

COVID-19



PAHO

PAHO/WHO Response. 30 July 2021. Report ° 56

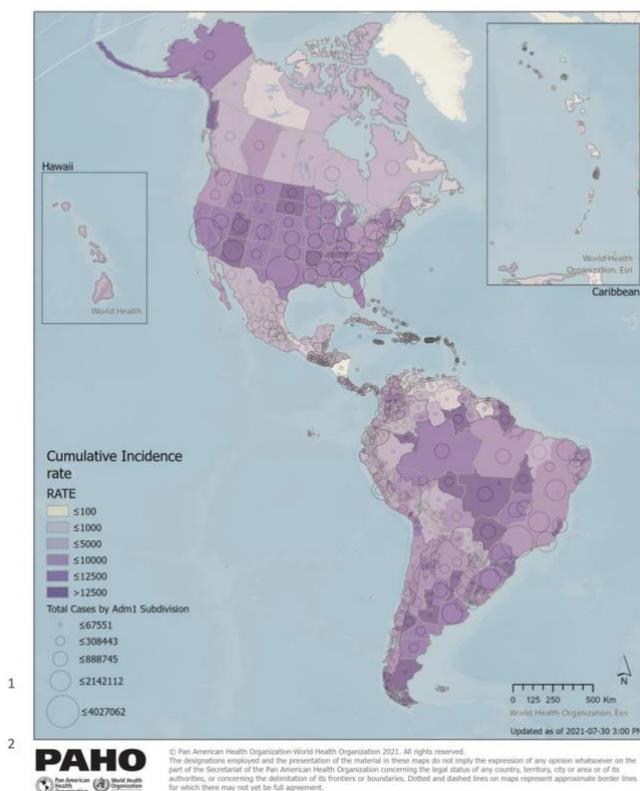
HIGHLIGHTS

PAHO released a new COVID-19 epidemiological update on 22 July 2021, which provides the latest data on COVID-19 incidence, mortality, genomic surveillance, and multisystem inflammatory syndrome occurrences in the Region of the Americas. Forty-seven countries and territories in the Region have detected at least one variant of concern, and eighteen have detected the Delta variant. Data contained in this report are obtained through International Health Regulations (IHR) National Focal Points (NFP) and/or published by country health agencies. The complete report is available on the **PAHO website**.

On 30 July, PAHO, in partnership with the Caribbean Development Bank (CDB) and the Caribbean Broadcasting Union (CBU), **hosted the final session of a four-part training series to support journalists and health communicators to provide the public with informative, responsible, safe, and evidence-based information about COVID-19.** Topics covered in the trainings included: key epidemiological and ethical concepts for reporting, including mental health and psychosocial aspects, the role of journalists in addressing COVID-19 stigma and mental health, domestic violence and the COVID-19 pandemic, and finally doing what matters in times of stress for journalists and health communicators. Complete recordings of the trainings are available **on the PAHO website**.



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 30 July 2021.



SITUATION NUMBERS IN THE AMERICAS

as of 30 July 2021 (15:00)

