Director emphasized the importance of accelerating vaccination in the Region and announced PAHO has entered into an agreement with Sinovac and is in advanced discussions with other manufacturers to purchase additional COVID-19 vaccines on behalf of countries to complement bilateral deals, donations, and doses received through the COVAX mechanism. Orders for Sinovac are already being accepted and will be ready for delivery in 2021. The Director said PAHO has delivered 50 million doses in our Region so far, as part of the COVAX mechanism, including 14 million donated doses. In addition to vaccines, PAHO has secured over 150 million syringes for Member States. While more than a billion COVID-19 vaccine doses have been administered in the Americas, only 35% of people in Latin America and the Caribbean (LAC) have been fully vaccinated against COVID-19. Dr. Etienne highlighted that the Region has the capacity and expertise to expand manufacturing and lessen our dependence on global suppliers. The Director highlighted advances made in a PAHO-led platform to accelerate the development and production of mRNA vaccines. Dr. Etienne urged countries, institutions, and partners across the Region to work collaboratively to overcome the pandemic faster and be more resilient in the future.

During the press briefing held on **6 October 2021**, the Director provided an update on COVID-19 in the Region, stating that COVID-19 infections across the Americas generally declined in the past week, but highlighted that local trends remain worrisome. Dr. Etienne announced that PAHO has already closed agreements with three WHO Emergency Use Listing Procedure (EUL) authorized producers: Astra Zeneca, Sinopharm, and Sinovac to facilitate access to COVID-19 vaccines in LAC. The Director emphasized that, as we work together to control this pandemic, we must consider the ways in which we can collaborate to avoid future pandemics and focus on the risk presented by animal to human – or zoonotic – diseases. Dr. Etienne stated that COVID-19 has been unique in its scale and impact, but that it is not the first emerging disease to cause ripple effects throughout the world. She cited Ebola, chikungunya, yellow fever, avian influenza, and Zika as emerging diseases that have spilled over from animals to people, with the potential to have severe impacts. The Director emphasized that the risk for potential spillover is increasing as climate change impacts ecosystems and as people come into closer contact with animals through urbanization and

deforestation. Dr. Etienne called for regional governments to apply a “One Health” approach, which has long been a priority to PAHO, to rapidly detect emerging pathogens that have the potential to pose a public health risk. Recently, during PAHO’s Directing Council, Ministers of Health approved a new “One Health” policy that outlines a blueprint for countries to unite experts from across sectors to face some of the most challenging issues, including zoonotic diseases, food safety, anti-microbial resistance, and climate change. The Director called for future pandemic plans and policies to reflect the expertise and recommendations of public health, animal health, and environmental sectors, and urged everyone to build on this “One Health” approach as the smartest, most cost-effective way to protect ourselves from the next crisis that can lead to a global pandemic.

## Regional

As the communication needs of the Region evolve, PAHO continues to disseminate key messages across multiple platforms and respond to numerous media inquiries. Communications support is provided to country offices on a variety of issues, particularly regarding vaccines and COVAX. [Infographics](#) cover a range of issues related to COVID-19, from steps for preventing infection to tips for staying healthy and protecting mental health during the pandemic.

## Country

In **Mexico**, PAHO participated in a webinar organized by UNESCO, about COVID-19 vaccination and lessons learned by the country and the Region. Additionally, PAHO facilitated a session on capacities for effective social and risk communication at a social marketing webinar hosted by the School of Accounting and Administration of the National Autonomous University of Mexico.



## PILLAR 3. Surveillance, Epidemiological Investigation, Contact Tracing, and Adjustment of Public Health & Social Measures

Strengthen the capacity of surveillance systems to detect COVID-19 cases, while ensuring continued surveillance of other diseases epidemic and pandemic potential

## Regional

PAHO developed a [Geo-Hub](#) for the Region which includes a series of dashboards and epidemiological data updated daily. It has four sub-regional and 56 country/territory geo-hubs for the Americas. In addition, PAHO’s [interactive dashboard](#) provides information for the public on cumulative cases, deaths, cumulative incidence rate, new cases and deaths, as well as several other epidemiological indicators reported by countries and territories.

PAHO also publishes [weekly reports](#) detailing trends in influenza and other respiratory viruses, as well as SARS-CoV-2 surveillance indicators. PAHO continues to analyze trends in the Region, particularly through the collection of COVID-19 nominal data.

