

# COVID-19

PAHO/WHO Response. 18 January 2021. Report ° 41

## HIGHLIGHTS

### Detecting SARS-CoV-2 Variants in the Americas

PAHO's genomic surveillance network spans 21 laboratories throughout the Americas and helps track the spread of the virus and mutations that naturally develop over time. So far, the variant first seen circulating in the UK has been reported in six countries in this Region (epidemiological update [here](#)).

### Rising cases in Amazonas State, Brazil

PAHO's deployed team is working with municipal and state health officials to strengthen services at the primary care level as well as to strategize the best way to secure much-needed oxygen (news story in Portuguese [here](#)).

### New PAHO app offers health workers quick guidance on PPE

**medPPE** provides health workers with recommendations on PPE according to the function and activity performed when caring for patients with diseases transmitted by droplets and contact, or during procedures that generate aerosols (available for [iPhone](#) or on [Google Play](#)).

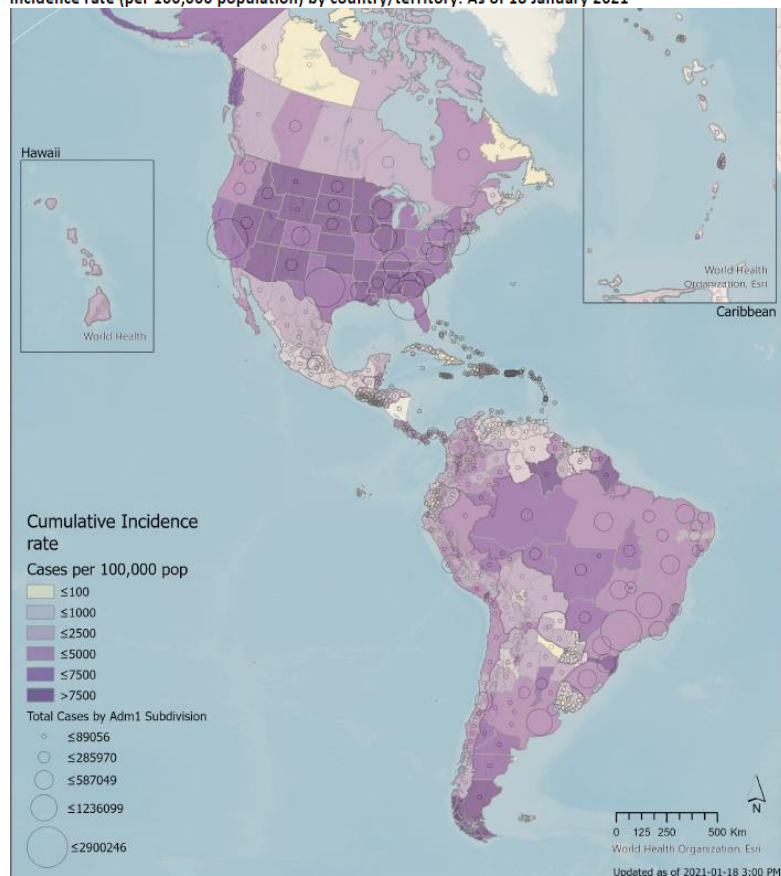
## PUBLICATIONS



### Considerations for Strengthening the First Level of Care in the Management of the COVID-19 Pandemic [\[Link\]](#)

This document presents considerations regarding the response capacity of first level of care services so that each patient with confirmed or suspected receives appropriate care at the community level.

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 18 January 2021



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Citation: Pan American Health Organization / World Health Organization. Washington, D.C.: PAHO/WHO; 2020 © PAHO/WHO, 2020

## SITUATION IN NUMBERS IN THE AMERICAS

as of 18 January 2021 (15:00)

**41,776,035**

Confirmed cases

**963,290** Deaths

**56** Affected countries / areas / territories

## RESPONSE PILLARS



Coordination, Planning, and Monitoring



Risk Communication and Community Engagement



Surveillance, Rapid Response Teams, and Case Investigation



Points of Entry, International Travel, and Transport



National Laboratories



Infection Prevention and Control



Case Management



Operational Support and Logistics



Maintaining Essential Health Services during the Pandemic













Link to PAHO's technical and epidemiological reports, guidance, and recommendations

