

PAHO/WHO Response. 31 August 2020. Report ° 23

CONTEXT

Following an outbreak of a novel Coronavirus (COVID-19) in Wuhan City, Hubei Province of China, rapid community, regional and international spread has occurred with exponential growth in cases and deaths. On 30 January 2020, the Director-General (DG) of the WHO declared the COVID-19 outbreak a public health emergency of international concern (PHEIC) under the International Health Regulations (IHR) (2005). The first case in the Americas was confirmed in the USA on 20 January 2020, followed by Brazil on 26 February 2020. Since then, COVID-19 has spread to **all 54 countries and territories in the Americas**.

PAHO/WHO activated regional and country incident management system teams to provide direct emergency response to Ministries of Health and other national authorities for surveillance, laboratory capacity, support health care services, infection prevention control, clinical management and risk communication; all aligning with priority lines of action. The Organization has developed, published, and disseminated evidence-based technical documents to help guide countries' strategies and policies to manage this pandemic.

SITUATION IN NUMBERS IN THE AMERICAS

as of 31 August (15:00)

13,356,411

Confirmed cases*

467,149

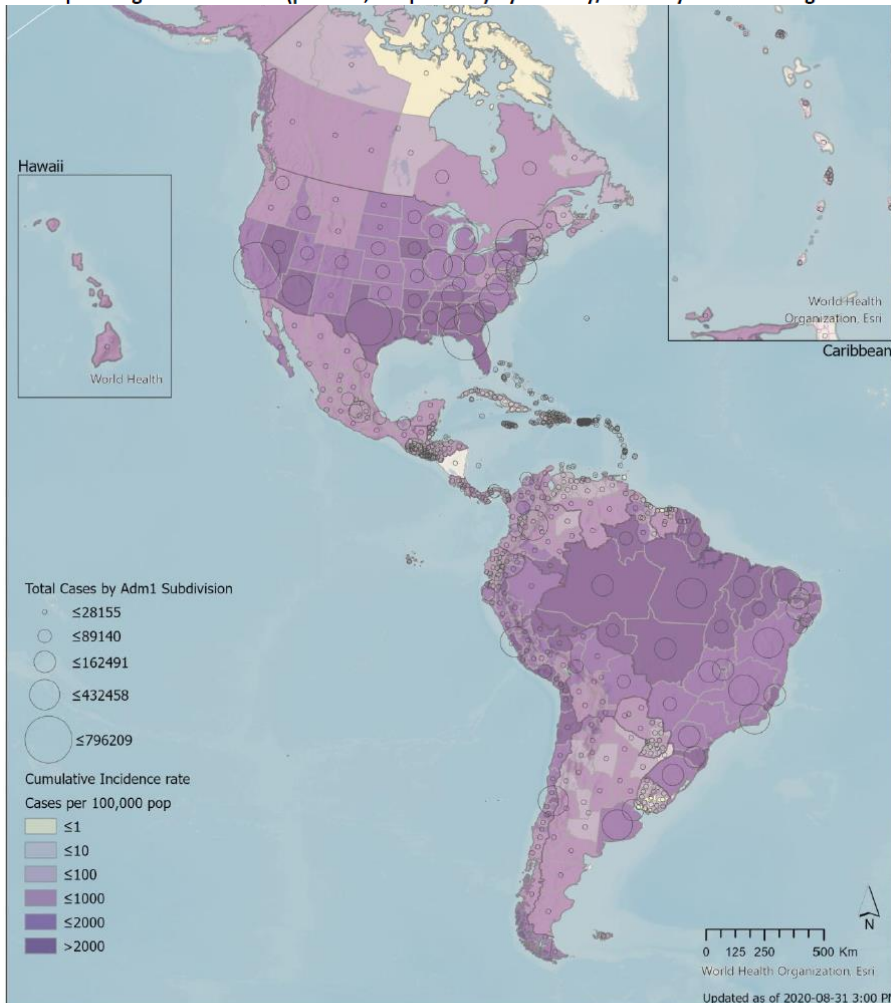
Deaths*

54

Countries / areas / territories counted for epidemiological purposes

*Total includes both confirmed and probable for Ecuador (deaths), Puerto Rico (deaths) and the US (probable deaths in NYC)

Map 1. Reported number of cumulative COVID-19 cases in the Region of the Americas and corresponding incidence rate (per 100,000 persons) by country/territory. As of 31 August 2020.



