In response to the Pan American Health Organization (PAHO) Regional COVID‑19 Response Strategy and Donor Appeal, the United States (US) Government, through the American Rescue Plan Act (ARPA), provided US$ 75 million to help countries in Latin America and the Caribbean continue to scale up their responses to the pandemic and its wide‑ranging impacts. This summary report of the 2022 COVID‑19 response documents the activities and key results this generous contribution has funded.

Since the start of the pandemic, PAHO's response to COVID‑19 has been grounded in the principles of engaging and empowering all of society and every arm of government through community‑centered solutions, underpinned by the principles of equity and inclusiveness, with communities at the heart.

However, as 2022 got underway, the quick‑wins that propelled the initial vaccination roll out were overtaken by more complicated implementation challenges. Priority issues during this period included: how to reach vulnerable groups with historically poor access to health services; how to address the challenges of migration and cross‑border movements; and how to mitigate against the backslide in health indicators resulting from decreased access to other essential health services.

The achievements described in this report demonstrate that, by supporting PAHO to maintain the momentum of its COVID‑19 response into its third year, the US Government's valuable financial assistance has put the Region on track to build back stronger and more resilient health systems.

Going forward, PAHO is committed to supporting all Member States, and the Region as a whole, to capitalize on lessons learned from the pandemic and to succeed in delivering a sustainable post‑pandemic recovery.
Pan American Health Organization Response to COVID-19 2022

Summary Report on US Government Funding Allocated under the American Rescue Plan Act

Washington, D.C., 2023
Guatemalan delivery trucks distribute COVID-19 vaccine supplies to contribute to the implementation of the country’s National Vaccination Plan. Initially, the plan prioritized healthcare workers and adults older than 70 years. However, by the start of 2022, the government had approved roll out of COVID-19 vaccines for everyone age 12 years and older.
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On 20 January 2020, the first regional case of COVID-19 was confirmed in the United States. The outbreak spread quickly to Latin America, with the first case recorded in Brazil on 26 February 2020. What followed was a pandemic that engulfed the world, shutting borders, dividing families, crippling economies, and endangering social cohesion. Three years later, as of March 2023, the Region of the Americas alone had reported over 190.3 million cases (25% of the global total) and over 2.9 million deaths (almost 43% of the global total).

The global response saw key economies cooperating to meet the challenge of developing vaccines at production speeds and scales not witnessed before. For the Americas, the financial support of the US Government has been immensely significant. The exceptional allocation of US$ 75 million to PAHO has enabled the Organization to play a leading role in tackling the pandemic and helping to improve the lives of those affected in the Region. Today, COVID-19 incidence rates are 20 to 30 times lower than a year ago, thanks in large part to the combined efforts of partners such as the US Government, which have worked tirelessly to mount a coordinated, focused, and effective response.

This summary report demonstrates the breadth and scale of PAHO’s achievements under the COVID-19 response. We are particularly proud of being able to help Latin American and Caribbean countries to administer more than 1.3 billion vaccine doses in less than two years, between March 2021 and December 2022, with the support of US Government funds. This accomplishment put the Region of the Americas second highest in the world for COVID-19 vaccination coverage, at 71%.

Although the pandemic is waning in severity, COVID-19 is still with us. The risk of infection peaks caused by new variants is real. We must maintain regular monitoring and reporting to ensure that future waves of infection do not catch us unprepared, and we continue to implement COVID-19 vaccination programs, reaching out to the 30% who have yet to receive their primary series.

The US Government funds have enabled PAHO to support Member States to better implement their response plans to contain the COVID-19 emergency. Our job now is to focus on recovering losses and rebuilding resilient health systems that work for everyone, as well as being better prepared for future health threats. To implement this vision, in my first year as PAHO Director, I have committed to focus on five strategic pillars to support PAHO’s Member States into their post-COVID recoveries. The first pillar is a definitive commitment to end the pandemic. The second pillar is a push to apply lessons learned and actively address our vulnerabilities. The third pillar is to ensure timely and equitable access to health innovations, which have played a crucial part in controlling the pandemic. The fourth pillar is to build resilient national health systems based on renewed primary health care. Finally, the fifth pillar is a pledge to strengthen PAHO’s capacity to support Member States to achieve the goals they tell us are their priorities.

My vision for the future of PAHO is to make it the leading organization supporting the countries of the Americas to improve the health and well-being of their populations. I am convinced that, working together with Member States, and with the incredibly valuable support of our US Government partners, PAHO will help countries recover from the pandemic to become stronger and more resilient than ever before as we work together to achieve Health for All.

Jarbas Barbosa da Silva Jr.
Director, Pan American Health Organization
“Despite being home to only 8.4% of the world’s population, the Region of the Americas recorded ... a shocking 43% of global COVID-19 deaths”
Executive Summary

Pandemic Response and Recovery

The COVID-19 pandemic hit this Region particularly hard. Despite being home to only 8.4% of the world’s population, by March 2023, the Americas Region had recorded 25% of global COVID-19 cases, and a shocking 43% of global COVID-19 deaths. As the pandemic has evolved, so too have the priorities of control efforts. The first year of the pandemic was focused on slowing transmission, managing cases and preventing deaths. In 2021, the huge regional vaccination drive took precedence, and the Pan American Health Organization (PAHO) had the opportunity to help Member States make solid progress toward global coverage targets. However, as 2022 got underway, the quick-wins that propelled the initial vaccination roll out were overtaken by more complicated implementation challenges, such as how to reach vulnerable groups with historically poor access to health services, how to address the challenges of migration and cross-border movements, and how to mitigate against the backslide in health indicators resulting from decreased access to other essential health services.

Since the start of the pandemic, PAHO’s response to COVID-19 has been grounded in the principles of engaging and empowering all of society and every arm of government through community-centered solutions, underpinned by the principles of equity and inclusiveness, with communities at the heart. The Organization’s unique capacity to forge multi-country partnerships, convene regional actors, and to collect data directly from countries has enabled us to maintain the momentum of the successful COVID-19 response into its third full year and lay the foundation for the Region’s post-pandemic recovery.

This summary report of the 2022 COVID-19 response shows that money invested in PAHO’s activities in the Region generates long-lasting benefits that go far beyond the initial direct results. The US Government’s generous contribution of US$ 75 million has been immeasurably valuable. Our task now is to capture the innovations that have underpinned our practical successes so that we can better support countries to create the strong and resilient health systems the Region needs for the future.

Implementation Context

A new wave of infections caused by the highly transmissible Omicron variant took case numbers to record heights in January 2022, and the variant continued to cause smaller surges as the year progressed. However, the lethality of COVID-19 disease in the Region, as measured by the absolute number of deaths, dropped sharply: from 1.5 million in 2021 to just under 472,000 in 2022, a reduction of 68%. There was a corresponding decrease in the proportion of serious disease among diagnosed cases – an important signal that progress in expanding access to vaccination, combined with increases in natural immunity, was having a positive effect on the pandemic’s spread.

