

Mid-year summary report
Key indicators and selected highlights

Pan American Health Organization Response to COVID-19

January - June 2022

PAHO



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REGIONAL OFFICE FOR THE
Americas

Pan American Health Organization Response to COVID-19, January-June 2022. Summary Mid-year Report,
Key Indicators and Selected Highlights

PAHO/PHE/IMS/COVID-19/22-0015

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Mid-year summary report
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Pan American Health Organization Response to COVID-19

January - June 2022

Washington, D.C., 2022



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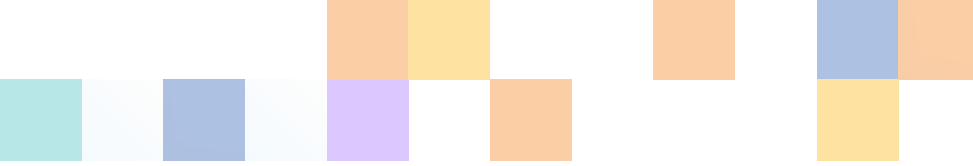
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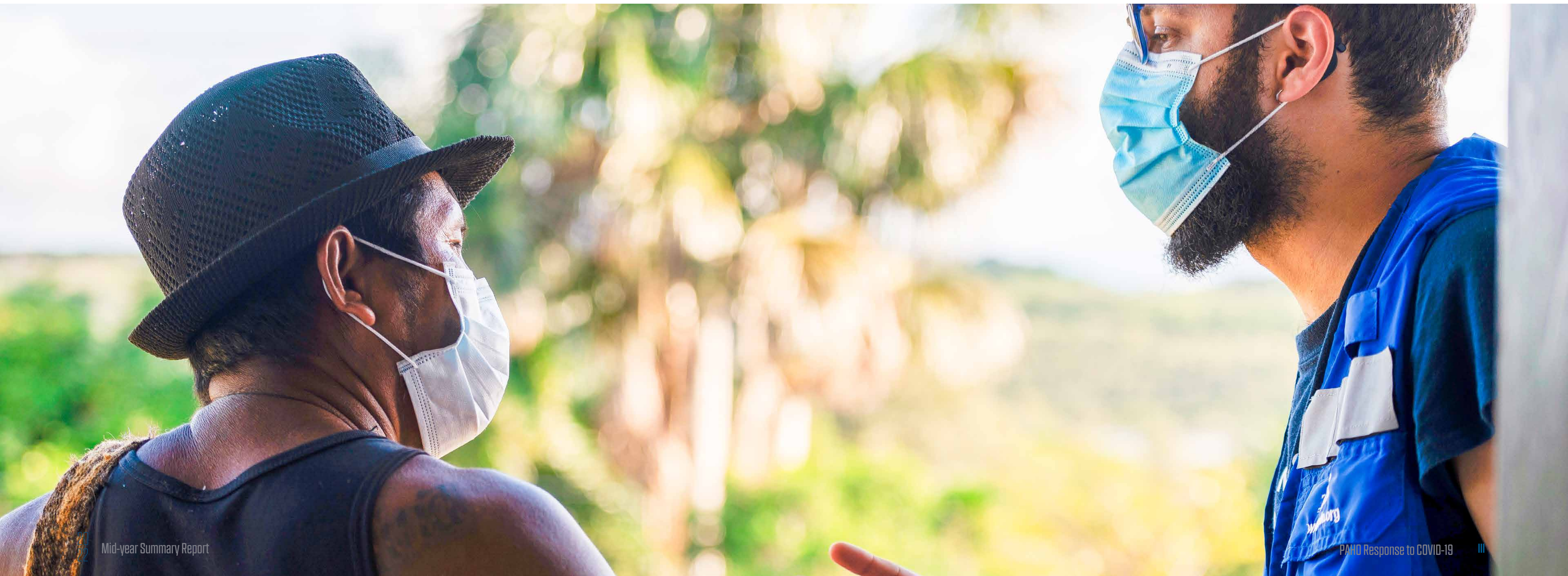
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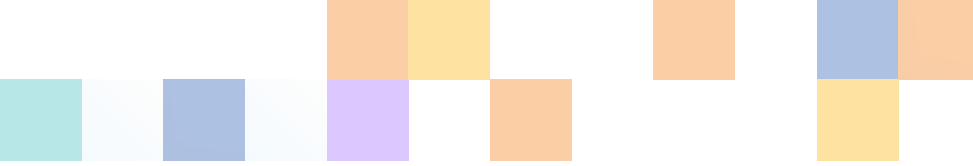


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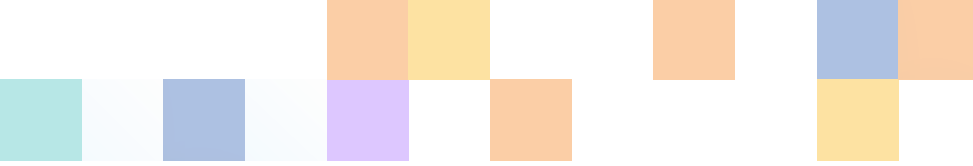




Abbreviations and acronyms

AMCS	Alternative Medical Care Sites
CRS	Caribbean Regional System
COVIGEN	COVID-19 Genomic Surveillance Regional Network
CSO	Civil society organizations
ECG	Electrocardiogram
ECC	Eastern Caribbean Countries
EMT	Emergency Medical Teams
EPHF	Essential Public Health Functions
EPI	Expanded Program on Immunization
ESAVI	Events Supposedly Attributable to Vaccination Or Immunization
EIOS	Epidemic Intelligence from Open Sources
FIOCRUZ	Osvaldo Cruz Foundation

GISAID	Global Initiative on Sharing all Influenza Data
INCIENSA	Costa Rican Institute for Research and Training in Nutrition and Health
ITU	International Telecommunications Union
LAC	Latin America and the Caribbean
MHPSS	Mental health and psychosocial support
PAHO	Pan American Health Organization
PHC	Primary health care
PPE	Personal Protective Equipment
UHC	Universal Health Coverage Project
VCPH	Virtual Campus for Public Health
VOC	Variants of concern
WHO	World Health Organization



Introduction

By the start of 2022, nearly 300 million people around the world had been infected with COVID-19. As the world entered the third year of the pandemic, the Omicron variant of concern (VOC) caused the number of cases and levels of transmission to reach the highest peak witnessed to date. In the first week of 2022 alone, infections nearly doubled in the Region of the Americas, rising from 3.4 million weekly cases on 1 January to 6.4 million by 8 January 2022.

This new wave of infections continues to challenge the health workforce and place a heavy burden on the Region’s health systems, and has often resulted in the redirecting of healthcare away from other diseases to treat COVID-19 patients. However, despite the fact that the Omicron VOC spread significantly faster than other variants, the decoupling of death rates and new infections is proof that vaccines have become effective in protecting people from hospitalization and death from COVID-19.

The SARS-CoV-2 virus knows no borders. Gaps in vaccination coverage and the relaxation of public health measures at a time when millions of people remain unvaccinated means that the Region is still at risk as new variants emerge. Every available tool must be used to reduce the severity of symptoms, save lives, and prevent deaths from COVID-19. This includes

reintroducing public health and social measures if and when there is a surge in cases and accelerating efforts to reach everyone with COVID-19 vaccines, which are estimated to have already saved nearly four million lives in the Region.

Additional challenges include maintaining essential health services; adapting and expanding surveillance; improving clinical management of cases; and infection prevention and control in health facilities, among others.

As COVID-19 continues to spread in the Americas, the Pan American Health Organization (PAHO) is committed to strengthening the Region’s research and development capacity for medical product development, leveraging existing infrastructure, institutions, and potential to build a system that benefits the entire Region.

“Our collective actions against the virus have the power to change its course. Solidarity will pave our way out of the pandemic.”

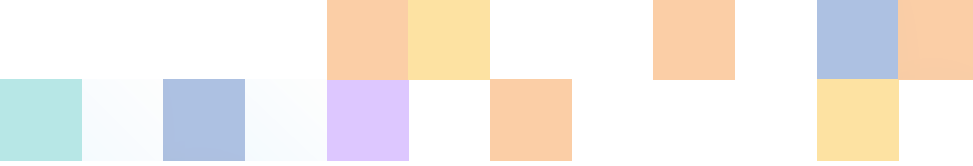
Dr. Carissa F. Etienne, PAHO Director.

PAHO will continue to help countries and territories adopt a more holistic approach to COVID-19 response and develop and adapt strategies that strengthen the continuity of priority public health programs. The experience of the past two and a half years will serve as the foundation for rebuilding a stronger and healthier Region, with resilient systems and the best available tools to defeat COVID-19.

This mid-year report (January – June) summarizes PAHO’s main efforts to support countries and territories in the Region of the Americas as they responded to COVID-19 during the first half of 2022. It includes key indicators¹ and selected highlights of activities that showcase the impact of the Organization’s work, which is aligned with the 11 pillars of the [2022 WHO Strategic Preparedness, Readiness and Response Plan to end the global COVID-19 emergency in 2022](#); [PAHO’s Response Strategy and Donor Appeal 2022](#); and [PAHO Resolution CD58.R9](#) approved by its Member States in 2020.

More details on PAHO’s efforts in 2021 at regional and country level to tackle the pandemic are available in the [COVID-19 Operational Situation Reports](#), which are published every two weeks as well in the [Pan American Health Organization Response to COVID-19 in 2021](#).

1 Indicators reflect cumulative numbers since onset of the pandemic up to 30 June 2022 unless stated otherwise.



Epidemiological situation

GLOBAL

545,692,854
Cumulative cases

6,340,420
Cumulative deaths

REGION OF THE AMERICAS

163,092,032
Cumulative cases

2,765,559
Cumulative deaths

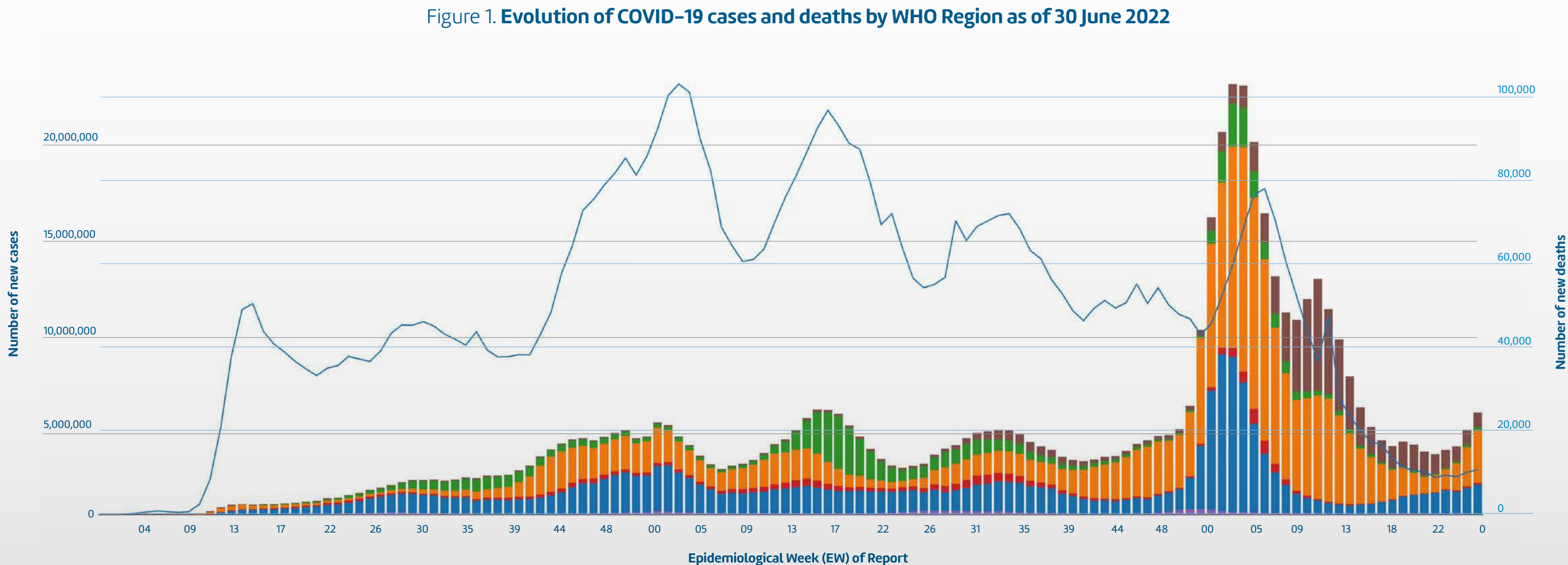
29.9% of the global count

43.6% of the global count

Evolution of COVID-19 cases and deaths by WHO Region as of 30 June 2022


The most up-to-date information on the epidemiological situation in Latin America and the Caribbean is available from PAHO’s COVID-19 website [Weekly COVID-19 epidemiological updates.](#)


- Western Pacific
- South-East Asia
- Europe
- Eastern Mediterranean
- Americas
- Africa




Source: PAHO database using updated data from WHO, accessed 27 July 2022.