RESPONSE PILLARS

- Coordination, Planning, and Monitoring
- Risk Communication and Community Engagement
- Surveillance, Rapid Response Teams, and Case Investigation
- Points of Entry
- National Laboratories
- Infection Prevention and Control
- Case Management
- Operational Support and Logistics
- Maintaining Essential Health Services during the Pandemic

Key Figures: The Americas' Response to COVID-19

PAHO Response	102 Technical guidelines and recommendations developed or adapted from WHO	6.4M COVID-19 PCR tests sent to 36 countries and territories	>147 Virtual / in-person regional and country trainings on testing, tracking, care, and more	PAHO has sent 90 PPE shipments to 32 countries and territories	
				1.41M Gloves	1.42M Gowns
Regional Readiness	32/35 # Countries with national COVID-19 Preparation and Response Plans	38/51 # Countries and territories with molecular detection capacity to diagnose COVID-19	20/35 # countries using existing SARI/ILI surveillance systems to monitor COVID-19	17/22 # Reporting countries where at least 50% of health facilities have triage capacity	233k Goggles
					29/31 # Reporting countries with national IPC / WASH plans for health facilities

PAHO/WHO Response (25 to 31 August 2020)

On 17 January 2020, the Pan American Sanitary Bureau activated an organization-wide Incident Management Support Team (IMST) to provide its countries and territories with technical cooperation to address and mitigate the impact of the COVID-19 pandemic. The Organization's work to date falls under the nine pillars of the global Strategic Preparedness and Response Plan for COVID-19.



Country-level Coordination, Planning, and Monitoring

Regional

PAHO continued to collaborate with its partners within the Region and across the globe to deliver technical cooperation, evidence-based guidance, and recommendations, and to advocate for the Americas on the global stage. PAHO's regional IMST also provided support and strategic guidance to countries' IMSTs as they coordinate and monitor their national response activities.

Regulatory frameworks and requirements

Health technology assessments (HTAs) are invaluable guidance for health authorities in the use of technologies relevant to the COVID-19 pandemic. The Regional Database of HTA Reports of the Americas ([BRISA](#)) now has 260 reports available in its COVID-19 section.

PAHO continued to work with its Member States to provide guidance on the use of *in vitro* diagnostics (IVDs) and other regulatory aspects, considering authorizations from WHO's Emergency Use Listing procedure (EUL) and recommendations from eight NRAs from around the globe. PAHO continued to maintain a list of 67 prioritized IVDs for proprietary and open platforms.

The Organization collaborated with NRAs from across the Americas to share recommendations, considerations, and evaluations on products that would be used to manage COVID-19 during the pandemic. Additionally, PAHO maintained a repository of websites and relevant information, including regulatory response on COVID-19, at the Regional Platform on Access and Innovation for Health Technologies ([PRAIS](#)).

Country

PAHO **Argentina** worked with UN and other humanitarian partners in the province of Salta on social and