During this year, the broader damaging impacts COVID-19 has had on health became more evident in indicators of health system function and health outcomes. Life expectancy, for example, is now known to have fallen from 75.1 years in 2019 to 72.2 years in 2021. And by the end of 2021, 93% of the countries in the Americas had reported disruptions in essential health services.
The COVID-19 vaccine roll out during 2022 met with complex implementation challenges, such as how to administer vaccines to vulnerable groups with historically poor access to health services, how to reach individuals living in geographically remote areas, and how to address the challenges of migration and cross-border movements.
COVID-19 Response Highlights, January to December 2022

VACCINATION
- Over 2 billion vaccine doses administered
- 70.7% of the Region’s population vaccinated with two doses
- 17 countries reached WHO’s 70% global vaccine coverage target
- Adverse event surveillance network expanded to 18 countries

PROCUREMENT
- 31 shipments to 25 countries/territories
- Evidence-based COVID-19 therapeutics procured for 16 countries
- Over a million rapid diagnostic tests purchased
- 50 million units of vaccine-related supplies

HEALTH SYSTEM STRENGTHENING
- Emergency medical teams trained in 11 countries
- Capacity building for PHC-based management of COVID-19 in 16 countries
- Genome sequencing support provided to 28 countries
- COVIGEN genomic surveillance network expanded to 30 countries

KNOWLEDGE GENERATION
- Living systematic reviews of treatments for COVID-19 and post-COVID condition
- Guidelines for management of non-severe COVID-19 disease and for care of critically ill adults
- Monthly updates to the BIGG-REC Database of recommendations
- Establishment of a clinical intelligence network of more than 150 hospitals
PAHO's 2022 COVID-19 Response

In response to PAHO's Regional COVID-19 Response Strategy and Donor Appeal, the US Government, through the American Rescue Plan Act (ARPA), provided US$ 75 million to help countries in Latin America and the Caribbean continue to scale up their responses to the pandemic. The funding agreement included the following four main objectives:

- **Objective 1:** Accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations
- **Objective 2:** Reduce morbidity and mortality from COVID-19, mitigate transmission, strengthen health systems, including to prevent, detect, and respond to pandemic threats
- **Objective 3:** Address acute needs driven by COVID-19, mitigate household shocks, and build resilience
- **Objective 4:** Bolster economies and other critical systems under stress due to COVID-19 to prevent backsliding and enable recovery

The activities and priorities selected to meet these objectives dovetail with PAHO's integrated response plan and are fully aligned with the 2020, 2021, and 2022 WHO Strategic Preparedness and Response Plan for COVID-19 as well as with PAHO Resolutions CD58.R9 (COVID-19 Pandemic in the Region of the Americas) and CDSS1.R1 (Update on the COVID-19 Pandemic in the Region of the Americas, COVAX Preparedness, and Equitable Access to COVID-19 Vaccines), approved by Member States. The major programmatic areas of intervention were vaccination, procurements, health system strengthening, and generation of technical knowledge for informed decision-making.

**Vaccination Roll Out**

The COVID-19 vaccination campaign is the largest vaccination drive in history. While the rapid expansion of coverage during 2021 had markedly slowed by the beginning of 2022, this year more time and resources were devoted to understanding the barriers to vaccination among different population groups, to address heterogeneity in coverage rates within and between countries and increase vaccine uptake. With US Government funds, PAHO was able to provide technical support to 33 countries/territories for: vaccination operations, pro-vaccination communications campaigns, expansion of cold chain networks, increasing manufacturing capacity, and providing internationally recognized vaccination certifications to cross-border travelers. As of 31 December 2022, 2.09 billion COVID-19 vaccine doses had been administered in the Americas, compared to 1.48 billion at the start of the year. The previously established post-market regional surveillance network for the enhanced detection, notification, and investigation of potential adverse events, known as Events Supposedly Attributable to Vaccination or Immunization (ESAVI), was expanded to 18 countries during 2022.

**Procurements**

Direct procurement, distribution, and delivery of critical supplies is one of the most transformative interventions PAHO has been able to provide thanks to US Government funding. These purchases allow countries to have timely access to COVID-19 supplies, while releasing financial resources for urgent needs.
besides the pandemic. Prior to 2022, PAHO’s Revolving Fund was able to support the acquisition of sufficient quantities of vaccines through the COVAX Facility to meet the Region’s needs, so during 2022, procurement focused on supplies to support vaccine distribution and administration. In total, 50 million units of supplies – including over 10 million syringes, 156,000 diluent (vials), and 220,000 safety boxes for storage of needles and syringes – were purchased and distributed, amounting to a total of 31 shipments to 25 countries/territories.

Health System Strengthening
Primary health care (PHC) clinics and staff in all countries are at the frontlines of pandemic response. It was therefore an important priority for PAHO to help these front-line workers and facilities adapt to provide clinical care for patients with COVID-19 disease, restore essential health services disrupted by the pandemic, and improve resilience against future threats. Our health system strengthening interventions focused on: increasing surge capacity, developing skills for management of patients with COVID-19 and post-COVID conditions, improving laboratory and surveillance capacity, expanding access to technology and telemedicine, and strengthening social protection systems to incorporate an expanded vision of PHC-based service provision.

Technical Analysis and Knowledge Products
The COVID-19 pandemic laid bare the interdependence of information, communication, and public health. One of PAHO’s major strengths is its ability to link implementation expertise and knowledge-based technical work, which facilitates the continuous review and revision of priorities and activity-planning to ensure optimal outcomes. US Government funds supported PAHO to produce 175 COVID-19-related publications during 2022, including systematic reviews, guidelines and clinical management advice, health systems analysis, and advice on all aspects of COVID-19 response planning. PAHO’s technical experts also wrote or coauthored numerous studies published in scientific journals with regional or global reach.
Broad Health System Impacts

Unfortunately, COVID-19 hit this Region at a time when many important health trends were already moving in the wrong direction. As the pandemic has progressed, these underlying challenges have not been resolved. For this reason, a crucial component of PAHO’s COVID-19 response has been directed toward preventing further backsliding on key health outcomes and ensuring that emergency response capacity does not come at the expense of routine service provision. To address some of the broad public health impacts of the pandemic, PAHO has invested in interventions to: address the Region’s mental health crisis, tackle existing barriers to health service access, improve human resource shortages and skills deficits, and resolve challenges related to inadequate supplies and equipment. Particularly urgent concerns at this time are the drops in coverage rates for childhood vaccinations, which are now at their lowest point in 10 years, and increasing trends in incidence of some communicable diseases, including tuberculosis, HIV, syphilis, and outbreaks of arboviral diseases such as dengue, chikungunya, and Zika.

Conclusions

The COVID-19 pandemic has not only been devastating for its immediate impacts. It also provoked a crisis in public health in the Region. Mitigation of the myriad consequences, which are only now becoming clear, requires a tremendous coordinated effort that rivals the pandemic response in scope.

PAHO is committed to supporting Member States not only to end the pandemic but also to strengthen public health and response capacity across the Region as an integral part of the post-pandemic recovery. In line with the publicized priorities of the new PAHO Director, PAHO will maintain a particular focus on strengthening primary-level health care as the foundation of health system resilience. Accelerating the roll out of the landmark renewal of the Essential Public Health Functions is a core part of this work. This comprehensive public health revival initiative intends to boost leadership, stewardship, and governance, improve policy, regulatory capacity, human resources, financing, monitoring, evaluation, and accountability across the board, among many other targeted interventions to address long-standing public health challenges.

However, as the focus of countries' attention shifts away from emergency response and toward recovery and rebuilding, it is important that we do not leave the job of ending the pandemic undone. As our successful third year of response has shown, we have all the tools we need to end the COVID-19 emergency: surveillance, vaccination, and information. By achieving this goal, we will gain an immeasurably valuable understanding of the health system gaps, access barriers, and systemic weaknesses that undermine current efforts to achieve universal health coverage. That knowledge will serve the Region well as it moves toward future health system resilience and better health outcomes.
“Despite the innumerable devastating consequences of the COVID-19 pandemic, we are proud of the legacy of enduring relationships created in times of need”
2022 has been a year of reflecting, rethinking, and reshaping. Not only for our COVID-19 pandemic response, but also for our understanding of what the pandemic’s lessons mean for the future of public health. The advantage we have at this stage of the pandemic is information. Thanks to our teams of technical experts, and their continuous analysis throughout wave after wave of infections, we now understand – at least in part – many of COVID-19’s far-reaching effects, and we have some insight into the underlying factors that affect the success or failure of our mitigation efforts. We have used this knowledge in all our response activities.