56

Countries/territories affected

76,999,250

Confirmed cases

2,006,819

Deaths

749,046,145

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



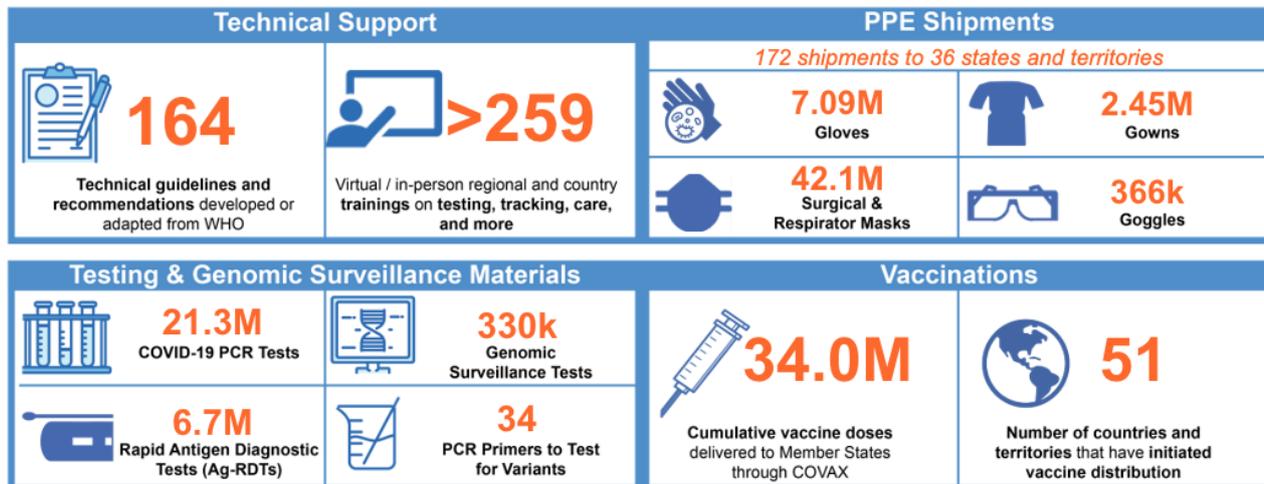
10. Vaccination

[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 30 July 2021

PAHO/WHO Response (19 to 30 July 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.

Since the beginning of January 2021, a total of 965 bilateral communications (under Article 44 of the International Health Regulations) between National Focal Points (NFPs) with information concerning cases/contacts and travel were received. An increase in the number of bilateral communications between the NFPs was observed during the last reported week, in comparison with the previous week.

PAHO continued to review new and emerging information to build the evidence base to combat the virus. The public has access to PAHO's **COVID-19 Technical Database** for technical guidelines, scientific

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

Country

PAHO conducted joint discussions with the **Belize** Ministry of Health and Wellness and the Inter-American Development Bank (IDB) regarding the remaining two autoclaves to be procured for the San Ignacio Community Hospital and Western Regional Hospital. Moreover, PAHO facilitated a meeting with the Ministry of Health and Wellness to discuss health care waste management options at Caye Caulker Island. The meeting was held to determine what would be the preferred technology to obtain under the India-UN Development Partnership Grant in response to COVID-19. During this period, PAHO chaired the meeting of the United Nations Emergency Technical Team (UNETT) in **Belize** to discuss the status of Business Continuity Plans by all entities and to review the UN Hurricane Contingency Plan.

PAHO conducted joint missions with the Amapa Health authorities in Amazonas and Maranhão, **Brazil**, to exchange experiences on surveillance, technical cooperation, and coordination of the COVID-19 response. Additionally, a Bi-national Situation Room was created with **Brazil** and **Colombia**.

PAHO also provided technical support to **Ecuador** through the hiring of consultants to strengthen the COVID-19 emergency response system in the provinces of Carchi, El Oro, Imbabura, Sucumbíos, Tungurahua, and Zamora.

PAHO provided guidance to the National COVID-19 Vaccine Commission in **Jamaica** and provided daily technical support to the country's emergency operations center (EOC).



PILLAR 2: Risk Communication, Community Engagement (RCCE)

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

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

[Introduction to the COVID-19 Vaccine: Guidance for Identifying Priority Groups and Developing Microplanning \(SPA\)](#)

[COVID-19 Vaccination Training for Healthcare Personnel – 2021 \(SPA, POR\)](#)

[Vaccination for COVID-19: technical protocols and procedures – Brazil 2021 \(POR\)](#)

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

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

Regional

As the communication needs of the Region evolve, PAHO continues to disseminate key messages across multiple platforms and responds to numerous media inquiries. Communications support is provided to country offices on a variety of issues, particularly regarding vaccines and COVAX. **Infographics** cover a range of issues related to COVID-19, from steps for preventing infection to tips for staying healthy and protecting mental health during this pandemic. During this period, the first package of public messaging on COVID-19 variants and public health and social measures (PHSM) was sent to countries in three different languages: English, Spanish, and Creole.

Country

PAHO worked with the **Ecuador** Ministry of Health in the development of a COVID-19 Vaccination Communication Plan to build trust in vaccines. PAHO, UNICEF, and the World Bank provide technical support for the implementation of the Plan in coordination with the Ministry of Health and the General Secretariat of Communication. In total, 9,610 educational materials were produced and disseminated with messages on COVID-19 prevention, many of which were adapted to local contexts.

