

SPECIAL SESSION OF THE DIRECTING COUNCIL

SPECIAL SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

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UPDATE ON THE COVID-19 PANDEMIC IN THE REGION OF THE AMERICAS, COVAX PREPAREDNESS, AND EQUITABLE ACCESS TO COVID-19 VACCINES

Update on the COVID-19 Pandemic in the Region of the Americas

1. From 21 January to 2 December 2020,¹ a total of 27,145,021 laboratory-confirmed cases of SARS-CoV-2 virus infection and 732,329 deaths were reported by the 54 countries and territories in the Region of the Americas. Thirty-eight of these countries and territories with data available by age and sex reported 24,035,426 of the total number of cases (89%) and 413,869 of the deaths (56.5%). In this group of countries and territories, 72% of cases occurred in persons 20 to 59 years of age and 78% of the reported deaths were of persons 60 years or older. While there are no differences in the proportion of cases by sex, higher death rates have been observed among men, who represent 59% of the total deaths.
2. An increasing trend in the number of daily confirmed cases and deaths has been observed in the Region of the Americas since early November. While all three countries in the North American subregion are currently experiencing an acceleration in cases, the trends are not homogeneous in the Central American subregion, with some countries experiencing a reporting delay due to the two recent hurricanes, Eta and Iota (e.g., El Salvador), and others reporting a decrease in laboratory testing capacity (e.g., Belize). The incidence of daily cases in South America had been trending downwards in most countries until recently, when countries such as Brazil, Colombia, Ecuador, Paraguay, and Uruguay began reporting an acceleration in cases. In the Caribbean Islands, many small countries and territories began experiencing an increase in cases after they opened their borders to international travel in June and July. The pooled crude case-fatality estimate (the number of reported deaths divided by the number of reported cases) in the Region of the Americas is 2.7% (median country-specific estimate: 1.9%; interquartile range (IQR): (0.8% – 2.7%).

* This version contains changes in paragraph 4.

¹ PAHO COVID-19 Information System for the Region of the Americas. Available at: <https://paho-covid19-response-who.hub.arcgis.com/>.

3. As an estimation of active transmission in the population, the 7-day moving average of the observed COVID-19 incidence rate (number of cases per 100,000 population) is used. In the North American subregion, during the week of 26 November to 2 December 2020, the incidence rates were at or near the highest levels reported since the onset of the pandemic, with 109 cases per 100,000 population in Canada, 339 cases per 100,000 in the United States of America, and 48.2 cases per 100,000 in Mexico. Consistent with Region-wide trends, in the North American subregion there are no differences in the proportion of cases by sex, and the group aged 20 to 59 years accounts for the highest proportion of cases (67%). In this subregion, 79% of deaths have occurred among persons aged 60 years or older, with 58% of deaths occurring among men.

4. In Central America, the incidence rate increased in Panama, where 241 cases per 100,000 population were reported during the week of 26 November to 2 December—the highest rate in the subregion. The incidence rate declined slightly in Costa Rica and Belize compared with the previous week, but the rates are still near the highest levels ever recorded for both countries—137 cases per 100,000 population in Costa Rica and 131 cases per 100,000 population in Belize. It is difficult to make inferences about the trends in El Salvador, Guatemala, Honduras, and Nicaragua because they are among the countries most affected by Hurricanes Eta and Iota. Most of the affected countries experienced a decline in the number of cases being reported immediately after the hurricanes, suggesting a disruption in epidemiological surveillance, which may have caused delays in reporting at the national level. The most affected age group in the Central American subregion consists of persons 20 to 59 years old (79% of cases), with a higher proportion of cases reported among men (56%). With respect to deaths, the most affected group is persons 60 years of age or older (70%), with men accounting for the majority (65%).