Spotlight on cross-cutting themes

**330** evidence-informed public health guidelines developed or adapted.

**138** field missions conducted in 25 countries and territories.

**79** biweekly COVID-19 operational situation reports produced.

as of 30 June 2022.

Mobilizing resources for the Americas

PAHO launched the updated [Response Strategy and Donor Appeal](#) for April 2022 — March 2023, which aims to sustain efforts to reduce and control the incidence of SARS-CoV-2 infection. These efforts include preventing, diagnosing, and treating the disease; reducing the risk of future variants; and reducing disease morbidity, mortality, and keeping the long-term consequences of infections to a minimum.

Thank You!

PAHO thanks our generous donors who have been helping us save lives and reduce the impact of COVID-19 in the Region.

paho.org/donate

3 Appeals launched totaling
US\$ 619 M
between 2020–2022.

>US\$ 442 M mobilized from donors and partners.



PAHO COVID-19 Response Fund website allows individuals to donate directly to the Organization.

as of 30 June 2022.

71.4% of funding requirements met.

An additional
US\$ 227 M received from international and bilateral financing institutions for the procurement of essential supplies and equipment.





Photo ©PAHO.

Vulnerable populations

PAHO has been looking at the role played by social determinants as it impacts the adoption of public health measures across population groups, which has been especially significant over the course of the COVID-19 pandemic. In 2020, the Organization published [Guidance for implementing non pharmacological public health measures in populations in situations of vulnerability in the context of COVID-19](#). The guidance document offered recommendations for improving the implementation of non-pharmacological public health measures during the COVID-19 response and aimed to reduce the barriers that negatively affect compliance with them.

Subsequently, PAHO issued a call for proposals for initiatives to promote and strengthen the implementation of these guidelines at local level. A total of 116 proposals were received from 22 countries. Forty of these proposals were selected and successfully implemented during the second half of 2021 and the beginning of 2022 in 19 countries². In May 2022, PAHO organized a meeting that established a regionwide community of practice composed of representatives from the organizations and institutions responsible for implementing such initiatives. Together with PAHO, they are exploring how to consider social determinants in the process of adapting public health measures to the needs, resources, and contexts of vulnerable populations, thus improving the implementation of these measures without leaving anyone behind.

² Argentina, Brazil, Bolivia (Plurinational State of), Canada, Colombia, Chile, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Mexico, Nicaragua, Panama, Paraguay, Peru, the United States of America, and Venezuela (Bolivarian Republic of).

Gender and COVID-19

Gender is an important structural determinant of health. Nevertheless, the gender perspective does not always appear in analyses of the direct and indirect effects of the pandemic.

During a webinar to mark International Women's Day 2022, PAHO launched the report [Gendered Health Analysis: COVID-19 in the Americas](#). Incorporating a gender perspective, this report characterizes the economic impact of COVID-19 and focuses on its direct consequences (morbidity and mortality) on specific populations; its indirect effect on socioeconomic conditions; and measures that have been adopted to mitigate the spread of the virus. In exploring the effects of the pandemic on women and girls, it presents findings in areas such as health, employment, and social welfare.

[Collaborative research led by PAHO](#) in eight Latin American countries published in the Lancet Regional Health–Americas in May 2022 shows that during the first two years of the pandemic, one in three pregnant women with COVID-19 did not have access to an intensive care unit and failed to receive critical care.



Photo ©PAHO.

The study was carried out by PAHO's Latin American Center for Perinatology/ Women's Health and Reproductive Health (CLAP/WR) and is the largest study to date worldwide. It is based on 447 cases from Bolivia (Plurinational State of), Colombia, Costa Rica, the Dominican Republic, Honduras, Ecuador, Peru, and Paraguay. The study found that 35% of the pregnant women who died from COVID-19-related causes were not admitted to intensive care. The average maternal age was 31 years and about half of those who died were obese. In most cases, death occurred during the postpartum period – six weeks after childbirth – with an average of seven days between childbirth and death. The study further stresses the importance of giving priority to vaccinating pregnant women.

“We must prioritize women to ensure that they are shielded from the worst of the pandemic. Female leadership is key to ensure that women have a say on not only how we come out of this pandemic, but on how we better prepare for the next crisis, and most importantly, on how we ensure health and wellbeing for all.”

Dr. Carissa F. Etienne, PAHO Director.

Costa Rica: Healthier, empowered and resilient girls

Cindy Salazar Reyes works weekdays at a rural educational center in Alto Quetzal, an indigenous community in Costa Rica. But one Saturday a month, she plays a role that gives her special satisfaction: providing adolescent girls with tools to face psychosocial and emotional issues, especially those aggravated by the COVID-19 pandemic.

Although Cindy has only been able to complete primary school, her leadership skills and the will to continue learning and helping her community have led to her becoming one of the six facilitators of a project to develop support networks in Costa Rica, such as the Support Networks for Adolescent Indigenous Women (RIMA) Project. Implemented by PAHO, the RIMA Project is also active in two other indigenous communities in Costa Rica.

After joining the RIMA, Cindy attended capacity building sessions on priority areas of work: empowerment, solidarity among women, and the autonomy of young girls. Community leaders were trained on managing emotions, the gender approach, mental health and emotional wellbeing, managing groups, and the development of support networks. Cindy was then able to carry out group sessions with young girls in the community. According to her, the project encourages them to see possibilities for the future, open their minds, and progress, adding that it has also provided support in cases of domestic violence, which occurs frequently in the region. Currently, 15 young girls are participating voluntarily in the group. Information is presented in *Cabécar*, their native language, which facilitates understanding and promotes the preservation of indigenous languages.

[Read the full article](#)



Photo © PAHO.



Photo © PAHO.

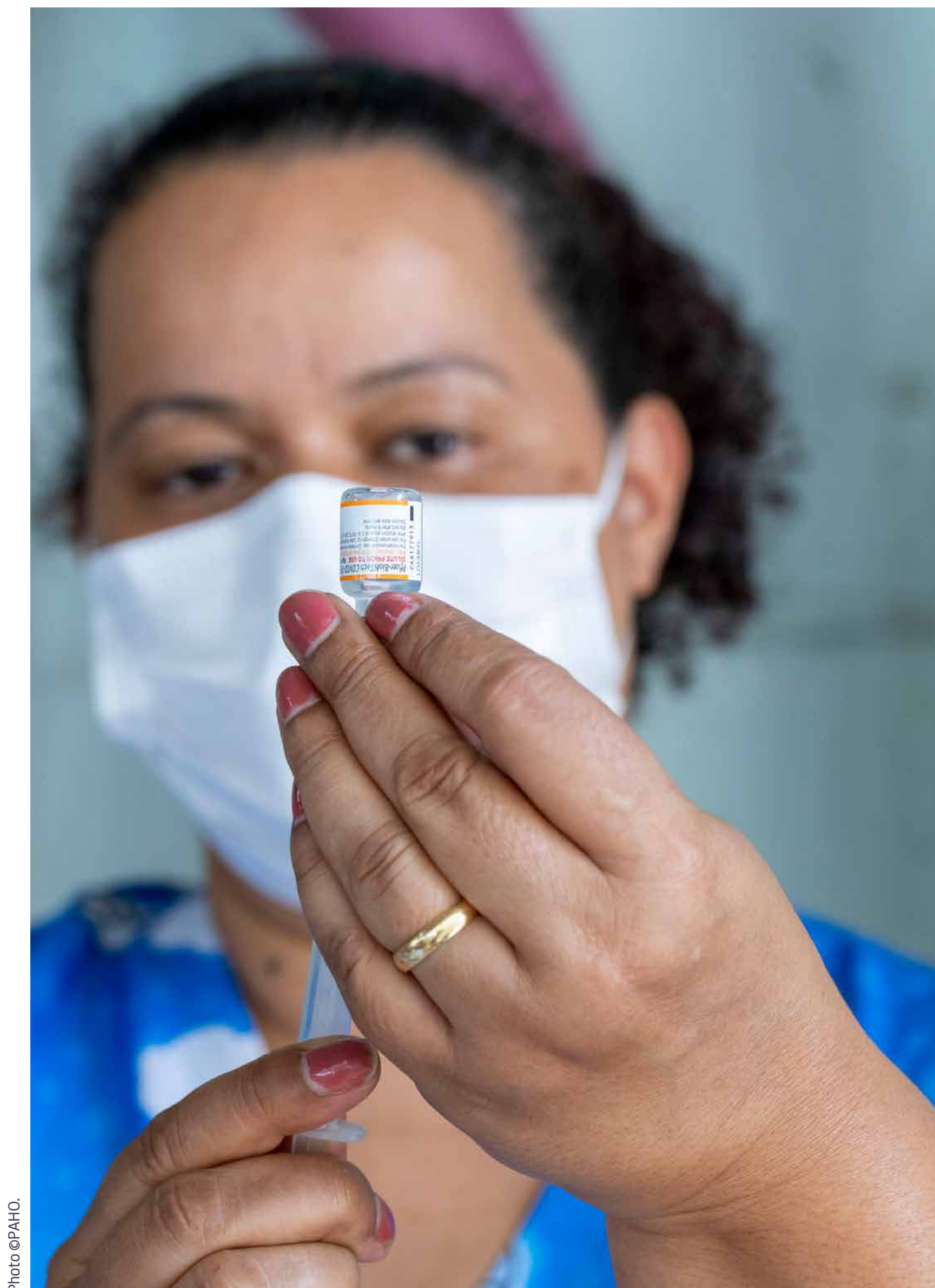


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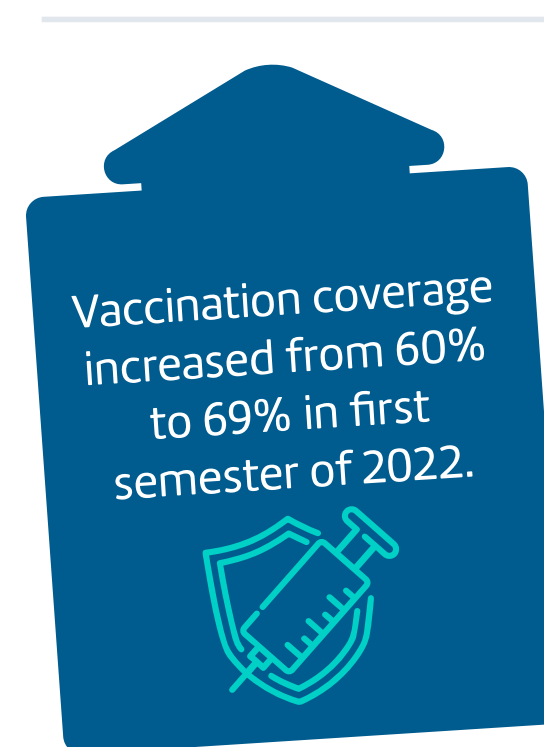
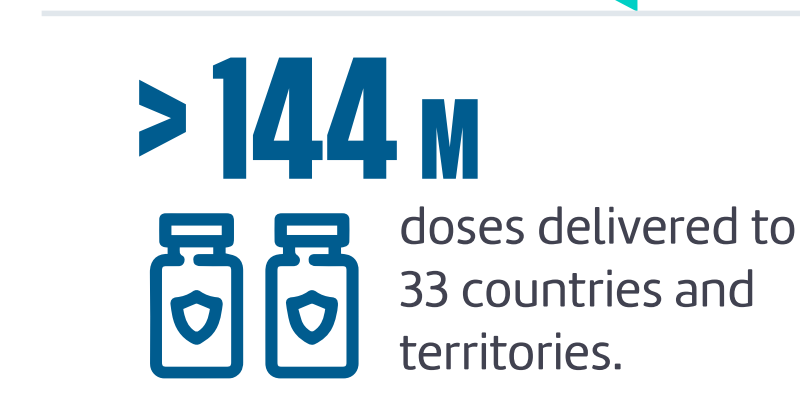
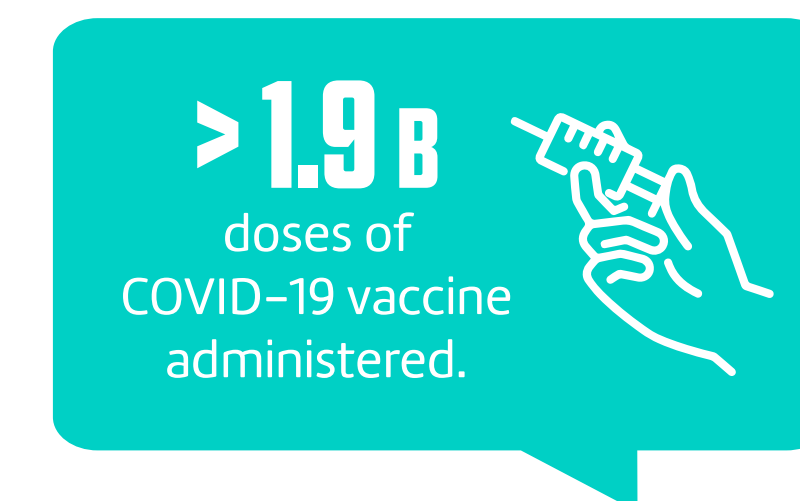
Vaccination

The protection conferred by COVID-19 vaccines has already helped save millions of lives in the Americas. Vaccines have proven to be safe, effective, and are the principal means by which countries can transition out of the acute stage of this pandemic. Nonetheless, vaccine inequity is prolonging the current crisis. There are glaring gaps that must be urgently addressed to provide life-saving protection to all peoples.

