

# Response to the COVID-19 Pandemic in the Americas

Response Strategy and Donor Appeal

January-December 2021

*Summary*



# PAHO



Pan American  
Health  
Organization



World Health  
Organization  
REGIONAL OFFICE FOR THE  
AMERICAS

# Introduction

Within 12 weeks, a localized outbreak of a novel Coronavirus (COVID-19) in Wuhan City, Hubei Province of China, evolved into a global pandemic, marked by a rapid transmission of the virus; increasing severity with age and presence of underlying conditions and massive societal and economic disruptions with deep and prolonged human and socio-economic consequences.

The first case of COVID-19 in the Americas was confirmed in the USA on 20 January 2020, followed by Brazil on 26 February 2020. Following the introduction of the virus in the Americas, COVID-19 rapidly spread to all 54 countries and territories in the Americas. By April 2020, the Region had become the epicenter of the pandemic. By the end of December 2020, the WHO region of the Americas led globally in the number of confirmed cases and deaths.

Overall, the COVID-19 situation has taken a severe toll on countries in the Americas. As of 8 March 2021, the Region reported a cumulative total of 51,694,320 cases of COVID-19, including 1,242,308 deaths. These figures account for almost 44% of the 116,521,281 cases and 48% of the 2,589,548 deaths reported globally. This Region has the highest number of reported cases and deaths among all six WHO Regions (followed by the European Region, which has reported 39,892,674 cases and 885,846 deaths).

While much progress has been achieved over the past year, the Region of the Americas has stubbornly remained the epicenter of this pandemic. As cases in the United States, the country with the highest number of cases for several months, are finally stabilizing, cases in many Caribbean and South American countries and territories are surging, driven by the presence of variants. The current epidemiological situation in the Region of the Americas is a reminder that, while much has happened over the past year, the acute phase of the pandemic is far from over. Yet, health workers, the majority of whom are women, are increasingly fatigued, and their mental health suffers from months working under extremely challenging circumstances. As social distancing practices, public health measures, and now vaccination campaigns continue to be implemented with different approaches in each country and territory, sustained collective efforts is required to successfully protect and empower populations in situations of vulnerability, suppress the transmission and save lives.

Throughout 2020, the COVID-19 pandemic exposed countries' existing weaknesses in preparedness and response to health emergencies and continues to affect a range of social, economic, and ecological systems of the countries of the Americas. It has impacted people's health and the health system itself, eroded human capital, and placed governments under constant pressure to sustain coordinated COVID-19 response efforts, prepare for potential disasters and other health emergencies, ensure continuity in the delivery of essential health services, and manage the recovery and reactivation of economies. The loss of life and the breakdown of basic health-care services demonstrates what occurs when an emergency hits and health systems are not prepared. It underscores critical shortcomings in the health systems related to limited governance by health authorities and fragmented systems resulting in barriers to access of essential services which disproportionately impact communities living in poverty, those with underlying health conditions,





older persons, and other populations in conditions of vulnerability. Amongst these, indigenous and Afrodescendants have been particularly affected, given long histories of structural discrimination.

While the pandemic disrupted health systems, societies, and economies, it also provides an opportunity to emerge stronger by strengthening the foundations of equitable health systems, including improved inclusive governance, increased access to medicines and health services for all, and enhanced country capacities to prevent, prepared for and respond to health emergencies.

PAHO's regional strategy for the year 2021 aims to sustain and scale-up the response to COVID-19 pandemic in the Americas in order to suppress the community transmission of the virus and mitigate the longer-term health impact of the pandemic. It builds on the work undertaken by national authorities and communities throughout 2020,

with the support of PAHO, its donors and partners and the international community as a whole.

PAHO's COVID-19 Response Strategy 2021 is fully aligned with WHO's 2021 COVID-19 SPRP published on 24 February 2021. It builds on the knowledge acquired about the virus and its collective response and incorporates lessons learned over the last year to tackle persistent and newly arising challenges and priorities at national, subnational and regional levels, such as the need to mitigate risks related to new variants and the safe, equitable and effective delivery of diagnostics and vaccines. It includes estimated funding requirements to implement priority public health measures for countries in the Region of the Americas to successfully tackle the COVID-19 pandemic. This strategy covers the 12-month period 1 January to 31 December 2021.