Link to global operational situation reports



World Health  
Organization

## Key Figures: The Americas' Response to COVID-19

PAHO Response	 <b>117</b> Technical guidelines and recommendations developed or adapted from WHO	 <b>18.3M</b> COVID-19 PCR tests <b>4.36M</b> Ag-RDTs sent* to 36 countries and territories	 <b>&gt;228</b> Virtual / in-person regional and country trainings on testing, tracking, care, and more	PAHO has sent 116 PPE shipments to 34 countries and territories	
				 <b>6M</b> Gloves	 <b>2.12M</b> Gowns
				 <b>37.4M</b> Surgical & Respirator Masks	 <b>371k</b> Goggles
Regional Readiness	 <b>32/35</b> # Countries with national COVID-19 Preparation and Response Plans	 <b>38/51</b> # Countries and territories with molecular detection capacity to diagnose COVID-19	 <b>21/35</b> # countries using existing SARI/ILI surveillance systems to monitor COVID-19	 <b>17/22</b> # Reporting countries where at least 50% of health facilities have triage capacity	 <b>33/35</b> # Reporting countries with national IPC / WASH plans for health facilities

### PAHO/WHO Response (12 to 18 January 2021)

Following an outbreak of a novel Coronavirus (COVID-19) in Wuhan City, Hubei Province of China, rapid community, regional and international spread has 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 are aligned with the nine pillars of the [WHO Strategic Preparedness and Response Plan for COVID-19](#) and [PAHO Resolution CD58.R9 approved by its Member States](#). The Organization develops, publishes, and disseminates evidence-based technical documents to help guide countries' strategies and policies to manage this pandemic.

### Response in Manaus, Brazil

PAHO deployed a team to Manaus, capital of the state of Amazonas, to support the COVID-19 response in coordination with municipal, state, and national health authorities from Brazil. The three specialists met with the municipal health authorities to reinforce the protocol for the patient flow for infected persons in primary care units of Manaus in addition to the Organization's work with the state's operations command center to strategize the sourcing of hospital oxygen and identify options for transferring patients to other states in Brazil. PAHO additionally met with health authorities from Amazonas State to assess the potential impact of the new COVID-19 genetic variant in the current increase of cases in Manaus.



Figure 1: PAHO deployed a technical team to work alongside health authorities in Manaus, Brazil to formulate strategies to address the ongoing uptick in COVID-19 cases in the state. Source: Divulgação Semsa, Municipal Secretariat of Health of Manaus, 15 January 2021.

This augmented [prior PAHO technical cooperation](#) in the State of Manaus to improve the organization of Amazonas state's urgent and emergency care network, strengthening surveillance and laboratory capacities, and other key response areas. Meanwhile, discussions also ensued regarding future deployments to provide critical additional support to the state's epidemiological surveillance team.



## Country-level Coordination, Planning, and Monitoring

### 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 countries' IMSTs as they coordinated and monitored their national response activities.

### Regulatory aspects for COVID-19

**Health technology assessments** (HTAs) are invaluable guidance for health authorities on the use of technologies relevant to the COVID-19 pandemic. The Regional Database of HTA Reports of the Americas ([BRISA](#)) now has 286 reports available in its COVID-19 section.



Figure 2: PAHO donated information technology equipment to the Ministry of Education of Antigua and Barbuda in support of remote learning needs of children with disabilities and special communication needs. Source: PAHO, 13 January 2021.

PAHO continued to maintain a list of 73 prioritized IVDs for proprietary and open platforms. The Organization additionally monitored alerts and updates as part of its post-market surveillance on IVDs, ventilators, PPE, and other items to provide the most updated, timely information to regulatory authorities.

The Organization collaborated with national regulatory authorities (NRAs) from across the Americas to share recommendations, considerations, and evaluations on products that would be used to manage COVID-19 during the pandemic. Additionally, PAHO maintained 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](#)).

PAHO supported **CARICOM** on **vaccine regulatory preparedness**, with a focus on authorization, import permits, lot release, and pharmacovigilance, as well as the COVAX Facility.

