



**USAID-PAHO UMBRELLA GRANT AGREEMENT
2016-2021**

**GRANT No. AID-OAA-IO-16-00003
(PAHO GRANT No. 002146)**

**MID-YEAR PROGRESS REPORT
1 OCTOBER 2019 – 31 MARCH 2020
REPORT DATE: MAY 1, 2020**



PAHO



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USAID-PAHO Umbrella Project
Mid-term report FY2019

Main achievements, challenges, lessons learned, and products delivered during the period October 1, 2018 and March 30, 2019

Topic 1: Tuberculosis

Tuberculosis persists as a key public health problem in the Americas and the first killer among infectious diseases. It accounted for 289,000 estimated incident cases and 23,000 estimated deaths in the Region for 2018. During that year, 235,000 new and relapse TB cases were notified, leaving around 53,000 cases undiagnosed and untreated. Ten percent (10%) of reported TB cases were coinfecting with HIV and 4,908 out of 11,000 estimated drug resistant cases were reported. Eight countries made up for 82% of the cases (Brazil, Peru, Mexico, Haiti, Colombia, Venezuela, Argentina and Bolivia) while 15 countries had low incidence of 10 cases per 100,000 population or less. TB continues to be concentrated in urban centers and among poor and vulnerable populations (indigenous people, prisoners, children, people living in the streets, among others).

The End TB Strategy, PAHO's Regional Action Plan for TB Prevention and Control, and the commitments made by Member States in the United Nations High Level Meeting on TB of 2018 have supported the interventions included under the USAID-PAHO umbrella. These are directed to accelerate actions towards TB prevention, control and eventual elimination addressing vulnerable populations and comorbidities, using innovative initiatives, with 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:

- Support for activities and interventions recommended during the monitoring visits to high TB burden countries or Epi-reviews conducted during the previous year have contributed to strengthen national capacity for continued implementation of the End TB Strategy.
- Development, finalization and/or translation of technical documents, including reports and training materials, provide useful tools that facilitate the work of NTPs, health personnel working on TB, local partners and civil society, especially with vulnerable populations.
- Advocacy for TB, with emphasis on prevention, through regional materials developed and distributed to all countries for World TB Day commemoration.
- Ongoing implementation and follow-up of initiatives such as ENGAGE-TB with civil society, TB control in large cities, the TB Center of Excellence, TB/HIV integration, and the USAID-PAHO fellowship program.
- Increasing support to low TB incidence countries moving forward towards TB elimination.
- Strengthening the Regional TB Team and its capacity to provide technical support to countries.

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

- Despite recent travel limitations and restrictions, ongoing communication with countries and technical support provided from a distance utilizing technology can still facilitate progress and the organization and implementation of some activities.
- PAHO's administrative transition into a new biennium and strategic plan in December and January required more time to prepare and implement activities involving countries which resulted in some delays.
- The current COVID-19 pandemic has resulted in the need to cancel several activities that had been planned for the end of the current reporting period at country level. Looking forward, many upcoming planned

activities will also need to be rescheduled or rethought and uncertainty remains regarding the timeline for these adjustments, based on travel restrictions and virus spread.

Deliverables:

World TB Day commemoration materials: <https://www.paho.org/en/campaigns/world-tuberculosis-day-2020>

Travel report to The Union-NAR Conference: (see “Deliverables” files)

Travel report to Costa Rica: (see “Deliverables” files)

Activity reports from countries:(see “Deliverables” files) *Note: funds sent to Colombia, Guatemala and Mexico were carry-over funds from Amendment 6 (FY2017), received before the current country restrictions were put into place.*

Translated documents (see “Deliverables” files), includes:

Rapid Communication: Molecular assays as initial tests for the diagnosis of TB and RR

Roadmap towards ending TB in children and adolescents

WHO consolidated guidelines on drug-resistant tuberculosis treatment

Topic 2: Malaria

The principal objective for malaria during YR4 is to consolidate the implementation of key strategic and operational changes from malaria control to elimination that PAHO has promoted during the execution of the 2016-2020 Regional Plan. During this last year of the current Plan, it is essential to support countries to incorporate these changes and to align the efforts of external partners along the same path.

Through this agreement, USAID has contributed to the following main topics of the current Regional Plan: the new approach to risk stratification, microstratification, tools to organize malaria interventions at the foci level, DTI-R strategy, platform to support actions in municipalities with a high malaria burden, improvements in the use of rapid diagnostic tests, and capacities in microscopy.

Moving forward, PAHO intends to finalize additional tools, especially in the area of vector control, and consolidate the implementation of changes regarding capacity development and regulatory aspects. Following the recommendations of the Technical Advisory Group on Malaria in 2019, the development of new policy guidelines is included in the YR4 workplan, including an approach for the radical cure of *P. vivax*, use of Mass Drug Administration (MDA) for *P. vivax*, malaria elimination in the Guyana Shield, and addressing the issue of gold mining on malaria. Finally, the PAHO/USAID agreement is expected to help formulate the new Regional Plan for Malaria 2021-2025 to guide member countries and contribute to their goals, as well as align efforts with the Global Fund and regional initiatives such as RMEI.

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

- Development of a toolbox and approach to organize malaria vector control actions in the countries. The approach has been widely discussed with RMEI partners but PAHO, with the support from USAID, has developed it to promote in all endemic countries. The documents are listed below.
- Intersectoral coordination with PAHO’s Unit of Environmental Determinants for Health and local actors in Dominican Republic on the development of a pilot experience on habitat manipulation/modification as part of the interventions in malaria elimination.

- Guidelines development and capacity building to improve malaria diagnosis in the Region (microscopy and RDT): i) Twenty-four laboratories participated in the 7th Round of the External Quality Assurance Program (EQAP) for malaria microscopy diagnosis; ii) Improvements in diagnostic quality management systems including the development of guidelines (Ecuador and Suriname); iii) Technical document developed to support member countries with RDT selection and use (the document is currently being edited); and iv) Progress on introduction of RDTs as a malaria policy in Ecuador, Costa Rica, and Panama.

Outcome 2.2: Malaria surveillance

- Development of a methodology for sub-national verification of absence of transmission. The approach was initially intended to evaluate an indicator in the context of the RMEI initiative but was developed by the regional team to be promoted in all countries and was validated with field activities in two countries (Costa Rica and Colombia).
- Manual for Malaria Risk Stratification and Elimination of Foci of Transmission finalized (Spanish and English).
- Stratification and micro-stratification strategy implemented broadly at the regional level and local advances in malaria micro-stratification in Colombia, Panama, Costa Rica, and Dominican Republic.
- Malaria routine analysis and dashboards developed and being implemented at the local level (Colombia).

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

- Inventory of regulatory barriers in malaria developed (Colombia, Brazil, and Ecuador) with preliminary progress in addressing key topics with authorities and partners in some countries (Colombia and Ecuador).
- Promotion of partnerships and regional initiatives: the RMEI initiative continues promoting the implementation of strategies and approaches developed by PAHO under this agreement with USAID.
- Direct support provided to malaria actions in high-burden municipalities (Colombia, Peru, Haiti, Guyana, and Brazil).
- Political and technical discussions, plus advocacy with high-level authorities promoted (Colombia, Dominican Republic, Panama, Costa Rica, and Ecuador).
- An updated National Strategic Plan and formulation of the Global Fund project in Haiti, with special emphasis on stratification and prioritization of the distribution of LLINs.
- Support provided in the preparation of the Venezuela concept note for the Global Fund. The regional malaria team has led the development of the proposal. Although there is no progress in execution in Venezuela, in the last four months there has been intensive analysis, information gathering, relations with non-governmental actors, and planning of operations for technical cooperation actions in 2020 connected with the important investment of the GF in 2021.

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

Lessons learned:

- During the second semester of 2019, the Regional Malaria Elimination Initiative (RMEI) continued to contribute to the dissemination and implementation of technical approaches developed by PAHO with the support of USAID (such as micro-stratification, DTI-R). It is beneficial to leverage multiple partnerships and alliances to align efforts of external partners along the same path.
- The articulation with the efforts of the Global Fund in the region continues to be positive and highlights the usefulness of coordinated action and permanent communication with the regional program (Haiti, Suriname, Guyana, and Venezuela).

- Local experiences of implementation of elimination strategies promoted by PAHO with the support from USAID in previous periods showed successful results at the end of 2019, demonstrating the usefulness of such approaches (for example Guatemala and Honduras).
- Implementing automated routines and dashboards for core operational data shows the utility and acceptance of this approach and complements the promoted approach to address malaria foci.

Challenges encountered:

- Weaknesses of national coordination of malaria programs in the ministries of health continue to be a limitation for more effective implementation of technical cooperation. For example, changes in the structure and authorities of the malaria programs in Brazil and Panama, structural weaknesses in Guyana, weaknesses in other countries (Ecuador), and changes in roles and functions in the Dominican Republic.
- Since the beginning of 2020, the situation due to the COVID-19 emergency has affected the prioritization of malaria topics in the countries, making it difficult to plan some of the activities included in the regional workplan. By the end of March, the consequences of the COVID-19 pandemic on the malaria response seems to be the main challenge for malaria elimination efforts and will also affect PAHO-USAID malaria activities in the countries, resulting in the need to reprogram certain actions. By the end of March, PAHO had developed two technical documents to guide the mitigation of effects of COVID-19 on the malaria response. The new situation particularly highlights the need for tailored technical cooperation in malaria and the continuation of USAID support.

Deliverables:

Toolbox to guide decisions in vector control for malaria (see “Deliverables” files). Includes:

- Strategic analysis for decision making and development of the malaria vector control component at country level
- Selection of vector control interventions
- Insecticide resistance management strategies for different insecticide resistance scenarios in malaria endemic countries in the Americas
- General guidance on Entomological Surveillance in Malaria
- Compendium for the implementation of LLINs
- Guide: verification of absence or under-reporting of indigenous malaria transmission (see “Deliverables” files).
- Measures to ensure the continuity of the response to malaria in the Americas during the COVID-19 pandemic: <https://www.paho.org/en/documents/measures-ensure-continuity-response-malaria-americas-during-covid-19-pandemic>
- Technical Report Seventh Round 2018-2019: External Quality Assurance Program for Malaria Microscopic Diagnosis: <https://www.paho.org/en/documents/technical-report-seventh-round-2018-2019>
- Selection and use of rapid diagnostic tests (RDT) for malaria. Document with technical guidelines (draft). PAHO. (see “Deliverables” files).
- Inventory of regulatory barriers and public policy gaps for malaria elimination. Working document. (see “Deliverables” files).
- PAHO PLISA Health Information Platform for the Americas: <https://www.paho.org/data/index.php/en/>
- Malaria data: local information analysis dashboard (Colombia) (see “Deliverables” files).

- Four documents on malaria diagnostics in Ecuador: Roadmap for the consolidation of malaria diagnostics, *Sistema de aseguramiento de la calidad del diagnóstico parasitológico de malaria 2019*, *Manual para Selección y Uso de Pruebas de Diagnóstico Rápidas (PDR), 2019* y *Manual del diagnóstico parasitológico de malaria, 2019* (see “Deliverables” files).
- Malaria Day in the Americas 2019 (<https://www.paho.org/campeonesmalaria/en/dia-contra-el-paludismo-en-las-americas/>) and 2019 Malaria Champions of the Americas Finalist Videos (<https://www.paho.org/campeonesmalaria/en/>)

Topic 3: Neglected Infectious Diseases

Neglected infectious diseases (NID) impose a large burden on the lives of marginalized populations across the globe and in the region of the Americas. The burden of disease is related to poverty and income inequality and disproportionately affects vulnerable communities, including certain ethnic groups. It is estimated that 24% of the population of Latin America and the Caribbean (approximately 153 million people) are at risk of NID because they live in poverty.

In September 2016, PAHO’s Directing Council, through Resolution CD55.R9, approved the “Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022”. The mission of PAHO’s NID Program is to provide technical cooperation to strengthen national capabilities to develop integrated plans of action, and implement effective integrated programs, strategies, and interventions to advance towards the elimination (where feasible), or the control of selected NIDs.

In partnership with USAID, PAHO has contributed to the progress made in reducing the burden of diseases that can be targeted through preventive chemotherapy (PC), including lymphatic filariasis (LF), onchocerciasis, schistosomiasis (SCH), soil-transmitted helminthiasis (STH) and trachoma. PAHO’s Regional NID Program provides technical cooperation to national country programs for the planning, implementation, monitoring and evaluation of integrated interventions, including mass drug administration (MDA), for the diseases mentioned above.

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

LF Elimination Guyana: Implementation of the IDA MDA

Based on the micro plans that were developed, the MDA distribution strategies implemented included fixed points, schools (for school age children) and households (mobile teams administering drugs house to house) as a mop-up strategy. These distribution strategies were used in combination, according to the characteristics of each of the villages or communities, in order to maximize the coverage.

The MDA was implemented between October 31 and December 18, 2019. The coverage results are shown below.

Region	Target Pop. (Census)	Coverage	Coverage (%)
Region 1	5,803	4,266	73.5
Region 2	44,347	33,301	75.1
Region 3	107,785	80,770	74.9
Region 4	311,563	238,437	76.5
Region 5	49,820	35,061	70.4
Region 6	108,233	81,867	75.6

Region 7	9,806	9,533	97.2
Region 10	39,992	27,082	67.7
Total	677,286	510,317	75.3

The overall coverage was 75%. It must be highlighted that regions 3, 4, 5 and 6, where 86% of the at-risk population lives, achieved coverage rates equal or greater than 70%.

