

COVID-19



PAHO

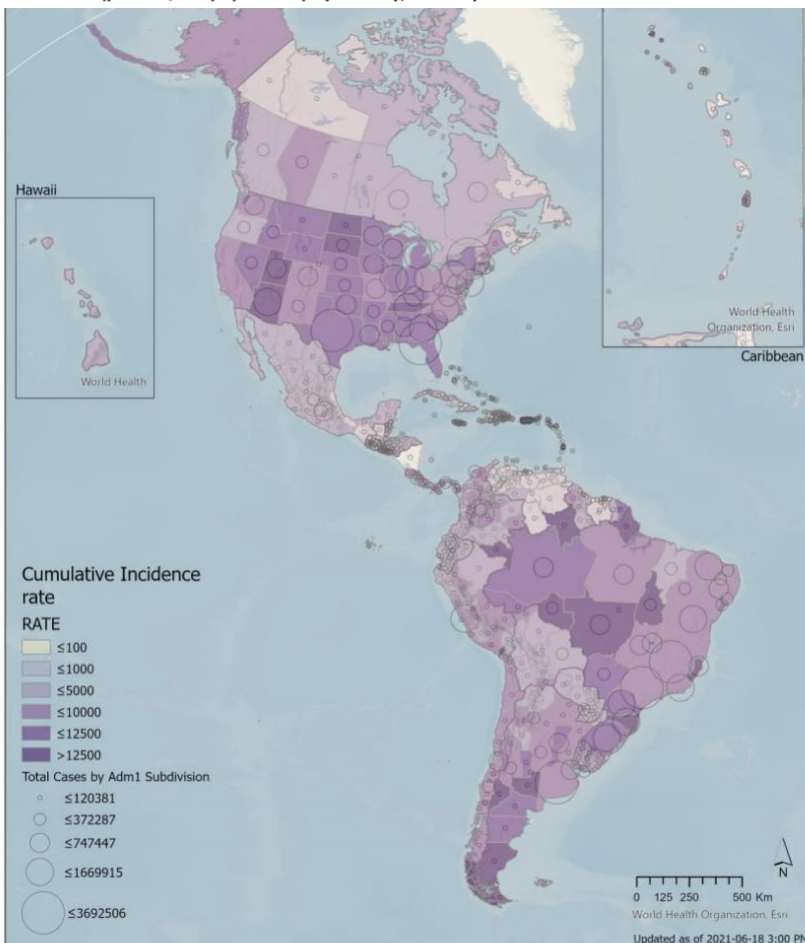
PAHO/WHO Response. 18 June 2021. Report ° 53

HIGHLIGHTS

PAHO urged the G7 Nations to prioritize high-risk countries in Latin American and the Caribbean in their vaccine donations. At the Summit in Cornwall, Britain, the Group of Seven (G7) committed to donating one billion vaccines to low- and middle-income countries globally. With case counts increasing, hospitals reaching capacity levels, and new variants circulating, PAHO's Director, Dr. Carissa F. Etienne highlighted the need for vaccines in the Region of the Americas. With only one in ten people vaccinated in Latin America and the Caribbean (LAC), current vaccination supplies are insufficient to protect even the most vulnerable populations. Director Etienne also stated that vaccine access remains the primary issue in the Americas, not vaccine acceptance, and populations are anxiously awaiting vaccine availability.

PAHO Director thanks youth for their efforts to replenish blood supplies during the COVID-19 pandemic. On June 14, World Blood Donor Day, Dr. Etienne congratulated youth donors and encouraged them to continue their efforts to maintain blood services in the face of a current regional shortage. Many individuals have not been able to donate due to COVID-19 public health measures and demand for blood has increased since surgeries and other health services have resumed after being postponed due to the pandemic.

