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1. List of Acronyms and Abbreviations

AIN-C	Community-based Comprehensive Child Care
CBE	Competency Based Education
CDC	Centers for Disease Control and Prevention
CHA	Communicable Diseases and Health Analysis Department
CHW	Community Health Workers
CLAP	Latin American Center for Perinatology
COMISCA	Council of Ministers of Health of Central America and the Dominican Republic
CRMA	Caribbean Regional Midwives Association
ERB	Ethical Review Board
ENAP	Every Newborn Action Plan
EQAP	External Quality Assurance Program
EWEC-LAC	Every Women Every Child
FLO	Latin American Federation of Midwives
FGL	Family, Gender and Life Course Department
GTR	Regional Task Force on Maternal Mortality Reduction
HA	Health Analysis and Information Unit
HCDLPF	Family Planning Logistical Data Tool
HIS	Health Information Systems
HSS	Health System Strengthening Department
ICD	International Classification of Diseases
ICM	International Confederation of Midwives
IHSN	Integrated Health Service Networks
INCAP	Institute of Nutrition of Central America and Panama
ISAT	Indicators for Social Accountability Tool
IS4H	Information Systems for Health
LAC	Latin America and the Caribbean
LF	Lymphatic Filariasis
LMIS	Logistic Information Management System
MDA	Mass Drug Administration
MDR-TB	Multidrug-resistant Tuberculosis
MDSR	Maternal Death and Severe Maternal Morbidity and Response
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MMWG	Metrics and Monitoring Working Group
MOH	Ministry of Health
MSH	Management Sciences for Health
NHM	National Health Model
NID	Neglected Infectious Diseases
NMCN	National Maternal and Child Norms
NTP	National Tuberculosis Program
PAHO/WHO	Pan American Health Organization/World Health Organization

PARMM	Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity 2011-2017
PEVS	Regional Plan of Action for Strengthening Vital and Health Statistics
PhV	Pharmacovigilance
PIS	Perinatal Information System
RAMNI	Rapid Reduction of Maternal and Child Mortality
RELACSIS	Latin American and Caribbean Network for Health Information Systems
RDTs	Rapid Diagnostic Tests
FAFEMP	Argentinian Forum of Public Medical Schools
RMED	Rural Medical Education
SA	Social Accountability
SCH	Schistosomiasis
SDGs	Sustainable Development Goals
SHAA	Sustainable Health Agenda for the Americas 2030
SESAL	Honduran Secretary of Health
STH	Soil-Transmitted Helminthiases
TAG	Technical Advisory Group
TB	Tuberculosis
TES	Therapeutic Efficacy Studies
TF	Trachomatous Inflammation-Follicular
UH	Universal Health
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WBMMSS	Web-based Maternal Mortality Epidemiological Surveillance System
WCA	Women in Childbearing Age

The Annual Report for the Grant Agreement between the Pan American Health Organization/World Health Organization (PAHO) and the United States Agency for International Development (USAID) covers the period October 2016 to September 2017 and is divided in four sections. The first section highlights the main achievements, key activities, and lessons leanred from the first year of the grant; the second section provides an overview of progress toward achieving the outcome indicators established in the Grant Agreement; the third section provides a list of products developed during the project period; and the final section includes a compilation of PAHO-USAID collaboration success stories.

2. Project Summaries: Achievements, Key Activities, and Lessons Learned

Topic 1: Tuberculosis

Tuberculosis (TB) continues to be an important public health problem in the Americas with 273,000 estimated cases in 2016, of which 223,000 cases were notified (81%), leaving a gap of approximately 50,000 not detected. For that same year a total of 23,000 deaths were estimated but only 11,000 were notified. Several factors contribute to the persistence of the TB incidence and mortality in the region, including socio-economic factors (poverty, overcrowded living conditions in cities, migration), coinfections and comorbidities (HIV, diabetes, malnutrition, addictions), cultural aspects ("normal cough" and late care seeking behavior), limited access to health services, and populations living in situations of vulnerability (people living in the streets, drug users, prisoners, indigenous groups, children).