Additionally, in Ecuador PAHO held a dialogue with indigenous and Afro-Ecuadorian Kichwa communities to support the Ministry of Health’s strategy to reduce vaccine hesitation. PAHO also worked closely with **Ecuador’s** General Secretariat of Communication to create videos to answer frequently asked questions about vaccines. These questions were developed in line with their [9/100 COVID-19 Vaccination Plan](#).



Figure 1: Ecuador’s FAQs for their 9/100 Vaccination Plan described above. Source: PAHO’s Country Office in Ecuador.

2.1 Weekly Press Briefings

PAHO’s Director, Dr. Carissa Etienne, delivered two press briefings during this period. On **21 July 2021**, the Director raised awareness on COVID-19 variants of concern and how the COVID-19 Genomic Surveillance Regional Network contributes to detecting the emergence and spread of SARS-CoV-2 variants throughout the Region. To date, 47 countries and territories in the Americas have detected at least one variant of concern, and 11 countries in the Region have detected all four: Alpha, Beta, Gamma, and Delta. Thanks to the continuous improvement of the Genomic Surveillance Network, the Region has a robust network of 24 laboratories that provide sequencing data using samples from around the Americas. Through regional collaboration, countries can detect new variants faster and more cost-effectively, identify changes in the clinical presentation of the disease and transmission patterns, and adjust vaccination, diagnosis, and therapeutic recommendations accordingly. PAHO supports the network by providing technical cooperation to standardize laboratory protocols, conduct trainings, and donate supplies.

The **28 July 2021** briefing focused on widespread disruptions in access to essential health services. A recent survey found that 97 percent of participating countries and territories had experienced disruptions in essential health services, impacting significantly the first level of care. These interruptions have hindered access to routine immunizations, leaving more than 300,000 children in the Region vulnerable to preventable infectious diseases. Director Etienne called on countries to invest in essential health services, especially routine vaccinations, to prevent secondary outbreaks. Accordingly, the Director highlighted the work of countries including Chile and Peru for their innovative use of telemedicine in maintaining primary care systems during the pandemic.

2.2 Country Updates

PAHO provided technical support to the EOC team in **Jamaica** to initiate the reporting of Multi-System Inflammatory Syndrome in children and adolescents.



Figure 2: A mental health expert answers questions about COVID-19 on television in Suriname.
Source: PAHO

PAHO collaborated with the **Suriname** Ministry of Health and Mental Health Hospital to develop a series of radio and television programs about the effect of the pandemic on mental health. The series was launched on 27 July 2021 with a live program during which experts answered questions from callers. The programs will be delivered in four languages, including local languages, to ensure effective communication.



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

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

Regional

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

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

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

PAHO's **Contact Tracing Knowledge Hub** was updated during this period. The Hub publishes multidisciplinary information on contact tracing for a variety of audiences including policymakers, responders, researchers, educators, affected communities, and the public. Go.Data is one of the tools available through this platform. It is used to support case investigation and management, display transmission chains, and for contact tracing. In collaboration with GOARN, to date, PAHO/WHO has trained more than 35 countries and territories worldwide in the **Go.Data** app. During this period, PAHO held a meeting with the Go.Data team to discuss the implementation of this tool in **Argentina**. The meeting also covered the development of interactive dashboards with key COVID-19 indicators using Microsoft Power BI.



Country

PAHO supported **Bolivia** with the deployment of 500 doctors to the country's medical brigades. The doctors will help identify COVID-19 cases, provide in-home care, and support contact tracing efforts. PAHO trained 36 contact tracers in Paraná, **Brazil** during this period.

Furthermore, PAHO met with **Chile's** Department of Statistics and Health Information (DEIS) to discuss the coding of COVID-19 deaths in relation to a proposed operation to purposefully seek and reclassify deaths.

Ecuador's technical strategic group for information systems has approved PAHO Flu as a software application to integrate surveillance for severe acute respiratory infections (SARI) and COVID-19. This initiative will prevent the country's current information management system from permanently collapsing due to the large volumes of data it manages. Weekly meetings are held with the PAHO Flu team to monitor progress.

PAHO participated in the XII Encuentro Científico en Salud Conference in **Nicaragua** organized by the Centro Nacional de Diagnóstico y Referencia (CNDR) to discuss SARS-CoV-2 variants and the genomic surveillance system.



