

RESPONSE STRATEGY & DONOR APPEAL



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MEASLES OUTBREAKS IN THE AMERICAS

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PAHO MEASLES EMERGENCY RESPONSE APPEAL

USD \$10,700,000

Required to cover short-term to address priority health needs and implement key actions to protect lives and contain the multi-country measles outbreaks in the Region of the Americas

HIGHLIGHTS

Measles is re-emerging as a serious public health threat across the Americas, driven by growing immunity gaps and conditions that allow the virus to spread rapidly. In 2023, routine vaccination coverage remained well below the 95% level needed to prevent outbreaks, with only 87% of children receiving the first dose of measles-containing vaccine and just 76% receiving the second. These gaps leave millions of people unprotected, especially in close-knit, highly mobile communities and among groups with low vaccine confidence, creating ideal conditions for sustained transmission.

This resurgence is already leading to increased measles-related deaths, with more fatalities reported in the first half of 2026 than in all of 2025, as larger outbreaks expose more vulnerable, unvaccinated individuals to severe disease. In some countries, such as Guatemala, this represents a stark reversal—shifting from no reported measles deaths in 2025 to multiple deaths during the current outbreak—highlighting

how quickly progress can be lost when vaccination coverage declines.

The risk of sustained transmission is further heightened by increasing population movement across borders, constraints in vaccine supply and procurement, and large mass gatherings—such as major sporting events and large religious gatherings—that can accelerate the spread of measles across countries. Upcoming events, including the 2026 FIFA World Cup, will bring millions of people together, increasing the risk of cross-border transmission. At the same time, gaps in disease surveillance and under-reporting in some areas make it harder to detect and respond to outbreaks quickly. Without urgent investment to restore vaccination coverage, strengthen health systems, and close immunity gaps, measles will continue to spread, putting vulnerable populations at risk and reversing decades of public health progress.

SITUATION ANALYSIS

Among human viruses transmitted person-to-person, measles is the most contagious in the world, spreading rapidly and putting lives at risk, especially those of young children and people with weakened immune systems. Yet this disease is entirely preventable with safe, effective vaccines when communities maintain the high coverage levels needed for herd immunity.

Today, that protection is slipping. After a decade of declining immunization coverage, 2025 and early 2026 have seen a sharp rise in measles cases across the Region of the Americas. This resurgence is a clear warning: without swift and coordinated action, more children and vulnerable individuals will face life-threatening complications and even death, as experienced in Bolivia, Canada, Guatemala, Mexico and the United States. Urgent support is needed now to strengthen vaccination efforts, restore community immunity, and prevent further spread.

Disease overview

Measles is a serious and highly contagious disease. It spreads through the air when an infected person coughs or sneezes, and the virus can linger in a room for up to two hours. This means people can become infected even after the sick person has left. Although measles can be prevented with a safe and effective vaccine, it still causes severe illness and even death, especially in young children and people with weakened immune systems. Measles can lead to serious complications such as pneumonia, brain swelling, long-term disability, and death. There is no cure for measles. Doctors can only provide supportive care, such as fluids, rest, and medicines to reduce fever, while the body tries to fight the infection.

Because measles spread so easily, outbreaks can grow quickly and overwhelm communities. About

9 out of 10 unvaccinated people who are exposed to someone with measles will become infected. This makes it one of the most contagious diseases in the world. The consequences can be devastating. Before vaccines became widely available, measles was a leading cause of child death worldwide, killing an estimated one to two million people each year—most of them children under five. In the Americas Region alone, more than 600,000 measles cases were reported annually before the introduction of the measles vaccine in the 1960s and the creation of the Expanded Program on Immunization (EPI) in 1977. Cases and deaths declined significantly by the 1980s, when the average number of cases fell to about 178,000 cases per year and an estimated 52,000 deaths were reported.

Epidemiological situation in the Region of the Americas (2026)

As of epidemiological week (EW) 21, **21,431 confirmed measles cases** and **31 deaths**, have been reported in **17 countries**¹ and territories – a figure surpassing the 14,503 cases reported regionally during the entirety of 2025². As of June 2026, four countries account for 97% of the regional caseload: Mexico (11,184 cases confirmed), Guatemala (6,655), the United States (1,983) and Canada (1,042).