**Seroprevalence studies** have provided the Region with invaluable data on how the virus has spread since the onset of the pandemic. PAHO maintains a [dashboard that shows seroprevalence studies in Latin America and the Caribbean](#), including information on the study design, sampling method, sample sizes, and other factors.



PAHO's **Contact Tracing Knowledge Hub** publishes multidisciplinary information on contact tracing for a variety of audiences, including policymakers, responders, researchers, educators, affected communities, and the public. Go.Data is one of the tools available through this platform. It is used to support case investigation and management, display transmission chains, and for contact tracing. In collaboration with GOARN, to date, PAHO/WHO has trained more than 35 countries and territories worldwide in the **Go.Data** app.

## Country

PAHO participated in meetings with **Antigua and Barbuda** to discuss Go.Data installation and provided support to the use of the tool in the country.

PAHO trained additional health surveillance workers in **Brazil** in event monitoring system using Epidemic Intelligence from Open Sources (EIOS), for a total of 275 workers trained.

In **Bolivia**, a PAHO supported initiative "COVID-19 contact tracing and risk communication in Guaraní communities" was concluded during this period. The initiative aimed to implement a capacity-building program for contact tracing together with communication actions to strengthen COVID-19 surveillance in the first level of care and reduce the impact of the COVID-19 pandemic in Guaraní indigenous communities.

A total of 361 professionals were trained in contact tracing and monitoring, including health care workers and students from the Tekove Katu School. Other results include the development of Contact Tracing Guidelines for Healthcare Workers and the Community Guide on Contact Tracing; practical training and contact tracing follow-up in 13 health areas; and community actions for the promotion of COVID-19 vaccination and contact trace investigation. In its communication component, the initiative conducted surveys among the population, developed radio spots and programs both in Spanish and Guaraní, and hosted a virtual conference on communication during the COVID-19 pandemic based on the Guaraní cosmovision.



## PILLAR 4. Points of Entry, International Travel, and Mass Gatherings

Support surveillance and risk communication activities at points of entry as well as implementation of appropriate public health measures

## Regional

It is important that risk mitigation measures are always in place, including advice for travelers, particularly regarding the self-monitoring of signs and symptoms; surveillance and case management at the point of entry and across borders; capacities and procedures for international contact tracing; and environmental controls and public health and social measures at points of entry and onboard conveyances.

PAHO will continue to support countries to ensure that these capacities are in place. PAHO will also support countries' efforts to define a risk-based policy while resuming international traffic in the context of the COVID-19 pandemic, considering the provisions of the International Health Regulations (IHR), available scientific evidence, and the most cost-effective use of available resources.

## Country

PAHO disseminated copies of International Health Regulations (2005) publication to ministries, departments, agencies and members of the IHR Stakeholders Advisory Group in **Jamaica**, as part of support to ensure readiness for COVID-19 response at points of entry while strengthening IHR core capacities. Additionally, PAHO has been supporting coordination between countries under the IHR, regarding contacts of COVID-19 positive or confirmed cases who travelled to and from Jamaica in their infectious period, and discussing strategies for follow-up, such as contact tracing, isolation, quarantine, and contact with airlines and hotels. PAHO is also reviewing reports and providing support to ensure the Ministry of Health is notified and can maintain dialogue with the countries involved.



## PILLAR 5: Laboratories and Diagnostics

Enhance laboratory capacity to detect COVID-19 cases as well as to manage large-scale testing for COVID-19 domestically or through arrangements with international reference laboratories

## Regional

Since the beginning of PAHO's response to the date of this report, the Organization has provided primers, probes and/or PCR kits for over **21.6 million reactions/tests**. To date, PAHO has provided over 683,900 swabs and 365 sampling kits, among other critical materials.

PAHO continued to provide technical cooperation, including data review, troubleshooting sessions, and follow-up calls on laboratory diagnostics with teams from **Antigua and Barbuda, Barbados, Bolivia, Dominica, and St. Kitts and Nevis**.

## Country

During the reporting period PAHO provided technical support for setting up a new RT-PCR machine at a hospital lab and trained lab technicians in **Antigua and Barbuda**. In **Barbados**, PAHO assessed labs' testing capacity, trained new lab technicians in the Best Dos Santos laboratory, and visited and assessed the testing strategy of two private laboratories.