**Belize** received PAHO support to conduct quality assurance reviews of equipment and supplies to be procured to aid the country in its COVID-19 response.

### Country

In **Mexico**, PAHO met with health authorities to strategize on promoting measures to mitigate the risk of COVID-19 and prepare for rolling out a national COVID-19 vaccination plan, while sustaining other key response areas ranging from laboratory strengthening to epidemiological surveillance.

PAHO continued to work alongside the **Bahamas** to share critical epidemiological updates and technical materials to guide their response efforts. Meanwhile, **Peru** received PAHO support to implement its Multisectoral Response Plan were a second wave of the SARS-CoV-2 virus to impact the country.



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

Emerging respiratory viruses, including COVID-19: detection methods, prevention, response, and control (SPA, POR)

COVID-19 operational planning guidelines: for UNCT systems and other partners (SPA)

Standard precautions: Hand hygiene (COVID-19) (SPA)

Infection prevention and control (IPC) caused by COVID-19 (SPA, POR)

ePROTECT Respiratory Infections: Health and occupational health (SPA)

Course on the clinical management of Severe Acute Respiratory Infections (SARI) (SPA)

Severe Acute Respiratory Infection (SARI) Treatment Facility Design (POR)



## Risk Communication and Community Engagement

### Regional

As the communication needs of the Region evolve, PAHO continued to disseminate key messages across multiple platforms, and to respond to media enquiries. The [infographics](#) covered a range of issues related to COVID-19, from steps for preventing infection to tips for staying healthy and protecting mental health during this pandemic.

PAHO held its **first press briefing for 2021 on 13 January** ([remarks available here](#)). The PAHO Director marked this occasion with mourning the loss of over 925,000 lives to the virus since the start of the pandemic and noting that 39 million persons have now been infected. Health authorities in the Americas were encouraged to ensure the equitable access to tools to prevent and treat COVID-19 (ranging from PPE to vaccines), act quickly and foster unity, and to balance urgency with adequate planning. The Director highlighted PAHO's ongoing work with countries to secure doses needed to protect populations and plan for vaccine roll out while building on the Region's legacy of immunization and prior campaigns.

### Country

PAHO used social media to widely disseminate messages encouraging young people in **Peru** to take measures to protect their families from COVID-19 (reaching 2,662,011 persons), as well as the report on "Considerations for the strengthening of the first level of care in the management of the COVID-19 pandemic", (reaching 1,669,338 persons).

In **Chile**, PAHO partnered with the FAO, FUCOA, the School of Public Health of the University of Chile, and the University of Valparaiso to launch the "Para estar como lechuga en la feria" ("to be like lettuce at the fair"), which aimed to maintain the safety and continuity of country's open-air markets and prevent the spread of COVID-19.



## Surveillance, Rapid Response Teams, and Case Investigation

### Publications



A new [epidemiological update was published on 15 January 2021](#), with a focus on SARS-CoV-2 variants, COVID-19 among older adults, COVID-19 during pregnancy, Multisystem inflammatory syndrome (MIS) in children and adolescents temporarily related to COVID-19, and COVID-19 among health care workers.

## Regional

PAHO has 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, the public can consult PAHO's **interactive dashboard** showing cumulative cases, deaths, cumulative incidence rate, new cases and deaths, as well as several other epidemiological indicators reported by countries and territories.

PAHO continued its **Event-Based Surveillance** (EBS) while also supporting countries to boost their **Indicator-Based Surveillance** (IBS). Efforts continued to ensure that countries **integrate COVID-19** into their routine severe acute respiratory illness / influenza-like illness (**SARI/ILI**) **surveillance systems**. To date, **21 countries** have integrated COVID-19 surveillance into their SARI/ILI systems.

PAHO also published weekly reports detailing trends in influenza and other respiratory viruses, as well as SARS-CoV-2 surveillance indicators (**available here**). Meanwhile, PAHO continued to analyze trends in the Region, particularly through the collection of COVID-19 line list of nominal data of cases. Through the collection of case-report forms of COVID-19 cases, PAHO has been able to analyze 69% of reported cases and 56% of deaths.

