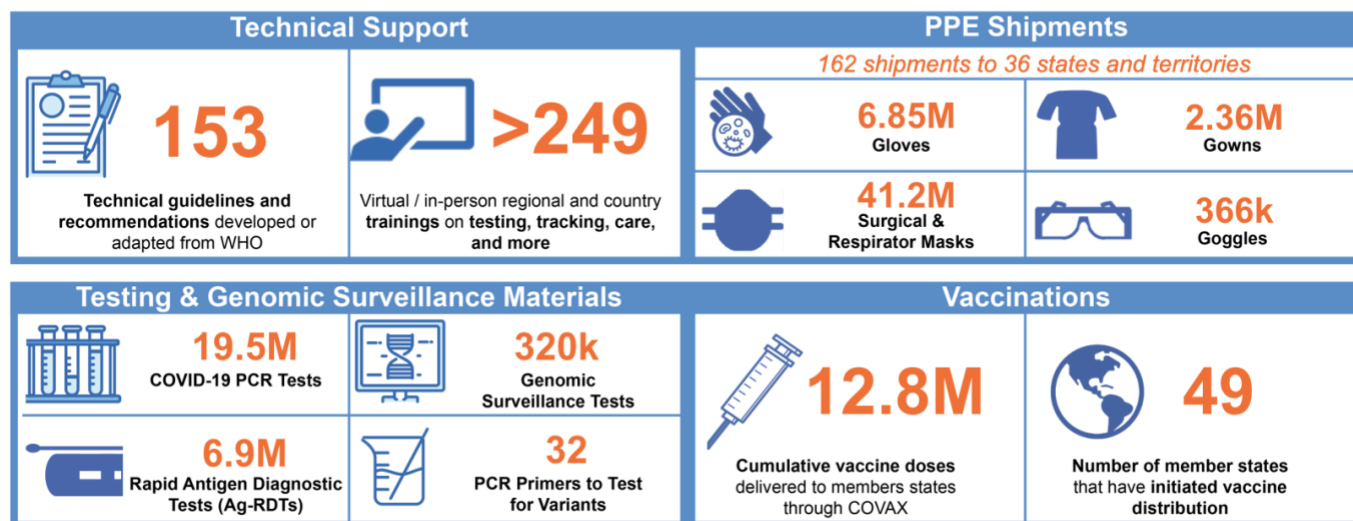


PAHO Regional Response Summary



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

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 publication and ongoing research protocols from the region. This is the result of partnerships with WHO, Cochrane, McMaster University, Epistemonikos, and others.



On 1 April, PAHO launched its **2021 COVID-19 Response Strategy and Donor Appeal** to continue supporting Member States in their fight against COVID-19. This document outlines PAHO's regional strategy for the year 2021 to sustain and scale-up the response to the COVID-19 pandemic in the Americas, suppress the community transmission of the virus and mitigate longer-term health impacts of the pandemic.



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)

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)

Regional

As the communication needs of the Region evolve, PAHO continues to disseminate key messages across multiple platforms, and to respond to numerous media enquiries. Support is provided for country offices for communication on a variety of issues, especially in relation to 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 this pandemic.

2.1 Weekly Press Briefings

PAHO's Director, Dr. Carissa Etienne, delivered two press briefings during this reporting period. During the **12 May** briefing, Dr. Etienne noted that, "nearly 40% of all global deaths reported the week before occurred in the Americas, [...] indicating that transmission is far from being controlled." The director emphasized that **rising numbers of hospitalizations are overwhelming ICUs, placing an overwhelming burden on oxygen supplies and the already limited number of health workers in the region.** To support countries facing these challenges, PAHO **has deployed** 188 Emergency Medical Teams (EMT) and Alternative Medical Care Sites (AMCS) across 23 countries in the Americas. PAHO also mapped oxygen availability and donated more than 7,000 pulse oximeters and nearly 2,000 oxygen concentrators to the locations where they were most urgently needed.

On **19 May**, the briefing focused on the **disparities in access to vaccines throughout the Region of the Americas**, stating that "thanks to export bans, supply chain delays and lack of purchasing power, our region has struggled to compete for access to personal protective equipment, oxygen supplies, medicines, and vaccines." To respond to these challenges, **Director Etienne called for an increase in regional manufacturing capacity** for vital medical supplies. PAHO is already collaborating with WHO to develop a COVID-19 mRNA vaccine technology transfer hub. PAHO is also working with the Inter-American Development Bank, the Organization of American States, and member states to evaluate financing options for the expansion of manufacturing capacities.