The Region's common goal focuses on bringing down the epidemic curve, expanding access to vaccines to everyone, and saving lives. Unfortunately, disinformation and misinformation have impacted the Region's ability to achieve higher coverage. Efforts must concentrate on ensuring easy and fast access to the most recent evidence-based information, with initiatives to address hesitancy and encourage full vaccination, especially for those at higher risk of severe disease.

“Vaccines are helping to save lives and expanding equitable coverage everywhere remains our priority.”

Dr. Carissa F. Etienne, PAHO Director.



³ Argentina, Brazil, Bolivia (Plurinational State of), Dominican Republic, Guatemala, Ecuador, Honduras, Jamaica, and Paraguay.

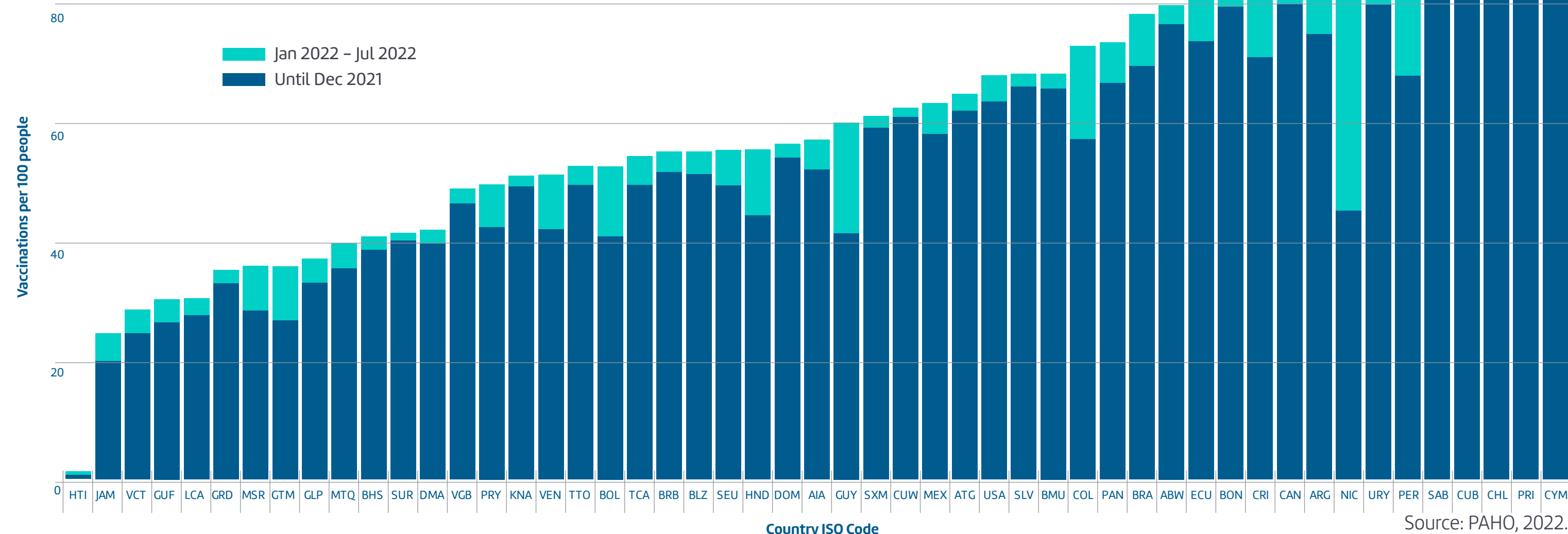
⁴ Argentina, Barbados, Brazil, Bolivia (Plurinational State of), Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Paraguay, Peru, Saint Kitts and Nevis, Suriname, and Uruguay.

* Events supposedly attributable to vaccination or immunization.

as of 30 June 2022.

Figure 2. **COVID-19 vaccination coverage from 2021 as compared with 2022 increases (through 30 June 2022) in the Region of the Americas**

Increase in Complete Primary Series Vaccination Coverage for the Americas (n=51)
(Percentages w.r.t. 2021 UN Population/U.S. Census Bureau for pop <100k)



PAHO's COVID-19 Vaccination in the Americas Dashboard.

Arrival of COVID-19 vaccines in the Americas through COVAX.

Pharmacovigilance of COVID-19 vaccines.

storage capacity in provincial collection centers and to improve access to vaccines in border areas. To reduce logistical barriers to COVID-19 vaccination, PAHO supported 14 countries⁵ and all Eastern Caribbean Countries (ECC) to procure cold chain equipment and trained national technical staff in the safe storage and handling of the vaccines and proper cold chain operations.

Vaccine safety

If a serious adverse event related to COVID-19 vaccination were to occur, it could ignite a public health crisis and undermine public confidence in the vaccines. For this reason, PAHO has been supporting implementation of ESAVI surveillance system at regional and country levels. This support has been key to strengthen national and regional surveillance networks for ESAVI cases following COVID-19 vaccination, as well as for impact studies and modeling of future scenarios to inform decision-making. To support vaccine safety monitoring, PAHO has developed a regional sentinel surveillance network for active ESAVI and Adverse Events of Special Interest (AESI) surveillance, to which nine countries and territories provide data on a regular basis. Seventeen countries also provide data on a regular basis to a PAHO

In the **Caribbean**, the Organization established an [international partnership](#) aimed at promoting COVID-19 vaccine uptake among healthcare workers and most at-risk populations. , where a PAHO-led study identified 23% vaccine hesitancy among healthcare workers. This collaborative effort uses a community-driven and evidence-informed approach to address vaccine hesitancy in the face of pandemic fatigue, misinformation, and relaxation of pandemic protection protocols. The Organization also published a [Policy Brief](#) with recommendations for CARICOM and Member States to consider when addressing COVID-19 vaccine hesitancy.

In the **Bahamas**, PAHO worked with national health officials [to host vaccine pop-up sites](#) throughout the island of New Providence. Prior to the weekend

vaccine services, healthcare workers walked around the community to inform residents of the pop-ups and encouraged them to protect themselves and their loved ones by getting vaccinated or receiving booster shots. The pop-ups, which were held in community parks, featured speakers' corners, where residents could get answers to questions regarding COVID-19 and vaccines.

PAHO supported activities in **31 countries and territories** to strengthen cold chain capacity, including evaluating capacities and needs; updating inventories; and holding training sessions. In the Dominican Republic, PAHO delivered a [Canadian donation of 20 vaccine refrigerators](#) to the Ministry of Health's expanded program on immunization (EPI) to increase vaccine

5 Belize, Bolivia (Plurinational State of), Brazil, Colombia, Dominica, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Trinidad and Tobago.

regional database for passive surveillance. In addition, PAHO is negotiating with these countries to allow the publication of aggregate ESAVI data on the Organization's webpage.

PAHO and COVAX: Ensuring access to vaccines

The [PAHO Revolving Fund](#) is the designated procurement agency for COVAX⁶ in the Americas. Leveraging over four decades of experience in vaccine procurement, the Revolving Fund has now supplied more than 144 million COVID-19 vaccine doses to 33 countries and territories. PAHO coordinated deliveries with other COVAX partners and supported international logistics to ensure the safety and timely delivery of vaccines.

In February 2022, **Jamaica** and **Costa Rica** [received shipments of COVID-19 vaccines](#) procured under the COVAX mechanism. [PHOTO]. PAHO also provided technical and financial support to **Bolivia (Plurinational State of)**, **Brazil**, **Colombia**, **Guatemala**, **Haiti**, and **Honduras** to deploy mobile teams to increase vaccination coverage in hard-to-reach, remote areas.

In March 2022, PAHO and the International Telecommunications Union (ITU) hosted a press conference in **Barbados** on [leveraging digital technology to promote COVID-19 vaccine uptake](#). Prior to this, PAHO and ITU conducted a public health education campaign in **Antigua and Barbuda**, **Grenada**, and **Saint Lucia** (October 2021 – January 2022), designed to tackle the high level of misinformation surrounding the pandemic and vaccine hesitancy. The press conference shared the results of these efforts and reflections on how to leverage mobile health

solutions to address misinformation and disinformation and help achieve better health outcomes in the Caribbean. PAHO's [FAQs: COVID-19 Vaccines](#) meets web content accessibility guidelines (WCAG) standards and is continuously updated.

Digital certification of COVID-19 vaccination

Currently, most countries use paper-based systems to manage and track health records, including COVID-19 vaccination. One of the innovations tied to the pandemic is related to vaccine certificates, which, when digitized, allow countries to digitally document COVID-19 certificates.

Following [guidelines from the WHOrganization](#), PAHO is supporting Member States to accelerate the adoption of a cyber-secure and interoperable digital vaccination certificate that documents a person's current immunization status. This protect against COVID-19 and ensures continuity of care or as proof of vaccination for purposes other than medical care.

PAHO helped coordinate a "Connectathon" on digital COVID-19 vaccination certificates. More than 140 people from 17 countries took part in the virtual event, where discussions on the WHO guidelines and [European Union Standards for Digital COVID-19 Certificates](#) took place. PAHO will play a leading role in further discussions with Member States on ensuring the integration and convergence of this project with the Digital Transformation of the Immunization Programs in Member States.

⁶ COVAX is the COVID-19 Vaccines Global Access, a worldwide initiative aimed at equitable access to COVID-19 vaccines. It is directed by the GAVI vaccine alliance, the Coalition for Epidemic Preparedness Innovations, and the World Health Organization.



The Bahamas: Protecting the population with safe and effective medicines and vaccines



The arrival of COVID-19 vaccines in the Commonwealth of The Bahamas prompted the government to place greater emphasis on regulating the importation of medicines and health technologies. In this regard, The Bahamas has relied increasingly on the [Caribbean Regulatory System](#) (CRS), a regional effort that provides recommendations to Caribbean countries on the authorization of medical products.

“Caribbean countries have struggled to build the necessary regulatory capacity for medicines and health technologies, as they are small states with small markets for such products. This means that, on the one hand, there are smaller commercial incentives for manufacturers to operate, so the market is dominated by intermediaries that are not sufficiently experienced to address regulatory demands. On the other hand, small populations also mean limited availability of human and financial resources that can be dedicated to the regulatory system,” said Dean Chambliss, PAHO Subregional Programme Director for the Caribbean.

PAHO, through the [Universal Health Coverage Partnership](#) (UHC), which supports WHO’s response to COVID-19, has worked with the Caribbean Public Health Agency and countries in the Region to develop and strengthen the CRS. PAHO is supporting the Ministry of Health and Wellness in its collaboration with the CRS to establish a fast approval pathway for all recommended products and to create a policy document on the registration and importation of COVID-19 vaccines. When COVID-19 vaccines became available, the CRS played a vital role in reviewing and recommending vaccines so countries could approve them quickly.

“The Ministry of Health and Wellness of The Bahamas has been working, with PAHO’s guidance, to expedite a process for assessing products,



ensuring quality and access to medicines and health technologies for everybody at prices they can afford,” said Eldonna Boisson, PAHO Representative in The Bahamas. The Bahamas is among the 115 countries and areas to which the UHC Partnership helps deliver WHO support and technical expertise in advancing UHC through the primary health care (PHC) approach. The Partnership is one of WHO’s largest international cooperation initiatives on UHC and PHC.

When it comes to maintaining the delivery of essential health services during the COVID-19 pandemic, timely access to medicines and other health technologies has proven particularly important. Beyond the pandemic, these improvements are also crucial in terms of making the country’s health systems stronger and more resilient so that health for all can be achieved.

