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MID-YEAR PROGRESS REPORT

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USAID-PAHO Umbrella Project Mid-term report FY2022

SECTION I

Main achievements, challenges, lessons learned, and products delivered during the period between October 1st 2022 and March 31st 2023

Topic 1: Tuberculosis

Tuberculosis (TB) continues to be a public health problem in the Americas. According to the latest WHO estimates, approximately 309,000 incident cases and 32,000 deaths occurred in the region in 2021. During that year, 215,116 new and relapse TB cases were notified to PAHO/WHO, with an estimated gap of 93,900 undiagnosed and untreated cases. The COVID-19 pandemic has reversed years of progress in providing essential TB services and reducing TB disease burden.

Eleven percent (11%) of TB cases had HIV coinfection and 4,800 drug resistant TB cases were reported. Fourteen countries are considered high burden, reporting 90% of cases in the region, while 13 countries had <10 cases per 100,000 population. The TB situation has been greatly influenced by social determinants, particularly affecting vulnerable populations. 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, loss 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, aligned with PAHO's current Strategic Plan 2020-2025. 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.

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

- Development and translation of WHO and PAHO technical documents, reports and tools that facilitate the implementation of WHO's innovative, recommended interventions to improve TB prevention, control, and elimination in countries, with a special emphasis on vulnerable populations.
- Continued advocacy for increased TB responses, through development, adaptation, translation, dissemination and participation in related World TB Day commemoration materials and activities.
- Strengthening capacity of health care professionals for TB prevention, control, and elimination, through sponsoring their participation in virtual training courses.
- Advocacy, follow up and support to countries for the adoption and implementation of the WHO's Multisectoral Accountability Framework (MAF-TB), including in preparation for the United Nations General Assembly High Level Meeting on TB in September 2023, to accelerate the implementation of the End TB Strategy and the commitments of the UN High Level Meeting on TB in coordination with national stakeholders.
- Support to countries to conduct catastrophic cost surveys that provide advocacy inputs for the inclusion of TB patients and vulnerable populations in social protection programs.

- Increased and continued coordination and involvement of civil society groups and leaders in countries and at the regional level.
- Continued support for human resources for the Regional TB Team and its capacity to provide technical support to countries, including the PAHO/USAID TB fellow.

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

- The COVID-19 pandemic has affected not only provision of services but also the supply chain for TB services and products. PAHO's Strategic Fund mechanism for medications loans has been key in addressing reductions in stocks of medications. The pandemic continues to show that national TB programs are resilient, despite the challenges posed, and that paradigms regarding TB care can be changed and adapted readily to the circumstances.
- Despite progress addressing TB among vulnerable populations and translating global policy into regional and country specific guidance and activities, technical support is still needed to strengthen efforts to approach the most vulnerable and affected populations and to accelerate progress towards TB elimination in the Americas.
- Increasingly frequent updates of international guidelines and policies do not allow for timely translation into action at country level.
- For new activities, a mixed scenario with virtual and in-person components is being implemented, considering some of the advantages of virtuality and the need for personal interactions.
- Capacity building activities continue to be essential not only to train new staff and update others, but also to stimulate to accelerate implementation of key interventions of the End TB Strategy.
- Changing political situation and frequent changes in health authorities in countries limit or delay implementation of activities.

Deliverables:

- World TB Day 2023 commemoration materials:
 - <https://www.paho.org/en/campaigns/world-tuberculosis-day-2023> (materials in Spanish, English, French, Portuguese, and Creole).
- Recordings of activities carried out during the reporting period (can be sent upon request)
 - Regional virtual session Spanish/English World TB Day 2023 commemoration (March 23rd).
 - Regional Civil Society Consultation towards the UN High Level Meeting for TB 2023 (March 28th).
- Course/workshop reports (can be sent upon request)
 - Virtual Regional Workshop on Analysis and Use of Tuberculosis Information in the Americas (28 Nov – 2 Dec 2022)
- Review of translations underway:
 - WHO Practical manual on tuberculosis laboratory strengthening.
 - WHO Call to action: Shorter and more effective treatment for all people suffering from drug-resistant TB.
 - WHO Framework for collaborative action on tuberculosis and comorbidities.

Topic 2: Malaria

At the end of 2022, the region reported a total of approximately 430,000 malaria cases (partial information), a 25% reduction compared to 2021, when a 29% reduction had already been registered compared to the previous period (524,000 cases in 2021 and 602,000 cases in 2020). One of the E2025 countries, Suriname, reported zero indigenous cases in 2022. However, important gaps persist in the main malaria interventions. The elimination of malaria in the region requires an ambitious action to expand access to diagnosis so that early treatment is available with no barriers for the affected populations.

In this new period of collaboration with USAID, PAHO seeks to advance in the implementation of political and technical actions with this approach, also based on the key elements that have been promoted under the elimination framework: microepidemiology, tailoring interventions to local realities, and DTI-R.

The elimination of *P. falciparum* is the other main strategic element that is sought to be consolidated in Year 1 of the grant. In the December 2022 meeting, the Malaria TAG endorsed a strategic proposal aimed at eliminating transmission of this parasite before resistance to artemisinin derivatives emerges in the region.

The implementation of WHO's conditional recommendations on chemoprevention constitutes, together with the improvements in the radical cure policy, another technical and programmatic challenge for the period.

In terms of management and use of information, the development of new tools such as DHIS2 is making it possible for more countries to migrate to online malaria information systems, which is a key element to implement the concept of surveillance as an intervention and the implementation of a local management approach.

It is important to consider the complementarity of this grant to the efforts of the Regional Malaria Elimination Initiative (RMEI) in Mesoamerica and with the actions of the Global Fund in the beneficiary countries, as well as with the actions in progress by other regional partners that implement USAID collaboration in malaria (Breakthrough ACTION, Impact Malaria, and Vector Link) in a context with high-burden municipalities, malaria in gold mining, and the Guiana Shield.

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

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

- TAG technical guidelines developed on the initiative presented by PAHO to expand access to diagnosis and treatment of malaria.
- Support provided to national authorities and national laboratories in the network design and elaboration of a normative framework to improve quality assurance systems for malaria diagnosis.
- Technical review conducted and adaptation of the protocol for the simplified monitoring of LLIN possession and use using LQAS, as an approach that can be easily implemented by health services and can facilitate processes to improve the use of LLINs in the Region.
- Continued support provided to countries in preventing stock outs of antimalarials and other key malaria commodities.

Outcome 2.2: Accelerated Malaria Elimination

- Training and technical support conducted at the local level to organize the D&T intervention in priority foci in dispersed indigenous and other vulnerable communities (Peru, Honduras, Ecuador, Dominican Republic, Colombia, and Costa Rica).
- Strategic support provided to Belize in preparation for malaria elimination certification. The dossier and the mission were developed satisfactorily, and the process is ongoing at WHO.
- The framework for the implementation of malaria chemoprevention in the Americas was updated.
- Renewed efforts towards the intensification of joint actions between the Guiana Shield countries towards the elimination of *P. falciparum*.
- Tool developed to guide the evaluation of progress in high-burden municipalities in the context of the Malaria Champions Initiative.

Outcome 2.3 Reinforced Malaria surveillance

- In a joint effort with GMP (WHO), improvements have been made to facilitate the reporting process and use of the WMR platform by the countries.
- Socialization with endemic countries of an operational framework to implement the surveillance as an intervention approach, based on six components and key requirements to be addressed by the countries with the conformation of a functional inter-programmatic group for malaria surveillance.
- Ongoing support provided to countries in the migration to online reporting systems and the implementation of visualization tools (dashboards) to facilitate data use and dissemination.

Outcome 2.3: Strengthened enabling environment for malaria elimination

- Based on the rethinking process and the new direction of the Malaria Champions initiative, the 2023 call for applicants with the new modifications was launched in March 2023.
- Permanent collaboration with other partners (IDB, CHAI, and Global Fund) to implement actions in countries with emphasis on improvements in access to D&T.

Lessons learned from the project included:

- The effects of gold mining activity on the spread of malaria transmission in the Region continues to be a main problem to be addressed in 2023, with effects on morbidity and mortality in the indigenous population in Brazil and the risk of importing malaria to Suriname. An intersectoral and political action is required to support effective actions to expand access to D&T in mining areas.
- During the last few years since the pandemic started, the regional team has implemented the modality of short virtual sessions to update the countries on key issues and strategies. The 2023 meeting on surveillance as an intervention had a good audience and interest. The regional program will continue promoting cycles of short sessions during the rest of the period.

Challenges encountered during the implementation of Year 1 to date have included:

- Structural and technical weaknesses at national and subnational levels in malaria programs that limit the opportunities and effectiveness of cooperative efforts.
- Increasing presence of multiple actors and projects that overload the country counterparts and contribute to a greater fragmentation of external support in malaria. With the support provided

by this grant, PAHO's malaria program seeks to establish strategies and approaches to channel other partners' efforts.

Deliverables:

- Sixth Meeting of the Malaria Technical Advisory Group, 12-14 December 2022 (report)
- Final report on LLIN possession and use: Simplified Monitoring Protocol using LQAS
- Surveillance as an Intervention in the Americas, 24 March 2023 (agenda and meeting materials)
- Local verification of cases in municipalities in Choco, Colombia (technical report)
- Dashboards to guide malaria analysis and decision making in Guatemala
- Framework for monitoring and evaluation of Malaria Champions nominees including high burden municipalities

Topics 3, 3.1 and 3.2: Neglected Infectious Diseases, including Lymphatic Filariasis and Leishmaniasis

Neglected infectious diseases (NIDs) are a diverse group of diseases whose risk factors include poverty, income inequality, lack of access to safe drinking water and proper sanitation, and barriers to education and health services, among other social determinants of health. They impose a large burden on marginalized populations in the Region, including upon ethnic minorities. It is estimated that in 2021, the Region had approximately 201 million people living in poverty and 86 million in extreme poverty. In 2020, at least 25% of the approximately 654 million inhabitants of Latin America and the Caribbean lacked access to safely managed drinking water services, and 66% lacked access to safely managed sanitation facilities. Sustainable elimination of prioritized NIDs by 2030 will support the PAHO policy on recovering progress toward the Sustainable Development Goals with equity.

In 2016, PAHO's Directing Council approved the "Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022". In 2019, PAHO's Directing Council approved the "Disease Elimination Initiative: a policy for an integrated sustainable approach to communicable diseases in the Americas" which sets the goals of eliminating, by 2030, more than 30 communicable diseases, including some of the NID. PAHO's targets are aligned with those of the WHO NTD Roadmap 2021-2030.

PAHO's NID Program provides technical cooperation to strengthen 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 with particular emphasis on the neglected diseases that can be targeted through preventive chemotherapy, and to reduce morbidity, mortality, and severe forms of leishmaniasis, increase access to early diagnosis, adequate and integrated treatment of cases, and implement actions to improve the surveillance, prevention and control of leishmaniasis. In the Americas, leishmaniasis continues to be a public health problem due to magnitude, importance, geographic expansion, and distribution. Cutaneous leishmaniasis (CL) is endemic in 58% of the countries of the Region and visceral leishmaniasis (VL) in 36%.

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

IDA Impact Survey to assess progress towards Lymphatic Filariasis Elimination in Guyana

- Training of health care workers, coordinated by the Ministry of Health with the participation and support of PAHO and CDC and subject matter experts was carried out at the end of January 2023 and the field work for the survey started on February 6th and was 90% complete by the end of March. It is expected that the analysis of the results will be finalized by June 2023. Based on the results, decisions will be taken on whether to implement an additional round of IDA in some of the endemic regions.

Leishmaniasis Regional Information System (SisLeish 3.0)

- The new system was officially launched in February 2023, and 15/17 endemic countries were trained on the system. This new version has a new interface and tools to improve monitoring and surveillance of the disease across the Region.

Capacity building in management of leishmaniasis programs and entomological surveillance and vector control

- Training of 33 professionals from Argentina (21 technicians from seven states, eight from the national department for vector borne diseases control and four from the national program) with a focus on surveillance and control, as well as entomological surveillance and vector taxonomy.

Leishmaniasis plan of action 2023-2030

- Currently in the process of updating the plan to be aligned with the mandates for elimination and control of leishmaniasis in the Americas. This plan will be presented for approval by the state member countries and published in the second semester of 2023.

Ninth round of the Regional External Evaluation Program for the Performance of Microscopic Diagnosis of Cutaneous Leishmaniasis

- The invitation to Reference Laboratories from the 18 endemic countries will be sent out shortly and acquisition of laboratory supplies and quote of the logistic shipping company. The panels are scheduled to be sent in August 2023.

Multi-location validation/evaluation of the implementation of registered rapid test

- The project has been developed and approved by the local and regional (PAHOERC) ethical committees. The administrative process is being finalized in order to start the evaluation.

Lessons learned from the project included:

- The capacity building process that has taken place in Guyana since the inception of the LF elimination project and throughout PAHO's technical cooperation, has empowered the national program and enabled the country to implement effective rounds of IDA and to implement follow up surveys to assess progress towards elimination. The country's response to the technical cooperation efforts has been outstanding and yielded very positive results.

- The implementation of innovative interventions, such as the IDA, highlighted the need to develop more efficient, robust, and innovative M&E methodologies, such as the IIS protocol using geostatistical sampling developed in collaboration with TFGH, CDC and Lancaster University).
- Countries need to resume surveillance and control activities in the post pandemic period and carry out integrated activities between NIDs, integrated vector management, and apply the One Health initiative to produce sustainable actions and optimize resources.
- Countries need to incorporate the new guidelines for treatment of leishmaniasis in the Americas in their national guidelines, as well as have alternative treatments available (including local treatment for CL), to improve access and decrease inequities, morbidity, and mortality by leishmaniasis.
- The maintenance of a stock of medication for leishmaniasis to be available for emergencies is crucial. Likewise, countries need to plan their needs and submit their requests with sufficient time to avoid shortages of treatment.