Country



Figure 1: Members of PAHO/WHO Chile present "Sanitary Groups in Your Neighborhood." Source: PAHO

In **Chile**, PAHO and the MoH presented the national strategy "Sanitary Groups in your Neighborhood", aimed to mitigate COVID-19 community transmission. The program is designed to train social leaders who participate in various neighborhood councils or community-based social organizations to promote risk communication messages. Behavioral changes promoted by these community leaders will encourage both personal and community protection.

In **Costa Rica**, 20 cities were selected to take part in PAHO's Community Participation for the Containment of COVID-19 initiative. 50 officials were trained in the framework of the 'Costa Rica Works Cautiously' (Costa Rica Trabaja y se Cuida) strategy.

2.2 Addressing the Infodemic

In efforts to support risk communication for COVID-19 in **St. Vincent and the Grenadines**, PAHO commissioned a videographer to produce PSAs on hygiene and sanitation, mental health, and healthy eating during disasters. PAHO is reviewing the scripts and will facilitate the production and airing of these PSAs.

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, 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 continues 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 publishes **weekly reports** detailing trends in influenza and other respiratory viruses, as well as SARS-CoV-2 surveillance indicators. Meanwhile, PAHO continues to analyze trends in the Region, particularly through the collection of COVID-19 nominal data. During this period, reported cases in the Region remained lower than expected across the Region, while COVID-19 activity continued to rise.

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**, including information on individual studies ranging from the study design, sampling method, sample sizes, and other relevant information. Updated evidence was added during this period.



In collaboration with GOARN, PAHO/WHO trained more than 35 countries and territories worldwide in the **Go.Data** app. Go.Data is a tool to support suspect case investigation and management, display of transmission chains, and contact tracing. Read more about Go.Data on the [PAHO website](#). Additional support for contact tracing systems, including technical guidelines and communications materials, are available via PAHO's [Contact Tracing Knowledge Hub](#).

Country

In **Brazil**, PAHO trained 72 health surveillance workers in event monitoring system using the Epidemic Intelligence from Open Sources (EIOS) initiative.



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

Risk mitigation measures that should always be in place include advice to travelers, including for 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 as well as in their efforts to define a risk-based policy while resuming international traffic in the context of the COVID-19 pandemic, taking into account the provisions of the International Health Regulations, available scientific evidence, and most cost-effective use of resources available.

Country

PAHO held a meeting with the CDC-**Mexico** team to explore areas of common interest in the prevention, early detection and timely management of COVID-19 in the migrant population at the border between Mexico and the United States.



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 up to the date of this report, the Organization has provided primers, probes and/or PCR kits for over **19.5 million reactions/tests**. To date, PAHO has provided more than 530,000 **swabs and more than 750 sampling kits, among other critical material**. PAHO also delivered molecular detection material and laboratory supplies (swabs, primers, probes, plastic materials, reagents, among others), to **the Dominican Republic and Colombia**. PAHO donated laboratory supplies for testing for COVID-19 to **Belize** to support mitigation efforts in the country.

PAHO provided technical cooperation, including data review, troubleshooting sessions, and follow up calls, on laboratory diagnostics with teams from **Antigua and Barbuda, Bolivia, Dominica, Guyana, Honduras, Jamaica, Saint Kitts and Nevis, and Suriname**.



Figure 2: PAHO donates supplies to the Belize Central Medical Laboratory.

The WHO SARS-CoV-2 subnational **external quality assurance program (EQAP)** serves to provide laboratories with critical data to guide efforts to improve laboratory detection capacities. PAHO worked with **Bolivia, Brazil, Colombia, and Paraguay** to support their participation in this program.

In **Haiti**, supervisory visits were conducted to 4 sites (St. Luc, Grace Children, St. Francois, Anne Marie) in the Ouest department to evaluate the quality control system for the rapid antigen tests.

PAHO hosted two separate meetings with the PAHO country offices in **Guatemala** and **Colombia** to review proposals for expanding the use of rapid antigen testing in different scenarios, including the implementation in the context of a contact tracing strategy.