Regional meeting for elimination of trachoma in the Amazon Basin

The Regional meeting to establish a roadmap for an integrated approach to tackle trachoma, other neglected infectious diseases, and eye diseases causing blindness in hard-to-reach populations in the Amazon Basin was held in Panama City on October 21st and 22nd 2019. After analyzing the challenges and opportunities to provide health services to the population living in this geographical area, and reviewing the possible methodologies for integrated mapping of several NID, trachoma, and eye health problems and associated factors, a draft set of integrated actions to tackle these diseases was proposed, aimed at helping countries incorporate them in their national public health plans.

Schistosomiasis survey, Dominican Republic

A protocol for a schistosomiasis survey in school-age children (school survey) and adults (community survey) was finalized and approved by all parties involved, including the national ethics committee and the PAHO Ethics Review Committee. A training was scheduled for March 23-27, 2020 and the field survey was planned for April 1st to May 15th. Because of the COVID-19 pandemic, all activities had to be postponed until at least September.

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

Lessons learned: The MDA-2019 in Guyana showed that IDA is feasible to implement if appropriate planning, microplanning, organization and follow up is ensured in every IU. It provided an opportunity for renewed engagement and support from national and local governments on LF elimination. Acceptability assessment results of MDA were useful to refresh the communication strategies.

Challenges: The main challenge for timely and complete implementation of activities and execution of funds is the current COVID-19 pandemic. Except for those activities carried out in Q1 (October to December, 2019) nine activities planned for 2020 (Principal intervention (PI) 3.1.1, activity 2; PI 3.1.2, activities 2, 3, 4, 5 and 6, and PI 3.1.3, activities 2, 3 and 4) have been put on hold and postponed until further notice. It is likely that most activities will be postponed for either the last quarter of 2020 or for 2021 and that the funds will have to be reprogrammed. It is not possible to determine now when the activities will be carried out. This will depend on how the pandemic evolves.

Topics 4-6, 8 (originally): Health Inequities (new in YR4)

Beginning in YR4, an inter-programmatic workplan was launched to support the countries of Latin America and the Caribbean in accelerating their efforts to eliminate social inequities in health. The activities included in the workplan are interdepartmental, linking together work in the Departments of Family, Health Promotion and Life Course (including the Latin American Center for Perinatology, Women’s and Reproductive Health), Health Systems and Services and Evidence and Intelligence for Action in Health. By building on existing experiences and by using evidence-based knowledge, this workplan aims to build capacity among Member States and focuses on three strategic lines of effort, namely to:

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

To underscore the activities included in the workplan and provide some background and technical context, the region of the Americas has the largest health inequities both within and among countries. In order to address this public health challenge, the inter-agency movement Every Women, Every Child- Latin America and the Caribbean (EWEC-LAC) was formed with the shared leadership of 8 international organizations. The movement works 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, including work to:

- Keep 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
- Promote and strengthen country capacity to analyze WCA health inequalities and multi-sectoral determinants, and monitor progress towards the Global Strategy targets
- Promote and support country adoption and implementation of pro-equity health policies, strategies, and evidence-based interventions

Two of the central objectives of the Global Strategy for Women's, Children and Adolescents' Health include: **Survive** (End Preventable Deaths) and **Thrive** (Ensure Health and Well-Being) and many of the other interventions included in the health inequities workplan in YR4 are aimed at strengthening these aims and their related targets.

In the area of neonatal health, efforts in YR4 are focused on activities to generate evidence and give visibility to existing inequalities, as well as work to address the burden of fetal mortality in the region. To date, activities have also been focused at improving the quality of care of at-risk newborns through the generation of tools, guidelines and improved surveillance to help countries, health services, and health teams. To improve maternal health in the region, work so far in YR4 has focused on supporting the technical competencies of health professionals, including doctors, midwives and obstetric nurses, who deal with the direct care of pregnant women. Efforts have also been undertaken to strengthen the surveillance of maternal mortality and severe maternal morbidity.

To advance efforts towards universal access and health coverage, assessing what segments of the population are unable to use health services and what are the most important obstacles, are first fundamental steps towards determining sustainable solutions. Within this context, PAHO has made efforts to measure and eliminate access barriers to health in the Americas. Through the support from USAID, work has been done to advance this agenda further by: 1) mapping access barriers indicators for which data can be derived from household surveys in the Americas, 2) conducting in-depth secondary data analysis of equity and access barriers in the Americas, and 3) guiding country policy-making towards reducing access barriers through country missions. Regional commitment to the assessment and elimination of access barriers is supported by Resolution CD53.R14, Strategy for Universal Health, which was adopted in 2014 with a view of achieving that goal. This is further evidenced by PAHO's new Regional Compact on Primary Health Care (PHC 30-30-30) and PAHO's new Strategic Plan for the period 2020-2025, which sets out the explicit target of reducing access barriers to health.

At a time when the region is facing a shortage of health workers, policymakers are looking for innovative strategies that can help them develop programs that optimize the various knowledge and skillsets of the global health workforce. In its Regional Strategy on Human Resources for Health (2017), PAHO highlights a health workforce crisis which has disastrous implications for the health and well-being of millions of people in the Americas. In addition, there is a disconnect within the region between health and education systems that results in a mismatch between supply of health and social care workers and the populations' health care needs. This is particularly relevant at the first level of care in underserved areas with vulnerable populations and is a contributing factor to social inequities in health. There is now increasing evidence supporting interprofessional collaborations and teamwork in improving health inequities, clinical outcomes and preventing errors. However, among many barriers of good interprofessional practices that have been identified is the lack of interprofessional socially accountable education. Educating and training the health workforce within the context of the social determinants of health should strengthen health services and reduce barriers to effective universal access and coverage of health.

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

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

- From October to December 2019 a self-administrated virtual course on Maternal Perinatal Death Surveillance and Response, was launched in English and Spanish. This activity was carried over from the YR3 workplan and was a joint effort of the Maternal and Child Survival Program, the University of London, the University of Antwerp, WHO and PAHO. From December 2019 to March 2020 more than 800 persons from 58 countries globally enrolled
- In Q1 and Q2 of YR4, a draft regional report analyzing inequities in access to health services was produced. This report presents the range of access barriers indicators for which data can be derived from household surveys in the Americas, as well as results from in-depth secondary data analyses exploring the selected indicators in 26 countries, disaggregated by wealth quintiles. The results of this report will be submitted for publication to the Pan American Journal of Public Health (PAJPH) later this year.

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

- In Q1 and Q2 of YR4, proposed content for what will be a joint methodology for assessing health access barriers and inequalities and resulting policy options was produced. Multiple internal meetings were held between the teams in Health Systems and Services and the EWEC-LAC colleagues to ensure collaboration. Additionally, work plans for Peru and Paraguay were developed outlining the approach for interviews and workshops with health personnel to identify policy options to address health access barriers. The work plans have been shared with the ministries of health and are currently under review.
- A review of available published evidence on the barriers related to implementation of socially accountable education and interprofessional practice at the first level of care (with added focus on the role of resilience under disasters and emergencies, in light of COVID-19) was initiated. A final report will be available next quarter.

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

- Significant advances have been made in the development of the Regional Baseline Report on Inequalities in EWEC-LAC. A first report based on data from surveys that includes indicators from 21 countries in the Latin America & Caribbean Region has been completed and it is in the process of being published. A second

report based on administrative data from countries will include a chapter on good practices to reduce inequalities in the region and is planned to be launched in September 2020.

- Great progress has been made in the Social Inequities in Health affecting Woman, Children and Adolescents in LAC EWEC-LAC Report, including a regional review of policies affecting the health of women, children and adolescents and a systematic review on equity-based practices related to maternal health and adolescent pregnancy. Furthermore, a series of materials have been developed to address women, children and adolescent health inequities, including a compendium of tools, instruments and methods for country use that will be launched at the end of April.
- In Honduras, the methodologies of Innov8 and an adapted version of the AHSBA tool were used and successfully adapted in country. Based on this work, a detailed situation analysis was produced. A second adolescent pregnancy prevention plan and an adolescent health strategy is planned for later this year.
- In Guatemala, a case study on bottlenecks and barriers to effective coverage of early childhood health and development interventions is in its first stage. This case study is being built based on the scoping review on the bottlenecks and barriers to effective coverage of early childhood health and development interventions in Guatemala that was conducted at the end of 2019.
- As part of the collaboration between EWEC-LAC and the Health Systems and Services teams within PAHO, multiple meetings were held to ensure cooperation across common areas of interest. The methodology and data collected by both groups across different projects were shared and discussed as part of a united effort to work together in priority countries. As consequences of these meeting, a methodology on access barriers to health services that includes the measures on inequalities is being developed.
- The document “Present and Future of Birth Defects Surveillance in the Americas” was completed and published. The document consolidates the work to strengthen birth defects surveillance across the region that have been developed and sustained with the support of USAID. The scope of the publication is not only regional but also global, as Latin America and the Caribbean, together with South East Asia, are the two WHO regions with the greatest advances in birth defects surveillance, and this document provides visibility to the work undertaken within this region.
- The technical contents of the evidence-based clinical guidelines for the follow-up of newborns in critical conditions was also completed. These guidelines are the result of more than two years of collaboration between a group of experts. The final document is currently being edited and designed. Once published, it is anticipated that these guidelines will substantially contribute to the provision of quality care in the follow-up of newborns who are premature, small or who have conditions that expose them to significant risks. The implementation of these guidelines is expected to contribute not only to providing better clinical care but to also to reducing inequalities in the region
- An initial pilot of a self-learning basic course on Interprofessional Education (IPE) was completed with 50 participants and 5 tutors (versions in Spanish and Portuguese). The course is now open for public use at PAHO’s Virtual Campus of Public Health <https://mooc.campusvirtualsp.org/course/view.php?id=122>
- A workshop on transforming the education of health professions was held in Albuquerque, New Mexico on 20-22 November 2019 at the University of New Mexico (a PAHO/WHO collaborating center). The aim of the workshop was to share good practices and promote cooperation between countries in the Americas on three topics: 1) accreditation for socially accountable and interprofessional education; 2) faculty development and social determinants of health; 3) capabilities of interprofessional teams for the first level of care. Policy briefs on these topics will be circulated in coming months as part of the project.
- Abstracts were submitted to the global conference TUFH 2020” Primary Health Care: A path towards social justice” to be held in Mexico City September 22-25, 2020. Topics include the transformation of health professions’ education, development of interprofessional teams for primary care and tools to monitor the social mission and interprofessional scope of academic institutions. These abstracts present experiences

and good practices developed during this project from several countries of the region <https://tufh2020.com/>.

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

- The importance of inter-agency work has been reinforced, as these collaborations not only improve the quality of technical products, incorporating different points of view and needs, but they also result in important work synergies, improve the use of resources and avoid duplication.
- The importance of interdepartmental work must also be highlighted, particularly around the approach to inequalities in relation to the newborn. This articulation has been constant and growing in recent years and is beginning to be reflected with relevant results. Outside of PAHO, the Neonatal Alliance for Latin America and the Caribbean constitutes a fundamental space that needs to be strengthened in order to enhance the articulation and involvement of partners both at the regional level and in countries.
- Key products have been completed from October last year to March this year such as reports, and scientific articles on health inequities in women, children and adolescents that promote the need for countries to continue incorporating the lens of equity and the use of evidence and good practices.
- A fundamental conclusion from the group of regional experts gathered at the University of New Mexico in November 2019 was that “a transformative health workforce education agenda is a means to an end, not an end in itself”. Changes in health workforce education and training for the social determinants of health will need to go beyond improving curricula and individual programs. In order to strengthen and transform the health workforce education and training -with a view to better responding to the health needs of people and to tackle health inequities in our Region-, three main lines of action are needed: a) promotion of interprofessional, community-based and health systems-based education, b) linkages of pre-service education to continuous professional development, and c) a socially accountable accreditation system to ensure quality of training institutes and competency of health workforces.
- The public health emergency caused by the emergence and spread of COVID-19 has had an overarching impact on the timeline of multiple activities included under the Health Inequities workplan and planned for 2020. Given current social distancing requirements and travel restrictions, this workplan will need to be reviewed and revised accordingly going forward. While extremely rare, a pandemic scenario should be included into future risk assessment planning exercises.

