

AMERICAS REGION

Requirements
US\$ 336.7 million

Context

The WHO Region of the Americas experiences a wide variety of emergencies and disasters of increasing severity and frequency every year, which have a negative impact on the health of its population. After Asia, the Americas is the second region in the world most impacted by disasters and emergencies, accounting for almost one-quarter of disasters recorded worldwide over the past decade. Latin American and Caribbean countries and territories are extremely prone to natural disasters, primarily hydrological and meteorological events, but also face seismic activity, volcanic eruptions, landslides, and other adverse events such as fires and social disturbances, which can have major detrimental effects on populations and infrastructure, including health services. These vulnerabilities are now exacerbated by the impact of climate change, which has resulted in a general escalation in the intensity of tropical storms and hurricanes, as well as varying rainfall patterns.

The Region is characterized by a rich ecosystem and diverse diseases profile. Climate change, migration, economic, social, environmental, and political factors in each country and throughout the Region are changing the patterns of diseases and are increasing the risks of emergence and re-emergence of epidemic-prone infectious hazards. In recent years, the Region faced the rapid emergence and spread of chikungunya and Zika viruses, and the resurgence of outbreaks of yellow fever, diphtheria, measles, dengue, and malaria in several countries after years of sustained reduction. Ecological drivers and environmental and demographic changes, such as rapid population growth coupled with unplanned urbanization and global warming, deforestation, and encroachment of urban human populations into forested areas, create the conditions for the emergence of biological threats in new geographical areas.

The Region currently faces several complex emergencies – including profound humanitarian consequences of the prolonged sociopolitical and economic crisis in Venezuela; transcontinental mass migration phenomena stemming from the Venezuelan crisis; growing rampant violence in Central America and Haiti; and the continued impact of the internal armed conflict in Colombia, leading to population displacements. Numerous countries in the Region are experiencing a rise in violence, crime, armed conflict, social instability, and insecurity, which have become major threats to the populations of Colombia, Venezuela, Haiti, Central America, and Mexico.

On 23 March 2021, health personnel, midwives and other priority groups received their first dose of COVID-19 vaccine in Campur, a municipality in the department of Alta Verapaz, Guatemala. On 11 March 2021 Guatemala became the third country in the Americas to receive COVID-19 vaccine through COVAX. COVAX, the vaccines pillar of the ACT-A, is co-led by the Coalition for Epidemic Preparedness Innovations, Gavi, the Vaccine Alliance and WHO working in partnership with developed and developing country vaccine manufacturers, UNICEF, PAHO Revolving Fund, the World Bank, and others. It is the only global initiative that is working with governments and manufacturers to ensure COVID-19 vaccines are available worldwide to both higher-income and lower-income countries. © WHO / Víctor Sánchez



Results achieved in 2021

- **Facilitated the purchase, delivery, and distribution of 2695 tons of medicines, health supplies and equipment through 3783 shipments** to benefit approximately 630 institutions providing health services throughout all 24 Venezuelan states. These shipments helped maintain the delivery of essential health services to the most vulnerable population groups, including emergency care, sexual and reproductive health, and paediatric care.
- Following the eruption of La Soufriere volcano in Saint Vincent and the Grenadines in April 2021, and the significant internal displacement of the local population in temporary settlements, **provided technical assistance to national health authorities to strengthen early warning, alert and response systems for a timely detection of outbreaks.** The deployment of an early warning, alert and response system, along with the capacity-building of 35 health professionals, helped establish local capacity for real-time reporting, including analysis of early data and systematic alert management. Following a successful pilot in six shelters, this system is now being implemented in all health facilities to set up weekly data collection for syndromic surveillance – with the continued support of the Regional Office for the Americas.
- As part of WHO's whole-of-society approach to the COVID-19 pandemic, direct investment in community-based civil society organizations was fostered to implement innovative measures to connect, engage with, and better protect the health and well-being of vulnerable and hard-to-reach communities. These partnerships **helped keep approximately 100 000 members of more than 200 indigenous communities in the Ecuadorian Amazon informed about COVID-19 risks and prevention measures in their own dialect.** More than 44 000 adolescents and young adults across Guyana were engaged about the importance of mask wearing and handwashing, and increased access to adapted health assistance for persons with disabilities in Guatemala and informal domestic workers in Panama.