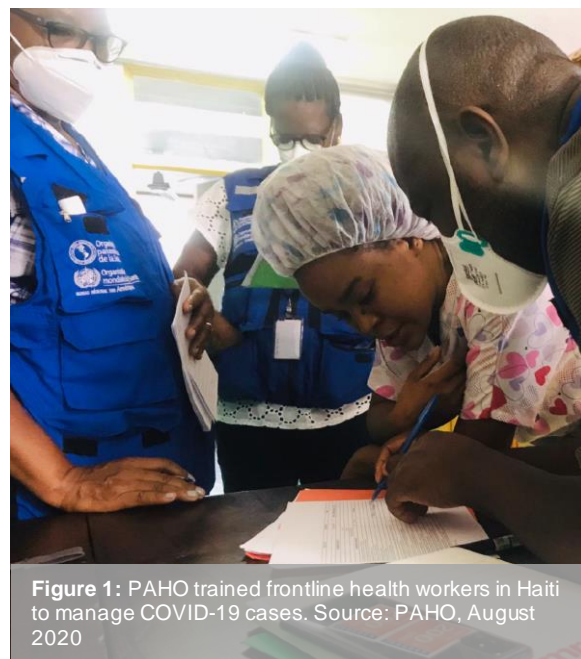


Figure 1: PAHO trained frontline health workers in Haiti to manage COVID-19 cases. Source: PAHO, August 2020

health matters in the face of the pandemic.

The team in **Suriname** convened an initial sensitization session for the UN team, Donor Group and Diplomatic Corp to provide updates on regional and global trends.

In collaboration with other UN agencies, PAHO supported national authorities in **Ecuador** to detail its 2021 plan to reduce the risk of COVID-19 infection and provide care for migrants from Venezuela. The first stage was to design a survey to assess the needs of persons with limited mobility, considering their conditions of vulnerability.

In **Mexico**, PAHO collaborated with national partners in a consultation to analyze the regulatory requirements to facilitate the importation of medicines and medical devices acquired overseas.

PAHO's team in **Bolivia** facilitated coordination with the national Emergency Operations Centre (EOC) and the UN Humanitarian Country Team to support response actions and emergency monitoring.

In **Chile**, PAHO supported the Committees of the UN System (UNS) for COVID-19 to develop technical guidelines and documents, specifically targeted at protecting UNS personnel.

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

Emerging respiratory viruses, including COVID-19: detection methods, prevention, response, and control (SPA, POR)

COVID-19 operational planning guidelines: for UNCT systems and other partners (SPA)

Standard precautions: Hand hygiene (COVID-19) (SPA)

Infection prevention and control (IPC) caused by COVID-19 (SPA, POR)

ePROTECT Respiratory Infections: Health and occupational health (SPA)

Course on the clinical management of Severe Acute Respiratory Infections (SARI) (SPA)

Severe Acute Respiratory Infection (SARI) Treatment Facility Design (POR)



Risk Communication and Community Engagement

Regional

As the communication needs of the Region evolve during the pandemic, PAHO continued to disseminate key messages across multiple platforms, and to respond to media enquiries. The **infographics** cover a range of issues related to COVID-19, including tips for older adults to keep active and health during COVID-19.

During the weekly press briefing, the Director of PAHO **urged Member States** to reinforce contact tracing and other measures to curb the spread of the virus, considering that deaths have

doubled, and cases have more than doubled in the past 6 weeks in the Americas. Young people were reminded that they had a critical role to play in preventing the spread of the virus in their communities. With growing pressure to reopen economies, health authorities were urged to continue implementing sound public



Figure 2: PAHO partnered with the Ministry of Health of Suriname to produce videos starring influencers from the country demonstrating the need to practice measures to reduce the risk of infection from COVID-19. Source: Ministry of Health of Suriname, August 2020

health measures.

During the weekly “[Ask the Experts](#)” webinar, PAHO provided detailed information on the courses related to COVID-19 which were available to the public on the Virtual Campus.

PAHO collaborated with artists from 10 Latin America countries to produce a collection of graphic pieces to support PAHO’s COVID-19 response. The [Hackathon of images against COVID-19](#) focused on three themes: slowing the spread; bolstering mental health during quarantine, and counteracting myths and misinformation.

Country

PAHO collaborated with the University of the West Indies Mona Campus Ethics Committee in **Jamaica** to develop a study to investigate how vulnerable persons were coping with COVID-19. This was done as part of the work of the communications sub-committee of the Essential National Health Research (ENHR) COVID-19 Research Committee.