Deliverables

- Link for MPDSR course in Spanish: <http://bit.ly/CVOPSvig-mort-materna-perinatal>
- Link for MPDSR course in English: <http://bit.ly/PAHOVCmaternal-perinatal-death-surv>
- Interactive dashboard, with metrics related to participants in both courses: <https://datastudio.google.com/reporting/25d263e2-709c-4408-91e4-b3f6764b77ea/page/pNxo>
- Technical document: Present and Future of Birth Defects Surveillance in the Americas: <https://iris.paho.org/handle/10665.2/51899>
- Abstracts submitted to the global conference TUFH 2020” Primary Health Care: A path towards social justice” to be held in Mexico City September 22-25, 2020. Topics include the transformation of health professions education, development of interprofessional teams for primary care and tools to monitor the social mission and interprofessional scope of academic institutions. These abstracts to present experiences and good practices developed during this project from several countries of the region. <https://tufh2020.com/>

- Educación Interprofesional y Práctica Colaborativa en Salud (curso de autoaprendizaje en español) /Interprofessional Education and Collaborative Health Practice (self-learning course in Spanish: <https://mooc.campusvirtualsp.org/course/view.php?id=122>)
- Draft regional report on access barriers indicators and inequalities (see “Deliverables” files).
- Work plan outlining the methodology for interviews and workshops (see “Deliverables” files).
- Meeting notes and proposed content for what will be a joint methodology for assessing access barrier and inequalities and policy options/produced with the EWEC-LAC colleagues (see “Deliverables” files)

Topic 7: Health Information Systems

Governments require strong information systems for health that provide the data and evidence for formulating sound policies and decisions. The Americas has achieved significant improvements; mortality underreporting has decreased from 5.8% in 2008 to 5.1% in 2018, and the coverage and quality of mortality and live births data have improved. Nevertheless, challenges persist to address fragmented information systems, limited analytical capacities and data quality challenges, among others, which hinder access to quality data. PAHO’s Member States recognize this urgent area of work, particularly given the need to produce disaggregated, subnational-level data to measure the SDGs as the Americas shift towards reaching universal health coverage. Goal 6 of PAHO’s Sustainable Health Agenda for the Americas 2018-2030 sets targets for strengthening countries’ information systems for health (IS4H). IS4H serves as the framework for the 2017-2022 Plan of Action for Strengthening Vital Statistics (document CSP29/9). USAID support allows PAHO to obtain countries’ buy-in, conduct assessments and missions, and produce guidelines, model policies, and procedures. The Latin American and Caribbean Network for Strengthening Health Information Systems (RELAC SIS) draws from regional expertise and excellence to facilitate the dissemination of practices and success stories and provides health personnel with access to free-of-charge trainings and forums.

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

- As a result of conducting PAHO’s IS4H Assessment tool, Peru now has a baseline assessment of its information systems for health which will help guide further efforts to improve the quality of health data collected in the country. Three countries (Bahamas, Jamaica, and Paraguay) have conducted a second assessment round using this tool, providing them with invaluable insight into the progress made to date, as well as persisting challenges requiring further efforts and investments. This baseline information is essential to guide countries as they seek to attain the targets established in PAHO’s Plan of Action for Strengthening Information Systems for Health. The recommendations resulting from these assessments are now of stronger quality given recent updates to the IS4H maturity assessment tool (version 2.0, available [here](#)).
- PAHO’s knowledge capsules on interoperability, telemedicine, and linking ICD-11 with SNOMED provide health authorities and decision makers with a better understanding of concepts, tools and technical documents that will ensure improvements in information systems technologies and methodologies.
- Considering the critical value of quality vital statistics, PAHO has provided 19 countries with tailored recommendations on ensuring that their death certificates are designed in a way to ensure that complete information can be collected at all levels of a country. Results for Caribbean countries will be available in the fall as part of a collaboration with ECLAC/CELADE.
- PAHO’s guidance, recommendations, tools, and trainings continue to be available free of charge for health professionals via the web portal for the Latin American and Caribbean Network for Strengthening Vital Statistics (RELAC SIS by its Spanish acronym). This primarily virtual portal has served as a valuable resource

for boosting ICD coding, ensuring death certificates are completed correctly, and sharing country experiences and practices on a wide breadth of topics related to health information systems.

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

- The ongoing COVID-19 pandemic in the region has both underscored the need for robust information systems that can rapidly transmit timely and quality data on new cases, hospital beds, supplies and equipment stocks, and other indicators to help guide country responses. Vital statistics data will prove essential to ensuring epidemiological analysis has a baseline and monitoring mortality trends considering incomplete testing at all levels.
- This situation has also unfortunately created stressors on resources to make appropriate, sustainable investments in countries' information systems for health. PAHO has continued to deliver essential technical cooperation during this time and will work with country counterparts to tailor this assistance to critical needs amidst this crisis. Additionally, ministry of health counterparts have been redirected towards national responses to COVID-19. As such, country and subnational assessments of IS4H have continued but at a different pace and virtually.
- Nevertheless, the virtual approach for technical cooperation developed within the framework of RELACIS and now incorporated into IS4H technical cooperation has prepared PAHO to continue working with country counterparts despite grounded flights across the Americas. Similarly, the experience of building partnerships with institutions and PAHO/WHO collaborating centers has enabled PAHO to provide direct country support in areas outside the scope of the Organization's in-house expertise.

Deliverables

- PAHO's Information Systems for Health homepage: <http://www.paho.org/ish>

Topic 1: Tuberculosis

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
Outcome: 1.1 Increased country capacity for integrated patient centered TB care and prevention, with emphasis in populations in situations of vulnerability					
Principle Intervention: 1.1.1 Strengthen the capacity of National TB Programs (NTPs) for integrated prevention and care of TB and MDR/XDR-TB					
1	Conduct National TB Program (NTP) monitoring visits to selected countries	Visit reports available	A visit to Costa Rica's NTP was conducted during the first week of March 2020. A planned visit to Jamaica in late March had to be postponed due to the COVID-19 pandemic	Rescheduling of the visit to Jamaica's NTP will depend on the evolution of the pandemic.	All other pending visits (some already scheduled for April, May and June) are now postponed due to the COVID-19 pandemic until further notice.
2	Support implementation of recommendations from TB monitoring visits to 3 high burden countries and other key countries visited in 2019-2020	Activity reports available	Funding for concrete activities to address recommendations from TB monitoring visits to Colombia, Mexico and Peru was provided.		
4	Hold Regional Meeting of NTP and TB laboratory managers to monitor implementation of the End TB Strategy and share experiences	Meeting Report	Preparations for the meeting to be held in Cartagena, Colombia on the first week of May were halted due to the pandemic.	Rescheduling of the meeting will depend on the evolution of the pandemic.	
5	Support the development of the international TB courses held jointly by The Union-PAHO: TB epidemiology and DR-TB.	Courses delivered	Preparations for the TB epidemiology and management course to be held in Antigua, Guatemala on the third week of April were halted due to the pandemic.		The course on TB epidemiology and management has been tentatively postponed by The Union to September. The DR-TB course to be held in Lima in July might need to be postponed.
6	Translation to English and printing of the operational guidance on TB in indigenous peoples	Guidance translated		The editing of the Spanish version took longer than expected. During Q3 this will be ready.	

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
7	Continue the support of the implementation of operational guidance on TB in indigenous peoples in selected countries	Guidance implemented	TORs for the consultancies to implement the operational guidance were prepared and arrangements made with the consultant. Likewise, coordination with 4 countries (Mexico, Panama, Peru and Argentina) were underway to start visits between April and June when the pandemic arrived, and this had to be postponed.	Rescheduling of the visits will depend on the evolution of the pandemic.	Virtual preparatory work can be explored pending availability of NTPs.
8	Support implementation of operational guidance of TB control in prisons in selected countries	Guidance implemented		There have been delays in finalizing the operational guidance due to other priorities. It is currently being finalized and implementation expected as soon as travel is possible in Q3 and Q4.	
9	Conduct a regional meeting on TB control in prisons	Meeting report			Expected to occur in Q3 but might need to be postponed.
10	Advocacy for the implementation of the Multisectoral Accountability Framework for TB in the Region	Activity report available	Together with WHO, PAHO has contributed to the development of a checklist and annexes that will facilitate implementation in countries.	The next step which is piloting of the tools in one or two countries is now dependent on the evolution of the pandemic.	

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
11	Develop the regional TB report 2019 and preparations for regional TB report 2020	TB report completed	The regional TB report has been developed jointly with a TB PAHO/WHO collaborating center on epidemiology in Argentina and it is in final editing.	Finalization of the report was delayed due to unforeseen circumstances and will be ready, translated, shared and posted in late April.	
12	Commemoration of World TB Day	Materials developed and distributed to countries	Advocacy and information materials were developed (posters, cellphone holders and notebooks) and distributed to countries. Information materials were also developed and posted on PAHO's TB website.		
13	Develop, translate, finalize and distribute TB technical documents to support implementation of the End TB Strategy	Documents translated, edited, printed and distributed	Several WHO technical TB documents have been translated into Spanish and posted on PAHO's TB website.		
14	Support the assessment and implementation of interventions to address TB comorbidities: diabetes, mental health, addictions, tobacco, nutrition.	Guidance implemented	Coordination with PAHO colleagues on non-communicable diseases is underway as well as with WHO to develop materials that will support the implementation of these interventions.		

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
15	Develop an e-learning course that will facilitate the implementation of the TB/HIV clinical guidelines	E-learning course developed	Development of initial training material is underway in collaboration with the WHO TB collaborating center on digital health and PAHO's virtual library		This product might be ready in Q3
16	Develop and implement a monitoring framework for TB/HIV integration with health system perspective	Monitoring framework developed	An initial instrument has been developed and a visit to Dominican Republic was scheduled for April but had to be suspended due to the pandemic	Rescheduling of the meeting will depend on the evolution of the pandemic.	
17	Support for external quality control of DST of 3 Supranational Reference Laboratories	Quality control reports			Scheduled for Q4
18	Regional training on Next Generation Sequencing for selected TB laboratories	Training delivered			Scheduled for Q3 but due to the pandemic might need to be postponed to Q4.
19	Support the development or updating of national TB plans aligned with targets of the End TB Strategy and commitments of the UNHLM-TB following the review conducted in Y3.		Technical support has been provided remotely.		

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
Principle Intervention: 1.1.2 Reinforce PAHO's technical capacity at regional and sub regional levels through greater human resources and advisory support					
1	Technical cooperation to countries through TB advisors, USAID-PAHO TB fellowship program, and administrative support	Positions hired/sustained	Staff hired and working as part of the Regional TB Team		
2	Support for meeting of PAHO's Technical Advisory Group for TB (TAG-TB)	Meeting report			Scheduled for Q3 but due to the pandemic might need to be postponed to Q4.
3	Support the participation of TB regional staff in international meetings and conferences (WHO meetings, Union conference, ALAT, Parliamentarian Congress and others)	Travel and meeting reports	Participation in The Union Conference - North American Region in Chicago in late February	All international meetings on hold due to the pandemic. Some might be cancelled.	
Outcome: 1.2 Regional innovative initiatives and research for TB prevention and control strengthened and developed					
Principle Intervention: 1.2.1 Expand the initiative for TB control in large cities, focusing in hotspots, and develop or adopt new innovative initiatives					
1	Support for monitoring visits to cities implementing the Initiative of TB control in large cities based on needs and introduce in new cities	Travel reports	Follow up has been conducted virtually. A scheduled visit to Dominican Republic planned for April has been postponed due to the pandemic.	The introduction of the initiative in Panama has been postponed to Q3-Q4 upon request by the country.	
2	Support two rotations of TB staff from selected countries in the TB Center of Excellence for the Implementation of the End TB Strategy in El Salvador	Rotation report	The 10th rotation in the Center of Excellence was conducted on 11-15 November with 5 participants		The 11th rotation is scheduled for Q4
3	Support civil society participation in TB and implementation of the ENGAGE-TB approach in selected countries	Activity report available	Support for Brazil and Jamaica was being coordinated when the pandemic arrived, and plans have been postponed.		

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
4	Support Epi-reviews in selected countries	Epi review conducted	Initial coordination with Colombia, Mexico and Argentina to conduct Epi-reviews between April and June but plans postponed due to the pandemic.	Rescheduling of the Epi-reviews will depend on the evolution of the pandemic.	
5	Support implementation of recommendations from Epi-reviews in 2 countries	Activity reports available	Funding for concrete activities to address recommendations from Epi-reviews in Guatemala and Dominican Republic was provided.		
6	Support the implementation of studies on catastrophic costs due to TB in selected countries	Study report	Protocol has been developed in Colombia but the study itself has been postponed due to the pandemic	Rescheduling of the study will depend on the evolution of the pandemic	
7	Support implementation of FAVIA-TB in selected countries	Activity report available	Technical support has been provided for countries in Central America. Plans for visits have been postponed due to the pandemic.	Rescheduling of visit will depend on the evolution of the pandemic.	
Principle Intervention: 1.2.2 Accelerate progress towards TB elimination in low incidence countries					
1	Conduct monitoring visits to countries implementing the TB elimination initiative	Monitoring reports available	Visit to Costa Rica was conducted in late March. A planned visit to Jamaica in late March had to be postponed due to the pandemic.	Rescheduling of visit to Jamaica will depend on the evolution of the pandemic.	
2	Technical support to countries reaching low incidence level	Activity report available	Initial coordination to visit Trinidad & Tobago in June was conducted.	Due to the pandemic the visit to Trinidad & Tobago might need to be postponed.	

