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UPDATE ON THE COVID-19 PANDEMIC IN THE REGION OF THE AMERICAS

Introduction

1. This document provides an update on the COVID-19 pandemic in the Region of the Americas, and on progress and challenges in implementing Resolution CD58.R9 (1), adopted by the 58th Directing Council of the Pan American Health Organization (PAHO) in 2020, and Resolution CDSS1.R1 (2), adopted by the Special Session of the Directing Council in 2020, up to 31 December 2022, unless otherwise specified.

2. The virus still circulates in every subregion in the Americas, and outbreaks are still detected globally. In light of this and the risk of new variants of concern (VOCs), countries should continue implementing a comprehensive set of measures consistent with their capacity and context to limit transmission and reduce COVID-19-associated mortality and severe morbidity, with the aim to control the disease using the best tools at hand. COVID-19 vaccination remains the best strategy for controlling transmission and incidence. Efforts must continue to support capacities to deploy effective and inclusive national COVID-19 vaccination plans coupled with integrated COVID-19 surveillance and management and other components of health emergency preparedness, response, and resilience.

3. Following the fifteenth meeting of the International Health Regulations (IHR) Emergency Committee on the COVID-19 pandemic, on 5 May 2023 the World Health Organization (WHO) Director General declared that COVID-19 no longer constitutes a public health emergency of international concern (PHEIC). However, given the continued circulation of the virus, State Parties are encouraged to follow the temporary recommendations issued by the WHO Director-General, which also form the basis for the recommendations of the Pan American Sanitary Bureau (PASB or the Bureau) as detailed further in this report.

Epidemiological Situation

4. Between the detection of the first case in the Americas in January 2020 up to 3 June 2023, a cumulative total of 193 million confirmed cases of COVID-19, including 3 million deaths, were reported in the Region. In 2023, the Region of the Americas reported

6.6 million cases and 63,000 deaths as of 3 June 2023, making up 20% and 29% of cases and deaths that were reported globally, respectively. The most up-to-date epidemiological information can be found in PASB's COVID-19 Information System for the Region of the Americas.¹ The majority of SARS-CoV-2 viruses circulating globally belong to sublineages of Omicron. Multiple sublineages arising from recombinations involving Omicron viruses have been described and constitute the majority of circulating SARS-CoV-2 viruses worldwide. As with other regions, the number of sequences deposited in the Global Initiative on Sharing All Influenza Data (GISAID) platform by Member States significantly decreased compared to 2022, impacting our collective ability for accurate and timely identification of new emerging lineages or new variants.

5. The Region's vaccination coverage rate for the primary series (i.e., the first two doses of the COVID-19 vaccine) and first additional (or booster) dose has remained stagnant since October 2022. Although many countries are planning and implementing pediatric COVID-19 vaccinations, available data show persisting gaps in vaccination coverage rates of elderly and immunocompromised persons, pregnant women, and health workers. Disease in these high-risk groups drives hospitalization and mortality rates. Without adequate protection of these groups, countries remain at risk for higher hospitalization and mortality rates owing to new COVID-19 waves and future variants.

Recovery of Health Services

6. Countries and territories in the Region were challenged to maintain provision of essential health services throughout the COVID-19 pandemic. PASB collaborated with WHO to carry out four rounds of a global pulse survey on continuity of essential health services in 2020, 2021, and 2022. During the period between November 2022 and January 2023, 22 of the 25 countries and territories in the Americas that responded to the fourth round of the survey reported some extent of disruptions in the provision of essential health services (3). These disruptions had serious implications, particularly for the most vulnerable populations, such as elderly people and people living with chronic diseases and disabilities. Although the survey had shown indications of recovery of health systems in the Region since the pandemic began, service delivery and utilization are not yet back to pre-pandemic levels.

7. Additionally, most countries and territories in the Region still face critical challenges to scaling up access to essential COVID-19 tools. Ninety percent reported at least one bottleneck hindering access to COVID-19 diagnostics, therapeutics, vaccination, and personal protective equipment (PPE), while 50% reported health workforce challenges for clinical management and 60% reported shortages in supplies and equipment for diagnostics and testing.