PAHO **Suriname** continued to support the national risk communications working group in preparation for the launch of the youth-oriented MoHanA campaign, the Dutch acronym for “mondkap op”(wear a mask), “handen wassen” (wash your hands), “afstand houden” (keep a distance).

The team in **Brazil** supported the development of projects to diversify dissemination platforms for communications materials and to expand partnerships, including with the Ministry of Science, Technology and Innovations.

With support from PAHO, the risk communications strategy and perceptions analysis tool of **Mexico** was prepared and utilized in national processes at the state and federal levels of government. Further, PAHO participated in the first session of the national multi-sectoral working group involving the secretariats of environment, health and mobility of Mexico City and the UN agencies (UNEP and UN-Habitat). The group designed messages and strategies for managing perceptions focused on the sustainable use of masks and the prevention of environmental impact.



Surveillance, Rapid Response Teams, and Case Investigation

Regional

PAHO has developed a [Geo-Hub](#) for the Region which includes a series of dashboards and epidemiological data updated daily. It has four sub-regional and 54 country and territory geo-hubs for the Americas. In addition, the public can consult PAHO’s [interactive dashboard](#) showing cumulative cases, deaths, cumulative incidence rate, new cases and deaths, as well as several other epidemiological indicators reported by countries and territories.

PAHO continued its **Event-Based Surveillance** (EBS) while also supporting countries to boost their **Indicator-Based Surveillance** (IBS). Efforts continued to ensure that all countries in the Region **integrate COVID-19** into their routine severe acute respiratory illness / influenza-like illness (**SARI/ILI**) **surveillance systems**. To date, **20 countries** have integrated COVID-19 surveillance into their SARI/ILI systems. PAHO also published weekly reports detailing trends in influenza and other respiratory viruses, as well as SARS-CoV-2 surveillance indicators ([available here](#)). During the past week, PAHO provided training to **Argentina** and **Ecuador** to strengthen COVID-19 surveillance through their existing influenza surveillance.

During this week, PAHO issued [two epidemiological alerts](#). The first report, dated 26 August 2020, presents **trends for the Americas and by subregion**, among other key figure, while the second report, dated 31 August 2020, focuses on **COVID-19 cases and deaths among health workers**. This last report noted that available information from 19 countries indicates a total of 569,304 cases of COVID-19, including 2,506 deaths, have been reported among healthcare workers. Of these, 72% are female, and the age groups with

the highest proportions of confirmed cases are 30-39 years and 40-49 years. The report also includes guidance for national authorities to reduce the risk of infection among healthcare workers through strong IPC measures, training, and reinforced epidemiological surveillance.

PAHO managed data of the line list of nominal cases reported by Member States. To date, 38 of the 54 countries and territories in the Americas have reported this data. This represented 56% of all reported cases and 47.25% of reported deaths in the Americas.

Argentina and **Guyana** received PAHO guidance and training to use the CovidSIM tool to project how the virus would spread, considering implemented public health measures and the existing health system.

In collaboration with GOARN, PAHO has trained 31 countries and territories in the **Go.Data** app, and 20 of those are already implementing it. The Go.Data app is a tool that supports suspect case investigation and management, display of transmission chains, and contact tracing. This past week, PAHO provided advanced Go.Data training at the national and sub-national levels in **Colombia** to strengthen contact tracing activities in the regions.

PAHO delivered a webinar to health authorities from **Bolivia**, **Paraguay**, and **Peru** on the increased risk of severe COVID-19 cases because of underlying conditions.

Country

In **Turks and Caicos Islands**, PAHO collaborated in a consultation with the Ministry of Health to discuss contact tracing capacity, challenges, and practices. PAHO provided data management tools and advice on expanding capacity and documenting standard operating procedures (SOPs).

Technical support was provided to the Ministry of Public Health and Population in **Haiti** to organize workshops for 106 epidemiological surveillance officers in three departments.

Within the framework of support to the Ministry of Health in **Panama**, PAHO provided training to the COCYTC, an initiative to train young volunteers to form teams to conduct contact training in their communities.

