

REGION OF THE AMERICAS

Funding requirement

US\$133 943 000

CONTEXT

The Region of the Americas (AMRO) faces complex, multifaceted health and humanitarian challenges in a context of acute inequity within and across countries. The region is extremely vulnerable to natural hazards, particularly climate-driven disasters including hurricanes, floods, and droughts, that have immediate and long-term health consequences. These events pose significant challenges to health facilities in the Region, including infrastructure damage, contamination of water supplies, and the disruption of health services, leading to increased vulnerability to diseases and other health emergencies. Populations living in informal settlements or coastal areas, as well as migrants and refugees, are particularly at risk as they often lack access to adequate healthcare, clean water, and sanitation facilities.

The Americas are characterized by a diverse epidemiological and disease profile and increasingly confronted with outbreaks of infectious diseases and emerging highly infectious pathogens. This situation is amplified by climate change and environmental drivers as well as reduced vaccination coverage. The region is slowly recovering its immunization coverage rates for most antigens, which had drastically dropped during the pandemic. In 2022, the coverage rate for the third dose of the vaccine against diphtheria, tetanus and pertussis (DTP3) was 90% - up from 86% in 2021, but still below the 95% recommended rate. Across the region, 1.3 million children younger than 1 year remain unvaccinated, compared to 1.9 million in 2021. While the Region is showing signs of progress, the road to recovery for immunization programs is long, leaving many countries highly vulnerable to outbreaks of vaccine-preventable diseases, including polio, measles, and diphtheria. Another key infectious hazard in the Americas is the prevalence of vector-borne diseases. Diseases like dengue fever, Zika virus, and Chikungunya, transmitted primarily by *Aedes* mosquitoes, have become widespread in many parts of the LAC region. These diseases pose a constant threat, leading to periodic outbreaks that strain health systems and resources.



PAHO response teams assessing needs in an IDP camp in Haiti.

Photo: PAHO / WHO

CONTEXT (CONTINUED)

Latin American and Caribbean countries have been severely impacted by the 2023 El Niño, which is amplifying countries' existing vulnerabilities. El Niño is having varying effects on precipitation and temperature across the Region, causing droughts, wildfires and floods, potentially disrupting the lives and livelihoods of millions of people. Its effects worsen health concerns related to climate change and ecosystem shifts, such as high malnutrition, elevated mosquito-borne and water-borne disease risk, and greater susceptibility to heat waves.

The impact of El Niño on the spread of arboviruses is already apparent in 2023, evidenced by the sharp rise in dengue cases. Over 3.4 million new dengue infections were recorded in the Americas up to epidemiological week 35, far surpassing 2019's record number. Brazil accounts for 80% of the reported cases, though sharp increases have also now been seen in Central America and the Caribbean. Greater transmission is expected in the first half of 2024 as El Niño will likely persist until May-June.

These multiple health emergencies unfold amidst other complex crises, including escalating mass migration and widespread violence, further straining overwhelmed regional health systems. Over 7.7 million Venezuelan refugees and migrants have left their country since 2018, with about 6.5 million (84%) hosted in LAC countries, mostly Colombia. The flow of migrants through Central America has nearly tripled from 2022 to 2023 while average migrant stays in host countries have lengthened, putting huge pressure on local health systems. Yet most health systems in the Americas are still recovering from the COVID-19 pandemic, struggling to ensure continuity of essential services, address waiting lists for consultations and surgeries, provide community care, and deliver basic and primary services. Finally, though countries have shifted focus from the COVID response, it remains a public health emergency. Despite decreased severity owing to post-infection and vaccine immunity, late 2023 saw a marked increase in COVID positivity rates. Across the Americas, rates have soared to around 20%, driving up hospitalizations and deaths. These acute challenges continue to put immense pressure on fragile health systems across the Region and negatively impact health networks' capacities to delivery timely essential health services.



Supporting access to essential services in remote indigenous communities in Guatemala.

Photo: PAHO / WHO



In Colombia, PAHO/WHO conducts health sensitization in rural communities.

Photo: PAHO / WHO

WHO REGIONAL PRIORITIES

In this complex regional panorama, WHO's humanitarian health assistance priorities in the region of the Americas revolve around strengthening local health systems to ensure access to essential healthcare services, and to support capacities to rapidly and adequately respond to health emergencies.

Key priorities in the region for 2024 include:

- Scale up care delivery capacity and improve equitable access to essential healthcare services for the populations affected by acute emergencies and prolonged humanitarian crises. These efforts must address recognizing and underlying social determinants of health, such as poverty, education, and access to clean water and sanitation, to reduce health disparities and address the specific health needs and vulnerabilities of different population groups.
- Enhance national and subnational capacities to detect, respond to and manage infectious disease outbreaks, such as cholera, dengue or COVID-19, through early warning systems, testing, treatment, vaccination campaigns and public health measures.
- Increase operational preparedness for natural disasters like hurricanes, earthquakes, and floods by strengthening national and regional emergency coordination and response mechanisms for the rapid deployment of medical aid in affected areas.
- Strengthen national and regional operational logistics, supply chain management and warehousing capacities, within the framework of the Interamerican Humanitarian Health Assistance Network (IHHAN).
- Maintain vaccination outreach efforts and implement and strengthen vaccination programs to prevent the spread of vaccine-preventable diseases.
- Equip communities in fragile and remote environments to self-manage health risks, better protect themselves against adverse events, and improve their capacities for prevention, promotion and access to health.