The first year of the pandemic saw our all-consuming priorities focus on slowing transmission, managing cases, and preventing deaths. In 2021, thanks to huge donor support for the regional vaccination drive, we had the opportunity to help Member States make solid progress toward global coverage targets and establish innovative mechanisms for resolving distribution bottlenecks, tackling infrastructure challenges, and delivering on urgent implementation goals in record time.

However, as 2022 got underway, the quick-wins that propelled our initial vaccination roll out were overtaken by more complicated implementation challenges. We turned to research and analysis to better understand the heterogeneity in responses in the Region. Here, PAHO’s unique capacity to forge multicountry partnerships, convene regional players, and to collect data directly from countries, enabled us to identify barriers hindering vaccine uptake, resolve cross-border supply chain and procurement challenges, and isolate possible causes of poor outcomes. This flexibility has enabled us to maintain the momentum of our successful COVID-19 response into its third full year and lay the foundation for the Region’s post-pandemic recovery.

PAHO’s capacity to forge multicountry partnerships, resolve cross-border challenges and generate real-time analysis underpins its sustained success in managing the regional response to COVID-19. Capturing and institutionalizing lessons learned is the next step.
COVID-19 Response Timeline, 2020 to 2022

**2020**

- **APRIL: COVAX FACILITY LAUNCHED**
  The COVAX facility is established to help procure and distribute COVID-19 vaccines for 92 low- and middle-income countries.

- **DECEMBER: RISING CASE NUMBERS**
  The Region of the Americas leads the world in the number of confirmed cases and deaths, driven mainly by cases in the United States.

**2021**

- **MARCH: FIRST VACCINE DELIVERIES**
  Shipments of the first vaccines procured through the COVAX mechanism in the Americas start to arrive in Colombia, Peru, El Salvador, and Bolivia.

- **JANUARY: OMICRON VARIANT PEAK**
  The Omicron variant of concern causes a new highest peak in infections as weekly cases nearly double from 3.4 million to 6.4 million.

**2022**

- **JUNE: RECORD COVID-19 DEATHS**
  The Americas continues to be hit hard by COVID-19, with 29.9% of the cumulative global cases and 43.6% of deaths, despite being home to only 8.4% of the world’s population.

- **DECEMBER: VACCINE TARGET HIT**
  Over 2 billion COVID-19 vaccine doses administered in the Americas with 70.7% of the population having received at least two doses of vaccine.

**2020**

- **JANUARY: FIRST CASES CONFIRMED**
  The first case of COVID-19 confirmed in the Americas was identified in the United States on 20 January 2020, followed by Brazil on 26 February 2020.

- **JULY: ECLAC ECONOMIC WARNING**
  The Economic Commission for Latin America and the Caribbean declares that the COVID-19 pandemic has sparked the most serious economic contraction of the past 120 years.

**JULY:**

- **Lorem Ipsum is simply dummy text and typesetting industry. Lorem Ipsum is simply dummy text and typesetting industry.**

- **The first case of COVID-19 confirmed in the Americas was identified in the United States on 20 January 2020, followed by Brazil on 26 February 2020.**

- **The Economic Commission for Latin America and the Caribbean declares that the COVID-19 pandemic has sparked the most serious economic contraction of the past 120 years.**

**APRIL:**

- **COVAX Facility Launched**
  The COVAX facility is established to help procure and distribute COVID-19 vaccines for 92 low- and middle-income countries.

**DECEMBER:**

- **Rising Case Numbers**
  The Region of the Americas leads the world in the number of confirmed cases and deaths, driven mainly by cases in the United States.

**2021**

- **Vaccine Roll Out**
  Shipments of the first vaccines procured through the COVAX mechanism in the Americas start to arrive in Colombia, Peru, El Salvador, and Bolivia.

- **First Vaccine Deliveries**
  The first vaccine deliveries are made in the Americas.

**2022**

- **Record COVID-19 Deaths**
  The Americas continues to be hit hard by COVID-19, with 29.9% of the cumulative global cases and 43.6% of deaths, despite being home to only 8.4% of the world’s population.

- **Vaccine Target Hit**
  Over 2 billion COVID-19 vaccine doses administered in the Americas with 70.7% of the population having received at least two doses of vaccine.
Current Vulnerabilities, Future Risks

More broadly, 2022 was the year when we began to reflect on the shift in global public-health thinking that emerged from the past three years of turmoil. The question of what this change of perspective might mean for the Region’s health challenges, and our support to countries as they advance in their pandemic recoveries, is now an urgent concern.

The staggering speed of the global spread of COVID-19 forced us to reframe our vision of public health through a global health security lens. This viewpoint brought into stark relief the accumulative effect of vulnerabilities that characterize this region: economic inequalities, poverty and inequities, social exclusion, gender discrimination, and enormous disparities in health access and outcomes. These structural aspects combine with demographic and epidemiological transitions, as populations in many countries are aging, contributing to the already rising burden of noncommunicable diseases, and adding to the challenges of reemerging and new infectious diseases. Coupled with the unpredictable effects of climate change, these features become additive factors that constrain each country’s capacity to protect its people and shield neighboring states. COVID-19 has shown us that each poorly managed health or social crisis is a clear impediment to responding to new health threats.

With full understanding of the enormity of this shift in thinking, PAHO has prioritized the identification, capture, and documentation of COVID-19’s lessons for public health, including COVID-linked innovations that could help address longstanding health-sector challenges in other areas. In our flagship report, Health in the Americas, the summary of which was released in late 2022, we presented a thorough and wide-ranging examination of the COVID-19 pandemic’s impact in the Americas and how it has reshaped our ideas. There were several significant findings:

**Preparedness:** COVID-19 revealed the weakness of our prior efforts to predict which countries would perform well and those that would fare poorly. Comparing data from COVID-19 mortality rates across the region with health system preparedness ratings, using methodology developed by the World Health Organization (WHO), demonstrated the lack of correlation between measures of preparedness and actual performance (mortality rates) during the pandemic. This observation was an important wake-up call about our understanding of the factors that determine a country’s response capacity.

**Social determinants:** The pandemic context provided an important opportunity to collect data that confirmed the role of social determinants of health, both as drivers of disease and disruptors of interventions that rely on personal decision-making. Modeling of mortality/morbidity risks combined with information about the difficulties experienced

“COVID-19 has shown us that each poorly managed health or social crisis is a clear impediment to responding to new health threats”
by those in vulnerable community settings with adhering to guidelines about social distancing or other prevention strategies, provides valuable insights. In particular, we gained new knowledge about barriers to health service access, disparities in outcomes, and the likely effectiveness of interventions for other conditions, such as many noncommunicable diseases, where community-based management or lifestyle interventions are key.

**Digital transformation:** There can be little doubt that the pandemic spurred a significant advance of the digital transformation across the Region, in multiple sectors in multiple ways. We have data to show that this transformation is already having a positive impact on health care access and delivery, even in traditionally non-technologically literate communities such as the elderly. This culture shift promises even greater benefits in the future as health systems incorporate digital solutions into consultations, workflows, procurement processes, reporting, and recordkeeping.

**Cross-border coordination:** The targeted negotiation and coordination work that was necessary to successfully procure, deliver, and assure the quality of millions of units of testing kits and reagents, vaccine doses, syringes, personal protective equipment, oxygen concentrators, and many other commodities for the Region is a real success story. We showed that using PAHO’s convening power to respond to country requests to facilitate inter-country cooperation was a key element in improving access to health technologies and addressing economic divides. We are excited about the potential of these new mechanisms for tackling other health challenges as we move forward.