PAHO **Jamaica** provided technical support to the National Committee on Information Systems for Health, which comprised key national stakeholders, to enhance the country's COVID-19 response efforts.

PAHO collaborated with partners in **Paraguay** to prepare a database of COVID-19 mortality data to support analysis, decision-making, and interventions in health facilities. In addition, the advanced Go.Data course was delivered to 16 surveillance professionals to strengthen their capacities in analyzing cases and utilizing GIS to trace contacts of suspected cases.

Brazil received support to expand the numbers of surveillance officers and laboratory technicians in 27 Federal Units. Further, PAHO supported the Ministry of Health to implement on-site surveillance in one district reporting a high number of cases. PAHO also supported the Special Secretariat for Indigenous Health (SESAI) to analyze data and prepare epidemiological reports on the indigenous health situation (available [here](#)).



Figure 3: PAHO conducted an assessment mission to a health center in Marigot, Sud-Est department in Haiti. Source: PAHO, August 2020



Points of Entry

PAHO provided support to national authorities at the international airport in Port-au-Prince, **Haiti**, to screen incoming travelers. Sensitization activities were also carried out to raise awareness of COVID-19 among travelers.



National Laboratory

Regional

Since the beginning of PAHO's response up to the date of this report, the Organization has provided primers, probes and/or PCR kits for approximately **6.46 million** reactions/tests. PAHO also provided approximately 310,000 swabs, 154 sampling kits, enzymes for around 990,000 reactions, among other critical material, and delivered detection reagents and materials (primers & probes, positives controls, swabs, enzymes) were sent to **Colombia, Honduras, and Saint Lucia**.

During the week, PAHO provided troubleshooting sessions and follow up calls regarding diagnostic implementation to **Bermuda, Dominica, Grenada, and Guatemala**.

PAHO conducted a train-the-trainers evaluation session on COVID-19 RT-PCR implementation for laboratory technicians in **Guyana**. Further, the regional team delivered a regional webinar on the implementation of COVID-19 antigen-based detection to 74 technicians. Subsequently, the team convened meetings with **Belize** and **Trinidad and Tobago** to review and plan the implementation of COVID-19 antigen-based detection.

In line with strengthening laboratory capacities, PAHO delivered a presentation to 1500 laboratory technicians and health care workers in **Bolivia** on "Virologic and Serological Assays: Use and Limitation for COVID19 diagnosis".

PAHO has published and disseminated a concept note entitled "Expansion of the COVID-19 Diagnostic Laboratory Network: Implementation of Antigen-based Detection Tests".

Country

In line with the objective of increasing diagnostic capacity and strengthening virologic analysis of the situation in **Venezuela**, PAHO continued the process to acquire approximately 370,000 antigen tests.

The country team in **Haiti** continued to support the health sector with the collection and transport of laboratory samples. Since March up to the date of this report, a total of 18 *Labomoto* nurses have assisted with the testing of 6,366 samples across the country's 10 departments.



Infection Prevention and Control (IPC)

Regional

PAHO conducted training in IPC to **Guyana** (third of six planned sessions, with 96 participants), the **Bahamas** (session four of ten, with 23 participants), and **Paraguay** (final session).

The **Caribbean** sub-region received training during the seminar "Infection Prevention and Control Considerations for Maternity Settings in the times of COVID-19: A conversation with Caribbean Midwives", organized by PAHO and Caribbean partners. The seminar reached 82 midwives from the Caribbean.

The regional team delivered training to 25 students, staff and faculty of the Nursing College of **Saint Vincent and the Grenadines**, focusing on administrative measures to support IPC.

Country

PAHO provided technical guidance to the Ministry of Health of **Suriname** to finalize its IPC guidelines for long-term care facilities. This will form the basis for a protocol and a checklist, which will be integrated into the country's Outbreak Management Team's working group on Protocols and Guidelines.



Figure 4: PAHO provided capacity building to health workers in Haiti to manage COVID-19 cases. Source: PAHO, August 2020

PAHO's **Brazil** team trained an additional 4,800 healthcare workers in IPC, thus achieving 70,446 trained persons to date.