Some challenges encountered during the implementation of Year 1 to date have included:

- The recovery of the NID programs to their full operational capacity after the negative impact caused by the COVID-19 pandemic has generally been slow, with variations from country to country. This makes it challenging to support activities aimed at NID elimination.
- To move forward with the Leishmaniasis Action Plan, the mathematical modeling study that is being carried out to adjust the targets for cutaneous leishmaniasis and determine the baseline for monitoring progress needs to be finalized.
- Due to the COVID-19 pandemic, the cost of the thermotherapy devices for treatment of cutaneous leishmaniasis increased and the company did not have available stock. Therefore, the number of units to be purchased had to be reduced and the training was postponed for the second half of 2023.

Topic 5: Maternal Health

Efforts in maternal health aim to address the deterioration in the reduction of maternal mortality in the Americas, a concern that was presented to PAHO Member States in 2019. In February 2023, maternal mortality estimates published by the United Nations interagency group showed not only a stagnation in the reduction of maternal mortality, but an overall regional decline, reaching regional figures not seen since 2010.

In addition to the evident impact of the COVID-19 pandemic on the rise in maternal mortality, other aspects must also begin to be addressed, including the issue of mental health, with a particular focus on pregnant women. With the support of USAID, actions are focused on strengthening maternal health surveillance of severe maternal morbidity and mortality, as well as the status of national plans to reduce maternal mortality, and mental health care for

pregnant women.

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

The first of this grant year has been dedicated to preparatory activities as described in Section II, so there are no significant achievements, lessons learned or challenges to report. More concrete results will be available in the final report for Year 1.

Deliverables:

All products are under development and in the preliminary stages of publication.

Topic 6: Neonatal Health

Significant reductions in child mortality have been observed over the past few decades in the region of the Americas. However, neonatal mortality remains high, representing more than 50% of infant and under five mortalities. In 2020, 47% of all deaths in children under five years of age around the world were neonatal deaths, a percentage that reached 56% in Latin America and the Caribbean and 54% in North America. Along with the high burden of neonatal mortality, the high contribution of preventable causes of death and social inequalities are major challenges to be addressed. Countries have sustained their commitment to advance toward the elimination of deaths from preventable causes within the framework of the Sustainable Development Goals (SDGs) and other specific frameworks and strategies. Addressing the main conditions responsible for the burden of disease -complications of prematurity, birth defects, sepsis and asphyxia- along with strengthening policies, surveillance and response, and civil society and families' participation, are essential to address the SDGs and regional goals aligned to them.

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

- Following the validation and translation of the course on Maternal and Perinatal Death Surveillance and Response (in coordination with MCGL and WHO), planning for regional training has started. Trainers and participants are being identified and training is scheduled for the month of July 2023.
- Development of the toolbox for the prevention of death by neonatal asphyxia was also completed.
- With regards to the surveillance network on perinatal events, management material for a network of key information on perinatal events was designed. Additionally, a series of key indicators for surveillance and monitoring of neonatal sepsis, and an instrument for surveillance monitoring of newborns at risk were developed.
- A technical document has been completed that consolidates the prioritized neonatal health policies aimed at achieving the SDGs; this includes an instrument for the preparation of the baseline and roadmap, aimed at parliamentarians and those responsible for policy formulation. A technical document and audiovisual material for advocacy and support for groups of families of premature newborns were also completed. All products are currently in the design phase prior to publication.

Lessons learned from the project included:

- There has been positive feedback from countries as to the relevance of the instruments that are being developed with the support of USAID, particular to support parents of premature newborns. A preliminary version of the document on prioritized neonatal health policies was presented at the meeting of regional parliamentarians in December 2022, where it aroused great interest. Finally, recent outbreaks of sepsis and neonatal infections registered in countries of the region have highlighted the relevance of having a surveillance instrument.

Deliverables:

Finalized deliverables will be presented as part of the year-end report.

Topic 7: Child Health

Activities supported in Adolescent Health will be reported on as part of the final report for Year 1.

Topic 8: Adolescent Health

Activities supported in Adolescent Health will be reported on as part of the final report for Year 1.

Topic 9: Family Planning and Reproductive Health

Activities supported in Adolescent Health will be reported on as part of the final report for Year 1.

Topic 10: Barriers

Demographic and epidemiological changes underline the need to understand health as a fundamental resource, beyond the absence of disease. Accordingly, there is a need to increase awareness of the barriers faced by individuals and populations to accessing quality care, and work to reduce those barriers and strengthen care across the lifespan. This response calls for the integration of programs and interventions across the life course.

The SDG framework adopted in 2015 includes a holistic approach to improving child and adolescent health. Attaining the SDGs requires redesigning the health agenda for children and adolescents, driven by protective factors for health and well-being. The Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030 focuses on the continuum of development, from before birth to adolescence and throughout the life course.

Health outcomes are influenced by individual capacities and the environment. The cumulative effects of early protective and risk factors influence health outcomes across the life course; in that sense, timely and continuous interventions during childhood and adolescence are needed to optimize healthy life

trajectories. Nevertheless, children and adolescents in the region often fall out of sight during important life transitions (e.g., between 5 and 10 years old and during some periods during adolescence), preventing them from receiving protective health interventions.

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

The work carried out during this period was based on inter-programmatic/inter-departmental collaborations within PAHO that were oriented to inform and create awareness in countries on relevant aspects and approaches that contribute to reaching those population groups that are falling out of sight of public health interventions. Several peer reviewed articles have been published, including:

- Hommes C, Ambrose A, Vega E, Martinez R. Four reasons for adopting a life course approach to health in the COVID-19 era and beyond. *Rev Panam Salud Publica*. 2022 Nov 15;46:e182. doi: 10.26633/RPSP.2022.182. PMID: 36406294; PMCID: PMC9668044. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9668044/>
- Article: Furtado, J.M.; Fernandes, A.G.; Silva, J.C.; Del Pino, S.; Hommes, C. Indigenous Eye Health in the Americas: The Burden of Vision Impairment and Ocular Diseases. *Int. J. Environ. Res. Public Health* 2023, 20, 3820. Available at <https://doi.org/10.3390/ijerph20053820>.

Additionally, two technical briefs are currently in progress:

- *Technical brief: Men's Health matters*. This report aims to highlight the current health statistics for the region, understand the factors behind the gaps in health between men and women, and summarize the current programs aimed at improving men's health outcomes from a life course perspective.
- *Technical brief: Building a Better Immunity: A Life Course Approach to Healthy Longevity*. This document provides examples of the impact of immunization as a public health intervention on optimizing health and describes several considerations for the implementation of the life course approach into national immunization programs.

Lessons learned and challenges during the implementation of Year 1 to date have included:

- Inter-programmatic health approaches that incorporate longitudinal and intersectoral integration, with emphasis in the social and education services, are key to reducing the bottlenecks faced by some population groups.
- Program design and delivery, integrated care, and the mechanisms oriented to surpass barriers to care must consider the community angle.

Deliverables:

- Article: Hommes C, Ambrose A, Vega E, Martinez R. Four reasons for adopting a life course approach to health in the COVID-19 era and beyond. *Rev Panam Salud Publica*. 2022 Nov 15;46:e182. doi: 10.26633/RPSP.2022.182. PMID: 36406294; PMCID: PMC9668044. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9668044/>
- Article: Furtado, J.M.; Fernandes, A.G.; Silva, J.C.; Del Pino, S.; Hommes, C. Indigenous Eye Health in the Americas: The Burden of Vision Impairment and Ocular Diseases. *Int. J. Environ. Res. Public Health* 2023, 20, 3820. Available at <https://doi.org/10.3390/ijerph20053820>.

Topic 11: Social Determinants of Health

Addressing complex social issues is necessary to improve health equity through intersectoral action on social determinants of health (SDH), as highlighted by WHO global and PAHO regional health agendas. Efforts supported by USAID during the first half of Year 1 was based on four pillars of work:

- **Increasing country participation in actions on SDH in health plans, programs, and activities to reduce inequities at national, subnational, and local level.** Using the Innov8 tool and assessing perception of decision-makers, a methodology will be created for integrating SDH into existing health programs.
- **Strengthening capacities in the region to identify needs of the most vulnerable populations and adapt actions at local level.** Applying tools to define vulnerability in populations and prioritize social groups in need.
- **Increasing the number of countries with capacity for intersectoral action to achieve SDG3 with an equity approach.** This contribution will be twofold. First, via the development of a dashboard that displays intersectoral work at local and national levels for knowledge exchange and learning, regularly updated by participants. Second, via the development of a course to strengthen capacity for intersectoral action.
- **Strengthen community participation and civil society engagement.** Fostered by building a community of practice with different online tools available for knowledge sharing.

Part of the regional workplan on social determinants of health included support of the inter-agency movement Every Women, Every Child- Latin America and the Caribbean (EWEC-LAC). EWEC-LAC was formed 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 targets and goals set forth in the Global Strategy. 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 by:

- Keeping Women, Children and Adolescent's health equity on top of the political and public agenda through regional, sub-regional, and national advocacy efforts towards the adaptation and implementation of the Global Strategy in the Americas
- Promoting and strengthening country capacity to analyze WCA health inequalities and multi-sectoral determinants, and monitor progress towards the Global Strategy targets
- Promoting and supporting country adoption and implementation of pro-equity health policies, strategies, and evidence-based interventions

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

- To increase **country participation in actions on SDH**, an instrument has been created that allows for the identification and evaluation of whether policies and programs are taking these approaches into account. This instrument has received confounding from other partners and has been used in pilot experiences in Colombia and Suriname. Furthermore, an information extraction matrix has been tested and validated to spotlight health equity and social determinants that help mapping the level of integration of equity into public health strategies, programs, and

interventions. A survey of the application of the Innov8 methodology was also developed to apply in the region.

- The project has taken steps to strengthen **tools for identifying the needs of vulnerable populations and adapting actions at the local level**. Fieldwork for these tools has been arranged and partially funded by the Special Initiative in Costa Rica and Colombia. It commissioned a scoping review of the work with vulnerable populations and is developing two separate guides for use in emergency and non-emergency contexts.
- In terms of **strengthening intersectoral actions** at a local level, a course has been developed and will feed the process of building a dashboard on intersectoral work.
- In terms of **civil society engagement**, several actions are ongoing. First, an online “Vitrina de conocimiento” (knowledge showcase) is being developed to showcase key experiences and knowledge in a visually attractive way. Second, a call for proposals to systematize and highlight health actions of civil society organizations (CSO) working with groups and territories in situations of vulnerability during the pandemic was organized. Third, a mapping of actions of 404 CSO and a further qualitative study have been undertaken. Finally, a network of populations in situations of vulnerability has been established; the network has developed its own bulletins with news and network activities (starting on Q1 2023).
- Recent regional collaborations between EWEC-LAC and the Partnership for Maternal, Newborn and Child Health (PMNCH) include the mobilization of the PMNCH Chatbot, an interactive tool that gathers perspectives, opinions, and aspirations of young people to understand “What Young People Want”. Most recently, EWEC-LAC and PMNCH have also collaborated to contribute to the [Global Forum for Adolescents](#) campaign, which will be held in October 2023.
- EWEC-LAC also supported the campaign and joint statement on Reducing the Maternal Morbidity and Mortality in LAC, which was launched on March 8, 2023. <https://www.paho.org/en/documents/joint-statement-reducing-maternal-morbidity-and-mortality>

Lessons learned and challenges during the implementation of Year 1 to date have included:

- The collaborative approach to working with governments and civil society, is one of the key features to achieving the SDH goals supported under this grant. This involves working closely with various stakeholders at regional, national, and local levels. This approach ensures that interventions are tailored to local needs, and diverse perspectives and expertise are incorporated.
- Two key lessons can be highlighted so far. First, the importance of CSO in the delivery of health policies. These organizations have had a crucial role in tackling the emergency during the pandemic, but they also play a more general role. Sometimes, where the state is out of reach, these organizations are the ones that address the main challenges of the communities. Second, there is an immense value in consistently working with people in situations of vulnerability, not only at times of emergency. This is fundamental from a human rights perspective, and it also enables better preparedness for times of crisis by engaging regularly and gaining a deeper understanding of their needs.
- In terms of challenges, one significant challenge is the context of immense inequalities that persist in different territories across the region. Additionally, intersectoral culture among stakeholders remains scarce, and a lack of intersectional vision is very common. This means that different components such as gender, migration, rurality, etc., many times are not embedded in

policy actions. Furthermore, addressing the problem of misinformation and lack of trust in public institutions is another critical challenge.

- Based on the evaluation that took place at the end of 2022, the EMC decided that to advance in an efficient manner and expand the impact of EWEC-LAC, it is necessary to increase advocacy efforts towards the implementation of the Global Strategy, considering the effects of COVID-19, and promote capacity building and technical cooperation with countries to promote and strengthen country analysis of social health inequities, and the adoption and implementation of pro-equity health policies and strategies.
- Overall, the partnership with USAID is helping to advance progress in addressing SDH in the region. By applying the lessons learned, current work and future programming under the umbrella grant can build on these and continue to improve the programmed outcomes of this project to help reduce health inequities in the region.

