

PAHO's Health Emergency Appeal 2023



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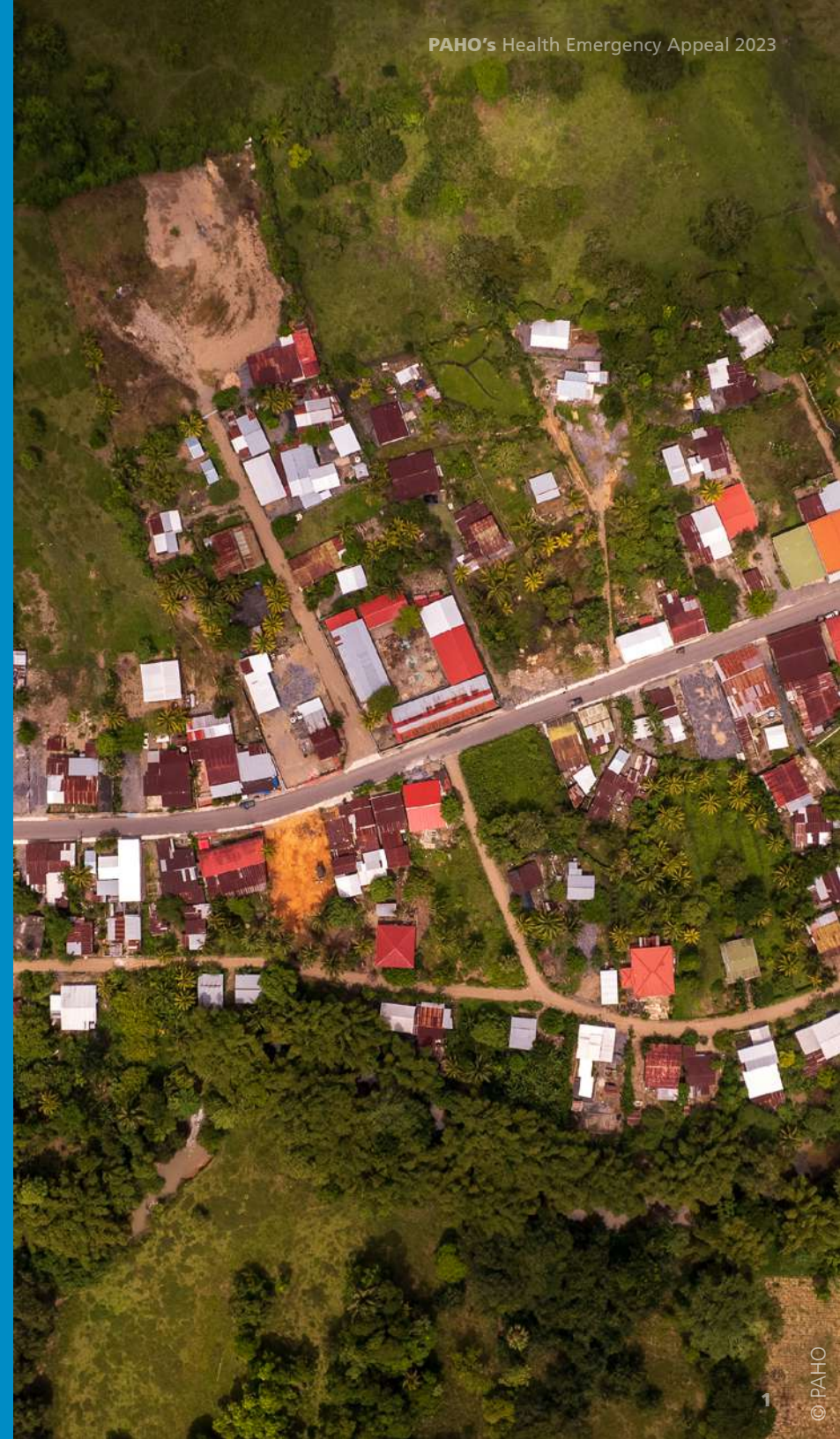
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Contents

Foreword	2
PAHO's Health Emergency Appeal 2023	4
Health emergency panorama	6
2023 financial requirements	7
2022 emergency response highlight	9
Health threats & challenges	10
Mass migration in the Americas	14
Response strategy and regional priorities	15
Risk of resurgence of vaccine-preventable diseases (VPDs)	17
Focus countries' appeals	18
Colombia	19
El Salvador	23
Guatemala	26
Haiti	30
Venezuela	36
How to support this appeal	40



FOREWORD

Countries in the Americas face a complex landscape, with the growing risk of outbreaks and epidemics, the persistence of communicable diseases, the rise of non-communicable diseases, the accelerating impacts of climate change, and ever-changing socio-economic challenges. Additionally, the Region faces significant inequalities between and within countries and an accelerated demographic transition in Latin America and the Caribbean. In this context, the prolonged COVID-19 crisis exacerbated pre-existing vulnerabilities and worsened cumulative humanitarian needs throughout the Region, fueling some of the main drivers of internal displacement and migration.

Our Region was the epicenter of the pandemic. Yet, high levels of poverty and inequalities jeopardized the adoption of public health measures by local populations, especially in countries where so many rely on informal economic activities, live in areas with poor access to water and sanitation, and depend on crowded public transportation. In those environments, it was extremely challenging to keep people safe from getting infected.

Even with vaccine development, we faced unreasonable obstacles as our vast Region struggled to access sufficient supplies. We now have the tools to control transmission and must work hard together, to reach the groups that are not yet vaccinated and end the pandemic in the Americas.

To respond to these challenges, we need strong and resilient health systems that can adequately perform all the Essential Public Health Functions and lead multisectoral actions on the social, economic, and environmental determinants of health.

The diversity of threats faced by our Region requires national health systems to be better prepared to face complex, multi-faceted emergency scenarios using a wide range of integrated actions, including improved disease prevention, detection, surveillance and control, ensuring the continuity, quality and local availability of essential health services and a robust and well-trained health emergency workforce for timely and efficient action to face outbreaks and disasters.

PAHO has a unique capacity in the Region to provide high-quality technical cooperation, strong country presence, and agility in responding to Member States' needs and priorities. Working with Member States, PAHO can and will help countries overcome persistent inequalities, build health systems that can respond to emerging threats, end the pandemic, and recover stronger than before.

PAHO stands ready to support its Member States in learning and implementing the crucial lessons from the COVID-19 pandemic. We must support countries to further strengthen their national capacity to detect and respond to public health emergencies and build robust health surveillance systems based on the "One Health" approach, ensuring national capacities can be rapidly scaled up in the event of an emergency or disaster. This is the only way the Region will be better prepared for and apt to face future crises.

We know Latin America and the Caribbean bear disproportionate vulnerabilities when faced with health emergencies and climate events. We know that poverty and illness exist in a vicious circle and that the poorest are commonly most impacted by disasters and emergencies, which increasingly aggravate their health and humanitarian needs.

PAHO will continue to work tirelessly across sectors, borders, and languages to ensure the Americas are safer and better prepared to face emergencies and respond to them, leaving no one behind.



Dr. Jarbas Barbosa da Silva Jr.
PAHO Director



**PAHO's Health
Emergency Appeal 2023
targets approximately
24.2 million people in need
of humanitarian health
assistance across the
Region, including COVID-19
response efforts for 2023.**

PAHO'S HEALTH EMERGENCY APPEAL 2023

SAVING LIVES AND PROTECTING COMMUNITIES IN SITUATIONS OF VULNERABILITY

From the impact of the prolonged COVID-19 emergency to the multiplication of socio-economic-political crisis, increased poverty, displacement, violence, and food insecurity rates, to more frequent and intense natural and climate-related hazards, to name a few, the Americas is disproportionately exposed to recurrent adverse events that affect the lives, health, and well-being of its people.¹ These recurring and increasingly frequent events also often results in damage to existing health-assistance structures, putting unexpected stress on health systems, and the lives of many at risk.

The COVID-19 pandemic, and the measures adopted in response to it, have had both direct and indirect detrimental impacts on the health of the Region's population. Along with the social and economic crisis, they have further exacerbated existing vulnerabilities and inequities faced by specific population groups such as children, women, older people, indigenous and ethnic groups, migrants, and homeless or informal workers. They also generated significant setbacks in health progress achieved up to now, jeopardizing health gains and amplifying the risk of new emerging public health threats.

Such multidimensional challenges also drive people to seek better living conditions for themselves and their families elsewhere, resulting in increasing and evolving migration flows in the Region that further overwhelm health systems and exacerbate the vulnerable conditions of displaced populations or those in transit.

According to the [Global Humanitarian Overview 2023](#), the number of people in need in Latin America and the Caribbean continues to rise, reaching a record high of 29.2 million requiring assistance in 2023—many of whom are at risk of disease outbreaks,

nutritional crises, violence, mental health affectation, and limited access to essential health services.

The growing protection risks and humanitarian health assistance needs will likely continue and even worsen in 2023. Food insecurity, recurring disasters compounded by climate change, displacement within and across borders, and chronic violence will continue aggravating needs related to food access, nutrition, protection, water, sanitation, hygiene (WASH), and health.

With adequate funding, rapid interventions, and coordinated actions, we can protect the health and well-being of the people impacted by emergencies - saving lives, supporting recovery efforts, preventing the spread of diseases within countries and across borders, and ensuring that communities have the opportunity to rebuild prosperous futures, without leaving anyone behind.



**29.2 million people
in LAC requiring
assistance in 2023.**

¹ Economic Commission for Latin America and the Caribbean. Repercussions in Latin America and the Caribbean of the war in Ukraine: how should the region face this new crisis? Santiago: ECLAC; 2022. Available from: <https://repositorio.cepal.org/handle/11362/47913>.

WHAT DOES THIS APPEAL COVER?

PAHO's Health Emergency Appeal 2023 highlights the regional priorities of the Organization to support the protection of communities and populations affected by acute, prolonged, and protracted health emergencies throughout the Americas, starting with individuals in situations of vulnerability. The Appeal outlines the funding required to sustain and scale up health emergency and humanitarian assistance in the Region, focusing on five priority countries currently facing a prolonged humanitarian crisis and recovering from recent acute emergencies: Colombia, El Salvador, Guatemala, Haiti, and Venezuela (Bolivarian Republic of).