5.1 SARS-CoV-2 variants of concern

Various SARS-CoV-2 variants have been identified thanks to global genomic sequencing. Since the initial identification of SARS-CoV-2, more than 845,000 complete genomic sequences have been shared globally through publicly accessible databases. These include the variants detected in Brazil, South Africa, and the United Kingdom.

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 32 unique primers to detect genetic variants using PCR.

To date, **twenty-one countries** are participating in the **COVID-19 Genomic Surveillance Network**, with reference sequencing laboratories in Brazil and Chile, visible at this [dashboard](#). This mechanism is critical to tracking the spread or appearance of new variants of concern. PAHO is supporting local health authorities and researchers in **Brazil** to develop several epidemiological studies to determine vaccine effectiveness as well as the transmissibility, severity, and reinfection associated with the P1 variant. Additionally, sequencing reagents were delivered to **Bolivia** to implement the SARS-CoV-2 genomic surveillance.

PAHO assisted **Haiti's** Directorate of Epidemiology, Laboratory, and Research (DELR) with the sequencing of approximately 50 samples collected from confirmed COVID-19 cases. The samples are being shipped to the Regional Reference Sequencing Laboratory at the Gorgas Institute in Panama.

Additionally, 9 new SARS-CoV-2 sequences from **Honduras** and 28 from **Haiti** were generated through the Genomic Surveillance Regional Network at the Sequencing Reference Lab in Fiocruz, Rio de Janeiro. These represent the first sequences from these two countries uploaded and available at the GISAID data base.



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

Country

Implementation of national IPC plans are key to reduce COVID-19 transmission at both the community and health facility levels. For instance,

PAHO's regional office in **Jamaica** ran a clinical management webinar on the treatment of COVID-19 in HIV patients, with approximately 100 health professionals in attendance. Additional general infection prevention and control trainings were run in **Dominica**, with 40 participants, and in **Haiti**, with 300 participants.

To support the response to the La Soufrière volcano eruption in **St. Vincent and the Grenadines**, PAHO

donated PPE, including 10,000 gowns and 7,225 respirator masks (these masks are essential for use during volcanic ash cleaning operations).



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 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. PAHO worked with facilities in **Brazil, Colombia, the Dominican Republic, and Mexico** to utilize this platform.

PAHO also updated evidence for the **Ongoing Living Update of Potential COVID-19 Therapeutics: summary of rapid systematic reviews** during this period. The study synthesizes evidence on 110 therapeutics from 297 randomized controlled trials and observational studies.

Country

PAHO helped **Costa Rica** with the technical-political negotiation and funding to establish a new mechanism for the public use of private beds to expand the health service capacity of the Costa Rican Social Security Fund (CCSS). This system will help the country to adequately respond to the ongoing challenges of the COVID-19 pandemic.

Antigua, the Dominican Republic, Honduras, St. Kitts, St. Vincent, and Venezuela all received oxygen concentrators and other vital equipment during this period. PAHO also supported **Bolivia** with the installation of 40 oxygen concentrators in the department of Cochabamba.

PAHO supported the **Brazilian** health system to improve access to ICU medicines, including but not limited to: technical evaluation of new products offered from suppliers with no long-term commitments with the PAHO Strategic Fund (Atracurium, Cisatracurium, Dexmedetomidine, Etomidate, Fentanyl, Lidocaine, Midazolam, Naloxone, Norepinefrine, Propofol, Rocuronium, Succinylcholine), inter-programmatic task force group, pre-bidding conferences with specific suppliers and meetings with other stakeholders.

Finally, PAHO helped the Government of **Suriname** manage a grant from the Japanese Government to support the procurement of medical equipment for use in hospitals by providing technical support to the MOH and its partners on the specifications for identified equipment to maintain the provision of high-quality medical services in the country.

7.2 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 alternative medical care sites (AMCS) throughout the Americas remained available at [PAHO's COVID-19 EMT Response information hub](#).

In the Amazon region of **Brazil**, PAHO trained EMTs in clinical management and rational use of supplies.



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 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 adapted interim guidance on the rational use of PPE for COVID-19 as well as considerations during severe shortages.

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: 1) integrating technical cooperation with PAHO programs from Communicable and Non-Communicable Disease units and robust partnerships with multi-stakeholder agencies, 2) ensuring quality, safety, and efficacy of medicines and other health products, 3) improving demand planning and capacity-strengthening for supply chain systems, 4) sustainably reducing prices of critical medications and supplies through transparent international sourcing, 5) line of credit option to facilitate Member State procurement.

