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KEY TECHNICAL PERSONNEL

ADRIENNE COX (EIH)
AMALIA DEL RIEGO (HSS)
ANALIA PORRAS (HSS)
ANA LUCIANEZ (CDE)
ANA MORICE (CDE)
ANDRES DE FRANCISCO (FPL)
ANTONIO SANHUEZA (EIH)
BREMEN DE MUCIO (CLAP/SMR)
CAROLINA HOMMES (FPL)
ERNESTO BASCOLO (HSS)
ENRIQUE VEGA (FPL)
JOSE GARCIA GUTIERREZ (HSS)
LUIS GERARDO CASTELLANOS (CDE)
MARCELO D'AGOSTINO (EIH)
MARIA PAZ ADE (CDE)
MARTHA SABOYA (CDE)
NATALIA HOUGHTON (HSS)
RUBEN MAYORGA (CDE)
PABLO DURAN (CLAP/SMR)
PEDRO AVEDILLO (CDE)
RAFAEL LOPEZ OLARTE (CDE)
ROBERTO MONTOYA (CDE)
RONALDO SCHOLTE (CDE)
SANTIAGO NICHOLLS (CDE)
SONJA CAFFE (FPL)
SUZANNE SERRUYA (CLAP)
YURANI SANDOVAL (HSS)
GRANT MANAGER – MARCOS ESPINAL (CDE)
GRANT COORDINATOR – HANNAH KURTIS (CDE)

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List of Acronyms and Abbreviations

ACT	Artemisinin-based combination therapy
CAWG	Communication and Advocacy Working Group
CDE	Communicable Diseases and Environmental Determinants of Health Department
CLAP	Latin American Center for Perinatology
DST	Drug susceptibility testing
DTI-R	Detection, Treatment, Investigation and Response Strategy
ECC	Eastern Caribbean Countries
EIH	Evidence and Intelligence for Action in Health Department (PAHO)
ENAP	Every Newborn Action Plan
EQAP	External Quality Assurance Program
EWEC-LAC	Every Woman Every Child-Latin America and the Caribbean
FIGO	International Federation of Obstetrics and Gynecologists
FPL	Family, Health Promotion and Life Course Department
GF	The Global Fund
GTR	Regional Task Force on Maternal Mortality Reduction
HIS	Health Information Systems
HIV	Human Immunodeficiency Virus
HSS	Health Systems and Services Department (PAHO)
ICM	International Confederation of Midwives
IDA	Triple-drug treatment regimen
IDB	Inter-American Development Bank
IPE	Interprofessional education
IS4H	Information Systems for Health
LAC	Latin America and the Caribbean
LF	Lymphatic Filariasis
LLIN	Long-lasting insecticide nets
MAF-TB	Multisectoral Accountability Framework
MCSP	Maternal Child Survival Program
MDA	Mass Drug Administration
MDGs	Millennium Development Goals
MMWG	Metrics and Monitoring Working Group
MNM	Maternal Near Miss
MOH	Ministry of Health
MOC	Ministry of Communities
MoPH	Ministry of Public Health
MPDSR	Maternal and Perinatal Death Surveillance and Response
NID	Neglected Infectious Diseases
NTP	National Tuberculosis Program
PAHO/WHO	Pan American Health Organization/World Health Organization
PCT	Preventative chemotherapy
PSIWG	Policies, Strategies and Interventions Group
RBM	Roll Back Malaria
RDTs	Rapid Diagnostic Tests
RELAC SIS	Latin American and Caribbean Network for Health Information Systems
RMEI	Regional Malaria Elimination Initiative

RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SP	Strategic Plan
SCH	Schistosomiasis
SDGs	Sustainable Development Goals
SIP	Perinatal Information System
STH	Soil-Transmitted Helminthiases
TAG	Technical Advisory Group
TB	Tuberculosis
TT	Trachomatous Trichiasis
TWG	Technical Working Group
UH	Universal Health
UHC	Universal Health Coverage
UNF	United Nations Foundation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCPH	PAHO's Virtual Campus of Public Health
WHO	World Health Organization
PSIWG	Working Group on Policies, Strategies, Interventions

This Annual Report for the Grant Agreement between the Pan American Health Organization/World Health Organization (PAHO/WHO) and the United States Agency for International Development (USAID) covers the fifth year of the agreement, the period from October 2020 to September 2021. While September 2021 marked the original end date of the grant, in March 2021 the grant was extended by one year (Amendment No. 14) to account for the technical and financial disruptions experienced as repercussions of the COVID-19 pandemic. The total estimated cost of the grant was also raised, to support the implementation of Year 6 workplans and fund additional country support for COVID-19 response (reported separately). The grant end date is now September 2022.

This report is divided into five sections; the first section highlights the main achievements, key activities and deliverables, lessons learned and challenges from the fifth year of the grant; the second section provides some examples of inter-programmatic efforts that have taken place, the third section provides an overview of progress made toward achieving the outcome indicators as established in the original grant agreement; the fourth section provides a list of products developed during this last year; and the final section includes a compilation of selected public health success stories from across the region which have benefited from the PAHO-USAID collaboration.

Throughout the 2020-2021 grant period, technical teams continued to confront the significant disruptions and challenges posed by the spread of COVID-19 throughout the region. Due to ongoing travel restrictions, virtual technologies remained valuable tools to carry out technical cooperation activities and advance public health agendas. As an added benefit, the public health audience for PAHO's meetings and courses expanded significantly when these events were brought online, extending the reach of said efforts. Due to initial funding uncertainties and a reliance on carry-over funding at the beginning of the fifth year, co-financing strategies with other partners were an important tool to support the implementation of selected activities, until new USAID resources became available for several workplans in 2021. Despite these challenges, significant progress was achieved in 2020-2021, as outlined below. PAHO is very appreciative of its long-term partnership with USAID and looks forward to continued collaboration during 2021-2022 and beyond.

1. Project Summaries: Achievements, Key Activities and Deliverables, Lessons Learned and Challenges

Topic 1: Tuberculosis

Tuberculosis (TB) continues to be a public health problem in the Americas. According to the latest WHO estimates, approximately 291,000 incident cases and 26,900 deaths occurred in the region for 2020. During that year, 197,364 new and relapse TB cases were notified to PAHO/WHO by countries, leaving an estimated gap of 93,636 undiagnosed and untreated cases. Eleven percent (11%) of TB cases were coinfecting with HIV and 4,007 drug resistant TB cases were reported. Twelve countries are considered high burden, reporting 88% of the cases in the region, while 14 countries had <10 cases per 100,000 population. The more vulnerable populations for TB in the region are indigenous people, persons deprived of liberty, children, and people living in the streets, among others. TB patients with comorbidities, namely HIV, diabetes mellitus, mental health disorders and addictions are also at greatest risk of complications, lost to follow-up and death.

The project interventions used during the reporting period have been framed by the End TB Strategy and the commitments of the 2018 United Nations High Level Meeting on TB. They aim to accelerate actions towards TB elimination by addressing vulnerable populations and comorbidities; using innovation and inter-programmatic and intersectoral approaches; and involving communities and civil society.

The **main achievements** during year five of the grant include:

- Despite the COVID-19 pandemic:
 - Ongoing provision of technical support to countries using virtual formats.
 - Continued communication with countries, advisory groups, partners, and civil society through monthly regional virtual sessions to update and discuss the latest global and regional recommendations, and periodic individual sessions with countries to plan activities.
 - Continued advocacy and guidance to countries to continue the provision of TB services, including sharing innovative initiatives developed at the national level.
- TB advocacy at all levels through World TB Day materials and maintenance of messaging throughout the year.
- Advocacy and support to countries in the adoption of the Multisectoral Accountability Framework (MAF-TB) to accelerate the implementation of the End TB Strategy and follow-up on the commitments of the UN High Level Meeting on TB.
- Development, finalization and/or translation of WHO and PAHO technical documents, reports and tools that facilitate the implementation of interventions to address TB prevention and control in countries.
- Strengthening capacity on TB prevention and control through sponsoring participation of young professionals in virtual training courses.
- Consolidation and analysis of country information reported to WHO's data collection system.
- Support for developing protocols and conducting catastrophic cost surveys to respond to one of the three high level indicators of the End TB Strategy and providing inputs for advocacy to include TB patients in social protection programs.
- Increased and continued coordination and involvement of civil society groups and leaders.
- Continued support for human resources for the Regional TB Team and its capacity to provide technical support to countries.

Key activities and deliverables that resulted in the main achievements described above include:

- Ongoing implementation of recommended interventions made during TB monitoring visits and TB epi-reviews conducted during prior years in Dominican Republic, Guatemala, Jamaica, and Peru.
- Development, adaptation, translation, and dissemination of World TB Day commemoration materials.
- Virtual training workshop for consultants on TB in indigenous populations in June 2021.
- Publication of the Regional Guidance on TB in Indigenous Populations both in Spanish and English.
- Virtual visits on the implementation of the Regional Guidance on TB in Indigenous Populations: Follow-up visits to Paraguay and Brazil (May 2021) and Guatemala (June 2021), and initial virtual visits to introduce and initiate the implementation of the regional guidance in Argentina and Panama (August 2021), and Mexico (September 2021).
- Sponsorship of young professionals in the regional MDR-TB training course held jointly with The Union in December 2020 and the regional course on epidemiology and TB control held in April 2021.
- Publication of the annual Regional TB Report 2019 in English (publication of Spanish version included in Year 4 final report) and the 2020 version in Spanish (English version being finalized).
- Monitoring virtual visits and technical support to countries reaching low TB incidence levels: Trinidad and Tobago in November 2020 and Chile in June 2021.
- Virtual regional meeting on TB control in prisons held from 29 June to 1 July 2021.
- TB monitoring visits conducted to Guatemala and Panama in August and September 2021, respectively.
- Initial implementation of the MAF-TB in Argentina, Colombia, El Salvador, Guyana, Mexico, Paraguay, and Peru.

- Updating of draft regional guidance on TB in prisons.
- Implementation of TB catastrophic cost surveys in Argentina and Colombia.
- Translation of content of e-learning course on TB/HIV clinical management into Spanish.
- Purchase of supplies for drug susceptibility testing (DST) to support national TB laboratory networks of Costa Rica and Panama.
- Development or updating of national TB plans in Costa Rica, Dominican Republic, Panama, and Uruguay.
- Dedicated virtual sessions on implementation of the Initiative of TB control in large cities: follow-up with Guatemala and Argentina, and introduction in Panama, during the monitoring visits.
- Participation of Regional TB Team in the virtual Union Conference in October 2020.

During the reporting period these were the key **lessons learned and challenges**:

- Despite travel limitations and restrictions due to the COVID-19 pandemic, most planned activities can be conducted virtually, although not always to their fullest extent.
- Some country activities had to be delayed due to the severity of the COVID-19 pandemic situation in the region.
- The current teleworking setting has raised the demands of technical support from countries, partners, civil society, and others, due to the easy accessibility of virtual platforms.
- The virtual scenario has produced savings that have allowed for redirecting support to some activities like training and being able to increase direct technical cooperation with more countries.
- The COVID-19 pandemic continues to show that national TB programs are resilient, despite the challenges posed, and that paradigms on TB care can be changed and adapted readily to the circumstances.
- For future programming post pandemic, virtual activities should be included alongside in-person efforts, due to some of their distinct advantages.
- Uncertainty remains regarding return to in-person meetings and duty travel.

Topic 2: Malaria

Malaria remains a major public health threat for many countries in the Americas. While several countries in the region are getting closer to eliminating the disease, the increase in malaria transmission since 2015 shows the vulnerability of the results achieved to date.