This appeal aligns with PAHO's mandate and role in health emergency and humanitarian assistance within the United Nations and the Interamerican Systems. It contributes to the Organization's Strategic Plan 2020-2025, its principles, priorities, and strategies, and the [World Health Organization's Health Emergency Appeal for 2023](#).

Due to the unpredictable nature of health emergencies, the Appeal is a snapshot of projected needs for all the crises that PAHO is currently responding to and readiness efforts for highly probable emergency scenarios based on risks assessed and forecasted. To ensure an adequate response, PAHO has worked to develop and standardize appropriate skillsets and capacities across all levels of the Organization to fulfill its critical function of leadership, information management, technical expertise, and core services when responding to emergencies with health consequences.

PAHO's Health Emergency Appeal 2023 targets approximately 24.2 million people in need of humanitarian health assistance across the Region, including COVID-19 response efforts for 2023.

The appeal outlines the funding requirement to sustain and scale up health emergency and humanitarian assistance in the Region.



HEALTH EMERGENCY PANORAMA

Health emergencies are disease outbreaks, disasters, and humanitarian crises with public health consequences. PAHO's grading of emergencies is used to determine the level of operational response required following a risk assessment.

Any situation that may have the potential to become a serious threat capable of generating a graded health emergency.

GRADE 1

A situation in which the country, or part of the country, is significantly affected and the response can be handled at country level (no or minimum support required from the Regional Office).

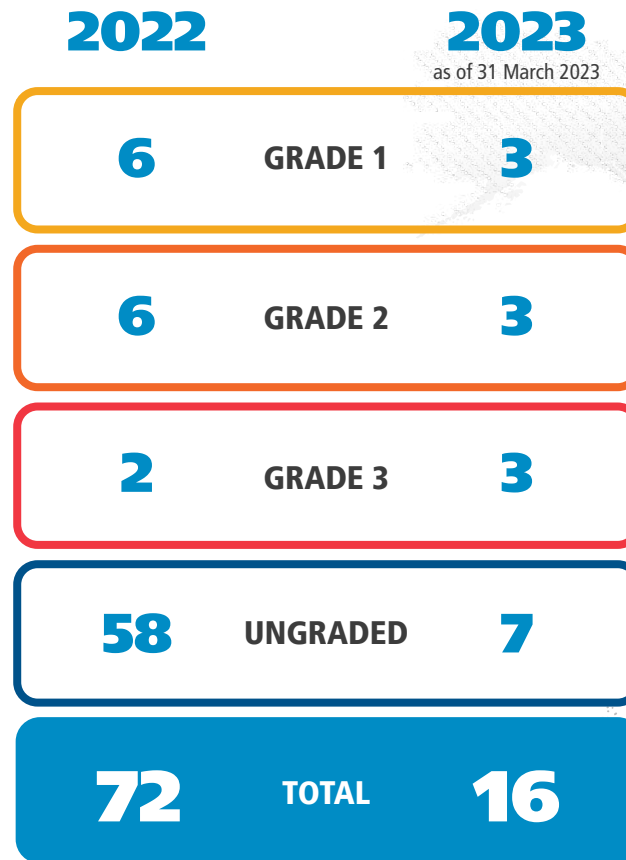
GRADE 2

The emergency or potential health risk requires a rapid and visible response from the Organization and the need for a considerable international health sector response is anticipated.

GRADE 3

The actual or potential public health impact is extremely high, exceeds the country's technical capacity to adequately address it and requires the full involvement of the Organization.

Emergencies monitored and/or responded to by PAHO in the Americas



In 2022, PAHO monitored 72 health emergencies in the Region and supported the **response to 25 of them**, including COVID-19 and mpox (grade 3); circulation of the polio virus and the cholera and security crisis in Haiti (grade 2); floods in Colombia and Honduras, hurricane Ian in Cuba, and tropical storm Lisa in Belize (grade 1).

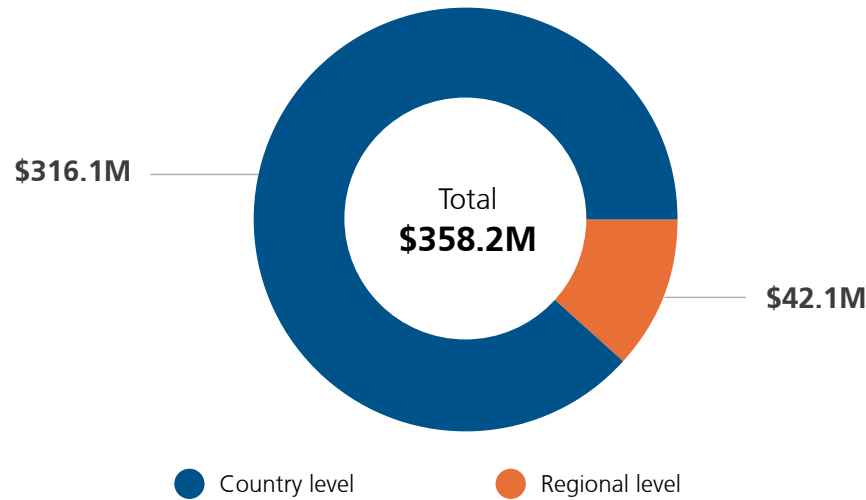
Ongoing emergencies in the Americas

as of 31 March 2023

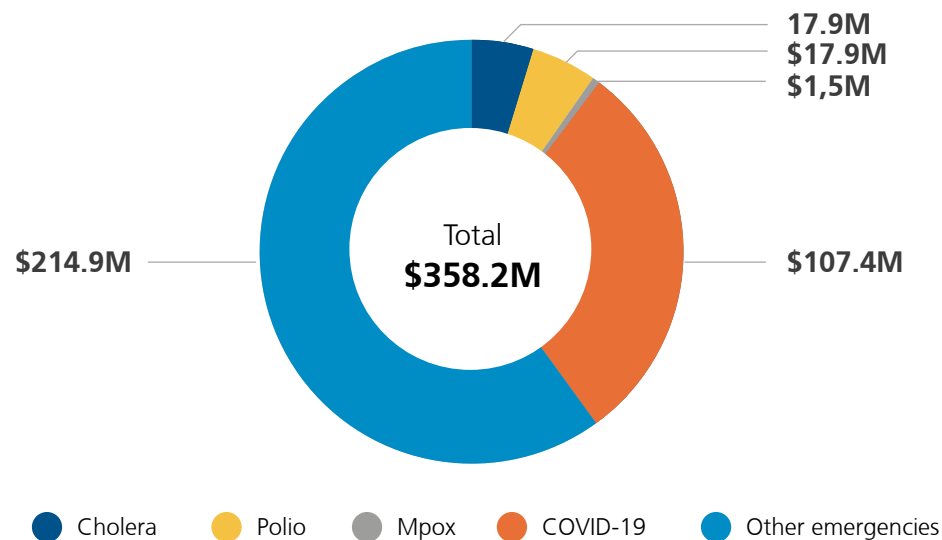


2023 FINANCIAL REQUIREMENTS

Overall Regional funding requirements (USD)



Overall Regional funding requirements by emergency



PAHO needs US\$ 358.2 million in 2023 to help protect 24.2 million people in the Americas from urgent emergency and humanitarian health needs, including the COVID-19 response.

2022 EMERGENCY RESPONSE HIGHLIGHTS

Throughout 2022, and thanks to the generous support of its donors, PAHO responded to over 25 public health emergencies, including COVID-19, Mpox, flooding in Colombia, El Salvador and Suriname, pneumonia cases due to unknown causes in Argentina, wildfires in Bolivia, and the re-emergence of cholera in Haiti, among others. Between January and November 2022, PAHO's Regional Strategic Reserve in Panama allocated 334 tons of essential medical supplies worth USD 9.3 million dollars to 36 countries and territories, ensuring rapid responses to emergencies.

29 donors contributed financially to the PAHO Health Emergency Appeal 2022 in support of PAHO's efforts to lead and coordinate the international health response to disasters and outbreaks in the Americas and provide effective relief and recovery services to affected populations.

A total of USD 138 million were received by PAHO to provide emergency response and humanitarian assistance to the population of the Americas in need.

In **Colombia**, PAHO supported field health teams, epidemiological surveillance activities, improvements to water and sanitation, and provided medical supplies and medicines in response to the health needs of over 30,000 people affected by floods in La Mojana, and 14,000 people displaced due to armed conflict in Choco. In **El Salvador**, following the passage of several tropical storms, PAHO supported recovery efforts through technical assistance, training, procurement of essential medical supplies and equipment and rehabilitation works in 14 health units to restore and improve operational and care delivery capacities of primary healthcare services. In **Honduras**, PAHO led on the coordination of the Health Cluster to ensure effective responses to different health emergencies, including consolidating a network of volunteer collaborators working in local communities for the prevention, control, and response to health emergencies.



PAHO's Regional Strategic Reserve in Panama allocated 334 tons of essential medical supplies worth USD 9.3 million dollars to 36 countries and territories, ensuring rapid responses to emergencies.

In **Haiti**, PAHO assisted the Ministry of Public Health in strengthening and scaling-up epidemiological surveillance and laboratory capacity in response to the resurgence of cholera. Treatment centers were established and stocked with essential medical supplies, while training was provided to nurses and sampling teams performing rapid diagnostic tests. Mass communication campaigns were implemented, and community health workers were redeployed to assist in vaccination campaigns.

In **Guatemala**, PAHO procured and delivered equipment, materials, and supplies to 76 post-emergency and post-disaster health facilities, along with essential materials to rehabilitate 17 health facilities damaged by tropical storms.

In response to the prolonged socio-political and economic situation in **Venezuela**, PAHO deployed more than 100 professionals to the 24 states of the country and established six coordination field offices to support humanitarian health assistance to vulnerable communities. PAHO trained health professionals of the hospitals network in infection prevention and control (IPC) and delivered vital health supplies and medicines to strategic health facilities and highly vulnerable indigenous communities as part of building resilience and response capacities.

In collaboration with the Ministry of Health in **Peru**, PAHO and partners convened a working group on mpox to bring together health authorities and community organizations; supported the deployment of nearly 100 mobile teams to bring information on prevention to the streets, bars, and nightclubs of Lima; and established an mpox hotline and instant messaging channels to answer questions about infection, transmission, and testing.