¹ Available at: <https://paho-covid19-response-who.hub.arcgis.com/>.

Analysis of Progress Achieved

8. This section provides an updated summary of activities conducted by PASB since January 2020 in response to the COVID-19 pandemic, following lines of action presented in COVID-19 Pandemic in the Region of the Americas (Document CD58/6 [2020]) (4) and Update on the COVID-19 Pandemic in the Region of the Americas, COVAX Preparedness, and Equitable Access to COVID-19 Vaccines (Document CDSS1/2 [2020]) (5), as per Resolutions CD58.R9 and CDSS1.R1:

- a) Strengthen leadership, stewardship, and governance.
- b) Strengthen epidemic intelligence.
- c) Strengthen health systems and service delivery networks.
- d) Strengthen emergency operations response and supply chain.
- e) Support introduction of and access to COVID-19 vaccines.

9. The full range of PASB activities on COVID-19 implemented up to 31 December 2022 is available in four reports on the PAHO website, the most recent ones being the Pan American Health Organization Response to COVID-19: 2022 Mid-year Summary Report, Key Indicators and Selected Highlights (6), and the Pan American Health Organization Response to COVID-19: 2022 Annual Summary Report (unpublished). This work was feasible thanks to over US\$ 498 million² in financial contributions, which PASB received from a wide range of partners to support its COVID-19 response, with more details available on the PAHO website.³

Strategic Line of Action 1: Strengthen leadership, stewardship, and governance

10. Since March 2020, PASB has engaged ministers of health and other stakeholders to formulate and implement a holistic, intersectoral, and rapid national COVID-19 response while considering populations at higher risk from the virus. As the acute phase of the pandemic concludes, as of 17 May 2023, PASB has supported pandemic-related action reviews in 15 countries (7, 8). PASB will work with WHO Collaborating Centers to support countries and territories in this process as requested.⁴

² Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

³ Available at:

<https://www.paho.org/en/topics/coronavirus-infections/coronavirus-disease-covid-19-pandemic/paho-covid-19-response-fund>.

⁴ CHI-23, Universidad del Desarrollo, Chile, WHO Collaborating Centre for IHR; USA-359, Centers for Disease Control and Prevention (CDC), United States of America, WHO Collaborating Center for Implementation of IHR Core Capacities; USA-453, Johns Hopkins University, United States of America, WHO Collaborating Center for Global Health Security.

11. During the pandemic, several international financial institutions and other donors provided funding opportunities to countries in the Region (examples including Gavi/COVAX Facility⁵ and the Inter-American Development Bank's operational response to COVID-19). Recognizing the importance of pandemic preparedness and response (PPR), the World Bank approved a Financial Intermediary Fund (FIF) for PPR, established in September 2022. PASB provided technical cooperation to Member States to prepare proposals to strengthen PPR and will continue to work with Member States who are recipients of those resources.

Strategic Line of Action 2: Strengthen epidemic intelligence

12. A key component of PASB's response has been to support countries to strengthen their surveillance systems, conducting Event-Based Surveillance (EBS) while supporting countries to reinforce Indicator Based- Surveillance (IBS). This improved the capacity of surveillance systems to detect cases and facilitated the detection of risk factors and vulnerabilities among specific populations (9).⁶ The Bureau supported the expansion of the Epidemic Intelligence from Open Sources (EIOS) platform to six countries in the Region to enhance their capacity for EBS. In collaboration with GOARN (the Global Outbreak Alert and Response Network), PASB trained 35 countries and territories to use the Go.Data app for investigation and management of cases, follow-up of contacts, and real-time visualization of chains of transmission.

13. Since 2021, PASB has worked with Member States to integrate COVID-19 surveillance into sentinel surveillance systems for influenza and other respiratory viruses. PASB leveraged the Severe Acute Respiratory Infections network (SARI-net), which aims to improve the detection and reporting of influenza-like illnesses (ILI) and severe acute respiratory infections (SARI) by primary health care centers and hospitals.⁷ As of 13 June 2023, 29 countries have integrated COVID-19 surveillance into SARI/ILI surveillance systems.

