

PAHO

Health Emergency Appeal

2022



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Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
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INTRODUCTION

The Region of the Americas was not spared the extreme challenges experienced globally in 2020 and 2021. Through rapid spread and devastating health consequences, the COVID-19 pandemic impacted people's lives and livelihoods and disrupted economic and social development in the Latin American and Caribbean (LAC) countries.

In recent past years, the countries of the Americas have been combating COVID-19 while simultaneously addressing many ongoing and emerging health challenges. The pandemic remains an acute and evolving emergency with significant economic and social impact which has disproportionate effects on population groups living in conditions of vulnerability. In the Region, the pandemic occurs in the context of several underlying political, economic, social, and health issues. This exposes and amplifies challenges in health inequalities, including access to health services, and continuity of care for acute and chronic conditions.

Two years of COVID-19 have stretched health systems, societies, and supply chains, leaving vulnerable communities with less capacity to cope. The Global Humanitarian Overview (GHO) 2022 reported that the number of people in need of humanitarian assistance in Latin American and the Caribbean nearly tripled from 2018 to 2021, climbing from 9.6 million people to 26.4 million (1).

The Economic Commission for Latin America and the Caribbean (ECLAC) noted that, despite an incipient recovery in 2021, the economic context in Latin America and the Caribbean remains complex and undefined, given the persistence of the pandemic, the slow rollout of vaccination campaigns, and questions over the capacity to sustain expansionary fiscal and monetary policies (2). In a joint report on the prolonged health crisis published in October 2021, PAHO and ECLAC stressed that, in 2020, the pandemic and its disastrous consequences sparked the most serious economic contraction of the past 120 years in Latin America and the Caribbean (3). Unemployment, poverty, and inequality reached peak levels, and it is estimated that 2020 pushed 22 million more people into poverty. Over 287 million people in the Region (46% of the population) are now in poverty or extreme poverty (1).

The multiple and profound impacts of the pandemic continue to highlight the Region's vulnerabilities. With underfunded and fragmented health systems and inadequate social protection systems, the basic needs of a significant proportion of the Region's population are not being met (3).

Besides being the most economically unequal region, Latin America and the Caribbean is also the second-most disaster-prone region of the world. Per the GHO 2022, the pandemic's effects have amplified the Region's poverty, displacement, food insecurity and violence, while countries are still experiencing the impacts of several sudden disasters and the record-setting 2020 Atlantic hurricane season.

Humanitarian situations in the Americas are complex and multifaceted. Threats affecting the lives and wellbeing of the LAC population range from emerging and re-emerging hazards to the ones generated by escalating climate risks, food insecurity and displacement.

From 2020 to 2021, and during the first months of 2022, inter- and intra-continental mass migration movements in the Americas intensified. Primary health care services in locations with intense migrant flows are at capacity and face challenges in the provision of medical services to the local populations and migrants. Additional humanitarian care needs include food, lodging, psychosocial support, water, sanitation, hygiene, and protection.

The year 2022 is likely to be another extremely challenging one for the Americas. Even though thanks to growing vaccination rates there is a renewed sense of safety across populations, COVID-19 cases continue to surge, fueled by emerging variants and persistent vaccine inequity. In parallel, increasing violence, the prolonged socio-economic crisis and emerging new health threats – such as the ongoing multi-country monkeypox outbreak which was recently declared a public health emergency of international concern – continue to put the lives and wellbeing of populations at risk and impact health systems region-wide.

This document outlines PAHO's regional priorities for 2022 to sustain and scale up health emergency and humanitarian assistance to the Americas, with a heightened focus on six priority countries currently facing prolonged humanitarian crises and/or recovering from recent acute emergencies (Colombia, El Salvador, Guatemala, Haiti, Honduras, and Venezuela). This Appeal is aligned with and builds on the principles, priorities, and strategies of the [World Health Organization's Global Health Emergency Appeal](#) for 2022.

PAHO NEEDS US\$ 350.8 MILLION IN 2022 TO HELP PROTECT 13.4 MILLION PEOPLE IN THE AMERICAS AFFECTED BY EMERGENCIES AND HUMANITARIAN HEALTH CRISES, INCLUDING THE COVID-19 PANDEMIC.

PAHO's Health Emergency Appeal for 2022 targets approximately 13.4 million people in need of assistance across the Region to recover and be better protected from the impact of health emergencies.

Latin American and Caribbean countries have improved their capacity to respond to the impact of small- and moderate-scale emergencies and disasters with their own resources, many of them without requiring aid from the international community. However, when events of greater magnitude occur, international assistance is further necessary to complement the efforts of the affected country.

In alignment with its Strategic Plan 2020-25, and its Program Budget for 2022-23, PAHO's work in health emergencies focuses on strengthening national and regional capacities to implement programs and activities in the areas of prevention, risk reduction, preparedness, surveillance, response, and early recovery from acute and prolonged emergencies and disasters related to any hazard (including those of natural, human-made, biological, chemical and radiological origin).

To ensure adequate response at all times, PAHO has worked over the years towards developing and standardizing appropriate skillsets and capacities across all levels of the Organization. Critical functions include leadership, information management and provision of technical expertise and core services when responding to emergencies with health consequences.

The Organization continuously provides evidence-based information for public health decision-making in emergencies and disasters. Key actions include identifying acute public health events, assessing risks to public health, conducting epidemiological surveillance and field investigations, monitoring public health interventions, assessing operational capacities of health care services and facilities, and communicating public health information to technical partners.