Figure 2: PAHO mission to assess testing capacity and train lab technicians in Antigua and Barbuda. Source: PAHO



Figure 3: Staff training at the Best dos Santos laboratory in Barbados. Source: PAHO



## 5.1 SARS-CoV-2 variants of concern

A number of SARS-CoV-2 variants have been identified through global genomic sequencing. Since the initial identification of SARS-CoV-2, until 21 September 2021, more than **3,679,438** complete genomic sequences have been shared globally through publicly accessible databases.

Given the significant resource requirements needed to sequence all samples in the Region to identify variants, PAHO continues to work closely with the laboratories of the countries of the Americas to help identify samples which should be prioritized for genomic sequencing. To date, PAHO has distributed **35 unique primers** to detect genetic variants using PCR.

To date, **twenty-six countries** are participating in the **COVID-19 Genomic Surveillance Network**, with reference sequencing laboratories in Brazil and Chile, visible on this [dashboard](#). This mechanism will be critical to tracking the spread or appearance of new Variants of Concern (VOC)s. During the reporting period, a total of 55 new SARS-CoV-2 full genome sequences from Belize were generated through the PAHO COVID-19 Genetic Surveillance Network at the PAHO Regional Sequencing Reference Laboratory for COVID-19 at Gorgas Institute in Panama. The Delta VOC was detected in higher proportion, together with Alpha and other common variants.



### PILLAR 6: Infection Prevention and Control (IPC), and Protection of the Health Workforce

Support efforts to reduce human-to-human transmission within health facilities and the community, including through development and implementation of national IPC plans

#### Regional and Country

Implementation of national IPC plans are key to reducing COVID-19 transmission at both community and health facility levels. PAHO supports countries by procuring PPE through donations, the Revolving Fund, and training healthcare personnel.

PAHO provided training for 599 additional healthcare workers in infection prevention and control in **Brazil**, for a total of 143,208 health professionals trained to date. PAHO also conducted Phase 2 Advanced IPC training sessions for 30 participants in **Antigua and Barbuda** and **Grenada**.



## PILLAR 7: Case Management, Clinical Operations, and Therapeutics

Improve local health system capacity and protect healthcare workers to safely deliver equitable healthcare services

### 7.1 Therapeutics and Clinical Management

#### Regional

Considering the breadth of knowledge and evidence related to COVID-19, PAHO maintains an [interactive infographic](#) to help external partners navigate PAHO and WHO's technical material and compilations of evidence from the Americas and around the globe.

The Organization worked with countries in the Region to promote the [WHO Global COVID-19 Clinical Data Platform](#) for the clinical characterization and management of hospitalized patients with suspected or confirmed COVID-19. This is part of a global strategy to gain a clearer understanding of the severity, clinical features, and prognostic factors of COVID-19. The Platform has more than 380,000 cases with contributions from the following countries: **Argentina, Brazil, Chile, Colombia, Dominican Republic, Mexico, Panama, Peru, and the United States.**

PAHO last updated evidence for the [Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of rapid systematic reviews](#) on 01 October 2021. The study synthesizes evidence on 147 therapeutics from 417 randomized controlled trials and observational studies.

#### Country

PAHO conducted training in COVID-19 case management for healthcare workers in **Brazil**. A total of 13,651 health professionals have been trained in the country since the start of the pandemic.

In **Mexico**, PAHO provided technical and financial support to the state of Chiapas to conduct a workshop to strengthen management of hospital lactation service personnel in the context of COVID-19 in the city of San Cristóbal de las Casas.

### 7.2 Emergency Medical Teams (EMTs)

EMTs are invaluable when demands on a country's health system exceed regular capacity. Updated information on deployed EMTs and alternative medical care sites (AMCS) throughout the Americas remained available at [PAHO's COVID-19 EMT Response information hub](#).

PAHO provided operational and coordination support for the mobilization of EMT SAMU – *Service d'Aide Médicale Urgente* from Spain to **Dominica**, to provide support in the care and treatment of COVID-19 patients. This also included facilitating logistical arrangements during their transit through **Barbados**.



Figure 4: SAMU EMT team received by PAHO representative at the airport in Barbados. Source: PAHO

## PILLAR 8: Operational Support and Logistics (OSL), and Supply Chain

Establish and implement expedited procedures to facilitate the Organization's support to countries and territories response to COVID-19 healthcare services

### Regional

The regional team continued to collaborate with regional, national, and international partners (including other UN agencies) on all matters related to procurement, shipping, freight, logistics and technical specifications for PPE, oxygen concentrators, in vitro diagnostic products (IVDs), and other goods, supplies, and equipment critical to the COVID-19 response in the Americas.