During Year 5, countries and partners provided input during the consultation process to develop the Regional Plan of Action for Malaria Elimination 2021-2025. The PAHO-USAID umbrella agreement has supported both the consolidation of the achievements in countries that are close to eliminating malaria (E-2025 initiative) and the reorientation of operations in countries with the highest number of cases. Actions have also been oriented to align efforts with the Global Fund (GF), regional initiatives such as the Regional Malaria Elimination Initiative (RMEI), and in general to channel the actions of different partners towards mutual, agreed-upon regional technical goals to optimize the use of resources.

Through this agreement, USAID has contributed to the following main topics of the Regional Plan: improvements in malaria diagnosis with microscopy and rapid test; antimalarial drug supply and policies; the new approach to risk stratification; microstratification; malaria data reporting and analysis; tools to organize malaria interventions at the foci level; the DTI-R strategy (diagnosis, treatment, investigation, and response); the platform to support actions in municipalities with a high malaria burden; improvements in the use of rapid diagnostic tests; and capacities in microscopy.

During Year 5, the COVID-19 pandemic affected the malaria response in the countries, with a general reduction in the detection of cases. Technical cooperation was also affected; however, despite the limitations, PAHO managed to maintain permanent interaction with the ministries of health and advance the principal areas of work included as part of the USAID workplan. Throughout the year, it was also necessary to continue adapting technical cooperation and priorities towards the objective of mitigating the effects of the COVID-19 pandemic on the malaria response in the region, while trying to advance with the agenda of changes and improvements that will have an impact in the coming years.

The **main achievements** that stand out during this year of the grant include:

Outcome 2.1: Access to malaria diagnosis and treatment and integrated vector management (IVM) interventions

- Improvements in national case management guidelines (Belize, Suriname, Panama, Costa Rica, and Dominican Republic).
- Pilot intervention to improve malaria treatment adherence and pharmacovigilance implemented and finished in coordination with PAHO/HSS, PAHO/Brazil office as well as national and state actors.
- CDE/VT regional warehouse in Panama had an important role due to the continued delays related to the COVID-19 pandemic. Eighteen countries received support with one or more antimalarial drugs to prevent stock-outs and treat imported cases, as well as severe ones.
- Implementation of the WHO HRP2 deletion protocol, key information for selection of RDTs: all samples were collected from the 10 sites in Colombia, and the analysis is currently ongoing.
- Advances in developing a regional framework to improve policies on radical cure in *P. vivax* in the region: elaboration of technical documents, coordination with partners, consultation with the countries, planning a double dose primaquine study, and risk-benefit analysis to guide policy decisions.
- Consolidation of regional information and development of the vector control module in PLISA (the Health Information Platform for the Americas) with entomological surveillance and *Anopheles* control data.
- Ongoing implementation of a Toolbox for making decisions for the rational use of insecticides and insecticide resistance management in Panama and in other countries.
- Development of entomological surveillance guidelines in Colombia, Costa Rica, and Belize and online entomological surveillance course in Costa Rica (draft versions).

Outcome 2.2: Malaria surveillance

- In complementarity with RMEI initiative, countries implemented microstratification analysis to organize “early detection, timely investigation, and prompt response” activities in main foci.
- Regional database was updated and 2020 data from countries was received and is being consolidated; it has been shared with WHO during 2021 (year 2020) for the World Malaria Report.
- Online Malaria Tracker for countries in the Americas was developed to monitor weekly/monthly situation given the COVID-19 pandemic.

Outcome 2.3: Strategic planning, monitoring and evaluation; partnerships and collaborations; and tailored approaches towards malaria elimination

- Renewed interest and reinforced commitment among malaria stakeholders in the Region (i.e., national and local leaders, partners, donors, etc.) in moving forward with malaria elimination goals, as evidenced by the active involvement of approximately 165 people representing national counterparts from at least 26 PAHO countries and territories and more than 20 partner agencies during the process of consolidating the Region’s Plan of Action for Malaria Elimination 2021-2025.
- Finalization and adoption of Region’s Plan of Action for Malaria Elimination 2021-2025 with guidance from the PAHO Malaria Technical Advisory Group (Malaria TAG) in July 2021.

- The Region's malaria advocacy platforms have managed to adapt with strong collaboration from partners. Malaria Day and Malaria Champions were held virtually on 28 October 2020, with record-breaking participation of 1,000+ people from more than 20 countries and at least 20 partner agencies. Six new Malaria Champions (municipalities with a high malaria burden) from four countries were honored for their successful malaria efforts amidst the COVID-19 pandemic.
- As of September 2021, a complementary Plan of Action for the Guiana Shield has been drafted based on preliminary ideas generated during the consultation process for the region's new Plan of Action.

Key activities and deliverables that resulted in the main achievements described above include:

- Support provided with diagnosis quality assurance practices to Belize, El Salvador, Ecuador, Costa Rica, Dominican Republic, and Suriname.
- Quality assurance in microscopy: Twenty-four laboratories received the 8th Round panel of the External Quality Assurance Program (EQAP) for malaria microscopy diagnosis recently supported by NIH-Peru and National Reference Laboratory-Honduras.
- Revision of national guidelines and support on developing specific tools for the implementation of QA activities at various levels (national, intermediate, and local levels), specifically carried out in the reporting period with Belize, Ecuador, El Salvador, Costa Rica, Dominican Republic, and Suriname.
- Ongoing molecular marker monitoring in Guyana, including samples from priority foci. Samples have been sent from Guyana to our PAHO/WHO collaborating center (CC) Institute Pasteur in Cayenne, French Guiana for corresponding analysis.
- A technical document was developed by the Regional Malaria Program in 2021 to guide the countries on decisions about *P. vivax* radical cure policies. A technical meeting with six countries was conducted in September 2021 to promote a more comprehensive approach to the problem of radical cure. Ongoing dialogue with regional partners (USAID, MMV, PATH) for the creation of a technical group on radical cure in the region with the aim to guide and coordinate different efforts supporting radical cure activities in the Americas.
- Support provided to eligible countries for the planning process for the 2022 procurement plan for the acquisition of key commodities using the PAHO's Strategic Fund.
- Progress on the elaboration of a compendium to guide the implementation of long-lasting insecticide net (LLIN) and methodology to guide simplified monitoring of their use.
- Technical support for the elaboration of the manual for the management and safe disposal of pesticides in Honduras.
- Trainings and supervision at local level to improve quality of case and foci investigation in countries (Peru, Costa Rica, Ecuador, and Dominican Republic).
- Additional progress was made in the enhanced use and implementation of DHIS-2 and other cloud-based information systems, as well as Excel-based dashboards, for monitoring basic malaria information and decision-making by subnational and local levels (Panama, Guyana, Ecuador, and Suriname).
- Collaboration established with GF-Strategic Initiatives for improvement of data information systems and systematic monitoring and evaluation exercises.
- Despite huge logistical and operational challenges in the field due to the ongoing pandemic, the Malaria Champions process for 2021 continued and two municipalities are scheduled to be recognized as Malaria Champions in November 2021.
- The Malaria TAG met and reviewed the progress report prepared by the malaria team based on the 2019 TAG recommendations.

- Consolidation of the full report regarding the implementation of the region's Plan of Action for Malaria Elimination 2016-2020, which was presented to and well-received by the PAHO Executive Committee in June and the Directing Council in September 2021.
- Analysis of the situation with regards to the 10 recommendations to eliminate malaria in Costa Rica, Mexico, and Ecuador completed.
- An "operational version" of the manual for stratification and foci elimination, more suitable for field personnel, was developed in 2021. This pocket version is in the process of being revised for editing and electronic publication in 2021.
- During 2020-2021, the Regional Malaria Program has been preparing a concept note and is working on the integration of a technical group to develop guidance for data collection for different *P. vivax* MDA use cases.

During the reporting period these were the key **lessons learned**:

- The importation of malaria cases across borders in some Central and South American countries continues to be a main factor that compromises the achievements of some countries.
- Interventions based on early diagnosis and treatment must be more aggressive, involving many more community actors and institutions if any possible barrier to access is to be abolished. The microstratification exercises continue to show challenges for the communities to access a diagnostic point.
- The weaknesses of or disassembly/non-existence of operational structures for the permanent supervision, supply, and monitoring of the detection and treatment network is a main limitation for elimination. PAHO has promoted a strategy to organize these management teams at the local level (microstratification), but the existing structural and logistical weaknesses have become more evident in some countries during the pandemic with a decline in the epidemiological situation.
- The challenges of the malaria response during the pandemic have highlighted the need for approaches aimed at integrally strengthening health services and support platforms for networks of community agents. Strengthened local service networks are the best platform for the elimination of malaria.
- The idea of a political and operational action with a greater impact in the areas that concentrate the greatest burden of the disease should be more fully incorporated by the Ministries of Health as a main strategic element and should be promoted with multiple actors at the local and national levels.
- The importance of social determinants and economic activities in endemic areas, such as gold mining, establishes the need for a more intersectoral approach that involves the community and the actors that control these activities at the local level to a much greater extent.
- The adherence and pharmacovigilance pilot showed quite a positive response and a high percentage of treatment adherence among participant patients. The various components that were added (envelope with key information for patients, SMS messages, and calls) provided good examples of low-cost interventions.

In addition, the following **challenges** to implementation were encountered:

- During 2020 and 2021, the restrictions imposed by the pandemic for field actions by health systems and disease control programs were a challenge for technical cooperation.
- Likewise, PAHO offices in the countries have had limitations placed on them for hiring national or international personnel for field activities, due to the administrative operational phases of the pandemic response.

- The structural weaknesses of some malaria programs at the subnational level have limited technical cooperation because they constitute the main bottleneck for transferring capacities and achieving the necessary changes with the control teams.
- The resource constraints from Year 4 continued into Year 5, causing continued institutional adjustments and limitations in the implementation of planned activities.

Topic 3: Neglected Infectious Diseases

Neglected infectious diseases (NID) inflict a large burden on the lives of marginalized populations across the globe and in the region of the Americas. The burden of disease is linked to poverty and income inequality and therefore disproportionately affects individuals living in situations of vulnerability, including certain ethnic groups. As of 2018, it is estimated that at least 13% of the approximately 648 million inhabitants of Latin America and the Caribbean lacked access to safe water supplies and 55% lacked access to adequate sanitation facilities.

PAHO’s NID Program works with countries to strengthen their national capabilities to develop integrated plans of action and implement effective programs, strategies, and interventions to advance towards the elimination or the control of selected NIDs. Emphasis is placed on those neglected diseases that can be targeted through preventive chemotherapy. The work of the regional NID Program is supported by resolutions from PAHO’s Governing Bodies, including the “Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022” and the “Disease Elimination Initiative: a policy for an integrated sustainable approach to communicable diseases in the Americas”, approved by Member States in 2016 and 2019, respectively. PAHO’s NID elimination targets are also aligned with those of the WHO NTD Roadmap 2021-2030.

The **main achievements** to highlight during the fifth year of the PAHO-USAID umbrella grant in NID include:

- *Lymphatic Filariasis Elimination Guyana: Implementation of the second IDA Mass Drug Administration (MDA)* The second round of MDA with the triple drug combination IDA- initially planned to take place in September-October 2020- was postponed because of the COVID-19 pandemic and carried out during February and March 2021 in the 8 endemic regions in Guyana. The plans and micro plans for this campaign were adjusted to include the required measures to protect health workers and the targeted communities from COVID-19. The coverage figures are shown below.

IDA Coverage per region, Guyana, February 1 – March 31, 2021.