Deliverables:

- [Evaluation Matrix \(tested in Suriname\)](#)
- [Non-emergency adaptation recommendations to groups/territories in vulnerable situations at the national and local level](#)
- [Module 1.1 \(intersectoral online course, example\).](#)
- [“Vitrina de conocimiento” \(Knowledge showcase\) draft:](#)
 - User: admin-tst
 - Password: bireme123
- [Link to the report of the mapping of 404 CSOs \(descriptive analysis\).](#)
- [Existing regional network on populations and territories in vulnerable situations:](#)
- The network also developed its own bulletins with news and network activities (starts sending them on Q1 2023). Link of sent bulletins and future drafts
- The baseline Report published: Health Inequalities in Latin America and the Caribbean. A Baseline for the Global Strategy for Women’s, Children’s and Adolescents’ Health. Washington, D.C.: Pan American Health Organization and United Nations Children’s Fund; 2023. License: CC BY-NC-SA 3.0 IGO. Available from: <https://doi.org/10.37774/9789275126288>
- The report No Time to Lose. Health Challenges for Adolescents in Latin America and the Caribbean was published at the end of 2022 <https://iris.paho.org/handle/10665.2/56441>
- An original commentary article in English was published by the International Journal for Equity in Health titled “The Every Woman Every Child Initiative: Supporting Countries in Latin America and the Caribbean to Reduce Social Inequalities in Health”. <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-022-01682-9>
- The Spanish version was published in the PAHO journal available at <https://iris.paho.org/discover>

Topic 12: Health Systems and Services

Universal Health Coverage

The disruption of essential health services and mobility restrictions due to the COVID-19 pandemic has worsened access to health systems in the Americas. Identifying which segments of the population face difficulties in accessing health services and understanding the key obstacles is a crucial first step towards developing sustainable solutions for equitable and universal health access.

Supported by the PAHO-USAID Umbrella grant and guided by Resolution CD53.R14 (Strategy for Universal Health), Resolution CD59.R12 (Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains), the Regional Compact on Primary Health Care (PHC 30-30-30), and PAHO's Strategic Plan for the period 2020-2025, PAHO has conducted activities to assist countries in engaging communities to address barriers to care during and beyond the COVID-19 pandemic. In the first half of Year 1 of the 2022-2027 umbrella grant, PAHO focused on developing policy inputs and conducting access barriers analysis to promote policy dialogues and engagement with actions to reduce and eliminate access barriers.

Fiscal Space for Health

Sufficient and equitable health financing, especially from public sources of funds, is a necessary condition to advance towards Universal Health. Currently, only six countries and territories in the Americas are achieving the agreed target of a public expenditure in health of 6% of their Gross Domestic Product (GDP). Moreover, there is a clear negative correlation between public expenditure on health and out-of-pocket expenditure, which impacts the level of household financial protection and decision-making about care-seeking based on financial risk. Through the umbrella grant, PAHO is supporting Member States in identifying sustainable sources of fiscal space for health that consider bottlenecks related to public finance management and that cut-across the classic sources of fiscal space for health. This has been done through the development of a novel analysis framework and guide to implement the approach in each country context. On the issue of financial protection, the umbrella grant has enabled the continued regional monitoring of the financial protection indicators and the development of a roadmap towards continued training of national officials in the production and use of these indicators to inform policy.

Human Resources for Health

Human resources for health (HRH) indicators play a vital role in understanding the current levels and distribution of the health workforce, allowing for monitoring and planning of actions to support Universal Access to Health and Universal Health Coverage. Defining a set of regional indicators allows countries to assess their own needs regarding their health workforce and support evidence-informed policy- and decision-making.

Accurate, complete, relevant, and accessible Human Resources Information Systems (HRHIS) are imperative to generate data to support actions related to the workforce in the region. To guide the technical cooperation aimed at strengthening Human Resources for Health Information Systems (HRHIS), the development and application of a methodology for the assessment of HRHIS maturity in LAC countries has been proposed to target specific country needs, as the level of maturity within the region is at different levels.

Virtual Campus for Public Health

PAHO's Virtual Campus for Public Health (VCPH) is a key regional tool for educational outreach, but there have been challenges in reaching all health workers in rural areas, due to the diversity of profiles and particularities of the different countries. The umbrella grant is supporting strategies to strengthen work with the countries through the VCPH Country Nodes and deepen the diagnosis of gaps (groups of workers and locations). Efforts are also underway to develop community-based practice and work networks that contribute to technological, pedagogical, and management innovation in the countries.

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

Universal Health Coverage

- PAHO has prepared and submitted a proposal for analyzing health access barriers in the context of the new Health Services Delivery Networks in Chapapoyas and Ucayali (Perú) to local ethical review and PAHO's Ethics Review Committee (ERC). The initiative aims to support the design of intersectoral and intercultural policies to address the barriers faced by the indigenous population.
- Additionally, PAHO has drafted the proposal and structure of a regional report on barriers that affect the monitoring and evaluation of health policies and health outcomes, as well as their impact on equity in access to health services.

Fiscal Space for Health

- At the regional level, the umbrella grant has supported the establishment of an interagency working group with IDB and the US Department of State within the forum of "Economic and Health Dialogue of the Americas" and in particular the workstream on "Smart spending for health and health resource analysis" which raised awareness on the issues of improving public spending in health with Ministers of Health and of Finance in the Region.
- At the country level, a fiscal space for health report for Belize was developed supporting decision making on sustainable sources of health financing. A roadmap for health financing reform in Barbados was also finalized and presented for consideration of the office of the Prime Minister and the Ministries of Health and Finance. On financial protection, the project supported updating the calculations of the corresponding indicators that form part of the Sustainable Development Goal 3.8.2 "Proportion of population with large household expenditures on health as a share of total household expenditure or income" in Bolivia, Colombia, El Salvador, Mexico, Paraguay and Peru, to feed into the global monitoring of the SDGs. Officers in the Ministry of Health of Paraguay achieved the re-inclusion of a health module within the regular household surveys to monitor out of pocket expenditure supported by work under this project.

Human Resources for Health

- **Countries with an updated profile in the National Health Workforce Accounts (NHWA)**- Actions carried out enabled an increase in the number of countries with up-to-date data on their workforce and the generation of related indicators. Twenty-four countries have entered information in the NHWA platform for the 2019-2021 period, while 16 have updated information for 2022, including Argentina, Bolivia, Brazil, Canada, Colombia, Chile, Costa Rica, El Salvador, Panama, Guyana, Mexico, Paraguay, Peru, Trinidad and Tobago, Uruguay and the United States

of America. Additional technical support for conceptualizing, gathering and uploading of HRH information into the NHWA platform was provided to Bolivia, El Salvador, and Paraguay.

- **Document with countries assessment of the NHWA tool usage during 2022-** A preliminary analysis of the use of NHWA by the countries was conducted and presented at an HRH meeting on February 8, 2023. A questionnaire has been designed to identify countries' needs to better assist them in improving their data collection process, identification of possible sources of information, and the use of evidence in HRH policy- and decision-making processes. This survey is currently being validated and will be applied in all countries of the region.
- **Document containing methodology to carry out a maturity assessment of the human resources for health information systems (HRHIS) in LAC countries-**A mapping of the methods used by PAHO and WHO for maturity assessment of the HRHIS of countries in the region was carried out with the purpose of enabling alignment among the available methods. A term of reference was elaborated to identify a suitable candidate to conduct an analysis of the level of maturity of HRHIS in the countries of the region.

Virtual Campus for Public Health

- Country nodes have been formed with different levels of maturity. VCPH country portals were updated in some countries as well as in the Caribbean sub-region.
- A study of VCPH user data is underway, including a first look at the professional groups and methodology and a pilot test for georeferencing VCPH users.
- A document with recommendations for strategic communication has been developed for the VCPH and a consolidated directory of key actors for VCPH dissemination in the Region was also created.
- Together with the Escola Politécnica de Saúde Joaquim Venancio (EPSJV), Fundação Oswaldo Cruz (FIOCRUZ), a WHO collaborating center, training needs among community health workers were identified.

Lessons learned and challenges during the implementation of Year 1 to date have included:

Universal Health Coverage

- The engagement with the subnational level has proven to be effective in mobilizing local leaders and authorities. This has resulted in increased awareness and understanding of the barriers to access and utilization of health services at the local level.

Fiscal Space for Health

- Advocating for increased public resources for health, within a very difficult fiscal and macroeconomic landscape both globally and regionally has been challenging. However, shifting the focus from exclusively seeking more resources towards including issues of better budgeting and spending seems to be the right path forward.
- On the issue of financial protection, it has been challenging to develop the capacities to monitor these indicators and find consultants who are able to support this very specific line of technical work.

Human Resources for Health

- The NHWA indicators provide a vision and methodological framework for developing and collecting HRH information. However, some methodological definitions need to be adapted to the needs and characteristics of the countries in the region.
- Additionally, the technical validation processes must be accompanied by a political vision and consider the countries' perspectives and needs. It is also important to consider and strengthen intersectoral collaboration for the data collection and analysis of health workforce.
- Countries are at different stages in terms of development, available sources, use of information, and governance mechanisms for their HRHIS. The great majority of countries have partial information, which is a starting point for achieving a more mature and well-developed HRH information system.
- Different concepts and levels of detail of the HRHIS maturity assessments were encountered, which can make it difficult for countries to have a comprehensive understanding of the reality of their systems and also create divergences in technical cooperation strategies.
- There are difficulties related to the intersectoral work in human resources for health and, therefore, collecting information on the training and skills set of health professionals becomes a challenge.
- The high turnover rates of health authorities and technical focal points in the countries requires a constant effort of training and technical support related to the conceptual frameworks and HRH information already collected. Also, there is little methodological documentation on the information management process in the countries.
- There are different maturity assessment tools being implemented at the country level. As the WHO NHWA team revises its maturity assessment tool, it is important to consider other health information systems maturity assessment tools available at PAHO, to avoid duplication of effort and allow for interprogrammatic work with positive outcomes.

Virtual Campus for Public Health

- The strategy of enabling, regulating, and appropriating the nodes by the countries takes time due to the diversity of actors. However, it is the one that allows the most accurate diagnoses and proposals.
- Georeferencing requires access to health facility databases in each country. Countries must have these and be willing to share them for technical collaboration.
- Formalization of the Country Nodes, in which a wide range of actors can participate, requires legal steps, especially from government agencies and the headquarters of PAHO
- The development of the learning pathway methodology was based on a specific project on drug regulation, the complexity of which delayed this overall line of work

Deliverables:

- Chachapoyas and Ucayali access barriers analysis proposal (unpublished, submitted to local and regional ethical research committee)
- Document with preliminary analysis of the use of NHWA
- Document with the mapping of the different methodologies used for Maturity Access
- TOR level of maturity of HRHIS in the countries of the region
- Survey to request user feedback on how to better support them and the work related to the NHWA
- Countries with an updated profile in the NHWA. <https://apps.who.int/nhwaportal/Home/Index>
- VCPH-Caribbean Node:

- <https://caribbean.campusvirtualsp.org/>
- VCPH-El Salvador Node:
 - <https://elsalvador.campusvirtualsp.org/>
- News about Bolivia node:
 - <https://bolivia.campusvirtualsp.org/reunion-del-comite-coordinador-del-nodo-bolivia>

Topic 13: Information Systems for Health

Activities supported in Information Systems for Health will be reported on as part of the final report for Year 1.

SECTION II

Topic 1: Tuberculosis

No.	ACTIVITY	Products/ Deliverables	MID YEAR TECHNICAL REPORT 2023		
			Progress during current period	Challenges	Remarks
Outcome 1.1 Increased country capacity towards universal access to high quality TB preventive, diagnostic, and treatment services and interventions for TB					
Principle Intervention 1.11 Support countries to restore and strengthen their capacity to provide high quality TB preventive, diagnostic, and treatment services and interventions					
1	Conduct National TB Program (NTP) monitoring visits to selected countries (in person)	Visit reports available	Preparations for TB monitoring visits to: El Salvador (15-19 May), Guatemala (22-26 May) and Honduras (5-9 June), Ecuador (June), and Peru (July 17-21).	Uruguay and Brazil asked for a postponement of their monitoring visits.	Uruguay and Brazil postponed to Q4 2023 or 2024. So, instead of these countries, in person visits to El Salvador, Guatemala, Ecuador and Honduras will be implemented in coordination with other funding sources.
2	Support the participation of selected countries in our regional meeting of NTP and TB laboratory managers to monitor implementation of the End TB Strategy and the commitments of the UNHLM, and share experiences (in person)	Meeting report available	Planned for mid-August, probably back-to-back with a MDR-TB workshop to promote the implementation of BPAL/BPALM regimens (in coordination with other funding sources).		
3	Workshop on contact investigation and TB preventive treatment in PLHIV, contacts, and other groups at risk (virtual)	Workshop recording and survey results on TPT situation	Planned for September.		
4	Update regional clinical manual on TB/HIV coinfection	Document developed	First draft in progress. This draft will be discussed with regional experts.		