14. The Bureau maintains its Geo-Hub⁸ to provide public health modeling and mapping tools for surveillance and monitoring of pandemics and daily updated epidemiological data. PASB produced its first epidemiological alert on the novel coronavirus on 16 January 2020. It has disseminated 64 epidemiologic alerts and updates on the epidemiological situation and related topics. Meanwhile, PASB continues to analyze trends, particularly through the collection of COVID-19 nominal case data. Seroprevalence studies have provided valuable data on how the virus has spread since the onset of the pandemic.

⁵ WHO Vaccine Deployment Coordination Group, update 12 May 2021 [unpublished].

⁶ Epidemiological updates have been developed to address COVID-19 among indigenous people. The most recent was published 2 December 2021. Available at: <https://www.paho.org/en/epidemiological-alerts-and-updates>.

⁷ The reports are available at: <https://www.paho.org/en/influenza-situation-report>.

⁸ Available at: <https://paho-covid19-response-who.hub.arcgis.com/>.

15. The Bureau provided technical cooperation and general support to countries and territories to ensure the availability of validated tests and SARS-CoV-2 reference molecular assays. The Americas was the first WHO Region to provide its Member States with laboratory diagnostic kits, and by the first quarter of 2020 all 35 Member States had the capacity for molecular diagnostic testing for SARS-CoV-2. Early in the COVID-19 pandemic, PASB activated the public health laboratory network in the Region, including specialized referral laboratories with demonstrated expertise in the molecular detection of respiratory viruses. As of 8 June 2023, PASB delivered critical material and laboratory supplies to over 35 countries and territories, including reagents for approximately 23 million diagnostic RT-PCR reactions. PASB also facilitated over 22 million antigen-detecting rapid diagnostic tests (Ag-RDTs) to expand diagnostic capacity.

16. Established in March 2020 by PASB with Member States and partners, the COVID-19 Genomic Surveillance Regional Network (COVIGEN) has been an asset for the timely characterization of viral circulation when VOCs emerge.⁹ PASB works closely with laboratories to further develop national molecular sequencing capabilities and, for those countries without in-country capacities, to refer specimens for sequencing to regional reference laboratories. As of 31 December 2022, 33 laboratories from 30 countries and territories have participated in the network, and over 512,415 SARS-CoV-2 specimens from Latin America and the Caribbean have been shared through the global database. In addition to the two original laboratories in Brazil and Chile, six regional reference laboratories in Colombia, Costa Rica, Mexico, Panama, Trinidad and Tobago, and the United States of America have been added since 2020, optimizing coverage for all subregions.

Strategic Line of Action 3: Strengthen health systems and service delivery networks

17. During the COVID-19 pandemic, PASB provided technical cooperation to its countries and territories to reorganize health services and expand and strengthen capacities of health services networks to manage COVID-19 patients and ensure the continuity of essential health services. The Bureau developed tools and supported countries to review task-sharing plans, improve management of health workers, and build capacity in medical and nursing faculties to expand primary care. PASB provided Member States with coordination, guidance, training, and recommendations (10) to establish comprehensive medical surge capacity response within their national health services networks through mobilized Emergency Medical Teams (EMTs) and Alternative Medical Care Sites (AMCS). From the start of the pandemic up to 6 May 2022, 24 countries reported 300 national EMTs deployed as well as 393 AMCS made operational, providing a total of 50,526 inpatient beds and 2,285 critical care beds. PASB created an Oxygen Technical Group (OTG) to evaluate limitations due to an increase in the number of patients requiring oxygen support therapy during the pandemic. The OTG

⁹ Information on the COVID-19 Genomic Surveillance Regional Network is available at: <https://www.paho.org/en/topics/influenza-and-other-respiratory-viruses/covid-19-genomic-surveillance-regional-network>.

developed technical materials (11, 12) and provided comprehensive technical support to 28 countries and territories covering clinical approaches, organization of health services, capacity building, and assessment of capacities.