Region (IU)	Target Pop (Census)	No. persons treated (IDA)	Coverage
I	6,457	5,155	79.8%
II	45,143	31,279	69.3%
III	107,785	85,070	78.9%
IV	311,563	215,651	69.2%
V	49,820	38,968	78.2%
VI	108,233	73,054	67.5%
VII	9,858)	9,168	93.0%
X	39,992	28,698	71.8%
Total	678,851	487,043	71.75%

- The success of this second round of IDA/MDA has once more proven Guyana’s commitment to stopping the transmission of LF, which the nation hopes to confirm during the upcoming Transmission Assessment Surveys (TAS), planned to be carried out from October to December 2021 and in 2022, as recommended by WHO. The team of Guyana’s LF Elimination Program has proved to be very capable, committed, and enthusiastic.

Key activities and deliverables during the grant period include:

- **Trachoma toolbox:** A trachoma toolbox was developed adapting international recommendations to the regional context. A working version was reviewed by trachoma national managers and trachomatous trichiasis (TT) surgeons. It is currently undergoing internal review and once completed it will be edited, designed, and published.
- **Trachoma virtual technical cooperation missions:** These were carried out separately with each of the four known trachoma endemic countries- Brazil, Colombia, Guatemala, Peru- and with Venezuela¹, a country where trachoma is suspected to be a public health program. The purpose of the missions was to review progress towards eliminating trachoma as a public health problem and identifying opportunities to overcome challenges. International experts participated in these meetings. Recommendations were made according to the situation and challenges in each country. An additional meeting was held to present an update on topics of general interest and recent developments, which could contribute to the regional elimination of this disease.
- **Microplanning manual for the implementation of preventive chemotherapy:** This manual describes the basic concepts of microplanning, steps to carry it out, and examples of tools to develop and implement microplans. The primary audience of this manual are the local teams in charge of implementing preventive chemotherapy as a public health intervention for the prevention and control of NTDs. The development of this manual is the result of a collaborative effort between PAHO, WHO, USAID, CDC, FHI 360, ENDFund and RTI.
- **Toolkit for integrated serological surveys:** A toolkit for implementing integrated serological surveys was developed. It focuses on the design and implementation of serosurveys as a complementary tool for epidemiological surveillance. It is primarily aimed to support program managers and teams involved in the control and elimination of communicable diseases.
- **Training workshop for the analysis of soil-transmitted helminth deworming coverage in countries of the Americas, November 3 to 6, 2020:** This workshop was held virtually over the course of four days, for four hours per day. The purpose was to train national teams in charge of the soil-transmitted helminth infection programs in the tools for the integrated monitoring of deworming coverage. Delegates from the following countries participated: Brazil, Colombia, Dominican Republic, Guyana and Paraguay.

During the reporting period these were the key **lessons learned**:

- The MDA-2021 in Guyana showed that IDA is feasible to implement successfully, even under the restrictions imposed by the COVID-19 pandemic, if appropriate planning, microplanning, organization and follow up is ensured in every implementing unit (IU). The main strategy for distribution was house-to-house, given that schools were only partially open. Pill distributors were adequately trained, following

¹ Other sources of funding (not USAID) were used to cover the costs of the virtual mission with Venezuela.

both national guidelines, as well as WHO recommendations on resumption of population-based activities, and they were provided with PPE to protect them, as well as the targeted communities, from COVID-19.

In addition, the following **challenges** to implementation were encountered:

- During 2020 and first quarter of 2021, the COVID-19 pandemic hit the Americas region particularly hard. Following WHO's recommendations, the countries implementing community-based activities, such as MDA, community or school-based surveys and active search for cases, either suspended or postponed them. Technical cooperation missions and face-to-face meetings were canceled. Also, in many countries, the officials of the ministries of health working with the NID programs were asked to support the response to the COVID-19 pandemic.
- Despite these challenges, PAHO's Regional NID Program has kept in close and frequent touch with national NID programs and provided them continued technical cooperation and support, through the different electronic means available. The countries have been informed of the WHO recommendations on the resumption of activities in the context of the pandemic.

Topics 4-6, 8 (originally): Health Inequities

Beginning in the fourth year of the current USAID-PAHO umbrella grant, an inter-programmatic workplan was created to support the countries of Latin America and the Caribbean in accelerating their efforts to eliminate social inequities in health. The activities included in the workplan are interdepartmental, bringing together programs and work in the Departments of Family, Health Promotion and Life Course (FPL), including the Latin American Center for Perinatology, Women's and Reproductive Health (CLAP), Health Systems and Services (HSS) and Evidence and Intelligence for Action in Health (EIH). By building on existing experiences, intentionally seeking out synergies and using evidence-based knowledge, the intent of this workplan is to build capacity among Member States. The plan is divided into three strategic lines of effort, namely to:

- i. Promote the measurement and documentation of social inequities in the health of women, children and adolescents, including identifying who is being left behind and why
- ii. Promote the identification and analysis of supply-side bottlenecks and demand-side barriers to effective universal access and coverage of health
- iii. Ensure the identification and promotion of practical solutions to reach those being left behind, addressing social inequities in health

Over the past year and a half, the COVID-19 pandemic has required the utmost attention of ministries of health across the region. As pandemic response became the national priority of all governments, many other issues that had been of paramount importance prior to March 2020 fell lower on the priority list due to overstretched human and finance resources. Simultaneously, the consequences of the pandemic have clearly pushed back progress made in the maternal and neonatal health arena and exacerbated the existing social inequities in health across the region.

Background

The inter-agency movement Every Women, Every Child- Latin America and the Caribbean (EWEC-LAC) was established with the shared leadership of eight international organizations to work towards the adaptation and implementation of the Global Strategy for Women's, Children's, and Adolescents' Health (2016- 2030) in Latin America and the Caribbean, through catalyzing and supporting countries in their efforts to deliver upon the established targets and goals. The EWEC-LAC movement advocates for and supports the development and implementation of evidence-based policies, strategies, and interventions to accelerate equitable progress in the

health of women, children, and adolescents. EWEC-LAC operationalizes its work through three working groups: 1) the Metrics and Monitoring Working Group (MMWG); 2) the Communication and Advocacy Working Group (CAWG); and 3) the Policies, Strategies, and Interventions Group (PSIWG). Of note, due to external circumstances, in Year 5 the administration of EWEC LAC was temporarily transferred from PAHO (FPL) to UNICEF, but PAHO staff continued to contribute to the movement.

Many of the activities and interventions included in the umbrella grant's health inequities workplan during Year 5 were a continuation of Year 4's efforts and were centered around two of the central objectives of the Global Strategy for Women's, Children and Adolescent's Health, including **Survive** (End Preventable Deaths) and **Thrive** (Ensure Health and Well-Being).

Throughout Year 5, efforts in maternal and neonatal health were centered primarily on developing, facilitating, and disseminating virtual resources, such as courses and workshops, to countries on topics including assessment strategies training on competency-based education for health professionals with a focus on maternal and perinatal health; standardized guidelines for the surveillance of maternal near miss (MNM) and respectful and high-quality maternity and neonatal care. Continued technical support to countries was also provided for perinatal death analysis and review.

It is estimated that about one third of the population in the Americas has forgone needed health services due to multiple access barriers. Assessing what segments of the population are unable to use health services and what are the most important obstacles is a first fundamental step towards determining future sustainable solutions towards equitable and universal access to health. Regional commitment to the assessment and elimination of access barriers is supported by Resolution CD53.R14, strategy for universal health, which was adopted in 2014 with a view of achieving that goal. This is further evidenced by PAHO's new Regional Compact on Primary Health Care (PHC 30-30-30) and PAHO's new Strategic Plan for the period 2020-2025, which sets out the explicit target of reducing access barriers to health.

Within this context, PAHO has made efforts to measure and eliminate access barriers to health in the Americas with the support of USAID. Work has been supported to map access barriers indicators for which data can be derived from household surveys in the Americas; conduct in-depth secondary data analysis of equity and access barriers in the Americas; carry out in-country studies and trainings on access barrier assessment to strengthen the public health assessment capacities of health authorities; and guide country policymaking towards reducing access barriers through country missions. While much of this work had to be virtual during Year 5, important advances were still made.

Finally, the COVID-19 pandemic aggravated a preexisting critical shortage of health workers. There is also a recurrent disconnect in the region between the health and education sectors that results in a mismatch between supply of health and social care workers and the health care needs of the population. This situation is particularly challenging at the first level of care for populations living in situations of vulnerability and is a major contributing factor to social inequities in health. Although there is increasing evidence supporting interprofessional collaborations and teamwork in improving health inequities, clinical outcomes and preventing errors, the lack of interprofessional socially accountable education has been identified as a major barrier to achieve universal health. Educating and training the health workforce within the context of the social determinants of health should strengthen health services and reduce barriers to effective universal access and coverage of health.

Some of the **main achievements** that stand out during the fifth year of the grant include:

- Implementation of a competition for promising equity-based approaches to the health of women, children and adolescents which made it possible to identify and document ten promising practices, which were documented in a report, as well as through a series of brief videos. The identified solutions highlight sensitive issues about inequities in access to health for girls, boys, women, and adolescents, showing that there are alternatives to overcome these realities.
- Support by the EWEC LAC Secretariat for the development of a Call to Action to countries to ensure continuity of essential health services for women, children, and adolescents in the context of the COVID-19 pandemic.
- Advocacy efforts to increase attention for the unacceptably high adolescent fertility rate in LAC, with focus on pregnancies in girls younger than 15 years. This was done through a series of activities jointly supported by EWEC LAC and member organizations, including a regional assessment of the status of early adolescent pregnancies, a social media campaign, a technical webinar, and a youth forum.
- Establishment of focal points for EWEC LAC within the Ministries of Health of some countries in Central America.
- Strengthening of the coordination and relationship with UN EWEC.
- Renewing of the strategic relationship with SE-COMISCA.
- Development of the report of inequalities of indicators for SDG 3, which was completed in English, Spanish, Portuguese and French.
- Elaboration of a methodology for the establishment of goals with an equity approach for national health teams in four languages.
- Socialization of the tools developed by EWEC LAC for the detection of social inequities in health with a strategic audience from Latin America.
- Update of country inequality profile dashboards from household surveys, as an open source of objective technical information.
- Presence in social networks of the various products made by EWEC LAC (including the infographics for monitoring maternal health indicators and their inequalities).
- Contributions to strengthening national capacities for the surveillance of maternal mortality and MNM; this was especially important in those countries where maternal health surveillance was weakened by the pandemic. At the same time, the inclusion of a view from the perspective of inequities was promoted, which allowed for concentrating efforts on the groups with the greatest conditions of vulnerability.
- Creation of a set of virtual courses for continued education of health professionals. By the end of September 2021, more than 23,000 people from 94 countries around the world had registered for the Maternal Perinatal Death Surveillance and Response (MPDSR) course and more than 3,000 teachers from 41 countries had registered in the course Assessment Strategies Training on Competency-based Education for Health Professionals focused on maternal and perinatal health
- Sustained development and provision of technical cooperation to countries on improving quality of newborn care and the monitoring of such interventions. This included:
 - focused efforts to strengthen technical capacities in selected countries to analyze inequities in perinatal mortality
 - strengthening of surveillance systems for birth defects in selected countries
 - provision of a framework and set of indicators to assess and improve quality of care at NICUs and reduce preventable deaths
 - availability of evidence-based guidelines and recommendations on implementing newborn screening.
 - consolidation of the products, lessons learned, developments and challenges and production of an initial roadmap proposal to be presented to policy makers, managers, technical staff and civil society to address the challenges facing the region in order to achieve the 2030 goals for newborn

health, aligned with SDGs and related frameworks. This road map will be essential for designing future work plans and the technical agenda on newborn health in the Region.