5	Continue supporting the implementation of the regional operational guidance on TB control in prisons in selected countries (initial virtual visits)	Visit reports available	Planning to conduct visits in Guatemala (18-20 September), Honduras (5-9 June, together with the monitoring visit), and Brazil and Uruguay (TBD).		Suriname postponed and Uruguay included as requested by the country.
6	Develop, translate, finalize, and distribute TB technical documents to support implementation of the End TB Strategy	Documents translated, edited, printed, and distributed	Translations of WHO documents were done, including materials and activities related to World TB Day in coordination with WHO.		
7	Develop the regional TB report 2023 (for the UNHLM 2023)	TB report completed	Outline of the report already developed.		
8	Technical assistance to countries to support the implementation of the new WHO recommendations on prevention, diagnosis, treatment and elimination	Technical assistance report available	Support is being provided to Ecuador, Honduras, and Dominican Republic to update and promote their guidelines, and to Haiti to finalize the NSP. Periodic regional webinars to promote WHO recommendations to start in April (shorter treatment regimens, management of tuberculosis in children and adolescents, TB surveillance and monitoring, among others).		Initial collection and analysis of regional experiences on the implementation of new technologies, such as digital chest X-ray with computer-aided detection software programs for TB screening in vulnerable populations, and video observed treatment.
9	Support participation of selected countries in the regional workshop on TB data analysis and use	Workshop report available	The regional workshop was implemented virtually in November 2022 (in coordination with other funding sources); 69 participants from 12 countries participated. Planning to implement national in-person workshops in Dominican Republic, Ecuador (June) and Paraguay (TBD).		Any savings due to the virtual workshop are being invested in national in-person replications of the regional workshop in Ecuador, Paraguay, and Dominican Republic.

10	Support the development of national workshops on TB in children and adolescents in selected countries	Course report available	National in-person workshops planned: Argentina, Brazil, Colombia, Dominican Republic, Guatemala, Paraguay, and Peru. Preparations underway for Dominican Republic (11-12 May), Peru (25-26 May), Guatemala (6-9 June) and Paraguay (6-9 June). National meeting with stakeholders involved in the management of TB in children, adolescents, and pregnant women in Argentina (9 March).		Guatemala requested support to implement this activity and it was included.
11	Support participation of selected countries in new diagnostic tools training (in person)	Course report available	In person course in Chile (18-21 April); 20 participants from 19 countries participated. With this project the participation of Brazil, Costa Rica, Panama, Uruguay was supported.		
12	Support the development of the international TB courses with partners	Courses delivered	One virtual international course on TB Epidemiology and Control is being conducted between 24-28 April in coordination with ALOSA Academy (33 participants from 20 countries).		
Principle Intervention 1.12: Provide countries with technical expertise and advisory support from PAHO.					
1	Technical cooperation to countries through TB advisor, USAID-PAHO TB fellow, and administrative support	Positions hired/sustained	In progress. A new hire (TB staff) is in progress.		
2	Virtual Meeting of PAHO's renewed Technical Advisory Group for TB (TAG-TB)	Meeting report available	This activity has been postponed to Q4 2023.		The postponement will be until after the UNHLM on TB.

3	Support the participation of indigenous leaders and TB regional staff in the UNHLM 2023	Travel reports available	Support for the participation of indigenous leaders of the UN permanent forum for Indigenous Populations to the UNHLM in progress. Also, participation of civil society representatives in the UN multistakeholder hearing on TB (May) to present a regional joint statement is being supported.		
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Outcome 1.2 Increased country capacity to identify, address and monitor TB social determinants and risk factors through inter-programmatic and multisectoral interventions

Principle Intervention 1.2.1: Support countries to identify, address, and monitor TB social determinants with a cross-cutting programmatic and multisectoral approach.

1	Support for implementation of the Multisectoral Accountability Framework for TB (MAF-TB) in the Region	Activity reports available	<p>Technical support for the implementation of the MAF TB is being provided to Argentina, Brazil, Colombia, Dominican Republic, Ecuador, El Salvador and Paraguay.</p> <p>National high level meetings on TB have been implemented in Brazil and Dominican Republic. A draft document to guide countries to adapt and implement the MAF-TB in the region has been developed.</p>	<p>The implementation of the MAF requires high level and multistakeholder engagement in the country and this requires a longer lead time. Political lobbying is required</p>	<p>Support to Jamaica postponed, and to Ecuador included by country request.</p>
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2	Support civil society participation in TB through the implementation of the ENGAGE-TB approach and the new WHO guidelines on civil society engagement	Activity reports available	In-person workshop to implement ENGAGE TB approach in Ecuador with government and civil society organization (22-24 March). Planning to conduct next ones in Chile and Uruguay. In conversations with Costa Rica. Regional virtual consultations with grassroots communities and civil society for the UNHLM were conducted in coordination with civil society representatives (28 March and 18 April). Inputs will be used by regional civil society representatives to develop a joint statement to be presented in the UN multistakeholder hearing (May) and in the UN HLM on TB (September), and by the WHO's Civil Society Task Force on TB. Support provided to conduct the regional Parliamentary Summit on TB in preparation for the UN HLM (24-25 April)		
3	Adaptation of the knowledge dialogues methodology to the afro descendant population in the context of TB	Document developed	In progress.		
4	Adaptation of the knowledge dialogues methodology to indigenous populations in the context of TB	Document developed	First draft of the document finished. It will be discussed with experts and piloted in Guatemala.		
5	Continue supporting the implementation of the regional operational guidance on TB in indigenous populations in selected countries (initial and follow-up visits)	Visit reports available	Planning of in-person visits to: Belize (June 6-9), Guatemala (August) and Argentina (TBD). In conversations with Guyana, Chile, and Costa Rica.		Guatemala requested technical support and was included.
6	Continue joint support for the implementation of studies on catastrophic costs due to TB	Study report available	Technical support is being provided to: Colombia (publication of results); Argentina and Paraguay (data analysis); Dominican Republic (data		

			collection); Chile, Guatemala, and Honduras (protocol developed).		
Outcome 1.3 TB elimination interventions developed and implemented within the context of PAHO's Elimination Initiative and WHO's updated TB Elimination Framework					
Principle Intervention 1.3.1: Support countries for the implementation of TB elimination interventions.					
1	Virtual meeting to end TB by 2030 in low TB incidence countries	Meeting report	This activity will probably be postponed pending WHO's publication of the new framework and operational handbook on TB elimination.		The meeting with all low TB incidence countries of the Region will be postponed until after the new WHO's framework and handbook on TB elimination will be published (expected by the end of the year).

2	<p>Technical support to countries reaching low incidence level to implement the new WHO framework and operational handbook</p>	<p>Activity report</p>	<p>Support to conduct a meeting to discuss a plan to scale-up TB and HIV interventions towards elimination in OECS countries in the context of their Global Fund multi-country grant (31 March). Support for the presentation and discussion of the new TB and TB/HIV WHO recommendations during the "Regional Workshop to Scale-up Essential Prevention and Treatment Services For Key Populations in the Caribbean Towards AIDS elimination by 2030" (28-30 March).</p> <p>Support to Costa Rica to finalize and disseminate the new National Strategic Plan towards TB elimination in progress. In conversations with Chile for an in-person visit to support progress towards TB elimination in the context of the PAHO's Elimination Initiative on Communicable Diseases. Planning of in-person visit to Turks and Caicos to monitor TB programmatic and epidemiological situation and update national TB guidelines.</p>		
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Topic 2: Malaria

No.	ACTIVITY	Products/ Deliverables	MID YEAR TECHNICAL REPORT 2023		
			Progress during current period	Challenges	Remarks
Outcome 2.1 Increased country capacity towards universal access to good quality and timely malaria diagnosis, treatment, and vector control interventions (Strategic Line of Action 1).					
2.1.1 Support countries towards strengthening operational capacity to implement malaria diagnosis in various program contexts.					
1	Support countries to improve malaria diagnosis capacity and coverage approaching gaps in diagnosis networks, implementing quality assurance programs for malaria microscopy, and improving the use of RDT	Slide panels developed and shipped to participant laboratories. EQAP results published.	Previous IX round data analysis in process. Tenth round panels under preparation with Peru and Honduras supranational laboratories.		
2	Conduct Regional (ECAMM) and in-country (NCAMM) malaria microscopy competency assessments to follow up on results from EQAP for malaria diagnosis and standardize QA procedures with participant countries	Microscopists certified. Country mission reports. QA country guidelines developed.	Malaria diagnosis quality assurance processes consolidated (Costa Rica, Ecuador, Dominican Republic). Follow-up to NCAMM planning (Ecuador). Support provided to MOH project to evaluate the stability of slides for quality assurance of malaria microscopic diagnosis using different mounting media (Ecuador). Actions to organize roles and functions in quality assurance between the two reference laboratories in Brazil (Amazon and non-Amazon states). A couple of ECAMM for recertification processes are planned for 2023, one for 4-10 June 2023 and a second one for 24-30 September 2023		

			with a total of 12 participants in each one following PAHO/WHO procedures		
3	Promote actions to improve access to diagnosis: actions to encourage prompt care-seeking for fever (passive case detection) and actions to improve coverage of diagnosis services	Progress on social and behavior change communication activities to encourage prompt care-seeking for fever (passive case detection) reported. Reports on country diagnosis networks and improvements in coverage.	<p>Trainings conducted for community agents in Andoas and Yurimagua Districts (Peru).</p> <p>Support provided to the Huetar Norte Region (Costa Rica) in a strategy to strengthen passive surveillance through volunteer collaborators (including a guide, instruments, training).</p> <p>Support provided to strengthen passive case detection with specific trainings of health personnel in Dominican Republic, Colombia, and Brazil. Design of document and methodology to support the countries in the preparation of a technical document on the design of the malaria diagnosis quality assurance network (including diagnosis of needs in structure, human resources, and training).</p>		From the presentation to the TAG 2022 of the strategy "Expansion of access to malaria diagnosis and treatment," this activity will focus on the promotion and implementation of said approach. A first dissemination activity is scheduled for May 2023.

4	Support countries to develop comprehensive national policies for programmatic implementation of RDTs, including all the steps in the cycle from planning to use	Reports on actions to improve coverage of RDTs. Reports on actions to improve use of RDTs.	Reviewed protocol for operational monitoring of RDTs presented to MOH in Costa Rica. Support provided to implementation of RDTs by volunteer collaborators and the expansion of their use by health facilities (Honduras). Supported training activities on malaria diagnosis with RDTs with community leaders in Choco (Colombia). Support provided to Member States for RDT selection and procurement processes, based on WHO Prequalification list.		
5	Support countries to address the HRP2/HRP3 deletion and other challenges related with rapid diagnostic test performance, including monitoring RDTs performance in low parasitemic infections	Report on implementation of HRP2/HRP3 deletion WHO protocol in selected countries. Tools developed for sentinel site implementation and results of monitoring low parasitemic infections.	The regional team has begun the development of a draft operational research protocol through sentinel sites that includes aspects of clinical variations in malaria cases, low parasitemia, concordance between microscopy and RDT, HRP2, molecular markers of resistance, and early clinical response.		

2.1.2 Support countries to update malaria treatment policies based on evidence and ensure its proper implementation, including the supply chain and improvements in case management by service providers.

1	Support countries in improving and updating antimalarial drug policies including policies for effective and safe radical cure for <i>P. vivax</i> , given the critical role of relapses in maintaining transmission	Working group (RC-WG) created to support countries on updating radical cure policies. Regional framework and route map integrating country needs and projects.	PAHO contributed to Impact Malaria and UCSF to develop risk benefit analysis tool in radical cure policies. PAHO recommendations for the G6PD prevalence assessment protocol in Colombia in coordination with Impact Malaria. Participation in a technical consultation organized by WHO to establish criteria for Preferred Product Characteristics (PPC): Diagnostics for risk of <i>P. vivax</i> relapse. During reported period support provided to various therapeutic national committees to analyze current and possible antimalarial treatment schemes based on evidence and new PAHO/WHO recommendations (Brazil, Colombia, Dominican Republic, Peru)		Technical note with recommendations on use of Primaquine 7 days developed and shared with Member States.
2	Randomized control trial in <i>P. vivax</i> to evaluate efficacy and effectiveness of PQ total double dose	Support protocol development, as well as implementation of trainings and supervisory visits as needed.	During the first months of 2023, the PAHO regional team and the country office continued to provide support for the study, including the revision and validation by PAHO's ethical review committee (PAHOERC). In 2023 it was decided not to advance the study due to insufficient time for its execution. Technical contributions from PAHO to re-direct the use of the resources under the study of G6PD (below) and management of supplies.		The actions will be oriented to support the countries in the improvement of decisions on the use of radical cure schemes and towards the design of an operational research methodology of the epidemiological impact of the double dose of primaquine.