In **Bolivia**, PAHO supported the development of municipal and community response plans for health emergencies with a multi-hazard approach. Activities to strengthen COVID-19 preparedness and inclusive governance capacities among 68 indigenous and rural communities were carried out, including capacity-building sessions on epidemiological surveillance, rapid response teams' deployment, and management of chronic diseases. Those newly developed capacities were paramount to support the response to two wildfires that broke out in the Chaco region in fall 2022.

Thank You!

We thank **the generous donors and partners who contributed to PAHO's efforts to provide timely and effective humanitarian assistance** to countries and territories in the Region of the Americas impacted by emergencies.

A special thanks to the top 5 donors to PAHO's Health Emergency Appeal 2022:



**United Nations Central
Emergency Response Fund
(CERF)**



European Commission



Global Affairs Canada (GAC)



**United States Agency
for International
Development (USAID)**



**United States Centers for
Disease Control (CDC)**

HEALTH THREATS & CHALLENGES

Latin America and the Caribbean (LAC) is the world's most economically unequal region and the second-most disaster-prone region. It is exposed annually to a wide and diverse range of hazards, emergencies, and disasters of increasing scale and frequency. These events harm the populations' health and therefore challenge countries' goal of achieving their citizens' highest attainable health standards. Recent years have brought intensified outbreaks and health emergencies caused by natural phenomena and vector proliferation. These have tested and challenged established national response capacities and highlighted various limitations, culminating in 2020 with the COVID-19 pandemic.

INCREASING BURDEN OF INFECTIOUS DISEASES

Infectious diseases have been responsible for the greatest burden of disease in the 20th century. While this scenario has changed in the 21st century, globalization continues accelerating the speed of disease spread and climate change. Millions have died in the last two decades, and at least one billion lives have been affected by natural disasters. Since 2005, the World Health Organization (WHO) has declared seven Public Health Emergencies of International Concern (PHEIC), six of them in the last nine years (2014 poliovirus, 2013–2016 Ebola virus, 2015–16 Zika virus, 2018–2020 Ebola virus, the ongoing COVID-19 pandemic, and the ongoing 2022 monkeypox (mpox) outbreak). The Region of the Americas was the epicenter and the most affected region in three of these six PHEICs.

Latin America and the Caribbean are at significant risk for the emergence and reemergence of pathogens with epidemic and pandemic potential. Multiple multi-country epidemics and pandemics illustrate this impact. Many such events originated in the Americas, e.g., the 2009 influenza pandemic caused by a novel influenza A/H1N1, the 2015-2016 mosquito-borne chikungunya and Zika epidemics, the 2016-2019 epizootic spread of yellow fever virus that reached the southeast coast of Brazil for the first time causing human infections in densely populated areas, and the 2017-2018 measles and diphtheria outbreaks that spread across South America fueled by Venezuelan mass migration.

Latin America and the
Caribbean is the world's
most economically
unequal region.





The Americas remain the world's hardest-hit region by ongoing COVID-19 with 25.1% of all global cases.

The LAC Region is often disproportionately affected by epidemics and pandemics. The Americas remain the world's hardest-hit region by the ongoing COVID-19 pandemic, with 25.1% of all global COVID-19 cases and 42.7% of COVID-19 death as of 1 March 2023 despite only accounting for 13% of the world's population. Even after three years, over 350 000 new COVID-19 cases continue to be reported in the Americas weekly, including nearly 4000 deaths. Similarly, the Region of the Americas concentrates almost two-thirds of confirmed mpox cases globally, with 58 578 reported cases as of 24 February 2023.

Climate change, unplanned urbanization, encroachment of human settlements in sylvatic areas, and increased travel are risk factors for the more frequent emergence and spread of pathogens, regardless of their origin in importations from other continents or autochthonous reservoirs. The ecologically diverse Amazon basin and Darien Gap potentially harbor emerging pathogens, with potential reservoirs or intermediate species, that could spill over to human populations.

In parallel, the World Meteorological Organization alerts that global warming trends point to an increased intensity and frequency of extreme weather, water, and climate events in Central and South America, calling for more substantial efforts to strengthen emergency preparedness and response capacities to natural hazards in countries and territories and increase country and community resilience.

FRAGILE AND VULNERABLE POPULATIONS ALWAYS AT INCREASED RISK

Socioeconomic determinants play a significant role in the disproportionate impact of health emergencies on Latin American and Caribbean populations, given that the Americas maintain high levels of inequity. The COVID-19 pandemic exacerbated social and economic gaps, making fragile population groups of the Region even more vulnerable. The number of people in need of humanitarian assistance in LAC nearly tripled over the last three years. While the response to COVID-19 pivoted to longer-term operations, humanitarian needs exacerbated by it will likely continue burden the Region for years.

The Economic Commission for Latin America and the Caribbean (ECLAC) anticipated that poverty and extreme poverty rates in the Region of the Americas would continue

increasing in 2022, reaching an estimated high of 33% and 14.5%, respectively. The acceleration of inflation could lead to an increase of up to 1.1% in extreme poverty if compared to the previous year putting an additional 7.8 million people at risk of food insecurity. At the same time, 86.4 million of the population is already in critical poverty conditions in the Americas.

Over the past two years, the focus on controlling COVID-19 has placed an extraordinary burden on health systems and healthcare professionals and jeopardized numerous health achievements. While countries struggled to cope with the COVID-19 emergency, there has been a setback of almost three decades of progress in the fight against vaccine-preventable diseases such as polio and measles in the Region. In 2020-2021, more than 2.7 million children under the age of one in the Americas did not receive all the essential vaccine doses due to interruptions in health services caused by the COVID-19 pandemic.

Although coverage for routine vaccines had already fallen below optimal levels before 2020, the further decrease in routine immunization since the beginning of the pandemic has set the Region back to the same coverage levels reported in 1994, creating a real risk for the reintroduction of previously eliminated or controlled diseases of epidemic potential such as measles, polio, yellow fever, and diphtheria. Health officials found the polio virus circulating in the United States after 28 years without cases, and 11 countries in the Region are currently at high or very high risk of experiencing an outbreak.

RISING LEVELS OF VIOLENCE AND MULTIPLICATION OF COMPLEX "POLYCRISIS"

Over the last years, the LAC Region has been facing the emergence of more complex emergencies with deep social and societal roots, from the profound humanitarian consequences of the prolonged sociopolitical and economic crisis in Venezuela (Bolivarian Republic of), to growing rampant violence in Central America, Haiti, and Bolivia (Plurinational State of), to the transcontinental mass migration phenomena stemming from the Venezuelan, Haitian, and Central American crisis, as well as the continued internal armed conflict in Colombia and resulting population displacements.



Collective insecurity and social violence are the fastest-growing social phenomena impacting countries in the Americas. The homicide rate in the Region of the Americas is the highest globally and about three times higher than the global rate. It is estimated that nearly 500 people die daily due to interpersonal violence in the Americas,² and an estimated one in three women have experienced physical or sexual intimate partner violence. Beyond the deaths associated with social insecurity and violence, many men, women, boys, and girls suffer injuries, disabilities, or other health problems related to violence.

Numerous countries in the Region are experiencing a rise in violence, crime, armed conflict, social instability, and insecurity, which have become significant threats to the populations of Colombia, Venezuela (Bolivarian Republic of), Haiti, Central America, Bolivia (Plurinational State of), Mexico, Suriname and others. War-like levels of violence associated with gangs and organized armed groups continued to significantly affect the Central American countries of the Northern Triangle—El Salvador, Guatemala, and Honduras in Central America—and have been one of the precursors of mass migration to North America in recent years. In parallel, Ecuador had its worst record of criminal violence in decades in 2022, with 4603 violent deaths recorded, equivalent to 25 cases per 100 000 inhabitants. This figure shows an 82.5% increase when compared to 2021.

These violent events are expected to continue in 2023, considering the Region's high political tensions, upcoming electoral processes, continued economic stagnation, and hyperinflation.

In parallel, the COVID-19 pandemic has worsened the frequency and scope of attacks against health professionals. They quickly became victims of widespread stigmatization and discrimination because people considered them potential virus transmitters. The erosion of social cohesion in many countries has resulted in a decrease in

recognition of the importance of health personnel in the communities, combined with growing mistrust in health institutions, affecting the trust, respect, and desire for care and protection.

Situations of social violence and acute insecurity increase the risk of illness or death in many communities, either through direct effects on the population's health or indirectly due to the disruption or permanent damage of health facilities, which ultimately limit access to health services and increase preventable mortality and disability. The multiplication of interconnected protection risks, prolonged health emergencies, and complex humanitarian settings threaten local populations' lives, health, and well-being a bit more with each occurrence. The repetition, shocks, and superpositions of crisis have cascading effects that reinforce and accelerate the trends that caused them, putting the lives of the most vulnerable more at risk.



500
people die daily due to
interpersonal violence
in the Americas.

This multitude of hazards and concomitant adverse events are taking a toll on local populations, straining the under-resourced health systems too often and putting the people of the Americas at greater risk. Urgent actions are needed to save lives, respond to ongoing emergencies, address humanitarian needs, prevent the occurrence of new diseases, and sustain recovery from the protracted COVID-19 crisis.

² World Report on Prevention of Violence against Children (2020).

MASS MIGRATION IN THE AMERICAS

Migration dynamics in the Americas have been increasing in recent years, with intra-regional mass migratory flows towards North America remaining one of the most prominent trends. Increasing population movements from Central America and the Caribbean are often triggered by adverse environmental events such as droughts and hurricanes that have led to the destruction of farmers' livelihoods and food insecurity among populations. A rise in violence and insecurity combined with a lack of economic opportunities in various countries in Central America and Haiti have also generated intra-regional migration corridors, such as movements from Nicaragua and Panama towards Costa Rica, as well as from Ecuador, Guatemala, and Honduras towards Mexico and the United States. Passage through the Darien gap between Colombia and Panama increased to the highest number in the last ten years in 2021, with about 134,000 migrants that year, including unaccompanied children, mainly coming from Haiti and Cuba.

The surge in people on the move within the Region, however, relates primarily to the continued mass migration coming from Venezuela. From 2020 to April 2022, the number of migrants and refugees originating from Venezuela increased by almost 20%. Over 7 million Venezuelans have left Venezuela since 2015, of which about 84% have migrated to other Latin American and Caribbean countries, with the majority being concentrated in Colombia, Peru, and Ecuador. This high influx of migrants is placing immense pressure on local health systems and services in host countries, especially in urban and peri-urban settings.