- In Year 5, 15 countries were enabled to analyze and report progress on universal access to health and universal health coverage using APHO's framework for universal health and access barriers assessment methodologies.
- Completion of an access barriers analysis in Peru. The focus was on indigenous adolescents in the Peruvian Amazon region and was conducted in close collaboration with health authorities (see success stories at the end of this report).
- Completion of quantitative data analyses and literature review on access barriers in Guyana, in close collaboration with health authorities. The focus was on access to MCH services and women in rural areas of Guyana, and how the COVID-19 pandemic has impacted their experience. The chief medical officer and main health authorities in Guyana are planning to use the information to guide their response to the health crisis while ensuring access to MCH services.
- Initiation of quantitative data analyses and literature review on access barriers in Dominican Republic, in close collaboration with health authorities. High-level health authorities in the country will use the information as inputs for developing an action plan to strengthen public health capacities necessary for design and implementation of policies that meet population health needs.
- Work to pilot, disseminate, and share the products generated during previous years via more than 30 virtual webinars with international, regional, and subregional institutions dedicated to health professions education. These efforts have also facilitated the establishment of a global consortium of medical schools that is piloting the ISAT Instrument - Indicators for Social Accountability Tool (developed under the USAID umbrella agreement). For the initial phase 30 medical schools around the world have been selected, including 10 representing academic institutions in the Americas. Results from this initiative shall be presented at international meetings and published on peer review journals in 2022.
- The realization of the "4th Regional Technical Meeting of Interprofessional Education (IPE) in the Americas," held virtually on 23 and 30 November 2020. The theme of the event was "Resilient health systems for interprofessional collaboration in the COVID-19 pandemic era: experiences in the Region of the Americas". Representatives from Argentina, Brazil, Colombia, Costa Rica, Guyana, Honduras, Panama, Peru, Suriname, and Uruguay presented on the progress and challenges of the countries in the experiences of Interprofessional Education in the last two years. More than a thousand people viewed the two-day activity and more than ten thousand have accessed the recordings of this event.

USAID's support during this reporting period achieved the following key activities and deliverables:

Strategic Line I: Promote the measurement and documentation of social inequities in the health of women, children and adolescents, including identifying who is being left behind and why

- Advocacy work on the issue of social inequalities in health, throughout the following activities:
 - Development of evidence on the current health situation of children, women, and adolescents, with studies on topics including:
 - Adolescent pregnancy in Peru.
 - Determining factors and contributors to maternal mortality.
 - A systematic review of interventions to address maternal health and adolescents' pregnancy and equity-based analysis of multisectoral policies.
 - The current situation with adolescent pregnancy (under 15 years of age) in Latin America and the Caribbean.
 - Development of a contest on good practices that bring health services closer to the target population.

- Launch of the course “Assessment Strategies Training on Competency-based Education for Health Professionals focused on maternal and perinatal health. Launched via webinar on May 5, 2021, in commemoration of the International Day of the Midwives, this is a self-administered virtual course for teachers of midwifery and other professionals of health, available in English and Spanish.
- Launch of standardized guidelines for the surveillance of maternal near miss (MNM) for the Americas, via webinar on December 19th, 2020 in Spanish and English. Two-hundred four (204) people from 22 countries participated on the day of the event. As of 30 September 2021, there have been 500 views on the YouTube platform in Spanish and 89 in English. These guidelines are available in PAHO’s four official languages.
- During Year 5, a virtual workshop was implemented with Peru on building capacity and strengthening knowledge and skills on analyzing inequities in perinatal mortality and establishing goals based on inequities. The workshop involved coordination sessions with national authorities and technical teams and a three-day workshop. As a result of the workshop, the national technical team was able to analyze inequities in perinatal mortality and a follow up session is planned to discuss goals on perinatal mortality aimed at reducing inequities.
- Activities on strengthening birth defects surveillance involved providing technical support and a training workshop to El Salvador and Paraguay. Based on these activities, the countries are consolidating national data on burden of disease due to birth defects and are also the source of information to contribute to the Regional Birth Defects Platform. Additional coordination activities have been implemented with Bolivia and Chile to move in the same direction². The review of evidence on cost effectiveness, to building the evidence-based guideline was completed. Based on this evidence, the final draft of the clinical guideline is in its final stage. Once completed, it will be discussed and validated within an ad-hoc expert panel.
- In Year 5, HSS continued to provide technical cooperation to countries in the region on the use of methodologies to measure access barriers and to build capacity in countries for monitoring inequalities in barriers to accessing health services.
- Through the execution of country-specific studies, HSS worked in close collaboration with high-level health authorities and key stakeholders, including nongovernmental organizations and academia, in Peru, Guyana and Dominican Republic to understand access barriers experienced by women and adolescents. Through virtual workshops, decision-makers identified policy options to address those barriers and are planning to use the inputs for advocacy and policy-making efforts.

Strategic Line II: Promote the identification and analysis of supply-side bottlenecks and demand-side barriers to effective universal access and coverage of health.

- A document that identified the main bottlenecks and barriers that affect the surveillance and response to MNM in selected countries of the Americas was widely distributed in the region and launched via a webinar session on December 19th, 2020 in Spanish.
- Reports on the barriers related to implementation of socially accountable education and interprofessional practice (with added focus on the role of resilience under disasters and emergencies, considering present pandemic of Covid-19) are under final evaluation by PAHO’s official publications unit and they will be disseminated as public goods in 2022.
- In Year 5, PAHO organized and lead a regional webinar on access barriers to achieve universal health in the era of COVID-19, which was held on April 23, 2021. The aim was to strengthen regional awareness around the need to identify access barriers and design health system policies that are responsive to the obstacles faced by vulnerable population groups. Over 500 actors participated, including health

² Co-financing support was used for countries ineligible for USAID support.

authorities, where experts showcased best practices and methodological tools to evaluate access barriers and facilitate health policy development, as well as results from regional assessments.

Strategic Line III: Ensure the identification and promotion of practical solutions to reach those being left behind, addressing social inequities in health.

- Preparations to launch “Respectful maternity and neonatal care – 2021”, a self-administered virtual course that will officially be available the first week of December 2021 in Spanish and English.
- Development and presentation of methodologies and tools to address health inequities, including:
 - Finalization of the report "Accelerate Action to Reduce Social Inequities in Health affecting Women, Children and Adolescents in LAC”.
 - Development of a webinar intended mainly for the personnel of the Ministries of Health of Central America (the invitation was extended to the entire region), in which the tools and methodologies developed by EWEC LAC for the detection of health inequalities, their use and where to find them were presented.
- A virtual conference, “Interprofessional education and the commitment to (re)situating the user at the center of training and practice in health” was held on March 1st, 2021. The objectives of this conference were to stimulate the production of knowledge and discussions on strategies to strengthen interprofessional education (IPE) in the reorientation of training and work in health; to socialize and share scientific evidence on IPE in the Region of the Americas and around the world, and the value of a collaborative network on interprofessional practice; and to discuss the contributions of interprofessional education and practice in health for the strengthening and consolidation of universal health systems. It was available in English, Spanish and Portuguese and was attended by around 500 participants.
<https://www.educacioninterprofesional.org/en/interprofessional-education-and-commitment-replacing-user-center-training-and-practice-health>
<https://www.campusvirtualesp.org/es/webinar/la-educacion-interprofesional-y-el-compromiso-de-resituuar-al-usuario-en-la-centralidad-de-la>
- A virtual conference on the future of medical education in the Americas was organized in April 2021 to stimulate a regional debate about new visions for the design, planning, and organization of medical training. The COVID-19 pandemic has given new impetus to the discussion of medical education, questioning the status quo. The responses of medical schools in our Region have varied: some quickly opted to suspend clinical practice, while others invited upper-level medical students to collaborate on various tasks. As was also the case in other educational settings, distance learning was encouraged for medical and health sciences students. The pandemic has also contributed to the dizzying development of telemedicine, which promises to become a new healthcare practice with new educational content. The conference was available in English, Spanish and Portuguese and was attended by around 500 participants.
<https://www.paho.org/en/events/future-medical-education-region-americas>
<https://www.paho.org/es/eventos/futuro-educacion-medica-region-americas>
- In collaboration with AMFC-Association of Faculties of Medicine of Canada, from April to July 2021, PAHO participated in the International Social Accountability and Accreditation Think Tank (ISAATT) and reviewed the consensus paper “Accrediting Excellence for a medical school’s impact on population health”. The overarching goals of these international activities were the creation of a momentum towards a global initiative to ensure accreditation systems of medical schools are designed and used to better respond to priority health needs and addressing social inequities in health.
- In Year 5, a peer-reviewed article was submitted for publication in the Pan American Journal of Public Health, which explores the associations between the barriers to access reported by women and the use of essential health services from eight LAC countries. Once published, the findings will be important for both health authorities and their strategic partners to promote and strengthen strategies aimed at

eliminating barriers that not only focus on improving the provision of services, but also address aspects related to norms, gender roles and women's empowerment.

- In addition, work has started on a regional report showcasing results and policy recommendations from country-specific studies on access barriers, which will showcase policy briefs from Peru, Guyana, and Dominican Republic. Using other funding sources, a study is also being conducted in Honduras, which will be part of the regional report.

The following lessons learned, and challenges were observed in the reporting period:

- Inter-institutional coordination between five United Nations agencies can be a challenge, especially considering that the participants in the EWEC LAC working groups are health professionals with multiple regional responsibilities, which can lead to delays in execution, despite best efforts.
- The achievements made over years in reducing maternal mortality have been strongly compromised by the pandemic. This speaks of a structural weakness of maternal care services that requires a search for solutions together with the ministries of health and other partners.
- Offering ongoing support to Member States to improve maternal surveillance has been a strength of this project. But it has also confirmed that some countries require greater investments and support to achieve and maintain minimum standards of quality surveillance.
- Capacity building continues to be a necessity in the region and having quality virtual courses has been an invaluable teaching resource. The recent publication of the State of the World's Midwifery 2021 highlighted the need to invest more in midwifery education, which this grant has been doing, and midwives and nurse midwives have shown a great eagerness to participate in educational activities.
- Countries in the region remain dedicated and concerned about sustaining and strengthening the interventions on quality of care for newborns. The products and activities supported through the umbrella grant have provided important resources, including evidence on the use of information and communication technologies for perinatal health. The work on strengthening birth defects surveillance and the guidelines on small and sick newborn follow-up are being considered as models for other WHO regions.
- In terms of work to measure and eliminate access barriers to health, the main challenge was the resurgence of COVID-19 cases and deployment of vaccines in the implementing countries. This required adaptation of timelines and technical cooperation modalities to use virtual platforms. Political context, including changes in government and elections in Peru and Dominican Republic also required further adjustments to strategies.
- The demonstration, in practice, of the power of purposeful “seed funding” by USAID at regional level and global multilateral collaboration to advance important global initiatives. The ISAT Instrument, developed entirely with the support of this USAID grant and initially focused on several Latin American countries, is now benefiting a world-wide scenario to advance social accountability on health professions education.
- Finally, the importance of inter-agency work has also been reinforced, as these collaborations not only improve the quality of technical products, incorporating different points of view and needs, but they also result in important work synergies, improve the use of resources, and avoid duplication.

Topic 7: Health Information Systems

Governments need strong information systems for health (IS4H) that provide the data and evidence for formulating sound policies and decisions. The Americas has achieved significant improvements in this arena with the support of USAID; mortality underreporting has decreased, and the coverage and quality of mortality and live births data have improved. Despite this progress, challenges remain in the region, including a lack of

interoperability among different applications that are part of the overall information systems for health actions in countries and institutions. Weak governance mechanisms for data management are also an issue, for both vital statistics and for the prioritization and decision making related to information systems and digital health.

The **main achievements** that stand out during the fifth year of the PAHO-USAID umbrella grant include:

- Support for the implementation of good governance mechanisms at regional, subregional, and national/country level ensuring sustainability, and convergence in decisions, investments and plans.
- Improvement of data collection mechanisms and digital health strategies that will allow the implementation of two recently approved policies:
 - CD59/6 - Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas, and
 - CD59/7 - Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies.
- Support from USAID to several countries to sustainably continue actions for the strengthening of information systems for health, and vital registration systems.