Response strategy

The diverse, multifaceted, and multidimensional emergency scenarios that affect the Region of the Americas every year call for a multihazard approach to ensure a comprehensive and effective response to the adverse events impacting Latin American and Caribbean countries and territories.

Although emergency response strategies must be tailored to the specific needs, risks and capacities of each country, recent emergencies – starting with the COVID-19 pandemic – highlighted common vulnerabilities throughout the Region that must drive WHO's technical cooperation for emergency readiness and response.

One of the main limitations to swift emergency response is the clear dependence of Latin American and Caribbean countries on the acquisition and importation of critical medical and health supplies. The concentration of production of these essential materials outside the Region has caused bottlenecks in the supply chain and logistics. This is why the creation of strategic inventories, and their management, represent a vital investment for a faster and more efficient health response to emergency situations in the Americas.

Similarly, access challenges, border closures and mobility restrictions revealed the need to support and scale up national and local emergency response capacities, especially at the community level, to ensure a swift and adequate first response while continuing to strengthen regional response mechanisms and networks.

The Cerro Colorado Social Club is one of more than 300 locations that were temporarily converted into COVID-19 vaccination centres in remote parts of Uruguay.
© PAHO / WHO / Pablo La Rosa



Emergencies reveal social inequities and differences in exposure and risk faced by vulnerable populations. Protecting the lives and health of the most fragile community members – while recognizing and respecting the diversity of needs, cultures, beliefs and practices – is both a challenge and a key priority of the health humanitarian response in the Americas.

To protect and save lives, while mitigating the disproportionate impact of emergencies and humanitarian scenarios on populations in situations of fragility, WHO's humanitarian interventions in the Americas will focus on supporting comprehensive critical health care to the most vulnerable. An emphasis will be placed on the primary level of care, using differential approaches to ensure adaptation to the specific needs and challenges of target populations – including indigenous groups, persons with disabilities, women, and elderly, among others. Using a whole-of-society approach when responding to health emergencies, the WHO Regional Office for the Americas will continue to foster participation of community members in response operations to promote shared learning, integration of community practices and cultural adaptation where needed.

Recognizing the growing intensity and complexity of health emergencies and humanitarian situations in the Region, as well as the exponential growth of humanitarian actors over the past decade, sustained efforts to improve the coordination of response partners are essential. The Regional Office for the Americas 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.

Regional priorities

The nature of the health and humanitarian emergencies affecting the Region of the Americas require a comprehensive, multihazard and differential approach to address the needs of the most vulnerable and at-risk groups fully and effectively. Although national emergency response capacities have increased over the past decade, many highly vulnerable/hazard-prone countries in the Region do not yet have the minimum capacity in place to rapidly detect, respond to, and manage large-scale public health emergencies and disasters. Important disparities persist, including within countries themselves at national, subnational and local levels.

The regional emergency response priorities are:

- Support and scale up operational response capacities and strengthen humanitarian logistics networks.
- Protect the most vulnerable while improving community coping strategies.
- Improve sectoral and intersectoral coordination among response partners to optimize response interventions and address the most acute needs of vulnerable communities.

To do so, WHO will:

- Facilitate and improve processes for the timely mobilization of goods and individuals to support acute emergency responses in affected countries.
- Increase emergency response capacities at national and community level to ensure a swift and adequate first response, while continuing to strengthen regional response mechanisms and networks in support of Latin America and Caribbean countries.
- Protect the health of the most fragile community members while respecting the diversity of needs, cultures, beliefs and practices.

- Support the provision of comprehensive critical health care to the most vulnerable populations, with a focus on the primary level of care.
- Follow a “whole-of-society” approach to health emergency response and continue to foster direct engagement of community members in response operations to promote shared learning, integration of community practices and cultural adaptation where needed.
- Continue efforts to improve coordination of response partners in the health sector and across sectors.
- Continue facilitating emergency coordination and information management in the health sector, as well as strengthening the Health Cluster's capacities to deliver up-to-standard humanitarian assistance.