# Key Achievement of 2020



**18.3 million COVID-19 PCR tests**  
sent to 36 countries and territories



**38 countries and territories**  
with molecular detection capacity to diagnose COVID-19



**4.36 million antigen-based tests (Ag-RDTs)**  
sent to 36 countries and territories



**33 countries**  
with an established IPC/WASH program for health facilities



**6 million gloves**  
distributed to countries and territories



**>226 virtual/in-person training**  
on testing, tracking, patient care and more



**37.4 million surgical and respirator masks**  
distributed to countries and territories



**114 technical guidelines**  
on COVID-19 developed or adapted from WHO



**2.12 million gowns**  
distributed to countries and territories



**>70,000 health workers**  
trained in case management of COVID-19 patients



**371,000 goggles**  
distributed to countries and territories



**579 hospitals (public and private)**  
assessed in their readiness level to respond to the pandemic



**32 countries**  
with national COVID-19 preparedness and response plans



**US\$ 263 million**  
received and pledged (131.5% of total amount requested)

## Fund Implementation

### BY EXPENSE CATEGORY

Procurement



Surge Personnel



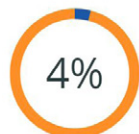
Workshops



Travel



Coordination & Logistics



Transfer to partners



Communication services



*Generous contributions received from a multitude of donors to support and scale-up public health preparedness and response efforts in LAC countries facing the COVID-19 pandemic enabled PAHO to reach over 131% of the total funds requested in its Appeal by 31 December 2020. Over 66% of the resources received were used towards the procurement of essential items to support case management, individual protection and surveillance/laboratory detection capacity.*

# Priority Actions in the Americas



**Coordination, Planning, Financing, and Monitoring:** Support activation and operation of national public health emergency management mechanisms, as well as COVID-19 planning and response, based on a whole-of-government and inclusive whole-of-society approach



**Risk Communication, Community Engagement (RCCE) and Infodemic Management:** Support participatory development and implementation of RCCE plans and dissemination of risk communication information to all populations and to travelers



**Surveillance, Epidemiological Investigation, Contact Tracing, and Adjustment of Public Health and Social Measures:** Strengthen the capacity of surveillance systems to detect COVID-19 cases, while ensuring continued surveillance of other diseases epidemic and pandemic potential



**Points of Entry, International Travel and Transport, and Mass Gatherings:** Support surveillance and risk communication activities at points of entry as well as implementation of appropriate public health measures



**Laboratories and Diagnostics:** Enhance laboratory capacity to detect COVID-19 cases as well as to manage large-scale testing for COVID-19 domestically or through arrangements with international reference laboratories



**Infection Prevention and Control (IPC), and Protection of the Health Workforce:** Support efforts to reduce human-to-human transmission within health facilities and the community, including through development and implementation of national IPC plans



**Case Management, Clinical Operations, and Therapeutics:** Improve local health system capacity and protect healthcare workers to safely deliver equitable healthcare services



**Operational Support and Logistics (OSL), and Supply Chain:** Establish and implement expedited procedures to facilitate the Organization's support to countries and territories response to COVID-19



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



**Vaccination:** Support the introduction, deployment, and evaluation of COVID-19 vaccines, ensuring their timely and equitable access, and strengthening vaccine safety surveillance.













## FUNDING REQUIREMENTS

# US\$ 239 M

Estimated funding requirements to implement priority public health measures for countries in the Region of the Americas to successfully tackle the COVID-19 pandemic during the period 1 January - 31 December 2021.

# Funding Requirements

US\$ 239M is required for the period 1 January to 31 December 2021 to implement the priority public health measures above-mentioned in support of countries and territories in the Region of the Americas, to maintain and scale-up their response to the COVID-19 pandemic and address the new challenges of the COVID-19 vaccination roll-out. The estimated financial requirements will be adjusted as the situation evolves.

		Amount required (US\$)				
Pillar		Caribbean	Central America	South America	Regional	Total
 <b>P1.</b> Coordination, planning, financing, and monitoring		5,721,491	4,210,042	7,548,305	6,902,677	24,382,515
 <b>P2.</b> Risk communication, community engagement, and infodemic management		3,449,615	2,108,867	3,185,427	3,810,995	12,554,903
 <b>P3.</b> Surveillance, epidemiological investigation, contact tracing, and adjustment of public health and social measures		3,995,003	3,467,130	7,825,745	3,757,294	19,045,172
 <b>P4.</b> Points of entry, international travel and transport, and mass gatherings		1,546,278	996,000	3,005,121	653,257	6,200,656
 <b>P5.</b> Laboratories and diagnostics		3,964,156	5,569,198	8,106,005	4,187,974	21,827,333
 <b>P6.</b> Infection prevention and control, and protection of the health workforce		4,800,309	9,012,379	13,918,841	4,695,219	32,426,748
 <b>P7.</b> Case management, clinical operations, and therapeutics		4,651,127	6,394,708	7,330,736	2,942,933	21,319,504
 <b>P8.</b> Operational support and logistics, and supply chains		4,594,616	3,629,310	5,311,213	3,548,803	17,083,941
 <b>P9.</b> Strengthening essential health services and systems		6,863,769	6,690,731	10,935,977	6,385,260	30,875,737
 <b>P10.</b> Vaccination		6,461,714	11,296,220	20,111,245	12,265,672	50,134,851
Research and Innovation		805,000	277,000	845,986	935,227	2,863,214
Total		46,853,078	53,651,585	88,124,601	50,085,311	238,714,575



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