18. Reinforcing compliance with standard and transmission-based precautions (e.g., use of personal protective equipment or PPE, and hand hygiene practices), as of 25 April 2022, 33 countries and territories continued to report having a national infection prevention and control (IPC) program along with water, sanitation, and hygiene (WASH) standards in health care facilities. PASB guidance and materials reached over 24,000 health workers, IPC practitioners, and others at higher risk of exposure to COVID-19.

19. During the COVID-19 pandemic, PASB provided capacity building and implemented a knowledge translation mechanism to identify, synthesize, and disseminate the best available evidence for rapid decision making for clinical management (13–15). PASB provided guidance to address the use, outside of research settings, of pharmaceutical interventions that had not been proven safe and efficacious, including ethical criteria and recommendations for the ethical use of unproven interventions for COVID-19 (16, 17), known as the framework for the monitored emergency use of unregistered and experimental interventions (MEURI).

20. The Bureau collaborated with WHO, partners, and stakeholders to advance clinical research, expand the knowledge base, and facilitate the exchange of experiences and expertise of frontline health providers through the WHO Global Clinical Platform for COVID-19. PASB worked with 13 Member States and partners to use this platform, which had over 149,000 cases recorded from the Region. PASB continues to work with partners to better understand post COVID-19 condition and to update on a regular basis a “Living Systematic Review of Therapeutic Options for Post COVID-19 Condition” in order to support countries to develop patient care pathways.

Strategic Line of Action 4: Strengthen emergency operations response and supply chain

21. In September 2021, the 59th Directing Council approved the document Increasing Production Capacity for Essential Medicines and Health Technologies (Document CD59/8) (18) through Resolution CD59.R3 (19). In response, PASB launched the Regional Platform to Advance the Manufacturing of COVID-19 Vaccines and other Health Technologies in the Americas to foster research and incentivize the development and manufacturing of essential and strategic health technologies, expanding manufacturing capacities, facilitating information exchange, and promoting cooperation between the public and private sectors in relevant areas. PASB, in coordination with WHO, worked with Bio-Manguinhos/Fiocruz in Brazil and Sinergium Biotech in Argentina to develop and produce mRNA-based vaccines, and with subregional integration mechanisms (PROSUR, CELAC, MERCOSUR), international organizations (IDB, ECLAC), vaccine manufacturers, and international financial entities (IFC/World Bank Group) to strengthen vaccine production capacities in Latin America and the Caribbean.

22. The Bureau participated in *a)* the Access to COVID-19 Tools Accelerator (ACT-A), to promote and accelerate the development, production, and equitable distribution of COVID-19 vaccines, diagnostics, and therapeutics, and *b)* the COVAX Facility, to ensure access to safe and efficacious vaccines regardless of countries' income level. The Bureau also worked with countries and territories to review specifications and provide quality assurance recommendations on masks, respirators, oxygen concentrators, mechanical ventilators, among others; and to collaborate with national regulatory authorities (NRAs), including through the Regional Platform on Access and Innovation for Health Technologies (PRAIS).¹⁰

23. Reinforcement of the supply chain capacities of countries and territories to efficiently deploy incoming technologies while ensuring appropriate access to all other essential health technologies was an important focus of PASB since the start of the COVID-19 pandemic. PASB engaged with national authorities to address the impact of the accelerated demand for medical items on production, logistics, customs, and inventory, with a view to mitigating risks of shortages and delays. As of 8 June 2023, PASB purchased \$851 million worth of COVID-19 supplies through 1,236 suppliers.¹¹ PASB mobilized health commodities, with its Strategic Reserve in Panama playing a critical role to bridge the gap between countries' assessed needs and vendors' lead times. As of 31 December 2022, PASB delivered 507 tons of supplies to 37 countries and territories.

