

WESTERN HEMISPHERE READINESS SERIES • POLICY BRIEF 01

Strengthening Regional Health Emergency Readiness in the Americas

From Early Warning to Action

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Purpose — This brief examines how governments and institutions across the Americas can convert early warning, risk information and existing preparedness capabilities into faster, more reliable operational decisions during health emergencies. Core proposition: readiness improves when detection, assessment, decision rights, coordination, deployment, continuity and learning are treated as one operational cycle — the HRS Readiness Cycle.

KEY TAKEAWAYS

- **Build an integrated readiness cycle.** Connect detect → assess → decide → coordinate → deploy → sustain → learn.
- **Establish decision thresholds before crises.** Define who can act, under what conditions, and with which authorities.
- **Strengthen shared situational awareness.** Convert distributed data into decision-ready information rather than simply accumulating more data.
- **Protect continuity of essential services.** Treat supply chains, workforce, facilities, communications and critical dependencies as part of health readiness.
- **Measure operational performance.** Track time-to-detection, time-to-decision, time-to-deployment, continuity and recovery — not only plans completed or exercises conducted.

Executive Summary

The Americas enter the second half of the 2020s with substantial health-emergency capabilities already in place, but with a persistent operational challenge: information and capability do not always translate into timely, coordinated action. The strategic priority should therefore shift from building isolated capabilities to connecting the capabilities that already exist.

In June 2026, the Executive Committee of the Pan American Health Organization (PAHO) — the hemisphere's regional public health agency — approved the Strategy for Strengthening Health Emergency and Risk Management for Health Security 2026–2031.[1,3] Its current strategic architecture places strong emphasis on prevention, preparedness, rapid detection, risk assessment and response. PAHO's 2026–2031 strategic framework also identifies rapid detection and response as a distinct regional outcome.[2] These developments create a useful policy window for institutions to strengthen the operational layer between warning and action.

THE POLICY PROBLEM

Signals are generated across surveillance systems, laboratories, hospitals, logistics networks, communities and infrastructure.

THE OPERATIONAL GAP

Institutions may still lack clear thresholds, decision rights, shared situational awareness and pre-authorized mechanisms for moving from assessment to deployment.

The objective is not to create a single regional model. It is to provide a practical operating logic that can be adapted to national laws, institutional structures, geography and available resources while improving the reliability of decisions under pressure.

SECTION 01

The Policy Context

Health emergencies increasingly test institutions across multiple systems at the same time. A biological event can rapidly become a logistics problem; a logistics disruption can become a hospital-capacity problem; a communications failure can impair both public guidance and operational coordination. Readiness therefore depends on the ability to connect capabilities that are often managed separately.

The current regional policy environment provides a strong technical basis for this approach. PAHO's Strategic Plan 2026–2031 includes a specific objective to improve prevention, preparedness, detection and response to health emergencies. Its outcome framework calls for rapid detection, verification, assessment and alerting, supported by stronger data, analytics and response coordination.[2,3] PAHO also reported in 2026 that the Region was advancing collaborative surveillance and epidemic intelligence through connected information systems.[4]

A PRACTICAL TRANSITION POINT

The significance of 2026 is not that the Americas are beginning a new readiness effort. They are not. The Region already has surveillance systems, emergency operations structures, laboratories, public-health networks, logistics capabilities and experienced personnel. The opportunity is to improve the connections between these assets and the decisions that follow.

This suggests a practical policy question: how can existing capabilities be made more operationally reliable when a warning becomes a real-world emergency?

SECTION 02

From Early Warning to Action

Early warning is valuable only when institutions have a credible path from signal to decision. The central challenge is therefore not simply to detect more events. It is to reduce the time and uncertainty between detection and an appropriate operational response.

The HRS Readiness Cycle

01 Detect → 02 Assess → 03 Decide → 04 Coordinate → 05 Deploy → 06 Sustain → 07 Learn

Stage	Operational Question
Detect	What changed, and is the signal credible?
Assess	What is the likely impact, uncertainty and trajectory?
Decide	Who has authority to act, and what threshold has been crossed?
Coordinate	Which institutions, capabilities and partners must move together?
Deploy	Can personnel, supplies, information and operational assets move quickly?
Sustain	How will essential services continue while the event persists?
Learn	What changed, what failed, and what must be improved before the next event?

A readiness architecture becomes more resilient when the handoffs between stages are explicit. The objective is to prevent a common failure mode in complex emergencies: each institution performs its assigned function, but the overall system still responds too slowly because the transitions between functions are unclear. This is particularly important when the event crosses administrative boundaries or affects several critical systems simultaneously. The operating question should be: what must happen next, who is responsible, and what information or authority is required to make it happen?

SECTION 03

Five Policy Priorities

01 — Integrate readiness around decisions. Institutions should map their existing preparedness functions against the HRS Readiness Cycle and identify where responsibility, information or authority is fragmented. The goal is not to create another layer of planning. It is to make existing plans operationally connected.

02 — Define decision thresholds in advance. Emergency response often slows when decision-makers must determine authority, thresholds and procedures during the event itself. Institutions should establish pre-defined escalation criteria, delegated authorities, notification rules and decision logs appropriate to their legal frameworks.