As the lead agency for health of the UN system for the Americas and the specialized health organization of the inter-American system, PAHO also supports its Member States through direct response and early recovery operations, which include providing essential health services and technologies to address rising health threats in emergencies and disasters, as well as preexisting health needs exacerbated by crisis, focusing on groups in situation of vulnerability. Key actions include coordination of the PAHO response team, emergency medical teams, the regional Global Outbreak Alert and Response Network (GOARN) network, and other partners; development of strategic response plans and joint operational planning; operational support and logistics; emergency crisis and risk communication; and activation of emergency response mechanisms in accordance with the policy and key procedures on the Institutional Response to Emergencies and Disasters, consistent with the International Health Regulations (2005) and supported by the Incident Management System.

Through technical cooperation interventions, PAHO tirelessly works to ensure that countries have the capacities to respond to all-hazard health emergencies and disaster risk management. PAHO also works to reduce the health consequences of emergencies, disasters, and crises and ease their social and economic impact, especially on populations in conditions of vulnerability.

PAHO will continue to collaborate with countries, territories, and partners to ensure early detection of potential emergencies and the provision of essential life-saving health services to emergency- and disaster-affected populations. Early detection, risk assessment, information sharing, and rapid response are essential to reduce illness, injury, death, and large-scale economic loss.

This Appeal covers requirements to meet urgent health emergency and humanitarian needs for the Region, including COVID-19 response efforts for 2022.



Credit: PAHO/WHO

THE REGION OF THE AMERICAS INCLUDES OVER 26.4 M PEOPLE WITH HUMANITARIAN NEEDS

CONTEXT

Each year, Latin America and the Caribbean countries experience a wide variety of hazards, emergencies and disasters of increasing scale and frequency, which negatively impact their population's health. After Asia, the Americas is the region second most impacted by disasters and emergencies, accounting for almost one quarter of disasters recorded worldwide over the past decade.

LAC countries and territories are extremely prone to natural disasters, primarily hydrological and meteorological events. They are also susceptible to seismic activity, volcanic eruptions, landslides, and other adverse events such as fires and social disturbances, which have major detrimental effects on populations, health services and other infrastructure. These vulnerabilities are exacerbated by the impact of climate change, which has escalated the intensity of tropical storms and hurricanes and affected rainfall patterns.

The Region is characterized by a rich ecosystem and diverse diseases profile. Over time, climate change, migration, economic, social, environmental, and political factors in each country and throughout the Region have changed the patterns of diseases and increased the risks of emergence and re-emergence of epidemic-prone infectious diseases. In recent years, the Region faced the rapid emergence and spread of chikungunya and Zika viruses, and the resurgence of outbreaks of yellow fever, diphtheria, measles, dengue, and malaria in several countries after years of sustained reduction. Ecological drivers and environmental and demographic changes, such as rapid population growth coupled with unplanned urbanization and global warming, deforestation, and encroachment of urban

human populations into forested areas create the conditions for the emergence of biological threats in new geographical areas.

The Americas are currently facing several complex emergencies, including the profound humanitarian consequences of the prolonged sociopolitical and economic crisis in Venezuela; transcontinental mass migration phenomena stemming from the Venezuelan crisis and growing rampant violence in Central America and Haiti; as well as the continued internal armed conflict in Colombia and resulting population displacements. Numerous countries in the Region are also experiencing a rise in violence, crime, armed conflict, social instability and insecurity, which have become major threats to the populations of Colombia, Venezuela, Haiti, Central America and Mexico.

As of March 2022, more than six million Venezuelans refugees and migrants have been recorded worldwide, of which almost five million have fled to neighboring LAC countries to escape the lack of food, medicine, essential services, and the threats of violence and insecurity (4). According to the UN Refugee Agency (UNHCR), this has become the second-largest external displacement crisis in the world.

Travel restrictions and border closures due to the COVID-19 pandemic impacted population movements across the Region, resulting in many migrants being stranded in transit, not able to return to countries of origin, or forced to use unofficial crossings. Despite the ratification of international human rights standards to protect the right to health for all persons, and efforts by

Member States to promote universal health, many migrants in the Region continue to be confronted with increased barriers to accessing health services at different stages of their journey. The pandemic has intensified the situation, bringing to the forefront the urgent need to address inequities in access to health services, strengthen health systems, including health information systems, improve epidemiological surveillance and scale up interventions aimed at including migrants in health policies and programs.

Over the past two years, the focus on controlling COVID-19 has placed an extraordinary burden on health systems and health care professionals and jeopardized many health gains achieved over time. While countries struggled to cope with the COVID-19 emergency, there has been a setback of almost three decades of progress in the fight against vaccine-preventable diseases such as polio and measles in the Region. In 2020, more than 2.7 million children in the Americas did not receive the essential vaccines due to interruptions in health services caused by the COVID-19 pandemic.

Although coverage for routine vaccines had already fallen below optimal levels before 2020, the further decrease in routine immunization since the beginning of the pandemic has set the Region back to the same coverage levels reported in 1994, creating a real risk for the reintroduction of previously eliminated or controlled diseases of epidemic potential such as measles, polio, yellow fever, and diphtheria, as observed in Venezuela since November 2021.

Emergencies and humanitarian situations disproportionately affect certain segments of the population - particularly indigenous peoples, Afro-descendants, migrants, and persons with disabilities. This inequity further accentuates their pre-existing vulnerabilities and erodes the limited coping capacities of these groups. The Americas is one of the regions with the highest inequality ratios in the world, home to large pockets of highly vulnerable populations. Inequality dominates the Americas, whether it is based on socioeconomic level, ethnicity, race, gender, age, disability, sexual orientation or nationality. This systemic inequity damages social cohesion and leads to unfair distribution of life chances, and to health inequalities.

According to ECLAC, the historic and structural inequality is a characteristic of Latin America and the Caribbean region, which is persistently challenged by significant and deeply rooted socioeconomic disparities. The COVID-19 pandemic has highlighted and worsened that unfortunate reality (2).