Strategic Line of Action 5: Support introduction of and access to COVID-19 vaccines

24. To enhance the Bureau's organizational support for the introduction of COVID-19 vaccines in the Region of the Americas, the Director of PASB established the Task Force for COVID-19 Vaccination in the Americas in September 2020. The task force provides strategic guidance for the successful planning and rollout of COVID-19 vaccination in the Americas. The Bureau worked with ministries of health to incorporate COVID-19 vaccination programs into their COVID-19 preparedness and response plans. The Bureau provided guidance and comprehensive support to national stakeholders to strengthen the Expanded Programs on Immunization and enable successful implementation of COVID-19 National Deployment and Vaccination Plans (NDVPs). To expedite vaccine deployment, PASB provided guidance to Member States on regulatory authorization, import permits, lot release procedures, and mapping existing regulatory routes for authorization, importation, and post-deployment monitoring of COVID-19 vaccines in 21 countries.¹² The Bureau worked with NRAs to facilitate the use of WHO Emergency Use Listing (EUL) vaccines.

¹⁰ As of 30 April 2022, PASB conducted 802 technical evaluations of medical devices, including biomedical equipment, PPE, and in vitro diagnostics; provided support to regional and local procurement of biomedical equipment; and disseminated 284 alerts from regulatory authorities related to safety issues.

¹¹ Includes diagnostic kits (PCR, detection, and extraction kits), COVID-19 rapid tests, consumables, PPE, and other supplies, but does not include vaccines.

¹² Available at: <https://iris.paho.org/handle/10665.2/54516>.

25. The regional Technical Advisory Group (TAG) on Vaccine-preventable Diseases was convened twice in 2020 (in August and November), once in 2021 (in July), and three times in 2022 (in January, May, and July) (20–25). It provides guidance on regional adaptation of the recommendations issued by the WHO Strategic Advisory Group of Experts on Immunization (SAGE). Additionally, PASB worked with countries to ensure the equitable distribution of vaccines.

26. Through the PAHO Revolving Fund for Access to Vaccines,¹³ the Bureau supports the channeling of vaccines to the Region, including through the COVAX Facility, and also through demand planning for immunization programs and procurement of key supplies; by establishing long-term agreements with suppliers; by coordinating and monitoring international logistics; by advocating for donations to the Region; and by supporting coordination and country readiness for vaccine deployment. As of 13 May 2023, PASB supported the delivery of approximately 153.6 million doses to 33 countries.

27. As of 1 June 2023, all 51 countries and territories have launched COVID-19 vaccination programs.¹⁴ More than 2.13 billion doses have been administered and, as of 10 February 2023, 70.7% of the Region’s inhabitants have completed their vaccination series. Forty-one of the 51 countries and territories have met the 40% target and 17 have met the 70% mark. Nonetheless, 10 countries and territories (mainly in the Caribbean) have yet to reach the 40% target and one country remains far below the 10% threshold.

28. The Bureau worked with countries and territories to evaluate cold chain capacities and guide planning for storage and distribution of COVID-19 vaccines. As of 31 May 2022, 31 countries have received training and support to purchase cold chain equipment and temperature monitoring devices and 26 countries and territories that reported insufficient and/or substandard cold chain capacity have received technical cooperation.

29. The Bureau supported countries and territories to strengthen COVID-19 vaccination information systems, facilitating access to reliable real-time information on doses administered,¹⁵ while allowing for monitoring of the performance of vaccination programs. PASB developed a regional sentinel network for active surveillance of Events Supposedly Attributable to Vaccination or Immunization (ESAVI) and Adverse Events of Special Interest (AESI). As of 31 December 2022, 10 countries and territories were regularly providing data to the network, and 18 countries were regularly sharing data for passive surveillance.

¹³ For more than 40 years, the PAHO Revolving Fund has been supporting countries and territories in the Region to capture forecasted demand for vaccines, syringes, and related immunization supplies across the Region and leverage economies of scale to ensure access to high-quality vaccines at the lowest prices.

¹⁴ Cuba is using Cuban-manufactured vaccines: Abdala, Soberana 02, and Soberana Plus.

¹⁵ Available at: https://ais.paho.org/imm/IM_DosisAdmin-Vacunacion.asp.

30. The Bureau developed materials and provided capacity building to Member States to encourage countries' vaccination uptake, while addressing misinformation and disinformation. PASB maintains a website on COVID-19 vaccination¹⁶ with updated information, including on efficacy and safety of COVID-19 vaccines and the number of vaccine doses administered in the Region.