Key activities and deliverables that resulted in the main achievements described above include:

- Considering that during the reporting period all activities were conducted virtually, the focus of efforts was given to the production of tools and technical guidance, as well as to virtual support to countries in their implementation. Almost all countries in LAC were covered by activities for institutional strengthening, training, and access to information and critical tools to strengthen health information and vital registration systems. Two of the most important tools can be downloaded here: 1) [Rapid Assessment Tool for Critical Data Gathering](#) and 2) [COVID-19 And The Use of Telemedicine](#)
- There was important engagement with critical development and academic partners in support of the IS4H initiative. In particular, the Inter-American Development Bank decided to align their loans (Component related to digital health) under the IS4H framework. UNICEF is also ensuring alignment of the Digital Health Center of Excellence with the PAHO's Digital Transformation Policy and the IS4H Initiative and several academic institutions are already part of the IS4H / RELACSIS Network. Among others, formal relations are being established with the University of Illinois, Harvard and Georgia Tech from the USA, the University of the West Indies for the Caribbean and Universidad Continental (Peru) for Latin and South America.

During the reporting period the key **lessons learned and challenges** included:

- Ensuring that lessons from past experiences were discussed with countries, PAHO, in collaboration with several partners, called for an After-Action Review process with all countries and territories. Lessons learned were discussed according to the four strategies areas of the IS4H Framework: 1) data management and information technologies, 2) management and governance, 3) information and knowledge-sharing, and 4) innovation. During the review process, participants discussed two strategic thinking questions: 1) What can be improved? and 2) How?

A summary of the main responses to these questions included:

- *Data management and information technologies:* By adopting international standards for data management and interoperability
- *Management and governance:* By adopting guiding principles, policies and official governance mechanisms for data and information management
- *Knowledge management and sharing:* By implementing a digital literacy program as an ongoing mechanism to strengthen human resources skills to work within the information society

- *Innovation*: By determining the maturity of countries' information systems for health as a first step in identifying gaps and needs

A call to action was also agreed upon with all countries and territories, which included:

- Work together to have digital transformation driving the region towards to the 2030 Agenda for Sustainable Development
- Coordination of actions related to technical considerations and legal frameworks to “leave no one behind”
- Motivation of the global collaboration to guarantee access to the necessary knowledge and information, at the appropriate time and in the appropriate format
- Incorporation of digital literacy as a public policy starting from early education
- Strengthen foundational aspects and governance mechanisms to make investments and actions focused on IS4H cost-effective, informed, and sustainable
- Ensure that all actions related to the digital transformation of the health sector consider at their center the principles and foundations of human rights

2. Inter-programmatic Efforts

Most topics under the USAID Umbrella grant utilized an inter-programmatic approach-both within and outside of PAHO/WHO-to advance their objectives. A few examples of these efforts are highlighted below:

- Joint TB work has been conducted with other PAHO programs addressing vulnerable populations, including with HIV, strategic information, non-communicable diseases, antimicrobial resistance, gender and ethnicity, and the PAHO Strategic Fund.
- Implementation of the TB workplan activities has been facilitated by the involvement of partners like the TB Parliamentary Caucus, civil society, PAHO/WHO collaborating centers, academic and research institutions, scientific societies, NGOs, and the GF.
- During 2020 and 2021, the malaria team worked with focal points in the countries to develop a strategic framework to address the problem of malaria in mining. PAHO sought to integrate the existing information in Guyana, Colombia, Brazil, and Suriname and prepared a draft concept note to promote an approach that broadly involves mining actors in both legal and illegal or informal mining contexts.
- In coordination with United Nations Foundation (UNF), PAHO's malaria program has participated in Roll Back Malaria (RBM) discussions on the Multisectoral Guide for Malaria Elimination developed by RBM and has supported its translation into Spanish with the UNF, with the aim of promoting it widely in the Region.
- Aware of the important connections between the USAID umbrella grant and the support that PAHO provides to the countries in cooperation with the IDB and GF within the framework of the RMEI initiative and other projects such as DATA-SI (GF), throughout the reporting period the Regional Malaria Program has sought complementarity in the activities across all projects.
- The Regional Malaria Program has worked in accordance with PAHO's Department of Evidence and Intelligence for Action in Ministry of Health Maturity model assessments and recommendations for improving 'Data Information Systems' relevant to malaria.
- Collaboration has also occurred with PAHO's Department of Health Systems and Services (HSS) and the PAHO Strategic Fund on pharmacovigilance, as well as planning and procurement of key malaria commodities.
- The development of a webinar, “Technical support to countries in the study of social inequalities in women, children and adolescent's health,” allowed for renewed strategic engagement with SE-COMISCA,

in addition to promoting internal coordination within the different PAHO country and sub-regional offices and Central American ministries of health.

- A webinar for the commemoration of the adolescent pregnancy prevention week promoted coordinated work between PAHO, UNICEF and UNFPA and encouraged the participation of youth groups supported by these organizations. The webinar also presented the current scenario of unwanted pregnancies in girls under 15 years of age as an advocacy mechanism to promote the adoption of preventative measures.
- Surveillance of maternal mortality and morbidity required an inter-programmatic approach between CLAP and together with EIH's Unit of Health Analysis.
- In the context of the pandemic, work has been ongoing between CLAP and PAHO's Comprehensive Family Immunization Unit for the promotion of maternal immunization against COVID-19.
- PAHO is an active member of the Inter Agency Task Force for the reduction of maternal mortality (GTR for its acronym in Spanish). This task force is constituted by UNFPA, UNICEF, USAID, MCSP, FIGO/FLASOG, ICM and other members. New activities were added to traditional tasks this year to help improve the response to the pandemic for OB/GYNs, nurses and midwives, and other stakeholders. Several webinars were developed spreading the best evidence on COVID-19 and pregnancy. As of March 2021, PAHO has acted as GTR's secretariat.
- To improve maternal death surveillance and response, PAHO has maintained active participation in the Maternal and Perinatal Death Surveillance and Response Technical Working Group which includes WHO, UNFPA, UNICEF, USAID, MCSP, CDC and others. PAHO currently leads the sub-working group on capacity building and mentorship.
- During Year 5, the area of newborn health has continued to collaborate closely with EWEC-LAC in the analysis of inequalities, in the estimation of goals considering a reduction in inequalities, and in the development of training tools. There has also been collaboration between the areas of newborn and maternal health to strengthen the framework of the MPDSR approach and joint efforts to develop the Respectful Maternity and Newborn Care course. Coordination with HSS has also been key to develop tools to improve quality of care. The activities developed in newborn health have also been presented, discussed, disseminated and in some cases addressed in the countries within the framework of the work of the Neonatal Alliance for Latin America and the Caribbean.
- Inter-programmatic work in access barriers assessments and the identification of policy options lead by HSS was carried out in collaboration with several other PAHO programs addressing equity and access to health by vulnerable populations, including Health Access and Services; Comprehensive Family Immunization, Equity, Gender and Cultural Diversity, and Noncommunicable Diseases and Mental Health. To guide response to the COVID-19 pandemic, inter-programmatic work has also been conducted across all PAHO's program areas to assess the impact of the pandemic on the continuity of essential health services.
- The call for stronger relationships between health systems and the education of health professionals to improve population health and to achieve Universal Health is not new. Over the years, several national and international initiatives have promoted ways to foster synergy among key health bodies to close the gap between the education of health professionals and support a relevant response to priority health needs. Academic institutions for the health sciences are key stakeholders with strong potential to mobilize forces toward improved health outcomes in priority areas (e.g., TB, malaria, NID RMNCAH) and to address the impact of the social determinants of health. In addition, they can help reduce health disparities through a more equitable distribution of the health workforce in underserved areas and in supporting effective health-care models based on primary health care.
- The social mission of health professions schools is the contribution of the school through its mission, programs, and the performance of its graduates, faculty, and leadership to enhancing health equity and to addressing health disparities. Many schools use the social mission concept to define their educational and institutional commitments to health equity, including programs that teach or role model diversity

and inclusion, community engagement, health disparities reduction, and addressing the social determinants of health. PAHO has continued to work with key stakeholders and maintain partnerships with associations of institutions in the education sector (e.g., the PAFAMS-Pan American Federation of Associations of Medical Schools, ALAFEM-Latin American Association of Medical Schools, ORAS-CONHU-Andean Health Federation, and AFMC-Association of Faculties of Medicine of Canada) that are fully committed to a social mission and interprofessional health education

- Inter-programmatic and multi-stakeholder approaches were also adopted to reach the goals in health information systems during Year 5. At the country level, this was key to connect the health sector with the eGovernment initiatives. It was also key to ensure proper coordination between Ministries of Health Department of Statistics and the National Offices in charge of Statistics since these two entities are not always well aligned. The IS4H Framework is a critical tool for ensuring convergence and inter programmatic actions. Within PAHO, all technical departments are part of the IS4H initiative, and a Data Governance Committee and Policy has been created to allow for sustainability in the management of data administered by the Organization.

3. Progress toward Grant Outcome Indicators

The table below includes the identified outcomes, related indicators, and baseline and target information established for the grant and provides a summary of the progress obtained as of the end of Year 4 (September 2020).

Topic		Indicators ³			
		Proposed baseline 2016 (2014 & 2015 data)	Proposed target 2021	Proposed annual target FY2020	Results as of September 2021 and Comments
1	TB	TB treatment coverage. Number of new and relapse cases that were notified and treated, divided by the estimated number of incident TB cases in the same year, expressed as a percentage. Baseline: 81%	≥90%	2% increase	68 % ⁴
		Documentation of HIV status among TB patients. Number of new and relapse TB patients with documented HIV status divided by the number of new and relapse TB patients notified in the same year, expressed as a percentage. Baseline: 74%	≥95%	4% increase	78 % ⁴
		Number of international policies, guidelines, and research studies in TB diagnosis, treatment, and prevention published with support from USAID ⁵ . Baseline: N/A	10	2	5 (Guidelines: Development of Regional TB Guidance for TB in Indigenous Populations; translation of WHO Consolidated Guidelines on TB Prevention and TB Screening. Research: Catastrophic costs surveys in Colombia and Argentina)
		Number of countries introducing TB diagnosis and treatment interventions with USAID support ⁶ . Baseline: N/A	N/A	N/A	3 (Costa Rica, Panama, and Guatemala)

³ Across all indicators, PAHO used other sources of funding for those countries that are listed that are ineligible to be supported by USAID resources.

⁴ * As of Dec. 2020 (available data) impacted by the COVID-19 pandemic.

⁵ This indicator is requested by USAID to be reported on annually. It is defined as the total number of international policies, guidelines and research studies related to TB diagnosis, treatment and prevention that include input from TB experts at USAID and/or for which technical assistance needed to develop the product was funded by USAID. These products include, but are not limited to, WHO guidelines on TB services, peer-reviewed research articles published on studies for which USAID funded or technical assistance was provided, policy documents developed by WHO to support adoption of TB related interventions.

⁶ This indicator is requested by USAID to be reported on annually. It is defined as the total number of countries who introduced a new TB diagnosis or treatment intervention with support from a USAID core-funded effort. For example, this can include new technologies to support TB diagnosis or new TB treatment regimens.