Latin America and the Caribbean has been the world's hardest-hit region in the number and proportion of deaths reported from COVID-19. Ranging from access to healthy food, health services, and conditions and ability to comply with recommended physical distancing, to the availability of personal protective equipment and COVID-19 vaccines, inequities in the Americas have become more evident during the pandemic which has further exacerbated the vulnerabilities of already at-risk population groups.



Selected results achieved in 2021

- To mitigate the severe impact of the socio-political-economic crisis in Venezuela on availability of essential medicines and health supplies, in 2021, PAHO **facilitated the purchase, delivery and distribution of 2,695 tons of medicines, medical and health supplies and equipment through 3,783 shipments to benefit around 630 institutions** providing health services throughout all 24 Venezuelan states. These deliveries helped maintain the provision of essential health services to the most vulnerable population groups, starting with emergency care, sexual and reproductive health, and pediatric care.
- Following the eruption of La Soufriere volcano in Saint Vincent and the Grenadines in April 2021, and the significant internal displacement of the local population to temporary settlements, including public shelters with suboptimal sanitary conditions, PAHO **provided technical assistance to national health authorities to strengthen early warning, alert and response (EWAR) to improve syndromic surveillance and the timely detection of outbreaks**. The deployment of the EWARS-in-a-box field-based system and training of 35 health professionals helped establish local capacity for real-time reporting and analysis of early warning data related to the emergency as well as more systematic registering of alerts. Based on the successful piloting of the EWARS in six shelters, the system is now being implemented in all health facilities to set up their weekly syndromic surveillance data collection, with the continued technical support of PAHO.
- As part of the Organization's whole-of-society approach to the COVID-19 pandemic, direct investment in community-based civil society organizations fostered the implementation of innovative measures to connect, engage with, and better protect the health and well-being of vulnerable and hard-to-reach communities. These partnerships **helped inform approximately 100,000 members of more than 200 indigenous communities in the Ecuadorian Amazon about COVID-19 risks and prevention measures in their own dialect**. In Guyana, over 44 000 adolescents and young adults across Guyana were engaged in informative activities about the importance of mask wearing and handwashing, while access to adapted health assistance was increased for persons with disabilities in Guatemala and informal domestic workers in Panama. Throughout the response to the pandemic, PAHO leveraged its convening power to engage and empower civil society in support of more active and systematic participation of community actors in emergency planning and response and to strengthen community readiness and resilience to public health emergencies, prioritizing communities in situations of vulnerability, connecting people to essential public health services, and enhancing participatory community-centered governance.
- On 14 August 2021, a 7.2 magnitude earthquake struck the southern peninsula of Haiti, killing over 2,000 people and injuring more than 12,000. In all, 600,000 people required immediate humanitarian assistance, 150,000 homes were destroyed, and more than 80 hospitals and health centers were damaged. Through its country teams in place in Port-au-Prince and the **rapid deployment of 15 international experts in health emergency management**, PAHO provided effective support to the Haitian government in the emergency and immediate recovery phases of the response, in the complex context of the ongoing COVID-19 pandemic and growing social unrest. PAHO provided a range of interventions and technical assistance focused on damage and needs assessment, emergency response coordination, procurement of emergency supplies and equipment, logistic support, supply chain management, intensified epidemiological surveillance and COVID-19 screening in affected areas and assembly points, and mental health and psychosocial assistance.



COVID-19 SITUATION

The Region of the Americas accounts for 30.3% of cases and 43.8% of deaths reported globally as of 14 April 2022 (5). COVID-19 continues to be deadlier in the Americas than in any other WHO region. Both COVID-19 cases and deaths have been higher among people living with sub-optimal social and economic determinants of health, including Afro-descendants and Indigenous populations (6).

The economic crisis generated by the pandemic has exacerbated inequity, driving up rates of poverty and extreme poverty. Overall, the COVID-19 pandemic has significantly and disproportionately impacted countries in the Americas and has subsequently exacerbated vulnerabilities and worsened the impact of ongoing humanitarian crises in the Region.

Despite the significant progress achieved, vaccination against COVID-19 remains uneven across Latin America and the Caribbean, with persisting challenges and inequities in coverage. As of March 2022, 14 countries and territories had immunized 70% of their populations, whereas another 14 countries had yet to reach 40% coverage (7). In low-income countries, about 54% of the population had yet to receive a single dose of the vaccine as of February 2022.

There has been an overall sustained decrease in reported COVID-19 cases in the Region during the first months of 2022. However, despite considerable efforts at the regional level to increase the proportion of immunized population, there remains an underlying risk of new surges, particularly in areas where higher proportions of the population are not immunized or are partially immunized. Challenges with logistics and cold chain, as well as high vaccine hesitancy are further slowing uptake by the population or preventing full achievement of vaccination potential.

At the same time, countries and territories continue to report persistent disruptions of varying degrees in the provision of essential health services. The third round of the WHO global pulse survey on continuity of essential health services during the COVID-19 pandemic (Nov-Dec 2021) reported severe and widespread disruptions in Latin America (8). There have been important impacts in key health areas, such as sexual,

reproductive, and maternal health; immunization; communicable and noncommunicable diseases; mental health, and neurological and substance use disorders. Additionally, the co-circulation of COVID-19 and other respiratory viruses has increased the burden on healthcare systems and services and the demand for diagnostic tests, causing an unprecedented shortage of laboratory equipment and diagnostic supplies in several countries.

Ending the acute phase of the pandemic will require tackling the primary factors driving transmission of SARS-CoV-2 and the direct and indirect impacts of COVID-19. In the Americas, this process will continue to require a comprehensive response – building resilience in the health service network, maintaining and adjusting public health and social measures, and sustaining vaccination operations and outbreak control actions (including early detection, investigation, and isolation of cases, as well as contact tracing). Response to COVID-19 and other health threats in fragile, conflict-affected and vulnerable contexts will also require careful adaptation of public health and social measures to reduce the burden on those most impacted.