5. After reaching a peak in August, the incidence of COVID-19 showed a general downward trend in most countries of the South American subregion up to November, when it began increasing again. In contrast, in Argentina cases began accelerating in August and reached a peak in October, after which there was a steady decline. According to data from the most recent week (26 Nov-2 Dec), the incidence rate is climbing again in Brazil (126 cases per 100,00 population), Colombia (122 cases per 100,000 population), Argentina (112 cases per 100,000 population), Paraguay (78 cases per 100,000 population), Ecuador (43 cases per 100,000 population), and Uruguay (33 cases per 100,000 population). The incidence rate in both Chile and Peru has plateaued in recent weeks after a downward trend lasting several months. While the incidence rates in the Plurinational State of Bolivia and the Bolivarian Republic of Venezuela appear to be decreasing, these trends should be interpreted with caution, as testing data including percentage positivity is not available for either country. A majority (76%) of the cases in this subregion have occurred in the group aged 20 to 59 years, with no significant difference in the proportion of men and women. However, of the 77% of the deaths that have occurred among persons over 60 years of age, 60% were of men.

6. In the French and Spanish speaking Caribbean, while some countries and territories, such as the Dominican Republic, French Guiana, and Haiti, experienced a peak in cases in

or before July and are currently observing a declining trend, the rest of the countries and territories saw an increasing trend after July, when many of them opened their borders to international travel. In recent weeks, Cuba has been reporting an increase in its incidence rate, with imported cases accounting for 46% of the new cases reported in the week of 22-28 November, whereas two weeks earlier imported cases had represented only 19% new cases. In the Dutch and English speaking Caribbean,² cases began increasing after July—the month when many of the countries and territories opened their borders to international travel. While the weekly number of cases has since peaked and is on a downward trend in some of those countries, such as Aruba, and Suriname, the trend has been increasing again since October-November in other countries, including Guyana, Jamaica, and Trinidad and Tobago. In the Caribbean subregion as a whole, the majority (74%) of cases have been reported in the group aged 20 to 59 years. However, most deaths (69%) have been registered among persons over 60 years of age. Across all age groups, there have been no significant differences by sex in the numbers of cases reported, but 62% of deaths have occurred among men.

7. The rapidly evolving nature of the COVID-19 pandemic has required the Pan American Sanitary Bureau (PASB or the Bureau) to implement an agile and adaptive mechanism, within an adjusted work environment influenced by travel restrictions and social distancing, in order to respond to the pandemic affecting all countries and territories within the Region. To complement local PAHO resources, where available, personnel and/or supplies have been mobilized to 51 countries and territories in the Region. These resources have served to, among other things, train national health authorities; support development and activation of national emergency plans and assessment of the reorganization of services; disseminate technical specifications for personal protective equipment (PPE) and biomedical equipment; and support the analysis of needs to meet the requirements for PPE, supplies, and reagents through the usual suppliers and support Member States in advancing purchasing processes to generate a strategic national reserve.

8. From February to mid-March 2020, laboratory trainings were organized in Brazil for nine South American countries and in Mexico for seven Central American and Caribbean countries, and laboratory experts were deployed to nine countries.³ Experts in clinical management, infection prevention and control, and reorganization of health services were deployed to nine countries.⁴ Experts on the implementation of the Go.data digital contact tracing platform were deployed to Argentina, Brazil, Colombia, and Mexico. Additionally, over 200 virtual training sessions have been completed with over 30,000 participants from 33 countries, and more than 110 technical documents and tools have been developed, adapted, and/or translated for use in the Americas. PASB is supporting the strengthening or installation of SARS-CoV-2 virus laboratory diagnostic

² Dutch and English Caribbean including Belize, Guyana and Suriname.

³ Bahamas, Barbados, Dominica, Colombia, Guyana, Haiti, Jamaica, Suriname, and Venezuela (Bolivarian Republic of).

⁴ Antigua and Barbuda, Bolivia (Plurinational State of), Dominica, Ecuador, Grenada, Honduras, Nicaragua, Paraguay, and Venezuela (Bolivarian Republic of).

capacity in 35 countries and territories⁵ and has already purchased and distributed laboratory reagents, PPE, and medical supplies and equipment to 38 countries and territories.⁶ The Bureau has been successfully engaging with key donors and partners to fund its US\$ 200 million⁷ resource requirements to support COVID-19 preparedness and response efforts in the Americas for the 11-month period from February to December 2020.