In **Bolivia**, PAHO participated in the National Indigenous Emergency Operations Center (EOC) of the Ministry of Health to coordinate the distribution of PPE donations to indigenous peoples.

In coordination with the Ministry of Health of **Ecuador**, PAHO convened a virtual session to disseminate the country's IPC guidelines (which had received PAHO support in the development stage). This training reached over 1,400 participants.

PAHO continued to work with **Paraguay's** Ministry of Health to formulate recommendations for the country's upcoming plan of action to protect health workers during the pandemic as well as in other contexts. PAHO additionally delivered a virtual session to the country's ministries of justice and health to discuss IPC measures for persons deprived of liberty, with a focus on protecting persons with chronic illnesses.

Case Management

Regional

The sheer breadth of evidence on therapeutics can be daunting for health authorities seeking to formulate the best recommendations on case management. PAHO a separate webinar on **research evidence for therapeutics for Guatemala** (55 participants) and **Panama** with national specialists.

PAHO convened a regional webinar on **clinical management of mild and moderate cases** (220 participants).

Country

In **Venezuela**, PAHO focused on strengthening country capacities for caring for COVID-19 cases with cardiovascular conditions. The Organization provided equipment for clinical management to thirteen sentinel hospitals and cardiovascular care centers for COVID-19, and provided a videoconferencing training on COVID-19 care to the Venezuelan Society of Cardiology.



Figure 5: PAHO convened a webinar to discuss the available evidence behind clinical interventions for COVID-19. Source: PAHO, 20 August 2020

In coordination with WFP and UNICEF, PAHO supported the municipalities of Oruro, Cobija, Sucre, and El Alto in **Bolivia** to establish and reinforce isolation and recovery centers for COVID-19 cases.

Eight hospitals in **Jamaica** received fifteen ICU beds from PAHO to help the country manage COVID-19 cases.

PAHO worked with health authorities in **Costa Rica** to assess strategies to reduce the risk of COVID-19 infection and provide care for cases detected in *cuarterías* (informal settlements). This was in addition to PAHO efforts to support health authorities to provide care for indigenous migrant populations and for children receiving care in designated “Houses of Happiness” established to provide food and basic healthcare for the children of coffee workers.

In **Brazil**, PAHO trained 182 health workers in the clinical management of COVID-19. Following this capacity building exercise, PAHO has now trained 7,398 health workers in the country.



Operational Support and Logistics

Regional and Country

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

Considering the multitude of suppliers and concerns about the quality of procured goods, PAHO has made quality assurance a critical component of its technical support to procuring goods, supplies, and equipment for the COVID-19 response. This has entailed reviewing technical specifications of procured goods, ensuring shipping documentation is correct for clearing goods through customs, and supporting countries with quality assurance issues.

PAHO supported **Panama's** Gorgas Memorial Institute for Health Studies to provide recommendations on **proper cold chain protocols for medications** to be distributed throughout the country.

Suriname's COVID-19 Donor Coordination Working Group for the national response received PAHO support to improve partner and logistical coordination, building on its best practices and the country's existing central procurement authority for essential medicines, the BGVS. PAHO also donated equipment for this group's activities and shared technical guidance especially regarding technical specifications for COVID-19 equipment and supplies and the various global and regional options for procurement.



Maintaining Essential Health Services during the Pandemic

Regional

The reorganization and expansion of services is critical to ensuring that health systems can adapt to needs arising from the COVID-19 pandemic while sustaining services critical for other health conditions. In collaboration with WHO, PAHO is conducting a **survey on the impact of COVID-19 on health services** across the Americas.

Emergency medical teams (EMTs) can be invaluable when a country's health system is stretched beyond its regular capacity. PAHO collaborated with the EMT Secretariat, the Regional Group of International Search and Rescue Advisory Group (INSARAG), OCHA, and **Colombia's** National Disaster Risk Management Unit (UNGRD) to conduct a technical webinar through EMT Ignite on "Urban search and rescue (USAR) and EMT response during COVID-19" (250 participants). PAHO met with the Community of Practice for Prehospital Emergency Medical Service Care to discuss COVID-19 medical transport in remote areas.