ECLAC has also acknowledged that controlling the health crisis produced by the COVID-19 pandemic will be crucial towards a sustainable and equitable economic and social recovery process.

Therefore, PAHO will continue directing efforts towards these COVID-19 response priorities in 2022:

- Providing continued evidence-based guidance to countries based on evidence.
- Sustaining health systems resilience, surveillance, and testing.
- Supporting countries in their COVID-19 vaccine rollout, including combating vaccine hesitancy and misinformation.
- Procuring critical COVID-19 medicines, supplies and equipment for emergency use.
- Securing access to additional COVID-19 vaccines and supporting dose sharing to scale up vaccination efforts.
- Reinforcing detection, characterization, and response to new variants of concern.

2022 HUMANITARIAN HEALTH RESPONSE STRATEGY

The diverse and complex emergency scenarios that affect the Region of the Americas every year require a multi-hazard approach to ensure a comprehensive and effective response to the adverse events impacting Latin American and Caribbean countries and territories. Although emergency response strategies must be tailored to the specific needs, risks and capacities of each country, recent emergencies – starting with the COVID-19 pandemic – highlighted common vulnerabilities throughout the Region that must drive PAHO's technical cooperation for emergency readiness and response.

One of the main hinderances to swift emergency response is the reliance of Latin American and Caribbean countries on external sources for the acquisition of critical medical and health supplies. The production of most of these essential materials outside the Region has caused bottlenecks in supply chain and logistics. Therefore, the creation of strategic inventories and their management represent a vital investment for a faster and more efficient health response to emergency situations in the Americas.

Similarly, during COVID-19, access challenges, border closures and mobility restrictions revealed the need to support and scale up national and local emergency response capacities, especially at the community level. Increased capacity would ensure a swift and adequate first response while continuing to strengthen regional response mechanisms and networks.

Emergencies reveal social inequities and the differences in exposure and risks of vulnerable populations. Protecting the lives and health of the most fragile community members while recognizing and respecting the diversity of needs, cultures, beliefs, and practices is both a challenge and a key priority of the health humanitarian response in the Americas.

The already fragile conditions of migrants and refugees in the Region have worsened with the prolonged and widespread impact of the COVID-19 emergency. Strengthening national capacities to cope with the increased demand generated by population movements while responding to COVID-19 and other health needs of their local populations is therefore paramount. Efforts must focus on addressing inequities in access to health services, as well as strengthening health systems, epidemiological surveillance and health interventions aimed at people in transit. It is also essential to provide populations in transit with access to safe water, sanitation and hygiene to reduce the risk of surges of communicable diseases in areas and communities hosting migrant and refugee populations.

To protect and save lives, while mitigating the disproportionate impact of emergencies and humanitarian scenarios on populations and societies, PAHO's humanitarian interventions in the Americas will focus on supporting comprehensive critical health care to the most vulnerable. Emphasis will be placed on

primary care, using differential approaches to ensure adaptation to the specific needs and challenges of target populations, including Indigenous groups, migrants and refugees, persons with disabilities, women, and older persons. Using a whole-of-society approach when responding to health emergencies, PAHO will continue to foster participation of community members in response operations to promote shared learning, integration of community practices and cultural adaptation where necessary.

While sustaining efforts to improve the coordination of response partners is essential, it is also important to acknowledge the growing intensity and complexity of health emergencies and humanitarian situations in the Region and the accompanying increasing numbers of humanitarian actors over the past decade. The Organization will continue to facilitate emergency coordination and information management in the health sector, while strengthening the Health Cluster's capacities to deliver up-to-standard humanitarian assistance.

REGIONAL PRIORITIES

The nature of the health and humanitarian emergencies affecting the Region of the Americas require a comprehensive, multi-hazard and differential approach to effectively address the needs of the most at-risk groups. Although national emergency response capacities have increased over the past decade, many vulnerable and hazard-prone countries in the Region do not have the minimum capacity to rapidly detect, respond to, and manage large-scale public health emergencies and disasters. Notable disparities persist across the Region and within countries themselves at national and local levels.

The regional emergency response priorities are:

- To support and scale up operational response capacities and strengthen humanitarian logistics networks.
- To protect the most vulnerable while improving community coping strategies.
- To improve sectoral and intersectoral coordination among response partners to optimize interventions and address the most acute needs of vulnerable communities.

To do so, PAHO will:

- Facilitate and improve processes for the timely mobilization of goods and individuals to support acute emergency responses in affected countries.
- Increase emergency response capacities at national and community level to ensure a swift and adequate first response, while continuing to strengthen regional response mechanisms and networks in support of Latin American and Caribbean countries.
- Protect the health of the most fragile community members while respecting the diversity of needs, cultures, beliefs, and practices.

COUNTRY HIGHLIGHTS

Colombia

7.7 million

People in need

2 million

People targeted

**US\$ 14.89
million**

Funding Requirements

The prolonged humanitarian situation in Colombia is marked by a combination of multi-hazard scenarios and serious structural problems, which have worsened since the beginning of the COVID-19 pandemic. While these factors have increased the needs across all sectors, they are especially impactful in health, with an estimated 7.7 million persons in need of assistance.

In 2021 alone, over 133,800 newly internally displaced people were recorded throughout the Colombian territory. On the other hand, the dynamics generated by community confinements continued to increase, with over 50,900 people who have been obliged to confine themselves in 2021. Over 3,081 small and medium emergencies triggered by disasters of natural origin impacting more than 530,800 people were also recorded that same year, mostly due to the two heavy rainy seasons that affected the country.