The D8 lineage MVs/Ontario.CAN/47.24 (DSID 9171) is responsible for outbreaks in at least ten countries and represents the dominant circulating strain. Genotype B3 has been identified in localized clusters. Outbreaks continue to disproportionately

affect young children, with the highest incidence rates observed among infants under one year of age, who are not eligible to being vaccinated. Approximately 85% of confirmed cases have no documented history of measles vaccination (source: [PAHO Measles Sitrep #4](#)). For updated information, please visit the [PAHO Regional Measles Dashboard](#).

On 17 October 2025, endemic transmission was reestablished in Canada, resulting in the loss of the Region's measles-free verification status. Outbreaks in Mexico, the United States, and Bolivia are approaching the 12-month threshold of uninterrupted transmission that would imperil their disease-free status ([PAHO/RVC](#), 2026).

PUBLIC HEALTH CONCERNS

Regional risk assessment

PAHO assesses the current regional risk posed by this multi-country measles outbreak as **high**. This reflects: sustained community transmission in multiple countries with no clear end date in sight; mortality rates in vulnerable population; confirmed cross-border spread of a single dominant viral strain, indicating that outbreaks are linked rather than isolated; major population movements and mass-gathering events — including the 2026 FIFA World Cup — that raise the likelihood of further international spread; and immunity gaps wide enough, in several countries, that a single imported case could re-ignite local transmission. This risk is compounded by the fact that some of the most affected health systems are

simultaneously managing political transitions or social unrest that limit their ability to mount a response at the scale required.

Capacity gaps

The gaps described below are not occasional shortfalls that affected countries can close with routine domestic resources. They are structural and compounding, and in several countries, they already exceed existing national capacity to detect, treat, and stop transmission without additional, external surge support.

The analysis of health needs across affected Member States to respond adequately to measles outbreaks reveals persistent and interlinked gaps in coordination, surveillance, service delivery, and

¹ In 2026, up to EW 21, the 17 countries and territories that have reported measles cases are: Argentina, Belize, Bolivia, Bonaire, Brazil, Canada, Chile, Colombia,

Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Panama, Peru, United States, and Uruguay.

² Data from [PAHO Situation Report #4, 5 June 2026](#); PAHO/CIM Executive Summary #46, 27 March 2026

community engagement that are sustaining measles transmission and increasing its impact of population's health. These challenges are compounded by a concerning hospitalization rate among confirmed cases reaching 13% regionally. Notably, 93% of hospitalizations occur among unvaccinated individuals or those with unknown vaccination status, underscoring the direct impact of immunity gaps; In addition, all but one death occurred among individuals who were unvaccinated or whose vaccination status was unknown. Mortality is disproportionately concentrated among infant not yet eligible for vaccination, as well as indigenous and historically underserved populations, reflecting longstanding inequities in access to vaccination, timely diagnosis, and quality health care, as well as broader health and sociodemographic determinants, including undernutrition. In this context, the mortality rate, although likely underestimated among these vulnerable populations, is substantially higher, indicating a greater burden and impact of disease. Furthermore, **coordination capacity remains limited** – in several countries, there is no single authority ensuring alignment across immunization programs and emergency response structures at all levels. Finally, social unrest and government turnover may further weaken national health preparedness and response capacities.

Across the region, **surveillance and case detection systems need strengthening**. Active case-searches are limited or absent in indigenous and migrant communities, reducing the ability to detect cases in a timely manner, interrupt transmission chains, prevent further spread and estimate the true incidence of the disease. Laboratory systems are strained, with reports of diagnostic reagent stockouts such as IgM ELISA and RT-PCR consumables in early 2026. Limited national sequencing capacity in the countries of the region

has created bottlenecks, as sample referral pathways depend on a small number of reference laboratories. Delays in genotyping—often exceeding 21 days—further hinder the timely identification of transmission chains and importation pathways. In addition, the capacity to monitor adverse events following immunization (ESAVI) is inconsistent, particularly in countries conducting large-scale campaigns.