In order to contribute to addressing these issues, the Global End TB Strategy and PAHO's Regional Plan of Action for the Prevention and Control of TB provide specific guidance and serve as a framework for the interventions included in the Grant Agreement. These include, increasing capacity for integrated patient-centered TB care and prevention at country level; reinforcing PAHO's technical capacity to support countries; strengthening initiatives of TB control in large cities and TB elimination in low burden countries, and developing strategies/guidelines to address vulnerable groups.

The **main achievements** attained during Year 1 of the grant include the following:

- Increased knowledge and capacity of National TB Program (NTP) managers and teams on the pillars and components of the End TB strategy and Regional Plan of Action and how to implement them.
- Focused monitoring efforts (technical cooperation missions, regional meeting) to assess progress in the implementation of the End TB strategy and Regional Plan of Action.
- Strengthened capacity in 15 Latin American countries at the central level regarding adequate TB drug management using the tool Quan-TB. In several of these countries the Quan-TB tool has been adopted as a standard procedure.
- Continuous progress and expansion of the TB control in large cities initiative, reaching 10 countries, following the initial pilot cities in Brazil, Colombia and Peru. Most countries have invested their their own funding to ensure sustainability in this effort.
- Improved understanding and initial implementation of TB pharmacovigilance (PhV) by NTPs and national drug regulatory agencies in 14 countries.
- Increased awareness of maternal and childhood TB following a specific regional workshop.

- Commemoration of World TB Day to underscore the importance of TB prevention and care.

The achievements mentioned above resulted from the implementation of **key activities and deliverables** including:

- Regional meetings of NTP managers, national TB lab managers and the TB working group on Laboratories in Arequipa, Peru (2016) with participation of 25 countries, partners, civil society and experts. The meeting provided an opportunity to update participants on the latest global and regional recommendations, exchange experiences and identify key challenges to be addressed.
- Translation of The Essentials document into Spanish to provide concrete guidance on the implementation of the End TB strategy, which has been instrumental in guiding countries in these efforts.
- Development and distribution of materials to commemorate World TB Day in March 2017.
- Meeting on maternal TB and meeting of the Childhood TB working group in April 2017 in Uruguay where strengthening of advocacy on this topic and next steps were agreed.
- Review of draft guidelines on TB in indigenous populations in Peru in April 2017.
- Participation of 16 professionals from several countries in The Union/PAHO courses on TB/HIV (November 2016), TB epidemiology (April 2017) and Multidrug-resistant Tuberculosis (MDR-TB) (July 2017), to strengthen the country capacity on TB prevention and control.
- Follow up on the implementation of TB control in large cities, with emphasis on those countries recently embarking this initiative (Asunción, San Salvador, Tijuana, Santo Domingo, Barranquilla and Cali), to share good practices from other involved cities.
- Workshops of TB drug management using the Quan-TB tool held in two subregions (Central America in May and South American in September), which suppored country capacity in forecasting, planning and early alert for TB drugs.
- Implementation of two rotations in the Center of Excellence with new NTP managers and/or staff from eight countries to share good practices in TB prevention and control, including concrete examples of implementation.
- Country experience exchange through a visit of the NTP staff from the TB Center of Excellence from El Salvador to Peru, Brazil, and Mexico to learn about how these countries address community participation, TB research, and TB/Diabetes and TB in frontiers, respectively.
- Finalization of the TB/HIV clinical guidelines, aligned with the latest WHO recommendations on TB, HIV and TB/HIV.
- Workshop on PhV with 14 participating countries August 2017) to support the initial development of pilot projects on TB PhV in four countries (Colombia, El Salvador, Paraguay and Peru).
- Recruitment of a new TB fellow to strengthen the regional TB team.

The **primary lessons learned** during Year 1 of grant implementation include:

- Periodic meetings on NTP and lab managers provide an excellent opportunity for updating, exchange of experiences and networking.

- The Center of Excellence is a good strategy to “contaminate” others on best practices.
- Given that the TB in large cities initiative is well established with increasing country ownership, it serves as a clear example for other cities within those countries to embark on this initiative using their own funding.
- The Quan-TB tool for drug management provides countries with a concrete solution and is being adoped into their standard procedures.
- Pharmacovigilance is increasing becoming an important topic to be addressed in the context of the introduction of new drugs.