03 — Build decision-ready situational awareness. More data does not automatically produce better decisions. The objective should be a common operational picture that identifies what is known, what is uncertain, what is changing and what requires a decision. This can include epidemiological signals, laboratory information, hospital capacity, supply availability, transport constraints and infrastructure dependencies.

04 — Treat continuity as a readiness capability. Preparedness should include the ability to sustain essential services while an emergency is unfolding. Institutions should identify critical dependencies across workforce, facilities, power, communications, water, medical supplies, transportation, information systems and procurement.

05 — Measure operational performance. Readiness should be measured by how institutions perform under realistic conditions. Useful indicators include time from signal to verification, verification to decision, decision to deployment, continuity of essential services, supply replenishment time, restoration time and completion of corrective actions after exercises or real events.

SECTION 04

An Implementation Framework

The recommendations can be translated into a practical implementation sequence without requiring a new institutional structure. The first step is to understand the current operating baseline; the second is to identify the highest-consequence gaps; the third is to test whether the system can perform under pressure.

Phase	Primary Activity	Expected Output
1. Baseline	Map existing surveillance, emergency operations, logistics, continuity and decision authorities.	Readiness baseline and dependency map.
2. Gap analysis	Identify bottlenecks in detection, assessment, decision, coordination and deployment.	Prioritized operational gaps.
3. Design	Define thresholds, roles, information flows, escalation pathways and continuity measures.	Operational readiness framework.
4. Test	Exercise the system against realistic cross-sector scenarios.	Observed performance and corrective actions.
5. Institutionalize	Embed lessons, metrics, training and recurring exercises into normal management cycles.	Sustained readiness capability.

Testing should move beyond checklist compliance. A useful exercise asks institutions to demonstrate how a signal becomes a decision and how that decision moves resources. Scenarios can combine a health threat with a secondary constraint — such as a transport interruption, communications outage, workforce shortage or supply disruption — to reveal dependencies that conventional exercises may not expose.

A PRACTICAL TEST QUESTION

If a credible warning were received tomorrow morning, could the institution demonstrate — within hours — who verifies the signal, who decides, who coordinates, what moves first, how essential services are protected and how leadership receives an accurate operational picture?

SECTION 05

Measures That Matter

A mature readiness program should use a small set of indicators that reveal operational performance. The purpose is not to create a large reporting burden. It is to make readiness visible to leaders and identify where corrective action will produce the greatest improvement.

Dimension	Illustrative Measure
Detection	Time from initial signal to verified assessment.
Decision	Time from verified assessment to authorized decision.
Coordination	Time required to establish an operational coordination mechanism.
Deployment	Time from decision to movement of critical personnel, supplies or assets.
Continuity	Duration for which essential services can be sustained under defined disruption scenarios.
Recovery	Time required to restore critical functions after disruption.
Learning	Percentage of corrective actions completed and verified after exercises or incidents.

For governments and strategic partners supporting resilience in the Americas, the most useful investments are likely to be those that improve operational connectivity: interoperable information, trained personnel, logistics readiness, continuity planning, exercises, technical assistance and trusted mechanisms for rapid coordination. Investments should be assessed not only by whether a capability exists, but by whether it performs when several systems are under stress at the same time.

This approach also creates a disciplined basis for public-private cooperation. Private-sector capabilities in logistics, telecommunications, transportation, medical supply, data infrastructure and facilities can be incorporated into readiness planning where appropriate, with clear responsibilities, safeguards and accountability.

SECTION 06

Conclusion

The Americas do not need to begin again. The Region already possesses substantial preparedness architecture, technical expertise and institutional mechanisms. The opportunity is to make those capabilities more connected, measurable and operationally reliable.

The most important shift is conceptual: readiness should be treated as an operating capability rather than as a collection of documents. The test of preparedness is what happens after a meaningful signal appears — whether institutions can assess uncertainty, make timely decisions, coordinate resources, deploy capabilities, protect essential services and recover with lessons incorporated.

POLICY TAKEAWAY

The strategic objective for the next phase of health-emergency readiness should be operational reliability: the ability to convert early warning into timely, accountable and sustained action under real-world conditions.

BACK MATTER

Selected References and Evidence Base

The analytical framing in this brief draws on current official regional health-security and preparedness documents and public institutional materials. The recommendations are HRS analytical recommendations; they are not presented as official policy of any government or external organization.

[1] Pan American Health Organization. 63rd Directing Council (2026). Strategy for Strengthening Health Emergency and Risk Management for Health Security 2026–2031.

[2] Pan American Health Organization. Strategic Plan 2026–2031. Strategic Objective 4, Prevent, prepare, detect, and respond better to health emergencies; Outcome 4.2, Rapid detection and response.

[3] Pan American Health Organization. 178th Executive Committee (June 2026). Documentation and resolution concerning the Strategy for Strengthening Health Emergency and Risk Management for Health Security 2026–2031.

[4] Pan American Health Organization (April 2026). Implementing Collaborative Surveillance as Part of Epidemic Intelligence for Early Warning in the Region.

[5] Pan American Health Organization. Annual Report 2025. Health security and regional advances in epidemic intelligence, early warning and emergency preparedness.

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