COVAX Preparedness, and Equitable Access to COVID-19 Vaccines

Background

9. During the 58th PAHO Directing Council, held 28-29 September 2020, Member States requested the Bureau “to support Member States in engaging with global initiatives, such as the Access to COVID-19 Tools (ACT) Accelerator.”⁸

10. The COVID-19 Vaccine Global Access (COVAX) Facility is the vaccine pillar of the ACT Accelerator and the globally coordinated mechanism to provide equitable access, risk pooling, and affordable options for all participating countries. COVAX is co-led by Gavi (The Vaccine Alliance), the Coalition for Epidemic Preparedness Innovations (CEPI), and the World Health Organization (WHO). Gavi is the COVAX Facility administrator and, as such, is responsible for making investments across a broad portfolio of promising vaccine candidates.

11. Since the design and initiation of the COVAX Facility, the Bureau has taken an active role in advocating for PAHO Member States’ needs, including the proposed use of existing mechanisms like the PAHO Revolving Fund for Access to Vaccines (the Revolving Fund) as a platform to ensure access to vaccines in the Region. In addition, the Bureau has made important contributions to the design and implementation of the COVAX Facility, based on the experiences of the Revolving Fund as an important pooled procurement mechanism.

12. Ensuring timely access to COVID-19 vaccines through the Revolving Fund is one component of PAHO’s overall technical cooperation package, which involves supporting: (1) country readiness for introduction and deployment of the vaccine; (2) immunization

⁵ Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bermuda, Bolivia (Plurinational State of), Brazil, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

⁶ Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bermuda, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos, Uruguay, and Venezuela (Bolivarian Republic of).

⁷ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

⁸ Resolution CD58.R9 (2020).

program planning and budgeting; (3) demand planning and prioritization of target groups; (4) harmonization of national regulatory processes; (5) supply chain and cold chain strengthening; (6) surveillance; (7) training, program management, and supportive supervision; (8) service delivery; (9) monitoring and evaluation; (10) social mobilization and communications; and (11) evidence-based decision-making and other areas identified as needs of national immunization programs.

13. For more than 40 years, the Revolving Fund has been supporting countries and territories in the Americas as part of this larger technical cooperation program in order to leverage economies of scale and ensure access to high-quality vaccines at the lowest possible prices. Through its work with the COVAX Facility, the Bureau has secured a role for the Revolving Fund to be one of the mechanisms for obtaining COVID-19 vaccines: the Revolving Fund will support access to the vaccine for the Region of the Americas and the Supply Division of the United Nations Children’s Fund (UNICEF) will support access for the other regions of the world. Self-financing countries also have the option of procuring vaccines directly from suppliers.

14. The Bureau is also working with partners on the design of a mechanism to ensure equitable allocation through the ACT Accelerator under WHO’s leadership. The design entails the identification of all parameters for optimal and equitable allocation, decision-making, roles and responsibilities of COVAX’s governing bodies, information flows, and measures to ensure country readiness to receive allocated doses from the COVAX Facility.

15. Globally, 187 countries and territories are now participating in the COVAX Facility. There are two main groupings in the Facility: (1) self-financing countries and territories (of which there are currently 95), and (2) 92 countries eligible for Advance Market Commitment (AMC) support.

16. Since the 58th Directing Council, the Bureau has continued to work closely with international partners, including Gavi, the Inter-American Development Bank, the World Bank, the Caribbean Public Health Agency, and the European Union, to facilitate participation of interested countries and territories in the COVAX Facility. As a result, 27 self-financing countries and territories in the Americas have signed commitment agreements with Gavi, which represents approximately 33% of the projected global procurement volume for this group.

17. Despite ongoing national budgetary and fiscal challenges during the pandemic, the majority of the 27 self-financing countries and territories in the Americas have already met the COVAX Facility’s financial requirements, which represents an allocation of more than \$1.1 billion as down-payments and financial guarantees. In addition, 10 PAHO Member States are eligible for the AMC⁹ and all are expected to submit their applications to the

⁹ Bolivia (Plurinational State of), Dominica, El Salvador, Grenada, Guyana, Haiti, Honduras, Nicaragua, Saint Lucia, and Saint Vincent and the Grenadines.