The following **main challenges** occurred during the project period:

- Limited available TB staff prevented the close follow-up of recommendations and commitments from missions and meetings, as well as the initiation of some activities included in the work plan.
- Long administrative processes delayed the recruitment of key TB staff, such as the TB fellow.
- Delays in the designation process by countries to confirm participants in available courses, rotations or meetings resulted in some lost opportunitities for capacity building.
- In some cases, political and/or administrative issues in countries prevented follow up efforts on the TB elimination initiative and the introduction of TB control in large cities in Chile and Costa Rica.
- Frequent updates by WHO on TB and HIV guidelines delayed the finalization of the TB/HIV clinical guidelines.

Taking into account the above challenges, some activities were modified for the next grant period to facilitate the implementation of interventions.

Topic 2: Malaria

Malaria remains as one of the top priority public health issues across the region. Ministries of Health (MOH), supported by PAHO/WHO and other partners, are currently implementing strategies to eliminate the disease. However, the increase of malaria transmission in 2017 due to epidemics in some countries and the reactivation of transmission in other endemic areas, underscores the vulnerability of the results achieved.

PAHO plays a leadership role and provides technical cooperation to countries to support the transition from malaria control to elimination, the updating of policies and technical documents, strengthening national and local capacities through trainings for epidemiologists, surveillance officers, health providers, managers and vector control staff, as well as for strengthening bi-national collaboration (South-South). These efforts are supported by annual plans developed and implemented by national counterparts, in coordination with PAHO. Additionally, PAHO provides ongoing guidance to countries in the implementation of national malaria plans that are aligned with the Regional Plan of Action for Malaria Elimination.

During the first year of the agreement, **main achievements** included:

- Progress in operationalizing the Regional Plan of Action for Malaria Elimination and the WHO Elimination Framework. The development of regional approaches and strategies included analysis of transmission dynamics and operational gaps at the local level (focus characterization) and the implementation of the DTI-R strategy, which emphasizes improving access to prompt diagnosis, treatment and response in each malaria foci.
- Improved capacity for malaria microscopy diagnosis and expansion of diagnosis capacity through the use of rapid diagnostic tests (RDTs). A strategic document to orient countries for the use of RDTs is under development.
- Updated plan for surveillance of antimalarial resistance in the region and therapeutic efficacy studies (TES) studies being planned in Guyana and Colombia.
- Development of a regional strategy for preventing relapses by the Technical Advisory Group (TAG).
- Development of a regional approach for the implementation of G6PDd testing by TAG and a proposal to improve malaria treatment adherence and malaria pharmacovigilance protocols (for implementation in 2018).
- Implementation of trainings in the malaria elimination framework: concepts and operational aspects.
- Technical missions to improve the response in key foci (Costa Rica, Dominican Republic, Ecuador Guatemala, Honduras, Nicaragua, Peru).
- Coordination among malaria partners to respond to regional needs.
- Updated Malaria National Elimination Plans, as well as key case management guidelines in several eligible countries.
- Realization of the third meeting of the Malaria TAG to review the progress of key malaria efforts and provide recommendations where appropriate.
- Publishing of the PAHO Malaria Regional Report, which is now accessible on PAHO's website.
- Support to Haiti in the development of a proposal to the Global Fund which was accepted and will ensure funding until 2020.
- Updated guidelines for malaria case management and surveillance in Haiti and community case management implemented in Grand'Anse, Sud and Nippes to increase access to treatment for populations living in vulnerable areas and reduce cases of disease.

The following **activities** were conducted from October 2016 to September 2017:

- A regional training on Malaria Microscopy Certification was held in October 2016 in Mexico City. Twenty-three individuals participated, of which 21 received the corresponding certification. This activity was co-financed with the Global Fund.
- Antimalarial medicines were procured to maintain stock level at the PAHO warehouse in Panama to support emergency scenarios and prevent stock-outs.
- Guyana, Haiti, and Honduras updated their national malaria treatment guidelines.