During the COVID-19 pandemic, the SF rapidly mobilized to assess inventories across the region, to 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 Strategic Fund 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 Strategic Fund worked with partners to support effective alternative treatment protocols to help adapt to restricted supplies during COVID-19.

Since the start of the pandemic, the Strategic Fund has procured more than \$215 million worth of COVID-19 diagnostic tests (PCR and rapid tests), PPE, and medicines for critical care, supporting more than 30 million people throughout the Region of the Americas. 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, among others. Learn more about the Strategic Fund's essential work on the [PAHO website](#).

Regional and Country

The COVID-19 pandemic has taken a significant toll on the mental health of this Region's population. Mental health services among many others are difficult to maintain during the COVID-19 pandemic. Recognizing this challenge, the PAHO/WHO team in **Chile** carried out different activities with the aim of supporting mental health strategies of the staff as well as planning well-being activities for the team.



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.

Regulatory aspects for COVID-19

PAHO provides assistance to Member States continuously in the area of regulatory preparedness to expedite processes for vaccine deployment. As part of the COVAX Facility allocation mechanism, support includes presenting information on technical documents in Member States' required 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. The Regional Database of HTA Reports of the Americas (**BRISA**) has 300 reports available in its COVID-19 section.

PAHO continues to maintain a list of 73 prioritized in vitro diagnostic products (IVDs) for proprietary and open platforms. Additionally, the Organization monitored alerts and updates as part of its post-market surveillance on IVDs, ventilators, personal protective equipment (PPE), and other items to provide the most updated, timely information to regulatory authorities.

The Organization collaborates with national regulatory authorities 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 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**).

Country

Over the course of the pandemic, PAHO has worked closely with **Costa Rica** to support indigenous populations and Afro-descendants. For example, PAHO developed recommendations for an instrument that identifies gaps in care for institutions that work with ethnic groups. The organization also supported the documentation of recipes for traditional medicines and medicinal plants used by Afro-descendant populations.

PAHO also supported **Chile** with expert evaluations for the San Borja hospital in Santiago, which was damaged by a fire earlier this year, regarding structural and sanitary issues with the goal of producing a report on the damages and needs for the prompt rehabilitation of the hospital.



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 21 May, more than **400 million doses of the COVID-19 vaccines** have been administered in the Americas, with **119 million people completing their full vaccination schedule**. In the Americas, **49 countries and territories have begun vaccinating**, 31 of those having received vaccinations through COVAX. PAHO released the **COVID-19 Vaccination in the Americas database**, which reports on doses administered by country. Overall, PAHO has **distributed 12.86 million doses** to the Americas. Additionally, PAHO continued to provide strategic direction to those countries in the region which are anticipating the pending arrival of vaccines.

COVID-19 vaccines provided by COVAX as of May 18, 2021 (in thousands)



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

PAHO is supporting countries throughout this planning process. **Twenty-one countries** have completed their **national vaccine deployment plans (NVDPs)** and **5** have shared their NVDPs with PAHO for feedback. 48 countries and territories completed the **Vaccine Introduction Readiness tool (VIRAT)**, with a **dashboard** to provide a bird's eye view on regional readiness. PAHO continues to work with all its Member States to ensure country readiness to deploy these vaccines, with the goal of eventually providing them to at least 20% of the population in each country participating in COVAX to protect those most at risk for severe forms of COVID-19.



Figure 3: Second round of COVAX vaccines arrive in Guatemala. Source: PAHO

Regional support also includes work with countries interested in gaining access to possible vaccine candidates through the **COVAX facility**. The **PAHO Revolving Fund**, which has four decades of experience procuring and distributing vaccines, plays a key role in this process, supporting countries along the way. Through the Revolving Fund, 41 countries and territories in the Americas have been able to pool their resources to purchase high-quality vaccines, syringes, and related supplies for their populations at lower prices than they would receive on their own.

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 included sharing recommendations with national authorities on steps to ensure that their NVDPs met necessary criteria to roll out vaccines to priority populations.