Figure 6: PAHO collaborated with the Ministry of Health of Paraguay to urge parents to ensure that their children receive their vaccines. Source: PAHO, August 2020

Discussions continued with the Fundación Barco San Raffaele to discuss operational planning to deploy EMTs in indigenous and remote areas in the Pacific area of **Colombia**.

PAHO's regional team worked with national health authorities of **Peru** to introduce SISMED911, a free software to facilitate the timely delivery of services to people affected by an adverse situation, monitor resources and their availability, and coordinate the various participating components and entities, for integration into the country's national prehospital EMS.

Country

Ministries of Health across the Americas have been encouraged to sustain ongoing critical health services despite the ongoing pandemic. PAHO collaborated with health authorities in **Mexico** to explore solutions to reduce the risk of COVID-19 among hypertensive and diabetic persons, with a focus on migrant populations. In **Paraguay**, PAHO disseminated awareness messages to the population to encourage parents to vaccinate their children according to existing schedules.

As **Jamaica** prepared to reopen schools for in-person instruction, PAHO coordinated with the Ministry of Education and Youth (MOEY) to provide 50 health and education officials with a train-the-trainers course on School Mental Health Literacy (SMHL) for adolescents in the context of COVID-19. It was hosted on PAHO's Virtual Campus of Public Health. Efforts continued to ensure that the principles were implemented in Jamaican schools and that an evaluation be conducted afterwards to assess its effectiveness.

PAHO supported **Paraguay** to formulate its national policy designed to strengthen and expand the country's human resources for health through 2030. This was an essential step in ensuring that the country had trained medical personnel necessary to care for COVID-19 cases.

PAHO collaborated with the Inter-American Conference for Social Security (**CISS**) and ECLAC to hold the fifth session of the virtual course on "*Human Rights of Elderly Persons: Knowledge for Analysis and Action.*"

This week's session focused on healthcare for elderly persons during the COVID-19, including mental health." PAHO's teams in **Argentina, Cuba, and Chile**, among others, participated actively in the session while engaging national authorities to assess how the health system could better serve this at-risk group.



Research, Innovation, and Development

Regional

PAHO continued to review new and emerging information to build an evidence base to combat the virus. The public has access to PAHO's **COVID-19 Technical Database** for technical guidelines, scientific publication and ongoing research protocols from the region. This is the result of partnerships with WHO, Cochrane, McMaster University, Epistemonikos, and others. It has been visited over 360,000 times.

PAHO also continued to maintain an updated document on **potential COVID-19 therapeutics**, the product of a series of rapid systematic reviews. Considering the breadth of knowledge and evidence related to COVID-19, PAHO produced an **interactive infographic** to help external partners navigate PAHO and WHO's technical material and compilations of evidence from the Americas and around the globe.

With WHO, PAHO coordinated to support countries in the region to participate in the **SOLIDARITY trial**, which aims to assess the efficacy of possible therapeutics for COVID-19. PAHO also continued to collaborate with WHO on developing a serioepidemiologic study, **SOLIDARITY II**, to study the prevalence of the virus.



PAHO/WHO's COVID-19 response was made possible in part due to generous contributions and in-kind donations from the governments of Belize, Canada, Japan, New Zealand, Spain, Switzerland, the United Kingdom of Great Britain and Northern Ireland, the United States of America, as well as the Caribbean Development Bank, the Caribbean Confederation of Credit Unions, Corporación Andina de Fomento – Banco de Desarrollo de América Latina, Direct Relief, the European Union, Fonds d'Assistance Economique et Sociale, Fundación Yamuni Tabush, the Inter-American Development Bank, the World Bank Group, World Food Program, the UN Central Emergency Response Fund, the UN Development Fund, the UN Multi-Partner Trust Fund, the UN Special Session on Children, the World Health Organization and its donors, other small contributions, and to the invaluable collaboration from our partners within the Americas and beyond.