Everyday millions of migrants in the Americas are facing challenges along their migratory journey, with no or limited - access to primary health care services, medicines and vaccines, critical care, or mental health and psychosocial support services. This results in a disproportionate burden of diseases and health problems among migrants, including higher risk of interruptions in the treatment of chronic diseases; development or worsening of non-communicable diseases and existing mental health disorders; contracting communicable diseases or experiencing food insecurity and nutritional problems. Linguistic and cultural differences, discrimination and financing constraints are among the numerous barriers hindering migrants' timely access to health care and other essential



goods. This is severely compounded by poor living and working conditions, including low access to proper sanitation, hygiene, and safe water. In many ways, the COVID-19 pandemic has exacerbated these challenges along the migration routes and worsened pre-existing vulnerabilities that disproportionately impact migrant populations.



**Over 7 million Venezuelans
have left Venezuela since 2015.**

Managing mass migration poses public health challenges within and outside the Region and demands strong and prompt regional and international cooperation. In the short-term, it is paramount to increase access to and equitable provision of health services to migrant populations. This should be done by increasing the capacity of local health systems and migrants themselves to detect and respond to health risks in a timely and adequate manner to minimize instances of inequities and reduce preventable morbidity and mortality that disproportionately affect migrants. Recognizing the need to bridge short-term emergency response interventions and medium to long-term actions, continued collaborative work must be done to further strengthen capacities of health systems to incorporate the health needs of the migrant population in a sustainable manner. Tackling the public health circumstances and challenges affecting migrants is key to consolidating regional and national health outcomes and overcoming obstacles to attain Universal Health and the Sustainable Development Goals, leaving no one behind.

For more information: <https://www.paho.org/en/migration-and-health-americas>

RESPONSE STRATEGY AND REGIONAL PRIORITIES

The frequent and intense emergencies and disasters that affect the Americas every year have a substantial impact on the health of populations and constitute a fundamental challenge for Latin American and Caribbean countries to protect the health of their communities. In addition, the critical reduction in levels of routine vaccination alarms the Region of the Americas, now confronted with the risk of resurgence of vaccine-preventable diseases, many of which the Americas eradicated after years of committed and collective work.

After almost three years of the COVID-19 pandemic, the multiplication of acute emergencies in an overall regional context of deteriorated socio-economic environment and reduced access to health services has highlighted the need for a comprehensive, multi-hazard approach to prioritize health emergencies prevention, preparedness, readiness, response, and recovery to be able to protect the lives, health, and wellbeing of their populations efficiently and effectively.

PAHO has been working to increase national emergency response capacities. Still, many vulnerable countries in the Region lack the minimum ability to rapidly detect, respond to, and manage large-scale public health emergencies and disasters. Disparities persist across the Region and within countries at national and local levels.

While LAC countries must continue to deploy emergency response capacities to save lives and protect vulnerable population groups disproportionately affected by acute and protracted humanitarian situations, it is now imperative that the Region equip itself with advanced tools for early detection and monitoring of high-threat pathogens within a comprehensive preparedness and response framework for health emergencies.

PAHO's strategy for health emergencies in the Americas aims to protect and save lives and mitigate the disproportionate impact of emergencies and humanitarian crises on the health and well-being of local populations and societies. Regional emergency response priorities for 2023 focus on the following:



Supporting and scaling up national authorities' and health partners' operational response capacities and strengthening humanitarian logistics networks.



Strengthening national capacities for preparedness and readiness for health emergencies, including supporting the development of policies and legal and normative instruments to implement International Health Regulations core capacities in countries.



Improving sectoral and intersectoral coordination among response partners to optimize interventions and address the most acute needs of vulnerable communities.



Building resilience and improving coping strategies at the community level to protect the most vulnerable population groups.



To do so, PAHO will:

- **Support expanding and strengthening surveillance and information management systems** to monitor health emergency events and disasters, prevent future outbreaks, detect threats, adapt measures, and prepare health systems.
- **Strengthen laboratory capacities and the infrastructure** of the national immunization programs, including national cold chain operations, capabilities to store, distribute, and handle all vaccines and train national technicians taking advantage of investments made while rolling out the COVID-19 vaccines.
- **Provide leadership, coordination, and logistical support** for the prompt mobilization of goods and human resources, including the rapid expansion of clinical care capacity to support acute emergency responses in affected countries.
- **Engage civil society, community leaders, non-governmental organizations, the private sector, academic institutions, and other stakeholders** to jointly advance and work in a coordinated manner to provide health and humanitarian assistance, especially to at-risk populations.
- **Strengthen national and cross-border capacities** to respond to increased population movements across the Region, primarily focused on protecting migrants' health and ensuring equitable access to health services.
- **Establish and strengthen preparedness and response coordination mechanisms** at regional, subregional, and country levels, with the active participation of the community and local, national, regional, and global actors to better prepare for, respond to, and recover from public health and humanitarian emergencies.

PAHO's interventions in the Americas will focus on supporting the delivery of prompt, adequate, and comprehensive critical health care to the most at-risk individuals and population groups in situations of vulnerability. Emphasis will be placed on primary care, using differential approaches to ensure adaptation to target populations' specific needs and challenges, including Indigenous groups, migrants and refugees, persons with disabilities, women, and older persons.



Using a whole-of-society approach when responding to health emergencies, PAHO will continue to foster the participation of community members in response operations to promote shared learning, integration of community practices, and cultural adaptation where necessary.

While sustaining efforts to improve the coordination of response partners is essential, it is also important to acknowledge the growing intensity and complexity of health emergencies and humanitarian situations in the Region and the accompanying increase in the number of humanitarian actors over the past decade.

The Organization will continue to facilitate emergency coordination and information management in the health sector while strengthening the Health Cluster's capacities to deliver up-to-standard humanitarian assistance.

RISK OF RESURGENCE OF VACCINE-PREVENTABLE DISEASES (VPDS)

Over the past decade, routine childhood vaccination programs have significantly reduced vaccine-preventable diseases and saved millions of lives in the Americas. Despite the progress made, in recent years, health systems have faced growing challenges with regards to immunizations activities and vaccine acceptance. The pandemic's disruptive impact on routine immunization programs further aggravated the decline in vaccination coverage which started before the COVID-19 emergency.

As per [Immunization in the Americas: 2022 Summary](#), the marker for immunization coverage—the percentage of children under one-year-of age receiving the third dose of diphtheria, tetanus, and pertussis vaccine (DTP3)—dropped from 86% to 81% between 2019 to 2021, leaving 2.7 million unvaccinated children in the Region. The impacts of such low coverage go far beyond childhood and will negatively affect their health across the life course. And when comparing with rates from 20 years ago, the Americas is the only region in the world with a decrease in immunization (11%).³ Similarly, regional vaccination coverage with three doses of the polio vaccine was 79% in 2021, corresponding to the lowest coverage reported since the eradication of polio in the Americas in 1994.

These sustained declines in coverage are attributable to several factors, but the impact of the COVID-19 pandemic is undeniable, confirmed by an even sharper decrease since 2019. In 2021, one of the leading disruptive factors was the shift of human and financial resources from routine immunization services to pandemic emergency response efforts, which included COVID-19 vaccine delivery to meet country, regional, and global priorities.

Consequently, population susceptibility to vaccine-preventable diseases has increased, and new cases and outbreaks of VPDs, including poliomyelitis, cannot be ruled out. In addition to low vaccination coverage, some countries and territories have weak

surveillance of VPDs, including polio. This weakness increases the risk of not detecting cases or outbreaks promptly, particularly in vulnerable populations (e.g., indigenous peoples, migrants). The risk of cases or outbreaks of poliomyelitis, for example, and its subsequent spread in the Region of the Americas is therefore currently assessed as high.⁴

In this context, PAHO is working with countries and partners to improve vaccination coverage across the Region, especially among vulnerable populations, and reduce the risk of outbreaks of vaccine-preventable diseases to leave no one behind.



³ Source: WHO/UNICEF national immunization coverage estimates, 2021 revision.

⁴ Pan American Health Organization. Poliomyelitis in the Region of the Americas – Risk Assessment. Washington, DC: PAHO; 23 September 2022. Available from: <https://www.paho.org/en/documents/poliomyelitis-region-americas-risk-assessment>.

FOCUS COUNTRIES' APPEALS



COLOMBIA



6.3M
PEOPLE
IN NEED



1.7M
PEOPLE
TARGETED



16.2M
REQUIREMENTS
(US\$)



Colombia is characterized by a fragile and prolonged humanitarian context marked by recurrent multi-hazards affecting its territories and combined with severe structural and systemic challenges within the health system. Recent shocks, including the COVID-19 pandemic, growing violence within the Colombian territories and along the border with Venezuela (Bolivarian Republic of), and repetitive hydro-meteorological disasters over the last 12 months aggravate such chronic challenges.

In 2022, the number of people in need of humanitarian assistance increased by 300 000 due to deteriorating indicators of maternal and child mortality, pregnancy in adolescent girls, human immunodeficiency virus (HIV), suicides, sexually transmitted infections (STIs), gender-based and sexual violence, and communicable diseases.

Increasing population trends, primarily due to mass migration movements and the persistence of armed conflicts, create access barriers to essential health services, mobility restrictions, and forced displacement, further impacting the health, lives, and well-being of populations in vulnerable situations. In many territories, geographical distance to health facilities and attacks against medical missions hinder providing appropriate healthcare.

In 2022, heightened heavy rainfall affected most of the Colombian territory since the beginning of the first rainy season (from mid-March to June), causing flash floods, landslides, and many severe weather-related incidents that resulted in human casualties and critical infrastructure damage. Faced with these intensifying extreme weather events, on October 2022, the National Disaster Risk Management (UNGRD per its acronym in Spanish) declared a national disaster due to the acute humanitarian impact caused by the second rainy season influenced by the La Niña phenomenon. According to official reports, 289 municipalities in 26 departments declared public calamity.

