

60th DIRECTING COUNCIL

75th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 25–29 September 2023

Provisional Agenda Item 8.1

CD60/INF/1
5 September 2023
Original: English

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 up to 31 July 2023, unless otherwise specified. It also analyzes the 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. This will be the final update that the Pan American Sanitary Bureau (PASB or the Bureau) will present on Resolutions CD58.R9 and CDSS1.R1.

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, States Parties were encouraged to follow the temporary recommendations issued by the WHO Director-General. On 9 August 2023, the WHO Director-General issued standing recommendations for COVID-19 in accordance with the International Health Regulations (2005). These recommendations will remain in effect through 30 April 2025. They form the basis PASB's recommendations, as detailed further in this report.

Epidemiological Situation

4. Between the detection of the first case in the Americas in January 2020 up to 31 July 2023, a cumulative total of 193.2 million confirmed cases of COVID-19, including 3 million deaths, were reported in the Region. In 2023, the Region of the Americas reported 6.86 million cases and 67,000 deaths as of 31 July 2023, making up 19% and 30% 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 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 showed indications of recovery of health systems in the Region since the pandemic began, service delivery and utilization are not yet back to prepandemic 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):

- 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 website³ and in PAHO's Health Emergency Appeal 2023.⁴

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. During the early stages of the pandemic, PASB supported Member States to develop national response plans to COVID-19. To date, technical cooperation has resulted in the updating of 20 national preparedness plans for COVID-19, of which six incorporate an all-hazards approach. Moving forward, PASB's approach will build on WHO's Preparedness and Resilience to Emerging Threats (PRET) initiative. The Bureau will continue to work closely with regional experts in respiratory pathogens to develop a roadmap for pandemic preparedness and response to such pathogens that recognizes best practices and regional expertise. As the goal of this strategy is to effectively address emerging threats, PASB has adopted a One Health approach, given that most novel pathogens emerge from animals.

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

³ Available at: <https://www.paho.org/en/paho-covid-19-response-fund>.

⁴ Available at: <https://www.paho.org/en/documents/pahos-health-emergency-appeal-2023>.

11. While 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.⁵

12. During the pandemic, several international financial institutions and other donors provided funding opportunities to countries in the Region (examples including Gavi/COVAX Facility⁶ and the Inter-American Development Bank's [IDB] 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.

13. The Bureau worked closely with national health authorities and partners in risk communication and community engagement to combat the infodemic, addressing misinformation and providing reliable information to populations in the Region. For example, as part of a WHO global pilot initiative to streamline and scale up the involvement of civil society and communities, PASB collaborated with seven civil society organizations in four countries (Ecuador, Guatemala, Guyana, and Panama) to educate diverse populations on measures to prevent the spread of the SARS-CoV-2 virus. Materials were disseminated through social media, radio, and other media in English, French, Portuguese, and Spanish, as well as Dutch, Haitian Creole, and various Indigenous languages.

Strategic Line of Action 2: Strengthen epidemic intelligence

14. 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).⁷ 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.

⁵ 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.

⁶ WHO Vaccine Deployment Coordination Group, update 12 May 2021 [unpublished].

⁷ 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>.

15. 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 (SARInet), 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.⁸ As of 31 July 2023, 29 countries have integrated COVID-19 surveillance into ILI/SARI surveillance systems.

16. The Bureau maintains its Geo-Hub⁹ 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.

17. 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 31 July 2023, PASB has delivered critical material and laboratory supplies to over 35 countries and territories, including reagents for approximately 23 million diagnostic RT-PCR reactions. PASB has also facilitated over 22 million antigen-detecting rapid diagnostic tests (Ag-RDTs) to expand diagnostic capacity.

18. 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.¹⁰ PASB has been working closely with laboratories to further develop national molecular sequencing capabilities and, for those countries without national capacities, to refer specimens for sequencing to regional reference laboratories. In 2023, the Dominican Republic, Honduras, and Nicaragua have for the first time gained in-country capacities to perform genetic sequencing. This will have critical implications for laboratory diagnostics of other pathogens, such as dengue. As of 31 July 2023, 33 laboratories from 30 countries and territories have participated in the network, and over 600,000 SARS-CoV-2 specimens from Latin America and the Caribbean have been shared through the global database.

⁸ The reports are available at: <https://www.paho.org/en/influenza-situation-report>.

⁹ Available at: <https://paho-covid19-response-who.hub.arcgis.com/>.

¹⁰ 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>.

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 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

19. 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 9 August 2023, 300 national EMTs were deployed and 383 AMCS were 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 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.

20. Reinforcing compliance with standard and transmission-based precautions (e.g., use of personal protective equipment or PPE, and hand hygiene practices), as of 9 August 2023, 33 countries and territories continue 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 have reached over 24,000 health workers, IPC practitioners, and others at higher risk of exposure to COVID-19.