[Read the full article](#)

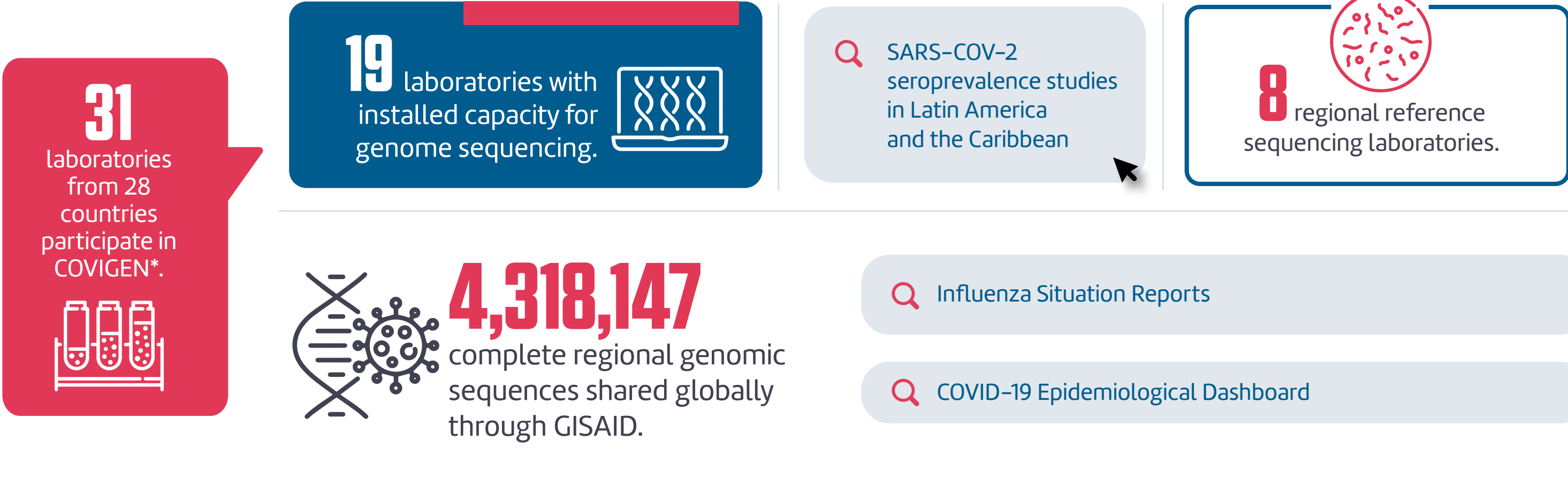
Strong outbreak surveillance systems

Detecting transmission through effective surveillance, collaborative intelligence, and early warning.

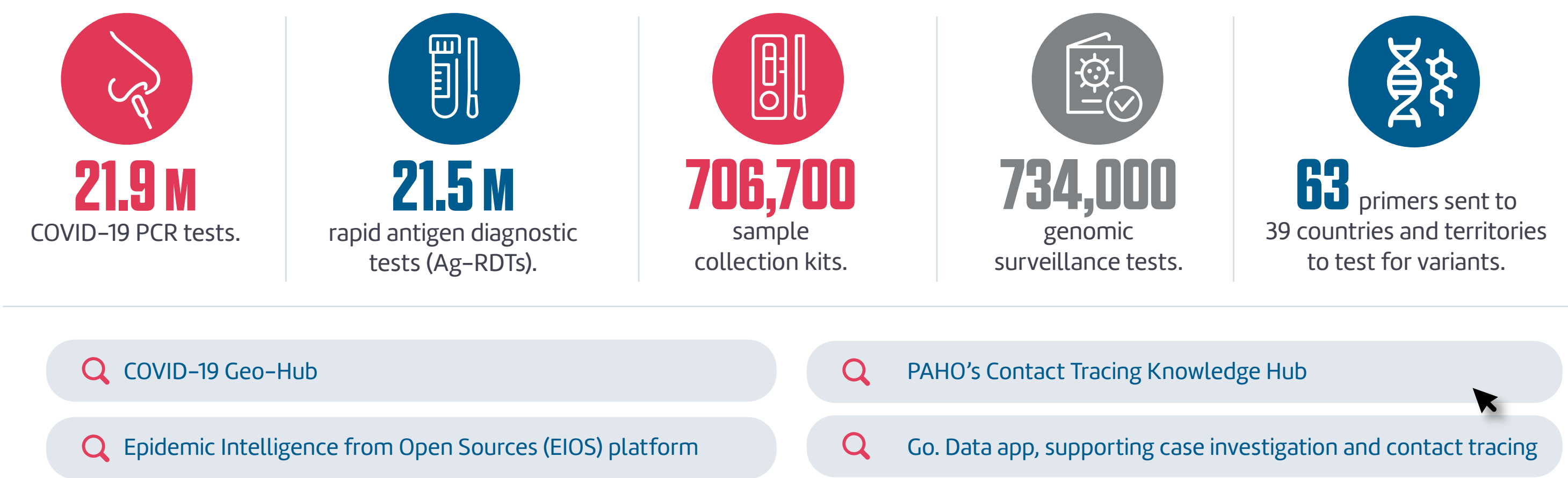
“Surveillance has always been the eyes and ears to guide our COVID-19 response.”

Dr. Carissa F. Etienne, PAHO Director.

Strengthening public health surveillance continues to be a key pillar of the COVID-19 response. PAHO has largely relied on surveillance systems to monitor the disease and provide valuable data regarding its evolution, thus helping countries to make the best possible evidence-based decisions. Additionally, improving laboratory capacity and testing are essential to understanding the behavior of the virus and anticipating potential surges in case numbers. PAHO continues to issue [Weekly Epidemiological Updates](#) with information about cases, deaths, variants of concern, and overall regional and subregional epidemiological highlights.



Since the onset of the pandemic, PAHO has delivered:



as of 30 June 2022.

⁷ Brazil, Chile, Colombia, Costa Rica, Mexico, Panama, Trinidad and Tobago, and the United States of America
* COVID-19 Genomic Surveillance Regional Network..

COVID-19 Genomic Surveillance Regional Network

Genomic sequencing data are important for tracking ongoing outbreaks, monitoring the evolution of the SARS-CoV-2 virus, detecting variants, and understanding the implications for public health and social measures, diagnostics, therapeutics, and vaccines. The Region of the Americas contributes to the generation of genomic sequencing data through the [COVID-19 Genomic Surveillance Regional Network \(COVIGEN\)](#), which fortifies laboratories' genomic sequencing capacity. For countries without genome sequencing capacity, COVIGEN coordinates the shipment of samples to eight regional reference sequencing laboratories.⁸ The genomic sequences are uploaded to [GISAID](#), a global science initiative that provides open access to genomic data related to coronavirus. The sharing of genomic data from countries in the Americas, through GISAID, allows for better trend analysis and detection of variants, in addition to furthering global research on the virus.

In 2022, the Organization published [Emergence of sublineages and recombination events: Genetic evolution of SARS-CoV-2](#), a technical note shared with International Health Regulations (IHR) focal points in the Region.

“PAHO has been working to bolster our Region’s laboratory capacity to respond to emerging pathogens, so every country has the training, the supplies, and the ability to perform COVID-19 diagnostic tests.”

Dr. Carissa F. Etienne, PAHO Director.

⁸ Fiocruz (Fundación Oswaldo Cruz) in Brazil; Instituto de Salud Pública in Chile; InDRE in Mexico; the Gorgas Institute in Panama; the U.S. Centers for Disease Control and Prevention (CDC) in Atlanta; the University of the West Indies in Trinidad and Tobago; the Incinsa in Costa Rica; and the Instituto Nacional de Salud in Colombia.



Photo © PAHO.



Photo ©PAHO.



Photo ©PAHO.

PAHO published French, Portuguese, and Spanish versions of [Considerations for the Implementation and Management of Contact Tracing for COVID-19 in the Region of the Americas](#), originally published in English in August 2021. This document complements the WHO interim guidance on contact tracing among vaccinated contacts and international travelers, and in settings with community transmission. The publication includes WHO's updated definitions for cases, contacts, and community transmission.

In March 2022, in collaboration with **Brazil's** Ministry of Health, PAHO held an event ([ExpoEIOS](#)) to build awareness of the Epidemic Intelligence from Open Sources ([EIOS](#)) platform for epidemiologic surveillance. The EIOS initiative, headed by WHO, aims to mitigate and, ideally, prevent public health emergencies by connecting experts around the world and providing them with the best possible solutions to detect, contextualize, analyze, assess, and share information for quick, evidence-based action. Since Brazil began using the platform in March 2021, 515 professionals from health surveillance units in all five regions of the country have received training. PAHO and the Brazilian Ministry of Health also organized [ExpoLAB](#) to showcase experiences from 27 central laboratories in all Brazilian Federal Units, 13 border laboratories, and three reference laboratory centers.

In **Panama**, PAHO organized a regional ad-hoc expert consultation on the challenges, gaps, and next steps related to COVID-19 surveillance and its integration into the surveillance of influenza and other respiratory viruses. The meeting aimed to strengthen surveillance of respiratory diseases through the generation of quality data during COVID-19 response which was being carried out simultaneously with the circulation of influenza viruses. Technical officers from PAHO and WHO influenza working groups from 15 countries and from the CDC's influenza group attended the meeting of experts.





Photo ©PAHO.

Dominican Republic and Guatemala: Genomic sequencing training

Experts from PAHO and the Gorgas Institute in Panama conducted a hands-on training course for staff from the Dr. Defilló Public Health Laboratory in the Dominican Republic and Guatemala's National Influenza Center to establish, for the first time, the entire genome sequencing platform. The training course, conducted in February 2022, was an important step in strengthening and consolidating both countries' genomic surveillance processes.

"This represents great progress toward the modernization of genomic surveillance in the Dr. Defilló National Public Health Laboratory and the improvement of public health decision making," stated PAHO Country Representative, Dr. Olivier Ronveaux.

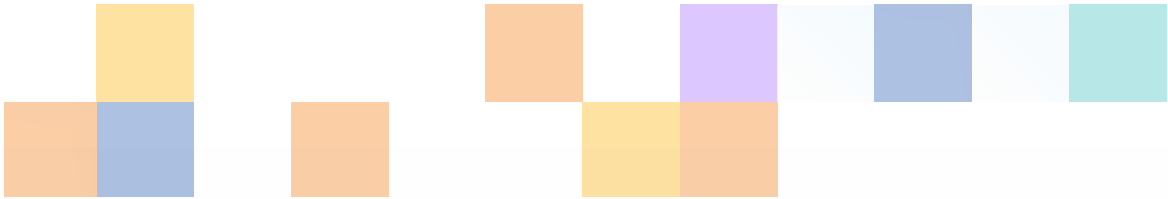
Ronveaux also indicated that PAHO's priority is to offer fast, predictable, and comprehensive support to Member States in terms of prevention, risk reduction, preparedness, surveillance, response, and early recovery in the face of any threat to human health, including outbreaks or disasters that result from natural, biological, chemical, radiological, or human-made hazards, conflicts, and other threats.

PAHO expects to replicate the methodology from this course in training courses on influenza and other respiratory viruses, as well as for other diseases such as HIV, arboviruses, malaria, and tuberculosis.




Photo ©PAHO.

[Read the full article](#)



Empowered, engaged, and enabled communities

Reducing exposure through effective public health and social measures and countering misinformation through resilient communities.




1,966,009

users registered on the Virtual Campus for Public Health.

> 3.6 M

enrolments in different courses.



as of 30 June 2022.

- Latest news on COVID-19
- PAHO's weekly press briefings on COVID-19
- COVID-19 courses and webinars on the Virtual Campus for Public Health

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Effective risk communication and community engagement (RCCE) has ensured that all audiences receive clear and accurate information through the language and channels most appropriate to them. PAHO's communications initiatives have played an important role in disseminating the type of information that helps strengthen coordination between and among countries, focusing on incentivizing demand for the vaccine as well as dispelling false information and rumors related to its effectiveness.

At the regional level, PAHO is working with [Chequeado](#), a fact-checking organization based in Buenos Aires, Argentina, to promote responsible and evidence-based coverage of COVID-19, combat misinformation, and promote uptake of COVID-19 vaccines in the Region. In July, the Organization published a [compilation of communication materials](#) that addresses concerns about COVID-19 vaccines and suggests ways to tackle them. A comprehensive COVID-19 vaccination [website](#) is constantly updated with the latest information and available resources.

Addressing the infodemic

In a bid to build trust in vaccines, reduce vaccine hesitancy, and combat misinformation, PAHO updated its website of frequently asked questions about COVID-19 vaccination. The website answers questions regarding



Photo ©PAHO



vaccine safety, adverse events, efficacy, and others. It also discusses the different trial phases a vaccine must go through to obtain approval and provides information on variants of concern and COVID-19 vaccine immunity. This is the sixth version of [Frequently Asked Questions about COVID-19 vaccines](#).

In **Bolivia (Plurinational State of)**, PAHO concluded a [certificate program on communication and health in the context of the pandemic](#). The Organization provided technical and financial support to develop the program, which was delivered by the Plurinational School of Public Management. It covered topics such as basic epidemiology for journalists, risk communication, the challenges of the infodemic, and emergency management. Twenty-two journalists completed the program and were awarded certificates.

PAHO also supported **Mexico's** General Directorate for Health Promotion to establish risk communication laboratories in eight federal entities. These laboratories are designing and testing effective health communication messages and public health campaigns.

Community engagement

The COVID-19 pandemic highlighted the importance of strengthening community readiness for and resilience to public health emergencies, prioritizing communities in situations of vulnerability, connecting people to essential public health services, and enhancing participatory community-centered governance.