During this period, PAHO published **Recommendations for the Management of Serious, Unexpected, or Special Interest Events Identified in Clinical Trials for COVID-19 Vaccines**, currently available in Spanish. The document is intended to support national regulatory authorities in their efforts to monitor the safety of COVID-19 vaccines. It outlines the roles and responsibilities of such authorities with regard to the investigation and monitoring of such events, including their responsibility to report such events to a national ESAVI (Events Supposedly Attributable to Vaccination) committee or program.

In addition to written guidance, PAHO also provides webinar trainings to Member States. Access the full list of past and future training sessions for all member states **on PAHO’s website**.

Country

PAHO developed eligibility and technical criteria for the procurement of sodium chloride, injectable solution to support COVID-19 vaccine deployment in **Brazil**. The existing bilateral agreement between Brazil and Pfizer-BioNTech did not include the supply of diluent required for the use of the vaccine.

PAHO continues to collaborate with countries to expand their cold-chain capacity. This week, PAHO received signed letters from 6 of 11 countries regarding their capacity to maintain shelf-life/storage conditions for the COVID-19 vaccine produced by Janssen-Cilag International (**Colombia, Ecuador, Peru, Dominican Republic, Uruguay, and Panama.**)

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. PAHO would like to also acknowledge and thank Direct Relief, Facebook, May Kay Cosmetics, and Twitter for their generous in-kind contribution as well as Salomon Beda, Sony Latin Music, and Global Citizens for their strategic partnership to help fight the pandemic.

CONTRIBUTE TO OUR RESPONSE

As of 23 April 2021, PAHO received just over US\$341 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"> • Surveillance systems: More capacity-building and equipment for analysis. • Information systems: Data management systems are essential for case monitoring and contact tracing while protecting confidentiality. • Strategic planning and response: Countries need enough resources to implement national COVID-19 Preparedness and Response Plan and Risk Communication Plans. • Laboratory test kits and equipment: National laboratories need more extraction kits and other supplies to keep testing. • IPC supplies: PPEs and supplies (including for 	<ul style="list-style-type: none"> • Equitable Vaccine Distribution: The shortage of available vaccines limits the ability of the countries to protect their populations. • Competitive marketplace: Countries and organizations are competing for limited supplies due to global shortages of PPE and other items. • Border closures: 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.

WASH) are urgently needed for isolation and quarantine wards. Healthcare workers are hesitant to work without PPE.

- **Health facility evaluations:** Countries must undertake additional assessments to guide measures for infection prevention and control.
- **Resources for and access to populations in situations of vulnerability:** PPE and other supplies are needed in these communities. Logistical challenges must be overcome to deliver these critical goods.
- **Risk communications:** Key messages must be tailored to each country's context to resonate with intended audiences.
- **Subnational-level health workers:** A surge in medical personnel is needed to ensure countries can serve their whole populations and obtain more epidemiological data as it becomes available.
- **Intensive care units:** More ICUs will be needed to manage severe cases.
- **Migrant access to health services:** Countries are assessing how to serve these populations and better manage outbreaks.
- **Private sector coordination:** This is essential to ensure national protocols are followed.
- **Nutritional Guidance:** This is essential to ensure families maintain nutritional health during and after the COVID-19 emergency.
- **Health Disaster Management Programs:** Health Disaster Management Programs and surveillance were noted as priorities to enhance the COVID-19 and any other health emergency responses.

- **Managing infections in healthcare settings:** 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.
- **Infected healthcare workers:** Infected health workers who are sick or quarantined will strain health systems.
- **Test availability:** Epidemiological monitoring requires more testing. Counterfeit tests are creating risks in resources lost and incorrect analyses.
- **Health workforce limitations:** Insufficient human resources hamper countries' efforts to conduct contact tracing and manage patients in quarantine.
- **Risk Communication:** The risk perception is still low in some countries/territories and many people ignore government public health measures.
- **Telephone referral systems:** Some countries are reporting overwhelming call volumes.
- **Logistics systems:** Many countries are still unprepared to manage the distribution of supplies and equipment.
- **Continuity in other health services:** The pandemic has diverted resources from other critical services for programs such as HIV, TB, and noncommunicable diseases (NCDs).
- **Stigma:** Countries must take steps to reduce stigma towards persons returning from abroad and others associated with higher likelihood of infection.
- **Public Compliance of Public Health Protocols:** Public reluctance to follow public health protocols has led to increased infection rates in many countries in the Americas.
- **Variants:** New COVID-19 strains present a challenge to the control of the disease.