**Post-COVID-19 Primary Health Care**

Finally, but perhaps most conceptually significant, COVID-19 laid bare the weaknesses of a traditional primary health care-focused strategy in situations where emergency responsiveness is required.
Our definition of primary health care, as enshrined in the Alma Ata Declaration of 1978, has been the cornerstone of global efforts to achieve universal access to health care and the attainment of the goal of Health for All for close to 50 years. However, the information we now have as a result of the COVID-19 pandemic suggests that this definition may be insufficient to meet the demands of current and future health challenges. With aging populations and increasing burdens of chronic disease, our health systems must be equipped not only to offer traditional primary health care, but also to be emergency-ready, responsive, and able to provide effective acute care to address the needs of people with chronic conditions – who are both the most likely to present with emergency complications from their existing disease, and the most vulnerable to severe effects of new infectious threats. Public health in the post-COVID age is fundamentally changed, and we must adapt our basic assumptions to reflect this shift.

**“Public health in the post-COVID age is fundamentally changed. And we must adapt our basic assumptions to reflect this shift”**

**PAHO’s Advantage: the Multiplier Effect**

In presenting this summary report of our 2022 COVID-19 response, supported by the generous contribution of US$ 75 million from the US Government, we are proud to show that money invested in PAHO’s activities in the Region generates long-lasting benefits that go far beyond the initial direct results. Careful layering of our interventions, while keeping vaccination coverage as our primary focus, has ensured that our investments have a multiplier effect.

PAHO’s 2022 COVID-19 response activities involved boosting COVID-19 vaccine manufacturing capacity at the Institute of Technology in Immunobiologics of the Oswaldo Cruz Foundation (BioManguinhos/Fiocruz), Rio de Janeiro, Brazil, and across the Region.
With every activity implemented, information generated is used to refine and strengthen our work. The data we collect feed back into our analytical studies to develop practical guidance that informs decision-making at country level, and guides health professionals to deal with the crisis before them. Through our role on the global stage, as the regional arm of WHO, our hard-won knowledge shapes international norms and standard-setting work. No other health sector actor in the Region has the ability to harness this multi-channel, bidirectional information flow in the continuous process of reacting, responding, and rebuilding. And no other health sector organization has the depth and breadth of reciprocal relationships with Member States that ensure the power to implement, support, and sustain countries to drive change.

Despite the innumerable devastating consequences of the COVID-19 pandemic, we are proud of the legacy of enduring relationships created in times of need, and strong partnerships and coordination systems that we know countries can count on for the future. The US Government’s substantial contribution to funding PAHO’s work means the entire Region benefits from our interventions. Our task now is to capture the substance of the innovations that have underpinned our practical successes and use them in our collective efforts to support countries to create the strong and resilient health systems the Region needs for the future.
“2022 has been the year that we began to see COVID-19’s damaging impacts become more evident in broad health outcomes and health system indicators”
The persistence of the COVID-19 pandemic into its third year meant that the transmission patterns of disease and its clinical features continued to evolve as new variants of the original virus became dominant. Careful tracking of these epidemiological patterns underpins PAHO’s activity-planning and priority-setting for the COVID-19 response, within the framework of our long-standing integrated response plan.

Multiple distinct waves of infections were observed in numerous countries around the world during 2020 and 2021 and documented in the epidemiological literature. At the beginning of 2022, countries were already observing a new wave of infections caused by the highly transmissible Omicron variant, which continued to cause smaller surges as the year progressed. However, the lethality of COVID-19 disease in the Region, as measured by the absolute number of deaths, dropped sharply: from 1.5 million in 2021 to just under 472,000 in 2022, a reduction of 68%. There was a corresponding decrease in the proportion of serious disease among diagnosed cases. These effects have been attributed to a combination of factors: the milder nature of the Omicron variant infection, improved clinical management of COVID-19 disease, and increasingly high seroprevalence rates among the general population, resulting from a combination of high vaccination coverage (now over 70% across the Region) and levels of natural immunity developed after infection.

Overall, 2022 was the year that we began to see COVID-19’s damaging impacts become more evident in broad health outcomes and health system indicators. Life expectancy in the Region, for example, has fallen from 75.1 years in 2019 to 72.2 years in 2021. By the end of 2021, 93% of the countries in the Americas had reported disruptions in essential health services. These are the worrying and lasting setbacks that will reshape the public health agenda – and our ongoing response to the COVID-19 pandemic – for years to come.

As vaccination rates slowed across the Region, PAHO’s COVID-19 response in 2022 shifted focus toward disparities in vaccine access – within and between countries – while strengthening core health service provision and acute care.

As vaccination rates slowed across the Region, PAHO’s COVID-19 response in 2022 shifted focus toward disparities in vaccine access – within and between countries – while strengthening core health service provision and acute care.
US Government Support Through ARPA

In response to PAHO’s Regional COVID-19 Response Strategy and Donor Appeal, the US Government, through the American Rescue Plan Act (ARPA), provided US$ 75 million to help countries in Latin America and the Caribbean continue to scale up their responses to the pandemic and its wide-ranging impacts. The funding agreement included the following four main objectives:

- **Objective 1**: Accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations
- **Objective 2**: Reduce morbidity and mortality from COVID-19, mitigate transmission, strengthen health systems, including to prevent, detect, and respond to pandemic threats
- **Objective 3**: Address acute needs driven by COVID-19, mitigate household shocks, and build resilience
- **Objective 4**: Bolster economies and other critical systems under stress due to COVID-19 to prevent backsliding and enable recovery.

The activities and priorities selected to meet these objectives dovetail with our integrated response plan and are fully aligned with the 2020, 2021, and 2022 WHO Strategic Preparedness and Response Plan for COVID-19 as well as with PAHO Resolutions CD58/R9 (COVID-19 Pandemic in the Region of the Americas) and CDSS1.R1 (Update on the COVID-19 Pandemic in the Region of the Americas, COVAX Preparedness, and Equitable Access to COVID-19 vaccines), approved by Member States.

Distribution of US Government COVID-19 Funding by Objective, 2022

- **Objective 1**: 37.2%
  - Accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations

- **Objective 2**: 45.4%
  - Reduce morbidity and mortality from COVID-19, mitigate transmission, strengthen health systems, including to prevent, detect, and respond to pandemic threats

- **Objective 4**: 8.2%
  - Bolster economies and other critical systems under stress due to COVID-19 to prevent backsliding and enable recovery

- **Objective 3**: 9.2%
  - Address acute needs driven by COVID-19, mitigate household shocks, and build resilience
All COVID-19 response activities are structured around the PAHO/WHO regional Incident Management Support Team, activated in January 2020. Similar Incident Management Teams have been established in PAHO/WHO country offices to spearhead the Organization's technical cooperation for the pandemic. Initially established around three strategic blocks of response (epidemic intelligence, public health measures, and health systems strengthening), a fourth block – vaccination – was added in the first quarter of 2021.

**PAHO’s Implementation Approach**

PAHO’s COVID-19 response is grounded in the principles of engaging and empowering all of society and every arm of government through community-centered solutions, underpinned by the principles of equity and inclusiveness, with communities at the heart. The results summarized below demonstrate PAHO’s comparative advantages as an effective regional convener, coordinator, communicator, and implementer. As with all our work, PAHO’s unique capacity to forge multi-country partnerships, tackle cross-border challenges, and to collect data directly from countries, along with the ability to link implementation expertise and knowledge-based technical work, forms the core of our success.

**Activities and Results**

**Vaccination Roll Out**

The COVID-19 vaccination campaign is the largest vaccination drive in history. While the Region’s rapid expansion of coverage during 2021 had markedly slowed by the beginning of 2022, PAHO
has focused more time and resources in 2022 on reaching difficult to access and vulnerable populations, and better understanding barriers to vaccination to address heterogeneity in coverage rates within and between countries. Efforts have also been directed toward increasing uptake by improving cold chain management, extending the reach and relevance of communications campaigns, and addressing vaccine hesitancy, among other interventions.