In **Honduras**, PAHO has been supporting a [risk communication strategy in the metropolitan health region of San Pedro Sula](#). Starting in February 2022, the project 'Prevention of new infections and deaths from COVID-19 in Honduras' has hosted conversations in neighborhoods and settlements and provided educational material to help contain the spread of COVID-19 and other diseases.

In **Colombia**, PAHO's risk communication and community engagement initiatives [promote COVID-19 vaccination in indigenous communities](#). Using an ethnic approach, the project's strategy includes providing information on preventive measures to avoid contagion and the spread of COVID-19. It also promotes dialogues and training young people and social leaders to become replicators of public health messages.

In a webinar series (March – April 2022), PAHO and partners showcased regional experiences and best practices related to strengthening community engagement and outreach through partnerships with civil society organizations (CSOs). The events highlighted how small investments in CSOs and community-based organizations can have a meaningful impact. PAHO's community-based collaboration efforts targeted marginalized groups and populations in situations of vulnerability, including persons with disabilities; informal domestic workers; young adults and adolescents; and women and indigenous communities. Within this initiative, PAHO collaborated with seven CSOs in four countries in Central and South America and the Caribbean: **Ecuador, Guyana, Panama, and Guatemala**.

Ecuador and Colombia: Broadcasting in the Amazon: overcoming COVID-19 misinformation and fear of vaccines

Battling COVID-19 and misinformation in Ecuador's Amazon region is all in a day's work for Indira Vargas, a 30-year-old Kichwa woman who has been working as a volunteer at a community radio station throughout the pandemic. Her task: communicating the importance of COVID-19 vaccinations to 11 indigenous communities that are spread across immense geographical territories, some of which are days away by boat from any health clinic.

According to Vargas, setting up a radio station that reaches hundreds of disperse communities in the Pastaza province, located in the Amazon rainforest in north-eastern Ecuador, has been decades in the making. When COVID-19 struck the area, the need to reach these isolated communities with accurate health information became even more pressing.

"Confronting a public health emergency like this one with infrequent communication was a major hurdle," says Andrés Tapia, a 38-year-old

biologist turned radio producer, who directs the radio station run by 11 volunteers. They rely on newsgathering from up to 25 'community communicators' who report from various remote villages.

But more was needed to keep COVID-19 from spreading, especially in more isolated and vulnerable communities, which had no way of alerting each other about new COVID-19 cases. Thanks to PAHO, Tapia was able to acquire 50 HM radios – short-wave devices that work as 'walkie-talkies.'

The strong rejection of the vaccine was very similar to what was happening in other parts of the Amazon. In these areas, PAHO has been working to prevent COVID-19, using an [intercultural dialogue methodology](#), which fosters awareness of and respect for both traditional

Amazonian medicine and Western medicine and works closely with community leaders to enhance an understanding of the vaccine.

To raise awareness of vaccine safety and fight disinformation, PAHO's Country Office in Colombia implemented a community engagement strategy, working with leaders from nine indigenous peoples across four provinces. Using workshops to build bridges to better understand local traditions and perspectives, the benefits of getting vaccinated were shared with and explained to the communities according to their local worldview and in their local languages. The strategy has helped raise vaccination rates among Amazonian communities and is being replicated in other regions of the country. Watch the [video](#).

 Read the full article

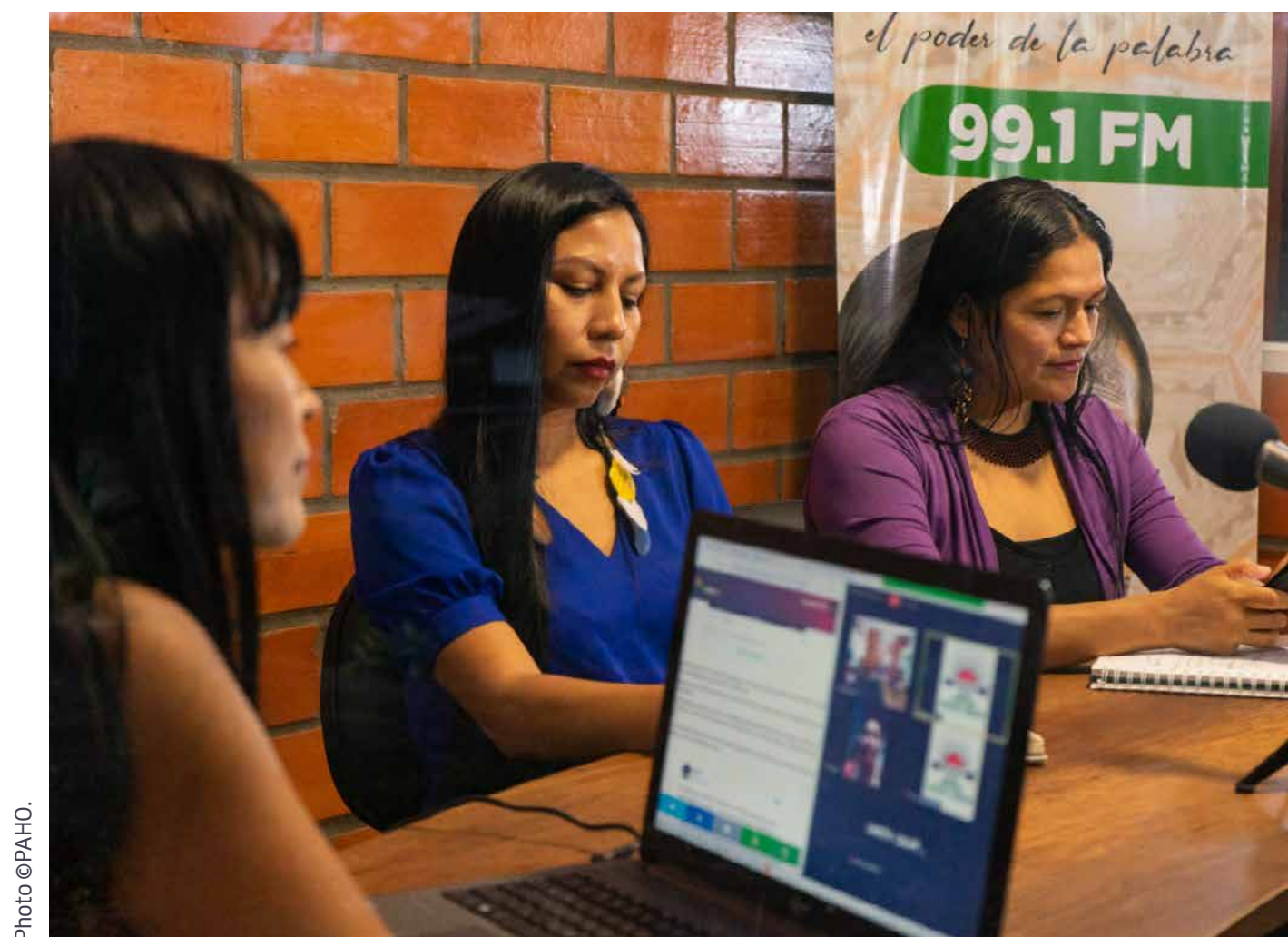


Photo ©PAHO.



Photo ©PAHO.

“We have the power as a community to overcome barriers and reduce the toll of this virus on our people.”

Dr. Carissa F. Etienne, PAHO Director.

Capacity building

PAHO has been providing technical support to strengthen capacity building in Member States. Efforts include national and regional in-person and virtual trainings for targeted professionals involved with COVID-19 response across the Americas. Topics cover a wide range of themes related to COVID-19 preparedness and response, such as risk communication, genomic surveillance, vaccination, emergency medical teams and more. PAHO also organized monthly training for healthcare workers and IPC practitioners on infection prevention and control practices. PAHO experts and recognized international experts conducted the training workshops.

The COVID-19 pandemic has generated a high demand for information and educational opportunities. PAHO's [Virtual Campus for Public Health \(VCPH\)](#) has stepped up to meet this challenge. In the past two years, enrollment in COVID-19 courses offered through the VCPH has skyrocketed. PAHO continues to work through the VCPH to develop new training courses and produce additional informational materials to strengthen health services for the post COVID-19 recovery period.

>22,000
healthcare workers
trained in infection
prevention and control
practices.



> 406
regional and
national trainings
delivered
in-person
and virtually.

as of 30 June 2022.

Photo © PAHO.



Equitable access to tests, treatments, and essential supplies


Protecting the vulnerable through prioritized research, equitable access to medical countermeasures, and essential supplies.


Evidence synthesized on **204** therapeutics from 636 randomized controlled trials and observational studies.


> US\$ 298 M
worth of COVID-19 diagnostic tests, PPE, and medicines, benefitting more than 39 million people, procured through the Strategic Fund.


433
COVID-19-related reports available in the Regional Database of Health Technology Assessment Reports of the Americas (BRISA).

227
shipments delivered to 35 countries and territories⁹, including:

**8.7 M** gloves.

**49.5 M** surgical and respirator masks.

**2.96 M** gowns.

**3.7 M** face shields.

as of 30 June 2022.

According to [WHO’s COVID-19 Strategic Preparedness and Response Plan 2022](#), research and innovation efforts need to be at the core of pandemic preparedness and response. With this in mind, PAHO continues assisting countries to generate and disseminate quality data and conduct analyses, using the results for real-time decision making in dynamic scenarios.

PAHO also promotes the [WHO Global Clinical Platform for COVID-19](#), for the clinical characterization and management of hospitalized patients with suspected or confirmed COVID-19. This is part of a global strategy to gain a clearer understanding of the severity, clinical features, and prognostic factors of COVID-19. The Platform contains more than 500,000 cases, including contributions from **Argentina, Brazil, Chile, Colombia, Dominican Republic, Mexico, Panama, Peru, and the United States of America**.

PAHO has published and disseminated a new guidance document, [Catalyzing Ethical Research in Emergencies: Ethics Guidance, Lessons Learned from the COVID-19 Pandemic and Pending Agenda](#), which is also available in [Spanish](#). In coordination with health authorities in **Bolivia (Plurinational State of), Costa Rica, and Mexico**, PAHO has been strengthening research ethics capacities. In other countries such as **Colombia, Paraguay, and Peru**, the Organization supported the development of governance frameworks for research ethics.

- COVID-19 guidance and the latest research in the Americas.
- Regional Platform on Access and Innovation for Health Technologies (PRAIS).
- Ongoing Living Update of Potential COVID-19 Therapeutics.

⁹ Cumulative totals for Antigua and Barbuda, Argentina, The Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos, Uruguay, and Venezuela (Bolivarian Republic of).

2022 Mid-year Summary Report

PAHO Response to COVID-19 19

Brazil and Argentina: Latin American manufacturers complete training in mRNA technology in bid to improve regional vaccine production



Photo ©PAHO.

A group of vaccine manufacturers from Argentina and Brazil has become the first to receive technology transfer training in mRNA vaccines at Afrigen Biologics and Vaccines, a company in South Africa. This training is a key component of the Regional Platform to Advance the Manufacturing of COVID-19 Vaccines and other Health Technologies in the Americas, a collaboration between PAHO, its Member States, and regional partners. This partnership aims to improve local production capacities, thus addressing inequities in access to essential medicines and other health technologies that countries in the Region have faced during the COVID-19 pandemic.

During the training at Afrigen's laboratory, scientists from Sinergium Biotech in Argentina, and the Bio-Manguinhos Institute of Technology in Brazil learned about Afrigen's manufacturing processes, including the formulation of lipid nanoparticles, data analytics, and the production and control of vaccines using mRNA technology.

"The benefit of this training is enormous," said Sotiris Missailidis, Research and Development Director at Bio-Manguinhos. "It enables countries to develop and produce their own mRNA vaccines and supply these where they are most needed."

"mRNA technology is a huge field to explore," added Germán Sanchez Alberti, Project Manager at Sinergium. "The technology transfer will enable companies to manufacture vaccines not only for COVID-19 but for influenza and other respiratory viruses as well."

The LAC region imports 10 times more pharmaceuticals than it exports, leaving it vulnerable to fluctuations in the global supply, particularly



Photo ©PAHO.

during emergencies. Severe shortages of COVID-19 vaccines were a wake-up call in the past year, highlighting the urgent need to rapidly increase regional production.

So far, the Bio-Manguinhos Institute of Technology on Immunobiologicals at the Oswaldo Cruz Foundation (FIOCRUZ) in Brazil, and Sinergium Biotech, a private sector biopharmaceutical company in Argentina, were selected to serve as regional arms for the development and production of mRNA-based vaccines in Latin America. More on the Regional Platform here.