Topic 2: Malaria

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
Outcome 2.1: Increased country capacity towards universal access to good quality malaria prevention, integrated vector management (IVM) interventions, malaria diagnosis and treatment.					
Principle Intervention:2.1.1 Support countries towards universal access to good quality malaria prevention, integrated vector management (IVM) interventions, malaria diagnosis and treatment					
1	Support country capacity to strengthen malaria case management interventions.	Workshop reports available, personnel trained, and case management guidelines updated	Support provided to update case management guidelines for BLZ, SLV, COL. Training in SUR to strengthen malaria surveillance and case management with the Malaria Program among the medical community on November 2, 2019.		In GUY, there are ongoing negotiations with the malaria Global Fund grant PR to facilitate travel to Region 1 with NMP to conduct training for 20 trainers and conduct three monthly M&E missions, with emphasis on malaria case management. Mission was recently postponed to July 2020.
2	Support procurement of emergency stocks of anti-malarial drugs for the regional warehouse	Quick response to potential outbreaks and stocks out prevented	Regional warehouse with stocks, estimations for joint procurement in process for 2020-2021.	Due to COVID-19 emergency we are expecting some delays with new requisitions placed for procurement.	We are monitoring closely this process. PAHO CDE/VT warehouse is playing a key role during the COVID-19 pandemic since some countries are facing delays with antimalarial procurement.
3	Support countries to improve malaria diagnosis capacity with the implementation of an External Quality Assurance Program (EQAP) for malaria diagnosis	Slide panels developed and shipped to participant laboratories. EQAP results published.	Participation of 24 laboratories in the External Quality Assessment Program (EQAP) during the 7th Round. Report available in the following link: https://www.paho.org/en/documents/technical-report-seventh-round-2018-2019 . Collection of samples in preparation for	Due to COVID-19 emergency, national reference laboratory personnel are under rotation to support COVID-19 diagnosis. Delays are expected.	

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
4	Conduct Regional (ECAMM) and in-country (NCAMM) competency assessments to follow up on results from EQAP for malaria diagnosis and standardize QA procedures with participant countries	Microscopists certified, country missions' reports, QA country guidelines developed	the 8th Round panels in process for expected shipment at the end of 2nd semester 2020. Regional workshop (ECAMM) scheduled for June 2020, recertification of key malaria microscopists. Support provided for the implementation of the NCAMM and QA procedures: Oct 21-31, 2019 in ECU (QA processes reviewed with lab network), Mar 2-13, 2020 in SLV (NCAMM with 12 participants, level A=3, level B= 1, level C=4 & level D=4) certificates only to levels A & B, plans developed for levels C & D since more training was needed. DOM reviewed malaria diagnosis QA manual. WHO Microscopy manuals translated to Portuguese. Elaboration of panels for the direct quality control in ECU. Microscopist refreshment training in SUR in Oct 2019, to train 30 microscopists.	Due to COVID-19 emergency we are planning on moving the ECAMM to the 2nd semester 2020.	Additionally, NCAMM training completed in HTI through MZ.

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
5	Support countries on standard use and expansion of diagnosis capacities using RDTs, including selection and quality control procedures	Recommended selection criteria for procurement shared and trainings on RDT use implemented RDT implementation reports	A regional technical document developed to support member countries with RDT selection and use, the document is currently being edited. Training materials for community workers and health personnel developed and reviewed (GUY, PAN, DOM, ECU and SUR). Support provided for national criteria for selection and implementation of RDT in COL. BRA also preparing a video for training and use of RDT for 2nd semester. Supported ECU in developing a roadmap for the consolidation of the diagnostic network. Finalization of three documents: Manual Aseguramiento de la Calidad de Diagnóstico de Malaria 2019, Manual para Selección y Uso de Pruebas de Diagnóstico Rápidas (PDR), 2019 and Manual del Diagnóstico Parasitológico de Malaria, 2019. Support to CRI in introducing RDT in the Ministry of Health and in the "Caja Costarricense".	Due to COVID-19 emergency, the RDT video development in BRA is planned for 2nd semester 2020. Also, some activities planned in ECU for 2020 have been postponed due to COVID-19. In Guyana, training sessions for 10 trainers from the hinterland regions on the use of RDTs was scheduled for Q1 2020 but was postponed due to COVID-19 emergency; currently working with a local consultant in refining the curriculum for more efficient roll-out once new schedule is set.	Publication of RDT document at the end of 2020.

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
6	Support surveillance to determine the current extent of <i>P. falciparum</i> populations with deletions of the Histidine-rich protein 2 (HRP2) and Histidine-rich protein 3 (HRP3).	HRP2/HRP3 deletion results from selected countries	WHO based protocol adapted in COL, waiting on local ethical approval. Implementation expected to start the end of 2nd semester due to COVID-19 emergency. From samples collected from routine <i>P. falciparum</i> surveillance and also from studies (TES) there is no evidence of HRP2 deletion in the samples collected in COL or GUY. BRA currently is analyzing the data provided by the sentinel sites to monitor HRP2/3 deletions developed by the NMP to adapt the WHO methodology.	Currently INS COL laboratory personnel dedicated to COVID-19 response. In BRA new sample collections planned for the 2nd half of 2020, may be delayed due to demands of COVID-19.	
7	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.	Molecular markers results shared	According to our PAHO/WHO Collaborating Centre in charge of analyzing samples from the last studies (TES) there is no evidence of molecular markers (at least not the C580Y mutation) in the samples collected in COL or GUY. COL has a laboratory surveillance guideline developed which includes the analysis of molecular markers (K13).	For COL, selection of sites for implementation of the lab surveillance will be planned during 2nd semester depending on COVID-19 emergency status.	

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
8	Support evidence-based decisions regarding primaquine use-based on the risk-benefit analyses	Expert meeting report available, guidelines developed	Meeting with experts planned for 2nd semester (August dates TBD). The PAHO team is developing a draft technical document for discussion purposes, the draft will be shared with interested partners for corresponding feedback.	The COVID-19 pandemic may limit face-to-face meetings in the coming months, but there is the possibility of virtual meetings in 2020.	It is estimated that a first draft will be available at the end of the period with contributions from experts. It is expected that the approach will include alternatives for different risk scenarios including policies with and without testing. In a preliminary discussion with other partners (PATH, VivAccess) it is clear the importance of an approach integrating different alternatives and innovations.
9	Randomized control trial in <i>P. vivax</i> to evaluate efficacy and effectiveness of PQ total double dose	Protocol developed and study results shared	Planned for 2nd semester 2020 and preliminary discussion with INS COL for possible implementation during 2021.	Development of protocol and further implementation would depend on the evolving situation of the COVID-19 pandemic.	
10	Support programmatic implementation of interventions to improve adherence to treatment, pharmacovigilance and capabilities for management of hemolysis as per WHO recommendations when using primaquine without G6PD testing.	Interventions to improve treatment adherence, pharmacovigilance and management of hemolysis developed and implemented	BRA pilot intervention implemented in Manaus, already enrolled 980 patients. For COL approval received from INVIMA and ready for implementation, documents shared and system in place but due to COVID-19 implementation has been delayed.	Implementation of pharmacovigilance pilot intervention in COL delayed due to COVID-19 emergency.	BRA: work in another municipality in the state of Amazonas with less infrastructure, to verify the sustainability of the implementation.

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
11	Support implementation of recommendations for improving LLIN & IRS coverage and use (compendium)	National guidelines updated and report on coverage and use available	Development of a toolbox and a methodological approach to guide key decision-making and actions in vector control in malaria. The approach includes 4 technical documents, including a tool to guide the decision-making process with a stepwise approach. The Compendium for the implementation of LLINs was improved, incorporating the recommendations of the 2019 WHO Guide and is in the process for publication in 2020.		No change in the expected results for the period. By the end of the period, we are expecting to complete the vector analysis and planning exercise in each country, according to the proposed tool.
12	Support the development/strengthening of entomological surveillance strategies in malaria to guide vector control interventions	Reports on progress in developing entomological surveillance strategies in malaria	Two technical documents in entomology and malaria were developed as part of a toolkit to guide decisions in vector control: General guidelines for entomology in malaria (based on the WHO Surveillance Guide) and Strategy for the management of insecticide resistance in malaria.		By the end of the period we are expecting to have a proposal for key actions and decisions in entomology at the central level for each beneficiary country.

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
13	Support implementation of IVM strategy	Reports on IVM strategy implemented	Coordination with authorities from DOM and with PAHO's Environmental Health Unit to technically support an approach to consider the inclusion of measures to modify or manipulate the habitat among efforts to eliminate malaria in the main focus of malaria in the country. There are agreements with country counterparts and preparation of a plan. As part of the approach, initial entomological data collection was supported in DPS/DAS of the foci La Ciénaga in DOM to contribute to the habitat modification activity.	Activity postponed to 2nd semester due to COVID-19 emergency.	
15	Improve supply chain management of health products, including anti-malarial drugs	Antimalarials country quarterly reports developed	Q3&4 2019 developed and shared. Q1 2020 under development, a joint activity with HSS and PAHO SF.		The regional malaria program developed a document to guide urgent decisions to prevent stockouts of antimalarials in the context of the COVID-19 pandemic.
16	Support malaria staff	Staff hired	Malaria staff hired.		
17	Support response Venezuela in improving access to core malaria interventions, malaria diagnosis, treatment and LLIN		Please see Malaria-Venezuela specific table below for details on supporting response in improving access to core malaria interventions, malaria diagnosis,		

			treatment and LLIN in Venezuela.		
Outcome 2.2: Increased country capacity to reinforce malaria surveillance towards evidence-based decision making and response.					
Principle Intervention 2.2.1 Support countries to reinforce malaria surveillance towards evidence-based decision making and response.					
1	Improving outbreak response and strengthening surveillance at local levels	Travel reports and response plans available	BRA supported the development of an analytical tool for outbreak detection in border areas, in the state of Roraima, and the municipality of São Gabriel da Cachoeira. Support provided from the Regional Team and PAHO CDE Director on Nov. 12-14, 2019 to visit the two main foci in DOM (La Ciénega and Los Tres Brazos). Results from this visit highlighted the outbreak situation and the principal response needed from local and national actors. Supported the response to the Palumeu outbreak in SUR and report available.		The regional malaria program developed technical guidance to mitigate the effects of COVID-19 in the malaria response. The document was accepted by the Incident manager mechanism in PAHO, and shared and discussed with the regional malaria program in WHO.

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
2	Development of microstratification plans with tailored strategies promoting “early detection, timely investigation and prompt response”,	Micro-stratification (including foci identification) plans at national and subnational level	In PAN, following the progress in micro-stratification during the 1st semester, technical support in micro-planning was provided during field visits to the main regions. Support was also provided at the regional level to address the foci. BRA currently finalizing the adapted protocol and in the implementation process of the methodology in municipalities with municipal supporters (personnel). COL finalized microstratification plans for the following municipalities: Quibdo, Tumaco, Guapi, Buena Ventura and Cumaribo. Also support provided to other departments for the implementation of the microstratification exercises (Bolívar, Caqueta, Norte de Santander, and Córdoba) in coordination with MoH. Orientation, training and support of the new focus management team in La Ciénega, DOM on Oct 7-11, 2019. Support provided for the microstratification of malaria foci in the municipality of San Juan de La Maguana, DOM in coordination with CECOVEZ and local personnel (MoH and SS). Updates on	Follow up visits for monitoring the implementation of local plans delayed due to COVID-19 in COL. Also new departments will be discussed during 2nd semester 2020. Discussions with Fundación San Lucas in Nicaragua to support the ColVol network in the urban area of Puerto Cabezas. There is interest from the parties, but during the first months it was not possible to finalize the elaboration of a letter of agreement.	

			microstratification and microplanning in Ecuador promoting DTI-R. Supported the implementation of the microplanning, including the revitalization of the community agent strategy.		
3	Provide trainings at local level to improve quality of case and foci investigation in countries, including plans for foci characterization and response and the implementation of microstratification plans	Training and field visit reports and guidelines available	Training of state malaria coordinators was planned for 1st semester in BRA in March 2020 but was postponed. In COL regular data review (case notification and foci investigation) with local partners in the five selected municipalities done every week (routine reports available). In PAN, technical support provided to local teams to monitor malaria interventions in main foci. In BLZ, malaria foci characterization and response, as well as assessing the implementation of the micro plans was conducted in Oct and Dec 2019 in the western and southern regions. Also, in Oct 2019 BLZ conducted field visits to finalize the micro plan and organize the DTIR strategy in the northern region.	Due to COVID-19 emergency the training of state malaria coordinators is postponed until 2nd semester 2020.	Reinforcement of capacity of malaria focal points on microstratification in GUY (and HTI through MZ) has been scheduled for week 2 of April but was postponed due to current COVID-19 situation. Online options are being explored.
4	Support implementation of methodology for verification of the quality of surveillance system in malaria.	Report of progress for evaluation of zero cases at subnational level and subnational verification processes available	BRA developed a first draft of a national verification protocol, including the subnational process. Tool was developed for national and subnational verification processes. The	RMEI countries will implement the verification tool starting 2nd semester 2020, due to COVID-19 pandemic.	BRA: NMCP assessment of the proposed national verification protocol

			methodology has been developed initially in the context of the RMEI initiative but is being promoted as a tool for all the endemic countries in the Americas and it is ready for use.		
5	Update Regional and Global database to support preparation of a Regional malaria report and online dashboards	Updated database and Regional report developed	Routine procedure in progress with the countries for the collection of the 2019 information. Regional information up to 2018 was organized on the PAHO PLISA platform to facilitate public access and consultation via the web.		