Internal displacement and confinement remain significant access barriers to essential services such as healthcare for Colombian populations in situation of vulnerability. In 2022, an estimated 104 800 people were affected by mobility restrictions due to the armed conflict, and over 174 000 suffered from violent events. This figure represents an increase of 90% when compared with the previous year. Forced displacement is also on the rise and a problematic consequence of the intensification of the armed conflict, causing almost 70 000 people to leave their homes this year.

The persistence of displacement, confinement and mobility restrictions significantly hampers access to healthcare services and affects the lives and well-being of the most vulnerable. Beyond mobility restrictions, weak local health networks and the limited presence of state health facilities in many territories result in long distances from rural areas to health centers, seriously reducing access to health. Nationwide estimates are that at least eight million people in Colombia have limited access to health services often located more than one hour from where they live.



STRATEGIC OBJECTIVES

Humanitarian needs in Colombia are anticipated to increase in 2023 with a sharpening of the humanitarian impact in the country and the intensification of armed actions in the Pacific and northwestern regions and border area territories. Prompt, comprehensive, and coordinated efforts are needed to:

» Strengthen coordination and readiness processes

Strengthen health emergency coordination, response, and monitoring mechanisms, leveraging community and institutional capacities.

» Contribute to timely and efficient health response

Protect and save lives by supporting and expanding local community and institutional health response capacities to address the urgent and unmet health needs of vulnerable populations affected by sudden-onset and protracted emergencies.

» Strengthen agile and interoperable public health systems

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

» Reduce health risks associated with water, sanitation, and hygiene

Support communities and health entities for the improvement, maintenance and adequacy of low complexity for access to safe water, basic sanitation, and hygiene.



RESPONSE STRATEGY

The health sector's response strategy in Colombia focuses mainly on two objectives:

- Contribute to reducing avoidable morbidity and mortality rates through effective access to essential health services by the population affected by emergencies and violent situations.
- Strengthen community capacities to promote primary health care, first response, epidemiological surveillance, and active participation in decision-making regarding health issues.

PAHO aims its efforts at protecting and saving lives by supporting and expanding local health emergency coordination, readiness, response, and monitoring capacities to address the urgent and unmet needs of the vulnerable population impacted by sudden and prolonged emergencies, with emphasis on rural territories with little or no access to health institutions, and confined communities.

Considering the multiplicity of humanitarian emergencies in Colombia, and the diversity of regional dynamics, it is vital to promote the delivery of comprehensive humanitarian health assistance in prioritized geographical areas and to the prioritized populations.

It is vital to promote the delivery of comprehensive humanitarian health assistance in prioritized geographical areas.

Directed efforts should support the preparation, coordination, and delivery of health services to the most vulnerable communities in a complementary manner to the services offered by State institutions to ensure comprehensive care, including primary health care, sexual and reproductive health, care for chronic non-communicable diseases, mental health, support to routine and COVID-19 vaccination, and care for gender-based violence.

PAHO will also assist local health authorities in collective public health actions, including epidemiological surveillance and community capacity building in preventive health and early detection of major public health events.

Considering the cultural diversity of the country and the disproportionate impact of humanitarian emergencies on ethnic groups, needs-oriented intercultural approaches involving traditional specialists, midwives, and community agents in the provision of indirect care are essential.

Recognizing and valuing the responsibility of the State to guarantee the protection of people as the first responder in an emergency, WHO will also continue to strengthen effective mechanisms that allow for better articulation and efficient coordination of the multiple humanitarian health actors in the country.



EMERGENCY RESPONSE ACTIVITIES

Within the framework of its health emergency response, PAHO's priority actions to mitigate the health impact associated with acute adverse events and the prolonged humanitarian context in Colombia include:

- **Scaling-up emergency readiness**, response, and coordination mechanisms and capacities. This includes strengthening contingency plans, activating and operationalizing national and territorial coordination spaces, and reinforcing community capacities for first response, primary healthcare delivery, and public health surveillance.
- **Expanding the local community and institutional health response capacities**, including support for deploying the health response in affected communities and low complexity adaptations to health facilities to ensure operations during and after an emergency.
- **Supporting local health authorities** in strengthening early warning and response, public health surveillance networks, laboratory diagnosis of major infectious events with epidemic and pandemic potential, and information management.
- **Implementing low complexity technical solutions** that improve access to safe water and adequate basic sanitation and hygiene conditions, and technical support for the strengthening of environmental health, solid waste management, and disease prevention.

IMPACT STORIES

Supporting Syndromic Surveillance of La Mojana Flood Response in Colombia

Colombia's La Mojana region is currently experiencing the most prolonged emergency in recent years. More than 155 888 people from 38 972 households need assistance due to atypical rains, floods, and related displacement. In the department of Sucre itself, over 500 temporary emergency shelters have been identified, some of which offer cover to more than 2000 people.

This situation has produced significantly high risks of spreading communicable diseases in affected populations. In this context, with PAHO/WHO's support, La Mojana's regional health authorities mobilized WHO's electronic Early Warning, Alert and Response System (EWARS) in-a-box to help detect outbreaks.

The overall goal of this tool is to ensure the rapid notification of disease syndromes and events of public health importance to inform and guide immediate response.

The National Institute of Health of Colombia (INS) collaborated with PAHO/WHO to roll out the system in the 500 temporary emergency shelters. Officials receive syndrome notification in real-time at the INS's surveillance office, which prompts epidemiologists and surveillance officers to take necessary actions, including confirmation of cases and supporting access to proper treatment.

PAHO/WHO conducted training and field work to support the implementation of the system and raise awareness of its use in temporary shelters. EWARS will also continue to support response to other emergencies in La Mojana and throughout the country.

Read the full story [here](#).



EL SALVADOR



1.9M
PEOPLE
IN NEED



900K
PEOPLE
TARGETED



5.3M
REQUIREMENTS
(US\$)

The recurrence of severe climate events combined with economic, social, and institutional fragilities leave El Salvador in an utterly critical humanitarian situation and highly vulnerable. Located in a disaster-prone subregion, El Salvador is among the 20 countries at the highest risk of disasters worldwide.

The successive hydrometeorological hazards that impacted El Salvador over the past two years include tropical storms Amanda and Cristóbal and hurricanes Eta, Iota, and, more recently, Julia. These storms profoundly affected the lives and livelihoods of almost 900 000 people and significantly disrupted health services, especially at the first level of care. In addition, the country's exposure to earthquakes, floods, and droughts is also constant. Infrastructural and institutional limitations to deal with emergencies and low capacity to respond to adverse events are an additional challenge, which leaves the population—particularly the most vulnerable—at even higher risk.

According to the Humanitarian Response Plan 2021-2022, vulnerable economic conditions and income inequality were amplified by the effects of the COVID-19 pandemic, resulting in an 8% reduction in the country's gross domestic product (GDP) and a 4.6% increase in poverty in 2022. The number of people facing food insecurity rose from 620 000 before the pandemic to about 1 043 661 due to the profound economic crisis caused by COVID-19 and the repeated impact of extreme climate events and structural challenges.

These recurrent shocks disproportionately affected individuals in vulnerable situations, particularly those faced with extreme poverty and limited safety nets. Increasing homicide rates and rampant violence in recent years have also hampered social development and economic growth and are one of the leading causes of forced internal displacement.



STRATEGIC OBJECTIVES

» Increase access to and quality of primary care services for vulnerable populations affected by emergencies and humanitarian crises

Maintain operational capacity of and improve access to essential health services for populations in vulnerable situations, including people in shelters, victims of violence, migrants, older people, mothers and children, and persons with disabilities.

» Increase the resilience of primary health care services in areas of high migratory flows

Strengthen the Ministry of Health's governance and primary health care capacity to provide integrated care services for populations in areas affected by emergencies, mass migration routes, and exposed to multiple threats with adequate equipment, infrastructure, and logistics.

» Improve risk communication and knowledge management in preparedness, response, and recovery from public health emergencies

Develop a risk communication strategy and support community response capacities and health services resiliency with management practices that enable adopting best practices and sustainable standards over time.



RESPONSE STRATEGY

Through a multisectoral response approach, the health sector's strategy in El Salvador aims to provide coordinated and targeted assistance to address critical health needs in high-priority areas prone to the impact of disasters and violence. While focusing on immediate and short-term interventions to restore and scale up the capacities of local health institutions attending to the acute and neglected health needs of community members, actions will also seek to support and strengthen sustainable solutions through humanitarian-development collaboration to restore essential health services and systems, and to strengthen community and institutional resilience.



EMERGENCY RESPONSE ACTIVITIES

PAHO's emergency response actions in El Salvador will continue to foster the coordination of health networks to ensure a comprehensive and multi-hazard response to adverse events. Response efforts will be evidence-based and guided by first-hand field evaluation of health facilities' needs and response capacity to adequately tackle the multiple challenges faced in different territories, including increased migratory flow, environmental or epidemic threats, or social conflict.

PAHO's efforts will focus on the implementation of corrective measures to increase local capacities for quality health service delivery, including infrastructure repairs and rehabilitations, as well as procurement of life-saving and essential health supplies and equipment, training, and capacity building of health professionals and the strengthening of water and sanitation systems to support infection prevention and control in healthcare settings.

Other vital activities will focus on institutional and operational strengthening of primary care health services and response programs for vulnerable populations, prevention and early diagnosis of communicable and noncommunicable diseases and conditions according to a life-course approach and worsened by the effects of existing emergencies and disasters, and the implementation of mobile clinics and field activities for enhanced coverage of priority public health programs.

IMPACT STORIES

Teams of vaccinators visit cantons to expand COVID-19 vaccination coverage in El Salvador

“We start our journey from San Salvador towards Santa Ana to the municipality of the majestic Lake Coatepeque. Six teams made up of doctors, nurses and health promoters were waiting for us there, with the vaccines and supplies necessary to visit the families of the Solimán canton house to house. From the Coatepeque Health Unit to the Solimán canton we travel by carriage trail for one hour and fifteen minutes on an ascending slope.”

The residents of the Solimán canton waited, ready to receive the COVID-19 vaccines. Around 200 families had not received any doses of the vaccine due to the transportation problems that the inhabitants have to leave the area.

The teams of vaccinators were divided into three to reach the maximum number of people. They began their walking tour with coolers, going house to house and offering the vaccine against COVID-19. The Minister of Health led the vaccination service accompanied by the PAHO/WHO Representative in El Salvador.