COLOMBIA

The complex, prolonged humanitarian “polycrisis” persists in Colombia, predominantly affecting areas with limited state presence and capacity. This stems from the spreading impact of the armed conflict and intensifying violence in certain territories, the continued major influx of migrants, and the rise in local emergencies from natural disasters. Colombia has the world’s second highest internally displaced persons after Syria, and this figure continues to rise. The Institute of Hydrology, Meteorology and Environmental Studies has warned since April 2023 that the El Niño phenomenon may endure across 25 Colombian departments through 2024, further exacerbating existing displacement and conflict. This situation may spur disease outbreaks like dengue, malaria, acute diarrhea, respiratory infections, and waterborne illnesses; spike maternal morbidity; and worsen nutritional and mental health. As crises converge in communities, disparities grow, challenging access to vital health services. In 2024 over 8.3 million Colombians face pressing humanitarian needs, with acute health needs affecting over 5.8 million. Many affected areas lack sufficient health personnel, logistics, supplies and medications for emergency response. Health services operate disjointedly, while local posts lack infrastructure for primary care, requiring constant adaptation and upkeep. Personnel turnover and attacks on medical missions further restrict essential service availability. Thus, over half the populations of 220 municipalities travel 5+ km to access health facilities with uncertain resource availability. These challenges distinctly worsen morbidity and mortality indicators. WHO promotes a coordinated emergency response in Colombia addressing conflict, violence, disasters, epidemics and mixed migration flows. More action is required to enable vulnerable groups’ access to quality and appropriate health services, and to strengthen institutional and community service delivery capacity.

CUBA

Cuba’s economic and humanitarian crisis, exacerbated by COVID-19, has steadily worsened in recent years. The country’s GDP contracted 10.9% in 2020, while inflation surged 39% in 2022 and 15% early 2023. Economic challenges intertwine with healthcare financing troubles, including inflation limiting access to foreign currencies needed to buy medical supplies, medicines and equipment parts. The Cuban National Health System (SNS) faces extreme shortages of essential medicines and supplies, with over 67% of the 627 items on the essential drug list facing disruptions, though 60% are domestically produced. Shortages curb hospital capacity, significantly reducing surgeries from 1 202 388 in 2019 to a mere 707 580 in 2022 – a 41% drop. Healthcare professional emigration for other jobs, domestically and abroad, further strains services. From 2019-2022, notable declines occurred among mid-level technicians and nurses especially. These challenges have deteriorated Cubans’ health, disproportionately impacting the most vulnerable. Alarming statistics show escalating infant mortality from 4.0 per 1000 births in 2018 to 7.2 in 2022, while maternal mortality stagnates around 40 per 100 000. Economic troubles, inflation, supply shortages and staff exits will continue to challenge health systems in 2024. Urgent, unified actions are vital to strengthen national health system capacity and maintain Cubans’ access to quality, essential care.



In Havana, PAHO/WHO trains medical professionals in the management of obstetric emergencies.

Photo: PAHO / WHO

EL SALVADOR

El Salvador is situated within the Dry Corridor, a region encompassing around 67% of its territory. Within this corridor, FAO estimates that 2.2 million individuals are grappling with both poverty and climate vulnerability. Of them, 54% rely primarily on basic grain farming. Since mid-2023, these individuals face heightened challenges from dry conditions triggered by the El Niño-Southern Oscillation (ENSO) during crucial crop growth. This makes securing food and water even harder, directly impacting families already enduring structural poverty, fragile resilience and climate-related crisis susceptibility. El Salvador remains critically vulnerable to ENSO, contributing to rising food insecurity, child malnutrition and illness from lack of safe water, sanitation and more. Timely, comprehensive response is urgently required to prevent further deterioration in food and nutritional security, drinking water access, sanitation, and vulnerable groups' health status. Climate change, food scarcity, protection gaps and increased displacement significantly and negatively impact Salvadoran health, disproportionately affecting pregnant women, infants, children and other at-risk groups.



PAHO/WHO team and Ministry of Health staff unloading medical supplies in Isla Conchagueta in El Salvador.
Photo: PAHO / WHO

HAITI

The prolonged humanitarian crisis in Haiti significantly deteriorated in 2023, with alarming rises in unprecedented levels of kidnapping, killings and sexual violence. This prompted the Emergency Relief Committee (ERC) to activate a System-wide Inter-Agency Standing Committee (IASC) scale-up to bolster humanitarian presence and response in Haiti, automatically reclassifying the crisis as a WHO Grade 3 Emergency. Worsening insecurity from gangs, fuel shortages and roadblocks restricts humanitarian access to gang-controlled areas and constrains health sector capacity to address needs there. There are currently over 200 active armed gangs with military-grade weapons in Haiti. Most of them are active in the capital city, Port-au-Prince, which is about 80% under the control of violent gangs, but insecurity is rapidly expanding to neighboring departments, particularly Artibonite.