Case management capacity is further weakened by shortages of vitamin A administration and limited recent clinical experience with clinical prevention and treatment of measles complications among frontline health workers in non-endemic settings, increasing the risk of delayed or missed diagnoses. Infection prevention and control measures remain insufficient, with healthcare-associated transmission documented in multiple countries and limited availability of isolation facilities at the primary care level.

Vaccination gaps represent a critical driver of ongoing transmission. An estimated 4.5 million doses of MMR/MR vaccines are required to support outbreak response immunization in priority countries. Routine immunization coverage for both doses of MCV remains below the 95% threshold in over half of PAHO/WHO Member States, with significant immunity gaps among cohorts affected by disruptions during the COVID-19 pandemic. Cold chain systems are also under pressure in subnational areas receiving large vaccine shipments, further complicating rollout efforts.

Risk communication and community engagement challenges are worsening these issues. Vaccine hesitancy, driven by misinformation circulating on social media and within certain groups, is a major contributor to declining coverage. Countries have limited capacity for infodemic monitoring and rapid rumor management, and communication

strategies are not consistently adapted to local languages or cultural contexts, particularly in indigenous communities. Additional vulnerabilities exist in travel and border health measures, where vaccination verification protocols are not yet standardized in advance of large mass gathering events such as the FIFA World Cup 2026. Cross-border information sharing remains weak in key transit corridors.

Finally, **operational and logistical constraints continue to limit response effectiveness.** There is a pressing need to activate surge human resource mechanisms to fill gaps in epidemiology, risk communication, and vaccine logistics at the country level. Pre-positioning of essential supplies in regional hubs such as including diagnostic kits, vitamin A, and personal protective equipment

could ensure timely deployment and support sustained outbreak control efforts.

Taken together, these gaps in coordination, surveillance, clinical care, immunization delivery, risk communication, and operational logistics exceed what most affected national health systems can close on their own, particularly while several of them are simultaneously contending with political transition or social unrest. Closing these gaps at the pace required to stop transmission and protect the population and each country measles elimination status depends on sustained, well-resourced external surge support. The following sections set out the role PAHO plays in mobilizing that support, and how priority interventions are differentiated across countries depending on their level of risk and capacity.



PAHO'S ONGOING SUPPORT

PAHO's Role & Added Value

As the specialized international health agency for the Americas and the regional office of the World Health Organization, PAHO is the sole actor positioned to coordinate a measles response across the full Region, regardless of where outbreaks occur. Because this outbreak is rapidly spreading across borders and linked by a common circulating strain, country-by-country responses alone cannot close it: action in one country can be undermined by gaps in a neighboring one. Channeling support through PAHO provides donors with several distinct advantages over funding countries individually:

- **Standing regional coordination mechanism:** PAHO convenes all 35 Member States of the Americas around a single regional strategy, ensuring that surveillance, vaccination, rapid response and cross-border measures are aligned rather than fragmented — essential when a single viral strain is moving across multiple countries.
- **Surge capacity that can be deployed in days:** PAHO maintains a standing Incident Management System Team (a pre-trained group of epidemiologists, immunization specialists, laboratory experts, and communications staff who can be rapidly deployed to an outbreak) that can surge technical staff to affected countries far faster than ministries could recruit and train new staff on their own.
- **Pooled, faster access to vaccines:** Through its Revolving Fund — a regional mechanism that pools Member States' purchasing power — PAHO secures vaccines and supplies faster and at lower cost than individual countries could obtain on their own, and can pre-position stock so it reaches outbreak areas without each country negotiating separate contracts.
- **Regional laboratory and genomic surveillance network:** PAHO connects national laboratories to a regional network of reference laboratories able to confirm cases and sequence the virus, allowing transmission chains to be tracked across borders rather than only within a single country's system.
- **The technical authority to safeguard regional elimination status:** PAHO serves as the Secretariat of the Regional Framework for Monitoring and Re-Verification of Measles, Rubella and Congenital Rubella Syndrome Elimination — the mechanism that certifies, and can withdraw, a country's and the Region's measles-free status. This gives PAHO a unique, trusted vantage point on which countries are closest to losing elimination status and where investment will have the greatest effect in preserving it.
- **A single, consolidated picture for partners:** The regional [measles dashboard](#) and PAHO's recurring situation reports give donors a single, real-time, regionally consistent view of the outbreak and of how funds are being used, rather than 17 separate national reports.
- **Accountable, safeguarded delivery:** All activities funded through this Plan are delivered under PAHO's no-regrets policy and zero-tolerance standard for sexual exploitation, abuse and harassment, with results reported back to donors through the mechanisms above.