Considering the multitude of suppliers and concerns about the quality of procured goods, PAHO has made quality assurance a critical component of its technical support in the procurement of goods, supplies and equipment for COVID-19 response. This involves reviewing technical specifications, ensuring correct shipping documentation for customs clearance, and supporting countries with quality assurance issues. WHO issued adapted interim guidance on the rational use of PPE for COVID-19 as well as considerations during severe shortages.



Figure 5: Supplies arrive at COMBIOMED in Cuba. Source: PAHO

### Country

In **Cuba**, supplies for the production of monitors for intense care therapy and pulse oximeters were **delivered to the COMBIOMED Digital Medical Technology Company** with support from the project "Saving lives and mitigating the health impact of the COVID-19 pandemic". The main goal of the project is to strengthen the Ministry of Health's capacities to respond to the COVID-19 pandemic in the country.

In response to an urgent request from the Ministry of Health and Social Security of **Grenada**, PAHO facilitated the mobilization of eight intensivists, including physicians and nurses, from Mexico to Saint George's to support health personnel in the clinical management of critical COVID-19 patients. This followed engagement with Grenada's Ministry of Health to identify and explore options to meet the needs identified, as well as serving as a bridge between both countries for this cooperation.

## 8.1 PAHO Revolving Fund for Essential Medicines and Strategic Public Health Supplies

Established in 2000, the PAHO Strategic Fund (SF) supports Member States by ensuring the quality, safety, and efficacy of medicines and other health products; improving demand planning and capacity-strengthening for supply chain systems; sustainably reducing prices of critical medications and supplies through transparent international sourcing; and a line of credit option to facilitate Member State procurement.

During the COVID-19 pandemic, the SF was rapidly mobilized to assess inventories across the Region and evaluate which medications had adequate safety stock and which needed to be prioritized, avoiding unnecessary expenses or late fees. The platform leveraged existing long-term agreements and relationships with suppliers to mitigate price inflation and better plan shipments/deliveries. The SF also coordinated alternative modes of transport (e.g., air freight versus ocean freight) to adapt to the most cost-effective and timely methods amidst continuously evolving COVID-19-related disruptions. This required direct negotiations with suppliers to absorb increases in freight costs on medicines. Finally, the SF worked with partners to support effective alternative treatment protocols to help adapt to limited supplies during COVID-19.

Since the start of the pandemic to 8 October 2021, the SF has procured more than **\$265 million** worth of COVID-19 diagnostic tests (PCR and rapid tests), PPE and medicines for critical care, supporting more than **33 million people** throughout the Region of the Americas.<sup>1</sup> The Fund continues to support the procurement of medicines and public health supplies for individuals affected by HIV/AIDS, tuberculosis, malaria, diabetes, neglected tropical diseases, cardiovascular diseases, and hepatitis C. Learn more about the PAHO Strategic Fund's essential work on the [PAHO website](#).



### PILLAR 9: Strengthening Essential Health Services and Systems

Support continued operation of equitable health systems based on Primary Health Care, to protect and sustain public health gains, investing in improved response capacity in the first level of care and the health service delivery networks, including the implementation of gender and culturally sensitive actions using human rights-based approaches, to overcome barriers to access, especially in populations in conditions of vulnerability.

#### Regional

PAHO provides continuous assistance to its Member States on **regulatory preparedness** to expedite processes for vaccine deployment. As part of the COVAX Facility's allocation mechanism, support includes presenting information on technical documents required by Member States during bilateral and regional meetings.

**Health technology assessments** (HTAs) are invaluable guidance for health authorities in the use of technologies relevant to the COVID-19 pandemic. There are currently **325 COVID-19 related reports available** in the Regional Database of HTA Reports of the Americas ([BRISA](#)).

<sup>1</sup> Sum of all Strategic Fund purchase orders placed to date. Occasionally, countries will withdraw or cancel orders, causing the figure to fluctuate from one report to the next.

The Organization collaborates with national regulatory authorities from across the Americas to share recommendations, considerations, and evaluations on products used to support COVID-19 patients and prevent transmission during the pandemic. Additionally, PAHO maintains a repository of websites and relevant information, including regulatory response on COVID-19, at the Regional Platform on Access and Innovation for Health Technologies ([PRAIS](#)).