Arrival of additional COVID-19 vaccines via COVAX in El Salvador in March 2021. © PAHO / WHO



WHO worked with the indigenous community of Concordia, Colombia on 16 March 2021 to develop the COVID-19 vaccination plan within the framework of the COVAX programme. In Colombia, vulnerable communities in the Amazon region are among the priority groups for COVID-19 vaccination. © WHO / Nadège Mazars

COVID-19 response

The Region of the Americas accounts for 37.1% of cases and 45.2% of deaths reported globally. Although gradual vaccination rollout intensified in the second half of 2021, COVID-19 vaccine availability remains limited worldwide, and many countries in Latin America and the Caribbean continue to face inequities in access. Challenges in logistics and cold chain and high vaccine hesitancy are further slowing uptake by populations, preventing the full achievement of vaccination potential. At the same time, countries and territories in the Region continue to report persistent disruptions of varying degrees in the provision of essential health services. These disruptions highlight difficulties in ensuring continuity of services and the need to strengthen resolution capacity, especially at the first level of care.

In 2022, the course of the COVID-19 pandemic in the Americas remains highly uncertain. Suppression of the pandemic in the Region will continue to require a comprehensive response – with sustained capacity in the health service network; maintenance of public health and social measures; and targeted vaccination operations and outbreak control actions, including early detection, investigation and isolation of cases, as well as tracing and quarantine of contacts. As such, the COVID-19 response priorities for 2022 are:

- Provide continued guidance to countries based on evidence-based information.
- Reinforce detection, characterization and response to variants of concern.
- Sustain health systems resilience, surveillance and testing.
- Support countries in their COVID-19 vaccine rollout, including combating vaccine hesitancy.
- Procure critical COVID-19 medicines, supplies and equipment for emergency use.
- Secure access to additional COVID-19 vaccines and support dose sharing to scale up vaccination efforts.

Focus countries

Colombia



- People in need: 7.7 million
- People targeted: 2 million
- Requirements (US\$): 14.89 million

The prolonged humanitarian situation in Colombia is marked by a combination of multi-hazard scenarios and serious structural problems, which have worsened due to the COVID-19 pandemic. While these factors have increased the needs across all sectors, they are especially profound in health, with an estimated

6.1 million internally displaced persons in need of assistance. Mixed migratory movements affecting the country have significantly increased over the past year, putting further pressure on limited national resources and capacities. According to the latest report from Migración Colombia, there are currently 1 842 390 persons of Venezuelan nationality in Colombia who expressed their desire to remain in the country, added to more than 4.9 million “pendular migrants” and 124 633 individuals in transit.

Violence is another critical issue that impacts Colombian communities, including increasing attacks against medical missions – 189 incidents reported in 2021 – resulting in increased restrictions to essential health services affecting the most vulnerable groups. At least 8 million people in Colombia live more than an hour away from health centres and 2.2 million experience barriers to access health services, including indigenous and Afro-Colombian communities in the Amazon and the Pacific. The COVID-19 pandemic has deepened the gap in access to services, disproportionately affecting vulnerable populations that suffer the multiple effects of the internal armed conflict, natural disasters and structural poverty; many of them being ethnic minorities and other groups who – for geographical, cultural and conflict reasons – cannot access essential

health services. This is compounded by a limited presence and capacity of health institutions in the most affected municipalities. Health infrastructure are concentrated in the municipal capitals, with scarce and poorly trained personnel and a lack of proper supplies, infrastructure, reference systems resulting in the poor management of medical complications and emergencies, including urgent care for survivors of sexual violence.

Health response efforts for 2022 must focus on protecting people's health and saving lives by supporting and scaling-up local health response capacities to attend the urgent and unmet health needs of vulnerable population impacted by situations of sudden and prolonged emergencies, focusing on rural territories and remote areas with little or no access to health institutions.