Topic		Indicators			
		Proposed baseline 2016 (2014 & 2015 data)	Proposed target 2021	Proposed annual target FY2020	Results as of September 2021 and Comments
2	Malaria	Percent reduction in malaria morbidity compared with 2015 official figures Baseline: 451,244	≥40%	16% reduction	596,869 cases (in 19 countries), 32% increase since 2015, largely due to the malaria situation in Venezuela. Six countries have achieved the 2021 target, one country is very close to the target (Mexico – 31% reduction), and there is an increase in cases in the other 12 countries. While there seems to be a declining incidence in many countries compared to the past year, it should be noted that there was also a general decrease in malaria testing during the COVID-19 pandemic. A general decrease in cases could be partly due to a real decline in transmission because of restrictions in mobility, but also due to weakened health-seeking behavior and the decrease in testing.
		Number of malaria-endemic countries with no stock-outs of key anti-malarials at the national level in a given year ⁷ Baseline: 19 countries	21 countries	21 countries	21 malaria-endemic countries had no stock-outs. 7 countries experienced risk of stock-outs of antimalarials. The situation was mitigated with the support of the PAHO CDE/VT regional warehouse.
		Number of countries implementing strategies to address malaria among populations in situations of vulnerability Baseline: 10 countries	18 countries	12 countries	17 countries developed specific actions to address malaria in indigenous populations, migrant workers, miners, and other populations in situations of vulnerability.

⁷ PRY, ARG, and SLV included as baseline for endemic countries in 2015, these three countries were certified malaria-free in 2018, 2019, and 2021 respectively.

	Number of artemisinin-based combination therapy (ACT) treatments purchased with USG funds Baseline: N/A	N/A ⁸	N/A	No ACT treatments purchased during Year 5. Only 33,010 treatments of CHLOROQUINE PHOSPHATE 250MG purchased and delivered to the CDE/VT Regional Warehouse in October 2020.
	Number of malaria rapid diagnostic tests (RDTs) purchased with USG funds Baseline: N/A	N/A	N/A	No RDTs purchased during Year 5. A purchase is currently in progress for Year 6.

Topic	Indicators			
	Proposed baseline 2016 (2014 & 2015 data)	Proposed target 2021	Proposed annual target FY2020	Results as of September 2021 and Comments
3 Neglected Infectious Diseases	Number of endemic countries and territories implementing a national or subnational plan, program, or strategy to reduce the burden of priority NIDs according to their epidemiological status, in line with the WHO Roadmap to Reduce the Burden of Neglected Tropical Diseases (Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation) Baseline: 9 countries	15 countries	2 countries	Mexico, Guatemala, El Salvador, Honduras, Nicaragua, Venezuela, Colombia, Peru, Bolivia, Paraguay, Brazil, Guyana, Dominican Republic, Haiti and Saint Lucia are implementing strategies and interventions to eliminate or control at least one NID.
	Number of NID-endemic countries that have achieved the goals of elimination of one or more NID and have developed and put in place measures to prevent disease resurgence or reintroduction of onchocerciasis, lymphatic filariasis and blinding trachoma. <i>For onchocerciasis:</i> Baseline: 3 countries <i>For lymphatic filariasis:</i> Baseline: 3 countries <i>For blinding trachoma:</i> Baseline: 0	<i>Oncho:</i> 6 countries <i>LF:</i> 6 countries <i>Blinding trachoma:</i> 4 countries	<i>Oncho:</i> 4 countries <i>LF:</i> 1 country <i>Trachoma:</i> 1 country	Onchocerciasis: elimination was verified by WHO in Guatemala in 2016, increasing the number of countries where onchocerciasis has been eliminated from 3 to 4. Active foci remain in Brazil and Venezuela (Tanomami Focus Area). Lymphatic filariasis: Considerable progress has been made towards the elimination of LF as a public health problem in all the 4 endemic countries in the Region. The COVID-19 pandemic made it necessary to delay some interventions as

⁸ These commodities will be purchased to prevent country stock outs, as well as for emergencies, and to treat travelers coming from areas where chloroquine resistance is known. These commodities will be managed from PAHO's regional warehouse.

					<p>well as TAS studies in Brazil and Dominican Republic. Elimination of LF may be validated in Brazil in 2023 and in Dominican Republic in 2024 if the postponed activities can be resumed in 2022.</p> <p>Trachoma: Validation surveys, planned initially to be conducted in Guatemala in 2020, were postponed until 2022. If they are carried out and the results are as expected, Guatemala could be the second country in the Region to validate the elimination of Trachoma as a public health problem, after Mexico, validated in 2017.</p>
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Topic		Indicators				
		<i>Note: This section has been updated to reflect the integrated workplan that was revised in 2019 and the new organization of the indicators</i>				
		Proposed baseline 2016 (2014 & 2015 data)	Proposed target 2021	Proposed annual target FY2020	Results as of September 2021 and Comments	Related activity in Excel workplan
(Originally) 4-6, 8	Inequities	Number of lead midwifery/nursing teachers trained in CBE framework Baseline: TBD	60	10	As of April 2020, 14 (5 Argentina, 4 Uruguay, 2 Saint Lucia, 2 Saint Vincent, 1 Grenada). No additional trainings have been developed since that time.	Section III #6
		Number of new professionals (universities, midwives, MoH) trained in evaluation models) Baseline: 0	100	20	Due to COVID restrictions, no new face-to-face trainings were developed from April 2020 through the end of Year 5. However, a new virtual course on CBE-evaluation was launched in May 2021 which has enrolled more than 3,000 people, surpassing all targets.	Section III #6

		Number of countries where MCPS Manual 2nd edition is adopted as an educational instrument Baseline: 0	16	4	Five more countries have incorporated the MCPS Manual 2 nd edition into their national guidelines. (Belize, Colombia, Ecuador, Panama and Paraguay), resulting in a total of 13 countries and not the 16 initially projected.	Section III #6
		N° of countries with updated goals on newborn and fetal mortality in alignment with Every Woman, Every Child, Every Adolescent global strategy and Every Newborn Action Plan (ENAP) Baseline: 3	10	7	A total of eight countries (ARG, COL, DOR, ECU, GUT, HND, PAR, URU) have updated goals on newborn and fetal mortality. PAHO recently coordinated a workshop with Peru to begin this process, but the goals have not yet been updated.	Section I #1
		N° of countries collecting quality data on fetal and newborn health Baseline: 12	17	16	16 countries (ARG, BRA, COL, COR, DOM, DOR, ECU, SLV, GUT, GUY, HND, PAN, PAR, PER, STK, TRT, URU) are currently collecting quality data on fetal and newborn health.	Section I #3
		Number of countries that have received national and local sensitization trainings on the underlying concepts and principles of health equity in the context of LAC. Baseline: 7 countries	22 countries	3	Eight countries in Central America and the Dominican Republic plus six countries in South America (Bolivia y Paraguay, Peru, Ecuador, Venezuela, Colombia)	Section III #13 and #14
		Number of countries who have developed and/or implemented national plans to incorporate equity-based approaches into existing national and local health efforts	15 countries	3	Adolescent health plans and adolescent pregnancy prevention	Section III #13 and #14

		Baseline: 0 countries			plans using AAHA & INNOV8: (12 countries) There are countries that are in the process of doing this in the context of monitoring SDG3, including Argentina, Colombia, the Dominican Republic and Paraguay	
		Number of countries that have received national and local trainings in the analysis of data in order to measure health inequalities Baseline: 10 countries	22 countries	7	Four countries in South America (Argentina, Bolivia, Paraguay, Peru) and eight in Central America. Training was considered in the Caribbean countries, but due to the pandemic it has not been possible	Section 1 #7
		Number of countries that have developed informational materials related to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) inequalities and officially communicated these with national policy and decision makers Baseline: 7 countries	22 countries	7	Two countries in South America (Bolivia y Paraguay) and eight countries in Central America	Section III #12 and #16
		Number of countries who have developed and/or implemented national plans of action to incorporate health inequality measurement and monitoring into existing national and local health information systems Baseline: 0 countries	15 countries	7	No countries have developed specific plans, but negotiations are ongoing with Ecuador, Colombia, Bolivia, Venezuela and Peru	Section III #13 and #14
		Number of countries and territories that have analyzed and reported progress toward universal access to health and universal health coverage using the framework for monitoring and evaluation Baseline: 4	15	2	Fifteen countries and territories, have conducted analyses that enabled them to measure progress toward the Universal Health Strategy, achieving the target set.	Section I #6, Section II #5, Section III #9
		Countries enabled to develop and implement human resources for health (HRH) policies and/or plans to achieve universal access to health and universal health coverage Baseline: 11	18	2	Results for 2021 achieved (18 countries) according to Mid-term evaluation Plan of Action 2018-2023 - Regional Strategy on Human Resources for Universal Health/ With the extension of the project the annual goal for 2022	Section II #6, Section III #10, #11

					will add 2 countries more with a final count of 20 countries	
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Topic		Indicators			
		Proposed baseline 2016 (2014 & 2015 data)	Proposed target 2021	Proposed annual target FY2020	Results as of September 2021 and Comments
7	Health Information Systems	Number of countries that actively participate in the Latin American and Caribbean Network for Strengthening Health Information Systems (RELAC SIS) Baseline: 13 countries (2016)	29	29	Achieved (as of YR4) All countries and territories in the Americas now form part of the RELAC SIS Network, which has since been expanded to incorporate IS4H and digital health topics.
		Number of countries that have conducted a recent national assessment of their information systems for health Baseline: 0	29	29	Achieved (as of YR4) PAHO has now conducted IS4H assessments on 29 countries, although validation is pending for some countries.

4. Products Developed during Current Project Period

The products that were developed through the support of the PAHO-USAID grant and linked to key deliverables during the reporting period are included below. When possible, links to the product are included or [they can be accessed via an electronic folder](#). Otherwise, materials are also available upon request.

Tuberculosis-related products:

- Regional TB Report 2019 (English version):
https://iris.paho.org/bitstream/handle/10665.2/53026/9789275122747_eng.pdf?sequence=6&isAllowed=y
- Regional TB Report 2020 (Spanish version):
<https://iris.paho.org/handle/10665.2/55047>
- World TB Day 2021 commemoration materials and video (English translation):
<https://www.paho.org/en/campaigns/world-tuberculosis-day-2021>
https://www.youtube.com/watch?v=bUFUxWP_fZA
- Regional Guidance on TB in Indigenous Population (Spanish and English versions):
<https://iris.paho.org/handle/10665.2/53308>
<https://iris.paho.org/handle/10665.2/54973>
- Translation of documents:
<https://www.paho.org/es/documentos/comunicacion-rapida-sobre-tamizaje-sistematico-tuberculosis>
<https://www.paho.org/en/documents/who-information-note-tuberculosis-and-covid-19-december-2020>
<https://www.paho.org/es/documentos/actualizacion-sobre-uso-pruebas-amplificacion-acidos-nucleicos-para-detectar>
<https://www.paho.org/sites/default/files/2021-cde-maf-checklist-form-tb-es.pdf>
https://www.paho.org/sites/default/files/2021-cde-maf-checklist-annexes-tb-es_0.pdf

Malaria-related products:

- Malaria Day in the Americas 2020 (<https://www.paho.org/en/campaigns/malaria-day-americas>) and 2020 Malaria Champions of the Americas Finalist Videos (<https://www.paho.org/en/topics/malaria/malaria-champions-americas-2020>)
- Draft documents on treatment of malaria by *P. vivax* (Tratamiento de malaria no complicada por *plasmodium vivax* en la región de las américas)
- Draft documents on malaria in gold mining
- Meeting to promote improvements in radical cure policies (report)
- Summary of feedback provided from countries, partners, and stakeholders during the Plan of Action for Malaria Elimination Consultation: Updates and Overview of the Process (presentation during Malaria Day in the Americas session)
- Regional Plan of Action 2021-2026
- Final Report of Regional Plan of Action 2016-2020 (PAHO Directing Council September 2021)
- Malaria Technical Advisory Group (TAG) 2021 - Report of progress and updates since 2019