- With support from Honduras and Peru (supranational laboratories) the external quality assurance programme (EQAP) 6th round panel is in process for delivery to the countries no later January 2018.
- A regional meeting for P. falciparum elimination was conducted in Peru (May 2017) and co-financed with WHO. The meeting addressed drug efficacy and resistance and a plan was prepared with country participants to activate TES and/or the use of molecular markets. As a result, two main TES studies will be supported in Y1/Y2. Protocols for the TES studies to evaluate first line treatment for P. falciparum, developed in Guyana and Colombia, are currently in final revisions to be submitted to the national ethical review boards (ERB).
- A technical document on strategic approaches for the implementation of LLINs, including operational aspects, is currently being developed.
- Support was provided to improve diagnosis, surveillance and response in active foci (micro-stratification) in Escuintla (Guatemala), Moskitia (Honduras), Esmeraldas (Ecuador), Loreto (Peru) and Matina (Costa Rica), including the use of RDTs to improve access to prompt diagnosis. Mision to Escuintla (Guatemala) scheduled for October 2017.
- Diagnosis and Surveillance Trainings at the local level were conducted in El Salvador, Guyana, Honduras, Nicaragua, and Panama.
- A methodology for malaria data analysis has been developed and is being implemented. Instruments adapted to automatize analysis in some countries.
- A Data Verification Mission to Peru was conducted in February 2017 and Suriname in October 2017.
- Guatemala, Honduras and Suriname developed national malaria elimination plans with PAHO support. National Plan in Peru and Panama were analyzed with national counterparts and PAHO.
- Missions to film best practices of the three finalists of the Malaria Champions in the Americas award were conducted in September 2017. The Malaria Day Event is scheduled for November 3rd 2017.
- The Malaria Partners' Meeting was held in June 2017 in Washington, DC.
- Participation in a meeting conducted in March 2017 to support the implementation of the plan of action for prevention of artemisinin resistant in the Guyana Shield.
- The PAHO country office in Haiti served the lead role in reorienting malaria elimination interventions at the operational level, including problem-solving strategies in the key areas (diagnosis, treatment, surveillance, vector control, health promotion and monitoring).

Lessons learned from the first year or project implementation included:

- The vulnerability of epidemiological achievements in malaria-eliminating countries (Costa Rica, Ecuador) reinforces the need to maintain technical capabilities in key foci.
- Technical support missions to priority malaria foci generate findings and recommendations that have not been previously identified by the central and intermediate levels of malaria programs. Carrying out multiple missions to the local level in several countries were essential to validate a methodology for addressing malaria foci in the field.

- During the project period it was possible to establish two sets of activities to develop local capacities in case and foci investigation: i) subnational (or municipality) level workshops to identify key foci and main epidemiological elements and ii) local workshops for foci characterization.
- The local workshops for characterization of malaria foci should developed as hands-on training activities of epidemiologic field investigations. The number of participants in each workshop should be limited in order to allow each individual to develop their skills in conducting interviews, field activities and data analysis.
- The work at the local level confirms the existence of basic gaps in the diagnostic-treatment-investigation processes – the regional malaria team seeks to address this issue via the DTI-R strategy.
- Positive synergies between the USAID project and other partner-supported activities were achieved, increasing the overall impact of work. Examples of this included USAID's support for solving gaps identified in Global Fund data verification missions or the use of resources from Canada to support gaps identified in malaria foci characterization efforts in Ecuador, Honduras, Nicaragua, and Peru.
- Future efforts to address malaria in vulnerable populations should follow the same approach developed during this project period, including the foci characterization methodology and the DTI-R strategy.
- Close coordination with PAHO country offices was critical in order to achieve this project's activities.

Some **challenges** were also encountered during the implementation of Year 1, which included:

- Changes in malaria programs structures and processes and their integration into the health systems.
- Weakness of health services structures and primary health care model for hard to reach populations. The implementation of malaria case management at the community level with Community Health Workers (CHW) remains a key challenge in Colombia, Ecuador, Haiti, Panama, and Peru yet the strategy is critical to achieving the goal of early diagnosis and treatment, with investigation and response, in hard-to-reach areas.
- More interaction needed with local stakeholders to look for synergies and interprogramatic approaches.

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. It is well documented that 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 (LAC) (approximately 153 million people) are at risk of contracting NIDs because they live in poverty.