On 16 March 2021, people get vaccinated against COVID-19 in the indigenous community of Concordia, Colombia. In Colombia, vulnerable communities in the Amazon region are among the priority groups for COVID-19 vaccination. Colombian authorities are addressing the challenge of reaching out to remote indigenous communities, some of which are only accessible by air or by river. Health teams are going door-to-door and setting up "pop-up" vaccination sites in order to quickly vaccinate as many eligible community residents as possible. Health authorities are adapting their strategy in the area in order to take into account cultural specificities, and are working with indigenous health workers and field vaccinators to facilitate community engagement in the process. © WHO / Nadège Mazars



El Salvador



- People in need: 1.7 million
- People targeted: 900 000
- Requirements (US\$): 6.43 million

Already vulnerable to natural disasters and other risks related to structural poverty and chronic violence, El Salvador experienced several emergencies in 2020 that exacerbated humanitarian needs. The successive powerful storms that impacted the country – Tropical Storms Amanda and Cristobal in late May 2020, followed

by Hurricane Eta and Iota in November 2020 – caused catastrophic damage and loss of human life on a nationwide level, and critically reduced the capacity of local health services already stretched thin due to the ongoing COVID-19 pandemic. Growing violence, rising poverty, natural disasters, and COVID-19 in both El Salvador and its neighbouring countries have considerably affected the most vulnerable, leading to mass migration of entire families toward North America. Conditions faced by those migrants and refugees along migration routes are precarious, with very limited services available to meet their basic needs, while putting enormous pressure on local health systems and increasing health risks to host communities. An estimated 1.7 million people need humanitarian assistance. Health humanitarian assistance priorities aim to address the urgent and unmet needs of vulnerable populations, specifically women, children, indigenous people, LGBTIQ+ people, and people with disabilities and chronic diseases. Efforts to improve access to essential health services for vulnerable populations and to support local institutional capacity in increasing the emergency health response must be sustained and scaled up. Actions that increase communities' capacity for resilience through an integrated approach based on risk prevention and rights will also be prioritized.

Guatemala



- People in need: 3.8 million
- People targeted: 1.7 million
- Requirements (US\$): 11.12 million

Guatemala's vulnerability to natural and climate-related disasters; high poverty; and gaps in access to basic services pose a host of challenges that COVID-19 and Hurricanes Eta and Iota worsened. Health service networks in Guatemala have been seriously affected by the magnitude of infrastructural damage caused by these powerful storms in 2020 – reducing the capacity of national health systems already overstretched by the COVID-19 pandemic and limiting access to essential services for the most vulnerable. Growing social violence and mass migration are also taking on the capacity of local institutions to provide essential service delivery to the most vulnerable. The UN Humanitarian Needs Overview determined that an estimated 3.8 million people need humanitarian assistance. Many of them are

estimated to require urgent health assistance – primarily women of childbearing age, pregnant and lactating women, children, and persons with disabilities – and are primarily concentrated in the areas most impacted by the recent storms.

In this context, priorities focus on restoring and strengthening the capacity of health systems to meet existing humanitarian health needs and increase access to services. Rehabilitating and equipping first and second level health care centres that have lost capacity due to the impact of Hurricanes Eta and Iota is critical to ensure access for the most vulnerable individuals – coupled with scaling up the capacity of local facilities along migratory routes or in remote and rural areas. Key interventions will target the capacity-building of health personnel in prioritized health establishments, and the support needed to detect and notify public health risks. Strategic alliances and direct engagement with local nongovernmental organizations and community-based civil society organizations will be promoted to ensure community participation in addressing health humanitarian needs, and support sustainable interventions.

On 11 March 2021 Guatemala became the third country in the Region of the Americas (after Colombia and Peru) to receive COVID19 vaccine through COVAX. © WHO / PAHO



Haiti



- People in need: 4.9 million
- People targeted: 2.5 million
- Requirements (US\$): 19.99 million