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
6	Support strengthening of epidemiological analysis including the use of tools like nominal and relational data bases	Travel and implementation report available	<p>Support provided in the development and implementation of a tool for epidemiological analysis in BRA, COL, and DOM. In COL specifically data review is done every week in selected municipalities using a dashboard developed by PAHO. Also, COL is currently in the process of reviewing the epidemiological surveillance protocol, adjusting some terms and definitions according to the PAHO/WHO elimination guidelines.</p> <p>Support in SUR for piloting and implementing the District Health Information System -2 (DHIS-2)- PAHO organized a country needs assessment with technical support from Global Malaria Program of WHO. 10 sites have been selected to pilot the project in the 1st semester of 2020. These sites include both malaria service deliverers, private laboratory, Medical Mission clinic, among others. Lessons learned will be used as it is implemented more widely.</p>	The COVID-19 emergency may delay some of the planned activities.	
7	Support Malaria Staff	Staff hired	Malaria staff hired.		

8	Support response in Venezuela on epidemiological surveillance and analysis for operational decision at local level		Detailed information included in the Malaria-Venezuela specific table below. Process for hiring a consultant to support this activity in progress.	Serious local disruptions in basic logistics and local counterpart capacity due to COVID-19 emergency may affect this activity.	To be partially implemented
Outcome 2.3: Increased country capacity to strengthen strategic planning, monitoring and evaluation; operational research; documentation of best practices, communications, partnerships and collaborations; and tailored approaches to facilitate malaria elimination and prevent re-establishment in malaria-free areas.					
Principal Intervention 2.3.1 Support countries to strengthen health systems; strategic planning, monitoring and evaluation; operational research; and country-level capacity building.					
1	Update / consolidate malaria strategic/elimination plans in select countries and the regional malaria elimination action plan	Country mission reports National and Regional Malaria Elimination Plan developed/updated	In PAN, follow-up and monitoring actions to comply with the implementation of the national elimination plan and coordination for integration with the RMEI operational plan. PAHO continued promoting the consolidation of the Technical National Committee integrated during the elaboration of the national plan. COL national strategic plan 2019-2022 finalized and pending MoH approval (expected by early 2nd semester). Preliminary roadmap consolidated for the process of updating the Region's Plan of Action for Malaria Elimination (2021-2025).	Roadmap needs to be updated as some activities that also function as consultation mechanisms may need to be postponed/canceled given current COVID-19 crisis.	Currently programmed activities related to this process that likely need to be reconsidered include: <ul style="list-style-type: none"> • Week of May 11-15: Guiana Shield Meeting and Consultation • July: Workshop/Consultation with Countries Preventing Re-establishment of Malaria (including newly certified countries) • Week of Oct. 26-30: Regional Consultation Meeting with endemic countries including High-Burden Municipalities Note: The roadmap also include options for virtual dialogues

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
2	Inclusion of malaria case management into the health system, approaching policy and normative barriers.	Document with policy and normative barriers developed. Reports on country specific processes available	In COL regular meetings at national level with MoH to adapt national regulations and procedures to increase access to malaria case management from the health providers.		
3	Support countries in approaching key gaps in evidence-based policy making process for malaria elimination in the Americas	Plans for approaching gaps in evidence-based policy making process	In BRA, identification of main gaps in policies and regulations conducted. In PAN, different efforts with national authorities and partners to make visible the problem of human resources for malaria. In COL, identification of main gaps in policies and regulations at national level.		One country-specific policy-related gap requested to be supported by PAHO was the costing of GUY's updates to the NSP. Updated costing figures will advise planning and investment not just of Global Fund resources, but more importantly, of national and sub-national resources. PAHO country office is working with a local consultant to address this beginning May 6.
4	Monitoring regional and national elimination plans	Monitoring report	BRA is currently reviewing the National Malaria Elimination Plan, with milestones, case monitoring, based on the microstratification strategy, and identifying priority areas for <i>P falciparum</i> elimination. DOM National Elimination Plan reviewed and submitted for MoH approval.		

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
5	Evaluation of antimalarial drug efficacy		Information included in the Malaria-Venezuela specific table below. Planning was ongoing prior to the COVID-19 pandemic. The structure of the Francesco Vitanza Research Center in Tumeremo was improved with the support of ICRC. WHO is in agreement to support the study. In the GF proposal it was mentioned that this study will be done with USAID-WHO support in 2020. WHO protocol ready for adaptation according to site/s to be selected.	Serious local disruptions in basic logistics and local counterpart capacity due to COVID-19 emergency may affect this activity.	We still consider that the study can be done in 2020 or at least the protocol can be ready and approved by local and PAHO ERC ethical committees for implementation in 2021.
Principal Intervention 2.3.2 Support countries on strategic advocacy, communications, partnerships and collaborations.					
1	Support 2019 Malaria Day in the Americas	Best practices shared from the finalists of the award	Activity completed with support of partners, including JHU-CCP.		Related links / resources: <ul style="list-style-type: none"> • https://www.paho.org/campeonemalaria/en/dia-contra-el-paludismo-en-las-americas/ • https://spark.adobe.com/page/FZTPLyxG9LrnI/ • https://photos.google.com/share/AF1QipM6-SSkYQHGX-SEU-EAEUJ6Sc4wFDX1B9Yp-9F1KnEc-bt21iY1Gs50mR4kXI_3dA?key=LS1QSFVVRjg2NGdQX2I2M1I5S2ExR0JLW9JNU93
2	Support preparation of 2020 Malaria Day in the Americas (including field visits to nominated countries)	Field visits - videos and meeting minutes available	On-going discussions with partners and collaborators, including options to mitigate effects of current COVID-19 situation to planned activities.	Mitigation plans will depend on further evolution of the COVID-19 situation in the Region.	

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
3	Support implementation of Municipalities for Zero malaria initiative	Networking development, website and technical missions reports available	Current evaluation of planned activities and on-going discussions with partners and collaborators, including options to mitigate effects of current COVID-19 situation. Direct support from PAHO to some of the high burden municipalities in beneficiary countries (Quibdó, Guapi, Cruzeiro do Sul, Region 7, Andoas).	Mitigation plans will depend on further evolution of the COVID-19 situation in the Region.	In GUY, NMP is currently engaging Ministry of Community to secure local authorities' involvement in the malaria control at the foci level (particularly in Mahdia and Bartica area), to fill HR gaps, etc. PAHO/WHO is supporting the Ministry in the discussions with the local level about the microstratification strategy.
4	Manage TAG operations and roster of consultants, including TAG Secretariat activities and follow-up actions	Roster of consultants meeting report available	Next Malaria TAG Meeting is planned to be in 2021. The TAG will be convened during the 2nd semester, probably remotely, to review the new Strategic Plan.		Gap year (2020) hopefully gives the secretariat time to focus on priorities outlined during the 2019 Malaria TAG meeting. For 2020, malaria team will also collaborate in the inaugural STAG meeting of PAHO's Elimination Initiative: https://www.paho.org/en/destination-elimination
5	Promote strategic approaches for implementing DTI-R and LLIN in gold mining areas	Concept note developed	Concept note is being developed. Activity to develop a regional technical guidance document planned for 2nd semester 2020. Support and monitoring of the Malakit project.		
6	Support Malaria Staff	Staff hired	Malaria staff hired.		

Principal Intervention 2.3.3 Support countries on focused efforts and tailored approaches to facilitate malaria elimination and prevent re-establishment in malaria-free areas.

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
1	Implementation of WHO malaria elimination framework at national and subnational level	Reports of progress in country implementation at national or subnational level. Foci manual printed and distributed	BRA is developing a protocol for subnational verification. The foci manual is currently in the phase of design before being published and printed. PAHO Foci manual adapted for COL and pending approval of MoH. Updates on the 10 recommendations to eliminate malaria available for CRI and ECU. Malaria risk stratification maps updated.		In BRA, development and planning of on-site visits in two municipalities for the preparation of the material. Meetings aligned to the strategy in line with the reality and heterogeneity of malaria transmission in BRA.
2	Technical support to malaria control and elimination in key foci including tailored approaches for vulnerable populations.	Technical mission reports developed	As per activity 2.2.1.2 COL included tailored approaches with migrant population in areas bordering Venezuela (Norte de Santander, and Bichada). Risk communication messages developed and tailored for vulnerable populations. In PAN meeting with comarca leaders with agreements on some malaria activities in their communities like IRS. Support provided to monitor implementation activities in key foci in DOM (La Ciénaga and Los Tres Brazos). On Oct 29-31, 2019, the Malaria Program/MoH of SUR, as part of the National Strategy to establish regional cooperation for the prevention and management in malaria risk population, organized a meeting to discuss migrant populations.		

			Technical mission reports available for ECU.		
3	Support malaria-free countries and territories in efforts to prevent re-establishment of malaria transmission	Report on actions to prevent re-establishment of malaria transmission	Workshop/Consultation with countries preventing re-establishment of malaria (including newly certified countries) planned in July 2020.		Detailed planning will resume once COVID-19 response in the Region stabilizes.
4	Support the implementation of the Plan of action for prevention of artemisinin resistance in the Guyana Shield	Inter-country and border activities implemented, Case detection and management strategy for mobile populations designed based on Suriname experience	Elaboration of a concept note on the Guyana Shield. The Guyana Shield meeting was planned for the week of May 11-15 but has been postponed.	Activity has been postponed due to COVID-19 emergency. Potential re-scheduling/detailed planning will resume once COVID-19 response in the Region stabilizes.	Progress on political and strategic aspects for malaria elimination in the Guyana Shield Region remains as a priority in the regional agenda and will be included as a key topic in the new Regional Plan. In GUY, specific activities in support of the existing framework (and discussed during the Manaus meeting) has been planned, pending final comments from NMP and review of roll out schedule.
5	Development of a framework for MDA interventions in <i>P. vivax</i> and provide support to specific situations as per PAHO TAG recommendations.	Expert meeting report available. <i>P. vivax</i> MDA framework developed. Travel reports available.	Planned for 2nd semester 2020.		If a face-to-face meeting is not possible in the 2nd semester due to the changes caused by the COVID-19 pandemic, the regional team will develop the document and will coordinate the consultation remotely.

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
6	Support Malaria Staff	Staff hired	Malaria staff hired.		
7	Focused efforts and tailored approaches to facilitate malaria control		Please see next table for details on focused efforts and tailored approaches to facilitate malaria control in Venezuela.		
Principal Intervention 2.4 Increased country capacity to strengthen malaria prevention and control activities towards elimination in Haiti and Guyana					
1	Increase country capacity to strengthen malaria activities in Haiti (GF technical assistance for malaria in Haiti)	Staff hired	New (internationally recruited) Malaria Advisor in HTI assumed office on Feb 1, 2020.		Malaria Advisor immediately became involved in ongoing priority activities including the finalization of the country's new malaria concept note to the Global Fund.
2	Increase country capacity to strengthen malaria activities in Guyana (GF technical assistance for malaria in Guyana)	Staff hired	Some noted confusion on the responsibilities of the Malaria Advisor in GUY clarified.		Implementation schedule of malaria country workplan is being reviewed with national counterparts, prioritizing activities that can still be accomplished given current situation/restrictions.

Topic 2: Malaria-Venezuela specific

				Progress during current period	Challenges	Remarks
Outcome 2.1: Increased country capacity towards universal access to good quality malaria prevention, integrated vector management (IVM) interventions, malaria diagnosis and treatment.						
Principle Intervention:2.1.1 Support countries towards universal access to good quality malaria prevention, integrated vector management (IVM) interventions, malaria diagnosis and treatment						
No	Activity	Detail	Counterparts and partners			
1	Improve microscopy network	Trainings, competence evaluation, guidelines, network organization, QA procedures, purchase of microscopes and other office supplies.	Microscopists, laboratory technicians	Updating information on the status (active) of the microscopy network in the States of Bolivar, Amazonas and Sucre to plan a National Competency Assessment for Malaria Microscopy (NCAMM) to certify competencies of key microscopists during 2nd semester. Key gaps in microscope supplies already identified for Sucre state.		To be done during second semester: NCAMM and purchase of microscopies
2	Improving LLIN use and coverage	Supervision and promotion of use	Malaria supervisors, inspectors, community, NGOs			Field activity will be done only if the distribution of nets is a critical task to be done in the context of COVID-19/malaria in main foci in Bolivar. The situation will be analyzed in the coming weeks. If field activities are not performed PAHO will work on preparing methodology and tools for monitoring use and possession in the routine base on LQAS sampling to be used in 2021 during GF implementation.

3	Access to diagnosis and treatment	Support supervision activities (per diems and technical support), operational coordination at local level, rapid diagnostic test purchase, and other office supplies.	Malaria inspectors, supervisors, CHW, community leaders, gold mining actors, NGOs	Rapid diagnostic test purchase process in progress.	Potential problems with procurement process of RDT because of COVID-19 restrictions (manufacturing and transportation problems). Concerns about new restrictions from the US Government regarding support to Venezuela. Some USA providers are requesting information of "end user" with the intention of not breaking any US laws.	RDT procurement process will progress while logistic and technical support to local team to improve diagnosis and treatment will be done as an emergency response for malaria-COVID-19 in accordance with the evolution of the situation in the coming weeks.
4	Improve management of severe malaria	Technical support in improving implementation of algorithm for case management of severe malaria, and other office, treatment supplies.	Hospitals, health facilities, doctors	Process for hiring a consultant to support this activity as well to support micro-stratification and operational planning at local level (under activity 2.2.1.5) in progress.		To be implemented in 2020. This is an activity that involves more specific actors (key hospitals and point from where patients are referred). No problems anticipated at this point. Some delay because of COVID-19 disruptions.