**Seroprevalence studies** have provided the Region with invaluable data on how the virus has spread since the onset of the pandemic to date. PAHO maintains a **dashboard that shows seroprevalence studies in Latin America and the Caribbean (2 new ones added this week)**, including information on individual studies ranging from the study design, sampling method, sample sizes, and other relevant information.

In collaboration with GOARN, PAHO has trained 31 countries and territories in the **Go.Data** app, and **23** are already implementing it. Go.Data is a tool to support suspect case investigation and management, display of transmission chains, and contact tracing.

Meanwhile, PAHO is conducting a pilot survey of contact tracing strategies in **Argentina, the Bahamas, Colombia, Costa Rica, and Chile**. This will facilitate the sharing of lessons learned and the identifying of best practices.

## Country

PAHO shared epidemiological reports with trend analysis on COVID-19 with **Bolivia** and **Peru**, providing them with critical information to guide health interventions.



## Points of Entry, International Travel, and Transport

The **Sixth Meeting of the International Health Regulations (2005) Emergency Committee regarding the COVID-19 pandemic** met on 14 January 2021. The meeting concluded with steps for WHO and PAHO regarding the need to focus on addressing arising and potential SARS-CoV-2 variants, as well as COVID-19 vaccines, health measures in relation to international traffic, evidence-based response strategies, surveillance, and strengthening health systems. Meanwhile, Member States were provided with a series of temporary recommendations to continue to address the pandemic in their territories and with an eye to fostering a multilateral response. The full final statement is available **here**.



## National Laboratory

### Regional

Since the beginning of PAHO's response up to the date of this report, the Organization has provided primers, probes and/or PCR kits for over **8 million** reactions/tests. To date, PAHO provided approximately 417,950 swabs, 154 sampling kits, enzymes for around 990,000 reactions, among other critical material. PAHO also delivered molecular detection material and laboratory supplies (swabs, primers, probes, plastic materials, reagents, among others) to **Bolivia, Dominican Republic, and Dominica**. Additionally, Member States have procured **ten million reactions/tests** through **PAHO's Strategic Fund**.

PAHO provided technical cooperation, including data review, troubleshooting sessions, and follow up calls, on laboratory diagnostics with teams from **Antigua and Barbuda, Brazil, Barbados, Bolivia, Costa Rica, Dominica, Grenada, Guyana, Jamaica, Peru, and Saint Lucia**. The National Public Health Laboratory of **Saint Kitts and Nevis** received training and support to set up a new molecular area using the GeneXpert platform.

The Organization has delivered over one million **antigen-based rapid diagnostic tests (ag-RDTs)** to sixteen countries, while ten countries have used the Strategic Fund to procure 3.2 million of these ag-RDTs.

### SARS-CoV-2 Variants of Concern

Various SARS-CoV-2 variants have been identified thanks to global genomic sequencing. These include the variants that were first detected in the United Kingdom and in South Africa. Given the heavy resource requirements needed to sequence all samples in the region to identify variants, PAHO continued to work closely with the laboratories of the countries of the Americas to help identify samples which could be prioritized for genomic sequencing. To date, nineteen countries are participating in the COVID-19 Genomic Surveillance Network, with reference sequencing laboratories in Brazil and Chile (dashboard available [here](#)).

For this reporting period, PAHO co-hosted a **webinar on an Update on SARS-CoV-2 variants of public health concern in the Americas** for representatives from Ministries of Health from this Region.

### Country

The roll out of ag-RDTs continued with the objective of enabling countries to expand access to diagnostics, particularly in areas not easily accessible to health services. PAHO worked with health authorities in **Bolivia** to develop a guide for rolling out ag-RDTs, including flow charts for different levels of care. In **Peru**, PAHO delivered ag-RDTs to the Ministry of Health.

In **Mexico**, PAHO facilitated a WHO donation of 190,000 additional ag-RDTs, in addition to a prior delivery of 100,000 ag-RDTs already distributed to Mexico City as well as the states of Chiapas, Coahuila, Guanajuato, Guerrero, Sinaloa, Sonora, and Tabasco. This collaborative effort with Mexico's national reference laboratory, InDRE, contributed to a virtual workshop to guide health authorities in other countries on the correct and safe use of ag-RDTs (video available [here](#)).