21. 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 in clinical management (13–15). PASB also 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). Such guidance is known as the framework for the monitored emergency use of unregistered and experimental interventions (MEURI).

22. 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. As of 31 July 2023, PASB has worked with 13 Member States and partners to use this platform, which has had over 149,000 cases recorded from the Region. This platform is also being utilized to leverage global collaboration on other arising health emergencies in the Region, including cholera and mpox. PASB continues to work with

partners to better understand the post COVID-19 condition and to update the Living Systematic Review of Therapeutic Options for Post Acute or Post COVID-19 Condition on a regular basis in order to support countries to develop patient care pathways.¹¹

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

23. 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. Since September 2021, 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.

24. 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. PASB 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, Spanish acronym).¹²

25. 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.¹³ PASB mobilized health commodities, with its Strategic Reserve in Panama playing a critical role to bridge

¹¹ Available at: <https://iris.paho.org/handle/10665.2/57278>.

¹² 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.

¹³ Includes diagnostic kits (PCR, detection, and extraction kits), COVID-19 rapid tests, consumables, PPE, and other supplies, but does not include vaccines.

the gap between countries' assessed needs and vendors' lead times. As of 31 May 2023, PASB delivered 1,334 tons of supplies to 37 countries and territories.

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

26. 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. PASB 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 the mapping of existing regulatory routes for authorization, importation, and post-deployment monitoring of COVID-19 vaccines in 21 countries.¹⁴ The Bureau worked with NRAs to facilitate the use of WHO Emergency Use Listing (EUL) vaccines.

27. 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 provided 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.

28. Through the PAHO Revolving Fund for Access to Vaccines,¹⁵ 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.

29. As of 31 July 2023, all 51 countries and territories have launched and are maintaining COVID-19 vaccination programs.¹⁶ As of 14 July 2023, over 2.18 billion doses have been administered in the Region and, as of 30 June 2023, 71.2% of inhabitants in Latin America and the Caribbean 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.

¹⁴ Available at: <https://iris.paho.org/handle/10665.2/54516>.

¹⁵ 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.

¹⁶ Cuba is using Cuban-manufactured vaccines: Abdala, Soberana 02, and Soberana Plus.

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. Moving forward, PASB will continue to work with Member States to implement recommendations issued by the WHO SAGE Roadmap for prioritizing the use of COVID-19 vaccines¹⁷ with regards to vaccination rate targets for different population groups. More critically, the goal is to reach 100% of high-risk persons with all recommended doses.

30. 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 30 June 2023, 33 countries received training and/or support to purchase cold chain equipment and temperature monitoring devices. As a result of country investments and PASB support, regional storage and distribution capacities for COVID-19 vaccines and Member States' routine immunization programs have been strengthened and have expanded in the Region.

31. The Bureau supported countries and territories to strengthen COVID-19 vaccination information systems, facilitating access to reliable real-time information on doses administered,¹⁸ 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, 17 countries and territories were regularly providing data to the network, and 18 countries were regularly sharing data for passive surveillance.

32. 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 vaccination¹⁹ 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

33. The following short-term and medium-term interventions are recommended to Member States and PASB, recognizing the standing recommendations issued by the WHO Director-General to all States Parties on 9 August 2023.

Member States

34. Member States should revise and implement, as appropriate, national COVID-19 plans and policies taking into account the WHO COVID-19 Strategic Preparedness and Response Plan: April 2023–April 2025. Critical actions would include incorporating lessons learned from national and subnational evaluations of the COVID-19 response; sustaining relevant capacities for preparedness, prevention, and response to COVID-19;

¹⁷ Available at: <https://www.who.int/publications/i/item/WHO-2019-nCoV-Vaccines-SAGE-Roadmap>.

¹⁸ Available at: https://ais.paho.org/imm/IM_DosisAdmin-Vacunacion.asp.

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

refraining from unilateral travel-related restrictions or health measures and lifting remaining measures to avoid unnecessary interference with international traffic and trade; and continuing to restore health programs adversely affected by the COVID-19 pandemic.

35. Member States should maintain efforts to offer COVID-19 vaccination based both on SAGE's recommendations (as defined by the SAGE Roadmap of April 2023) and on national prioritization informed by cost-benefit reviews. Vaccine delivery should be appropriately integrated into health services. The aim would be to increase coverage for people in high-priority groups while promoting measures to actively address vaccine misinformation, disinformation, acceptance, and demand issues in communities and among health care providers.