Outcome 2.2: Increased country capacity to reinforce malaria surveillance towards evidence-based decision making and response.

Principle Intervention 2.2.1 Support countries to reinforce malaria surveillance towards evidence-based decision making and response.

No	Activity	Detail	Counterparts and partners			
5	Support strengthening of epidemiological surveillance and analysis for operational decision at local level	Improvement in surveillance, use of nominal data, health management dashboards for local teams, stratification, including basic equipment for analysis based on local need (paper charts, paper forms, computers, software etc.)	Organizations providing logistic support in high burden areas, Supervisors, Inspectors	Process for hiring a consultant to support this activity in progress (same as activity 2.1.1.4)	Serious local disruptions in basic logistics and local counterpart capacity due to COVID-19 emergency may affect this activity.	To be partially implemented

Outcome 2.3: Increased country capacity to strengthen strategic planning, monitoring and evaluation; operational research; documentation of best practices, communications, partnerships and collaborations; and tailored approaches to facilitate malaria elimination and prevent re-establishment in malaria-free areas.

Principal Intervention 2.3.1 Support countries to strengthen health systems; strategic planning, monitoring and evaluation; operational research; and country-level capacity building.

No	Activity	Detail	Counterparts and partners			
6	Evaluation of antimalarial drug efficacy	Technical and logistic support for field activities and for laboratory	Field research unit in Bolivar, University, WHO collaborating centres	Planning was ongoing prior to the COVID-19 pandemic. The structure of the Francesco Vitanza Research Center in Tumeremo was improved with the support of ICRC. WHO is in agreement to support the study. In the GF proposal it was mentioned that this study will be done with USAID-WHO support in 2020. WHO protocol ready for adaptation according to site/s to be selected.	Serious local disruptions in basic logistics and local counterpart capacity due to COVID-19 emergency may affect this activity.	We still consider that the study can be done in 2020 or at least have protocol ready and approved by local and PAHO ERC ethical committees for implementation in 2021.

Principal Intervention 2.3.3 Support countries on focused efforts and tailored approaches to facilitate malaria elimination and prevent re-establishment in malaria-free areas.

No	Activity	Detail	Counterparts and partners			
7	Targeted interventions with gold mining populations and coordination with Guyana Shield countries	Technical support in the design & implementation of targeted high impact interventions to accelerate transmission reduction. Logistics need with local actors.	Organizations providing logistic support in high burden areas, local actors	Identification of non-governmental local technical partner with previous experience with mining communities in progress, in order to develop an approach to be implemented in 2021. The activity will be very important in preparation of the GF project implementation in 2021 where community mobilization in mining	Since key partners are public universities we have some concerns about limitations for using USAID funds with public institution. Serious local disruptions in basic logistics and local counterpart capacity due to COVID-19 emergency may affect this activity.	

				areas is being proposed as a key approach.		
8	Containing malaria dissemination	Technical support in improving case management, supplies and stock management and in better planning.	Supervisors and inspectors from non-endemic areas with high importation of malaria cases		Serious local disruptions in basic logistics and local counterpart capacity due to COVID-19 emergency may affect this activity.	Will be done as part of the emergency response malaria-COVID-19 in accordance with the evolution of the situation in coming weeks.

Topic 3: Neglected Infectious Diseases

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
Outcome 3.1: Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of neglected, tropical, and zoonotic diseases					
Principal Intervention 3.1.1: Support countries in the development and implementation of integrated projects, programs, strategies and plans of action for control and elimination of NID					
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	The specialist, hired partially with USAID funds, provides technical cooperation for the development of plans and the implementation of strategies and interventions aimed at the control and elimination of NID, including preventive chemotherapy interventions.		
2	Support Paraguay to implement sentinel surveillance of deworming interventions for STH Control	Results of the implementation of sentinel surveillance available	The protocol for the STH sentinel surveillance study was developed and is almost complete. It will then have to be submitted for review by national ethics committee and by PAHO's Ethics Review Committee.	Due to the ongoing COVID-19 pandemic, it is likely that the beginning of the study will have to be rescheduled for the fourth quarter, at earliest.	The funds for this activity will have to be reprogrammed or carried over to YR5.

3	Develop a microplanning tool for MDA for PCT NTDs in the Americas	Microplanning tool developed and available	This product will be developed by a consultant already hired for this purpose.		This product is expected to be delivered on time, as planned.
Principal Intervention 3.1.2: Strengthen regional and national capacities to improve and sustain efforts towards control and elimination of NID					
1	Provide management and financial support for the successful development of NID's workplan	Support specialist hired	The project support specialist is partially funded by USAID. She provides support for all the team on the management, follow up and implementation of activities and funds.		
2	Implement a survey (household and school based) to assess the current status of schistosomiasis transmission in Dominican Republic	Report on the results and lessons learned of the schistosomiasis survey in Dominican Republic	Everything was in place to start the survey on March 30. A training workshop was planned to be carried out on March 23 to 27. However, at the request of the national health authorities, due to the COVID-19 pandemic, the survey was postponed and will now start at the beginning of September.	The postponement of the survey was a difficult but necessary decision to take.	The actual implementation of the survey will depend on how the COVID-19 pandemic evolves. It might be necessary to request authorization for carry over for YR 5.
3	Implement surveys to verify status of schistosomiasis transmission Saint Lucia	Report on the results of the survey	A draft protocol is being developed.	Staff from the Epidemiology Department of the Ministry of Health and Wellness of Saint Lucia are currently involved in the country's response to the pandemic. This has made it difficult to obtain all the necessary information for finalizing the protocol.	It is likely that this survey will have to be postponed for later in 2020 or for 2021. A request for carry over for YR 5 will most likely be required.
4	Strengthen capacities for integrated public health surveillance of Neglected Infectious Diseases	Report of actions carried out	This activity is planned for the last 2 quarters (April to September). Its implementation will depend on the evolution of the COVID-19 pandemic.		It might be necessary to reprogram or request that the funds programmed for this activity be carried over for YR5.

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
5	Participation in the Onchocerciasis Elimination Program for the Americas (OEPA) PCC and IACO Meetings	Results	This meeting was initially scheduled for May 2020.		On April 6 OEPA informed that the meeting was postponed indefinitely and might be rescheduled for later in 2020, pending the evolution of the COVID-19 pandemic.
6	Meeting with countries of the Amazon basin to establish a roadmap to tackle trachoma.	Report of the meeting	The Regional meeting for the elimination of trachoma, other neglected infectious diseases, and other eye diseases causing blindness in hard-to-reach populations in the Amazon Basin was held in Panama City, on October 21 and 22, 2019.		A report is being prepared and will be available upon request

Principal Intervention 3.1.3: Scale up and maintain high coverage of integrated preventive chemotherapy through the implementation of surveillance, monitoring and evaluation actions for NID.

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
1	Provide technical cooperation in the area of NID related epidemiology	Regional NID epidemiologist hired	The epidemiologist was hired with support, in part, of USAID funds. She plays a vital role in providing high quality technical cooperation on NID to the national country programs.		
2	Trachoma in Peru: Evaluate impact of first round of MDA and support active search for TT cases.	Report of the impact evaluation and of the search for TT cases.	The PAHO office in Peru has initially postponed the planning of these activities due to the COVID-19 pandemic. The situation will be assessed again in May and a final decision of activities and funds to be implemented will be taken.		It is likely that funds allocated for this activity will have to be reprogrammed or carried over for YR5.
3	Support implementation of MDA for trachoma elimination in Colombia	Report of the implementation of the MDA	This activity is postponed and will be rescheduled pending the evolution of the COVID-19 pandemic.		It is likely that funds allocated for this activity will have to be reprogrammed or carried over for YR5.
4	Workshop on Monitoring and evaluation of MDA interventions for NIDs.	Report of the workshop	This workshop is being planned and is scheduled to take place in July 2020. It might be necessary to reschedule this activity for later in the year.		It is likely that funds allocated for this activity will have to be reprogrammed or carried over for YR5.

LYMPHATIC FILARIASIS ELIMINATION IN GUYANA*

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
Principal Intervention: 3. Implementation of MDA 2019 using IDA in all endemic units: (Regions I, II, VI, VIII and IX) + Interventions Units identified in re-mapping survey implemented in 2018					
3.10.	Provide planning, logistic and supervision support	Supervision reports	The planning and logistical support was provided as planned.		
3.15	Data collection and monitoring	Data base of persons treated	Done during the implementation of the MDA.		
3.16	Monitoring Coverage exercise	Coverage reports	This was done in December 2019, once the MDA finished.		
3.17	Mop up exercise	Mop up reports	Done after finishing the MDA in each of the regions.		
3.18	Preparation of the national report and MDA evaluation meeting	MDA report	The evaluation report is being prepared, but the national MDA evaluation meeting, initially scheduled for March 20, was postponed indefinitely, due to the COVID-19 pandemic.		
Principal Intervention: 4. Establishment of the Post-MDA Evaluation Strategy in Guyana					
4.3	Request donation of FTS cards for surveillance	FTS cards	This will be done later in 2020. The FTS will be needed in the first half of 2021.		
Principal Intervention: 5. Strengthening of the LFMorbidity Management and Disability Prevention Program					
5.4	Provision of MMDP services to affected populations in the endemic Regions	Number of facilities providing services	MMDP services are currently available at the central level but need to be strengthened	This might be affected by the current COVID-19 pandemic. Carrying it out as planned will depend on the evolution of the pandemic.	
5.5	Training workshops and follow up of health care providers on managing morbidity and disability in endemic Regions	HW trained	These workshops will be postponed for later in the year.	New dates will be defined according to the evolution of the COVID-19 pandemic.	

Principal Intervention: 6. Technical cooperation support					
6.1	Provision of technical support to the implementation of the overall national strategy for LF elimination and to design the monitoring an evaluation plan post - MDA	Technical reports	These are ongoing tasks that will continue throughout the year.		

*Out of the two-year workplan, this table presents the progress for those activities programmed during Q1 and Q2 of FY2 (2019-2020)

Topics 4-6, 8 (originally): Health Inequities (new in YR4)

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
Strategic Line I: Promote the measurement and documentation of social inequities in health of women, children and adolescents, including identifying who is being left behind and why.					
1	National workshops for the estimation of goals and trends in neonatal mortality and analysis and auditing of neonatal deaths with a focus on measuring inequalities	The products will be the final report of the workshop, including estimated national and sub national goals	PAHO Focal points at Peru, Jamaica and Belize were contacted. Conference calls were established in order to coordinate the activities with Peru and Jamaica. The workshop in Peru had been initially planned to be held in March. Jamaica was in the process of consulting with national authorities regarding the better time. But the emergency due to COVID-19 required postponing the workshops	It will be required to wait until the emergency ends in order to reschedule these workshops	
2	Technical document consolidating national goals for neonatal mortality, including measures of inequity	Technical document presenting global, regional and national goals, including measures of inequities	The document has been written and is under the final review with the experts participating. A last version was received at the end of March.		