- Report of the Fifth Meeting of the Malaria Technical Advisory Group (TAG)
- USAID LAC RMP Partner Meeting- PAHO Presentation, 8 December 2020
- Updated External Quality Assurance Program (EQAP) SOP (English and Spanish versions)
- EQAP for malaria microscopy diagnosis 8th round final report (Draft) as requested
- Case management national guidelines as requested
- An “operational version” of the manual for stratification and foci elimination (“Manual para los trabajadores de campo”)
- Concept note for data collection for different *P. vivax* MDA use cases. A draft protocol for the evaluation of reactive treatment intervention
- Dashboards of data analysis in use in Panama, Colombia
- PAHO/WHO Core Health Indicators dashboard- Guyana Pilot
- DHIS2 Malaria Tools for Suriname- Dashboard
- Google Data Studio dashboard - Suriname Notification (<https://datastudio.google.com/s/mXYDfxP0O6E>)
- Malaria Tracker (bit.ly/Malaria-2021 and bit.ly/Malaria2020)
- Draft of methodology to guide simplified monitoring of use of LLIN
- Working document to guide the elaboration of a Plan of Action for Malaria Elimination in the Guiana Shield 2022-2026

NIDs-related products:

- With support from USAID, PAHO’s Neglected Infectious Diseases Program recently published the manual “*Chronic Care for Neglected Infectious Diseases: Leprosy/Hansen’s Disease, Lymphatic Filariasis, Trachoma, and Chagas Disease*”, available at <https://iris.paho.org/handle/10665.2/53312>
- The following WHO documents were translated into Spanish in order to make them available for all the Spanish speaking countries in Latin America and the Caribbean and were then published at PAHO’s website, after design, layout and proofreading.
- “2030 targets for soil-transmitted helminthiasis control programs”, available at: <https://iris.paho.org/handle/10665.2/54947>
- “Reaching girls and women of reproductive age with deworming; WHO STH advisory committee report”. available at: and <https://iris.paho.org/handle/10665.2/54946>
- The “Bench aids for the diagnosis of intestinal parasites, 2nd ed.” was translated into Spanish and Portuguese, printed, produced in a weatherproof plastic-sealed format and shared with countries to help health workers engaged in the routine diagnosis of intestinal parasitic infections. The electronic versions are available at:
 - Spanish: <https://www.paho.org/es/documentos/medios-auxiliares-para-diagnostico-parasitosis-intestinales>
 - Portuguese: <https://www.paho.org/pt/documentos/medios-auxiliares-para-diagnostico-parasitosis-intestinales>
- Online courses on NID: The online courses on “Prevention, treatment and control of Soil-Transmitted Helminths”, in Spanish and English, and on “Schistosomiasis in the Americas, Multidisciplinary aspects”, in Portuguese, were maintained and are available at:
 - Spanish: <https://www.campusvirtualsp.org/es/curso/curso-virtual-geohelminthiasis-prevencion-tratamiento-y-control>
 - English: <https://www.campusvirtualsp.org/en/course/soil-transmitted-helminthiasis-prevention-treatment-and-control-2019>
 - Portuguese (Schistosomiasis): <https://www.campusvirtualsp.org/pt-br/curso/esquistossomose-nas-americas-aspectos-multidisciplinares>

- The virtual course on control of STH is being updated to include the STH goals for 2030, the strategies to reach women of reproductive age, MDA microplanning, and methodologies for monitoring and evaluating programs such as monitoring of drug efficacy, sentinel site surveillance, among other important updates. This activity is still in progress and expected to be finalized by the end of 2021.

Reduction of Health Inequities-related products:

- Methodology for setting SDG 3 targets and reducing inequalities. Available in ING / [SPA](#) / [POR](#) / [FRE](#)
- Technical webinar on Technical support to countries for the measurement and monitoring of social inequalities in health: EWEC LAC indicators. <https://www.youtube.com/watch?v=0mi5wfd82CM&t=133s> .
 - Recording available at <https://www.youtube.com/watch?v=-nf3WAUoFM8>.
- Catalog of EWEC LAC tools for measuring and monitoring social inequalities in health. Available in [Spanish](#), English, French and Portuguese.
- MMWG Report: Inequalities in Maternal, Child, and Adolescent Health in Latin America & the Caribbean: A regional baseline assessment of the EWEC-LAC indicators for the 2030 Agenda. Available in English (recently completed, not yet available on the web).
- Regional Contest on Good Practices that Promotes Equity in Health for Women, Children and Adolescents - second phase:
 - Preparation of 9 videos on the winning initiatives of the Good Practices contest:
 - Argentina: [ENG](#) / [SPA](#)
 - Brazil: [ENG](#) / [SPA](#) / [POR](#)
 - Bolivia: [ENG](#) / [SPA](#)
 - Colombia 1: [ENG](#) / [SPA](#)
 - Colombia 2: [ENG](#) / [SPA](#)
 - Perú 1: [ENG](#) / [SPA](#)
 - Perú 2: [ENG](#) / [SPA](#)
 - Perú 3: [ENG](#) / [SPA](#)
 - Nicaragua (version approved but not yet available in YouTube):
 - General promotional video about the contest [ENG](#) / [ESP](#) / [POR](#) / [FRE](#).
 - First draft of Good Practices social media package. Link not available yet.
 - Support for the Positive Youth Consortium. The link will be available at <https://www.everywomaneverychild-lac.org/foro-prevencion-embarazo-adolescencia/>
- Support for the technical webinar and meeting of young people and adolescents - Prevention of pregnancies in adolescent girls. Prioritizing Pregnancy In Girls Younger than 15 years in the public health and development agenda" en el marco de la Semana de Prevención de Embarazo Adolescente 2021: <https://www.youtube.com/watch?v=0mi5wfd82CM&t=133s> , <https://www.paho.org/es/eventos/priorizando-agenda-publica-embarazo-ninas-adolescentes-menores-15-anos>
- [ESP](#) / [ING](#) / [POR](#) translation of the TIM Compendium.
- Translation into Portuguese of the metadata sheets of the EWEC LAC Indicators. Available on 2020, the versions in English and Spanish were made in 2021.
- Assessment strategies training on competency-based education for health professionals focused on maternal and perinatal health – 2021
 - Spanish version: <http://bit.ly/CVOPSEB-Competencias-Salud-Materna-Perinatal>
 - English versión: <http://bit.ly/PAHOVC-COMPETENCY-BASED-EDU-MATERNAL-PERINATAL-HEALTH>

- Standardized guidelines for the surveillance of maternal near miss (MNM) for the Americas
 - Spanish version: <https://1drv.ms/b/s!AkHOpsTmplg2pt13gcY--M-ICXzUFw?e=zXeVOO>
 - French version: https://1drv.ms/b/s!AkHOpsTmplg2pt14_Lt4JTMc9uztSA?e=VdztUz
 - English version: <https://1drv.ms/b/s!AkHOpsTmplg2pt15Wfqc1H1vN04bZA?e=QKb4N7>
 - Portuguese version: <https://1drv.ms/b/s!AkHOpsTmplg2pt16cmWzzC9Lsap6XA?e=Q6MBST>
- Main barriers that affect the surveillance and response to Maternal Near Miss in selected countries of the Americas
 - Spanish version: <https://1drv.ms/u/s!AkHOpsTmplg2pst3epyjvco3CLQYnQ?e=Pnr19o>
- “Respectful maternity and neonatal care – 2021”
 - English version: <https://bit.ly/PAHOVC-Respectful-Maternal-and-Neonatal-Care>
 - Spanish Version (Trato Materno y Neonatal Respetuoso): <https://bit.ly/CVOPS-TratoMaternoNeonatalRespetuoso-TMNR>
- Publication of the document: Evidence-based Clinical Practice Guidelines for the Follow-Up of At-Risk Neonates in Spanish and English:
 - <https://iris.paho.org/handle/10665.2/52903> (Spanish)
 - <https://iris.paho.org/handle/10665.2/53245> (English)
- Country preliminary report on access barriers for Peru, Honduras, and Guyana (provided in Google folder).
- Submitted for publication on barriers to access reported by women (provided in Google folder).
- [Link](#) to regional webinar series on essential public health functions and other materials.
- ISAT Instrument (Indicators for Social Accountability Tool) / Digital platform under development and piloting phases:
 - <https://socialaccountabilityhealth.org/>
- 4th Regional Technical Meeting of Interprofessional Education (IPE) in the Americas
 - <https://www.paho.org/en/news/24-2-2021-countries-americas-present-progress-and-challenges-interprofessional-education-last>
- A PAHO news article describing the transformation of health professions education in times of COVID-19
 - <https://www.paho.org/en/news/26-11-2020-paho-accompanies-transformation-health-professions-education-times-covid-19>
- Links to selected webinars supported by participation from the project:
 - FEPAFEM-PAFAMS
 - <https://www.fepafempafams.org/>
 - ALAFEM/UDUAL & UNAM
 - <http://www.facmed.unam.mx/>
 - http://alafem_udual.facmed.unam.mx
- It is worth highlighting the intense international work carried out with the [Faculty of Medicine of the Autonomous University of Mexico](#) and the Latin American and Caribbean Association of Faculties and Schools of Medicine (ALAFEM/UDUAL, in Spanish) through a series of webinars, and including the 2020 Knowledge and Transformation Forum, in collaboration with the British Embassy in Mexico City
 - <https://www.bhpmx.academy/knowledge-and-transformation-forum>
- ORAS-CONHU: Organismo Andino de Salud – Convenio Hipólito Uname Red Andina de Asociaciones de Facultades de Medicina
 - <http://orasconhu.org/portal/>
 - <http://orasconhu.org/portal/node/622>
 - <https://youtu.be/Dnp5uyKqow0>
 - https://www.aspefam.org.pe/red_andina/

- AFMC – Association of Faculties of Medicine of Canada
<https://www.afmc.ca/en>
- Finally, with support from this project, PAHO/WHO also participated as a member of the advisory board and the scientific committee of the **International Conference “Enhancing interprofessional collaboration and learning for strengthening primary health care)** organized by “The Network: Towards Unity for Health (TUFH)”, held virtually from 21-23 July 2020, with more than 700 participants from all over the world. This event culminated with the publication of the **“Indonesia Declaration TUFH 2021”** Preliminary results from the global piloting of the ISAT instrument were presented during this meeting, acknowledging the support received from USAID

Health information systems-related products:

Some of the main tools:

- [Rapid Assessment Tool for Critical Data Gathering](#)
- [COVID-19 And The Use of Telemedicine](#)
- [8 Principles for Digital Transformation of Public Health](#)
- [Knowledge Capsule: Artificial Intelligence in Public Health](#)
- [COVID-19 Factsheets](#)
- [COVID-19 PODCASTS](#)
- [EIH Webinars](#)
- [Core Indicators Platform](#)
- [Health in the Americas Platform](#)

5. PAHO-USAID Collaboration Success Stories

The success stories included on the following pages attempt to illustrate how the collaboration between PAHO and USAID strives to improve people’s lives and makes a difference in the beneficiary country.

PAHO-USAID COLLABORATION SUCCESS STORY

Monthly TB Regional Virtual Sessions with Countries

Keeping TB programs updated in COVID times

During the COVID-19 pandemic, PAHO's Regional TB Team has been conducting monthly virtual sessions to present and discuss key TB topics and the latest WHO TB evidence-based guidelines needed to be adopted by countries and implemented by health workers.