Under the framework of the Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022, PAHO provides technical cooperation to strengthen national capabilities to develop integrated plans of action and implement effective integrated programs, strategies, and interventions to control NIDs and advance towards the elimination (where feasible).

In partnership with USAID, PAHO 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 helminthiases (STH) and trachoma. PAHO supported national country programs in the planning, implementation, monitoring and evaluation of interventions, including mass drug administration (MDA) for the diseases mentioned above.

One of the **main achievements** resulting from the first year of the grant was strengthened capacity of PAHO's Regional NID Program, which facilitated continued technical cooperation to countries in the development and implementation of integrated national and/or local NID strategies and action plans towards the prevention, control and elimination of NIDs.

Through the implementation of surveys, progress was made in assessing the current schistosomiasis transmission status in Saint Lucia, the impact of implementation of the SAFE strategy in the trachoma [1] endemic areas in Guatemala and the current situation of trachoma and STH in communities in the Loreto Region within Peru's Amazon Basin. Trainings were provided to countries to strengthen national capacities prior to survey implementation. In the case of Saint Lucia, training was provided, in collaboration with the Centers for Disease Control and Prevention (CDC), on epidemiological, laboratory and field methodologies. For both Guatemala and Peru, trainings were provided for trachoma graders and on the Tropical Data Platform used to collect data.

In regards to the surveiy results, the Saint Lucia survey, carried out in school-age children, indicated that interruption of schistosomiasis transmission has likely been achieved given that no children tested positive. The survey in Guatemala demonstrated that implementation of the SAFE strategy has lowered the prevalence of trachomatous inflammation-follicular (TF) in children aged 1–9 years to below 5% in the previously known endemic districts. The results of the trachoma baseline survey in Peru demonstrated, for the first time, the existence of a new focus of trachoma in the Americas, specifically in the Peruvian Amazon. Peru is now the fourth country in the region with active transmission of trachoma, along with Brazil, Colombia and Guatemala.

Support provided to Guyana's LF Elimination Program allowed the country to review, update and relaunch its national strategy for elimination, as well as to cost the national elimination strategy for the period 2017-2022 and identify financial gaps for its implementation.

The following **key activities** were implemented during Year 1:

- In collaboration with PAHO's immunication program, a training workshop for the "Monitoring and analysis of data quality of coverage of MDA for lymphatic filariasis, deworming for STH and vaccination" was carried out in Haiti (July 2017) to train staff of the LF and vaccination programs in the concepts and applications of coverage monitoring tools used for the analysis of the data quality of preventive chemotherapy in order to apply decision criteria and guide actions for maintaining high and homogeneous coverage at the local level. This training will allow Haiti to implement coverage monitoring of MDA for LF and STH in the country.

[1] SAFE refers to a combination of interventions, which stands for surgery for trichiasis (inturned eyelashes), antibiotics, facial cleanliness and environmental improvement.

- Substantial advances were made in finalizing a toolbox for NID program managers to support integrated monitoring of interventions targeting children under 15 years of age. The editing process of each of the toolbox's modules was finalized and the toolbox is currently in the process of graphic design.
- In order to strengthen the integrated morbidity management and disability prevention component of NID at the regional and national levels, A Manual for Morbidity Management and Disability Prevention was developed for proper management of the chronic morbidity caused by Leprosy/Hansen's Disease, LF, Trachoma, and Chagas Disease for Primary Health Care Services was developed. This manual is currently under revision.
- PAHO provided technical guidance to Guyana's LF Elimination Program on data collection forms and data reporting system for the MDA. Microplanning guidelines and tools were developed to support the planning of the MDA campaign at local, regional and national level , complemented by capacity building on rapid coverage monitoring following MDA campaigns and data quality assessments.
- The implementation of integrated NID plans was supported in Colombia, El Salvador, Honduras, Mexico, and Paraguay.