36. Member States should sustain collaborative surveillance of COVID-19 in order to provide a basis for situational awareness and risk assessment and detect significant changes in virus characteristics, virus spread, disease severity, and population immunity. They should continue to report mortality and morbidity, SARS-CoV-2 genetic sequences with meta-data, and vaccine effectiveness data to PASB or in open sources. Surveillance should incorporate information from different COVID-19 monitoring systems, such as sentinel populations, event-based surveillance, human wastewater or environmental surveillance, sero-surveillance, clinical severity assessment, and surveillance in animal populations. Countries and territories should leverage the Global Influenza Surveillance and Response System (GISRS) and support the establishment of the WHO Global Coronavirus Laboratory Network (CoViNet).

37. Member States should continue to initiate, support, and collaborate on research to generate evidence for COVID-19 prevention and control, with a view to reducing the disease burden of COVID-19. Efforts should be made to contribute to the global research agenda, improving collaboration between countries and with national and international organizations to design and perform this research. Member States should also continue to conduct primary research and systematic reviews of research on prioritized topics.

38. Member States are encouraged to continue to deliver optimal clinical care for COVID-19, including access to proven treatments and measures to protect health workers and caregivers as appropriate. Care related to COVID-19 should be integrated into all levels of health services. These efforts should include capacity-building for health care providers, implementation of relevant infection prevention and control measures, and expanded access to evidence-based care and health products.

39. Member States are encouraged to continue to work toward ensuring equitable access to safe, effective, and quality-assured medical countermeasures for COVID-19, including diagnostics, therapeutics, and vaccines. This should be complemented with efforts to expand global and regional manufacturing and strengthen regulatory authorities.

Pan American Sanitary Bureau

40. 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.

41. 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 to expand and strengthen COVIGEN.

42. 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. 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 would include 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 would further support recovery from the impact of the pandemic on priority health programs, assisting countries in building more resilient national health services.

43. 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 Directing Council

44. The Directing Council is invited to take note of this report and provide any comments it deems pertinent.

References

1. Pan American Health Organization. COVID-19 Pandemic in the Region of the Americas [Resolution CD58.R9]. 58th Directing Council of PAHO, 72nd Session of the Regional Committee of WHO for the Americas; 28–29 September 2020; virtual session. Washington, D.C.: PAHO; 2020. Available from: <https://www.paho.org/en/documents/cd58-r9-e-covid-19>.
2. Pan American Health Organization. Update on the COVID-19 pandemic in the Region of the Americas, COVAX preparedness, and equitable access to COVID-19 vaccines [Resolution CDSS1.R1]. Special Session of the Directing Council of PAHO, Special Session of the Regional Committee of WHO for the Americas; 10 December 2020; virtual session. Washington, D.C.: PAHO; 2020. Available from: <https://www.paho.org/en/documents/cdss1r1-update-covid-19-pandemic-region-americas-covax-preparedness-and-equitable-access>.
3. World Health Organization. Fourth round of the global pulse survey on continuity of essential health services during the COVID-19 pandemic: November 2022–January 2023. Interim report: 1 May 2023. Geneva: WHO; 2023. Available from: https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2023.1.
4. Pan American Health Organization. COVID-19 Pandemic in the Region of the Americas [Document CD58/6]. 58th Directing Council of PAHO, 72nd Session of the Regional Committee of WHO for the Americas; 28–29 September 2020; virtual session. Washington, D.C.: PAHO; 2020. Available from: <https://www.paho.org/en/documents/cd586-covid-19-pandemic-region-americas>.
5. Pan American Health Organization. Update on the COVID-19 pandemic in the Region of the Americas, COVAX preparedness, and equitable access to COVID-19 vaccines [Document CDSS1/2]. Special Session of the Directing Council of PAHO, Special Session of the Regional Committee of WHO for the Americas; 10 December 2020; virtual session. Washington, D.C.: PAHO; 2020. Available from: <https://www.paho.org/en/documents/cdss12-update-covid-19-pandemic-region-americas-covax-preparedness-and-equitable-access>.
6. Pan American Health Organization. Pan American Health Organization response to COVID-19: mid-year summary report, key indicators and selected highlights. Washington, D.C.: PAHO; 2022. Available from: <https://iris.paho.org/handle/10665.2/56261>.
7. World Health Organization. Guidance for conducting a country COVID-19 intra-action review (IAR). Geneva: WHO; 2020. Available from: https://www.who.int/publications/i/item/WHO-2019-nCoV-Country_IAR-2020.1.