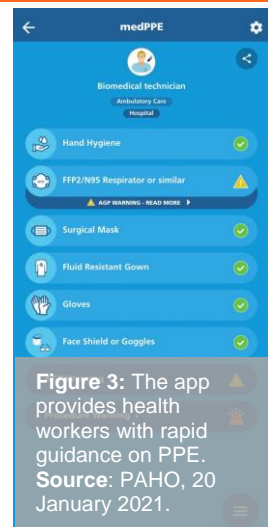


## Infection Prevention and Control (IPC)

### Regional

Health care workers (HCWs) are one of the most at-risk populations from COVID-19 infection. PAHO launched **medPPE**, a mobile app that provides health workers with **recommendations on personal protection equipment (PPE)** according to the function and activity performed in the process of caring for patients with diseases transmitted by droplets and contact or during procedures that generate aerosols (available for **iPhone** or on **Google Play**).

PAHO additionally provided technical support to the **Bahamas** in ensuring that healthcare workers and workers from other sectors used the appropriate PPE, while ensuring sufficient levels of supplies.



**Figure 3:** The app provides health workers with rapid guidance on PPE. Source: PAHO, 20 January 2021.



## Case Management

### Publications



#### Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of Rapid Systematic Reviews. Rapid Review

The sheer breadth of evidence on therapeutics can be daunting for health authorities seeking to formulate the best recommendations on case management. PAHO **released its 14<sup>th</sup> update to its document on 68 potential COVID-19 therapeutics**, the result of a series of rapid systematic reviews (including highlights in Spanish). This document synthesized evidence on 170 randomized controlled trials and 37 observational studies.



#### The landscape of COVID-19 clinical trials in Latin America and the Caribbean: assessment and challenges

A considerable number of clinical trials are being conducted globally in response to the COVID-19 pandemic. Nevertheless, an abundance of studies does not necessarily shorten the path to find safe and efficacious interventions for COVID-19. PAHO analyzed trials for COVID-19 treatment and prevention and noted a trend towards small, repetitive non-rigorous studies that duplicate efforts and drain limited resources without producing meaningful conclusions on the safety and efficacy of the interventions being tested. PAHO additionally assessed the challenges to conducting scientifically sound and socially valuable research in the Americas in order to inform recommendations to encourage clinical trials that are most likely to produce robust evidence during the pandemic.

## Regional

### Therapeutics and Clinical Management

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 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.



Figure 4: PAHO donated ventilators to the government of Saint Lucia, in addition to previous deliveries of essential COVID-19 equipment and supplies, PPE, oxygen concentrators, and laboratory supplies. Source: PAHO, 22 December 2020

### Emergency Medical Teams (EMTs)

EMTs are invaluable when a country's health system is stretched beyond its regular capacity. Updated information on deployed EMTs and AMCS throughout the Americas remained available at **PAHO's COVID-19 EMT Response** information hub at this [link](#). During this period, PAHO established a **Community of Practice for Mental Health and Psychosocial Support for EMTs** as they continued to provide emergency support for the pandemic.

In **Ecuador**, PAHO worked with the Ministry of Health to coordinate the adoption of the [CICOM methodology](#) for setting up medical coordination and information cells as a key function of health emergency operations centers (EOCs). **Colombia** received PAHO's technical support as it assessed the implementation of the CICOM methodology at the national level.

The Organization provided continued support to **Panama** to set up two deployed SARI EMTs to reinforce the country's medical surge COVID-19 capacity. **Peru** meanwhile received PAHO technical cooperation to transfer SISMED911 to the country's Ministry of Health servers. SISMED911 is a free software program that facilitates the timely delivery of services to people affected by an adverse situation, monitors resources and their availability, and coordinates the various participating components and entities, for integration into the country's national prehospital EMS.

## Country

PAHO delivered six ventilators to the government of **Saint Lucia** (22 December 2020) to treat patients with respiratory issues. To date, PAHO has donated several essential COVID-19 equipment and supplies to Saint Lucia including, personal protective equipment, oxygen concentrators and laboratory supplies.

**Brazil** received PAHO support to procure critical supplies and equipment including pulse oximeters and other materials critical for managing patients with COVID-19.