Ongoing Response Operations

In addition to its regular technical cooperation activities that support countries in preventing, detecting and responding to measles outbreaks, since 24 February 2026, PAHO has established a Regional Incident Management System Team (IMST) to coordinate the regional response to measles outbreaks. IMSTs have also been set up at country-level in various countries facing community transmission including Bolivia, Guatemala, Mexico, and Peru.

PAHO has scaled up its technical assistance to national authorities and health partners, providing intensified training, and strategic guidance to enhance coordination, immunization programs, surveillance systems, and outbreak preparedness and response capacity. Key PAHO actions to support country responses to measles outbreaks³:

- **Surveillance and outbreak detection:** Supporting countries to improve early detection of cases, including active case finding, laboratory testing and genotyping, and improve surveillance systems, especially in high-risk areas such as border regions. A regional [measles dashboard](#) is maintained to consolidate and analyze regional epidemiologic trends. Guidance for active case-finding guidance was shared and additional real-time analytic support has been provided to select countries experiencing community transmission.
- **Clinical management & Infection Prevention and Control (IPC):** PAHO is also providing training and guidance on clinical management and IPC. PAHO is coordinating with partners to respond to outbreaks, such as the International Federation of the Red Cross for two IPC initiatives in Mexico.
- **Supporting vaccination campaigns:** PAHO is supporting national authorities to scale up routine immunization and conduct supplementary vaccination campaigns, targeting unvaccinated populations and high-risk communities to rebuild herd immunity. Outbreak Response Immunization (ORI) is currently underway in affected areas of Bolivia, Guatemala, and Mexico. Through its Revolving Fund, PAHO is also supporting countries to expedite procurement of measles vaccines.
- **Risk communications and community engagement (RCCE):** Adapted regional materials have been disseminated and PAHO continues to coordinate with Member States to counter vaccine misinformation campaigns.
- **Preparing for mass gatherings and cross-border risks:** Considering major events such as the 2026 FIFA World Cup, PAHO has issued guidance to reduce international spread, including vaccinating travelers, strengthening surveillance at ports of entry, and enhancing cross-border coordination.

³ For updated situation reports, please refer to <https://www.paho.org/en/measles-multi-country-outbreak-2026>

PAHO'S REGIONAL RESPONSE STRATEGY

PAHO supports Member States through a multi-hazard approach calibrated to the epidemiological scenario in each country. Its response is grounded in its Institutional Response Policy for Emergencies and Disasters, aligned with WHO's Emergency response Framework, and the Regional Framework for Monitoring and Re-Verification of Measles, Rubella and Congenital Rubella Syndrome Elimination in the Americas. All PAHO's response operations are delivered under a no regrets policy and with zero tolerance for any form of sexual exploitation, abuse and harassment.

Overall Goal: To contain the multi-country measles outbreak in the Region of the Americas, prevent further mortality, and protect the regional measles elimination achievement by supporting Member States in scaling up surveillance, immunization, clinical management, and community engagement.

Strategic objectives:

1. Intensify and reinforce epidemiological surveillance, laboratory confirmation, case investigation, and contact tracing to ensure rapid detection and containment of measles transmission across affected countries.
2. Support Member States in implementing clinical management, infection prevention and control (IPC), and health service preparedness for measles cases and complications.
3. Support countries in implementing targeted and supplementary immunization activities to rapidly close immunity gaps and increase measles vaccination coverage in high-risk populations, including strengthening access to countermeasures to support outbreak response.
4. Enhance risk communication and community engagement to address vaccine hesitancy, improve public awareness, and promote early care-seeking and vaccination uptake.
5. Surge national and regional coordination for a comprehensive emergency response to measles outbreaks.