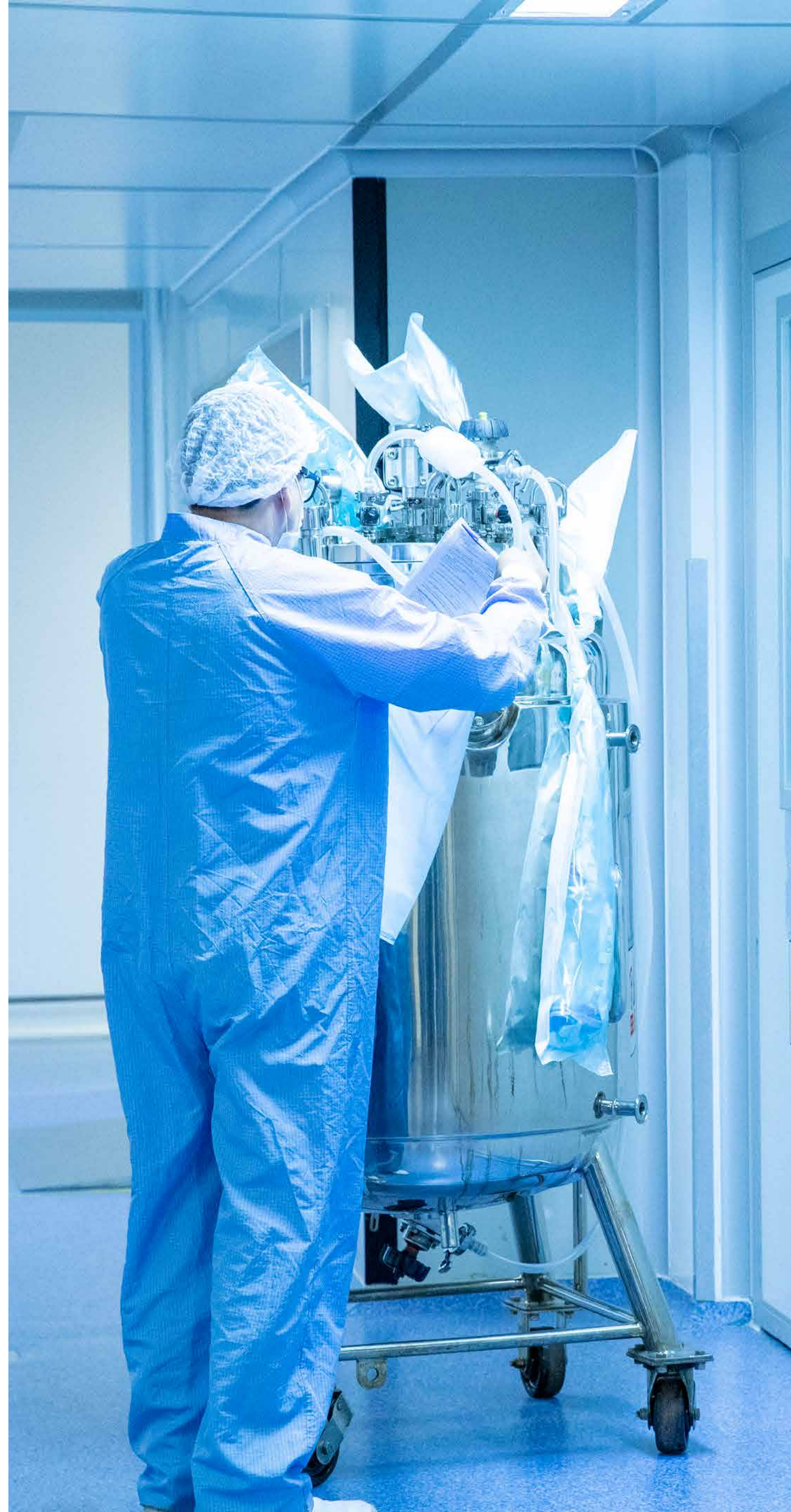
[Read the full article](#)

Manufacturing capacity

The Latin American and the Caribbean (LAC) region imports ten times more pharmaceuticals than it exports, leaving it vulnerable to fluctuations in the global supply, particularly during emergencies. PAHO has been working to correcting this imbalance, under the umbrella of the Regional Platform to Advance the Manufacturing of COVID-19 Vaccines and other Health Technologies in the Americas. This platform will foster research and incentivize the development and manufacturing of essential and strategic health technologies, expanding manufacturing capacities, facilitating information exchange, and promoting cooperation between the public and private sectors in the health, industry, and science and technology sectors.

In March 2022, PAHO, WHO, and the Medicines Patent Pool collaborated on the first [in-person training session for Latin American vaccine scientists](#), which was held at Afrigen Biologics and Vaccines in South Africa. Scientists from **Argentina's** Sinergium Biotech and the Instituto Tecnológico Bio-Manguinhos in **Brazil** learned about Afrigen's manufacturing processes, including formulation of lipid nanoparticles, data analysis, and vaccine production and control using mRNA technology. Additionally, a study is currently underway to identify and analyze policies, regulations, and sectoral programs for the promotion of production capacities, supply chain resilience, and access to pandemic products in seven countries. A case study is also underway on experiences and lessons learned about the supply chain during the COVID-19 pandemic in 12 countries.

Photo ©PAHO.



Treatments

PAHO periodically updates evidence on potential therapeutic options for COVID-19 to help investigators, policy-makers, and prescribers navigate the flood of relevant data and ensure that management of COVID-19, at both individual and population levels, is based on the best available knowledge. The [Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of rapid systematic reviews](#) was last updated on 8 June 2022. The review synthesizes evidence on 171 therapeutics from 516 randomized controlled trials and observational studies.

In February, the Organization published a [list of essential medicines](#) (in Spanish) to manage patients in intensive care units with suspected or confirmed COVID-19. The document aims to help health systems to prioritize essential medicines that must be available and accessible for the management of patients with severe disease during health emergencies. This is the forth version of this publication, which now includes an update after the emergence of the Omicron VOC.

Oxygen is included in the WHO's list of essential medicines and is used to care for patients at all levels of integrated health services networks. The efficacy of oxygen use in the treatment of patients with respiratory conditions caused by COVID-19 has been demonstrated, but there is room for improving its effectiveness by using it in a rational, sustainable, and safe way.

To address this issue, PAHO released [Good Practices in the Rational and Effective Use of Oxygen](#). Efficient management systems are critical in dealing with current and future situations of oxygen scarcity and to avoid negative repercussions, such as loss of efficacy, that can result from activities related to the storage, distribution, and administration of oxygen.



Photo ©PAHO.

Paraguay: Medical oxygen plants improve health care in Paraguay

Arminda Sanabria is a 96-year-old grandmother who lives in Concepción. She contracted COVID-19 and was left with breathing difficulties due to chronic obstructive pulmonary disease. Her primary health care doctor prescribed oxygen, a vital resource that her granddaughter, Leticia Medina, obtains at no cost each morning, thanks to the oxygen production plant installed at the regional hospital, which enables Arminda to be treated at home.

The plant at the Regional Hospital in Concepción is one of two facilities installed by PAHO as part of its work with the Ministry of Public Health and Social Welfare (MSPyBS) to meet medical oxygen needs created by COVID-19 and other diseases. Due to an increasing number of infections during the first wave of COVID-19, oxygen had to be brought in from Horqueta, a neighboring town. At times, it was necessary to resort to manual oxygen therapy and families had to sell what little they had to buy an oxygen balloon, refill it daily, and cover the expensive medicines that were needed. “There is a ‘before’ and an ‘after’ with regard to this plant,” said Leticia. “We have been hit with a second and third wave of COVID-19 and this plant has really saved lives.”

Dr. Samuel Pérez, Director of the Regional Hospital in Concepción, recounts that “the hospital’s demand for oxygen increased five-fold” during peak periods of the COVID-19 pandemic. With the demand for oxygen rising worldwide, including in Concepción and the whole of Paraguay, the Ministry of Public Health and Social Welfare requested help from PAHO to find a solution. “This oxygen plant radically changed the lives of the residents of Concepción,” said Pérez. The regional hospital receives patients from the Chaco region and all districts in Concepción, including indigenous communities.

The medical oxygen plants represent a total investment of US\$ 1.4 million and benefit more than 300,000 people. The plants can produce 30 cubic meters of oxygen per hour (equivalent to 20 tanks), operate 24/7, and provide oxygen not only to the hospital network but also to people like Arminda, who need this resource for home treatment.

PAHO trained MSPyBS personnel to use and maintain the two plants. The Organization also provides technical assistance to ensure the sustainability of the investment. It is expected that, in the future, Paraguay will share this experience with other countries in the Region that require this type of infrastructure.

[Read the full article](#)



Photo ©PAHO.



Given the rapid increase in the number of hospitalizations due to COVID-19, coupled with shortages of human and material resources, including medical equipment and gases, care models must be redesigned to optimize available resources and ensure that more patients receive the quantity and quality of oxygen they need.

These guidelines are also available in [French](#), [Portuguese](#) and [Spanish](#). In addition, PAHO also developed a Spanish-language [virtual course on management of medical oxygen](#); 2,700 medical health professionals have registered for the course as of June 2022.

[PAHO delivered an oxygen plant to the Ministry of Public Health and Social Welfare](#) in **Paraguay** in June 2022. The plant was installed in the Curuguaty District Hospital and will benefit approximately 236,000 people while, at the same time, allowing a network of 30 family health units and other health facilities in the XIV Health Region to refill oxygen balloons. The equipment will help tackle the challenge of supplying oxygen to a wider population and contribute to strengthening resilient health systems during the COVID-19 pandemic.

Essential supplies

PAHO has been using available funds to procure and replenish stocks of essential medical supplies and equipment and personal protective equipment (PPE). PAHO's strategic reserve in Panama receives the goods

and coordinates distribution to countries and territories as needs arise. The availability of these supplies ensures continued surge response capacity to support outbreaks and sharp increases in cases and during concurrent emergencies in Latin America and the Caribbean.

In January 2022, PAHO published the [Epidemiological Alert: Rational use of COVID-19 diagnostic tests](#). In the context of a sudden increase in the use of COVID-19 diagnostic tests in countries within and outside of the Region of the Americas, the document includes recommendations on appropriate measures for the rational use of diagnostic testing to ensure their availability for both surveillance and medical care.

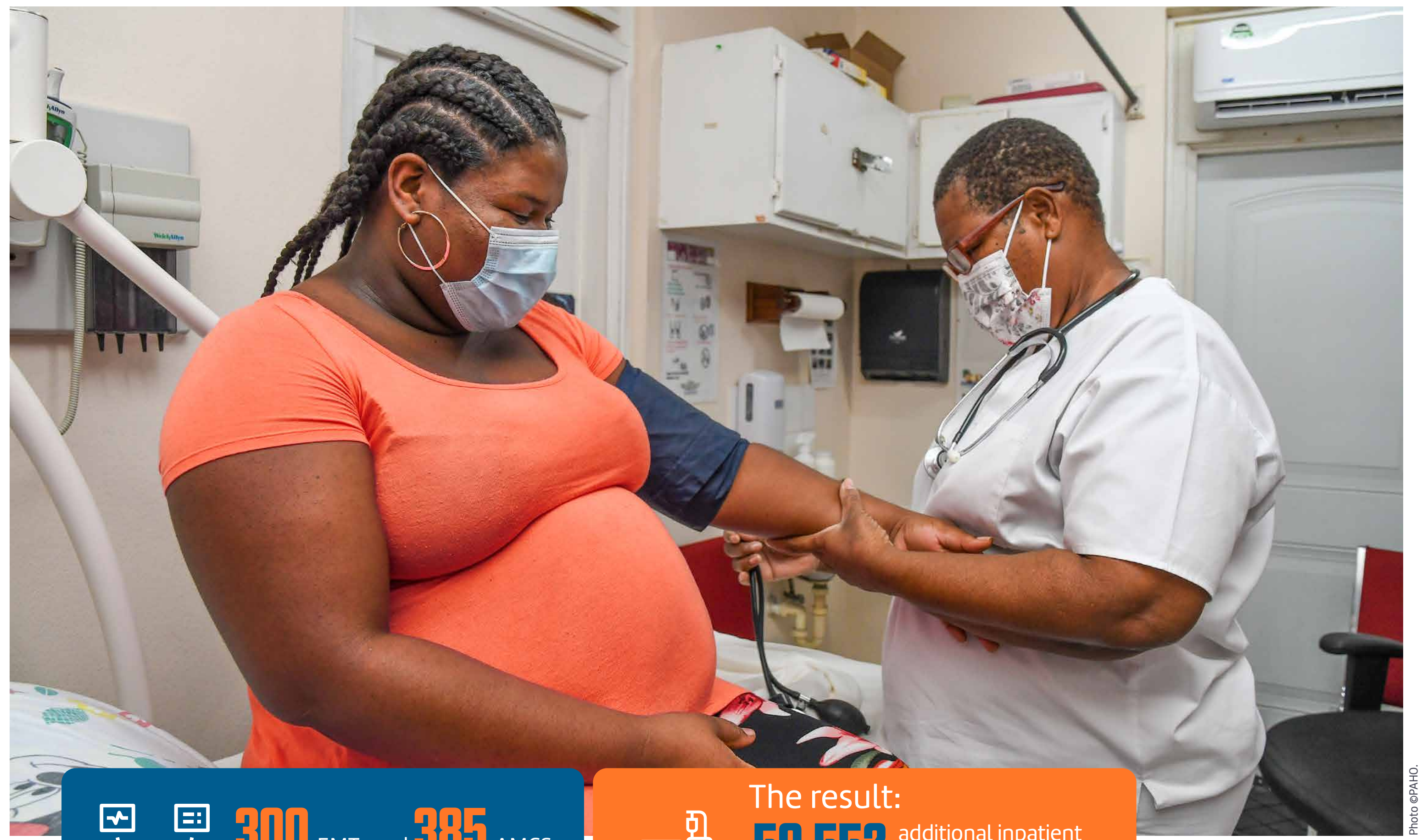
PAHO [delivered critical medical equipment and laboratory test kits](#) to the Ministry of Health and Wellness (MoHW) in Jamaica to support its COVID-19 response. The donation included high-flow nasal oxygen devices, oxygen flow meters, pulse oximeters, medicine and emergency trolleys, nebulizers for adults and children, digital blood pressure machines, and electrocardiogram (ECG) cards to support laboratory diagnosis and case management for the critically ill. PAHO resources were also used to procure life-saving equipment for children, including more than 60 child nebulizer kits for children who develop breathing difficulties after contracting COVID-19 or other respiratory infections, along with computers, tablets, and monitors to support the MoHW's efforts to improve healthcare service delivery and operations.