3	Support implementation of routine surveillance with collection of blood samples on filter paper to analyze molecular markers for antimalarial drug resistance on <i>P. falciparum</i> positive cases in selected countries and in hotspots for possible selection of resistance.	Results of continued propeller Kelch 13 surveillance and CQ markers with sample collection in targeted high-risk sites.	Materials sent to Guyana to continue routine surveillance with collection of dried blood samples (DBS) on filter paper.		
4	Therapeutic efficacy study (TES) to evaluate efficacy of first line treatment for <i>P. falciparum</i> uncomplicated malaria cases implemented in Guyana	Protocol development and results shared.	The efficacy study has been postponed to 2024 due to the need to first strengthen capacity in microscopy and the coordination team for the study. It was considered that the positive results of molecular surveillance with no evidence of molecular markers presence, allow postponing the study.	Limitations in structure and clinical/ lab team in Guyana make it risky to start the study in 2023. It is necessary to strengthen capacities in microscopy and the coordinating team first to invest in such a demanding activity.	The absence of the molecular marker of resistance evidenced in a sample of more than 2,000 malaria cases allows the period for carrying out the TES to be extended while microscopy skills and better coordination conditions are developed in Guyana. Funds planned for this activity in 2023 will be oriented to improve capacities in Guyana for artemisinin resistance surveillance and prepare the country for its implementation in 2024.
5	Support programmatic implementation of interventions to improve adherence to treatment, pharmacovigilance and use of antimalarials	Guidelines and materials developed and shared with countries to improve treatment adherence, pharmacovigilance and use of antimalarials.	Technical guidelines prepared for countries that use primaquine 7 days on criteria to improve patient safety in contexts without availability of G6PD testing		

6	Strengthen supply chain management to reduce the risk of stockouts and secure malaria commodities that are important for prompt diagnosis, treatment, and protection of healthcare workers	Yearly demand consolidation report available. Antimalarials country quarterly reports developed.	Support provided to beneficiary countries on actions related with supply chain and access to malaria commodities, including estimation of antimalarials and RDTs needs, procurement process through PAHO Strategic Fund, recommendations to include key commodities in procurement processes, recommendations to improve kardex and stock management (Dominican Republic, Guatemala, Panama, Honduras, Costa Rica, Colombia, Brazil)		A new tool for planning purposes of antimalarial needs is currently under development in coordination with colleagues from PAHO Strategic Fund.
7	Support procurement of emergency stocks of antimalarials for the regional warehouse	Quick response to potential outbreaks, and stock-outs prevented.	During the reporting period, procurement is in progress for the following malaria commodities: CQ 250 mg (2000 boxes, tablet, blister 10x10). Additionally, the warehouse support (including antimalarials already in stock) benefitted 10 countries during the reporting period.		Increase in amounts estimated for antimalarials could be required considering outbreaks and procurement limitations in some countries.
8	Support malaria staff	Staff hired	Advisor, Malaria Diagnostics and Supply Management in place		

2.1.3 Support countries to ensure the implementation of recommended vector control interventions with full coverage and quality among at-risk populations.

1	Improve and increase the scope of implementation of long-lasting insecticidal nets and IRS based on local analysis, microstratification, and strategic planning	LLIN/IRS operational plans (national or subnational level). Reports on implementation of PAHO vector control toolbox developed in 2020.	Technical support provided in 2023 to guide mass distribution of LLINs (Haiti).		
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2	Support the implementation of improvements in the use and retention of LLINs, including the promotion of communication activities for social and behavior change in addition to the implementation of monitoring activities on the use, retention, and durability	Reports of communication strategies developed and implemented. Reports of implementation of PAHO methodology for monitoring LLIN use and durability. Reports on implementation of PAHO vector control toolbox developed in 2020.	The document “Technical guidelines for monitoring and rapid assessment of the possession and use of long-lasting insecticide-treated nets in the Americas Region” was reviewed and restructured. Review of the sample approach with other actors (CHAI and Alliance for Malaria Prevention)		The LQAS methodology was adjusted, as well as the methodology for the measurement of the indicators with respect to the initial protocol. In coordination with CHAI, work is underway to start a pilot in Honduras.
3	Promote actions to modify and/or manipulate larval habitats in selected foci, mainly urban areas	Report on habitat modification/ manipulation interventions in selected foci in high-burden municipalities.	This activity will be conducted later in 2023	Travel limitations during the pandemic continued into 2022 and have limited effective actions to identify propitious areas for promoting habitat modification and manipulation actions.	The PAHO team is promoting with the countries the identification of high-burden municipalities with urban transmission where environmental improvement actions are indicated.
4	Support the development/strengthening of entomological surveillance strategies in malaria to guide vector control interventions	Progress developing sentinel sites evaluation and implementing plans for insecticide resistance monitoring and management. Reports on implementation of PAHO vector control toolbox developed in 2020. National plans for insecticide resistance monitoring and management developed.	Draft document and tables developed to guide countries on the indications for bio efficacy and resistance tests in relation to the purchases and implementation of LLINs (in coordination with CHAI). Support provided to Dominican Republic for the planning of an insecticide resistant evaluation in prioritized areas, as well a training process to personnel responsible of the monitoring of the insecticide resistance.		

2.2 Accelerated malaria elimination and prevention of re-establishment in malaria-free areas (Strategic Line of Action 2).

2.2.1 Support countries to establish programmatic approaches to accelerate elimination especially in key populations and high-burden areas, reorient programs towards elimination, and prevent re-establishment of transmission.

1	Develop national strategies, guidelines, capacity, and plans in identifying, characterizing, and managing active and residual foci and associated hot spots (microstratification and microplanning) as a mechanism to consolidate transmission-free territories (Foci-led approach)	Reports of progress on microstratification and implementation of foci-lead approach in selected areas (including other forms of sectorization to organize the local malaria response). Reports on trainings of local teams in implementing microstratification and other key changes on malaria operations.	Revision of 2023 microplans, monthly monitoring of microplans for active and residual malaria foci, and identification of gaps and possible solutions (Ecuador). Microstratification exercises and operations in priority foci conducted to implement DTI-R strategy (Honduras, Costa Rica, Colombia, Peru, Ecuador, Haiti, Dominican Republic). Technical support provided to organize the response to outbreaks (Honduras, Nicaragua, Costa Rica, Dominican Republic). Support provided to update microstratification (Guatemala, Dominican Republic, Colombia)		
2	Support countries in transforming diagnosis and treatment into an elimination intervention aiming to minimize time to test, treat, and respond (DTI-R)	Reports on implementation and technical cooperation actions: - Improvements in passive case detection - National strategies including national targets for time intervals to report cases and initiate foci investigations (DTI-R)	Permanent action in communication with the heads of malaria programs in the countries and regional partners on the promotion of passive case detection and the organization of local diagnosis and treatment networks as the main element of the malaria response. Trainings and organization of the DTI-R network with community agents in the District of Pastaza (Peru) conducted. Development of skills in the implementation of the DTI-R processes for malaria of facilitation teams in Costa Rica (Huetar Norte, Caribe, Central Pacific, and Brunca Regions).		

3	Support implementation of Municipalities for Zero malaria initiative (high-burden municipalities), and development of actions with the national malaria programs to implement the elements of this initiative	Progress report on technical cooperation in high-burden municipalities. Report on improvements in local surveillance and response in high-burden municipalities or areas experiencing increase in cases.	Framework elaborated for monitoring and evaluation of successful experiences in malaria reduction in high-burden municipalities in the context of the Malaria Champions initiative		
4	Provide technical support to national and subnational levels in approaching key vulnerable populations, including gold miners, migrants, indigenous, and mobile populations	Progress report on actions towards the elimination of malaria including: -Actions in Guiana Shield -Intercountry and border activities -DTI-R and foci-lead approach -Actions for implementing DTI-R and LLIN in gold mining areas	Comprehensive training workshops held in foci in Peru with a community approach and intercultural relevance for community health workers in the promotion, prevention, diagnosis, treatment and follow-up of malaria cases (Feb-Mar 2023). Support provided to organize the Guyana-Suriname binational agenda towards coordinated actions for the elimination of malaria (first meeting scheduled for April 2023). Discussions held with the malaria program in Brazil to advance intensification of actions to accelerate elimination in the State of Amapa. Technical support provided to activities to reduce morbidity and mortality in Yanomami population in Brazil.		

5	Support countries to understand the new WHO guidelines on preventive chemotherapies and analyze possible implementations according to the epidemiological situations.	New WHO guidelines on preventative chemotherapies disseminated. Report on implementation of regional framework for "preventive chemotherapies," including: - Progress establishing scenarios and criteria to identify situations where MDA, TDA, and RDA could be indicated - Progress implementing protocol for operational investigation using MDA, TDA, and RDA	Concept note/draft framework to guide implementation and evaluation of chemoprevention strategies in the Americas refined. Technical support provided in the intervention design of MDA in Costa Rica. Technical guidelines developed for Brazil for MDA actions in the Yanomami indigenous population. Technical support provided and management of supplies for TDA actions in gold miners in Suriname. Primary discussions with national counterparts and country partners on possible interventions using TDA in specific populations related with agricultural activities in Dominican Republic to foster reduction and support elimination.		
6	Maintain programmatic capacities and technical resources to accomplish last stages of elimination and prevent the reestablishment of malaria in non-endemic countries, and support malaria elimination certification processes	Report on actions to prevent re-establishment of malaria transmission and certification processes.	Technical support provided in Belize for planning the malaria certification mission and follow-up on efforts to prevent reestablishment of transmission. Technical and logistical support provided in Suriname to implement prevention of reestablishment measures with mobile populations of gold miners from Brazil and Guyana.		

7	Develop and implement subnational verification elimination mechanisms and processes to protect gains and encourage local and intermediate political and technical cadres on elimination	<p>Reports including:</p> <ul style="list-style-type: none"> -Actions to prevent re-establishment of malaria transmission. -Progress for evaluation of zero cases at subnational level and subnational verification processes. -Advances in <i>P. falciparum</i> elimination. -Progress in elimination in Guiana Shield. -Subnational verification reports. <p>National coordinated multisectoral mechanisms toward malaria elimination created.</p>	<p>Dialogues conducted with the heads of the malaria programs in Guyana, Suriname, and Brazil to prioritize the elimination of <i>P. falciparum</i> as a feasible goal for the next few years in complementarity with Global Fund efforts in Guyana, Suriname, and Venezuela. A binational joint action between Guyana and Suriname was promoted with emphasis on exchange of information and exchange of experiences in maximizing the use of RDTs in gold mining areas.</p> <p>Ongoing discussions with new coordination team in Brazil to develop a mechanism for subnational verification of malaria elimination in this country.</p>		
8	Support malaria staff	Staff hired	Specialist, Project Support (project management) in place		

2.3 Reinforced malaria surveillance and capacities towards evidence-based decision-making response (Strategic Line of Action 3).

2.3.1 Support countries to implement key tools to improve malaria information systems and improve information use and exchange to facilitate decision making at all levels, guide microplanning and prompt detection, investigation, and response actions and to reinforce monitoring and evaluation of programs.

1	Support countries in developing information systems and data management platforms (instruments for registration and reporting, quality of systems for data collection, data audits)	<p>Reports of functional groups or surveillance commissions.</p> <p>Reports on implementation of DHIS-2 and the use of dashboards at local level.</p> <p>Reports on data audits.</p>	<p>Malaria surveillance guidelines updated (Ecuador). Pilot on the use of DHIS2 by the National Malaria Program (Haiti). Desk review exercises conducted on completeness and consistency of malaria reports (Haiti, Guatemala) Support provided to the review new</p>		
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			forms developed by Dominican Republic national counterparts.		
2	Support strengthening of epidemiological analysis, use, and dissemination, including the use of tools like nominal and relational databases and dashboards	Reports on implementation and the use of dashboards at local and national levels. Reports on capacity building/trainings at local and national levels. Annual malaria risk stratification maps.	<p>Dashboards developed for data analysis in Guatemala.</p> <p>Technical discussions held with Guyana and Harvard University on application development for data capture and dashboards in Guyana.</p> <p>Contributed to tool development in Colombia to guide data analyses and use at local level.</p> <p>Malaria notification processes and forms reviewed (Dominican Republic, Honduras, Colombia).</p> <p>Meetings held to analyze malaria situation in Grand Anse, Haiti.</p> <p>Contributed to efforts to organize situation rooms or other data routines to promote data use at local level (Dominican Republic, Honduras, Colombia, Bolivia, Peru).</p>		

3	Update Regional and Global databases to support preparation of a regional malaria report and online dashboards	Updated Regional and Global databases and regional report developed. Guiana Shield malaria information platform developed.	<p>The Regional Malaria Program began the planning of the data collection process for the World Malaria Report 2023.</p> <p>The structure of the component of weekly regional malaria information for the malaria module of PLISA was developed, as well as the automated extraction data process to capture data from the national malaria reports published electronically. Also, visualizations and dashboards were developed.</p> <p>Coordination meetings held with GMP (WHO) to coordinate the collection of the World Malaria Report, as well the review of the data collection forms, and the training apps.</p> <p>Virtual meeting on malaria information systems/surveillance as an intervention held March 2023.</p> <p>Meetings and technical documents developed to analyze the implementation of the National Integrated Information System in Guyana and its interoperability with the national malaria system information.</p>		In 2023, the aim is to reorient the reporting process to the WMR by making the countries more active users of the platform and the information repository in DHIS2
4	Support countries to reinforce monitoring and evaluation of national malaria programs	Report on programmatic targets of the Regional Plan of Action 2021-2025	Report developed on program evaluation in Honduras conducted at the end of 2022, and preparations for malaria program evaluations that will be conducted in Nicaragua, Guatemala, Suriname, and Bolivia.		

5	Support Malaria Staff	Staff hired	Vacancy for Specialist, Malaria Surveillance was filled December 2022.		Specialist, Malaria Surveillance was vacant for part of the period and was recruited in December 2022. Activities under this position during the vacancy were redistributed and covered by consultancies.
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2.4 Strengthened enabling environment for malaria elimination and promotion of relevant research for sustainable and equitable results (Strategic Line of Action 4 - Supporting Elements).