Intensified gang attacks have also spurred mass migration from and displacement within Haiti. As of November 2023, 198 000 internally displaced persons (IDPs) are distributed across about one hundred formal and informal camp sites. Limited healthcare access amidst rising violence exacerbates the humanitarian crisis in Haiti, disproportionately impacting vulnerable groups. The widespread insecurity also impairs the provision of an adequate response to the cholera outbreak that continues to affect the country. Since the resurgence of cholera in October 2022, over 76 000 suspected cases have been reported nationwide.



A young girl does her homework in a camp for internally displaced people in Haiti.
Photo: PAHO / WHO

HONDURAS

Like many LAC countries, Honduras faces a multi-causal crisis stemming from the convergence of complex scenarios across social, economic, political, environmental and human rights spheres. The escalating humanitarian needs in Honduras are propelled by a confluence of factors. These encompass complicated human mobility dynamics marked by forced displacement, mixed movements and returning Hondurans needing protection. Additionally, climate change and disasters ranging from droughts to sudden floods, plus the impact of El Niño, intensify complexities. Persistent food and nutritional insecurity compound challenges, collectively spurring a mounting humanitarian crisis. As multiple adverse situations manifest and reinforce one another amid widespread violence, risks grow for populations including women, children, adolescents, LGBTQ+ persons, those with disabilities and ethnic communities. Over 2.1 million individuals nationwide have limited health service availability or accessibility, with some 1.3 million needing urgent health assistance. A recent analysis categorized over 63% of municipalities as facing severe or extreme health needs. Considering prevalent vulnerable household food insecurity, malnutrition has risen among children under five, notably encompassing chronic malnutrition, acute malnutrition and micronutrient deficiencies. Other persisting health gaps affecting Hondurans include limited primary care access, supply/medication shortages, low vaccination coverage for diseases like diphtheria, polio and measles, high urban dengue and rural malaria incidence, health personnel/resource scarcity, and overwhelmed local health services strained by irregular migration flows along bordering departments and municipalities.



Stagnant water in a flood-affected community in Honduras.

Photo: PAHO / WHO

VENEZUELA

Over 5+ years now, a profound socioeconomic humanitarian crisis has unfolded, spurring critical loss of livelihood, food insecurity, and collapse of basic, essential health services across Venezuela. This triggered mass exodus out of the country, starting with skilled health professionals. Despite some economic recovery in 2022/23, the situation remains critical, severely impacting physical and mental health and living conditions for at least 7.6 million people needing humanitarian assistance. Many vulnerable groups have resorted to negative coping mechanisms like asset sales, reduced food intake, forced migration, human trafficking, and illicit acts including female sexual exploitation. Access to and capacity of health services has significantly declined, primarily due to loss of specialist doctors and nurses who emigrated en masse plus shortages of medicines/supplies from pharmaceutical import challenges, fuel deficits, and lack of facility/equipment maintenance. Consequently, communicable diseases have markedly risen, especially arboviruses like dengue, healthcare-associated infections, and sexually transmitted infections, alongside an overall deterioration in Venezuelan health status. Groups most at-risk and needing urgent help include women of reproductive age (particularly adolescent mothers), indigenous peoples, children, the elderly, those facing heightened non-communicable disease and mental health issues, LGBTQ+ individuals, persons with disabilities, and healthcare workers.



PAHO/WHO response teams supporting door to door vaccination campaigns in Venezuelan communities.
Photo: PAHO / WHO

ACHIEVEMENTS IN 2023

EMPOWERING COMMUNITIES AND SAVING LIVES IN THE MIDDLE OF ARMED CONFLICT IN COLOMBIA



PAHO/WHO field team training community members in first aid in remote Colombian territories.
Photo: PAHO / WHO

"You can't imagine what you feel with the pressure from the [armed] groups, with the constant threats, there are many things that we keep quiet, but the most important thing is to save lives. [But] now they are not letting us leave", Concepción says sadly.

Concepcion is a community health agent in a rural area of the department of Chocó who has been living in communities under confinement due to the active armed conflict in Colombia. Thanks to capacity building activities conducted by PAHO/WHO, she has learned how to act when faced with an emergency, allowing her to provide pre-hospital care and carry out activities for the detection of warning signs and monitoring of events of public health interest within her community.

"What I have learned helps save many lives," she says, with a more encouraging tone. Her capacity to identify community health threats and vulnerabilities empowered her to support the promotion of activities that prevent health risks and mitigate their impact when they occur. Concepción has now been equipped with a community agent kit and a first aid kit. She has learned to perform the initial assessment of a victim, check vital signs with the support of the instruments donated by PAHO/WHO and can confidently perform basic cardiopulmonary resuscitation (CPR) manoeuvres, the management of airway obstruction by a foreign body, and the transport and initial management of an injured person. In 2023, PAHO/WHO has trained over 200 community agents like Concepción in physical and psychosocial First Aid across communities affected by the armed conflict. This type of intervention, which directly engages and empowers community members to take charge of their own health, builds community resilience and protection against future threats and emergencies.

FOR MORE INFORMATION

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