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 June 2021



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SITUATION NUMBERS IN THE AMERICAS

as of 18 June 2021 (15:00)

56

Countries/territories affected

70,481,257

Confirmed cases

1,853,006

Deaths

556,178,780

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

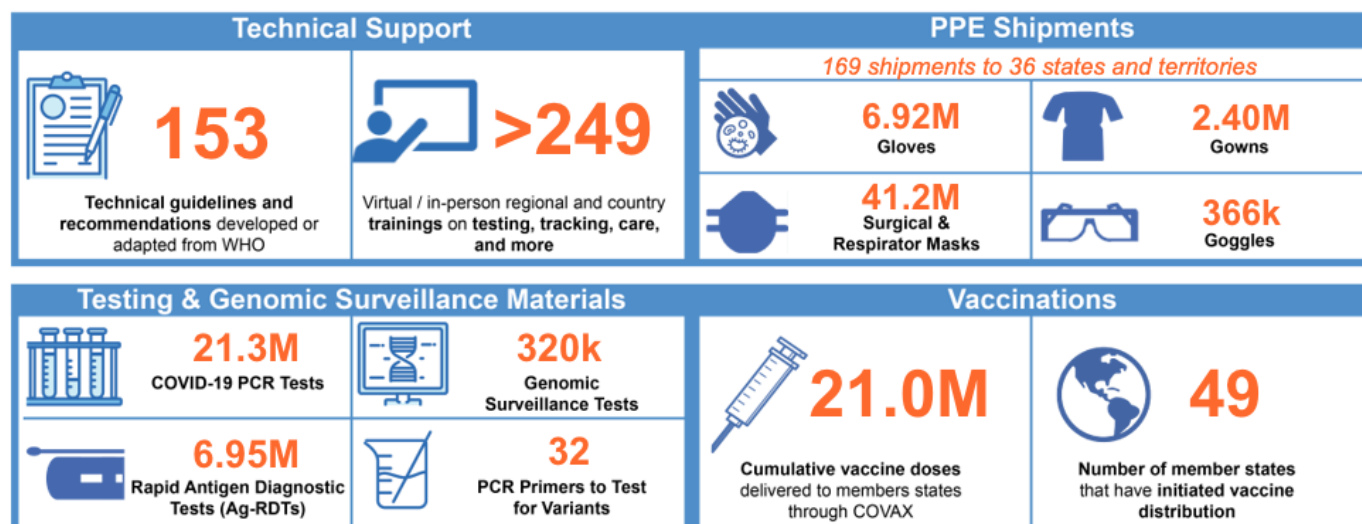
10. Vaccination

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

[Link to global operational situation reports](#)



PAHO Regional Response Summary



Cumulative regional response data as of 18 June 2021

PAHO/WHO Response (5 June to 18 June 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 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.

Country

In **Bolivia**, support was provided to the National Unit for Risk Management, Emergencies, and Disasters (UGRED) through the partnership of PAHO/WHO and the non-profit organization Direct Relief. A donation of a stock of Albuterol Sulfate 90mcg/Aerosol inhalers and 30 first aid backpacks for the Emergency Response Teams participating in tracing activities were provided to the unit.

In **Brazil**, PAHO provided technical support to the Council of Secretary of Health (CONASS) on strategies and activities to face the current crisis due to the substantial increase of hospitalization, lack of medicines, and oxygen supplies. The donations provided in support of the Acolhida Operation ended with the delivery of five O2 concentrators, two automatic digital blood pressure devices, six finger oximeters, and one multiparameter monitor.

Furthermore, PAHO participated in and provided technical guidance to the UN System committees for COVID-19 in **Chile** for the development and preparation of technical guidelines to support different projects such as the Plan to Return Back to Offices, Communications and Behavior Change Plan, and the Medical Expense and Emergency Evacuation Insurance (MedEvac) Plan. Recommendations were made to include UN System personnel in the national vaccination process. Guidance on the safety and security of the personnel was also provided to the Security Management Team (SMT).



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 inquiries. Communications support is provided to country offices on a variety of issues, especially 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 this pandemic.

OpenWHO launched a series of online courses titled "Serving Countries". The **Suriname** Course Series was launched on 11 June on the **WHO website**. The courses — developed in collaboration with the PAHO/WHO Country Office and the Ministry of Health — provide countries with educational materials in their official languages to support their response to the current COVID-19 outbreak and other health threats. The goal is to empower frontline health professionals, policymakers, and the public.