Health services delivery

Reducing illness and death through lifesaving, safe, and scalable health interventions, and resilient health systems.

One of the pandemic’s greatest challenges has been the need to provide healthcare for those who have been infected with COVID-19, while at the same time, maintaining other essential health services. However, disruptions to the delivery of services, the supply chain, and staffing, as well as budgetary restrictions, continue to negatively impact COVID-19 response and access to healthcare overall. This reality is coupled with the growing risk of other public health conditions such as Monkeypox, viral hepatitis, and other respiratory infections. Another recently emerging condition includes coping with the long-term effects of SARS-CoV-2 and caring for those with post COVID-19 conditions (also known as long COVID). Countries can leverage the investments made to strengthen health systems and apply the lessons learned over the past two years to expand the provision of better-quality care and build more resilient health systems.

The pandemic’s impact on health systems in LAC has included infrastructure and equipment shortages that have affected the capacity to respond to surging demands for care. The pandemic also exposed and exacerbated deep inequities. For example, for migrants and people living in isolated or remote areas or with poor social and economic determinants of health – including many indigenous and Afro-descendant populations – COVID-19 testing, treatment, and vaccination often have been out of reach.





300

EMTs and

385

AMCS

increased medical surge capacities in 23 countries.



The result:

50,552

additional inpatient hospital beds and

2,285

critical care beds.

as of 30 June 2022.

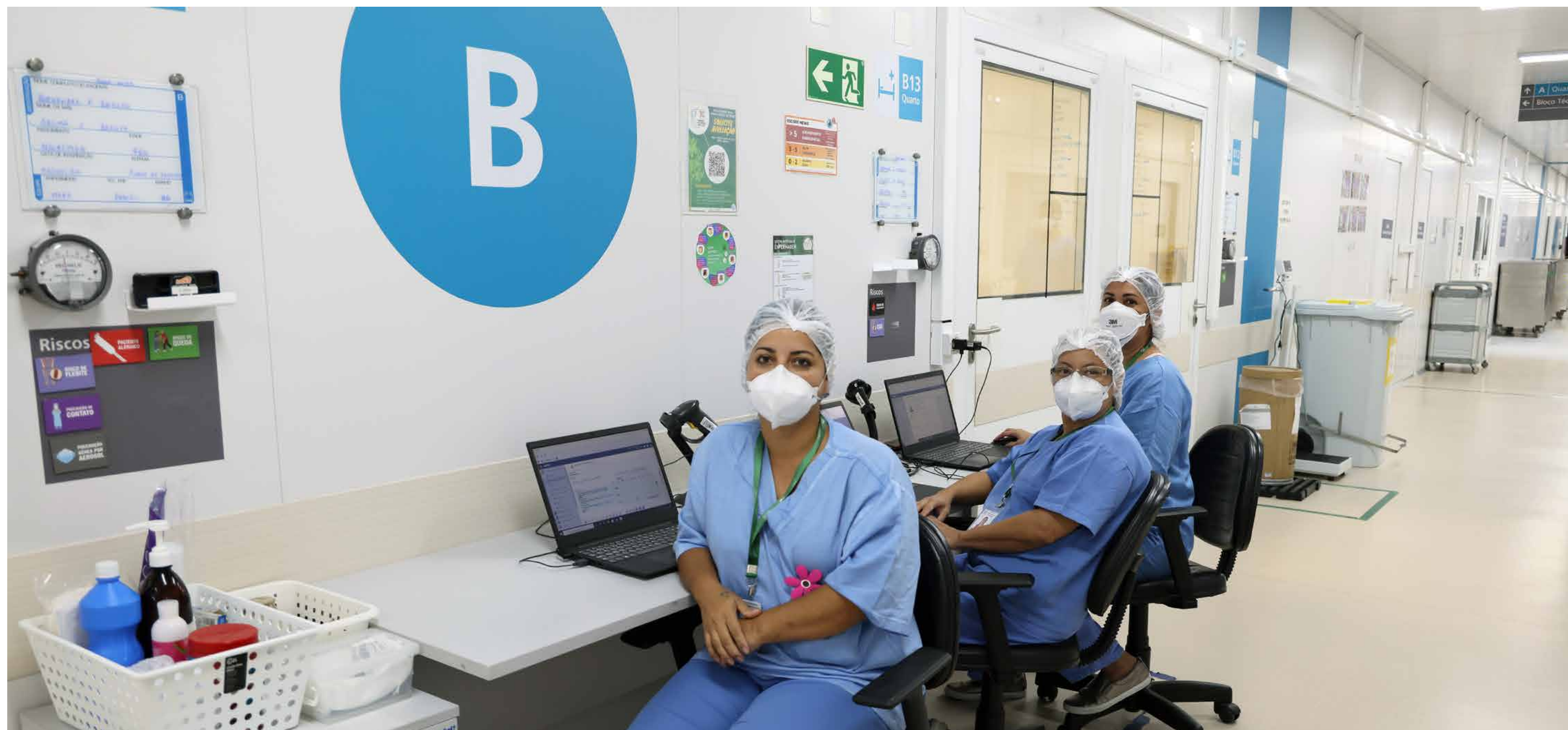


Photo ©PAHO.

In response, PAHO is placing renewed emphasis on the [Essential Public Health Functions \(EPHF\)](#), or the capacity of public health authorities to strengthen health systems and guarantee the right to health for everyone. The EPHF evaluation and strengthening exercise, which is ongoing in 12 LAC countries,¹⁰ seeks to guide the development of public health policies. Furthermore, EPHF does so within a public health framework based on applying ethical values to address health inequities and their causes.

In **Barbados and the Eastern Caribbean Countries**, PAHO hosted a webinar on [Ending the Acute Stage of the Pandemic in 2022: The State of COVID-19 response in Barbados and the Eastern Caribbean Countries](#). The objective of the webinar was to discuss practical actions for reducing the impact of SARS-CoV-2 transmission on health, as COVID-19 becomes yet another recurrent disease that health systems and societies will have to manage. The recording of the webinar is available on the [PAHO YouTube Channel](#).

Strengthening health systems for the post-COVID-19 future

Efforts are being made to increase knowledge and improve access to health services for the multidisciplinary management of people with post COVID-19 condition (long COVID) and has developed training activities aimed at decision-makers and health personnel. PAHO also is advising countries on aspects of mental health and rehabilitation to support recovery. The Organization is updating its guidance on rehabilitation management, hosting workshops and webinars on post COVID-19 condition and rehabilitation, and working with national experts to share information on clinical management strategies.

PAHO prepared and distributed a [brochure on the post COVID-19](#) condition with tips on understanding the condition. In February, the Organization conducted a webinar on [Rehabilitation Perspectives on Post COVID-19 Condition in the Americas](#) to present and discuss the latest information available on long COVID.

“At a time of crisis, our wellbeing and that of our societies depend on the resilience of our health systems.”

Dr. Carissa F. Etienne, PAHO Director.

¹⁰ The Bahamas, Bolivia (Plurinational State of), Brazil, Costa Rica, Dominican Republic, El Salvador, Jamaica, Peru, St. Kitts and Nevis, St. Lucia, Suriname, and Trinidad and Tobago.

Suriname: Eliminating malaria in times of COVID-19

Suriname has been performing exceptionally well as it moves toward eliminating malaria and has won the award ‘Malaria Champion of the Americas’ three times. However, Suriname is also in a precarious position: it is a country with almost no cases surrounded by countries with high transmission rates. Anytime that anyone with malaria enters

Suriname, the disease can be reintroduced into the country, thus posing the risk of a potential outbreak. Thanks to support from PAHO, a swift response has been possible in the form of active surveillance and detection as well as the classification and management of these imported cases.

“Active surveillance of malaria is now even better managed with the introduction of the DHIS2 database, for which PAHO provided technical cooperation. This online platform makes data input as well as access to this data possible in real-time, which is especially important in the field, where tablets can be used for this. This enables the time between case detection and response to be shortened significantly,” said Dr. Hélène Hiwat, Coordinator of the Malaria Program.

In addition to providing support for case investigation and management, PAHO assists in the continuous development of protocols and guidelines for outbreak prevention and response. PAHO, together with the Suriname’s malaria program, supports capacity building by providing refresher trainings.

Integrating malaria interventions with COVID-19 prevention in the interior

The COVID-19 pandemic has brought its share of challenges to Suriname’s malaria program. Lockdowns and curfews have made it much harder to operate, but thanks to the continuous presence of community health workers in the field, the work has continued. The malaria program’s support to the country’s COVID-19 response in the interior has made it possible for health workers to reach mobile migrant workers in remote gold mining sites, one target of malaria program. Overall, this population has had limited access to health care services and therefore is at risk of not being covered by COVID-19 prevention and management interventions.

The already existing malaria program network, coupled with preestablished relationships with this target population, has improved access to COVID-19 interventions. Suriname has successfully conducted integrated malaria and COVID-19 missions, in collaboration with the Medical Mission and PAHO. This has enabled the malaria program to continue its interventions uninterrupted. In 2020, the malaria program clinic (TropClinic) in Paramaribo also began operating as a COVID-19 swab post and in 2021, as a vaccination site.