Mixed migratory movements affecting the country have significantly increased, putting further pressure on limited resources and capacities. According to Migración Colombia, as of May 2022, there were 2,381,357 people of Venezuelan nationality living in Colombia, added to more than 4.9 million “pendular migrants” and 124,633 individuals in transit. The flow of mixed transcontinental movements through Colombia has also increased significantly. While likely under-counted, it is estimated that during the year 2021 over 133,000 people crossed to North America through the Darién Gap, the border between Colombia and Panama. This natural border is one of the world’s most dangerous refugee and migrant routes, with 5,000 square-kilometers of tropical wilderness, steep mountains, and rivers where no authorities are present. It is the venue for social, economic and environmental conflicts, which have detrimental repercussions on the health status of the migrants.

Violence is also rampant in Colombia, with increasing attacks against medical missions. There were 189 reported incidents in 2021, which resulted in heightened access restrictions affecting the most vulnerable groups. At least eight million people live more than an hour away from health centers and 2.2 million encounter barriers to accessing health services, especially Indigenous and Afro-Colombian communities in the Amazon and the Pacific (9). The COVID-19 pandemic has widened the gap in access to services, disproportionately affecting vulnerable populations that suffer the multiple effects of the internal armed conflict, natural disasters, and structural poverty. Many of those affected are ethnic minorities and other groups who, for geographical, cultural, and other reasons, cannot access essential health services. This is compounded by the limited presence and capacity of health institutions in the most affected municipalities. Health facilities are concentrated in capital cities, with scarce and -often inadequately trained personnel who lack proper supplies, infrastructure and proper referral mechanisms, which results in sub-optimal management of medical complications and emergencies.

Urgent needs and health response priorities for 2022 include:

- Protect and save lives by supporting and scaling-up local health response capacities to attend urgent and unmet health needs of vulnerable, rural populations impacted by emergencies.
- Promote the delivery of comprehensive health humanitarian assistance in the prioritized geographic areas to vulnerable populations. Efforts will be targeted at supporting health care delivery to the most vulnerable communities while offering services to complement those offered by state institutions. To ensure comprehensive care, these services will include: i) primary health care; ii) sexual and reproductive health (SRH); iii) care for chronic non-communicable diseases (NCDs); iv) mental health; v) technical and operational support for routine and COVID-19 vaccination programs; and vii) detection and clinical management of gender-based violence (GBV).

- Assist local health authorities with collective public health actions, including epidemiological surveillance and strengthening of community capacities in preventive health and early detection of events of public health importance.

Considering Colombia's cultural diversity and the disproportionate impact of the humanitarian emergencies on ethnic groups, it is important to adopt differential and culturally sensitive approaches that involve native experts, traditional midwives, and community agents in providing indirect care. Recognizing and valuing the responsibility of the State in guaranteeing the protection of people as the first responder in an emergency, PAHO will continue to strengthen effective mechanisms to better articulate and efficiently coordinate the many health humanitarian actors in the country.



Credit: PAHO/WHO

El Salvador

1.7 million

People in need

900 000

People targeted

US\$ 6.43

million

Funding Requirements

El Salvador is the most densely populated country in Central America. The country is highly vulnerable to natural disasters and climate shocks, with 95% of its population living in high-risk areas, according to the United Nations Population Fund (UNFPA) (10). Recurrent hydro-meteorological events result in heavy rains, disastrous flooding and severe droughts that have deeply impacted agriculture infrastructure and crops, rapidly eroding the health and livelihood of much of the population, especially farmers. This prolonged situation has increased the risk of food insecurity and worsened the nutritional crisis of the most vulnerable. Generalized malnutrition, particularly in children, makes individuals more prone to developing common diseases such as diarrhea and flu, which, coupled with important change in temperatures, lack of access to quality food and water from safe sources because of prolonged droughts, can quickly lead to serious medical complications.

The levels of violence in El Salvador are comparable to those in the deadliest war zones in the world. Escalating gang violence results in high rates of homicides, drug trafficking, population displacement, and the use of firearms and violence. This widespread, organized violence, in addition to causing severe physical injuries to those involved, directly affects access to and continuity of primary-care health services (including sexual and reproductive health (SRH), obstetric care and childhood check-ups), monitoring of TB and HIV patients, environmental sanitation, and mental health services, especially in peri-urban and rural areas.

Already vulnerable to natural hazards and other risks linked to structural poverty and chronic violence, El Salvador has recently suffered several emergencies that exacerbated humanitarian needs across the country. Hurricanes Eta and Iota in November 2020, followed by Tropical Storms Amanda and Cristobal in late May 2021, caused catastrophic damage and loss of human lives nationwide, and critically reduced the capacity of local health services already pressured due to the ongoing COVID-19 pandemic.

Growing violence, rising poverty, natural disasters, and COVID-19 in El Salvador and throughout Central America's Northern Triangle (CANT) have considerably affected the most vulnerable, leading to mass migration of desperate families across the subregion seeking safety and better living conditions in the southern border of the United States. Nonetheless, conditions faced by those migrants and refugees along irregular migration routes are precarious, with very limited services to meet their basic needs. This also puts enormous pressure on local health systems and increases health risks on host communities.

As of August 2021, the UN estimated that approximately 1.7 million people were in need of humanitarian assistance across the country, a 164% increase compared to early 2020 (11). Health humanitarian assistance priorities aim to address the urgent and unmet needs of vulnerable populations, specifically women, children, indigenous people, LGBTQIA+ people, and people with disabilities and chronic diseases. Efforts will be sustained and scaled up to improve access to essential health services for vulnerable populations and support local institutional capacity to increase health emergency response. Priority will be given to actions aimed at increasing communities' resilience through an integrated human rights-based approach focused on risk prevention.