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

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

Regional

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

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

Country

PAHO/WHO served as a liaison between the Amazonas Health Surveillance Foundation (FVS-RCP) and the local service provider to support the ongoing improvements of the laboratory at the border (LAFRON) between Brazil, **Colombia**, and **Peru**. PAHO also provided equipment to support this effort.



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 590,000 swabs and sampling kits, among other critical materials.

PAHO continued to provide technical cooperation, including data review, troubleshooting sessions, and follow-up calls on laboratory diagnostics with teams from **Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, Honduras, Paraguay, St. Kitts and Nevis, and Suriname**.

Country

Six provinces in **Ecuador** were identified as having high severity indicators such as ICU beds occupancy (>95%). As a result, the National Influenza Centre (CNI) of the National Institute of Public Health (INSPI) proceeded to take genomic samples within hospitals and health networks from the provinces in question. They identified 10 sequences of the Delta variant in the Machala district of El Oro province. Faced with this situation, the Ministry of Public Health requested technical support from the PAHO/WHO Representative (PWR) to review and analyze the cases, determine a surveillance strategy, begin contact tracing, and develop risk communications.

PAHO donated 40 boxes of 96 well plates to the Central Medical Laboratory in **Belize** to support the COVID-19 response. These consumables were procured using grant funds from the **EU-PAHO/WHO-MOHW Health Sector Support Programme Belize Project**.



Figure 3: Handover of well plates to the Central Medical Laboratory of Belize procured with support from the EU grant. Source: PAHO.

5.1 SARS-CoV-2 variants of concern

A number of SARS-CoV-2 variants have been identified through global genomic sequencing. Since the initial identification of SARS-CoV-2, more than **2,438,680** complete genomic sequences have been shared globally through publicly accessible databases, as of 22 July. These include the Alpha, Beta, Gamma, and Delta variants of concern (VOC). As of 21 July 2021, 48 countries in the Americas have detected VOCs, 18 of which have detected the Delta variant.¹

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 **34 unique primers** to detect genetic variants using PCR.

To date, **twenty-three 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).

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

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

Regional and Country

Implementation of national IPC plans are key to reduce COVID-19 transmission at both the community and health facility levels. During the week ending 23 July, PAHO provided IPC trainings for 50 health personnel from **Antigua** and for 180 health personnel from **Haiti**. During the week of 26 July, PAHO provided IPC training to 40 personnel during a joint session for **Antigua and Barbuda** and **Grenada**, and 180 personnel during a training in **Haiti**.

¹ Reporting is affected by limitations related to surveillance systems or surveillance mechanisms, as well as the capacity of the countries and territories to sequence samples, and differences in the selection of samples to be sequenced. See the **Epidemiological Update** for more details.



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 provided technical support to implement the WHO Clinical Management Platform in **Colombia, Dominica, and Ecuador**. The Platform now has more than 350,000 cases with contributions from the following countries: Argentina, Brazil, Colombia, Chile, Dominican Republic, Mexico, Panama, Peru, and the United States.

On 14 July, PAHO updated evidence for the [Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of rapid systematic reviews](#). The study synthesizes evidence on 129 therapeutics from 369 randomized controlled trials and observational studies.

Country

Personnel at the Chiapas State Health Institute (ISECH) participated in courses on neonatal resuscitation offered as part of the PAHO/WHO **Mexico** plan to mitigate the impact of COVID-19. PAHO/WHO also collaborated with the ISECH Maternal Health team to create a publication about maternal deaths linked to COVID-19 from February 2020 to June 2021.

PAHO participated in the "Scientific Diplomacy and Scientific Expertise of COVID-19 in Latin America" webinar along with UNESCO and the **Uruguay** Ministry of Health.

7.2 Emergency Medical Teams (EMTs)

EMTs are invaluable when demands on a country's health system exceed regular capacity. Updated information on deployed EMTs and alternative medical care sites (AMCS) throughout the Americas remained available at [PAHO's COVID-19 EMT Response information hub](#). To date, there are 182 Emergency Medical Teams deployed throughout the Region, and 206 Alternative Medical Care Sites, such as military bases, sports stadiums, and fairgrounds managed by PAHO. These EMTs have added 13,807 inpatient hospital beds and 1,477 critical care beds throughout the Region. During this period, PAHO provided technical support to **Suriname** as part of an ongoing project to develop and revise protocols for the EOC, outbreak management team, hospital readiness assessment, re-organization of health services, clinical management, and establishment of AMCS.