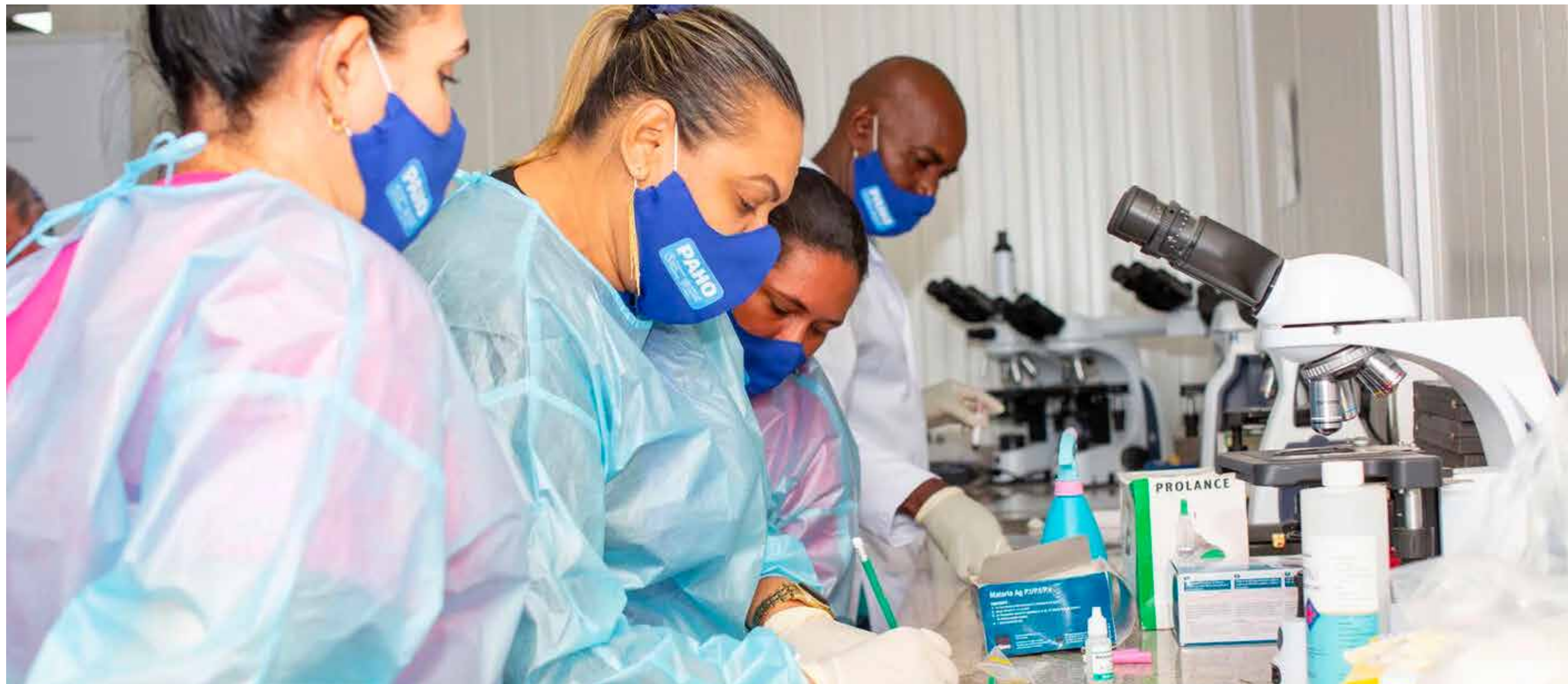


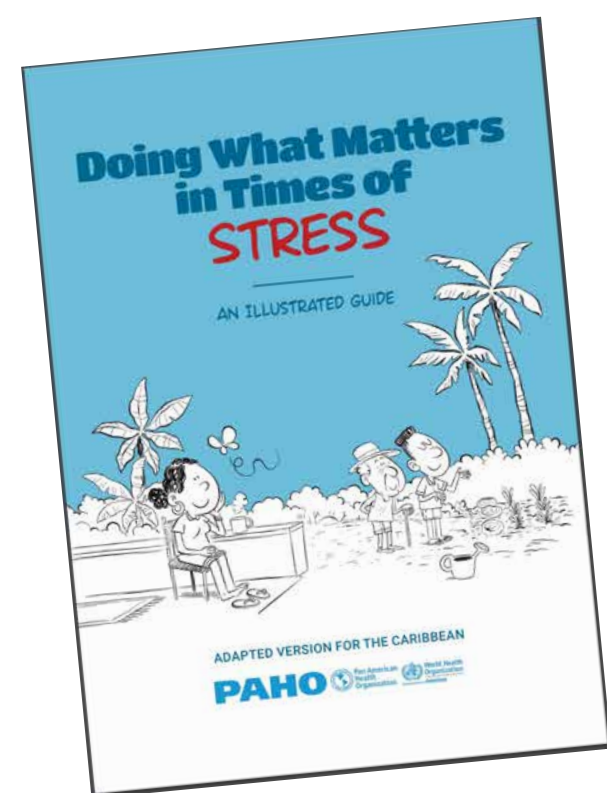
Photo ©PAHO.

[Read the full article](#)

Protecting mental health

Into its third year, the impact of the COVID-19 pandemic on mental health can be attributed to a number of reasons, including pressures associated with job losses, restricted face-to-face education, violence, and illness, among others. Because mental health services form a key area of the Region's COVID-19 response, PAHO organized a [webinar on mental health care for health professionals during the COVID-19 pandemic](#). The event also marked the launch of a self-learning course, [Self-care for frontline workers in the response to emergencies](#) (in Spanish), and the end of the [Share your story campaign](#), which had invited health workers in the Americas to share their experiences caring for COVID-19 patients and coping with the pandemic.

In May 2022, PAHO launched a [High-level Commission on Mental Health and COVID-19](#). The commission will prepare guidelines and recommendations to reduce the impact of the pandemic on mental health in the Region. The commission's work will focus on five key areas: recovering from the pandemic and promoting mental health as a priority; the mental health needs of vulnerable populations; integrating mental health into universal health coverage; financing; and promoting prevention of mental health conditions.



WHO's mental health management guide [Doing what matters in times of stress](#) has been adapted for use in the **Caribbean**. It features relatable and simple activities, designed to help people of all ages cope with adversity and better manage stress. PAHO launched the guide in January, in collaboration with the Caribbean Development Bank, to answer the call to prioritize the delivery of mental health services.

Photo ©PAHO.



In **Honduras**, PAHO supported the development of communication materials, such as posters, radio spots, videos, and gifs, for dissemination through social media channels. This material addresses mental health and psychosocial support (MHPSS) in indigenous communities in Honduras. Culturally appropriate material targeted these populations, which have become increasingly vulnerable during the COVID-19 pandemic. In March 2022, the PAHO office in Honduras used its social media presence to launch this campaign countrywide.

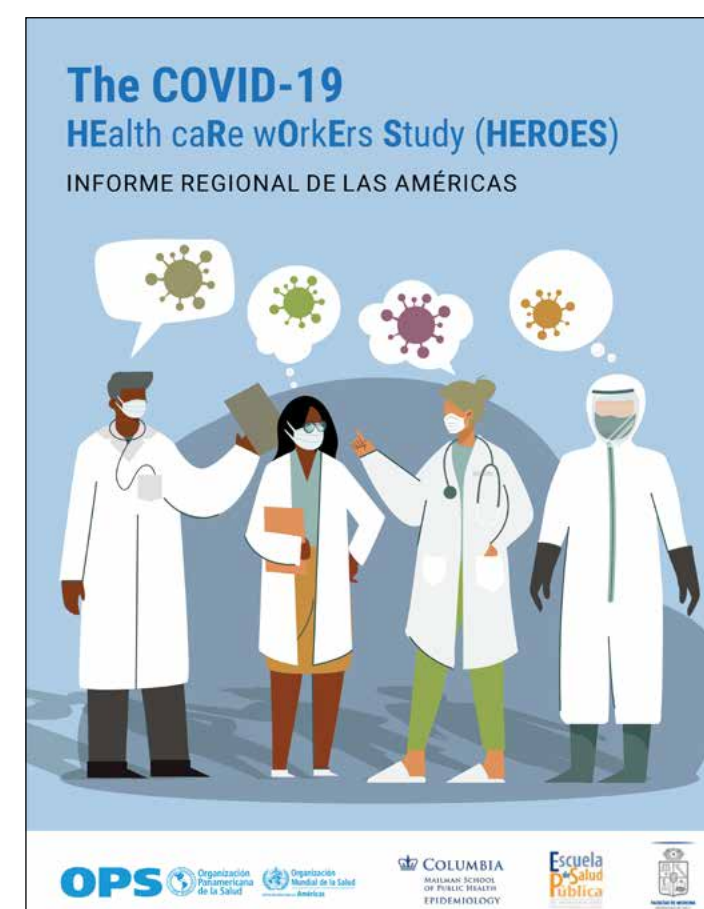
Health workforce

“Health care workers hold the key to protecting our communities today and as we face new health crises and challenges. We must always protect and care for our health workforce because investing in our health workforce is an investment in all of us.”

Dr. Carissa F. Etienne, PAHO Director.

In 2022, PAHO published the [Regional Report on the COVID-19 HEalth caRe wOrkErs Study \(HEROES\)](#). HEROES is a collaboration between PAHO, the University of Chile, and Columbia University (USA) to evaluate the impact of the COVID-19 pandemic on the mental health of health professionals in 26 countries on four continents. The Report collected evidence from a survey conducted in 11 countries in the Americas: **Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Guatemala, México, Peru, Puerto Rico, Uruguay, and Venezuela (Bolivarian Republic of)**.

Results show that in many countries, there were high rates of depressive symptoms, suicidal ideation, and psychological disorders among health care workers. In addition to producing quality scientific evidence about the mental health status of health workers, this initiative aims to contribute to the development of policies and individual and institutional interventions to respond to the negative consequences of the pandemic.



In June 2022, PAHO announced the initiative [Americas Health Corps – Fuerza de Salud de las Americas](#), which will train 500,000 public health workers throughout the Region over the next five years. Americas Health Corps, which forms part of the Action Plan on Health and Resilience in the Americas, aims to help the Region prevent, prepare for, and respond to future pandemic threats and other public health emergencies, while ensuring the equitable delivery of

healthcare services to remote, vulnerable, and marginalized communities. This new initiative builds on PAHO's work and mandates to build resilient health systems, based on primary health care; strengthen essential public health functions; and improve pandemic preparedness and response. It will leverage the capacity of the PAHO Virtual Campus for Public Health to reach the healthcare workers throughout the Region, including in remote and underserved areas.



Photo ©PAHO.

PAHO met with the Ministry of Health in **Costa Rica** to present a report on the structure, composition, and dynamics of the country's health workforce in the context of COVID-19. The document was developed by PAHO, in collaboration with Costa Rica's Human Resources for Health Unit and the Technical Commission for Human Resources in Health Development. The meeting resulted in an agreement to plan future activities, including the creation of working groups to analyze the challenges and propose solutions to key aspects faced by the country.

Emergency medical teams

To increase surge capacity for clinical management of COVID-19 in the Region, PAHO has reached out to ten countries for the donation of medical equipment, waste management and water treatment kits for emergency medical teams (EMTs) based on each country's needs. PAHO has initiated procurement of these items for **Antigua and Barbuda, Colombia, Costa Rica, the Dominican Republic, Haiti, Jamaica, Panama, and Trinidad and Tobago**.



PAHO donated equipment to **Argentina**'s Ministry of Defense for use by EMTs who have been deployed to the country. The delivery included five tents, waste incinerators, and drinking and wastewater treatment equipment. In late March, PAHO trained officers from the armed forces on how to install, use, and maintain the equipment. The aim is to strengthen operations in two mobile hospitals deployed to support COVID-19 vaccination and to support future operations during emergencies.

PAHO facilitated virtual technical meetings in **Antigua and Barbuda, Belize, Bolivia (Plurinational State of), Costa Rica, the Dominican Republic, Ecuador, Haiti, and Panama** to discuss medical surge capacity strategies and readiness to develop national EMTs. PAHO also carried out [training sessions for EMTs in Ecuador](#). Staff working at the Ministry of Health mobile hospitals were trained to use water supply and solid waste management kits. Sessions also included practical information about assembling, managing, maintaining, and storing the equipment, which PAHO donated to the country. PAHO's EMT Secretariat also conducted technical field trainings in Haiti, providing operational support to set up temporary vaccination sites and mobile hospitals. The EMT Secretariat also conducted field technical trainings in **Bolivia (Plurinational State of)**, and Haiti for operational support to set up temporary vaccination sites and mobile hospitals for COVID-19.

 [PAHO's COVID-19 EMT Response information hub.](#) 



The road ahead

The countries of Latin America and the Caribbean are beginning to transition beyond the acute phase of the COVID-19 pandemic. However, this does not mean the Region can afford to let down its guard. Ending the acute phase of the pandemic requires tackling the primary factors driving transmission of SARS-CoV-2 and the direct and indirect impacts of COVID-19. In the Americas, this process will continue to require an expansive response, with sustained capacity in the health service network; maintenance of public health and social measures; and targeted vaccination operations and outbreak control actions, including early detection, investigation, and isolation of cases, as well as contact tracing.

Health systems must be prepared to deal with surges in COVID-19 cases as well as with an increased demand for hospital beds and critical care for a range of other illnesses, which may be related to the disruption of essential services. This requires a comprehensive approach to managing the pandemic and the ability to adapt to constantly evolving situations. This approach must have the right balance of proven health interventions to prevent transmission and save lives, including vaccination and other public health measures; response capacity at the first level of care (primary care); and progressive expansion of hospital and critical care services, including EMTs and alternative medical care sites, when necessary.

Public health and social measures must be adapted to the needs and situations of those who are hit hardest by the health and economic crisis, and particularly those who are living in fragile, conflict-affected, and vulnerable contexts.

The Region will continue utilizing surveillance to monitor the spread of the virus, prevent future outbreaks, detect threats, adapt measures, and prepare health systems for new surges in cases. The continued incorporation of SARS-CoV-2 surveillance into systems for the surveillance of influenza viruses and other epidemic-prone diseases is key for integrated respiratory disease surveillance as the pandemic wanes. It is also important to continue upgrading and expanding national capacities for molecular sequencing and genomic epidemiology for SARS-CoV-2, while ensuring quality in laboratory practices. Data and evidence will continue to underpin decision-making and be critical to the development of guidelines and recommendations to Member States as they pass through subsequent phases of the COVID-19 emergency.

PAHO will also continue to prioritize efforts to close vaccination gaps in the Region and accelerate equitable access to vaccination, especially to protect the most vulnerable. Work during the remainder of 2022 will continue to support strategies to strengthen vaccine demand-generation activities,

including building trust in vaccines and combatting vaccine hesitancy; ensuring access to vaccines and related supplies and strengthening capacities for vaccine deployment; and maintaining surveillance of vaccine safety and events supposedly attributable to vaccination or immunization. PAHO will also support countries and territories to integrate COVID-19 vaccination operations into well-established routine national immunization programs.

“We cannot get back the time that we’ve lost to this pandemic, but we can control how the future will go. The choices we make today can have ripple effects for months and years to come.”

Dr. Carissa F. Etienne, PAHO Director.

This mid-year report (January – June 2022) summarizes PAHO’s main efforts to support countries and territories in the Americas as they responded to COVID-19 during the first half of 2022.