At that time, the backyard of a house became a vaccination center, and people from the community placed chairs so they could wait in an orderly manner for their turn. The impromptu seating space also served as an observation area for any symptoms people might present.

People’s smiles were noticeable below the masks, and some clenched their hands, indicating a little nervousness, while others talked to each other, trying to pass the waiting time. Soon, the health minister approached them to tell them that he would start the vaccination.



So, they began to pass individually, and the minister and the PAHO Representative verified all day. To highlight their professionalism and warmth, the staff complied with the necessary technical procedures that accompanied the campaign’s realization. The PAHO Representative explained what they could do if they had some symptoms and congratulated the staff who do an excellent job bringing health to difficult places like Suleiman.

PAHO has supported El Salvador since the pandemic began with supplies, equipment, and diagnostic tests.

In addition, as part of the COVAX mechanism, it has helped donate COVID-19 vaccines to the government of El Salvador.

It has been fundamental to sign two letters of agreement between PAHO and the National Health Council for hiring vaccinators so that more doses of vaccines reach more Salvadorans.

The vaccination day ended, and the inhabitants of Suleiman began their journey on foot to their homes. Still, before departing, they thanked the Ministry of Health and PAHO’s effort to bring the vaccines to the last corner of El Salvador.

Read the full story [here](#).

GUATEMALA



2.4M
PEOPLE
IN NEED



735K
PEOPLE
TARGETED



6.3M
REQUIREMENTS
(US\$)

Recovery from COVID-19 has been challenging in Guatemala. As a result of the prolonged socio-economic impact of the pandemic, the average poverty rate nationwide has increased by almost 5%. This rise in the poverty level further exacerbates pre-existing vulnerabilities and erodes the limited safety nets available to vulnerable populations.

Year after year, recurrent disasters and humanitarian crises aggravate the historic social gaps that result in high levels of vulnerability, multidimensional poverty, and overall deprivation of essential services among hundreds of thousands of Guatemalans. According to the World Risk Report 2020, Guatemala is the tenth country with the highest level of exposure to disaster worldwide. Globally, it ranks 28th regarding vulnerability according to the 2021 INFORM's risk index and 62nd in the Global Climate Risk Index 2021.

In 2020, Guatemala faced a record-breaking and devastating hurricane season with extreme rainfall, catastrophic winds, and deadly landslides, from which the country has not yet recovered. Unfortunately, recurrent extreme weather events, such as Hurricane Julia that hit Central America in early October 2022, progressively but deeply eroded a weak health infrastructure and local health systems.

Well into 2022, the operational and functional capacity of the health services network is still recovering from the severe damages caused by tropical storms Eta and Iota at the end of 2020, with more than 180 health facilities still in need of repair. Sustained mass migrant flows and increasing violence and social disturbance negatively impact the health system and pose additional challenges to delivering essential health services, particularly to the most vulnerable populations.

Almost three years into the COVID-19 response, vaccination coverage in Guatemala is still far below target. Only 38.2% of the Guatemalan population has a complete vaccination schedule against COVID-19 as of 28 October 2022. This low coverage leaves



UN estimates that approximately 5 million people in Guatemala require humanitarian assistance.

© PAHO

a large portion of the population vulnerable to new infections and hospitalization and continues to strain the limited resources of the Guatemalan health system.

The UN estimates that approximately 5 million people in Guatemala require humanitarian assistance, including urgent medical care. Pregnant and lactating women, children and people with disabilities, and individuals settled in the areas previously affected by hurricanes Eta and Iota are among the most vulnerable.



STRATEGIC OBJECTIVES

» Ensure access to and delivery capacity of critical and essential health services

Recover and increase the operational and functional capacity of critical and essential services in health facilities impacted by health emergencies and disasters, including COVID-19, focusing on children, adolescents, women of childbearing age, pregnant women, adults, people with disabilities, and migrants.

» Scale-up emergency detection and response capacities in the health sector

Increase the capacities of health authorities, local institutions, and communities to anticipate adverse events, rapidly detect major health threats, and effectively respond to needs during health emergencies and disasters.



RESPONSE STRATEGY

The response strategy of the health sector in Guatemala aims to protect and save the lives and dignity of severely affected people through effective and coordinated humanitarian response efforts embracing a human rights approach and intersectional and differential perspective respectful of age, gender, diversity, and cultural and linguistic relevance.

It seeks to promote sustainable solutions that contribute to exercising the right to health and foster self-sufficiency, empowerment, and resilience of affected people. It aims to focus on protection, intersectionality, and diversity inclusion and use a comprehensive approach to the emergency cycle from humanitarian action recovery to resilience and development.

PAHO's actions in 2023 will continue to prioritize territories that COVID-19 has most impacted, extreme weather events including tropical storms Eta and Iota, and more recently, Hurricane Julia, disruptive social phenomena including violence and mass migratory flows as well as the increasing burden of communicable diseases such as dengue.

The identified interventions will restore and increase the capacity of local health networks to meet existing health needs, increase surge capacity to deal with outbreaks and post-traumatic stress derived from health emergencies and disasters, and ensure the continuity of essential health services during a sexual and reproductive health adverse event.

Priority actions will also focus on persons with disabilities, elderlies, and migrant populations and on improving the exercise of the right to health and access to health care for those in need, based on a rights-based and culturally relevant approach.

PAHO will continue to strengthen coordination mechanisms at the national and sub-national levels, including the health cluster, and promote strategic alliances and working agreements with local non-governmental organizations and Civil Society Organizations that can contribute to achieving its objectives. Community engagement and empowerment will also be encouraged to support ownership, appropriateness, and sustainability of actions.



EMERGENCY RESPONSE ACTIVITIES

Priority objectives for 2023 include the strengthening and reestablishment of capacities for the provision of critical and essential services in facilities impacted by disasters and emergencies, including rehabilitation works, recovery of lost supplies and equipment, and growing human resource capacity, as well as strengthening capacities of the health institutions and communities to anticipate and respond to health emergencies and disasters.

Emphasis is on strengthening primary health services and improving capacities for early detection of infectious hazards. To do that, the priority response activities identified include:

- **Updating and implementing** the country's multi-hazard health emergency plan and emergency response protocols.
- **Rehabilitation of targeted primary health care facilities** in affected areas to ensure the operational capacity of prioritized health facilities and operation safety through increased access to safe water and waste management.
- **Provision of supplies, equipment, material, and tools for epidemiological surveillance**, establishing situation rooms in prioritized health facilities, operating water collection systems, and monitoring and controlling safe water quality in selected health care units.
- **Capacity building of health personnel on epidemiological surveillance**, standards and protocols for sexual and reproductive health, clinical management of sexual violence, maternal and child health, nutrition, and disability. These improved capacities will focus on rights, cultural relevance, gender, psychosocial first aid, emergency mental health care, emergency information management and reporting, risk analysis, management, and timely response to health emergencies and disasters.
- **Strengthening community capacities for first response, and health prevention and promotion**, including sexual and reproductive health and infection prevention and control.

Emphasis is on strengthening primary health services and improving capacities for early detection of infectious hazards.

IMPACT STORIES

More than 8 000 people in Sepur Zarco, Guatemala, benefit from the new Temporary Emergency Care Module

The community of Sepur Zarco, located on the departmental border of Alta Verapaz and Izabal, now has a Temporary Emergency Attention Module (MAET) that will allow the continuation of first-level health services after the devastation caused by tropical storms Eta and Iota at the end of 2020. The floods forced the loss of essential grain crops, the collapse of roads, and severe damage to homes and the medical consultations mobile unit structure.

Faced with this emergency that endangered the community, the Pan American Health Organization/World Health Organization (PAHO/WHO), within the framework of the project "Health response to the impact of tropical storms ETA/IOTA," installed a MAET that will ensure the operational capacity and continued access to health services for the population of Sepur Zarco. The project was made possible with funds from the Spanish Agency for International Development Cooperation (AECID).

Additional assistance for the installation of the MAET came from the Ministry of Public Health and Social Assistance (MSPAS), the organization Un Techo Para Mí País Guatemala, and the community of Sepur Zarco, who, through their community leaders, expressed gratitude for the support provided, recognizing that it will benefit everyone by improving health and living conditions for the community.

Made of wood with a metal roof, the MAET may be dismantled by health workers when it is no longer required and relocated to another location where it is needed. Unlike the two rooms of the previous mobile unit at the site, the MAET has nine rooms: an office, an area for cures and injections, a nursing station, a pharmacy ware



PAHO's interventions will allow the continuation of first-level health services after the devastation caused by tropical storms Eta and Iota at the end of 2020.

house, a sterilization area, a waiting room, a lobby, and a service area that includes a laundry room. There are three restrooms, one for health personnel and two for patients. It also has electrical power and plumbing for water.

The MAET schematic plans were included, as part of the project, along with a guide for disassembly, relocation, and recommendations for proper maintenance to ensure a longer useful life. Delivered with the MAET was a group of supplies, equipment, and furniture for health care. Each environment was identified using signs to facilitate the services' location provided.

Read the full article [here](#).

HAITI

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**4.5M**
PEOPLE
IN NEED**1.8M**
PEOPLE
TARGETED**36.6M**
REQUIREMENTS
(US\$)

For the past years, Haiti has been engulfed in a socioeconomic, political, and humanitarian crisis that has reached critical levels since mid-September 2022 with the intensification of gang violence and social unrest. The widespread insecurity and political instability have drastically affected the country's access to essential goods and services, including food, water, and health.

The current fuel supply crisis has affected the water and electricity supply to the population, health centers, and hospitals. Due to problems of insecurity and violence, patients and health personnel have difficulty accessing hospitals and health services. In parallel, the public health system and international partners face limited response capacity due to reduced international personnel in Haiti, logistics issues, and difficulties in importing supplies. Indeed insecurity, roadblocks, and lockdowns are affecting the importation of internationally procured goods, which may slow the arrival of essential lifesaving supplies to support cholera response efforts.

This scenario is particularly problematic, as cholera recently resurfaced in early October. Armed gangs now control over 60% of the metropolitan area of Port-au-Prince, affecting at least 1.5 million people, and have expanded their influence outside of the capital city, interrupting vital humanitarian programs in most of the national territory, including COVID-19 vaccination campaigns.