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

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

Regional

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

Considering the multitude of suppliers and concerns about the quality of procured goods, PAHO has made quality assurance a critical component of its technical support in the procurement of goods, supplies and equipment for COVID-19 response. This involves reviewing technical specifications 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 the quality, safety, and efficacy of medicines and other health products; improving demand planning and capacity-strengthening for supply chain systems; sustainably reducing prices of critical medications and supplies through transparent international sourcing; and a line of credit option to facilitate Member State procurement.

During the COVID-19 pandemic, the SF 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 SF also coordinated alternative modes of transport (e.g., air freight versus ocean freight) to adapt to the most cost-effective and timely methods amidst continuously evolving COVID-19-related disruptions. This required direct negotiations with suppliers to absorb increases in freight costs on medicines. Finally, the SF worked with partners to support effective alternative treatment protocols to help adapt to limited supplies during COVID-19.

Since the start of the pandemic to 30 July, the SF has procured more than \$250 million worth of COVID-19 diagnostic tests (PCR and rapid tests), PPE and medicines for critical care, supporting more than 32 million people throughout the Region of the Americas.² The Fund continues to support the procurement of medicines and public health supplies for individuals affected by HIV/AIDS, tuberculosis, malaria, diabetes, neglected tropical diseases, cardiovascular diseases, and hepatitis C. Learn more about the PAHO Strategic Fund's essential work on the [PAHO website](#).

² Sum of all Strategic Fund purchase orders placed to date. Occasionally, countries will withdraw or cancel orders, causing the figure to fluctuate from one report to the next.



PILLAR 9: Strengthening Essential Health Services and Systems

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

Regional

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

Health technology assessments (HTAs) are invaluable guidance for health authorities in the use of technologies relevant to the COVID-19 pandemic. Five reports were added to the Regional Database of HTA Reports of the Americas (**BRISA**), bringing the total number of reports available to 323.

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

Country

PAHO met with the **Belize** Ministry of Health and Wellness focal point for Information Systems to discuss technical specifications for the development of a Clinical Data Exchange Platform. This effort is part of the EU-PAHO/WHO-MOHW Health Sector Support Programme Belize Project. The project prioritizes the development of disaster-resilient and environmentally friendly health facilities, health systems strengthening, COVID-19 response, and improvements to Belize's health information system. More details about the project, including achievements, can be found on [PAHO's website](#).



Figure 4: Logo for the EU Health Sector Support Program Belize Project. Source: PAHO

PAHO provided technical support to the restructuring process of the **Bolivian** Ministry of Health's Department of Epidemiology. They divided the Ministry into two areas: Epidemiological Surveillance and Control and Prevention of Communicable Diseases.

Moreover, PAHO provided technical support to **Ecuador** by training 1,101 people in psychosocial care. Additionally, 40 professionals completed the Minimum Initial Service Package for Sexual and Reproductive Health in Emergency Situations and Maternal-Neonatal care training. In addition, 722 sexual and reproductive health kits have been delivered to the country and family planning services were provided to 1,290 women and immigrant families.



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 30 July, more than **749 million doses of COVID-19 vaccines** had been administered in the Americas, with more than **304 million people having completed their full vaccination schedule**. All **51 countries and territories in the Region have begun vaccinating**, 32 of these having received vaccine doses through COVAX. Overall, PAHO has **distributed more than 34 million doses** to the Americas through COVAX. Additionally, PAHO continued to provide strategic direction to countries in the Region that are pending arrival of vaccines. More details are available on PAHO's **COVID-19 Vaccination in the Americas database**, which reports on doses administered by country.



Figure 6: Children and their families celebrate the start of vaccination week in Usulután, El Salvador.
Source: OPS/OMS El Salvador on Twitter.

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

PAHO is supporting countries throughout this planning process. **33 countries** have completed their **national vaccine deployment plans (NVDPs)**. **35 countries** have completed the **Vaccine Introduction Readiness tool (VIRAT)**, with a **dashboard** that provides an overview of regional readiness.