Country

PAHO/WHO Representative (PWR) **Belize** and Country Office Communications Team engaged in a dialogue with the Minister of Health and Wellness (MOHW) and his communications team about Risk Communication and Community Engagement (RCCE) for COVID-19 and support being provided by PAHO/WHO on strengthening the national COVID-19 vaccine information systems capacity through the procurement of necessary IT equipment for use at vaccination sites.

PAHO, in partnership with the MOHW, the **Belize** National Blood Transfusion Service, Belize Red Cross and Belize Volunteer Blood Donor Association observed World Blood Donor Day on 14 June, focusing on advocacy among the youth and the importance of safely donating blood during the pandemic. The PAHO Belize Country Office donated over 200 commemorative shirts and water bottles to promote the event on social media.



Figure 1: PAHO/WHO country office team joins the team from the Central Medical Laboratory to celebrate World Blood Donor Day. Source: PAHO.

2.1 Weekly Press Briefings

PAHO's Director, Dr. Carissa Etienne, delivered two press briefings during this reporting period. During the **9 June** briefing, Dr. Etienne raised awareness on the alarming rise in new infections in the Region of the Americas and asserted that across the Region this year has been worse than last. While some countries are seeing a reduction in cases, other countries are seeing a spike in COVID-19 infections, and the situation is particularly acute in Central America and the Caribbean. Furthermore, Dr. Etienne acknowledged the undeniable inequities in vaccination coverage throughout the Americas and affirmed that the story of inequality is not new. She emphasized three important steps to overcome this issue and prevent its recurrence. First, we urgently need to ramp up access to vaccines in the Region. She encouraged countries – particularly those with excess doses – and global financial institutions to provide the needed support. Second, we need to do everything that we can to drive down transmission, meaning that public health measures must remain in practice at all times. Lastly, we must let science lead the way, urging countries to use evidence-based guidance and not unproven treatments.

On **16 June**, Dr. Etienne focused on the importance of **expanding vaccine access in the Region** of the Americas. She noted the recent commitment by the G7 countries to donate one billion COVID-19 vaccine doses worldwide. The Director urged the G7 to prioritize high-risk countries in LAC given that many high-risk individuals have not yet been able to access the vaccine due to its limited availability, which is contributing to increasingly high case and hospitalization rates. She emphasized that, while transparency is important, **“the primary issue in the Americas is vaccine access and not vaccine acceptance.”**

2.2 Addressing the Infodemic

In **Bolivia**, PAHO supported the actions to promote vaccination given the recent gap between the existence of vaccines and the reluctance of those vaccinated. Multimedia content was disseminated through social media networks and traditional media such as radio and television with the support of the United Nations System.



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 may 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. In **Brazil**, 15 participants from the MoH were trained on EBS during this reporting period.

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. PAHO donated US\$28,500 worth of different supplies, materials, and reagents to the INLASA and CENETROP laboratories in **Bolivia** to strengthen surveillance systems associated with COVID-19 and Influenza.

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. During this reporting period, PAHO worked with **Argentina's** National Epidemiology Directorate to evaluate a new package developed by ESRI/ArcGIS to increase Go.Data mapping capabilities.

Country

PAHO and **Belize's** Ministry of Health and Wellness held discussions on the necessity of ongoing surveillance of influenza integrated into the COVID-19 surveillance system. Moreover, they also discussed a holistic approach for surveillance, reporting, and case management of Leishmaniasis in the country during and beyond the pandemic.



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

In **Jamaica**, PAHO collaborated with the Ministry of Health and Welfare's International Health Regulations National Focal Point to finalize arrangements for annual IHR assessments at a designated airport on 24 June and designated seaport on 29 June.



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 **21.3 million reactions/tests**. To date, PAHO has provided over 530,000 **swabs and more than 770 sampling kits, among other critical materials**. PAHO also delivered molecular detection material and laboratory supplies (swabs, primers, probes, plastic materials, reagents, among others), to **Haiti, Honduras, Peru and Uruguay**.