Several **lessons learned** were identified during the project period, including:

- Maintaining a strong team with diverse and complementary technical and administrative skills is essential to provide high quality technical cooperation to countries, given the diversity of diseases and the technical challenges involved in tackling them.
- Careful planning and follow up of activities and fund implementation, including close and frequent follow-up with PAHO focal points in the country, contributes to the successful accomplishment of work plan activities. However, at times adjustments are necessary, taking into account the realities in the countries and in the field.
- Interdepartmental collaboration (ex. PAHO's immunization program), and collaboration with partners, such as CDC and the Dana Center for Preventive Ophthalmology, a WHO Collaborating Centre for Trachoma, is essential to achieve optimal results. PAHO promotes collaboration between countries for the strengthening of national capacity, such as in the training for trachoma graders for staff from Guatemala and Peru that was carried out in Colombia prior to conducting the surveys.

The **main technical challenges** confronted by PAHO during the first year included the need to strengthen the monitoring and evaluation of PC interventions and the Morbidity Management and Disability Prevention component at the country level. NIDs are also given low priority at the country level given the competing priorities of other public health programs, public health emergencies, etc.

Topic 4: Neonatal Health

Newborn health continues to be a priority in the region because of its implications regarding mortality and burden of disease and its impact throughout the life course. During the last years, the region has made considerable progress in reducing neonatal mortality. The specific mortality rate decreased by more than 60% between 1990 and 2016, even when its relative contribution to child mortality

increased. Neonatal mortality accounts for 52% of deaths in children under 5 years of age. Additionally, causes of neonatal mortality have not changed, mainly due to preventable causes as prematurity, birth defects, asphyxia, and infectious diseases.

The final evaluation of the regional strategy and plan of action for newborn health provided the opportunity to update goals and strategies aligned with the Sustainable Health Agenda for the Americas (SHAA) 2030, as well as and other global strategies and initiatives, such as the Every Newborn Action Plan (ENAP), the Global Strategy for Women's, Children's, and Adolescents' Health (2016-2030), and the Sustainable Development Goals (SDGs). The evaluation also identified key areas that require further strengthening, including the updating of country action plans, improving quality of care, and strengthening information systems and intersectoral actions.

The Every Women Every Child (EWEC-LAC) initiative consideres ending preventable deaths, ensuring health and wellbeing, and expanding enabling environments, which are particularly relevant for newborn health. Although the regional average of the neonatal mortality rate is below the target defined for 2030, a total of 18 countries reported mortality rates above 10 per thousand live births. Addressing such inequalities requires adequate information systems, multisectoral approaches, and innovative evidence-based interventions that contribute to the improvement and access to quality care through.

Through support provided by USAID, several **achievements** have been made, both regionally and in countries, that contribute to increasing access to interventions to improve the health of women, newborns, children, adolescents, and adults. These achievements are fundamentally linked to actions taken by countries to improve information systems, strengthen surveillance and increase accountability regarding newborn and fetal deaths. Countries exerted efforts to improve coverage and quality of data from vital statistics systems, analyze and audit fetal and neonatal deaths, and analyze trends to better estimate targets on neonatal and fetal mortality. Likewise, countries recognized the need to develop and implement specific surveillance systems, mainly focused on birth defects, and strengthen information systems to provide the needed evidence for planning, monitoring and evaluation of defined targets. These country achievements will contribute to implementing the proposed methodology to estimate 2030 goals and contribute to the actions promoted by the EWEC-LAC, particulary the assessment of inequities. Similarly, the actions implemented to strengthen surveillance for birth defect (second cause of death and responsible for significant burden of morbidity and disability) have contributed to the increase in the number of countries that have implemented specific registries.

During the project period, different **activities** were implemented to progress toward achieveing the grant outcomes. These included:

- A regional workshop was held to present approaches and methodologies for estimating trends in neonatal mortality and targets, based on the methodology developed in collaboration with PAHO's Health Analysis and Information Unit (HA).
- A work plan was developed for strengthening surveillance of birth defect systems, which included a regional mapping on the availability and characteristics of existing registries in the region. The

results from the mapping were presented at a regional meeting. An important outcome was concensus to advance in establishing a regional registry of birth defects based on national surveillance systems and the need to continue strengthening surveillance systems at country level.