CONTRIBUTE TO OUR RESPONSE

An estimated US\$200 million is needed to support pandemic preparedness and response in Latin America and the Caribbean through December 2020. As of 31 August 2020, PAHO has received US\$122 million in donor contributions and firm pledges.

You can donate to support PAHO's response to COVID-19 at this [link](#).

NEW AND UPDATED PAHO/WHO Technical Materials on COVID-19

	<p>Epidemiological Alert: COVID-19 among health workers (Link) Published: 31 August 2020</p> <p>In light of the increase in cases and deaths of COVID-19 among healthcare workers in the countries and territories in the Region of the Americas, PAHO urges Member States to strengthen the capacity of healthcare services across all levels and to equip healthcare workers with the appropriate resources and training in order to ensure an adequate and timely response to the pandemic within the healthcare system.</p>
	<p>SPANISH ONLY: List of essential medicines for the Management of Patients Admitted to Intensive Care Units with Suspected or Confirmed COVID-19 Diagnosis (Link) Published: 24 August 2020</p> <p>Presents key guidance to guide countries' health systems to prioritize essential medicines that must be widely available and accessible to manage patients in ICUs during a health emergency (in this case with suspected or confirmed COVID-19 cases). It is tailored to health authorities and heads of health systems.</p>

GAPS	CHALLENGES
<ul style="list-style-type: none"> • Surveillance systems: More capacity-building and equipment for analysis. • Information systems: Data management systems are essential for case monitoring and contact tracing while protecting confidentiality. • Strategic planning and response: Countries need enough resources to implement national COVID-19 Preparedness and Response Plan and Risk Communication Plans. • Laboratory test kits and equipment: National laboratories need more extraction kits and other supplies to keep testing. • IPC supplies: PPEs and supplies (including for WASH) are urgently needed for isolation and quarantine wards. Healthcare workers are hesitant to work without PPE. • Health facility evaluations: Countries must undertake additional assessments to guide measures for infection prevention and control (including WASH). • Resources for and access to populations in situations of vulnerability: PPE and other supplies are needed in these communities. Logistical challenges must be overcome to deliver these critical goods. • Risk communications: Key messages must be tailored to each country's context to resonate with intended audiences. • Subnational-level health workers: A surge in medical personnel is needed to ensure countries can serve their whole populations and obtain more epidemiological data as it becomes available. • Intensive care units: More ICUs will be needed to manage anticipated severe cases. • Migrant access to health services: Countries are assessing how to serve these populations and better manage outbreaks. • Private sector coordination: This is essential to ensure national protocols are followed. 	<ul style="list-style-type: none"> • Border closures: This has seriously hampered the deployment of experts, shipment of samples for testing, and procurement of supplies and equipment for testing, case management, and infection prevention and control. This has added additional pressure to countries undergoing complex political and socioeconomic transitions. • Competitive marketplace: Countries and organizations are competing for limited supplies due to global shortages of PPE and other items. • Managing infections in healthcare settings: Healthcare workers rely on PPE and other supplies to avoid infection. Global shortages are contributing to increasing cases and loss of life of frontline workers. • Infected healthcare workers: Infected health workers who are sick or quarantined will strain health systems. • Test availability: Epidemiological monitoring requires more testing. Counterfeit tests are creating risks in resources lost and incorrect analyses. • Health workforce limitations: Insufficient human resources hamper countries' efforts to conduct contact tracing and manage patients in quarantine. • Risk Communication: The risk perception is still low in some countries/territories. • Telephone referral systems: Some countries are reporting overwhelming call volumes. • Logistics systems: Many countries are still unprepared to manage the distribution of supplies and equipment. • Continuity in other health services: The pandemic has diverted resources from other critical services for programs such as HIV, TB, and noncommunicable diseases (NCDs). • Stigma: Countries must take steps to reduce stigma towards persons returning from abroad and others associated with higher likelihood of infection.