PAHO provided technical cooperation, including data review, troubleshooting sessions, and follow-up calls, on laboratory diagnostics with teams from **Antigua and Barbuda, the Bahamas, Costa Rica, Ecuador, Dominican Republic, Guyana, Haiti, St. Kitts and Nevis, Suriname, and Venezuela**.

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 **Brazil, Bolivia, Colombia, and Paraguay** to support their participation in this program. Additionally, PAHO participated in the "Global consultation to review the document: **preparing the laboratories for emergencies**" organized by WHO Geneva.

Country

To maintain the biosafety of laboratory personnel as well as that of biological samples, PAHO is continuously supporting the maintenance of eight biosafety cabinets in the INLASA and CENETROP laboratories in **Bolivia**.

PWR-Guyana and the Ministry of Health participated in the Bilateral Incident Management Support Team (IMST) informative meeting regarding the impact of the SARS-CoV-2 variants in surveillance, epidemiology, laboratory, clinical management, and vaccine effectiveness. Aside from the Ministry and the Chief Medical Officer (CMO), more than 80 clinical and laboratory staff from the country participated in the meeting.

In **Haiti**, 18 nurses from Labomoto program in the Nippes department were trained on the use of rapid antigen tests.

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 1,578,988 complete genomic sequences have been shared globally through publicly accessible databases up to 17 May. 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-two 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).

Through the SARS-CoV-2 Genomic Surveillance Regional Network, 100 samples from **Honduras and Guatemala** were sent to the Reference Lab at the Instituto Gorgas in **Panama**, and 50 samples from the **Dominican Republic** were sent to the Reference laboratory in **Fiocruz, Brazil**.



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

Implementation of national IPC plans are key to reduce COVID-19 transmission at both the community and health facility levels. For instance, PAHO led an IPC training course for 20 **Turks and Caicos** Ministry of Health personnel. In **Haiti**, PAHO/WHO personnel conducted an assessment of hospitalization and care capacity in the Centre, Grand'Anse, and Ouest departments.



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 publishes evidence for the **Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of rapid systematic reviews**. The study, published May 27, synthesizes evidence on 115 therapeutics from 308 randomized controlled trials and observational studies.

Country

In **Belize**, PAHO/WHO formally handed over six Airvo Nasal High Flow Nasal Systems, along with 500 heated breathing circuits, 240 pediatric and 260 high flow nasal prongs in various sizes, to the COVID-19 Critical Care Unit of the Karl Heusner Memorial Hospital on 14 June 2021. Procurement of five sets of these HFNC systems was supported by the Government of Canada while one was supported through the WHO Pooled Funds for the case management pillar.



Figure 2: On Jun. 14, PAHO/WHO handed over high flow nasal systems to the Karl Heusner Memorial Hospital Authority to support case management of COVID-19. Source: PAHO.



Figure 3: One of the Airvo Nasal High Flow Nasal System being handed over to the Karl Heusner Memorial Hospital on Jun. 14. Source: PAHO.

7.2 Emergency Medical Teams (EMTs)

EMTs are invaluable when a country's health system stretches 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](#)**.

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 the 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: integrating technical cooperation with PAHO programs from Communicable and Non-Communicable Disease units and robust partnerships with multi-stakeholder agencies; ensuring 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 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 up to 11 June the Strategic Fund has procured more than \$240 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. Learn more about the 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.

9.1 Regulatory aspects for COVID-19

PAHO assists its Member States continuously 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. The Regional Database of HTA Reports of the Americas ([BRISA](#)) consolidates 305 reports available in its COVID-19 section.

PAHO maintains 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 used to treat COVID-19 and support patients 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**).

Nutrition continues to be a central conversation in all countries as health officials consider the necessary measures to ensure food security during the pandemic. The COVID-19 crisis poses a threat to all components of the food system, placing at risk the nutritional well-being of the populations of countries in the Americas.