Epidemiological Scenarios

PAHO's response strategy and key priority interventions to address the complex and changing multi-country measles outbreaks in the Region of the Americas are stratified by epidemiologic scenarios to guide actions depending on the evolution and spread of the disease.

The risks and capacity gaps described previously are not distributed evenly across the Region. A country experiencing active community transmission faces a fundamentally different set of challenges and needs than a country that has not yet reported a case. PAHO therefore classifies countries into three epidemiological scenarios, summarized below, to support the development and implementation of context-specific response strategies tailored to each country's situation.

- **Scenarios A and B** group countries where measles has already been detected and where the priority is an **effective response either to contain transmission or to control it** in order to save lives.
- **Scenario C** groups countries that have not yet reported cases but face a meaningful importation risk, where the priority is **readiness and anticipatory action** efforts to prevent transmission from becoming established. This distinction matters for funding decisions: critical response activities address an active health emergency and cannot wait, while anticipatory action activities strengthen preparedness against a risk that has not yet materialized. The Key Activities table and Annex 1 set out, pillar by pillar, exactly which activities apply to each scenario.

Across all scenarios, strong coordination, rapid response capacity, and sustained investment are critical to stopping measles transmission and protecting vulnerable populations.

▶ **EFFECTIVE RESPONSE — Epidemiologic Scenario A: Active community transmission**

In countries with active community transmission such as Bolivia, Guatemala, Mexico, and Peru, the response is focused on reducing cases and deaths by interrupting widespread transmission. This requires large-scale emergency measures, including mass vaccination campaigns to rapidly raise population immunity, expanded surveillance and laboratory capacity to guide real-time response, strengthened clinical services to manage severe cases and reduce mortality, and sustained risk communication to ensure continued vaccine uptake. Strong national coordination and regional surge support are also essential to sustain a high-intensity response over time.

▶ **RAPID CONTAINMENT — Epidemiologic Scenario B: Limited transmission or imported cases only**

In countries with limited /characterizable chains of transmission or only imported cases (such as Belize, Bonaire, Brazil, Colombia, Costa Rica, El Salvador, Honduras, and Panama), the goal is to stop outbreaks quickly before they expand into sustained transmission. Response activities prioritize rapid detection and investigation of every case, deployment of contact tracing teams, and immediate selective (ring or mop-up) vaccination within affected communities. At the same time, efforts focus on preventing transmission in healthcare settings, promoting early care-seeking and vaccination through community engagement, and activating emergency coordination mechanisms to ensure a fast and targeted response.



► **READINESS & ANTICIPATORY ACTION — Epidemiologic Scenario C: No cases but risk of imported cases**

In countries that have not yet reported cases but remain at high risk of importation, the objective is to focus on preparedness and prevent outbreaks altogether by detecting and stopping cases early and closing immunity gaps before the virus spreads. Key actions include strengthening surveillance systems (especially at points of entry), conducting targeted vaccination to reach unprotected populations, preparing health facilities to safely manage suspected cases, building vaccine confidence through community engagement, and ensuring rapid response systems are ready to be activated immediately. Certain countries, such as Haiti and Venezuela, may require additional funds to support preparedness activities, as measles outbreaks in those countries could quickly overwhelm existing health infrastructure capacity.

By tailoring actions to each scenario, countries can focus on the right interventions at the right time—for example, prioritizing surveillance and prevention where there are no cases, rapid containment measures where outbreaks are small, and large-scale vaccination and clinical surge capacity where transmission is widespread. This approach also enables faster decision-making, better coordination, and more strategic use of limited funding. Ultimately, scenario-based classification strengthens the overall regional response by stopping outbreaks early where possible and minimizing illness and deaths where transmission is already established.

Key Activities by objective

The following table outlines general key activities that are anticipated to support emergency response to measles outbreaks throughout the region. However, the scale of activities implemented will depend on the varying disease transmission in the geographical areas. Countries may experience a mix of different epidemiological scenarios based on geographic areas and as such may carry out response actions outlined in different epidemiological scenarios.