Guatemala

3.8 million

People in need

1.7 million

People targeted

**US\$ 11.12
million**

Funding Requirements

The high visibility of the COVID-19 pandemic and other large disasters have overshadowed the ongoing humanitarian crisis in Central America, a subregion that has experienced a series of small- and medium-scale emergencies of natural and man-made origin. The cumulative incidence of concomitant events affecting the Northern Triangle countries has severely impacted the lives and wellbeing of the most vulnerable populations. In 2020 and 2021, the most notable events affecting the region were violent crimes and insecurity; mass migrations; weather-related events including heat waves, severe droughts, and category-4 storms; increased incidence of endemic infectious diseases such as dengue; the raising COVID-19 infection rates; prolonged food insecurity and a nutritional crisis.

Guatemala's vulnerability to natural- and climate-related disasters coupled with high poverty and uneven access to basic services presents a host of challenges which were worsened by COVID-19 and Hurricanes Eta and Iota. Health services in Guatemala were seriously affected by the magnitude of infrastructural damage caused by Hurricanes Eta and Iota. Over 237 health units were destroyed or considerably damaged, therefore further reducing the capacity of the national health system and limiting access to essential services, already overstretched by the COVID-19 pandemic (12).

Growing social violence and the intensification of mass migratory movements of population across the country are also taking a toll on fragile communities and the capacity of local institution to provide essential services delivery to the most vulnerable. The 2021 Humanitarian Needs Overview (HNO) states that over 3.8M people are in need of humanitarian assistance in Guatemala, primarily concentrated in 11 departments of the country, especially the departments of Izabal, Alta Verapaz, Quiché, Huehuetenango and Petén which were the most impacted by the recent storms (13). At least 930,000 of those individuals in need of assistance are estimated to need urgent health assistance, primarily women of childbearing age, pregnant and lactating women, children, and persons with disabilities.

The focus for 2022 will be on restoring and strengthening health systems' capacity to provide essential care for humanitarian health needs and increasing access to health services for people in need. Critical to ensure access to care for the most vulnerable individuals will be rehabilitating and equipping first- and second-level health care centers that lost capacity due to the impact of Hurricanes Eta and Iota and scaling-up care delivery capacity of local facilities located along migratory routes or in remote and rural areas. Key interventions will target the capacity-building of health personnel in prioritized health establishments for the timely clinical care and referral of patients while supporting detection and notification of public health risks. Efforts should concentrate on improving access and quality of care delivery in health facilities in areas of higher risk, focusing on emergency services, sexual and reproductive health, including prevention and care for gender-based violence (GBV) and sexual violence, as well as maternal and child health.

To support sustainability of interventions, strategic alliances and direct engagement with local NGOs and community-based civil society organizations will be promoted to ensure community involvement and participation in addressing health humanitarian needs. The efficient coordination and articulation of local actors under the guidance of the Ministry of Health are essential to ensure alignment with and consistent application of territorial requirements and priorities, as well as protection, age-sensitive, gender, and diversity approaches in each territory, to attain sustainable development.



Haiti

4.9 million

People in need

1.3 million

People targeted

**US\$ 19.99
million**

Funding Requirements

For several decades, Haiti has been confronted with recurring sociopolitical, security and economic challenges that are both systemic and structural. The country is also extremely exposed to the effects of climate change and disaster risks linked to natural hazards.

The complex and multi-faceted humanitarian situation affecting Haiti remains highly worrisome. The health sector estimates that some 3,85M people (approximately 34% of the Haitian population) will need assistance to meet their essential health needs in 2022. Successive and concomitant sociopolitical crises collectively have weakened the coping capacities of an already particularly vulnerable population and caused a serious disruption of essential health services. These challenges include increased civil unrest and violence, underfinancing of the health sector, the dynamics of the COVID-19 pandemic, climatic hazards (cyclones, floods), and the impact of the earthquake that struck the Southern Peninsula of the country in August 2021.

The COVID-19 pandemic has had major consequences for the access to care and maintenance of essential services, primarily affecting the most vulnerable. Following the declaration of the pandemic, uptake of child health services decreased considerably at the institutional and community level.

Haiti is located in an area susceptible to cyclones and strong seismic activity. Despite these intrinsic vulnerabilities, Haiti is not prepared to effectively face natural disasters. National health authorities made efforts to reinforce preparedness, but the 2021 earthquake in the southern part of the country illustrates that there is still much to be done.

Furthermore, the sociopolitical and security situation which the country experienced in the last quarter of 2021, led to fuel shortage that had short- to medium-term impacts on the health system. This energy shortage affects the health sector since as fuel-powered generators are often the main source of energy for health facilities and the country in general.

While the 2022 Humanitarian Response Plan (HRP) estimates that over 40% of the Haitian population is strongly affected by the prolonged and multi-faceted crisis that country is facing, the most affected groups remain pregnant and lactating women, and children under 5 years old. The situation of marginalized people is also particularly alarming, especially since an estimated 15% of the Haitian population live with a disability (14).

Health systems users, particularly the most vulnerable, navigate a context of chronic insecurity, precarious economy, emerging and reemerging infectious diseases (such as COVID-19, diphtheria, and malaria), access restrictions and interruption of essential health programs such as emergency obstetric and newborn care, family planning, and immunization. Even when they manage to access health services, they often encounter health facilities lacking adequate supplies and essential drugs or qualified medical personnel. This situation has further deteriorated with the COVID-19 pandemic and the aftermath of the recent earthquake.

The humanitarian and health situation will remain critical in Haiti in 2022. To reduce the impact on the most vulnerable, the health humanitarian response will focus on:

- Improving synergy and coordination between partners in the health and humanitarian sectors in priority geographic areas
- Strengthening access to essential health services in priority regions and geographic areas
- Reducing morbidity and mortality due to obstetric complications in women
- Improving immunization coverage in children under one year old
- Strengthening vaccination mechanisms to improve overall national coverage (both for COVID-19 and routine vaccinations)
- Strengthening prevention and preparedness capacities of the health system at national, departmental, and communal level for the management of health risks and disasters.