The national road to the Southern peninsula, blocked since June 2021, has cut off some 3 million people and affected response and recovery efforts following the severe earthquake that affected southern health departments in August 2021. At the same time, the country experienced the third consecutive year of recession, with an inflation rate of 30% in July 2022. The price of the food basket increased by 63% over a year, while global inflation on fuel and gas has further increased the cost of imported goods.

According to the last Humanitarian Response Plan (2022), nearly half of Haiti's population faces high levels of acute food insecurity—a figure that has doubled in the

previous four years—and 43% live in rural areas. Food insecurity’s main drivers include civil and political unrest, chronic poverty, natural disasters, and COVID-19. In this volatile socio-economic context, the Government’s decision to scrap expensive oil subsidies set off massive and sometimes violent nationwide protests and blockades.

In addition, the fuel shortage, exacerbated by the rise in international oil prices in early 2022 and culminating with the blockade of the oil terminal of Varreux by armed gangs starting mid-September 2022, is disrupting water distribution, power supply, and telecommunications and causing hospitals to shut down critical services.

The resurgence of cholera in early October, after over three years with no confirmed cases in Haiti, occurred in a highly challenging context of restricted humanitarian access and severely deteriorated living conditions in a country where over two-thirds of the population have no or limited access to essential drinking water and sanitation. Despite initial pledges by the international community, improved access to potable water, sanitation, and hygiene (WASH) has been marginal since 2010.

From 2010 to 2020, the percentage of the Haitian population with access to essential drinking water services increased from 62.2% to 66.7%. The Haitian population with access to sanitation services increased from 27.2% to 37.1%.

Today, electricity power supply problems, fuel shortages, and movement restrictions affect the population’s water access, exacerbating the precarious situation many Haitians face and increasing their risk factors for cholera infection. In the areas affected by the violence, malnutrition was present and will worsen, increasing vulnerability and risk of severe cholera cases, especially among children.

In this complex and prolonged humanitarian context, estimates indicate that almost half of the Haitian population requires humanitarian assistance.





STRATEGIC OBJECTIVES

» Strengthen surveillance systems for cholera and other epidemic and pandemic-prone diseases

Strengthen and scale up national and departmental surveillance systems to support case investigation, data management, contact tracing, sample collection, and laboratory detection capacities.

» Scale-up health services' emergency preparedness and response capacities -

Facilitate the rapid reactivation and expansion of operational health emergency response structures and mechanisms of the Haitian Ministry of Public Health and Population (MSPP) and health partners to save lives through timely and appropriate emergency clinical care.

» Maintain continuity of essential health services delivery

Support continuity of health service delivery to maintain access to critical services, including sexual and reproductive health, preventing endemic and epidemic diseases, and immunization against vaccine-preventable diseases.

» Protect vulnerable groups at risk of infection with cholera and other health issues

Increase WASH, Infection Prevention and Control, and risk communication interventions in health facilities and at the community level to protect patients, relatives, and frontline workers.



RESPONSE STRATEGY

PAHO's humanitarian priorities for 2023 in Haiti aim to save lives, address the immediate needs of the Haitian population in areas affected by the resurgence of cholera, and protect the most vulnerable population groups impacted by violence, insecurity, and rising poverty who are at risk of health status deterioration.

Efforts will focus on supporting, expanding, and strengthening the response capacities of the MSPP and health partners already operational to manage and control cholera

outbreaks, reduce mortality and morbidity, and limit its spread to other communities, departments, and countries.

Direct efforts will support and sustain essential preventative and curative health programs at the primary care level to avoid excess morbidity and mortality from preventable causes and target care for individuals in situation of vulnerability and those most disproportionately affected by the ongoing complex crisis.

Crucial support is needed to expand health institutions' lifesaving care delivery capacity, strengthen partners providing cholera treatment services to the affected population, and maintain essential services operational, such as maternal and neonatal care and emergency services. Substantial efforts are being made by all health partners to rapidly ramp up care delivery capacities throughout the country to avoid the loss of lives and increases in preventable mortality. PAHO's priorities will focus on ramping up capabilities for early detection and confirmation of cholera cases and for the timely and adequate clinical management of cholera patients. Actions will also address disruptions to essential health services affected by the multiple simultaneous crises by providing critical medical supplies and equipment, fuel, human resources, and the deployment of an emergency medical team to assist saturated and overstretched health services.

Cholera prevention and treatment requires a multi-sectorial approach incorporating public health actions and water, sanitation, and environmental health interventions. PAHO ensures complementary actions and coordinated interventions within and across sectors through strengthened sectorial and inter-sectorial coordination.

In the current context of violence and insecurity and limited access to health services, community-based strategies are crucial to protect families and support timely access to care. PAHO will continue to engage and empower community members to support community preventive and control measures and protect at-risk individuals through sensitization and risk communication actions.



EMERGENCY RESPONSE ACTIVITIES

Urgent actions are primarily needed to save lives, control cholera morbidity and mortality in active hotspots, and limit the spread of the disease to other communities and departments. PAHO's emergency response actions in 2023 will focus on procuring essential life-saving medicines and health supplies for cholera case detection, confirmation, and treatment, facilitating the establishment and operations of cholera treatment facilities in or near affected communities, monitoring availability and occupancy rates of cholera beds and supporting effective referral of severe cases, and disseminating protocols for cholera case management.

Other priorities will include establishing and strengthening community-based surveillance systems, training, and increasing available human resources to expand the national and departmental surveillance system for case investigation, data management,

contact tracing, community response activities, and sample collection. To prevent and control contamination PAHO will support procuring essential WASH supplies and implementing Infection Prevention and Control (IPC) measures in cholera treatment facilities to ensure appropriate WASH and IPC norms are in place.

While health partner interventions will concentrate on tackling the resurgence of cholera in Haiti to prevent it from becoming endemic, response actions will continue to address other acute health and humanitarian needs. This includes severe malnutrition, COVID-19, and recovery of care delivery capacity in areas impacted by the 2021 earthquake. In particular, recognizing that only 2.3% of the Haitian population has completed a whole COVID-19 vaccination series of two doses as of 8 March 2023, efforts will continue to promote vaccination against COVID-19, and other vaccine-preventable epidemic-prone diseases such as polio and measles, which are also critical diseases to monitor for future outbreak prevention.



IMPACT STORIES

Haiti: Community health workers on the frontline of Haiti's cholera response

Since its resurgence in October 2022, cholera has claimed hundreds of lives in Haiti. Communicating how to prevent cholera, treat symptoms, and seek assistance is essential to save lives and is vital to the country's response. But bringing information to populations in areas beset by civil unrest and urban violence is a challenge. Trust is essential to ensure the information is well received.

PAHO/WHO has worked with Haiti's Ministry of Health and Population to train and deploy 900 community health workers (CHWs) in the Ouest and Center departments to disseminate life-saving information in affected communities and mobilize communities to prevent cholera and seek treatment. The effort represents a more personalized and house-to-house approach, complementing other outreach activities, such as mass distributing text messages and daily radio broadcasts.

Community health workers are a trusted bridge between communities, health authorities, and partners on the ground. They are also critical for registering and reporting suspected cases and deaths in the community and referring patients to nearby cholera treatment centers.

In the Ouest department, where preliminary data is available, deployed CHWs supported the identification of approximately 2 348 suspected cases of cholera, of which 65% were referred to Cholera Treatment Centers (CTCs), and the CHWs directly managed 34% of mild cases. The CHWs visited 29 500 homes during their first month of work, which allowed the distribution of 3 650 oral rehydration solutions (ORS) and 160 000 Aquatabs for water treatment. The CHWs were also given training for risk communication and health promotion to sensitive community members on vital primary care health issues, including breastfeeding, mental health, and identification/referral of gender-based violence.

Read the full story [here](#).



IMPACT STORIES

PAHO's Labo Moto project uses nurses on wheels to improve cholera surveillance in Haiti

In the first four months of the new cholera epidemic affecting Hispaniola Island, over 28 000 suspected cholera cases have already been reported in Haiti. Yet, gangs hold many affected areas, and roads are virtually impassable, resulting in risks of underreporting and limiting timely access to needed health care. Providing humanitarian assistance has become particularly difficult due to political instability, lack of fuel, food insecurity, and deterioration of water, hygiene, and sanitation conditions.

To mitigate some of these challenges, PAHO/WHO has scaled up its Labo Moto initiative, which supports “nurses on wheels” who travel across the country by motorcycle to collect cholera samples from suspected cases and deliver them for laboratory analysis, contributing to rapid diagnosis and response. This way, access to life-saving treatment and preventative measures is timely.

There are currently 28 Labo-Moto nurses covering all ten departments who have facilitated the collection of more than 3 462 samples during the current epidemic, playing a crucial role in helping hard-to-reach areas and strengthening the decentralization of detection capacities for a timely and targeted response.

Read the full story [here](#).



VENEZUELA



7.1M
PEOPLE
IN NEED



3.5M
PEOPLE
TARGETED



155M
REQUIREMENTS
(US\$)

Gobierno Bolivariano de Venezuela | Ministerio del Poder Popular para la Salud

OPS | **BARRIO ADENTRO**

Organización Panamericana de la Salud | Organización Mundial de la Salud

TARJETA DE VACUNACIÓN

Dirección de INMUNIZACIONES
Dirección General de Epidemiología

CÓDIGO DEL CENTRO DE VACUNACIÓN: _____

FECHA DE EXPEDICIÓN: 19 / 9 / 22

ESTE DOCUMENTO SE EXPIDE A NOMBRE DE: _____

Nº DE CÉDULA: 15340849

NACIONALIDAD: Venezolana

SELLO DEL ORGANISMO QUE EXPIDE

SISPAI-01 VERSIÓN 2019

The Bolivarian Republic of Venezuela has been facing a prolonged socio-political and economic situation that has profoundly and negatively impacted social and health indicators. The COVID-19 pandemic further aggravated the humanitarian context in the country, which stretched the limits of an already weakened national health system. Violence and social conflicts, hyperinflation, constant political tensions, the persistence of migratory movements, and intensification of climate threats and natural hazards have worsened the living conditions and health status of populations in vulnerable situations, including women, children, and indigenous people.