2.4.1 Support countries in strategic planning, financing and establishing enabling legislation and intra/intersectoral alliances for malaria elimination

1	Support design and implementation of national malaria elimination plans, and actions to address policy and financing gaps and policy barriers for malaria elimination	National Plans updated. Subnational plans supported (Brazil).	Support provided on national strategic plan revision (Honduras) and inputs have been provided from PAHO during preparation of concept note for the Global Fund grant 2024-2026 (Haiti, Honduras, Suriname, Guyana). Support provided in the elaboration of state plans for the elimination of malaria in Brazil (Amazon states).		
2	Support integration of malaria activities into public health services, particularly through primary care strategies	Pilot experiences implementing coordination with health services and primary care programs toward the inclusion of malaria diagnosis and treatment in the health system.	Technical support provided to plan and implement an application in the network of community health agents for diagnosis with RDTs (Dominican Republic, Peru, Ecuador, Honduras), including efforts to expand the CHW network in priority foci in Dominican Republic		
3	Strengthen the capacity of national programs on intra- and inter-sectoral dialogue, collaboration with partners and stakeholders, advocacy, and replication of best practices	Reports on: -Intersectoral actions with private sector and other stakeholders -Local experiences in selected high-risk areas	Support provided in technical discussions in Brazil to design a mass treatment intervention in indigenous areas affected by gold mining. Support provided for carrying out chemoprevention actions in		

		Dissemination of Multisectoral Action Guide to End Malaria.	the population of gold miners importing malaria into Suriname		
4	Expand and optimize successful communication platforms (i.e., Malaria Day in the Americas, Malaria Champions of the Americas, Municipalities for Zero Malaria, PAHO Disease Elimination Initiative) for countries of the Region to engage in a year-round campaign against malaria, and showcase best practices by facilitating cross-sharing with other regions	Malaria Day in the Americas celebrated. Actions to disseminate and implement the new Malaria Champions framework. Communication material on efforts and progress on malaria elimination actions in high-burden municipalities during 2022-2023. Best practices in high-burden municipalities (2022) shared by different communication channels.	Based on the rethinking process and the new direction of the Malaria Champions initiative, the 2023 call for applicants with the new modifications was launched on 15 March 2023, with expressions of interest accepted until 12 May 2023. Planning in progress for virtual meeting on World Malaria Day on 25 April 2023.		
5	Manage Technical Advisory Group (TAG) operations and roster of consultants, including TAG Secretariat activities and follow-up actions	Report of TAG meeting (2022 and 2023). Implementation of TAG (2022) recommendations.	Final report of the Dec 2022 virtual TAG meeting elaborated. The document will be disseminated with other updates through the PAHO website. The PAHO team is planning virtual meetings to disseminate main recommendations with countries and partners. Roadmaps developed for the topics presented to the TAG (Expansion of access to diagnosis and treatment, Framework to implement chemoprevention interventions in malaria, Actions to accelerate <i>P. falciparum</i> elimination)		

6	Collaborate in addressing gaps in knowledge and evidence that are essential to malaria program implementation and operations	Report (TAG meeting 2022) with progress on: -Developing a complete set of priority topics based on actual problems in the countries (including those driven by policy priorities). -Connecting research with policy process within the countries, across the Region, and globally.	In the interactions with partners and countries during the period, priority topics for operational research have been identified in areas related to: impact of chemoprevention interventions for morbidity reduction and elimination, clinical presentation of malaria in low transmission situations, diagnosis in low parasitemia situations, curative effectiveness and impact on radical cure, and prevalence of G6PD. PAHO has developed a protocol to guide chemoprevention interventions and has begun working on developing a sentinel surveillance proposal to address clinical and parasitological aspects of malaria in low transmission areas. The collaboration with other partners like USAID, MMV, PATH, CDC, IMPACT Malaria, UCSF, among others, allows Member States to discuss research priorities.		
7	Staff hired	Staff hired	Advisor, Malaria Prevention, Control and Elimination in place		

Topics 3, 3.1 and 3.2: Neglected Infectious Diseases, including Lymphatic Filariasis and Leishmaniasis
Regional NID program

No.	ACTIVITY	Products/ Deliverables	MID YEAR TECHNICAL REPORT 2023
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			Progress during current period	Challenges	Remarks
3.1 Health systems strengthened to achieve or maintain the elimination of neglected infectious diseases					
Principle Intervention 3.1.1 Support and enable countries to formulate and implement sustainable, integrated interventions to reduce the burden of neglected infectious diseases (NID) through their national health systems.					
1	Provide on-going technical cooperation to support the development and implementation of integrated national and/or subnational NID plans of action, strategies and interventions towards the prevention, control and elimination of NID	Regional NID specialist hired	Ongoing. Having highly qualified staff to provide technical cooperation on NID related subjects is essential for fulfilling PAHO's mission and achieving both PAHO's and WHO's goals.		
2	Rapid Trachoma Assessments in Bolivia and Ecuador	Reports with results of assessments in each country	The protocols are expected to be finalized later in 2023.		
3	Second course on WASH and Health working together: a 'how-to' guide for neglected tropical disease programs	Report of course	This course, currently a course with tutored and synchronic sessions, will be adapted to a full online course that participants can complete on their own.		
4	Support development of methodological tool for identification of areas endemic for fascioliasis	Report of course	A plan for the regional elimination of fascioliasis is being developed. The tool for identification of risk areas will be developed once the plan is finalized and approved.		
5	Workshops on use of scabies mapping tool in 2 countries	Report of workshops	This workshop is being planned for the second half of 2023		
Principle Intervention 3.1.2 Strengthen country capacity to monitor and evaluate progress towards the control and elimination of neglected infectious diseases and to implement post-elimination surveillance.					

1	Provide technical cooperation in the area of NID related epidemiology	Regional NID epidemiologist hired	Ongoing. Having highly qualified staff to provide technical cooperation on NID related subjects is essential for fulfilling PAHO's mission and achieving both PAHO's and WHO's goals.		
2	Support STH impact surveys in Dominican Republic and Honduras	Report with results of study	These surveys have been postponed for the end of 2023 or first half of 2024.		
3	Confirm presence of endemic areas for taeniasis in Costa Rica, Dominican Republic and Paraguay and plan for MDA	Reports with results	A meeting is being planned for Dominican Republic to plan for identification of risk areas. Costa Rica and Paraguay have identified areas at risk and need to confirm current transmission status and based on the results, plan for MDA.		
4	Identification of endemic areas for teniasis in Guyana and Peru	Reports with results	Guyana decided not to do this activity to prioritize activities for the elimination of lymphatic filariasis. Peru has started the identification of at-risk areas.		

Principle Intervention 3.1.3 Support countries to compile and submit dossiers for the validation of elimination or verification of interruption of transmission of NID

1	Support Dominican Republic to clean and consolidate schistosomiasis databases in preparation for dossier	Report	Ongoing		
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Leishmaniasis

No.	ACTIVITY	Products/ Deliverables	MID YEAR TECHNICAL REPORT 2023		
			Progress during current period	Challenges	Remarks

3.1 Health systems strengthened to achieve or maintain the elimination of neglected infectious diseases

Principle Intervention 3.1.1 Support and enable countries to formulate and implement sustainable, integrated interventions to reduce the burden of neglected infectious diseases (NID) through their national health systems.

1	Provide on-going technical cooperation to support the development and implementation of integrated national and/or subnational plans of action, strategies and interventions towards the prevention, control, and elimination as public health problem for leishmaniasis	Regional leishmaniasis specialist hired	Ongoing. Having highly qualified staff to provide technical cooperation on NID (leishmaniasis) is essential for fulfilling PAHO's mission and achieving both PAHO's and WHO's goals.		
2	Provide on-going technical cooperation to support the development and implementation of integrated national and/or subnational plans of action, strategies and interventions towards the prevention, control, and elimination as public health problem for leishmaniasis	Technical officer to support the regional leishmaniasis program hired	Ongoing. Having highly qualified staff to provide technical cooperation on NID (leishmaniasis) is essential for fulfilling PAHO's mission and achieving both PAHO's and WHO's goals.		
3	Editing and publishing of the Leishmaniasis Plan of Action 2023-2030	Leishmaniasis plan of action 2023-2030 published in Spanish, English and Portuguese	Ongoing. Currently in the process of updating the plan to be aligned with the mandates for elimination and control of leishmaniasis in the Americas. This plan will be approved by Member States and published in the second semester of 2023.	Finalize the modeling proposal to predict the number of cases of cutaneous leishmaniasis expected to obtain the baseline for the target proposed in the Action Plan	
4	Training in local treatment (thermotherapy and intralesional treatment) of non-complicated localized cutaneous leishmaniasis in Central American countries	Report on the results and evaluation of progress and implementation in the country	Ongoing. This activity will be carried out after acquisition and nationalization of the equipment in the countries	The effects of the pandemic have hindered the costs and production of the equipment and estimated time to delivery.	These activities will be carried out in the second semester of 2023

5	Acquisition of 20 thermotherapy equipment for training and implementation of local treatment in endemic remote areas of the countries.	Supplies purchased for remote areas of endemic countries	Ongoing. Currently in process of acquisition of 15 thermotherapy equipment for 3 countries (Costa Rica, Ecuador, and Honduras – 5 equipment each).	The effects of the pandemic have increased the production costs of the equipment.	This activity was adjusted for the acquisition of 15 pieces of equipment instead of 20 due to the increase in costs. A prior evaluation of the thermotherapy device was required by the technology and quality area of PAHO, as it was the first purchase of the product. This equipment complies with the required technical and regulatory specifications.
6	Development and implementation of the Ninth round of the Regional External Evaluation Program for the Performance of Microscopic Diagnosis of cutaneous leishmaniasis of Reference Laboratories of the Region (All endemic countries are invited)	Report on the final results of performance of the participating countries	Ongoing. Currently in phase of invitation of Reference Laboratories from the 18 endemic countries and acquisition of laboratory supplies and quote of the logistic shipping company. The panel is scheduled to be sent in August 2023.		
7	Multi-location validation/evaluation of the implementation of registered rapid tests (Leishmaniasis VH Bio, Eco test and Onsite) at local and primary health services for early diagnosis of human visceral leishmaniasis.	Report of results of the validation and progress of implementation	Ongoing. The project has been developed and approved by the local and regional (PAHOERC) ethical committee. Currently finalizing the administrative process so it can begin.	Have the eight registered LV rapid tests available by the producers for acquisition and validation	
8	Acquisition of medication to support countries with special cases and emergencies, and shipping expenses for continuous implementation of leishmaniasis diagnosis and treatment.	Medication purchased and shipped to countries in need	Finalized. Acquisition of miltefosine, liposomal amphotericin B, meglumine antimoniate and rapid tests for detection of visceral leishmaniasis. These supplies constitute a strategic stock of the Regional Program to respond to emergencies, outbreaks, and special cases in the Region.		

9	Capacity building in entomological surveillance and vector control	Technical report on the results, progress and implementation in the country	Ongoing. Training of 33 professionals from Argentina (21 technicians from seven States, eight from the national department for vector borne diseases control and four from the National Program) with a focus on surveillance and control, as well as entomological surveillance and vector taxonomy. This was held in Puerto Iguazu at the triple border area between ARG-BRA-PRY.		The Program felt the need to include Argentina to strengthen the surveillance along the triple border.
10	Capacity building in taxonomy of sandflies at the Regional Reference Laboratory (}Fiocruz) in Brazil	Technical report on the results, progress and implementation in the country	This activity is scheduled for the second semester of 2023		
11	Capacity building on active search for CL cases, sample collection, diagnosis, processing, and slide reading, as well as patient treatment and follow up. Evaluation of the national diagnosis and treatment service	Technical reports	This activity is scheduled for the second semester of 2023, in order to not overlap with other NID activities.		
Principle Intervention 3.1.2 Strengthen country capacity to monitor and evaluate progress towards the control and elimination of neglected infectious diseases and to implement post-elimination surveillance.					
1	Maintenance of the regional leishmaniasis information system (SisLeish), and external server	Leishmaniasis regional information system available for data entering and analysis	Finalized. The new system was officially launched, and 15 endemic countries were trained on the system. This new version has a new interface and tools to improve monitoring and surveillance of the disease in the Region.		

2	Data analysis and monitoring of progress and indicator through the Regional Leishmaniasis Information System (SisLeish)	Annual epidemiological report of Leishmaniasis in the Americas (available in English, Spanish and Portuguese)	This activity is scheduled for the second semester of 2023, seeing that the countries have until end of July to include the 2022 leishmaniasis data in SisLeish		
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Lymphatic filariasis

No.	ACTIVITY	Products/ Deliverables	MID YEAR TECHNICAL REPORT 2023		
			Progress during current period	Challenges	Remarks
Principle Intervention 1: Implementation of MDA 2023 using IDA in hotspots with ongoing LF transmission identified during the IDA Impact Survey					
1	Planning of the MDA using IDA in areas with ongoing transmission identify during the IIS	Micro plans	This activity will be planed after the IIS results.		
2	Implementation of the MDA using IDA in hotspots with ongoing transmission	Implementation report	This activity will be planed after the IIS results.		
3	Post-MDA/IDA Coverage Evaluation	Coverage report	This activity will be planed after the IIS results.		
Principle Intervention 2: Strengthening of the LF Morbidity Management and Disability Prevention Program					
1	Estimation of the burden of chronic Lymphoedema and Hydrocele across all endemic regions, compiling data from previous surveys and performing surveys in areas where there is no information or information is insufficient.	Situation analysis report developed	This activity is scheduled for 4th quarter 2023.		
2	Assess health facility capacity in Guyana to ensure that 100% of geographic coverage of services in all areas with know LF patients	Report developed	This activity is scheduled for 4th quarter 2023.		