- For the first time in the region, the tools and recommendations for establishing audit and analysis of fetal and neonatal mortality, aligned with the WHO ¨Making every baby count¨, were implemented during an activity in St Kitts and Nevis, with participation from Barbados and St. Lucia, related to analyzing deaths. This contributed to planning efforts targeting reductions in the current increased number of neonatal deaths and to building capacity in the Caribbean region. These skilled professionals will replicate training in other Caribbean countries.
- Neonatal health module from SIP was presented during a technical meeting in Bogota. Additionally, targeted technical cooperation was provided to the Dominican Republic and Honduras for the use of the specific component.
- Technical cooperation was also provided to Haiti, Guyana and Peru to support the updating of newborn health action plans, within the framework of the continuity of care.
- Coordination with the Neonatal Alliance for Latin America and the Caribbean continued to improve advocacy and promote strategic alliance building at country level as a means to strengthening the implementation evidence-based interventions and updating regional strategies and plans, in the framework of EWEC and other related initiatives.

In regards to **lessons learned**, the adoption of the EWEC Strategy and the EWEC-LAC movement provides an important framework for advocacy and the implementation of specific newborn interventions within the life course approach. This, combined with the recent finalization and evaluation of the regional strategy and plan of action for newborn health, contributed to progress in planning and updating specific national plans of action and targets. A continued priority is the strengthening of collaborative work and articulation between actors involved in similar processes, both within PAHO and among other key actors involved in the operationalization of strategies and lines of action aimed at meeting the goals established in the SDGs and EWEC LAC.

A primary **challenge** has been ongoing changes of authorities in several countries that contributed to delays in the implementation of previously scheduled activities. As a result, the achievement of results at country level and project results may be affected. In an effort to mitigate this challenges, activities with a more regional scope have been proposed in the annual work plan.

Topic 5: Maternal Health

Maternal health, measured by maternal mortality, remains as a crucial indicator for measuring human and social development. Between 1990 and 2015, the maternal mortality ratio (MMR) decreased by 52% in Latin America (from 124 to 69 per 100,000 live births) and by 37% in the Caribbean (from 276 to 175 per 100,000 live births). The gap between Latin America and the Caribbean has widened in the last 15 years. While in 1990 the probability of a Caribbean woman having a maternal death was 2.2 times higher than a Latin American woman, in 2015, that probability rose to 2.9 times.

The SDG, in particular Goal 3, and the UN Secretary-General strategy, "Every woman, every child and every adolescent", which has specific actions focused on reducing maternal mortality and improving maternal health through three objectives -- survive, drive and transform -- serve as global and regional frameworks to reduce maternal mortality. Regional strategies and plans are aligned with these commitments, such as the Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity 2011-2017 (PARMM), the PAHO Strategic Plan 2014-2019, and the recently and approved SHAA 2018-2030.

During Year 1 of the project, the following **achievements** were attained with the support of USAID, within the framework of strengthening the policy dialogue on maternal health to reduce maternal morbidity and mortality.

The *Regional Network of LAC Countries on Maternal Health Information from an Equity Perspective* was strengthened to support country efforts in forwarding the official information related to maternal mortality and morbidity to PAHO. Previous to this year, country data was not collected through any platform on a regular basis. Although this network was designed to receive information from all the countries and territories of the region, it was initially created for the 27 countries[2] in the region that report more than 7,000 births per year and thus have the greatest impact.

Another achievement was the implementatin of the *Latin American and Caribbean Network of Sentinel Centers for Women's, Maternal and Neonatal Health*. In addition to routinely collecting maternal and neonatal information during pregnancy, childbirth and puerperium, this network is utilizing two has maternal health surveillance protocols: the Maternal Near Miss protocol and the Organic Failure during Pregnancy. Although twenty LAC Ministries of Health requested that institutions from their respective countries be included in the network[3], at the time only 10 health facilities from 7 countries have completed the processes and are sending reliable data.[4]

Key activities implemented during the first year of the project included:

- Data was collected from Honduras, Trinidad and Tobago and Venezuela to finalize data collection from countries for the preparation of the final report of the PARMM.[5] Additionally, PAHO initiated the development of the web platform to facilitate the analysis of country data related to the PARMM.
- In agreement with the USAID counterpart, a regional meeting was held to discuss the quality of the data reported by the countries, as well as the inconsistencies detected and the lack of data to

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[2] Argentina, Belize, Bolivia, Brazil, Canada, Colombia, Costa Rica, Cuba, Chile, Dominican Republic, El Salvador, Ecuador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panana , Paraguay, Peru, Suriname, Trinidad and Tobago, Uruguay, United States, and Venezuela.