Credit: PAHO/WHO

Honduras

2.8 million

People in need

18 000

People targeted

**US\$ 11.66
million**

Funding Requirements

Honduras is a lower-middle-income country that faces multifaceted challenges. The country is confronted with high levels of poverty and inequality where almost 60% of the population lives in poverty or extreme poverty (15). This has been further compounded by the double impact of the COVID-19 pandemic and Hurricanes Eta and Iota in 2020. The physical damage caused by the two successive hurricanes was immense. Nearly half of Honduras's 9 million residents were affected by the winds, rainfalls and floods generated by the storms, including 368,000 people displaced from their homes and more than 200,000 forced into improvised shelters where COVID-19 and dengue posed major threats (16). The severe infrastructural impact on health facilities also significantly hampered delivery of essential health services in the most affected areas, in a context of already overstretched local health networks due to the prolonged pandemic.

Access to basic healthcare in Honduras largely depends on socioeconomic status and environment (urban or rural). While Honduras has worked to improve access and quality of care, rural populations still have difficulty accessing essential health services. Most of the health facilities are in the more developed cities, which are not easily accessible for rural and indigenous populations. Honduras also struggles with high homicide rates and permanent insecurity, with various forms of violence linked to drug trafficking groups and rivalries among armed gangs, as well as domestic and gender-based violence (GBV). In 2021, more than 300 feminicides were reported.

The recurring and complex humanitarian challenges affecting the country due to violence, climate shocks, food insecurity, and increasing inequity – all worsened by the health and socioeconomic impacts of COVID-19 – have led to internal displacements and cross-border migration towards North America. In 2021 migrant flows intensified and became multi-directional and diverse, due in part to an increase in forced and voluntary returns. The profile of migrants also changed from young solo-male travelers to families with children.

The impact of the global pandemic and recent hurricanes have exacerbated the multidimensional crisis in Honduras, by weakening communities' coping capacities worsening food insecurity, increasing acute malnutrition, and heightening overall health needs. Humanitarian needs of vulnerable migrants and returnees (especially children and women) are also placing additional pressure on the already scarce health services located along remote transit routes and in border areas.

Based on the 2021 assessment from the United Nations Country Team (UNCT), an estimated 2.8 million people in Honduras are in need of humanitarian assistance. Vulnerable populations such as women, children, informal workers, indigenous and Afro-descendant communities as well as people living with disabilities are among the most affected by the longstanding multidimensional crises. Health priorities consist of supporting and increasing access to and coverage of quality healthcare delivery in vulnerable communities, especially the ones recently affected by emergencies, as well as those in rural, remote, and hard-to-reach locations. In that regard, the rehabilitation and operationalization of health centers impacted by hurricane Eta and Iota and those located along migrant transit routes is paramount to ensure capacity of local health services to attend the urgent health needs of the most vulnerable.

Venezuela

7 million

People in need

4.5 million

People targeted

**US\$ 96.83
million**

Funding Requirements

The Bolivarian Republic of Venezuela, a federal republic with more than 28 million inhabitants, has been facing a prolonged sociopolitical and economic crisis that has negatively impacted social and health indicators. Since 2016, the country has been impacted by a series of public health concerns ranging from re-emerging disease outbreaks to reduced availability of essential health services due to the shortages of health commodities, migration of health personnel, and the general economic situation. Health system capacity has been further stretched by the ongoing COVID-19 pandemic, increases in maternal and infant mortality, as well as issues related to mental health and domestic and intra-familial violence.

Overall, over the past seven years, there has been a progressive loss of operational capacity in the national health system which significantly affects the delivery of health care services. The limited access to medicines without charge at the point of service has been an ongoing concern. Also worrying are the lack of adequate nutrition and the shortage of adequate diagnosis and care for people with life-threatening acute and chronic conditions, including HIV, diabetes, hypertension. Many hospitals continue operating in challenging conditions and are unable to ensure a supply of basic support services. The main challenges for guaranteeing quality health care coverage to the population include failures in the provision of public services, and the growing deficit in health personnel (last recorded at 62% below optimal staffing requirements), aggravated by continued migration of health professionals. In the health sector, which is losing health professionals, there are significant deficiencies in the maintenance of medical equipment and the work environment.

The impact of the prolonged humanitarian situation in Venezuela has been compounded by the COVID-19 pandemic, which has further tested the limits of the national health system. Response to the pandemic has been handled with existing institutional response capacity, along with the support of the humanitarian community focused on preventive measures, procuring supplies and vaccines and strengthening the response capacity of the health system. However, limited access to safe drinking water, hygiene products, personal protective equipment (PPE), COVID-19 testing services and vaccines remained challenging throughout 2021. As in other countries in the Region, preventive measures also had an impact on the economic sector and on people's livelihoods.

The prolonged COVID-19 crisis has further accentuated health sector shortages, including human, financial and material resources. This shortfall has severely disrupted essential health services, starting with routine immunization programs. The lack of sufficient vaccines in the country and significant shortcomings in the cold chain capacity, aggravated by recurrent power outages, have had a negative impact on vaccine coverage since 2015. The widespread impact of the COVID-19 pandemic on routine immunization programs has further resulted in significant reductions in vaccination coverage, reaching a suboptimal coverage of all vaccines in 2020 and 2021. This led to an increasing risk of outbreaks and re-emergence of vaccine-preventable infectious disease of epidemic potential such as measles, polio, yellow fever and diphtheria. This risk already materialized in late September 2021 with 13 new epizootics and 11 human cases confirmed in the state of Monagas - the largest yellow fever outbreak reported in Venezuela for over the past 15 years. If Venezuela continues with vaccine stock-outs, approximately 530,000 children under one year will not be vaccinated with pentavalent, BCG, Hepatitis B birth dose, and IPV vaccines, and approximately 533,647 children of one year will not be protected against measles, rubella, mumps, and yellow fever. This will lead to widening immunity gaps with increased risks of disease outbreaks not only in Venezuela but in the region of the Americas.