PAHO’s vaccination program activities cover all aspects of the process from distribution to uptake and administration. As a whole, this program continued to absorb the largest proportion of the COVID-19 response funds. In line with the transition from initial rapid scale-up to addressing gaps and barriers, the majority of doses administered during 2022 were booster shots rather than initial doses for unvaccinated people. Therefore, the number of zero-dose persons in the Americas decreased slowly.

Moreover, with the US Government funds, PAHO was able to provide technical support to 33 countries/territories for vaccination operations, pro-vaccination communications campaigns, expansion of cold chain networks, supporting countries to increase manufacturing capacity, and provide internationally recognized vaccination certifications to cross-border travelers.

As of 31 December 2022, 2.09 billion COVID-19 vaccine doses had been administered in the Americas, compared to 1.48 billion at the start of the year. By the end of 2022, 70.7% of the population

*Between 1 January and 31 December 2022 the number of countries exceeding 70% coverage increased from 11 to 17
had received at least two doses of vaccine, compared to 60% in January 2022. Six more countries (Panama, Colombia, Brazil, Costa Rica, Peru, Nicaragua) reached WHO’s global target of 70% vaccination coverage, bringing the total to 17 countries/territories in the Americas. During the same period, four countries/territories (Suriname, Dominica, The Bahamas, and Martinique) achieved the 40% vaccination coverage rate. Ten countries/territories, mostly in the Caribbean, had not reached the 40% threshold by the end of 2022.

Narrowing Vaccination Gaps
An important priority was to address the heterogeneity in vaccine rates within and between countries, whether a result of geographic isolation, conflict, poor access to health services, social exclusion, or vaccine hesitancy. PAHO’s activities supported countries to reach out to vulnerable populations through strategies such as deploying mobile vaccination brigades into rural areas, facilitating home visits, direct administration of vaccines, and producing communications products, including a series of nine booklets in question-and-answer format for health personnel, vaccination teams, journalists, and communicators. PAHO also undertook studies of specific barriers to vaccination in hard-to-reach groups. The results of this work are now being used in the planning of routine immunization catch-up efforts.

TABLE 1:
Numbers of individuals (millions) vaccinated against COVID-19 during 2022 in the Region of the Americas

<table>
<thead>
<tr>
<th></th>
<th>1 JAN 2022</th>
<th>31 DEC 2022</th>
<th>% INCREASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL POPULATION (MILLIONS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AT LEAST ONE DOSE</td>
<td>739.7</td>
<td>826.1</td>
<td>11.7</td>
</tr>
<tr>
<td>ALL PRIMARY SERIES DOSES</td>
<td>629.6</td>
<td>722.7</td>
<td>14.8</td>
</tr>
<tr>
<td>AT LEAST ONE BOOSTER DOSE</td>
<td>134.9</td>
<td>423.5</td>
<td>214.0</td>
</tr>
<tr>
<td>HEALTHCARE WORKERS (MILLIONS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AT LEAST ONE DOSE</td>
<td>22.0</td>
<td>28.0</td>
<td>27.3</td>
</tr>
<tr>
<td>ALL PRIMARY SERIES DOSES</td>
<td>18.0</td>
<td>24.0</td>
<td>33.3</td>
</tr>
<tr>
<td>AT LEAST ONE BOOSTER DOSE</td>
<td>1.5</td>
<td>17</td>
<td>1033.3</td>
</tr>
</tbody>
</table>
Vaccine-Related Adverse Events
Given that new vaccine products usually take decades to reach market, and the COVID-19 vaccine candidates were developed and approved in a matter of months, it was essential for the COVID-19 vaccination drive to have a system of post-market surveillance for the enhanced detection, notification, and investigation of potential adverse events, known as Events Supposedly Attributable to Vaccination or Immunization (ESAVI). To this end, PAHO built a regional surveillance network, which was expanded to 18 countries during 2022. Data generated are used to inform rapid response activities to assess vaccine safety, minimize harm to persons who experience an adverse event, and strengthen immunization programs overall. The system has an important indirect benefit of countering vaccine hesitancy by assuring the safety of the vaccine roll out process.

Procurements
One of the most transformative interventions PAHO has been able to provide to countries is direct procurement, distribution, and delivery of critical supplies. The US Government contribution allowed countries to have timely access to COVID-19 supplies, while releasing financial resources for urgent needs besides the pandemic.

Through its Revolving Fund, PAHO was able to support the acquisition of

Procurements for the 2022 Response

- 31 shipments to 25 countries/territories
- 50 million units of vaccine-related supplies
- COVID-19 therapeutics for 16 countries
- 1 million diagnostic tests
vaccines through the COVAX Facility to cover the Region’s needs in 2021. In 2022, procurements focused on ancillary vaccine supplies. Using ARPA funds, PAHO procured more than 50 million units of supplies, including over 10 million syringes, 156,000 diluent (vials), and 220,000 safety boxes for storage of needles and syringes. PAHO completed 31 shipments to 25 countries/territories, with consignments that included 2.5 million gowns, 1.6 million gloves, 794,200 FFP2/KN95 respirators, and 366,000 face shields, 1,077 oxygen concentrators with spare parts and renewable kits, 17,000 oximeters, and 6,400 catheter kits. Other major budget lines for the COVID-19 response included: medicines, including the monoclonal antibody tocilizumab for treatment of patients with severe COVID-19, which was procured for 16 countries; and 1,082,500 antigen-detecting rapid diagnostic tests (Ag-RDT), which quickly test for infection with SARS-CoV-2. Another 2,426,000 tests were made available at PAHO’s Panama warehouse along with 40 million syringes to be delivered to countries as needed. This stockpiling reduces shipping times and facilitates logistics so supplies arrive rapidly in countries facing emergencies.

Procurements were also key to PAHO’s assistance in 31 countries to strengthen cold chain capacity and their logistic and deployment capacities to carry out vaccination campaigns. Throughout the year, PAHO procured and distributed...
858 refrigerators/freezers, 5 ultracold freezers, 5829 temperature-monitoring devices, 17,250 isothermal containers, and 6 refrigerator trucks. PAHO also financed installation of at least two cold rooms.

In addition to direct procurement, PAHO used its regional leadership role to advocate for a greater number of doses to be donated to the Region of the Americas. PAHO was involved in planning and operations related to bilateral donations and access to vaccines donated to COVAX by other countries. In addition, PAHO successfully advocated for regional dose-sharing, and supporting the reallocation of COVAX doses between participating countries.

**Health System Strengthening**

How effectively the front lines of the health system – PHC clinics and staff – have managed to adapt to provide clinical care for patients with COVID-19 disease is a significant contributor to the decrease in mortality rates documented in 2022. Our activities build on, and enhance, countries’ own efforts to restore essential health services disrupted by the pandemic, while bolstering PHC services, laboratory and surveillance, technology and telemedicine, and social protection systems to incorporate an expanded vision of PHC-based service provision.

**Emergency Surge Capacity and PHC**

Our health system strengthening interventions focus on two main areas of health system response capability: increasing surge capacity and developing skills for management of patients with COVID-19 and post-COVID conditions. For the former, PAHO provided technical and financial assistance to help countries establish and deploy national emergency medical teams, including those donated by US Southern Command (SOUTHCOM) US Department of Defense.

With PAHO support, which included procurements, training, and provision of kits to support simulation exercises in “all-terrain” conditions, 11 countries significantly strengthened their national emergency medical team capacity in 2022. This support has helped those countries progress toward the long-term goal of achieving global classification, which signifies that the emergency medical teams met requirements for registration at national and international levels and can assist in regional health emergencies beyond their own borders.