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
3	Strengthening capacity on building regional stillbirth registries	Baseline situation of LAC countries regarding registries, definition and coverage of stillbirth and comparison with IGME estimates	After the last conference call, the workshop was postponed due to the emergence of COVID-19. In order to move on the process until the workshop can be coordinated, we have started an analysis of quality and coverage of registries from LAC countries.		
4	Design and editing of standardized guidelines for the surveillance of maternal near miss (MNM) for the Americas	Document edited, available in English, French, Portuguese and Spanish.	1st draft of standardized guidelines for the surveillance of maternal near miss (MNM) for the Americas is finished (Spanish version)	It is a challenge to get timely responses to the revision of the guidelines, by the national authorities of the Member States as their attention is currently focused on the response to the pandemic.	Currently the activity is on-track but at risk of being delayed for the reasons stated in challenges.
5	Regional workshops for the dissemination of standardized guidelines for the surveillance of MNM for the Americas	Two sub regional workshops (English Speaking Caribbean countries and Spanish Speaking countries) developed-or 1 meeting with simultaneous translation	This activity depends on the completion of the previous activity, which could be delayed due to the pandemic. It was originally scheduled to take place in Panama City in June.	Challenges are: 1) to obtain a timely response from the countries and 2) that the current travel restrictions are lifted.	The face to face consensus meeting will likely be re-scheduled to a later date

6	Analyze inequities in access to health services using most recent national household services	Report of analysis of inequities in access to services	In the first two quarters of the Y4 workplan, we have been able to complete the first phase of this activity. This includes mapping of surveys and analysis of inequities in access to services (regional and for Peru, Paraguay and Dominican Republic). This analysis will be published later this year. In addition, the results have been shared with colleagues from PAHO also involved in USAID grant (Sonja Caffé, Antonio Sanhueza, Oscar Mujica) to ensure collaboration for next steps.	Country specific reports need qualitative data to be collected during country missions. The main challenge for this activity is the COVID-19 pandemic. The mission dates have now been postponed until further notice by country ministries of health. We expect for them to now be completed in the last quarter of this YR4 or beginning of YR5.	A draft regional report for review by USAID has been produced (see "Deliverables" files). The results of this report will be submitted for publication to the Pan American Journal of Public Health (PAJPH) later this year.			
7	Technical cooperation (missions and sub-regional, national workshops) to 7 Caribbean countries and Peru to support the development of national health inequality reports	<table border="1"> <tr> <td data-bbox="701 792 989 1045">Intersectoral teams from 8 countries trained</td> </tr> <tr> <td data-bbox="701 1045 989 1203">National interagency MMWG support groups established in 8 countries</td> </tr> <tr> <td data-bbox="701 1203 989 1317">8 National health inequality extended reports completed</td> </tr> </table>	Intersectoral teams from 8 countries trained	National interagency MMWG support groups established in 8 countries	8 National health inequality extended reports completed	All materials and tools for measuring and monitoring inequalities, including goal setting using an equity approach, were prepared in English for the sub regional workshop with the English Caribbean countries. In addition, a technical note and agenda for this south-regional workshop were developed.	The workshop was planned to take place in November 2019, but the countries' responses were generally not positive, as their attention was more focused on year-end closure procedures. The sub regional workshop was therefore moved to March 2020 but due to COVID-19 it did not happen. A workshop in Peru was also scheduled for national teams, however, with the COVID-19 situation it might not happen this semester.	
Intersectoral teams from 8 countries trained								
National interagency MMWG support groups established in 8 countries								
8 National health inequality extended reports completed								

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
8	Support 7 Caribbean countries and Peru to select indicators and establish targets for improving health and reducing inequalities, within the framework of the Global Strategy for Women, Children and Adolescents' Health	Lists of country-specific health indicators & equity stratifiers developed for 8 countries.	The final list of indicators that EWEC-LAC is promoting has been defined, which is in a document with the metadata in Spanish and English. In addition, a scientific article has been developed and submitted for publication with the methodology of goal setting with an equity approach, which will be used with the countries.	This activity was planned to occur after the above workshops, which have been postponed. A virtual option could be a way to start working with countries.	
Strategic Line II: Promote the identification and analysis of supply-side bottlenecks and demand-side barriers to effective universal access and coverage of health.					
1	Design of a data extraction tool and template for assessing quality of newborn care and outcomes by strengthening data collection, monitoring and evaluation of key indicators related to prevalent conditions as newborn sepsis, asphyxia, Retinopathy of Prematurity and other relevant outcomes from the burden of disease and from the quality of care perspective. The tool will be developed based on SIP, but it can be also used where SIP is not being implemented. It is expected to be used at health facilities providing care to newborns (mainly Neonatal Intensive Care Units).	Tool for assessing quality of care and outcomes developed	The set of indicators have been defined. The second stage is preparing a technical document and the specific abstracting form, that will be performed during the second semester.	There may be some delays due the increase of the demand due to COVID-19	
2	Implementation, field testing and evaluation of the tool for assessing quality of newborn care and outcomes	Tool tested and disseminated	This activity must be postponed until the end of the emergency due to COVID-19		

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
3	Identify the main bottlenecks and barriers that affect the surveillance and response to Maternal Near Miss in countries of the Americas and define actions to address these.	Document edited and available in Spanish.	<p>In agreement with the EWEC-LAC team, it was decided to hire a professional to develop the document with the supervision of CLAP and EWEC-LAC.</p> <p>The ToRs have already been completed and it is expected to advance in the recruitment of the selected professional.</p>	Identify and hire the appropriate person to carry out the task.	Currently the activity is on-track
4	National workshops to disseminate the document and define workplans to improve Maternal Near Miss surveillance	National workshops conducted, with agreed workplan and roadmap to improve Maternal Near Miss surveillance	<p>This activity depends on the completion of the previous activity, which could be delayed due to the pandemic. Workshops were initially scheduled to take place from June to August.</p>	Challenges are: 1) to obtain a timely response from the countries and 2) that the countries return to normal travel.	Currently the activity is on-track but at risk of being delayed for the reasons stated in challenges.

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
5	Conduct interviews and focus groups with health personnel and users to gain more information about access barriers	Report on the main barriers, taking into consideration the quantitative and qualitative analysis	In the second quarter of this year, the HS team was able to begin conversations with country focal points in order to explore dates for a mission. The missions will allow for the second part of the activity to be finalized which includes focal groups and interviews. These missions had been scheduled for April and August; however, these dates have now been postponed. Additionally, the team has drafted and finalized the methodology for these missions which has been shared with country offices. Lastly, the team has met several times with the EWEC-LAC colleagues to ensure collaboration. In these PAHO meetings, the methodology and data collected was shared and discussed.	The main challenge for this activity is the Pandemic of COVID-19. The mission dates have now been postponed until further notice by country Ministries of Health. We expect for them to now be completed in the last quarter of YR4 or beginning of YR5.	Work plans were developed for each country mission and shared with Ministries of Health (see "Deliverables" files). Considering the COVID-19 pandemic, country missions were postponed to the last quarter of this YR4 or beginning of YR5. In addition, the team has met several times with the EWEC-LAC colleagues to ensure collaboration (see meeting notes attached).
6	Analysis of barriers related to implementation of socially accountable education and interprofessional practice at the first level of care	Report on the barriers related to implementation of socially accountable education and interprofessional practice at the first level of care	Review of available published evidence initiated (with added focus on the role of the first level of care under disasters and emergencies, considering the present COVID-19 pandemic)	None to report	On target

No.	Activity	Products/Deliverables	Progress during current period	Challenges	Remarks
Strategic Line III: Ensure the identification and promotion of practical solutions to reach those being left behind, addressing social inequities in health.					
1	Editing, design and publication of a Clinical Practice Guideline for monitoring newborns in critical conditions	Technical document designed, printed and disseminated	The document has been completed. It is under the final stages of design and edition for publication		
2	Elaboration of an original document that reviews the evidence, current policies, and national programs on newborn screening, to consolidate the present evidence, both in tests available and regarding incidence, in order to move forward in identifying gaps and challenges to be addressed in the Region. There are more than 100 tests available related to specific conditions, but countries' implementation varies considerably, and ministries of health are experiencing difficulties in deciding which conditions to screen for as part of their national programs	Technical document presenting evidence on newborn screening in LAC countries completed, printed and disseminated	A virtual meeting has been coordinated with experts from LAC and USA. Based on this, the final version of the document will be completed.		
3	Editing and publication of the technical document on lessons learned, current situation and challenges related to birth defects (dissemination)	Document edited, printed and disseminated	The technical document has been published and disseminated: https://iris.paho.org/handle/10665.2/51899		
4	Review of the experiences on implementing neonatal deaths and stillbirth analysis and review in the Caribbean	Interviews and data collection performed, document prepared, edited and disseminated	The activity had been planned to be performed in a face to face meeting in Barbados during the first week of March. Due to the emergency for COVID-19, it had to be postponed.	Even when it can be performed by working online, some of the participants are involved in responding to the emergency.	

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
5	Follow-up of the capacity building training for the improvement of quality care in selected health facilities of the CLAP network of sentinel health facilities for surveillance of maternal and neonatal health (CLAP Network)	Virtual meetings and performance report	Due to the pandemic it was necessary to modify the contents of the scheduled webinars of the CLAP Network hospitals. During this time, the response to the pandemic has been approached from the point of view of maternal and neonatal care. Work has also been done on the identification of positive COVID-19 cases and suspected cases, and also on the possible incorporation of these hospitals into different global initiatives for surveillance and research.	The challenge is services reaching their normality in the shortest possible time, in order to execute planned activities.	Currently the activity is on-track but due to adaptation in the contents of planned webinars.
6	Transform the Workshop on Evaluation in the framework of Competency Based Education into a virtual course	Virtual Course developed in English, in accordance with Jhpiego, CRMA and University of Chile	A technical group of midwives and the WHOCC of the University of Chile have been formed and are in the process of developing contents. The TORs are being written to hire a company that makes the best pedagogical and computer design proposal to develop the virtual course.	No challenges are foreseen now.	N/A

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
7	Virtual Course incorporating Respectful Maternity Care (RMC) as a dimension of the daily work that midwives provide in all aspects of the care of pregnant women	Virtual Course in Spanish developed and validated.	An interagency technical group of experts has been formed to design the methodology and course content.	No challenges are foreseen now	N/A
8	Facilitate participation in regional and/or global meetings of key midwives from selected organizations (WHOCCs, FLO, etc.).	Trips report available	Once support for midwives to participate in the ICM World Conference in Bali was ruled out, no additional meetings to date have been identified for the participation of midwives from selected organizations in the region. Based on the current travel restrictions, this remains pending.	No challenges are foreseen now	N/A
9	Implement workshops to review findings and identify actions to improve country policies in order to expand equitable access to health services for underserved groups	Report with recommendations to improve county policies for expanding access to health services for underserved groups	(Same as Activity 5, Strategic Line II) In the second quarter of this year, the HS team was able to begin conversations with country focal points in order to explore dates for a mission. The missions will allow for the second part of the activity to be finalized which includes focal groups and interviews. These missions had been scheduled for April and August; however, these dates have now been postponed. Additionally, the team has drafted and finalized the methodology for these	The main challenge for this activity is the COVID-19 pandemic. The mission dates have now been postponed until further notice by country Ministries of Health. We expect for them to now be completed in the last quarter of this YR4 or beginning of YR5.	Work plans were developed for each country mission and shared with Ministries of Health (see "Deliverables" files). Considering the COVID-19 pandemic, country missions were postponed to the last quarter of this YR4 or beginning of YR5. In addition, the team has met several times with the EWEC-LAC colleagues to ensure collaboration (see meeting notes attached).

			missions which has been shared with country offices. Lastly, the team has met several times with the EWEC-LAC colleagues to ensure collaboration. In these PAHO meetings, the methodology and data collected was shared and discussed.		
No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
10	Disseminate and implement existing virtual course on social accountability and interprofessional practice for primary care in underserved areas	Report on the implementation and impact of the virtual course in the Region	Piloting of basic course on Interprofessional Education (IPE) completed with 50 participants and 5 tutors (versions in Spanish and Portuguese)	Since January 2020, PAHO's Virtual Campus of Public Health -VCPH educational and training activities have concentrated in responding to COVID-19	Public launching of educational modules through PAHO's Virtual Campus of Public Health-VCPH delayed until the end of the state of emergency for COVID-19 is declared
11	Promote South-South cooperation on socially accountable and interprofessional practice to improve the health of women, children and adolescents living in situations of vulnerability	A repository of good practices and dissemination at international conferences	Workshop on transforming health professions education held in Albuquerque-USA on 20-22 November 2020 at the University of New Mexico (PAHO/WHO collaborating center) to share good practices and promote between countries cooperation in the Americas	Due to the COVID-19 pandemic programmed participation in several international events was cancelled.	Latest products from this project shall be presented late in the year at other international settings (for example, a workshop, 2 panel interventions and 3 posters have been accepted by The Network TUFH 2020 for the global conference to be held in Mexico DF (22-25 September 2020)

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
12	<p>Develop the <i>second</i> section of a regional EWEC-LAC report titled: "Accelerate Action to Reduce Social Inequities in Health affecting Women, Children and Adolescents in LAC". Specifically, the second section will focus on "addressing social inequities in health", providing guidance in terms of effective multi-sectoral equity and evidence-based policies, strategies and interventions.</p>	<p>A regional EWEC-LAC report titled "Accelerate Action to Reduce Social Inequities in Health affecting Woman, Children and Adolescents in LAC".</p>	<p>Inputs for the regional report are being generated, including a regional review of policies affecting the health of women, children and adolescents, a systematic review of equity-based practices related to maternal health and adolescent pregnancy, and a call for good practices.</p>	<p>The launching of the call for good practices has been delayed due to COVID-19</p>	
13	<p>Using different virtual and in-person forums, disseminate and inform countries about a package of selected tools, instruments and methods that countries can use to address WCAH inequities.</p>	<p>A series of materials (briefers, PPTs, documents, etc.) to be used by Technical Secretariat, as well as PSIWG members to present on selected tools, instruments and methods that countries can use to address WCAH inequities in relevant virtual and in-person forums.</p>	<p>A compendium of tools was prepared and is in final stages</p>		

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
14	Provide at least 3 countries with technical support towards the implementation and scaling up of selected tools, instruments and methods (such as Innov8, AHSBA, and/or AA-HA) to reach populations living in vulnerable conditions	Virtual and in-person technical cooperation provided by the EWEC-LAC Technical Secretariat, as well as PSIWG members, in order to support countries in implementing selected equity-based tools, instrument and/or methods (such as Innov8, AHSBA, and/or AA-HA).	Technical cooperation was provided to Honduras. In Honduras, Innov8 and an adapted version of the AHSBA tool were used to conduct situation analysis and planning for a second adolescent pregnancy prevention plan and an adolescent health strategy.	The two Honduras plans were drafted, and the intention was to finalize this year. Due to the COVID-19 outbreak, this has been delayed.	In-country activities not directly related to COVID-19 have slowed down as health authorities focus on their emergency response. At this time, it is difficult to estimate when regular activities will resume.
15	Facilitate regional and country policy dialogue amongst key stakeholders on addressing women's, children's and adolescent's health inequities	Virtual and in-person meetings between the EWEC-LAC Technical Secretariat/ PSIWG members and key stakeholders in order to promote and establish collaboration to address social inequities affecting the health of women, children and/or adolescents.	A case study on Guatemala on bottlenecks and barriers to effective coverage of early childhood health and development interventions in Guatemala will be built on the scoping review on the bottlenecks and barriers to effective coverage of early childhood health and development interventions in Guatemala in 2019.	The COVID-19 has delayed the work plan proposed to conduct the case study	
16	Provide editorial/design/printing support to finalize the products documenting good practices and equity-based interventions that were developed during 2018-2019 by PSIWG	A set of products that have been developed and require editing, design and printing	Spanish translation and graphic design of the AHSBA tool was supported		