Country

In **Belize**, PAHO/WHO supported the MOHW to reconvene the EU Project Steering Committee meeting on 10 June. With the leadership of the new executive members of the MOHW and participation from other partners, the committee held discussions on ongoing and potential support to the COVID-19 response, in addition to its Smart health facilities, health systems strengthening and information systems strengthening components. PAHO/WHO also held teaching sessions in **Belize** throughout the week of 14 June for the ongoing training of Community Health Workers (CHWs) as part of the European Union (EU) Project. The topic of the week was diabetes and its complications.



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 June 18, more than **500 million doses of the COVID-19 vaccines** had been administered in the Americas, with **223 million people completing their full vaccination schedule**. In the Americas, **49 countries have begun vaccinating**, 31 of those countries 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 21 million doses** to the Americas through COVAX. Additionally, PAHO continued to provide strategic direction to countries in the region that are anticipating the pending arrival of vaccines.

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).



Figure 4: COVID-19 are distributed at a drive-through vaccination clinic in Guyana.
Source: PAHO.

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. **35 countries** have completed the **Vaccine Introduction Readiness tool (VIRAT)**, with a **dashboard** to provide a bird's eye view on regional readiness.

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 the necessary criteria to roll out vaccines to priority populations.

PAHO continues to work with all its Member States to ensure country readiness to deploy these vaccines, with the goal of reaching **at least 20% of the population in each country participating in COVAX to protect those most at risk for severe forms of COVID-19.**

In addition to written guidance, PAHO also provides training webinars to its Member States. During this period, PAHO worked with **Haiti** 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.**

Country

PAHO hosted a training session for vaccination supervisors at the central level in **Haiti**, to accompany the introduction of the COVID-19 vaccine. These supervisors will later train personnel at the departmental level and other health institutions' staff before the vaccination campaign begins. The AstraZeneca vaccines for the United Nations personnel arrived in Haiti on June 11. An online platform has been set up and socialized with all agencies, allowing UN personnel to register for the COVID-19 vaccination.

Gaps and Challenges

GAPS	CHALLENGES
<ul style="list-style-type: none"> • Surveillance systems: additional 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 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 	<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. It has also added additional pressure to countries undergoing complex political and socio-economic transitions. • Managing infections in healthcare settings: Healthcare workers rely on PPE and other supplies to avoid infection. Global shortages are contributing to increasing cases and frontline workers losing their lives. • 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

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 vital 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.

contact tracing and manage patients in quarantine.

- **Risk Communication:** The perception of risk 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 non-communicable diseases (NCDs).
- **Stigma:** Countries must take steps to reduce stigma towards persons returning from abroad and others associated with a 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.

PAHO/WHO's COVID-19 response was made possible in part due to generous contributions and in-kind donations from the following sponsors:

- Alma Jean Henry Charitable Trust
- Government of Belize
- Government of Canada
- Caribbean Development Bank (CDB)
- U.S. Centers for Disease Prevention and Control (CDC)
- Central American Bank for Economic Integration (CABEL)
- The Government of Colombia
- Confederation of Caribbean Credit Unions (CCCU)
- Corporación Andina de Fomento (CAF)
- European Commission
- Global Fund
- Fundación Yamuni Tabush
- Inter-American Development Bank
- International Organization for Migration (IOM)
- Government of Japan
- Government of Korea
- Mixed Fund for Technical and Scientific Cooperation Mexico-Spain
- Government of New Zealand
- PAHO COVID-19 Response Fund
- Rockefeller Foundation
- The Government of Spain
- The Government of Sweden
- The Government of Switzerland
- UN Agencies consortium
- UNICEF
- Government of the United Kingdom
- UN Development Coordination Office (UNDCO)
- UN Development Programme (UNDP)
- UN Multi-Partner Trust Fund
- UN Office for South-South Cooperation (UNOSSC)
- UN Resident Coordinator Office (UNRCO)
- USAID
- World Bank
- World Food Programme (WFP)
- Donations channeled through WHO
- Member States National Voluntary Contributions

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