For the latter, PAHO used US Government funds to bolster the effectiveness of PHC in 16 countries, by providing training to improve health teams’ capacity to respond to crises, community health services management, information systems and telehealth, digital registration, and financing systems and in improved delivery of essential health services using a client-centered approach. PAHO’s initiatives incorporated the integrated health services delivery networks, a PAHO commitment to equitable, efficient, and high-quality health services.

“The US Government contribution allowed countries to have timely access to COVID-19 supplies, while releasing financial resources for urgent needs besides the pandemic”
The 2022 COVID-19 Response in Numbers

REGIONAL ACHIEVEMENTS IN VACCINE ROLL OUT

- **70.7%** of the population vaccinated with two doses
- **17** countries reached WHO's 70% vaccine coverage target
- **18 COUNTRIES** added to the ESAVI adverse events surveillance network
- **2 BILLION** vaccine doses administered

REGIONAL ACHIEVEMENTS IN HEALTH SYSTEM STRENGTHENING

- **Training for EMTs** in **11 countries**
- **Genome sequencing support** provided for **28 countries**
- **PHC capacity building for COVID-19 CASE MANAGEMENT** in **16 countries**
- **Genomic surveillance expanded to 33 LABS** in **30 countries**
Evidence-based infection prevention and control measures for hospital wards that are used for patients who are severely ill with COVID-19 are among the topics of PAHO’s published guidance.

**Infection Prevention and Control**
With support from US Government funding, PAHO trained health workers in respiratory protection in public health facilities and organized webinars about COVID-19 and infection prevention and control (IPC). Further, PAHO provided IPC training (basic and advanced) to 792 professionals in 19 countries/territories, and use of fit-test kits to test whether respirator masks fit correctly.

**Expansion of Genome Sequencing Capacity**
During 2022, PAHO provided technical and financial assistance that allowed Latin America and the Caribbean to increase its capacity for whole genome sequencing,
which enables surveillance of SARS-CoV-2 and detection of variants of concern (VOCs) and variants of interest (VOIs). PAHO procured laboratory supplies and equipment and/or provided training for 28 countries. In addition, PAHO promoted participation in the COVID-19 Genomic Surveillance Regional Network (COVIGEN), the PAHO-initiated network of genomic sequencing laboratories. By December 2022, COVIGEN had expanded to include 33 laboratories from 30 countries, reflecting an increase of six countries since January 2022.

Technical Analysis and Knowledge Products
The COVID-19 pandemic laid bare the interdependence of information, communication, and public health. As cases soared, hunger for data, news, analysis, and – crucially – up-to-the-minute public health guidance grew exponentially, but misinformation has also become a real health threat. Importantly in this context, one of PAHO’s major strengths is its ability to link implementation expertise and knowledge-based technical work, which facilitates the continual review and assessment of priorities and activity-planning to ensure successful achievement of objectives.

PAHO responded to the COVID-19-linked information demand by establishing a new emergency workflow for fast-tracking of COVID-19-related publications and initiating a broad quality assurance project, aligned with WHO’s global initiative for quality improvement of global public goods, to tackle misinformation and assure credibility of published products. US Government funds supported PAHO to produce 175 COVID-19-related publications during 2022, including systematic reviews, guidelines and clinical management advice, health systems analysis, and advice on all aspects of COVID-19 response planning. PAHO’s technical experts also wrote or coauthored numerous studies published in scientific journals.

Highlights include:
• PAHO’s Ongoing Living Update of Potential COVID-19 Therapeutics Options reviews 240 potential therapeutics drawn from 745 randomized controlled trials and is an important global resource assessing the strength of evidence for new and existing treatment options.
• Living Systematic Review of Therapeutic Options for Post-COVID-19 Condition. The document is based on 28 publications reporting on 25 therapeutic interventions.

“US Government funds supported PAHO to produce 175 COVID-19-related publications during 2022, including reviews, guidelines and management advice”
**Ongoing Living Update of Potential COVID-19 Therapeutics Options: Summary of Evidence**
Available from: https://iris.paho.org/handle/10665.2/52719

**Living Systematic Review of Therapeutic Options for Post COVID-19 Condition, 11 January 2023**
Available from: https://iris.paho.org/handle/10665.2/57104

**Guidelines for Prophylaxis and Management of Patients with Mild and Moderate COVID-19 in Latin America and the Caribbean**
Available from: https://iris.paho.org/handle/10665.2/55068

**Guidelines for Care of Critically Ill Adult Patients with COVID-19 in the Americas. Summary, version 3**
Available from: https://iris.paho.org/handle/10665.2/53895

**The PAHO/WHO BIGG-REC Database**
Website: https://bigg-rec.bvsalud.org/en

- **PAHO Guidelines for Care of Critically Ill Adult Patients with COVID-19 in the Americas** (Third edition). The document includes recommendations for identifying mortality risk factors in critically ill patients, and for infection control, sample collection, supportive care, pharmacological treatment, early rehabilitation, diagnostic imaging use, prevention of complications, and discharge of requirements. (Available in PAHO’s four languages.)

**Documentation of Lessons Learned**
In addition to published knowledge products, on a monthly basis PAHO updates the living BIGG-REC Database, which stores 3000 PAHO/WHO recommendations on COVID-19 and other topics. With support from US Government funding, PAHO established a clinical intelligence network of more than 150 hospitals to promote collaboration and data mining and sharing on COVID-19 and other health emergencies through use of artificial intelligence to standardize hospital-derived data. PAHO also provided technical support for the WHO global clinical platform for COVID-19, a repository for anonymous patient data on COVID-19 and post-COVID conditions that allows users to identify risk factors for severe cases and describe treatment interventions and outcomes, contributing to the scientific evidence on clinical management of the disease. More than 100 health facilities from 12 countries have contributed more than 100,000 cases from the Americas. 🌟
“COVID-19 hit this Region at a time when many important health trends were already moving in the wrong direction”
When looking at the broad health system impacts of COVID-19, the past three years’ pandemic exceptionalism starts to merge with a harsh new reality. COVID-19 hit this Region at a time when many important health trends were already moving in the wrong direction. As the pandemic has progressed, these underlying challenges have not been resolved. Inevitably, they worsened.

For this reason, a crucial component of PAHO’s COVID-19 response has been directed toward health problems our technical experts predicted would become much more urgent in the pandemic’s wake. Chief among these is the Region’s mental health crisis. Against a global trend toward decreasing suicide mortality – a key marker of mental health and one of only two indicators selected for assessing progress toward target 3.4 of the Sustainable Development Goals – the Region of the Americas recorded a disturbing upward increase of 17% between 2000 and 2019. The rest of the world went down by 36% in the same time frame.

In this context, the stress of a global pandemic and its mitigation measures, which in many countries included harsh restrictions on movement, total lockdowns, school closures, and forced disruptions to economic activity, exacted a troublesome toll. For health workers, the consequences were especially severe. The PAHO-supported HEROES study (the COVID-19 HEalth caRe wOrkErs Study) revealed high rates of depressive symptoms, suicidal ideation, and psychological distress among health workers in several countries of the Region that began to climb soon after the pandemic began. The situation was exacerbated by widespread disruptions to mental health services in 72% of countries, as shown by the findings of the WHO and PAHO PULSE surveys.

Aside from mental health, the pandemic aggravated existing access barriers to many other kinds of health services and created new ones. Many countries reported challenges related to human resource shortages or skills deficits, supplies and...
TELEHEALTH FOR NONCOMMUNICABLE DISEASE

The pandemic demonstrated the efficacy of using telecommunications-enabled health care (telehealth or telemedicine) for providing many health services. With US Government financial support, PAHO developed an open source “Telehealth All-In-One Platform” that enables broad use of telemedicine for people with NCDs.