Figure 6: PAHO staff during assessment of PSA Oxygen Plan of the China Friendship Hospital in Dominica. Source: PAHO

### Country

A team of PAHO experts visited **Dominica** to support the Ministry of Health in the assessment of the Pressure Swing Adsorption (PSA) Oxygen Plant of the China Friendship Hospital in Roseau. The team also carried out a health system's needs assessment, which included healthcare services capacity, human resources for health measures, and current needs of medical oxygen to improve the country's response to COVID-19.

In **Mexico**, PAHO engaged in several activities aimed at strengthening essential health services: conducted a mission to explore the possibilities of collaboration with the State of Campeche to support the COVID-19 response and maintenance of essential health services; trained instructors on primary health care obstetric prevention and emergency care related to COVID-19; participated in a meeting with the Embassy of Canada to analyze the access of indigenous populations to health services in the context of the pandemic in the country.



## PILLAR 10: Vaccination

Support the introduction, deployment, and evaluation of COVID-19 vaccines, ensuring their timely and equitable access, and strengthening vaccine safety surveillance.

### Regional

As of 8 October 2021, more than **1 billion doses of COVID-19 vaccines** had been administered in the Americas, with more than **476 million people having completed their full vaccination schedule**. All **51 countries and territories in the Region have begun vaccination**, 33 of these having received vaccine doses through COVAX. Overall, PAHO has **distributed more than 53 million doses** to the Americas through COVAX. Additionally, PAHO continued to provide strategic direction to countries in the Region that are pending arrival of vaccines. More details are available on PAHO's [COVID-19 Vaccination in the Americas database](#), which reports on doses administered by country.

Successfully deploying vaccines for COVID-19 requires that countries have detailed plans which factor in considerations ranging from regulatory and logistical issues to staff needs, to ensuring equitable distribution, while targeting those most at risk of infection (e.g., frontline health workers, older persons, and those with underlying conditions).

PAHO is supporting countries throughout this process. **33 countries** have completed their **national vaccine deployment plans (NVDPs)**. **35 countries** have completed the **Vaccine Introduction Readiness tool (VIRAT)**, which includes a **dashboard** that provides an overview of regional readiness. Regional support also includes work with countries interested in gaining access to vaccines through the **COVAX Facility**.

PAHO provides technical cooperation to countries seeking to access the COVID-19 vaccine through the COVAX Facility, including those selected for **Advance Market Commitment (AMC)** funding to cover their doses. This includes sharing recommendations with national authorities on steps to ensure that their NVDPs meet the necessary criteria to roll out vaccines to priority populations.

In addition to written guidance, PAHO also provides training webinars to its Member States. PAHO worked with Member States to develop workshops aimed at strengthening the Events Supposedly Attributable to Vaccination or Immunization (ESAVI) surveillance in the Region of the Americas. Access the full list of past and future training sessions for all member states [on PAHO's website](#).

PAHO maintains a public **dashboard** that tracks the safety of various COVID-19 vaccines during and after clinical trials.

## Country

In **Bolivia**, PAHO is supporting a house-to-house vaccination campaign which includes more than 1,100 doctors, nurses, technicians, and students from technical school as part of the vaccination deployment teams. This initiative, implemented by the Ministry of Health and Sports, aims to deploy thousands of health professionals to ensure immunization of the of the remaining unvaccinated population in the country. Activities have started in the city of El Alto, La Paz.



Figure 7: COVID-19 house-to-house vaccination teams in the city of El Alto, La Paz. Source: PAHO

In **Jamaica**, the Kingston Public Hospital was identified as a sentinel site for the Regional Events Supposedly Attributable to Vaccination or Immunization (ESAVI) Surveillance System. PAHO has supported the recruitment of personnel to support the ESAVI surveillance and will be conducting a training session with the team designated to carry out such activities, including staff from the Ministry of Health and Wellness.

As part of the response to the COVID-19 pandemic and to support the effective implementation of the national vaccination plan, PAHO has donated cold chain equipment to the Expanded Immunization Program (EIP) of **Panama**, for the transportation of vaccines, as well as syringes and needles to reinforce distribution and deployment of COVID-19 vaccines.

In **Saint Lucia**, PAHO is providing support to address behavior change and vaccine hesitancy. Specifically, support is being provided to develop and implement a campaign using traditional and non-traditional media platforms addressing the associated factors related to vaccine hesitancy, in order to build confidence in the COVID-19 vaccine for the general public and increase vaccine uptake.