8. World Health Organization. Guidance for conducting a country COVID-19 intra-action review (IAR): Addendum 1. Geneva: WHO; 2021. Available from: <https://www.who.int/publications/i/item/WHO-2019-nCoV-Country-IAR-add.1-2021.1>.
9. Pan American Health Organization. Epidemiological alert: COVID-19 during pregnancy. Washington, D.C.: PAHO; 2020. Available from: <https://www.paho.org/en/documents/epidemiological-alert-covid-19-during-pregnancy-13-august-2020>.
10. Pan American Health Organization. Recommendations for medical surge capacity and deployment of emergency medical teams. Preliminary Document, Version 2. Washington, D.C.: PAHO; 2020. Available from: <https://iris.paho.org/handle/10665.2/52144>.
11. Pan American Health Organization. Good practices in the rational and effective use of oxygen. Preliminary document 3.1. Washington, D.C.: PAHO; 2021. Available from: <https://iris.paho.org/handle/10665.2/55735>.
12. Pan American Health Organization. Recommendations for the adoption and procurement of pressure swing adsorption oxygen generator plants. Washington, D.C.: PAHO; 2022. Available from: <https://iris.paho.org/handle/10665.2/56265>.
13. Pan American Health Organization. Guidelines for care of critically ill adult patients with COVID-19 in the Americas. Summary, version 3. Washington, D.C.: PAHO; 2021. Available from: <https://iris.paho.org/handle/10665.2/53895>.
14. Pan American Health Organization. Guidelines for prophylaxis and management of patients with mild and moderate COVID-19 in Latin America and the Caribbean: abbreviated version. Washington, D.C.: PAHO; 2021. Available from: <https://iris.paho.org/handle/10665.2/55068>.
15. Pan American Health Organization. Ongoing living update of potential COVID-19 therapeutics options: summary of evidence: rapid review. 35th edition. Washington, D.C.: PAHO; 2022. Available from: <https://iris.paho.org/handle/10665.2/52719>.
16. Pan American Health Organization. Emergency use of unproven interventions outside of research: ethics guidance for the COVID-19 pandemic. Washington, D.C.: PAHO; 2020. Available from: <https://iris.paho.org/handle/10665.2/52429>.
17. World Health Organization. Emergency use of unproven clinical interventions outside clinical trials: ethical considerations. Geneva: WHO; 2022. Available from: <https://apps.who.int/iris/handle/10665/352902>.

18. Pan American Health Organization. Increasing production capacity for essential medicines and health technologies [Document CD59/8]. 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas; 20–24 September 2021; virtual session. Washington, D.C.: PAHO; 2021. Available from: <https://www.paho.org/en/documents/cd598-increasing-production-capacity-essential-medicines-and-health-technologies>.
19. Pan American Health Organization. Increasing production capacity for essential medicines and health technologies [Resolution CD59.R3]. 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas; 20–24 September 2021; virtual session. Washington, D.C.: PAHO; 2021. Available from: <https://www.paho.org/en/documents/cd59r3-increasing-production-capacity-essential-medicines-and-health-technologies>.
20. Pan American Health Organization. Fifth ad hoc meeting of the Technical Advisory Group (TAG) on Vaccine-preventable Diseases. 4 August 2020; virtual meeting. Washington, D.C.: PAHO; 2020. Available from: <https://www.paho.org/en/documents/fifth-ad-hoc-meeting-technical-advisory-group-tag-vaccine-preventable-diseases-4-august>.
21. Pan American Health Organization. Sixth ad hoc meeting of the Technical Advisory Group (TAG) on Vaccine-preventable Diseases. 16 November 2020; virtual meeting. Washington, D.C.: PAHO; 2020. Available from: <https://www.paho.org/en/documents/sixth-ad-hoc-meeting-pahos-technical-advisory-group-tag-vaccine-preventable-diseases-usa>.
22. Pan American Health Organization. XXVI meeting of PAHO’s Technical Advisory Group (TAG) on Vaccine-preventable Diseases. 14–16 July 2021; virtual meeting. Washington, D.C.: PAHO; 2021. Available from: <https://www.paho.org/en/documents/xxvi-meeting-pahos-technical-advisory-group-tag-vaccine-preventable-diseases-vaccines>.
23. Pan American Health Organization. XXVII meeting of PAHO’s Technical Advisory Group (TAG) on Vaccine-preventable Diseases: tailoring the SAGE Roadmap to the requirements of the Americas and the strategic use of COVID-19 booster doses. 27 January 2022; virtual meeting. Washington, D.C.: PAHO; 2022. Available from: <https://www.paho.org/en/documents/xxvii-meeting-pahos-technical-advisory-group-tag-vaccine-preventable-diseases-tailoring>.
24. Pan American Health Organization. VIII ad hoc meeting of PAHO’s Technical Advisory Group (TAG) on Vaccine-preventable Diseases: technical briefing on the multi-country monkeypox outbreak. 31 May 2022; virtual meeting. Washington, D.C.: PAHO; 2022. Available from: <https://iris.paho.org/handle/10665.2/56083>.

25. Pan American Health Organization. IX ad hoc meeting of the PAHO Technical Advisory Group (TAG) on Vaccine-preventable Diseases. 25 July 2022; virtual meeting. Washington, D.C.: PAHO; 2022. Available from: <https://iris.paho.org/handle/10665.2/56566>.