Haiti is confronted with recurring sociopolitical, security and economic challenges deeply rooted in systemic and structural problems. The health sector estimates that 3.75 million people (approximately 34% of the Haitian population) will need health assistance in 2022. Successive sociopolitical

crises, increased civil unrest and violence, health sector underfinancing, COVID-19 pandemic dynamics, climatic hazards, and the impact of the earthquake that struck the Southern Peninsula in August 2021 – all this eroded the coping capacities of an already highly vulnerable population and caused a serious disruption of essential health services. Although it is estimated that more than 40% of the Haitian population is strongly affected by the prolonged and multifaceted crises that the country has been facing, the most affected groups remain pregnant and lactating women, and children under 5. The situation of marginalized people is also especially alarming. It is estimated that 15% of the Haitian population lives with a disability. In a context of chronic insecurity, precarious economics, and emerging/re-emerging infectious diseases (e.g. COVID-19, diphtheria and malaria), access restrictions and the interruption of essential health programmes – such as emergency obstetric and newborn care, family planning, and immunization – disproportionately affect the most vulnerable. Even when they manage to access health services, people often are faced with health facilities that lack adequate supplies or qualified medical personnel. The situation has further deteriorated with the ongoing response to the COVID-19 pandemic and the devastating earthquake in 2021.

Honduras



- People in need: 2.8 million
- People targeted: 1.8 million
- Requirements (US\$): 11.66 million

Honduras faces high levels of poverty and inequality, further compounded by the double impact of the COVID-19 pandemic and Hurricanes Eta and Iota, which have weakened communities' resilience and worsened food insecurity, acute malnutrition and overall health needs. The hurricanes affected nearly half of the

country's 9 million residents, with 368 000 displaced from their homes and more than 200 000 forced into improvised shelters, where COVID-19 and dengue posed major threats. Moreover, the complex humanitarian situations due to violence, climate shocks, food insecurity and increasing inequity – all worsened by the health and socioeconomic impacts of COVID-19 – have fuelled internal displacements and cross-border migration toward North America. The humanitarian needs of vulnerable migrants and returnees are also adding pressure on the often already scarce health services located along transit routes and in border areas. An estimated 2.3 million people need humanitarian assistance. Vulnerable populations – such as women; children; informal workers; indigenous and Afro-descendant communities; and persons with disabilities – are among the most affected by longstanding multidimensional crises. Health priorities focus on increasing access to, and coverage of, quality health care in vulnerable communities, especially in areas recently affected by emergencies and in rural and hard-to-reach locations. In this regard, the rehabilitation of the health centres impacted by Hurricanes Eta and Iota, and of those located along migrant transit routes, are paramount to ensure that local health services can meet the urgent health needs of the most vulnerable.

Venezuela



- People in need: 7 million
- People targeted: 4.5 million
- Requirements (US\$): 96.83 million

The Bolivarian Republic of Venezuela, a federal republic with more than 28 million inhabitants, has faced a prolonged sociopolitical and economic situation that has negatively, and profoundly, impacted social and health indicators. The humanitarian context in Venezuela has been compounded by the COVID-19 pandemic, which has further tested the limits of an already weakened national health system. Increasing violence and social conflict, the persistence of hyperinflation, continued political tensions, and the reintensification of migratory movements from Venezuela to neighbouring countries – all these factors have worsened the humanitarian crisis and exacerbated the vulnerabilities of already fragile communities, especially women, children and indigenous populations. The main priority of the health sector for 2022 is to protect the lives of the most vulnerable