REACHING PEOPLE WITH DISABILITIES

People with disabilities, who comprise about 16% of the population, have been disproportionately affected by the COVID-19 pandemic. With US Government funding, PAHO improved understanding of the barriers faced by this group in accessing COVID-19 vaccines. The information will help inform expansion of access to other health services in the post-pandemic recovery.

RESTORING DIAGNOSTIC SERVICES FOR HIV, TB, AND STIs

Diagnostic services for HIV, viral hepatitis, sexually transmitted infections (STIs), and tuberculosis (TB) were significantly affected by the pandemic. To restore coverage, PAHO procured diagnostic tests for 13 countries and provided TB tests and equipment for 18 countries.

PUBLIC HEALTH EDUCATION VIA THE VIRTUAL CAMPUS

With US Government support, PAHO developed and improved its Virtual Campus for Public Health (VCPH), which is a key source of education on COVID-19 and other health issues for health professionals throughout Latin America and the Caribbean. VCPH launched 59 courses last year and by January 2023 had over 2 million active users.
Impacts of the COVID-19 Response

### Restoring Diagnostic Services for HIV, TB, and STIs
Diagnostic services for HIV, viral hepatitis, sexually transmitted infections (STIs), and tuberculosis (TB) were significantly affected by the pandemic. To restore coverage, PAHO procured diagnostic tests for 13 countries and provided TB tests and equipment for 18 countries.

### Scaling Up Manufacturing of Medicines and Vaccines
PAHO supports the Regional Platform to Advance the Manufacturing of COVID-19 Vaccines and Other Health Technologies in the Americas, which convenes public and private stakeholders to incentivize regional production of essential health technologies. Brazil’s Oswaldo Cruz Foundation and Argentina’s Sinergium Biotech have been selected as regional institutions for development and production of mRNA vaccine technology to manufacture COVID-19 vaccines.

### Tackling Mental Health Stigma and Services
PAHO used US Government funds to support multiple interventions aimed at improving mental health and services, including establishment of the High-level Commission on Mental Health and COVID-19, developing a new Policy for Improving Mental Health, and running the regional #DoYourShare and #LiveBetterTakeAction campaigns to reduce stigma.

### Genomic Surveillance for Outbreak Detection
Genomic surveillance of pathogens enables early detection of outbreaks not only within country interiors but also in areas bordering neighboring countries. In 2022, PAHO used US Government funds to assist Brazil’s Ministry of Health to strengthen SARS-CoV-2 surveillance and build capacity to identify future pathogens in border areas by procuring polymerase chain reaction machines along with necessary supplies and reagents.

### Renovation of Haiti’s Central Medicines Depot
With US Government support, PAHO financed the badly needed renovation of Haiti’s central pharmaceutical hub, the Program on Essential Medicines and Supplies (PROMESS). The PROMESS warehouse facility in Port-au-Prince receives, stores, and distributes vaccines and medicines to institutions throughout Haiti.
equipment shortages, and overwhelming demand. While the targeted investments in COVID-19 vaccination delivered impressive results, the pandemic’s broad effects on health system function led to disruptions in routine immunization services. Coverage rates for childhood vaccinations are now at their lowest point in 10 years.

Communicable diseases, too, are showing negative trends. Tuberculosis (TB) incidence and mortality rates are on the rise: deaths increased by an estimated 5000 (18.5%) in 2021 compared to 2020 due to the COVID-19 pandemic. There are also long-term upward trends in HIV infections, syphilis, and severe outbreaks of arboviral diseases including dengue, chikungunya, and Zika.

Looking at the big picture, it is clear that the COVID-19 pandemic has not only been devastating for its immediate impacts. It has also provoked a crisis in public health in the Region. Mitigation of the myriad consequences, which are only now becoming clear, requires a tremendous, coordinated effort that rivals the pandemic response in scope. For our part, PAHO has committed to strengthening roll out of our landmark renewal of the Essential Public Health Functions (EPHF), to boost leadership, stewardship, and governance, improve policy, regulatory capacity, human resources, financing, monitoring, evaluation, and accountability across the board. We are also heavily investing in the use of digital solutions to enhance access to health services, building on those tools whose value was proven during the COVID-19 pandemic, and championing the skills development of public health cadres across the Region through our Virtual Campus, which also proved its worth during the pandemic.

However, it is only with a clear focus on addressing COVID-19’s broad health system impacts that we will prevent pandemic-related service losses and negative health outcome trends from becoming entrenched.
in the longer term. The one huge benefit resulting from the pandemic is the data we now have show more clearly than ever where our weaknesses are. We did not have such compelling data in the past. Simply having the information to pinpoint where and why COVID-19 vaccination campaigns have hit barriers is extremely valuable knowledge. We must not lose the opportunity it gives us to act.

**Selected Activities and Results: Health System Impacts**

**Strengthening Health Systems**
During 2022, PAHO placed renewed emphasis on the EPHF, which refer to the capacity of public health authorities to strengthen health systems and guarantee the right to health for everyone. We continued our implementation of the EPHF evaluation and strengthening exercise for countries and provided online courses on execution. Countries that have completed the exercise are subsequently expected to compile and use EPHF action plans in the development of national health plans to close gaps in the capacity of health systems, and estimate the time and resources necessary to do so.

**Digital Transformation and Telehealth**
The pandemic demonstrated the efficacy of using telecommunications-enabled health care (telehealth or telemedicine) not only in the context of COVID-19 but also for providing more generalized services such as treatment of noncommunicable diseases. We continue to support countries to expand the use of these tools and incorporate them into routine care and follow-up for a greater variety of conditions. With US Government financial support in 2022, PAHO developed an open source “Telehealth All-In-One Platform” that enables broad use of telemedicine for people with noncommunicable diseases. It provides remote and timely virtual consultations for patients who live in areas with limited access to health care services or for other reasons cannot receive in-person care. Related products including a readiness assessment, updated policies, regulations, guidelines, and simulator training were also developed and launched.

**Virtual Public Health Education**
With US Government support, PAHO strengthened its Virtual Campus for Public Health (VCPH), which is a key source of education on COVID-19 and other health issues for health professionals throughout Latin America and the Caribbean, and even globally. The VCPH launched 59 courses during 2022, some of which were translated into the four PAHO languages. Another 40 courses were developed for in-country technical cooperation. A total of 446,136 new users were registered in 2022 and there were 1,323,816 new enrollments in courses. By January 2023, the total number of users had reached 2,125,237 with an impressive 4,754,791 course enrollments.

“Only a clear focus on addressing COVID-19’s broad health system impacts will prevent pandemic-related service losses . . . becoming entrenched”
A boy from a riverside population in northern Brazil receives a measles vaccination. Rates for immunization against vaccine-preventable diseases were already declining before the pandemic, but during 2021 immunisation coverage rates reached historic lows across the Region. In 2022, PAHO used US Government funding to support country efforts to restore and strengthen national immunization programs to address backsliding resulting from COVID-19.
Mental Health
The pandemic generated an alarming rise in mental health conditions in the Americas. PAHO used US Government funds to support multiple programs and campaigns aimed at improving mental health and mental health services. These efforts include supporting the High-Level Commission on Mental Health and COVID-19 to provide guidance on strengthening mental health systems and services during and after the COVID-19 pandemic, and developing a new regional Policy for Improving Mental Health, adopted during the 30th Pan American Sanitary Conference in September 2022.