COVAX Facility in December 2020. Regardless of AMC eligibility or self-financing status, the Bureau views all participating countries and territories as one group united in solidarity and purpose.

Situation Analysis

18. In July 2020, PAHO and the United Nations Economic Commission for Latin America and the Caribbean (ECLAC) jointly published a report¹⁰ on health and the economy in Latin America and Caribbean (LAC) and the convergence needed to address COVID-19 and return to the path of sustainable development. The report demonstrates that decades of health investments and gains in LAC are at risk. In addition to the public health crisis, countries in the Region have been shaken by the economic and social impacts of the COVID-19 pandemic. The severity of the public health, economic, and social crisis triggered by the pandemic has made it evident that access to vaccines and other life-saving health supplies (such as diagnostics, therapeutics, and PPE) is critical to a successful economic recovery in all countries.

19. Since the beginning of the pandemic, the Bureau has provided technical cooperation to Member States in order to maintain national immunization programs as a public health priority, as well as to prepare for the introduction and deployment of COVID-19 vaccines based on the value framework and roadmap established by the WHO Strategic Advisory Group of Experts on Vaccines (SAGE) and embraced by PAHO's Technical Advisory Group (TAG) on Vaccine-preventable Diseases.

20. The Bureau estimates that for a typical country in LAC the initial cost of the new COVID-19 vaccine (based on the COVAX Facility weighted average cost per dose of \$10.55) could be 12 to 18 times the country's annual national immunization budget. To acquire the vaccine for 20% of their total population, a volume that can cover the groups considered at highest risk, it is anticipated that countries in the Region will need to invest up to three times their current annual immunization budgets in 2021.

21. To support Member States in these difficult times, and consistent with the principles upon which the Revolving Fund is based and operates, including the principles of solidarity and Pan Americanism, equitable access, quality, and transparency, the Bureau has been working with international partners and advocating for suppliers to offer the lowest flat price per vaccine, particularly during the pandemic phase.

22. PAHO has been co-leading, with UNICEF, the preparation of the procurement strategy for the COVAX Facility. A joint UNICEF/PAHO international request for proposals (RFP) was issued on 12 November 2020 with a view to ensuring the availability of future vaccines through the COVAX Facility.

¹⁰ Health and the economy: A convergence needed to address COVID-19 and retake the path of sustainable development in Latin America and the Caribbean. Available from: <https://www.paho.org/en/documents/health-and-economy-convergence-needed-address-covid-19-and-retake-path-sustainable>.

23. The Bureau expects some vaccine suppliers to offer a single price for all countries participating in the COVAX Facility, while other suppliers may offer differentiated pricing schemes. The Bureau also expects the COVID-19 vaccine supply situation to be severely constrained throughout 2021.

24. Given this situation, it is important to recall that in 2013 the Member States of PAHO, through Resolution CD52.R5, ratified the principles, terms and conditions, and procedures of the Revolving Fund and instructed the Bureau to administer this Fund so that these principles are respected and fulfilled, without exception.¹¹ However, considering the ongoing pandemic, the need to secure supply agreements, the unique situation created by the fact that high-income developed countries are participating in the COVAX Facility, and the likelihood that there will be limited availability of vaccines through at least 2021, the Bureau considers that extraordinary negotiations may be needed to ensure that the Region of the Americas receives equitable access to doses of COVID-19 vaccines. In light of the provisions of Resolution CD52.R5, the Bureau requests the authorization of Member States to continue working to secure an adequate supply of COVID-19 vaccines, even if the price offered by some producers is not fully in line with the Revolving Fund principles.

Intervention of the Directing Council

25. In view of the ongoing pandemic and the high demand that will ensue when vaccines become available, and to support equitable access to vaccines, the Directing Council is invited to take note of this document and consider adopting the attached resolution.