Objective	Epi Scenario A: Community transmission	Epi Scenario B: Limited transmission	Epi Scenario C: No cases but risk of imported cases
<p>1. Strengthen epidemiological surveillance, laboratory confirmation, case investigation, and contact tracing to ensure rapid detection and containment of measles transmission across affected countries.</p>	<ul style="list-style-type: none"> Scale up laboratory capacity and prioritize confirmation of representative samples Implement real-time case mapping and strengthen national data systems for adaptive response 	<ul style="list-style-type: none"> Rapidly investigate all suspected cases and confirm transmission chains Deploy contact tracing teams with 21-day follow-up and fast laboratory turnaround 	<ul style="list-style-type: none"> Strengthen case-based surveillance and 24-hour notification systems Build and equip laboratory capacity for rapid confirmation (IgM, PCR, genotyping)
<p>2. Support Member States in strengthening clinical management, infection prevention and control (IPC), and health service preparedness for measles cases and complications.</p>	<ul style="list-style-type: none"> Expand hospital surge capacity and cohorting for measles patients Ensure infection prevention measures and access to lifesaving interventions (e.g., vitamin A) Strengthen capacity building for adequate clinical management of measles cases and complications 	<ul style="list-style-type: none"> Strengthen triage, isolation pathways, and protection of healthcare workers Implement home-isolation protocols where appropriate to reduce facility burden 	<ul style="list-style-type: none"> Train healthcare workers in early recognition, isolation, and infection prevention Ensure readiness of PPE supplies and isolation capacity
<p>3. Support countries in implementing targeted and supplementary immunization activities to rapidly close immunity gaps and increase measles vaccination coverage in high-risk populations, including strengthening access to countermeasures to support outbreak response.</p>	<ul style="list-style-type: none"> Conduct mass supplementary immunization activities (SIAs) to rapidly achieve $\geq 95\%$ coverage Deploy mobile vaccination teams to reach underserved, remote, and high-risk populations 	<ul style="list-style-type: none"> Conduct selective vaccination strategies (within 72 hours) around confirmed cases Expand outreach services in high-risk areas and provide post-exposure prophylaxis 	<ul style="list-style-type: none"> Conduct targeted catch-up vaccination to close immunity gaps, especially for zero-dose children Pre-position vaccines, syringes and strengthen cold chain systems in high-risk areas

Objective	Epi Scenario A: Community transmission	Epi Scenario B: Limited transmission	Epi Scenario C: No cases but risk of imported cases
<p>4. Enhance risk communication and community engagement to address vaccine hesitancy, improve public awareness, and promote early care-seeking and vaccination uptake.</p>	<ul style="list-style-type: none"> • Implement large-scale, multi-channel communication campaigns to sustain vaccine demand • Conduct culturally tailored outreach, including indigenous-language engagement 	<ul style="list-style-type: none"> • Activate targeted communication in affected communities to promote care-seeking and vaccination • Engage trusted community leaders and networks to address hesitancy 	<ul style="list-style-type: none"> • Build vaccine confidence through proactive community engagement and tailored messaging • Establish systems to monitor misinformation and social perceptions
<p>5. Strengthen national and regional coordination for a comprehensive emergency response to measles outbreaks.</p>	<ul style="list-style-type: none"> • Maintain continuous operation of emergency coordination mechanisms (EOC/IMS) • Mobilize regional support, surge staffing, and cross-border coordination • Information Management 	<ul style="list-style-type: none"> • Strengthen intersectoral coordination (e.g., education, border health, transport) • Information Management 	<ul style="list-style-type: none"> • Strengthen preparedness planning, simulation exercises, and rapid response team readiness • Information Management

FUNDING REQUIREMENTS

PAHO is appealing for **US\$10.7 million** to support the implementation of the priority emergency response and readiness public health interventions outlined above during the seven-month operational period from **June to December 2026**. These funding requirements reflect the most urgent health priorities identified to date and are based on the current assessment of humanitarian needs. As the epidemiological situation evolves and additional field assessments further refine operational requirements, the financial requirements may be adjusted accordingly.