3	Expand the minimum package of care to regions with chronic patients	Educational and training materials disseminated, Health workers trained.	This activity is scheduled for 4th quarter 2023.		
Principle Intervention 3: Developing the dossier to validate LF elimination as a public health problem and implementation of post elimination surveillance					
1	Support Guyana to start the preparation of the dossier for LF Elimination, following existing WHO guidance	First draft of dossier	This activity is scheduled to start in the 2nd quarter 2024. The dossier will be updated following subsequent IIS.		
Principle Intervention 4: Technical cooperation support					
1	Technical cooperation activities (includes hiring of consultants and local personnel, technical cooperation missions)	Reports of activities	Ongoing		

Topic 5 Maternal Health

No.	ACTIVITY	Products/ Deliverables	MID YEAR TECHNICAL REPORT 2023		
			Progress during current period	Challenges	Remarks
Outcome 5.1 Increased country capacity to reduce maternal death and promote the well-being of pregnant women through actions aimed at reducing inequities.					
Principal Intervention 5.1.1 Support countries in the design, adaptation, and or application of health policies, guidelines, protocols and epidemiological analysis for maternal.					
1	Develop and deliver the Spanish version of the Virtual Workshop, developed by Momentum/JHPIEGO, on Capacity Building in Surveillance and Response to Maternal and Perinatal Deaths (MPDSR) for ToTs.*	All teaching resources available in Spanish (Pre and Post tests. Slides, manuals). 5 to 8 professionals from the maternal area (ObGyn and/or Midwives) are trained.	All the materials developed in English by Momentum/JHPIEGO are available in Spanish. Only the ICD-11 component has not been translated, as the final English version has not yet been completed.		It is estimated that the first facilitators' workshop will be held in July.

2	Implementation of two virtual synchronous tutored workshops to build capacities to monitor and analyze cases of Maternal Near Miss.	Two cohorts of Spanish-speaking professionals (of at least 20 professionals each) are trained. Identification of support needs for the countries will be identified, discussed and support plans will be proposed.	A practical exercise module has been designed to audit Maternal Near Miss cases. This module is in the process of being incorporated into the virtual course.		In June 2023. Four facilitators will be trained in May 2023 to support the course participants. First cohort of the virtual course will be trained in July 2023.
3	Establish a situation diagnosis of the status of national plans to reduce avoidable maternal mortality in LAC countries.	Defined methodology approach. Diagnostic tool designed and validated. Diagnostic tool translated into English, French, Portuguese and Dutch. Diagnostic tool applied. Results and recommendations documented	Terms of reference for hiring a group of experts to perform the task have been developed, but the selection process has not yet been completed.	The quotations received are well above what is available in the Grant for this task, so we are trying to reduce the quotations and/or obtain another complementary source of financing.	There may be a delay in obtaining this product.
4	Develop and validate a face-to-face workshop to build and rebuild capacities for antenatal, intrapartum, and postpartum care based on the recommendations published by WHO for a positive experience during these periods, and train key professionals in the use of WHO's implementation toolkits (ANC, IPC and/or PPC)	Modules, units and guidelines for facilitators and students developed. Validation workshop delivered among regional experts.	The preparation of materials for antenatal and intrapartum care has begun, however, there has been a delay in the completion of the Post Partum Care Tool Kit.		A virtual workshop with experts from the region will be held at the end of June, together with WHO colleagues, to validate the contents of the TK CPP. There may be a delay in obtaining this product.

5	Mapping of policies and practices to address mental health problems during pregnancy and childbirth in selected countries.	Defined methodology approach. Diagnostic tool designed and validated. Diagnostic tool translated into English. Diagnostic tool applied. Results and recommendations documented	Technical exchanges on this matter with Momentum/JHPIEGO colleagues have taken place, and the design of the approach to the problem has begun.		It is planned to start (virtual) field work in July.
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Topic 6 Neonatal Health

No.	ACTIVITY	Products/ Deliverables	MID YEAR TECHNICAL REPORT 2023		
			Progress during current period	Challenges	Remarks
Outcome 6.1 Reduced neonatal mortality, morbidity, and disabilities, with a focus on reducing inequities					
Principal Intervention 6.1.1 Support countries to update national plans, with a special focus on the main causes of the burden of disease and strengthening analysis of inequities					
1	Develop and deliver the Spanish version of the Virtual Workshop, developed by Momentum/JHPIEGO, on Capacity Building in Surveillance and Response to Maternal and Perinatal Deaths (MPDSR) for ToTs.*	All teaching resources available in Spanish (Pre and Post tests. Slides, manuals). 5 to 8 professionals from the neonatal area (neonatologist, pediatrician, perinatologist) are trained.	The activity was organized but due to availability of trainers and the translation of the material, it is planned to be held in July 2023	The training workshop is being planned. The challenge will be receiving confirmation from participants.	
2	Design, coordination, and implementation of workshops "Helping babies to breathe" and "Essential Care for each Newborn", aimed at having trained teams and national authorities with available tools to implement and evaluate the results derived from the training	a) Virtual presentation of the "Toolkit for prevention of perinatal asphyxia and essential care to newborns"; b) three trainings in selected countries provided; c) 30 trained professionals	The toolkit has been developed and will be launched during the second semester. Training courses have been planned to be held in Honduras, Peru and Ecuador between June and July		The trainings were programmed to be implemented between June 19-22 in Honduras; July 24-27 in Ecuador and August 15-18 in Peru

3	<p>Identification of essential neonatal care services and testing of instruments and indicators for the creation of a regional perinatal health network, based on priority indicators. The activities to be developed will involve: design of instruments and indicators for the field test of the prioritized data registration system; identification of neonatal care units for the implementation of the pilot test; implementation of the pilot test; consolidation of results.</p>	<p>Technical document that consolidates the characteristics and results of the pilot test and recommendations for the expansion of the perinatal results surveillance network member states.</p>	<p>Data was tested and the final documents have been elaborated. A set of indicators for newborn sepsis and newborn follow-up after discharge from NICUs were developed and will be tested during second semester.</p>	<p>The activity experienced some delay during the design process. It is expected to be completed during the second semester</p>	
4	<p>a) Development of a roadmap for diagnosis, design and implementation of prioritized policies in perinatal health; b) consultation with key actors as a roadmap validation process, incorporating different perspectives; c) presentation and dissemination of the roadmap for the strengthening of neonatal health</p>	<p>a) Technical document with roadmap proposal; b) Technical document consolidating inputs from a technical consultation; c) Webinar and technical document presenting the final road map.</p>	<p>The final document is currently in the design/layout stage</p>	<p>No delays are expected</p>	
5	<p>Development of a technical document that consolidates the experiences and lessons learned for the establishment of networks of premature families in countries of the region</p>	<p>a) Technical document that consolidates experiences, lessons learned and presents guidelines for the establishment of networks of premature families to strengthen community participation in the care of newborns; b) Audiovisual material for the dissemination of successful experiences and technical guidelines for the establishment of networks and groups of premature families in LAC countries</p>	<p>The technical document and the audiovisual material have been developed. Final design and edition is in process. The material will be presented during the second semester</p>	<p>No delays are expected</p>	

Topic 10 Barriers

No.	ACTIVITY	Products/ Deliverables	MID YEAR TECHNICAL REPORT 2023		
			Progress during current period	Challenges	Remarks
<p>Outcome 10.1 Build capacity in countries by using an inter programmatic approach to address barriers to care among populations living in conditions of vulnerability</p>					
<p>Principal Intervention 10.1.1 Support countries to design and deliver comprehensive, integrated and context specific life course interventions during the first two decades of life.</p>					
1	Support countries in engaging communities to address barriers to care during and beyond the COVID-19 pandemic	Dialogues with countries in the region and technical briefs developed and oriented to support engaging communities to address barriers to care and promote the implementation of inter programmatic approaches to remove barriers to care and create opportunities for populations to optimize health and wellbeing.	A technical document on the topic of men’s health is under review. The document highlights the current health statistics for the region, understand the factors behind the gaps in health between men and women, and summarize the current programs aimed at improving men’s health outcomes.	The paper will serve as the base to stimulate dialogues with countries on this topic and its impact in the health of women, children, families, and communities	
2	Support countries to deliver comprehensive, integrated and context specific life course interventions during the first two decades of life.	Roadmaps developed for identifying and addressing barriers to care across the life course	To support countries to deliver comprehensive, integrated and context specific life course interventions during the first two decades of life, a publication on the burden of vision impairment in indigenous population was developed as an inter-programmatic, collaborative effort		Publication: Furtado, J.M.; Fernandes, A.G.; Silva, J.C.; Del Pino, S.; Hommes, C. Indigenous Eye Health in the Americas: The Burden of Vision Impairment and Ocular Diseases. Int. J. Environ. Res. Public Health 2023, 20, 3820. Available at https://doi.org/10.3390/ijerph20053820 .

3	Development of a publication addressing barriers to care across the life course	Addressing barriers to care across the life course paper published	Technical brief: on Building a Better Immunity: A Life Course Approach to Healthy Longevity. The document provides examples of the impact of immunization as a public health intervention on optimizing health and describes several considerations for the implementation of the life course approach into national immunization programs. The document is part of PAHO's efforts to introduce the concepts of ILC to the countries and territories of the Americas.		The document is currently in the stages of internal publication.
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Principal Intervention 10.1.2 Support countries to implement inter-programmatic approaches oriented to remove barriers to care and create opportunities for populations to optimize health and wellbeing.

1	Support countries to implement inter programmatic approaches oriented to remove barriers to care and create opportunities for populations to optimize health and wellbeing.	Analysis conducted to identify groups disproportionately affected and invisible to public health actions. Drivers of these differences determined with the aim to implement inter-programmatic approaches that help to reduce barriers to care	A paper on the life course approach was published in the PAHO journal to highlight the main reasons to adopt and implement this approach in public health at national and local levels. The objective was to inform and generate awareness in countries in the region on relevant aspects and approaches that contribute to reaching those groups that are falling out of sight of public health interventions.		Hommes C, Ambrose A, Vega E, Martinez R. Four reasons for adopting a life course approach to health in the COVID-19 era and beyond. Rev Panam Salud Publica. 2022;46:e182. https://doi.org/10.26633/RPSP.2022.182
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Topic 11 Social Determinants of Health

No.	ACTIVITY	Products/ Deliverables	MID YEAR TECHNICAL REPORT 2023		
			Progress during current period	Challenges	Remarks
Outcome 11.1. Increased number of countries integrating actions on Social Determinants of Health (SDH) in health plans, programs, and activities to reduce inequities at national, subnational, and local level.					
Principal Intervention 11.1.1 Adapt, validate, and apply a methodology to integrate social determinants of health into existing health programs, plans and activities, based on previous experiences with Innov8 and other tools, and assessments of the perception of policy makers on social determinants of health and equity					
1	Systematization of previous experiences of Innov8 in the Region and results of the assessments of the perception of policymakers.	Report of systematization of experiences and Report on the perception study	Building of an evaluation matrix and survey to collect experiences of Innov8.		Matrix finalized and applied in two pilot countries.
2	A methodology proposal for the incorporation of SDH into health programs, plans and activities developed based on lessons learned (Activity 1)	Methodology developed			
Outcome 11.2 Strengthened capacities in the region to identify needs of the most vulnerable populations and adapt actions at local level.					
Principal Intervention 11.2.2 Apply tools to identify vulnerable populations and address the experiences of discrimination among those populations.					
1	Develop a tool that allows the identification and characterization of the population in a situation of vulnerability.		Scoping review of the work with populations in situations of vulnerability was developed and two separate guidelines for use in emergency and non-		

			emergency contexts are in development		
2	Prepare the field work for the application of the tool		Adaptations in Colombia and Costa Rica.		Fieldwork for these tools has been arranged and partially funded by the Special Initiative in Costa Rica and Colombia.

Outcome 11.3 Increased number of countries with capacity for intersectoral action to achieve SDG3 with an equity approach

Principal Intervention 11.3.2 Develop a dashboard as a space for knowledge exchange and learning on intersectoral action from the local level and national level, including indicators to monitor the implementation of intersectoral action

1	Identify and validate indicators to monitor intersectoral work	List of indicators on intersectoral work	A conceptual discussion has been held to start identifying the key indicators		A course on intersectoral work is being developed by the SDH team. It gives a background for the discussion of the key indicators of intersectoral work.
2	Design the dashboard with different components including the monitoring of intersectoral work, different levels of government, reporting and piloting.	Version beta of Dashboard	Pilot of version beta was postponed at the end of August		The dashboard will be fed by participants of the course.

Principal Intervention 11.3.3 Capacity building for the health sector on intersectoral action and Health in All policies

1	Preparation of in- person and virtual regional intersectoral training workshops	Proposal of Virtual Training	Five modules have been designed and are under final revisions.	The main challenge is to build engaging and high-quality contents that are useful for local government personnel.	
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2	Development of 1 in person workshop for the piloting	Workshop	After Activity 1.		
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Outcome 11.4 Strengthened community engagement and civil society participation in planning, implementation, and evaluation of health actions in the region.

Principal Intervention 11.4.2 Foster a community of practice and engagement, by providing an online convening space and connecting civil society organizations in the region, to broaden civil society coalitions, enhance coordination and effective participation to ensure health and well-being for all.

1	Create an online platform (i.e. web page/repository) to gather and organize all the resources emerged from the regional network for the adaptation of health actions to groups and territories in situations of vulnerability.	Webpage (beta version)	A draft of a beta version of this webpage is online.	Include all the vast materials from the network's work.	An online “Vitrina de conocimiento” (knowledge showcase) is being developed to showcase key experiences and knowledge in an attractive way. Second, a call for proposals to systematize and highlight health actions of CSO working with groups and territories in situations of vulnerability during the pandemic was organized. Third, a mapping of actions of 404 CSO and a further qualitative study. Finally, a network on populations in situation of vulnerability has been established, the network has also developed its own bulletins with news and network activities (starting in Q1 2023)
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Outcome 11.5. Healthier lives promoted through universal access to quality comprehensive health services for all women, men, children, and adolescents in the Americas, focusing on population groups living in conditions of vulnerability.

Principal Intervention 11.5.1 In-depth equity-based analysis of policies and programs affecting the health of women, children and adolescents conducted in selected countries, and countries supported to articulate and implement integrated, equity-based approaches to reduce health inequalities affecting women, children, and adolescents.