## Operational Support and Logistics

## 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, 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 to procurement of COVID-19 response goods, supplies, and equipment. This has entailed reviewing technical specifications of procured goods, ensuring correct shipping documentation for customs clearance, and supporting countries with quality assurance issues. WHO issued interim guidance on the rational use of PPE for COVID-19 as well as considerations during severe shortages.



## Maintaining Essential Health Services during the Pandemic

### Publications



#### Considerations for Strengthening the First Level of Care in the Management of the COVID-19 Pandemic [\[Link\]](#)

During the COVID-19 pandemic, health systems have been facing the difficulty of providing timely access and coverage and meeting the needs of the population at the first level of care (FLC), particularly in rural, remote, and neglected areas and border zones where there is a high number of COVID-19 cases. The document presents considerations regarding the response capacity of first level of care services so that each patient with a confirmed or suspected case of COVID-19 receives appropriate care at the community level.

### Regional and Country

The COVID-19 pandemic continues to create significant stressors on health systems, requiring an expansion of the health system to manage. PAHO provided **Jamaica** with technical cooperation to improve bed management systems to be better prepared as the pandemic continued to unfold.

PAHO provided generators and additional water storage facilities to five health facilities as it began the Smart Interventions project in **Jamaica**. PAHO worked with the government of **Peru** to develop and implement a national plan to strengthen the first level of care to better manage the pandemic at all levels of the country. **The Bahamas** received PAHO support and recommendations on expanding acute care services in three hospitals and adjusting workflow and workplace layout to minimize risks of COVID-19 infection.

The COVID-19 pandemic has had significant impact on children's education, particularly those with special needs. On 13 January 2021 PAHO donated information technology (IT) equipment to **Antigua and Barbuda** to support the remote learning needs of children with disabilities.

PAHO participated in a national conference in **Mexico** on nursing to present on the role of nursing personnel in the fight against the COVID-19 pandemic.



## Research, Innovation, and Development

### Regional

PAHO continued to review new and emerging information to build an evidence base to combat the virus. The public has access to PAHO's **COVID-19 Technical Database** for technical guidelines, scientific publication and ongoing research protocols from the region. This is the result of partnerships with WHO, Cochrane, McMaster University, Epistemonikos, and others. The database has been visited over 360,000 times.

With WHO, PAHO is supporting countries' participation in the **SOLIDARITY trial**, which aims to assess the efficacy of possible therapeutics for COVID-19. PAHO also continued to collaborate with WHO on developing a seroepidemiology study, **SOLIDARITY II**, to study the prevalence of the virus across multiple countries.

PAHO/WHO's COVID-19 response was made possible in part due to generous contributions and in-kind donations from the governments of Belize, Canada, Japan, New Zealand, South Korea, Spain, Sweden, Switzerland, the United Kingdom of Great Britain and Northern Ireland, the United States of America, Venezuela, as well as the Caribbean Development Bank, the Caribbean Confederation of Credit Unions, Corporación Andina de Fomento –Banco de Desarrollo de América Latina, Direct Relief, the European Union, Fundación Yamuni Tabush, the Inter-American Development Bank, the World Bank Group, World Food Program, the UN Central Emergency Response Fund, the UN Development Fund, the UN Multi-Partner Trust Fund, the United Nations Office for South-South Cooperation, the World Health Organization and its donors, other small contributions, and to the invaluable collaboration from our partners within the Americas and beyond.

## CONTRIBUTE TO OUR RESPONSE

As of 18 January 2021, PAHO received US\$277 million in donor contributions and firm pledges.

You can donate to support PAHO's response to COVID-19 at this [link](#).

GAPS	CHALLENGES
<ul style="list-style-type: none"> <li>• <b>Surveillance systems:</b> More 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 (including WASH).</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 anticipated 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> </ul>	<ul style="list-style-type: none"> <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. This has added additional pressure to countries undergoing complex political and socioeconomic transitions.</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>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 loss of life of frontline workers.</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 risk perception is still low in some countries/territories.</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 noncommunicable diseases (NCDs).</li> <li>• <b>Stigma:</b> Countries must take steps to reduce stigma towards persons returning from abroad and others associated with higher likelihood of infection.</li> </ul>