17	Support the staff of the Technical Secretariat (EWEC-LAC Coordinator and Program Officer) to implement, monitor, and evaluate EWEC-LAC work plan.	2 regional positions hired, and retained through the life of project, with performance evaluations in place.	Ongoing		
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Topic 7: Health Information Systems

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
Outcome 7.1: All countries have functioning health information and health research systems					
Principle Intervention 7.1.1: Support the development and implementation of PAHO's Plan of Action for Strengthening Vital and Health Statistics and Health Information Systems					
1	Apply the IS4H maturity level assessment tool with specific countries and support the implementation of relevant national plans and strategies for IS4H and digital health	Recommendations provided to targeted countries	<p>PAHO utilized USAID funding to conduct an IS4H maturity assessments on Peru.</p> <p>A new round of assessments was conducted for Bahamas, Jamaica, and Paraguay to track progress attained since the last evaluation.</p>	<p>Lack of governance mechanisms and funding to make significant investments are needed to ensure sustainability.</p> <p>Over time countries have created multiple platforms and information systems which do not have the proper technical documentation, leading to delays in efforts to build interoperable systems.</p>	<p>To date, PAHO has assessed 22 countries' information systems using the PAHO IS4H Maturity Assessment Tool Version 2.0 (developed in collaboration with PAHO's experts and partners and with invaluable USAID support).</p> <p>PAHO used its own resources to assess Ecuador and El Salvador and re-assess Honduras.</p> <p>Ministers of Health from the Americas publicly recognized this effort during PAHO's Directing Council in 2019.</p>

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
2	Develop IS4H and digital health tools and methodologies	Digital health and IS4H tools and methodologies available on PAHO's IS4H portal	<p>Three new knowledge capsules are available in the IS4H Toolkit, focusing on interoperability, telemedicine, and the relation between ICD-11 and SNOMED.</p> <p>PAHO has released a new version of the IS4H maturity assessment tool, as well as other technical documents.</p> <p>These and other managerial, technical, and operational tools and guides can be accessed in the IS4H Toolkit available at: http://www.paho.org/ish.</p>	<p>Some countries need to update legislation, standards, and internal procedures before they will be able to properly adopt some of the IS4H tools and integrate some of their recommendations.</p> <p>While essential, this will delay the implementation of these tools.</p>	All documents and tools produced within the framework of this USAID-PAHO collaboration acknowledge USAID's contribution.
3	Evaluate country health information systems assessments within the IS4H framework to describe the status of available technologies, methodologies, and recommendations	Diagnostic available	<p>PAHO is reviewing assessments and field mission reports to finalize this diagnostic of the state of information systems for health in the Americas. It has completed a review of information for the Caribbean and needs to finalize analyzing information for Central and South America.</p> <p>The final report is expected to be finalized by June 2020.</p>	<p>Despite strong commitment from Ministries of Health, multi-stakeholder participation is essential to implement sustainable measures to improve countries' information systems.</p> <p>E-government teams will be essential partners to roll out needed reforms in the health sector.</p>	<p>The analysis considers data gleaned through in-person visits as well as countries' information technology (IT) readiness.</p> <p>Country-specific information will be aggregated regionally and by subregion.</p>

Principle Intervention: 7.1.2: Strengthen country capacities related to HIS					
No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
1	Assess 4 countries' vital statistics systems, with a subnational focus, using the adapted maturity model tool and other tools and available information	8 country assessment reports with recommendations	<p>PAHO is in the process of testing a new IS4H assessment module on vital statistics. Once finalized, it will be integrated into the larger assessment tool.</p> <p>Currently, PAHO is analyzing the situation of countries in light of results from the larger IS4H assessments.</p>	<p>Not all Member States prioritize vital statistics for investment despite their critical value for calculating completely or partially 28% of the 232 SDG indicators.</p> <p>PAHO is advocating with Member States to strengthen their quality and coverage.</p>	None.
2	Develop one training module on self-learning associated with the IS4H on open data (including interoperability aspects)	Training module on open data, including interoperability aspects, available on PAHO's Virtual Campus	<p>The course's proposed structure and methodology have already been developed and course content will be developed in the coming months.</p> <p>It will be produced in coordination with a PAHO/WHO Collaborating Center for Digital Health.</p>	The ongoing COVID-19 pandemic has created delays in finalizing the course's content due to redirected efforts.	<p>Technical information on the evolving course content is available upon request.</p> <p>It will be available at the PAHO Virtual Campus for Public Health and will be linked to the online WHO Academy.</p>
4	Finalize an assessment of the Region's death certificates considering existing WHO recommendations	Recommendations available for each country in the Americas	<p>PAHO has analyzed death certificates of 19 Latin American countries and Haiti.</p> <p>Country-specific reports are available with tailored recommendations for each country.</p>	PAHO will use its country channels to obtain death certificates from the rest of the Region (primarily the English-speaking Caribbean) for analysis in the coming months.	Once the death certificates of the missing countries are available, the final documents will be analyzed, and country recommendations will be generated. This activity is expected to be completed by July 2020.

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
5	Conduct an analysis of sample birth certificates from across the Region to identify gaps and provide recommendations to improve the quality of birth data.	Analysis and recommendations available on birth certificate forms used in the Americas	PAHO collaborated with ECLAC/CELADE to conduct a regional analysis of birth registration documents (not all being birth certificates) considering 19 Latin American countries. The final CELADE report will be published in the next months.	PAHO must still request the most recent birth certificate forms from the remaining countries in Latin America and the Caribbean. The ongoing COVID-19 pandemic may lead to delayed response from national health authorities.	The final analysis of remaining birth certificates will be finalized by October 2020.
Principle Intervention: 7.1.3: Strengthen the Network's different mechanisms from the intercountry component of PAHO's strategy for strengthening HIS					
1	Implement the 2019-2020 RELACSIS work plan	1. Minimum of four areas of practice: (1) IS4H and death certificates, (2) measuring inequalities, (3) health analysis, (4) VS, and/or (5) English Caribbean experiences with VS and IS4H	PAHO is assessing the five proposed areas for incorporation to ensure that they respond to regional priorities amidst the ongoing pandemic.	None.	None.
		2. Special Group for the English-speaking Caribbean functioning	In 2017 the CARICOM endorsed having a Caribbean Technical Working Group for IS4H. PAHO is working with this group to expand its scope to cover other IS4H topics.	None.	RELACSIS materials are available in English and Spanish.
		3. ICD-10 training for the English-speaking Caribbean	This activity has been postponed to the second semester of FY2020 pending ongoing discussions.	PAHO is ensuring that technical content is aligned with the roll out of ICD-11.	PAHO will propose a revised approach to this activity for USAID consideration.

		4. Trainings on the Family of International Classifications (FIC) expanded	This activity has been postponed to the second semester of FY2020 pending ongoing discussions.	None.	PAHO will propose a revised approach to this activity for USAID consideration.
		5. Methodologies disseminated on improving death and birth registrations	This activity has been postponed to the second semester of FY2020 pending ongoing discussions.	None.	PAHO will propose a revised approach to this activity for USAID consideration.
		6. Analysis available on variables in birth and death certificates (following WHO recommendations)	As mentioned previously, an analysis of 19 Latin American countries has been conducted.	None.	The analysis of remaining countries will be conducted during the remainder of FY2020.
		7. Dashboard available with information on VS for each country in Latin America (FY2020)	PAHO has identified key information available from the countries for possible integration into PAHO's Health Information Platform for the Americas (PLISA). This mockup is under continued review.	None.	None.
		8. Virtual course app on the correct completion of death certificates disseminated	The app is available for download in virtual stores for Android and Apple products.	None.	None.
		9. Ten virtual forums maintained (two new ones produced)	PAHO has progressed in the planning to launch a new series of virtual forums framed around IS4H and its relevance to tackling the COVID-19 pandemic.	None.	None.

		10. Six virtual courses maintained, and at least three virtual courses created (ICD-10 for the English-speaking Caribbean, Family of International Classifications, and maternal mortality coding, IRIS)	PAHO has maintained the six virtual courses with three more virtual courses under development for launching.	None.	None.
No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
2	Maintain the RELACSIS website / portal, and update as new materials become available	<p>1. RELACSIS / PAHO Portal monitored and updated</p> <p>2. WGs and Forums documents and reports disseminated</p> <p>3. The portal and included material translated into English</p>	RELACSIS portal is fully operational and integrated and in convergence with PAHO Plan of Action for Strengthening Information Systems for Health (Document CD59/9) and its relevant Framework, endorsed by all Member States in 2019.	To frequently update the content and to increase the number of visitors. And to ensure convergence with the IS4H Portal	The RELACSIS portal can be accessed at: https://www.paho.org/relacsis/index.php/en/
3	Convene periodic and in-person virtual RELACSIS Coordination Group	<p>RELACSIS 2019-2020 work plan evaluated</p> <p>RELACSIS 2020-2021 work plan available</p>	The plan is constantly evaluated and monitored. Key performance indicators (KPIs) are being developed to more accurately track implementation and assess the initiative's outcomes. A monitoring and evaluation framework is being applied.	None.	The Monitoring and Evaluation Framework includes KPIs and OKRs

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
4	Disseminate best practices and the RELACSYS initiative experience within the Americas and in other regions	Selected materials, courses and the systematization of experience and share with other Regions	The RELACSYS model has been shared with all Member States and is used as a model to develop and strengthen different knowledge networks for supporting information systems and digital health in the Americas.	None.	None.
Principle Intervention: 7.1.4: Foster collaboration between RELACSYS, regional initiatives (e.g. APR), partners, and specialized PAHO programs that support improvements in maternal and newborn morbidity and mortality surveillance					
1	Implement permanent forums to disseminate methodologies and strategies to measure inequities among PAHOSP indicators, pertaining primarily to maternal and newborn health	Forum deliverables and reports implemented and disseminated through the RELACSYS portal	<p>Two webinars have been prepared to be disseminated through the RELACSYS portal. The purpose of the first webinar is to promote and describe EWEC-LAC's work in the countries, the Metrics and Monitoring of Inequalities (MMWG) team.</p> <p>The second webinar will present the health indicators and equity stratifiers set that has been determined by EWEC-LAC to support countries monitoring social inequalities in health indicators.</p>	These webinars are slated for launching in the second semester of FY2020.	None.

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
2	Conduct missions and capacity-building activities in 6 countries to strengthen the analytical capacity of health personnel for maternal and newborn morbidity and mortality surveillance at the national and sub-national level	Personnel trained in surveillance methods	<p>PAHO met with the heads of the WHO maternal mortality team to produce information on maternal mortality estimations for the Americas.</p> <p>In Colombia, after analyzing the data situation and introducing the methodology for auditing neonatal deaths and its application in priority hospitals, PAHO is working to complete a country profile and a scientific article of neonatal and fetal mortality from the report produced during the workshop in 2019. This report remains under the country's review.</p>	Due to the COVID-19 outbreak, in-person missions have been cancelled. PAHO is assessing the most effective way to deliver technical cooperation in this area.	None.
3	Conduct technical missions to reinforce country capacities to implement a methodology for the intentional search and reclassification of maternal deaths (BIRMM, by its Spanish acronym)	<p>Personnel trained in the BIRMM methodology</p> <hr/> <p>Mission reports and recommendations available</p>	<p>PAHO is re-assessed its approach to this activity given the need to deliver virtual technical cooperation.</p> <p>It expects to implement as much of this activity as feasible within the next semester of FY2020.</p>	In-person technical missions are no longer feasible given travel restrictions due to the ongoing pandemic. PAHO is assessed the best way to engage country teams, considering diverted resources within Ministries of Health.	It will build off previous virtual sessions provided to the entire Region on applying the BIRMM methodology.

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
4	Conduct a subnational-level inequality study using data from the Latin American Perinatology Center's (CLAP) perinatal information system (SIP, by its Spanish acronym)	Subnational-level inequality study conducted	<p>PAHO has identified appropriate health indicators and stratifiers already collected in the SIP and which countries can use for inequalities studies.</p> <p>Uruguay's data will be used for this first analysis (pending final discussions with country counterparts).</p>	PAHO is still in discussion with the Ministry of Health of Uruguay regarding the necessary measures to ensure this study can be conducted while guaranteeing the confidentiality of data.	<p>PAHO is using this opportunity to also develop an automated reporting module on social inequalities that the SIP itself would produce from its reports.</p> <p>A proposed methodology that the SIP will use to calculate inequality metrics is under discussion.</p>