Action Needed to Improve the Situation

31. The following short-term and medium-term interventions are recommended for Member States and PASB, recognizing the temporary recommendations issued by the WHO Director-General to all State Parties on 5 May 2023.

Member States

32. Member States should aim to sustain national capacity gains and prepare for future events to avoid the occurrence of a cycle of panic and neglect, and should consider how to improve country readiness for future outbreaks. In alignment with WHO guidance, State Parties should update respiratory pathogen pandemic preparedness plans, incorporating learnings from national and sub-national after action reviews. State Parties should also continue to restore health programs adversely affected by the COVID-19 pandemic.

33. Member States should maintain efforts to increase COVID-19 vaccination coverage for all people in the high-priority groups (as defined by the SAGE Roadmap of April 2023) with WHO-recommended vaccines, and should continue to actively address vaccine acceptance and demand issues with communities.

34. Member States should continue to report mortality and morbidity data and variant surveillance information to PASB. Surveillance should incorporate information from an appropriate mix of representative sentinel populations, event-based surveillance, human wastewater surveillance, sero-surveillance, and surveillance of selected animal populations known to be at risk of SARS-CoV-2. Countries and territories should leverage the Global Influenza Surveillance and Response System (GISRS) and support the establishment of the WHO Global Coronavirus Laboratory Network.

35. Member States should adapt risk communication and community engagement (RCCE), infodemic management strategies, and interventions to local contexts, continuing to work with communities and their leaders to achieve strong, resilient, and inclusive RCCE and infodemic management programs.

36. Member States should continue to lift COVID-19 international travel-related health measures based on risk assessments, and to not require proof of vaccination against COVID-19 as a prerequisite for international travel.

¹⁶ Available at: <https://www.paho.org/en/covid-19-vaccines>.

37. Member States should continue to support research to improve vaccines that reduce transmission and have broad applicability; to understand the full spectrum, incidence, and impact of post COVID-19 condition and the evolution of SARS-CoV-2 in immunocompromised populations; and to develop relevant integrated care pathways.

Pan American Sanitary Bureau

38. The Bureau should continue to provide recommendations to Member States on how to: *a)* reach all high-priority groups with COVID-19 vaccines to ensure high vaccination coverage rates among those most vulnerable to the disease; *b)* continue collecting country-specific data on vaccine safety, effectiveness, and impact, and use the information to develop strong communication materials to address the public’s concerns; *c)* integrate COVID-19 vaccination operations into national immunization programs (NIPs) to ensure sustainability and maximize impact of the NIPs, with particular emphasis on information systems and cold chain operations; *d)* collect best practices and lessons learned to improve the Region’s knowledge and understanding of new vaccine introduction and integration into the NIPs; and *e)* use the experience of COVID-19 vaccine rollout to strengthen adult vaccination platforms and ensure immunization services across the life course.

39. The Bureau and international partners should continue to support Member States in the development and strengthening of surveillance and laboratory capacities—particularly the integration of COVID-19 into SARI-net—and continue the expansion and strengthening of COVIGEN.

40. The Bureau should continue to provide technical cooperation to support countries and territories in adopting a more holistic approach to the regional and national COVID-19 health response, with an eye towards preparedness and resilience for emerging threats (PRET). In addition to its continued support for a successful vaccine rollout, PASB should provide support to strengthen other critical areas, such as diagnostics, therapeutics, case management, infection control, and continuity of essential health services. This includes adapting and increasing capacities of health services networks and addressing health systems bottlenecks and health logistics. PASB should also support countries to identify best practices and lessons learned. These actions will further support recovery from the impact of the pandemic on priority health programs, assisting countries in building more resilient national health services.

41. The Bureau should maintain a strategic stock of critical supplies, prepositioned to deliver life-saving responses in health emergencies, to mitigate the scarcity or delayed access that may result from the global dynamics of demand/supply, logistics constraints, transport delays, or production shortages.

Action by the Executive Committee

42. The Executive Committee is invited to take note of this report and provide any comments it deems pertinent.

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