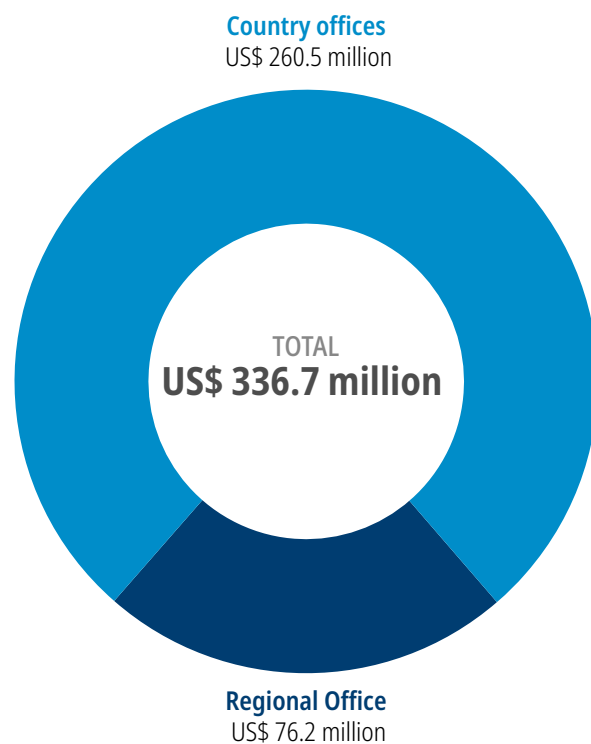
by keeping essential health services operational and accessible. It is therefore essential to ensure the continued availability of essential drugs, medical supplies and equipment to guarantee care for those in need. Interventions must also focus on strengthening the skills of the health personnel who stay and deliver, protecting their health and well-being to maintain quality care. Improving access to health services for highly vulnerable populations is also paramount. Special emphasis must be placed on strengthening the primary health care network with a focus on hard-to-reach areas. To expand equitable access to comprehensive, timely, quality health services for all people in a context of extreme deterioration of local health systems capacity, WHO Venezuela also aims to integrate a cross-sectoral approach to its interventions. This includes incorporating water, sanitation and hygiene, as well as protection, measures; and increasing the response capacity of health systems through improved synergies among humanitarian health actors.

Vaccination week in Caracas, Venezuela, in May 2021. Vaccination Week of the Americas 2021 was held from May 9 to 31 in Venezuela, with the purpose of contributing to the sustainability of the achievements of measles elimination, polio eradication, control of diphtheria and other vaccine-preventable diseases. In more than 5000 vaccination posts, 8 vaccines, which protect against 12 diseases, were provided to children and pregnant women. PAHO accompanied these immunization actions, which had the direct technical advice of more than 30 consultants deployed in the national territory. © WHO / PAHO

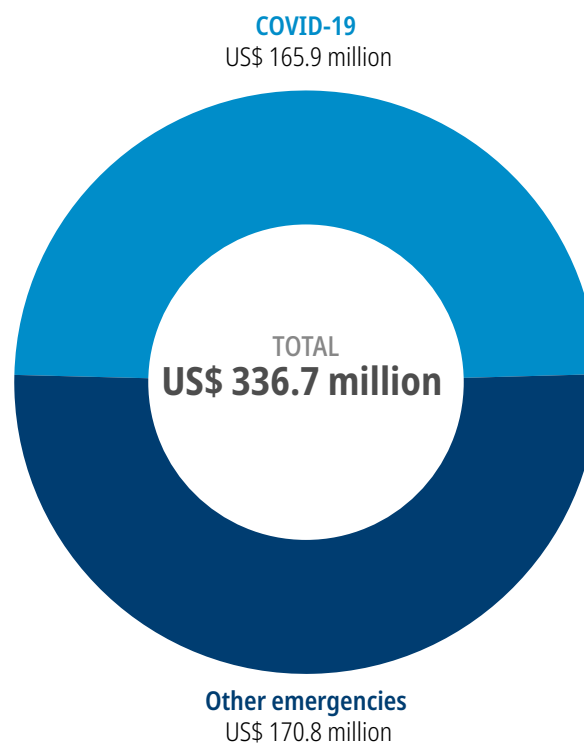


Financial requirements

Overall regional funding requirements



Overall regional funding requirements for COVID-19 and other emergencies



Overall regional funding requirements by pillar (US\$ million)

Pillar	Total
P1. Leadership coordination planning and monitoring	34.0
P2. Risk communication and community engagement	16.0
P3. Surveillance case investigation and contact tracing	31.6
P4. Travel, trade, points of entry and mass gatherings	12.9
P5. Diagnostics and testing	31.5
P6. Infection prevention and control	31.3
P7. Case management and therapeutics	26.6
P8. Operational support and logistics	36.6
P9. Essential health systems and services	65.4
P10. Vaccination	49.2
P11. Research innovation and evidence	1.5
Total	336.7

For more information

Dr Ciro Ugarte

Health Emergencies Department Director
WHO Regional Office for the Americas

ugarteci@paho.org

Dr Leonardo Hernandez

Emergency Operations Unit Chief
WHO Regional Office for the Americas

hernandezl@paho.org