1	Updated country profiles for key EWEC-LAC indicators with emphasis on health equity gaps and based on survey and administrative data	Interactive Country profiles updated	The country profiles were updated. Those are available at the EWEC LAC website.		https://www.everywomaneverychild-lac.org/e/country-profiles-with-disaggregated-data-for-the-eweclac-indicators/
2	Study on the effect of the COVID 19 Pandemic in the SDG3-related inequalities in women's, children's and adolescents' health for LAC countries	Study on the effect of the COVID 19 Pandemic on the inequalities published	The report <i>No Time to Lose. Health Challenges for Adolescents in Latin America and the Caribbean</i> was published at the end of 2022 and launched during the PMNCH accountability breakfast. Link: https://www.paho.org/en/events/pmnch-annual-accountability-breakfast-tackling-conflict-climate-change-and-covid-19-triple		https://iris.paho.org/bitstream/handle/10665.2/56441/9789275126219%20_eng.pdf?sequence=3&isAllowed=y
3	Strengthen LAC country capacity to implement and scale up evidence-based interventions to reduce health inequalities affecting WCA	Report and follow up support in COMISCA countries on priorities identified in person meeting of the equity-based approach and based on Estudio Regional de Equidad y Fecundidad en Adolescentes (EREFA) (MMWG and PSIWG)	The report is in its final stages. It is expected to be ready in June.		
4	Interagency regional advocacy with priority countries to implement recommendations generated by the study on the impact of COVID-19 on maternal mortality and neonatal mortality and adolescent pregnancy	Missions (4) with priority countries for advocacy and dialogue related to access and coverage of RMCA services in the context of COVID-19 & strategies to recover access and coverage	It is expected that the number of missions will be reduced from four to one this year. A proposed methodology of priority countries and a draft mission concept note mission has been developed.		

5	Implementation of the E-Learning health equity monitoring to support capacity building	E-learning course implemented	The E- learning Health equity is in progress (the last two modules are currently in development and will be ready at the end of June). The course is planned to be launched in August.		
Principal Intervention 11.5.2 Serve as a political platform to favor policy dialogue and provide technical support and capacity building in selected countries to strengthen the national and sub-national capacity to address health inequalities affecting women, children, and adolescents					
1	Workshop on identifying and addressing health inequalities affecting WCA	Identification of priority actions produced by the participants. Workshop with country representatives (PSIWG, MMWG AND CAWG)	Two workshops will take place in August. One for the Caribbean countries of Belize, Guyana, Jamaica, Surinam, Trinidad y Tobago) and another with the ORAS CONHU countries.		
2	Support the execution of activities of the interagency mechanism EWEC LAC	EWEC LAC workplan execution by the partial support of a hired consultant.	A consultant is contributing partially to support the EMC meetings, logistics and to the EWEC LAC high level meeting proposal as it was discussed and agreed to by the EMC.		

Topic 12 Health Systems and Services

No.	ACTIVITY	Products/ Deliverables	MID YEAR TECHNICAL REPORT 2023		
			Progress during current period	Challenges	Remarks
Outcome 12.1 Strengthened stewardship and governance by national health authorities, enabling them to lead health systems transformation and implement the essential public health functions for universal health					
Principal Intervention 12.1.2 Strengthen the capacities of health authorities to monitor and evaluate progress toward universal health and lead the formulation and implementation of actions necessary to address supply and demand-side barriers to health services, with a focus on vulnerable population groups.					

1	<p>Support Member States to assess progress and gaps in universal access to health and universal health coverage, with a focus on unmet needs and health barriers experienced by vulnerable populations. This will include access barriers to integrated and intercultural services in rural areas (Chachapoyas and Raymondí districts of Peru), access barriers related to implementation of benefits packages (Colombia and Dominican Republic), access barriers to essential health services (Bahamas, Costa Rica). Funding will cover part of a consultant and P2 position.</p>	<ul style="list-style-type: none"> • Workshops with health authorities to disseminate and analyze findings obtained from access barriers studies • Country reports on findings and recommendations obtained from access barrier studies 	<p>PAHO has prepared and submitted a proposal for analyzing health access barriers in the context of the new Health Services Delivery Networks in Chapapoyas and Ucayali (Perú) to local ethical review and PAHO's Ethics Review Committee (ERC). The initiative aims to support the design of intersectoral and intercultural policies to address the barriers faced by the indigenous population.</p>		
2	<p>Support Member States to assess institutional capacities needed to execute essential public health functions related to monitoring, evaluation and learning (MEL) of universal access to health and universal health coverage, with a focus on availability of normative frameworks, coordination mechanisms, and resources. Funding will cover part of P2 position.</p>	<ul style="list-style-type: none"> • Workshops with health authorities to collect information and measure gaps in existing MEL capacities and identification of intervention areas for addressing identified gaps. • Regional report of gaps in terms of MEL institutional capacities and recommendations for addressing deficient areas 	<p>The proposal and structure of a regional report on barriers that affect the monitoring and evaluation of health policies and health outcomes, as well as their impact on equity in access to health services has been drafted.</p>		

3	Conduct policy dialogues with key stakeholders to identify policy options to strengthen capacities to act on access barriers and health systems bottlenecks hindering progress toward universal access to health and universal health coverage. Funding will cover part of P2 position.	<ul style="list-style-type: none"> • Strategic planning workshops to use findings from activities #1 and 2 in order to prioritize intervention areas and strategies for strengthening MEL institutional capacities • Action plans for strengthening institutional capacities related to MEL 			
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Outcome 12.2 Increased and improved sustainable public financing for health, with equity and efficiency

Principal Intervention 12.2.1 Support countries to secure increased and improved public financing for health, with equity and efficiency, as a necessary condition to advance toward universal health, according to national context. Work will prioritize providing countries with a new technical conceptual framework with practical options to increase fiscal space for health that leads to increases in public expenditure in health in the mid-term

1	Support countries in the development of strategies to increase fiscal space for health, including addressing Public Financial Management (PFM) bottlenecks	<ul style="list-style-type: none"> •Country specific Fiscal Space for Health analysis 	Belize report finalized and regional analytical framework under development		
2	Conduct policy dialogues on Fiscal Space for Health including PFM challenges	<ul style="list-style-type: none"> •Country high level meetings on fiscal space for health and PFM challenges. 	Meetings to be carried out on Q4		

Outcome 12.3 Strengthened protection against health-related financial risks and hardships for all persons

Principal Intervention 12.3.1 Support countries to eliminate direct payment for health services as a necessary condition to advance toward universal health. Create the national capacity to develop and monitor financial protection indicators.

1	Support countries in the identification of relevant strategies to substitute direct payments for health services with other sources of prepayment and government budget allocations.	<ul style="list-style-type: none"> •Regional report of successful country experiences in eliminating direct payment 	Postponed to Q4		
2	Support technical discussions on applicable strategies to eliminate direct payment based on the identification of successful strategies in the Region	<ul style="list-style-type: none"> •Technical meeting with selected countries to present study results and conclusions 	Meetings to be carried out on Q4		

Outcome 12.4 Adequate availability and distribution of a competent health workforce

Principal Intervention 12.4.1 Strengthen HRH information systems and the capacity for workforce planning needs, distribution, supply, and demand to increase access to care for vulnerable populations. This capacity will improve countries' ability to respond rapidly in health emergencies.

1	Strengthening countries' capacity for progressive monitoring of a set of HRH indicators and improving countries' data on health workforce stock, distribution and education in the National Health Workforce Accounts (NHWA).	<ul style="list-style-type: none"> •Document with countries' feedback on the use of the NHWA tool usage during 2022. •Report on LAC countries participation in the "Community of Practice of Information Systems on Human Resources for Health" to exchange information and experiences, and find resolution to common problems that can improve the use of NHWA and its information/indicators. 	<p>A preliminary analysis of the use of NHWA by the countries was conducted and presented at an HRH meeting on February 8, 2023.</p> <p>A questionnaire has been designed to identify countries' needs to better assist them in improving their data collection process, identification of possible sources of information, and the use of evidence in HRH policy- and decision-making processes. This survey is currently being validated and will be applied in all countries of the Region.</p>		
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2	Support countries in the region to consistently report human resources for health (HRH) data.	<ul style="list-style-type: none"> •Guideline updated, containing technical specifications for PAHO core HRH indicators. •Guideline developed, establishing recommendations for a minimum set of HRH indicators for the region, in line with countries feedback on data reporting for global and regional commitments 	Activity scheduled to start in April/second semester of the grant		
3	Strengthen countries technical capacities and contribute to analysis and knowledge generation using health workforce data made available by LAC countries in the NHWA.	<ul style="list-style-type: none"> •Countries with an updated profile in the NHWA. •Document of data reported by countries in the NHWA platform. 	The actions carried out in the period enabled an increase in the number of countries with up-to-date data on their workforce and also the number of indicators reported. 16 countries have updated information on HRH in the National Health Workforce Accounts (NHWA) including: Argentina, Bolivia, Brazil, Canada, Colombia, Chile, Costa Rica, El Salvador, Panama, Guyana, Mexico, Paraguay, Peru, Trinidad and Tobago, Uruguay and United States of America. Additional technical support was provided to Bolivia, El Salvador y Paraguay on the process of conceptualizing, gathering and uploading HRH information into the NHWA platform https://apps.who.int/nhwa/portal/Home/Index	There is a need to permanently train new focal points due to changes in the ministry of health; There are difficulties in intersectoral work, resulting in not all the selected indicators being reported.	

12.4.2 Review/diagnosis of human resources for health information systems in LAC countries, review regulations, capacity to gather data and analyze information from different sectors, interoperability of existing systems, and develop the capacity for analysis and HRH planning.

1	<p>Provide technical cooperation to countries to help establish or strengthen existing human resources for health information systems (HRHIS). Identifying the level of maturity of their HRHIS will make it possible to carry out personalized planning of their needs to strengthen their systems.</p>	<ul style="list-style-type: none"> • Document containing methodology to carry out a maturity assessment of the human resource for health information system in LAC countries. • Report on HRHIS maturity assessment validated by LAC countries from different subregions. 	<p>A mapping of the methods used by PAHO and WHO for maturity assessment of the Human Resources in Health Information Systems (HRHIS) of countries in the region was carried out with the purpose of enabling alignment among the available methods. A terms of reference was elaborated to identify a suitable candidate to conduct an analysis of the level of maturity of HRHIS in the countries of the region.</p> <p>https://paho.sharepoint.com/:f:/r/sites/HSS/HR/TECHNICAL%20AREAS/HRH%20Sistemas%20de%20Informaci%C3%B3n/GGrant_proposal_USAID/Midyear%20report%20USAID/Products%20Developed?csf=1&web=1&e=1c3fGb</p>	<p>As the NHWA team is reviewing its maturity assessment tool, and due to the importance of articulating the HRHIS maturity assessment design with an information system maturity assessment already designed by PAHO (not specific to HRH), it was necessary to add extra actions to the scheduled activity.</p>	<p>Revise with EIH and NHWA/WHO teams their tools for information systems maturity assessment</p>
2	<p>Strengthening the governance of human resources for health information systems by supporting countries to understand the formal and informal</p>	<ul style="list-style-type: none"> • Document containing methodology for mapping actors involved in HRH planning and HRHIS. • Report of the mapping exercise in LAC countries. 	<p>Activity scheduled to start in April/second semester of the grant</p>		

relationships between stakeholders and their different governance spaces and explore formal accountability and power. Mapping actors involved in HRH planning and HRHIS will help understand governance mechanisms in HRHIS and increase multi-stakeholder engagement in health workforce data collection and planning.

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Principal Intervention 12.4.3 Strengthen technological and teaching capacities for virtual education.

1	Strengthen the institutional framework and governance of the country and subregional nodes increasing the participation of local stakeholders.	<ul style="list-style-type: none"> • Regulations / Agreements regarding the operation of the nodes 			
		<ul style="list-style-type: none"> • Node web portals that reflect the activity of CVSP and its partners in the countries. 	Country nodes have been formed with different levels of maturity. VCPH countries portals updated in some countries and in the Caribbean Sub-region.		
2	Develop a comprehensive strategy of learning pathways and micro-credentialing for VCPH educational proposals.	<ul style="list-style-type: none"> • Document with recommendations for the development of an educational pathway in PHC. 	In joint work with EPSJV (WHO CC), training needs among community health workers were identified		

3	Improve access to training for workers in underserved areas, by identifying team profiles, learning experience, location, accessibility to technologies	<ul style="list-style-type: none"> • Document with diagnosis of the users experience of VCPH in underserved areas 	A study of VCPH user data, with a first look at the professional groups and methodology and pilot test for georeferencing VCPH users has been made.		
		<ul style="list-style-type: none"> • Survey on learning conditions in remote and underserved areas developed 			
		<ul style="list-style-type: none"> • Diagnosis of the situation of health facility classifiers in the countries to initiate geo-referencing of CVSP users. Piloting in three countries 			
		<ul style="list-style-type: none"> • Guideline with communication strategy targeting remote and underserved areas 	The first document with recommendations for strategic communication has been developed. A consolidated directory of key actors for VCPH dissemination in the Region was created.		
4	Expand CVSP's network of strategic partners for continuous quality improvement	<ul style="list-style-type: none"> • Creation of an Advisory Committee for strengthening the role of public health virtual and hybrid educators 			

		<ul style="list-style-type: none">• Creation of an Advisory Committee for strengthening the role of public health virtual and hybrid educators. Formation of a regional network of developers and technology support professionals for virtual health education platforms.			
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