## Gaps and Challenges

GAPS	CHALLENGES
<ul style="list-style-type: none"> <li>• <b>Surveillance systems:</b> additional capacity-building and equipment for analysis.</li> <li>• <b>Information systems:</b> Data management systems are essential for case monitoring and contact tracing while protecting confidentiality.</li> <li>• <b>Strategic planning and response:</b> Countries need enough resources to implement national COVID-19 Preparedness and Response Plan and Risk Communication Plans.</li> <li>• <b>Laboratory test kits and equipment:</b> National laboratories need more extraction kits and other supplies to keep testing.</li> <li>• <b>IPC supplies:</b> PPEs and supplies (including for WASH) are urgently needed for isolation and quarantine wards. Healthcare workers are hesitant to work without PPE.</li> <li>• <b>Health facility evaluations:</b> Countries must undertake additional assessments to guide measures for infection prevention and control.</li> <li>• <b>Resources for and access to populations in situations of vulnerability:</b> PPE and other supplies are needed in these communities. Logistical challenges must be overcome to deliver these critical goods.</li> <li>• <b>Risk communications:</b> Key messages must be tailored to each country's context to resonate with intended audiences.</li> <li>• <b>Subnational-level health workers:</b> A surge in medical personnel is needed to ensure countries can serve their whole populations and obtain more epidemiological data as it becomes available.</li> <li>• <b>Intensive care units:</b> More ICUs will be needed to manage severe cases.</li> <li>• <b>Migrant access to health services:</b> Countries are assessing how to serve these populations and better manage outbreaks.</li> <li>• <b>Private sector coordination:</b> This is essential to ensure national protocols are followed.</li> <li>• <b>Nutritional Guidance:</b> This is vital to ensure families maintain nutritional health during and after the COVID-19 emergency.</li> <li>• <b>Health Disaster Management Programs:</b> Health Disaster Management Programs and surveillance were noted as priorities to enhance the COVID-19 and any other health emergency responses.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Equitable Vaccine Distribution:</b> The shortage of available vaccines limits the ability of the countries to protect their populations.</li> <li>• <b>Competitive marketplace:</b> Countries and organizations are competing for limited supplies due to global shortages of PPE and other items.</li> <li>• <b>Border closures:</b> This has seriously hampered the deployment of experts, shipment of samples for testing, and procurement of supplies and equipment for testing, case management, and infection prevention and control. It has also added additional pressure to countries undergoing complex political and socio-economic transitions.</li> <li>• <b>Managing infections in healthcare settings:</b> Healthcare workers rely on PPE and other supplies to avoid infection. Global shortages are contributing to increasing cases and frontline workers losing their lives.</li> <li>• <b>Infected healthcare workers:</b> Infected health workers who are sick or quarantined will strain health systems.</li> <li>• <b>Test availability:</b> Epidemiological monitoring requires more testing. Counterfeit tests are creating risks in resources lost and incorrect analyses.</li> <li>• <b>Health workforce limitations:</b> Insufficient human resources hamper countries' efforts to conduct contact tracing and manage patients in quarantine.</li> <li>• <b>Risk Communication:</b> The perception of risk is still low in some countries/territories and many people ignore government public health measures.</li> <li>• <b>Telephone referral systems:</b> Some countries are reporting overwhelming call volumes.</li> <li>• <b>Logistics systems:</b> Many countries are still unprepared to manage the distribution of supplies and equipment.</li> <li>• <b>Continuity in other health services:</b> The pandemic has diverted resources from other critical services for programs such as HIV, TB, and non-communicable diseases (NCDs).</li> <li>• <b>Stigma:</b> Countries must take steps to reduce stigma towards persons returning from abroad and others associated with a higher likelihood of infection.</li> <li>• <b>Public Compliance of Public Health Protocols:</b> Public reluctance to follow public health protocols has led to increased infection rates in many countries in the Americas.</li> <li>• <b>Variants:</b> New COVID-19 strains present a challenge to the control of the disease.</li> </ul>

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## Support PAHO's efforts to fight COVID-19 in the Americas

The Region of the Americas has the highest cumulative number of COVID-19 cases and deaths.

PAHO is working with health professionals on the frontlines of this fight.

Vaccines will help save lives and eventually halt the pandemic.

Support PAHO's Response at:  
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