During Year 5 of the USAID umbrella grant, nine two-hour monthly sessions were conducted jointly with WHO and partners (initially independent sessions in English and Spanish and later jointly when the virtual platform allowed for simultaneous interpretation). The topics have included the latest WHO guidelines on TB prevention, TB screening, and TB diagnosis, infection control, Multisectoral Accountability Framework (MAF-TB), TB and COVID, TB data collection, TB catastrophic costs, drug-resistant TB operational research, and computer-aided detection (CAD) and radiology. Several sessions have included sharing of experiences from countries and partners.

National TB Program managers and staff, National Reference Laboratories and networks, members of TB advisory groups (PAHO's TAG-TB, Regional TB Laboratory Coordination Group, Regional Working Group on TB in Children and Adolescents, and the Regional Green Light Committee – rGLC - of the Americas), civil society and patient's representatives, financial and technical partners, members of academic and scientific societies, ex PAHO/USAID fellows, TB experts and PAHO/WHO country office TB focal points have participated. The average number of attendees has been around 200 participants per session. Following each session, the recording as well as presentations have been shared with all attendees. Participants have appreciated these sessions and given positive feedback.

This low financial investment activity has allowed for a virtual space for updated information and guidance to countries and key members of the TB community in the Region, has facilitated sharing of experiences, and has expanded the technical support provided by PAHO's Regional TB Team in a periodic manner. In essence, more people have been reached with fewer resources.

These monthly virtual sessions have already become a regular, sustainable regional activity. Despite the challenges of the COVID-19 pandemic, the sessions have become a tool for strengthening human resource capacity at country level, rapid sharing of the latest recommendations, and advocating for accelerated implementation of the different components of the End TB Strategy.



Snapshots of different virtual monthly sessions.
Photo credit: PAHO's Regional TB Team.



PAHO-USAID COLLABORATION SUCCESS STORY

Strengthening Pharmacovigilance and Therapeutic Adherence to Antimalarial Treatment (VigilAdMa), Manaus, Brazil

An inter-programmatic endeavour

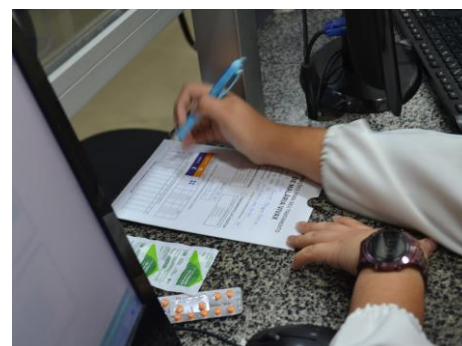
In the region of the Americas, *Plasmodium vivax* is the parasite that causes 16% of the malaria cases reported by endemic countries. As in all areas of the world affected by this malaria species, relapses after treatment are one of the major challenges to a definitive cure and elimination of transmission. A form of the parasite that remains latent in the liver causes a person to relapse months or weeks after treatment. Primaquine, the drug used to prevent relapses, must be taken for 7 to 14 days, which is a challenge in terms of adherence to treatment, and has the additional problem that it can cause hemolysis in people who are deficient to the glucose-6-phosphate dehydrogenase (G6PD) enzyme activity.

The risk of hemolysis has led the WHO to recommend that the prescription of such a drug be subject to a test to rule out G6PD deficiency, and that in settings where testing is not available, a risk analysis must be conducted and three key steps be taken: 1. Provide patient counseling on key aspects about the detection of early symptoms of the possible presence of hemolysis and how to react to this event; 2. Strengthen pharmacovigilance programs; and 3. Improve and establish health units for the care of possible patients with hemolysis.

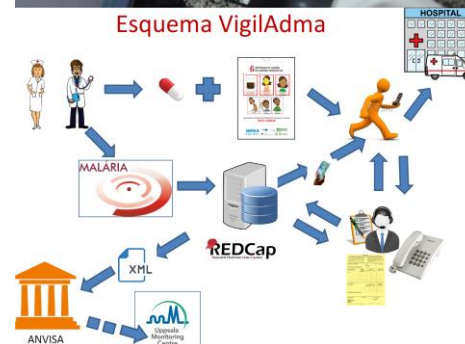
To help solve this problem, and improve adherence to treatment for this form of malaria, PAHO's Departments of Communicable Diseases and Environmental Determinants of Health (CDE) and Health Systems and Services (HSS), in collaboration with the PAHO-Brazil office, the Ministry of Health, FVS, ANVISA, and institutions in Manaus, Brazil such as the Tropical Medicine Foundation and the State Coordination of Amazonas, have implemented a pilot intervention to address the three elements mentioned above and to document the importance of the problem of adverse events and adherence to primaquine. The intervention consisted of the use of an envelope designed and adapted from the experience of the local institutions, which included graphic aids and key information to identify the warning signs of hemolysis and facilitate adherence to treatment, as well as the creation of a mobile phone-based mechanism for reporting adverse effects and sending key messages to encourage adherence to treatment.

Based on a protocol designed with national counterparts, between November 2019 and December 2020, 8,937 patients diagnosed with *P. vivax* malaria were detected and given the envelope with key information and the respective medication according to national standards. A group of 1,512 patients entered the study with the respective informed consent, and of these, 1,062 managed to be contacted until the end of the follow-up period. Fifty-one (51) patients reported no adverse events and 1,011 reported at least 1 event. Of the 8,937 patients, 3 cases of hemolytic anemia were detected and treated promptly according to local guidelines without complications. At the end of the follow-up period, adherence to treatment was 93.05% (991 of 1,062), which is a very important finding compared to a previous study carried out in the region where 86% adherence was reported (n=242 patients). Despite the limitations in the design of the intervention to conclude on the effectiveness of the measures, this experience constitutes an important advance in the design of operational solutions to improve the effectiveness and safety of *P. vivax* malaria treatment.

Key deliverables of the project were patient education materials (envelope containing the medicine) and an mHealth component with key messages for treatment adherence, a safety and adherence survey, and communication regarding adverse events. In summary, the results of the pilot were very successful, so much so that the institutions supporting the project have decided to maintain it and expand it to other locations in the country. Furthermore, the pilot has contributed to strengthening the effective collaboration between different institutions at the country and local level, as well as the development and use of automated processes, and, above all, simple materials, and low-cost interventions with important results for people affected by malaria in the country.



Esquema VigilAdma



1. Envelope developed for the pilot with key information on the malaria treatment being delivered to a patient by the health worker in Manaus, Brazil.
2. Pilot components.
3. Home visit to a patient and review of the treatment adherence.

Photo credit: PAHO/Brazil.

[For more information on the pilot intervention, please see video in the following link:](https://www.youtube.com/watch?v=1gSHZ12dEeo&t=4s)
<https://www.youtube.com/watch?v=1gSHZ12dEeo&t=4s>

PAHO-USAID COLLABORATION SUCCESS STORY

The Ministry of Health, Guyana in collaboration with PAHO/WHO, remains steadfast in their commitment to eliminating Lymphatic Filariasis as a public health problem.

Guyana's 2nd consecutive successful IDA MDA Campaign – A leap forward on a journey to LF Elimination

Guyana is one of four countries in the region of the Americas where Lymphatic Filariasis (LF) caused by *Wuchereria bancrofti*, is still a major public health problem. The expressed political will of the nation to scale up all elimination activities in the country remains steadfast. This was especially noted during the 2nd round of the IDA MDA campaign activity implemented in 2021 during the COVID-19 pandemic.

The first round of implementation was noted for its novelty, while the second round was noted for challenges imposed by COVID-19. The challenge of maintaining adequate treatment coverage and 100% geographical coverage was a feat well recognized, due to the increased investments needed, especially for maintaining the safety of the health care workers and the communities, while distributing the drugs to combat the dreaded LF disease. However, the regional and national commitment of stakeholders, donation of drugs from pharmaceutical companies (like MSD, Eisai, GlaxoSmithKline), donation of personal protective equipment and the technical and financial support provided through partnering collaborators, such as PAHO/WHO and USAID contributed significantly to the campaign's success.

Some noteworthy achievements during this last round of IDA MDA were: achievement of more than 65% epidemiological coverage in all eight (8) endemic regions (100% geographical coverage); strengthened regional social mobilization through the work of regional communication focal points tasked with spearheading the community engagement activity (the need for these personnel was supported by the data gathered during the 2019 Acceptability and Sentinel Site Survey); employment of more human resources to increase the access to MDA; reinforcement of the relationship between the program and the central and regional stakeholders established in the previous MDAs; and decentralized monitoring and evaluation activities through the use of the Supervisors Coverage tool (SCT) by the regional coordinators of the MDA and coupled with cascade training with special emphasis on the national COVID-19 guidelines.

The campaign was implemented during the first quarter of 2021 (February – March) for a period of 6 weeks in the eight (8) endemic implementation units: endemic areas in Regions 1, 2, 6 and 7, the entire Regions 3, 4, 5, & 10, targeting everyone living in the endemic areas through a mixed distribution strategy at schools, fixed points and households. The overall coverage was 72% (486,332/ 678,082).

The success of the first round of IDA MDA proved Guyana's commitment to stopping the transmission of LF, while the success of the second round showed the country's relentless dedication to not only maintaining the gains of the first round but to also ensuring that this disease no longer burdens the health system and socioeconomic structure of the country and its citizens.



LF 2021 MDA Implementation Activity. Adoption of COVID 19 national guidelines

Photo credit: MDA Staff during implementation.

"[Taking the pills] is for your health, it is going to protect you, it's going to prevent you from getting filaria or what is known as 'big foot,' and I think that is an important thing that we can actually eliminate this disease from our country."

Hon. Dr. Frank Anthony
Minister of Health, Guyana

"... the success of the programme requires collaborative effort and cooperation from all stakeholders...to do their part to eliminate filaria."

Hon. Dr. Frank Anthony
Minister of Health, Guyana



LF 2021 MDA: National Launch
Photo credit: MDA Staff during implementation.

PAHO-USAID COLLABORATION SUCCESS STORY

Amazonas works to improve health service access for indigenous adolescents with analysis

Access barriers assessment and policy options in Condorcanqui, Amazonas, Peru

Peru has made explicit its commitment to protect and guarantee the right to health of its indigenous peoples through the adoption of the Intercultural Health Sector Policy in 2013. The policy seeks to normalize and foster the adoption of intercultural health actions, but its effective implementation has been partial in the province of Condorcanqui in the Amazonas Region due to scarcity of resources and the lack of the intercultural skills necessary for its implementation.

In 2021, there was no information available on the contextual factors and obstacles that limited access to health by indigenous people that could guide the adaptation and proper adoption of the policy to the reality of the local context in Condorcanqui. To address this gap, PAHO, with support of the USAID Umbrella Grant, and in collaboration with the Regional Directorate of Health (DIRESA) Amazonas, carried out an analysis on what were the most important obstacles that prevent indigenous peoples, and especially indigenous youth and adolescents, in the province of Condorcanqui, from accessing health services.

The analysis allowed the identification of the main access barriers experienced by indigenous adolescents and youth. Lack of integration of indigenous traditions in health service provision; stigma, fear, and shame; and geographical barriers were each recognized as playing an important role. Through policy dialogues, actors from the Condorcanqui Health Service Network, DIRESA Amazonas and indigenous community leaders identified community-based and health service provision interventions to be implemented in the short and medium term. Currently, DIRESA Amazonas continues to use these recommendations as the basis for advocacy efforts and adaptation of the Intercultural Health Sector Policy in Condorcanqui.



Stakeholders from the Health Services Network in Condorcanqui and DIRESA Amazonas identify policy options to address access barriers experienced by indigenous adolescents. Photo obtained by PAHO during workshop in Condorcanqui-Amazonas

“Full implementation of the community and intercultural approach [in Condorcanqui] is guided by a clearer understanding of the obstacles and life experiences of our adolescents Wampis and Awajun. We need a holistic approach of health promotion and better training of our health personnel. Now we know what to do, next step will be to figure out the how” [Decision-maker]