Increasing violence and social conflict, persistent hyperinflation, continued political tensions and the re-intensified migratory movements from Venezuela to neighboring countries are all risk factors that worsen the humanitarian crisis in the country and exacerbate the vulnerabilities of already fragile communities, particularly women, children, and Indigenous populations.

One of the main priorities of the health sector for the upcoming year is to protect the lives of the most vulnerable affected by the complex humanitarian situation, by maintaining access to and operations of essential health services. It is essential to ensure the continued availability of essential drugs, medical-surgical supplies, and equipment. Interventions must also focus on strengthening the capacities and skills of health personnel who remain in the country and protecting their health and wellbeing to maintain quality care delivery. It is also paramount to improve access to health services in highly vulnerable populations such as ethnic and migrant groups, with special emphasis on strengthening the primary health care network with focus on remote and hard-to-reach areas.

In an effort to expand equitable access to comprehensive, timely, quality health services for all people in a context of extreme deterioration of local health systems capacity, PAHO aims to integrate a cross-sectorial approach to its interventions incorporating water, sanitation, and hygiene (WASH) and protection while increasing the response capacity of health system and services through improved synergies and more efficient cooperation among humanitarian health actors.



Credit: PAHO/WHO

FUNDING REQUIREMENT

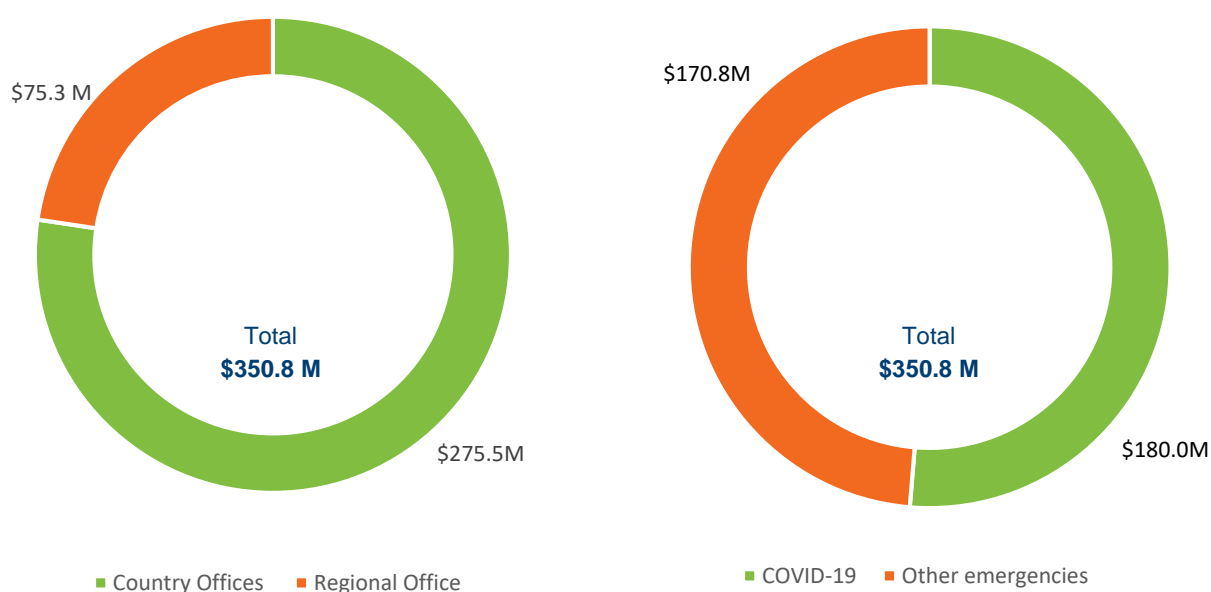
US\$ 350.8 million

Overall regional funding requirement

Figure 1. OVERALL REGIONAL FUNDING REQUIREMENTS BY PILLAR (US\$)

Pillar		Non COVID-19	COVID-19	Total (in million)
1	Coordination	12,727,650	21,229,044	34.0
2	Risk Communication and Community Engagement	6,896,150	9,108,943	16.0
3	Surveillance	17,162,800	14,474,296	31.6
4	Points of entry	11,663,000	1,234,662	12.9
5	Laboratories	10,518,100	22,448,565	33.0
6	Infection prevention and control	17,023,700	14,250,481	31.3
7	Clinical management	1,348,250	13,427,773	26.8
8	Operations and Logistic Support	21,148,550	15,479,264	36.6
9	Essential health services	45,705,050	30,119,092	75.8
10	Vaccination	14,578,750	36,744,440	51.3
11	Research	-	1,483,439	1.5
GRAND TOTAL		170,772,000	180,000,000	350.8

Figure 2. OVERALL FUNDING REQUIREMENTS BY OPERATIONAL LEVEL & EMERGENCY TYPE (US\$ million)



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This document outlines PAHO's regional priorities for the year 2022 to sustain and scale up health emergency and humanitarian assistance in the Americas, with particular focus on six priority countries currently facing prolonged humanitarian crisis and/or recovering from recent acute emergencies: Colombia, El Salvador, Guatemala, Haiti, Honduras, and Venezuela. It is aligned with and builds on the World Health Organization's Global Health Emergency Appeal for 2022, its principles, priorities, and strategies.