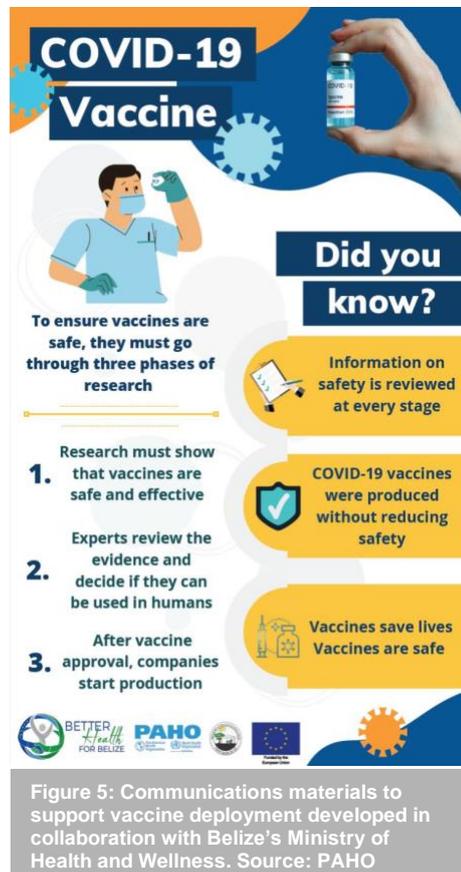
Regional support also includes work with countries interested in gaining access to possible vaccine candidates through the **COVAX Facility**. The **PAHO Revolving Fund**, which has four decades of experience procuring and distributing vaccines, plays a key role in this process, supporting countries 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. PAHO worked with Member States to develop workshops aimed at strengthening the Events Supposedly Attributable to Vaccination or Immunization (ESAVI) surveillance in the Region of the Americas. Access the full list of past and future training sessions for all member states [on PAHO's website](#). During this period, the PAHO FPL/IM

Regional Advisory Group held an initial technical cooperation meeting with DGE, CeNSIA, and COFEPRIS as part of a course on the implementation of hospital sentinel surveillance for COVID-19 in accordance with EVADIE/ESAVI protocol. The results of a Sentinel Surveillance Survey carried out in candidate hospitals in **Mexico** as part of the Regional Sentinel Surveillance Network were presented during this meeting.



PAHO maintains a public [dashboard](#) that tracks the safety of various COVID-19 vaccines during and after clinical trials (available in English and Spanish). The data were updated as part of [the Twentieth Report on Consolidated Regional and Global Information on Adverse Events Following Immunization \(AEFI\) Against COVID-19 and Other Updates](#) on 21 July 2021.

Country

PAHO provided daily assistance to Member States regarding regulatory preparedness to guarantee expedited processes for vaccine deployment. It included information on technical documents available as part of the COVAX Facility, in all bilateral and regional meetings.

PAHO met with the **Argentina** Ministry of Health to develop a plan to improve the national immunization strategic plan. Furthermore, PAHO is working jointly with **Bolivia, Colombia, Ecuador, and Peru** in a project to increase vaccination rates in indigenous populations, with an emphasis on border areas.

In **Belize**, PAHO facilitated participation of national Ministry of Health and Wellness focal points in the three-day XXVI PAHO Technical Advisory Group (TAG) Meeting on Vaccine-Preventable diseases (VPD), in which updates and recommendations on COVID-19 vaccines were discussed. For more information on the TAG please visit the [PAHO website](#).

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 	<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

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 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.

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 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 (CABEI)
- The Government of Colombia
- Confederation of Caribbean Credit Unions (CCCU)
- Corporación Andina de Fomento (CAF)
- European Commission
- Global Fund
- Foundation for Innovative New Diagnostics (FIND)
- 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

PAHO also thanks the following donors who have contributed to the response efforts in the Americas through WHO: Government of Azerbaijan, Bill and Melinda Gates Foundation, Government of Canada, the Central Emergency Response Fund (CERF), the COVID-19 Solidarity Response Fund, Germany, France, the OPEC Fund for International Development (OFID), Government of Spain, Government of the United Kingdom, and the World Bank.

In addition, the following donors have pledged further support to PAHO: the U.S. Agency for International Development (USAID) and the Wellcome Trust.

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

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

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

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

Vaccines will help save lives and eventually halt the pandemic.

Support PAHO's Response at:
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