Strategic Objectives	Scenario A: Community Transmission	Scenario B: Limited Transmission	Scenario C: Importation Risk	Total Funding Needs
Obj. 1: Surveillance and Lab	\$ 2,150,700	\$ 738,300	\$ 321,000	\$ 3,210,000
Obj. 2: Clinical Mgmt & IPC	\$ 501,830	\$ 172,270	\$ 74,900	\$ 749,000
Obj. 3: Immunization Response & Access to countermeasures	\$ 2,509,150	\$ 861,350	\$ 374,500	\$ 3,745,000
Obj. 4: RCCE	\$ 716,900	\$ 246,100	\$ 107,000	\$ 1,070,000
Obj. 5: Coordination	\$ 1,290,420	\$ 442,980	\$ 192,600	\$ 1,926,000
TOTAL	\$ 7,169,000	\$ 2,461,000	\$ 1,070,000	\$ 10,700,000

Notes:

- This budget excludes costs associated with procurement of vaccine and related supplies as those are costs normally included within the national budget of Member States.
- Response activities and therefore the budget are stratified by epidemiologic scenarios to guide actions depending on the evolution and spread of the disease. As the situation evolves, the budget will be revised accordingly. As of today, the countries included are as follows:
 - **Epidemiological Scenario A: Active community transmission** - Bolivia, Guatemala, Mexico, and Peru.
 - **Epidemiological Scenario B: Limited transmission** - Belize, Bonaire, Brazil, Colombia, Costa Rica, El Salvador, Honduras, and Panama.
 - **Epidemiological Scenario C: No cases but risk of imported cases** - countries without active transmission, but that require readiness investment. Certain countries (e.g. Haiti, Venezuela), may require additional funds to support mass vaccination activities, as measles outbreaks in those countries could quickly overwhelm existing health infrastructure capacity.

HOW TO SUPPORT THIS APPEAL

Generous donations from the international community allow PAHO to deliver its technical cooperation and deploy its operational and logistics support to address existing and emerging public health challenges impacting the countries and territories of the Americas.

The financial requirements outlined in this appeal are pivotal to providing lifesaving health assistance and protective services to communities affected by emergencies without leaving anyone behind. PAHO ensures it will distribute funding most efficiently and where needed, in coordination with public health authorities, United Nations agencies, civil society organizations, and other humanitarian partners.

Here are some ways private or public organizations and individuals can contribute to this donor appeal.



DONATING DIRECTLY TO THIS APPEAL

Financial contributions from governmental aid agencies, multilateral institutions, foundations and philanthropic organizations, and other public and private sector partners are among the most valuable and effective forms of support for health emergency response. The main characteristic of a financial donation is its flexibility to support an agile response. The resources obtained can be used quickly and efficiently, responding to the most acute needs and ensuring that the funded actions fully align with the local priority public health actions.

Donating organizations are invited to contribute cash to support one, several, or all priority actions highlighted in this appeal. To donate to PAHO, please contact Julie Mauvernay (mauvernj@paho.org).

Individual donations can also make a difference and help save lives by supporting the delivery of essential supplies and critical assistance to people in need. Individuals can contribute to PAHO's Health Emergency Appeal by mailing checks to PAHO, 525 23rd St NW, Washington, D.C., 20037.



DONATING IN-KIND RESOURCES AND SERVICES

PAHO encourages the private and public sectors to align response efforts to this Appeal's priority lines of action. Donations from corporations must comply with PAHO's guidelines and roadmap for engagement with the private sector.

To make an in-kind donation of goods and services, please contact Julie Mauvernay (mauvernj@paho.org) or donate@paho.org to guarantee coherent priorities, minimize gaps and duplication in the health response, and ensure quality assurance of the goods offered.

PAHO appreciates and thanks in advance its donors for their generous contributions to support the delivery of its humanitarian health assistance throughout the Region. PAHO will report contributions to this Appeal on its webpage to acknowledge and give visibility to donors' generosity, report on funding received, and identify remaining financial gaps.

Help us protect the lives, health and wellbeing of the people of the Americas, without leaving anyone behind.

PAHO



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Americas Region