Annex

References

1. Pan American Health Organization. Principles of the Pan American Health Organization Revolving Fund for Vaccine Procurement [Internet]. 52nd Directing Council of PAHO, 65th Session of the Regional Committee of WHO for the Americas, 2013 Sep 30-Oct 4; Washington, DC. Washington, DC: PAHO; 2013 (Resolution CD52.R5) (cited 2020 Dec 3). Available from: <https://www.paho.org/hq/dmdocuments/2013/CD52-R5-e.pdf>
2. Pan American Health Organization. Principles of the Pan American Health Organization Revolving Fund for Vaccine Procurement [Internet]. 52nd Directing Council of PAHO, 65th Session of the Regional Committee of WHO for the Americas, 2013 Sep 30-Oct 4; Washington, DC. Washington, DC: PAHO; 2013 (Document CD52/17) (cited 2020 Dec 3). Available from: <https://www.paho.org/hq/dmdocuments/2013/CD52-17-e.pdf>

¹¹ Resolution CD52.R5 (2013).

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Annex
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PROPOSED RESOLUTION

UPDATE ON THE COVID-19 PANDEMIC IN THE REGION OF THE AMERICAS, COVAX PREPAREDNESS, AND EQUITABLE ACCESS TO COVID-19 VACCINES

THE SPECIAL SESSION OF THE DIRECTING COUNCIL,

(PP1) Having reviewed the *Update on the Covid-19 Pandemic in the Region of the Americas, COVAX Preparedness, and Equitable Access to COVID-19 Vaccines* (Document CDSS1/2);

(PP2) Considering the global crisis induced by the COVID-19 pandemic and the importance of timely, equitable, and affordable access to safe and effective COVID-19 vaccines of demonstrated quality;

(PP3) Recognizing the critical role of the overall technical cooperation package of the Pan American Health Organization (PAHO) to support country readiness for successfully introducing COVID-19 vaccines;

(PP4) Acknowledging the efforts by the Pan American Sanitary Bureau (PASB or the Bureau) to partner with the COVAX Facility and to facilitate the participation of PAHO Member States in the Facility;

(PP5) Reaffirming the principles, terms and conditions, and procedures of the PAHO Revolving Fund for Access to Vaccines (the Revolving Fund) and its benefit for public health in the Region of the Americas (Resolution CD52.R5 [2013]) and the Revolving Fund's role as one of the mechanisms within the COVAX Facility for PAHO Member States to secure COVID-19 vaccines;

(PP6) Taking into account that there could be severe supply constraints for COVID-19 vaccines;

(PP7) Noting that 27 self-financing countries and territories in the Americas have signed commitment agreements directly with Gavi to participate in the COVAX Facility and that 10 countries will apply to participate in the COVAX Facility Advanced Market Commitment;

(PP8) Recognizing that the Bureau requires the approval of the Member States of PAHO in order to conduct any special negotiations that may be needed under these unique global circumstances,

RESOLVES:

(OP)1. To urge Member States to:

- a) advance with national preparatory plans to introduce COVID-19 vaccines;
- b) recognize the Bureau and its Revolving Fund as the technical cooperation mechanism most suitable for providing equitable access to COVID-19 vaccines throughout the Region;
- c) actively participate in the COVAX Facility and advocate for solidarity, affordable pricing, equitable allocation, and sustainable access principles.

(OP)2. To request the Director to:

- a) continue to support Member States in preparing for the introduction of COVID-19 vaccines;
- b) maintain coordination with international partners and advocate with them to leverage existing capacities and economies of scale through joint pooled procurement in an effort to secure equitable access at a low flat price to COVID-19 vaccines for PAHO Member States participating in the Revolving Fund;
- c) negotiate to attain for those Member States participating in the Revolving Fund access to COVID-19 vaccines at the best possible price and, if necessary, adjust the terms and conditions of the Revolving Fund, for this occasion only, in order to address the special circumstances to secure the supply of COVID-19 vaccines;
- d) report in 2021 to the 59th Directing Council on the Bureau's efforts to ensure equitable access to COVID-19 vaccines.

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