A large influx of returnees back to Venezuela (Bolivarian Republic of) marked the first two years of the pandemic. However, the country's continued deteriorating political, socio-economic, and human rights situation resulted in renewed increased migration of Venezuelans in 2022. The profile of Venezuelan migrants has progressively changed over the years, from single men in search of better economic opportunities to families with women and children in situations of extreme vulnerability. The increasingly irregular and unsafe journeys of those migrants are constantly putting their lives at high risk.⁵

Besides its socio-economic impacts, the COVID-19 health emergency remains a health threat to Venezuelans, with less than 50% of the population vaccinated with two doses.⁶ Indirectly, the COVID-19 pandemic has caused significant disruptions in the provision of health services and treatment of medical conditions resulting in the worsening of pre-existing conditions and increases in preventable morbidity and mortality.

The lack of appropriate infrastructure, adequate water, sanitation, and hygiene in many health institutions and households impedes timely and quality healthcare services. The fragility of the health system deepens the vulnerability of at-risk populations, especially in the event of potential natural disasters.

⁵ RMNA 2022. Regional Inter-agency Coordination Platform (R4V). Refugee and migrant needs analysis 2022.

⁶ https://im-data-paho.github.io/cov19-country-profiles/es/report_VEN.html#Cobertura.

Recurrent floods and landslides caused by intense rainfalls in 2022 have also resulted in deaths, destruction of homes and health facilities, human displacement, and increases in health issues that often follow such disasters, such as respiratory infections, dehydration, water-borne diseases, skin and eye infections, and mental health disorders.

STRATEGIC OBJECTIVES

» Strengthen operation continuity of critical health services to face emergencies and disasters

Sustain and improve the capacity of strategic health facilities to continue functioning in emergency and disaster situations, particularly those that provide primary health care.

» Improve access to water and sanitation in integrated health network facilities and communities

Implement interventions to improve basic sanitation, hygiene, and adequate access to quality water at institutional and community levels to prevent and contain disease outbreaks.

» Increase the efficiency of health services and improve comprehensive quality care

Strengthen stewardship and governance in the health system. Establish health information, surveillance, and monitoring systems that include standard operating procedures for reporting events relevant to the quality and safety of care.

» Support the national health network through the strengthening of comprehensive community health areas (ASIC)

Strengthen preparations for emergencies and disasters through technical cooperation, support for developing and updating national, local, and hospital disaster plans, and strengthened human talent in the health and other related sectors.

» Strengthen coordination of humanitarian response at sectoral and cross-sectoral levels

Guarantee technical support and capacity building to Health Cluster partners in Venezuela (Bolivarian Republic of), especially national NGOs, in alignment with national and international standards and guidelines.

RESPONSE STRATEGY

In this complex humanitarian environment, PAHO's priorities for 2023 in Venezuela (Bolivarian Republic of) will focus on sustaining—and, where possible, strengthening—operational and functional capacities of critical and essential health services through a primary health care approach to ensure the operability, safety, and resilience of local health systems.

Humanitarian assistance in health will target improving access to health services, especially to the most vulnerable populations and those living in hard-to-reach areas, by supporting the continued availability of essential medicines, medical equipment, and supplies through direct procurement and strategic partnerships with other humanitarian actors.

There will be additional support for carrying out targeted improvement works and rehabilitation of priority health facilities to support the provision of comprehensive, timely, and quality services, facilitating capacity building and protection of the health workforce, and embracing an intersectoral approach to incorporate water, sanitation, and hygiene interventions at the institutional and community level.

Interventions will also focus on strengthening the preparedness and response capacities of the health system to face multiple hazards through better coordination with other humanitarian actors.

Priorities will focus on strengthening operational and functional capacities of essential health services in Venezuela.

PAHO frames its response strategy within the Health Cluster sectoral objective one, which focuses on strengthening the operational and functional capacity of health facilities' critical and essential services (hospitals and primary health care units) with a focus on primary health care (PHC) aimed at strengthening their resilience and operational safety.



EMERGENCY RESPONSE ACTIVITIES

Priority actions require strengthening human resources in health for identifying and clinically managing the primary health threats and emerging health emergencies, reinforcing the initial response capacity of health care centers, strengthening community response capacity for emergencies and natural disasters, and strengthening epidemiological surveillance and health monitoring.

Improvements will be made to vital lines and critical services in health facilities, focusing on saving lives and strengthening integrated health service networks based on primary health care. Medicines and supplies will be delivered, health units will be rehabilitated, education and capacity-building campaigns will be conducted for health personnel and patients, and other health promotion and disease prevention interventions will be aimed at the most vulnerable and at-risk populations.

Actions will also seek to update institutional and community emergency preparedness and response plans, including:

- **Contingency plans focused on multi-hazards** with an emphasis on health.
- **Information management and patient referral and counter-referral.**
- **Procedures and protocols to include triage**, diagnosis and treatment, infection control and patient referral, and critical patient management.
- **Staff training in emergency management and care**, in recording, handling, monitoring, and reporting of drugs and humanitarian supplies.
- **Inclusive language such as Braille & sign language.**

Interventions will seek to better coordinate efforts with partner organizations, including relevant ministries, other state institutions, and national and international NGOs, within the framework of health policies, strategies, and humanitarian principles. Efforts will focus on enhancing the coordination of sectoral and intersectoral response to avoid duplication of efforts, ensuring the most efficient use of health resources, and strengthening the capacities of decision-makers and strategic partners in information management, project management, strategic planning, and decision-making.

IMPACT STORIES

José Vizcaya from Venezuela (Bolivarian Republic of): “Thanks to PAHO, my life was saved.”

The problems of José Asunción Vizcaya (Amazonas state, Venezuela [Bolivarian Republic of]) began with a colon irritation that worsened over the years, with the irregular eating schedules imposed by his work as a driver and, above all, because he contracted COVID-19 in March 2021.

In October that year, the José Gregorio Hernández hospital in Puerto Ayacucho admitted José with acute abdominal pains to the intensive care unit. José Gregorio Hernández hospital is the only hospital for adults in Amazonas. The studies José underwent did not allow for an accurate diagnosis, and the doctors disagreed on what type of intervention was necessary. The data obtained with the old ultrasound scanners were contradictory.

Vizcaya, 62, was fortunate that his wife, Brenda Arias, is a doctor in that hospital and recalled that the Pan American Health Organization (PAHO) had just donated some ultrasound equipment, monitors, and an oxygen purifier. The hospital was finishing remodeling work in the emergency area, so it had not installed this new equipment (work that PAHO also led).

“The old monitor told us that everything was fine, but I knew there was a problem, those data were not accurate, the devices had to be out of calibration. In desperation, I remembered some equipment that had been donated by PAHO. I took it out of its box and put it to work,” said his wife.

When health providers connected the new equipment, it became evident that Vizcaya had tachycardia and was hypotensive with a high respiratory rate. He had an oxygen saturation of 74. The data from earlier indicated a normal respiratory rate and oxygen



saturation of 87. These figures raised alarm bells with his wife. “They told me he had low blood pressure, but his heart rate was normal, which is possible but taking into account his other symptoms, it was very strange,” she said.

Thus, it was possible to diagnose that Vizcaya’s problem was urethritis which ended in peritonitis and not intestinal bleeding, as initially believed. He underwent surgery with a precise diagnosis. “Thanks to the equipment donated by PAHO we were able to act, that echo was necessary to be able to operate, before we were going blind,” said his wife.

Vizcaya says his wife was so excited about the new equipment that she began studying for a sonographer diploma in Valencia. When she went there, her professors could not believe that, in Puerto Ayacucho, they had such technologically advanced equipment.

Today Brenda is a sonographer at the José Gregorio Hernández hospital. She was in charge of the oncology service when her husband underwent surgery. The most important thing is that PAHO saved her husband’s life. “If it were not for me and that equipment, José would not wake up at dawn,” said Brenda.

Read the full article [here](#).

HOW TO SUPPORT THIS APPEAL

Generous donations from the international community allow PAHO to deliver its technical cooperation and deploy its operational and logistics support to address existing and emerging public health challenges impacting the countries and territories of the Americas.

The financial requirements outlined in this appeal are pivotal to providing lifesaving health assistance and protective services to communities affected by emergencies without leaving anyone behind. PAHO ensures it will distribute funding most efficiently and where needed, in coordination with public health authorities, United Nations agencies, civil society organizations, and other humanitarian partners.

Here are some ways private or public organizations and individuals can contribute to this donor appeal.



DONATING DIRECTLY TO THIS APPEAL

Financial contributions from governmental aid agencies, multilateral institutions, foundations and philanthropic organizations, and other public and private sector partners are among the most valuable and effective forms of support for health emergency response. The main characteristic of a financial donation is its flexibility to support an agile response. The resources obtained can be used quickly and efficiently, responding to the most acute needs and ensuring that the funded actions fully align with the local priority public health actions.

Donating organizations are invited to contribute cash to support one, several, or all priority actions highlighted in this appeal. To donate to PAHO, please contact Julie Mauvernay (mauvernj@paho.org).

Individual donations can also make a difference and help save lives by supporting the delivery of essential supplies and critical assistance to people in need. Individuals can contribute to PAHO's Health Emergency Appeal by mailing checks to PAHO, 525 23rd St NW, Washington, D.C., 20037.



DONATING IN-KIND RESOURCES AND SERVICES

PAHO encourages the private and public sectors to align response efforts to this Appeal's priority lines of action. Donations from corporations must comply with PAHO's guidelines and roadmap for engagement with the private sector.

To make an in-kind donation of goods and services, please contact Julie Mauvernay (mauvernj@paho.org) or donate@paho.org to guarantee coherent priorities, minimize gaps and duplication in the health response, and ensure quality assurance of the goods offered.

PAHO appreciates and thanks in advance its donors for their generous contributions to support the delivery of its humanitarian health assistance throughout the Region. PAHO will report contributions to this Appeal on its webpage to acknowledge and give visibility to donors' generosity, report on funding received, and identify remaining financial gaps.

Help us provide lifesaving health assistance and protective services to communities affected by emergencies, without leaving anyone behind.

This document outlines PAHO's regional priorities for the year 2023 to sustain and scale up health emergency and humanitarian assistance in the Americas, with a focus on five priority countries currently facing a prolonged humanitarian crisis and recovering from recent acute emergencies: Colombia, El Salvador, Guatemala, Haiti, and Venezuela (Bolivarian Republic of). These goals align with and build on the World Health Organization's Global Health Emergency Appeal for 2023, its principles, priorities, and strategies.

PAHO



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Organization



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