Communicable Diseases
The disruption of essential health services amid the pandemic has greatly affected services for HIV, viral hepatitis, sexually transmitted infections (STIs), and TB. The pandemic reversed years of progress in the fight to end TB. In 2020 in the Americas, there were 3000 more TB deaths than in 2019 – the first time an increase has been recorded in over a decade – and incidence of new infections has stopped its downward trend. In addition, TB case notification fell by 16%. In 2021, some of that lost ground was recovered, as more people were diagnosed with the disease and, therefore, notified that they needed treatment. With US Government support in 2022, PAHO procured tests and equipment to help countries recuperate diagnostic capacity and provided technical cooperation to close TB treatment gaps in 18 countries. PAHO’s support included procurement of 778 380 diagnostic tests for HIV, STIs, and viral hepatitis and technical support to keep testing strategies aligned with WHO recommendations.

Routine Immunization Coverage
Prior to the pandemic, rates for immunization against vaccine-preventable diseases were already declining due to long-standing issues related to national political situations, security challenges, programmatic bottlenecks, and limited resources. During the pandemic, coverage fell to historic lows. In 2022, PAHO used US Government funding to support country efforts to restore and strengthen national immunization programs, including the procurement and delivery of 5.8 million doses of bivalent oral polio vaccine (bOPV), which protects against poliovirus types 1 and 3, the BCG vaccine (TB), the DTP vaccine (diphtheria, tetanus, and pertussis), the MMR vaccine (measles, mumps, and rubella), and diphtheria antitoxin.

Access Barriers for Vulnerable Groups
People from vulnerable groups, e.g., people with disabilities, those living in poverty, indigenous and Afro-descendant communities, and people living in geographically remote areas, have all been disproportionately affected by the COVID-19 pandemic. Furthermore, they are less likely to get vaccinated because of lack of access to information as well as anxiety about the safety of vaccines. With US Government funding in 2022, PAHO improved understanding of the vulnerabilities and barriers affecting access to COVID-19 vaccines. The project focused on generating solutions by increasing the availability and accessibility of information about COVID-19 vaccines and other health services. Findings from the work will feed into efforts to restore lagging immunization coverage for other conditions.
“In times of shared health crisis we, as a Region, should … put our common interests above national concerns”
CONCLUSIONS AND NEW PRIORITIES

Ending the pandemic remains the most urgent goal for the Region’s COVID-19 response and recovery. But helping countries develop capacity to mount future emergency responses without backsliding on other health outcomes is the key to true regional resilience.

As the focus of countries’ attention shifts away from emergency response and toward recovery and rebuilding, it is important that we do not leave the job of ending the pandemic undone. As our successful third year of response has shown, we have the tools we need to end the COVID-19 emergency: surveillance, vaccination, and information. Reaching the 30% of people who have not yet received their first dose of COVID-19 vaccine remains an important goal to provide protection in the face of any new wave of infection or variant of concern. Expanding the COVID-19 Genomic Surveillance Regional Network is also crucial, so that the evolution of the virus is tracked, allowing rapid responses.

The last stage of the vaccination roll out will inevitably be most difficult. Many of the people who have not been reached at this stage are those for whom social exclusion, poverty, or geographical barriers hinder their access to even the most basic health care. But the scale of the challenge should be a motivator rather than a deterrent. Reaching these groups will bring far more notable rewards than greater COVID-19 vaccine coverage. We will gain an immeasurably valuable understanding of the health system gaps, access barriers, and systemic weaknesses that undermine current efforts to achieve universal health coverage. This knowledge will serve us well as we move forward.

The other important lesson we must retain for the future is how effectively PAHO can perform when it champions a truly regional approach in partnership with key stakeholders. Global emergencies compromise the availability of international support, so it is even more important in times of shared health crisis that we, as a Region, should support each other and put our common interests above national concerns. The US Government rose to the challenge and supported key regional organizations in a coordinated
response to tackle the pandemic. It is therefore a pertinent time to acknowledge how valuable its funding has been in empowering PAHO to help Member States lay the foundations for better, quicker, and more effective responses to future outbreaks. Many of the interventions developed, implemented, and expanded during 2022 – such as strengthening genomic surveillance, vaccination cold chains, technology sharing among vaccine manufacturers – will improve future responsiveness and deliver better outcomes. However, it is also important to recognize the broader benefits of PAHO’s work in strategically guiding countries to use their COVID-19 control efforts as an opportunity to prioritize and build up response capacity across the Region as a whole.

Reaching the goal of true regional cooperation requires redefining resilience in a way that incorporates cross-border solidarity and recognizes that emergency response capacity must not undermine essential service provision at any level of health system functions, as we have learned to our detriment over the past three years.

PAHO will continue to support Member States to work together to strengthen their national capacities to detect and respond to public health emergencies, build strong health surveillance systems, learn from each other, and ensure that countries all gain the ability to rapidly scale up these capacities as needed without compromising health outcomes. By working across sectors, across borders, and across languages, we know we will be able to achieve and sustain a healthier region and better outcomes in the post-COVID world.
SECTION 4: CONCLUSIONS AND NEW PRIORITIES

FURTHER READING

Section 1
COVID-19 pandemic in the Americas: Response Strategy and Donor Appeal April 2022 – March 2023, Summary
Available from: https://iris.paho.org/handle/10665.2/56164
Available from: https://iris.paho.org/handle/10665.2/53540
Health in the Americas 2022: Overview of the Region of the Americas in the Context of the COVID-19 Pandemic
Available from: https://iris.paho.org/handle/10665.2/56472

Section 2
The PAHO COVID-19 Response Fund
Strategic Preparedness, Readiness and Response Plan to End the Global COVID-19 Emergency in 2022
What is the Revolving Fund?

Section 3
Suicide Mortality in the Americas. Regional Report 2015-2019
Available from: https://iris.paho.org/handle/10665.2/55297
The COVID-19 HEalth caRe wOrkErs Study (HEROES): Regional Report from the Americas
Available from: https://iris.paho.org/handle/10665.2/55972
The Impact of COVID-19 on Mental, Neurological and Substance Use Services in the Americas: Results of a Rapid Assessment, June 2021
Available from: https://iris.paho.org/handle/10665.2/54784
The Essential Public Health Functions in the Americas: A Renewal for the 21st Century. Conceptual Framework and Description
Available from: https://iris.paho.org/handle/10665.2/53124
Virtual Campus for Public Health
Website: https://www.campusvirtualsp.org/en

Section 4
Building Resilient Health Systems to Advance toward Universal Health in the Americas: Lessons from COVID-19
Available from: https://iris.paho.org/handle/10665.2/56444
SECTION 4: CONCLUSIONS AND NEW PRIORITIES


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In response to the Pan American Health Organization (PAHO) Regional COVID-19 Response Strategy and Donor Appeal, the United States (US) Government, through the American Rescue Plan Act (ARPA), provided US$ 75 million to help countries in Latin America and the Caribbean continue to scale up their responses to the pandemic and its wide-ranging impacts. This summary report of the 2022 COVID-19 response documents the activities and key results this generous contribution has funded.

Since the start of the pandemic, PAHO’s response to COVID-19 has been grounded in the principles of engaging and empowering all of society and every arm of government through community-centered solutions, underpinned by the principles of equity and inclusiveness, with communities at the heart.

However, as 2022 got underway, the quick-wins that propelled the initial vaccination roll out were overtaken by more complicated implementation challenges. Priority issues during this period included: how to reach vulnerable groups with historically poor access to health services; how to address the challenges of migration and cross-border movements; and how to mitigate against the backslide in health indicators resulting from decreased access to other essential health services.

The achievements described in this report demonstrate that, by supporting PAHO to maintain the momentum of its COVID-19 response into its third year, the US Government’s valuable financial assistance has put the Region on track to build back stronger and more resilient health systems. Going forward, PAHO is committed to supporting all Member States, and the Region as a whole, to capitalize on lessons learned from the pandemic and to succeed in delivering a sustainable post-pandemic recovery.