[3] Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, El Salvador, Ecuador, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay , Peru, Suriname, Trinidad and Tobago, Uruguay.

[4] Brazil, Colombia, Dominican Republic, Guatemala, Honduras, Nicaragua and Paraguay.

[5] Only the United States did not submit information for the report.

inform the final PARMM report. A total of 23 countries that participated; due to Hurricane Irene several Caribbean countries were unable to attend.[6]

- The survey to map implementation status and country needs related to Maternal Death and Severe Maternal Morbidity and Response (MDSR) was prepared jointly with WHO and PAHO/HA. The survey is pending approval to be sent to the countries.
- The sub-regional workshops for the improvement of national capacities in MDSR were carried out in Panama and Jamaica, jointly with the Regional Task Force on Maternal Mortality Reduction (GTR for its Spain).
- Regarding the Web-based Maternal Mortality Epidemiological Surveillance System (WBMMSS), the system's source codes have been transferred by its developer to the National Institute of Public Health of Colombia and the external audit document of the WBMMSS has been finalized.
- CLAP's *Network of Sentinel Centers for Women's, Maternal and Neonatal Health* initated the implementation of the Protocol on Severe Maternal Outcomes in select hospitals.
- With regard to the strengthening of midwifery, a workshop was carried out to build capacities on Competency Based Education (CBE) for lead obstetric nurses and midwives teachers. A total of 17 teachers from seven Brazilian states (São Paulo, Fortaleza, Recife, Salvador, Manaus, Amazonas and Belem) participated.
- Relevan content and tools were developed and validated to train midwifery teachers in evaluation processes within the CBE framework. The technical validation meeting was held in September 2017 and involved 16 midwifery teachers and evaluation experts from 9 countries.[7] The first workshop on this subject has been rescheduled for November 2017.
- The regional workshop to disseminate International Confederation of Midwives (ICM) Midwifery Regulation Toolkit and build capacity to develop national plans for midwifery regulation process was carried out in September 2017. This meeting was attended by the presidents of the national midwifery associations from nine countries, in addition to 3 workshop facilitators from Chile.
- Most of the activities related to the strengthening the policy dialogue in maternal health were developed with the support of GTR members. In the case of midwifery activities, work with partners such as the United Nations Population Fund (UNFPA), ICM, Caribbean Regional Midwives Association (CRMA) and Latin American Federation of Midwives (FLO) was critical to advancing activities.

The primary **lessons learned and challenges** from the project during the first year include:

- Regarding the *Regional Network of LAC Countries on Maternal Health Information from an Equity Perspective,* building the network has been a slow process and the main complication to overcome in the future will be sustainability. The problem remains that countries do not provide consistent and reliable data on a regular basis. Unfortunately, not all countries have disaggregated information

[6] Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago, Uruguay and Venezuela.

[7] Argentina, Brazil, Chile, Ecuador, El Salvador, Mexico, Paraguay, Peru and Uruguay.

on the needed variables to facilitate measuring inequity, although there is noted annual progress regarding the inclusion of these variables by more countries.

- There is also observed difficulty for many countries to record severe maternal mortality. It is necessary to deepen the regional understanding and dissemination of the operational definitions on the subject and to seek a regional standard of information collection, in collaboration with key actors.
- In order to advance in the improvement in data quality, activities should be carried out jointly with PAHO/HA for overall strengthening of surveillance systems in the countries.
- In regards to strengthened midwifery in the region, there are three working areas that require support, as requested by midwives and aligned with the ICM proposal: Education, Association and Regulation. The Grant Agreement currently supports two of these areas (i.e. Education and Regulation).
    - In the Education, supported by the CBE modality, every year there is increased demand from the professional associations of midwives for additional support to implement the same workshops. This is a clear indication that the investment in this area has not been transferred to the formal educational systems in the beneficiary countries, thereby compromising the sustainability of the process. In order to address this issue, the second year work plan proposes to carry out an analysis on the actual impact of these workshops and the degree of sustainability.
    - In the Regulation area, after disseminating the regulation tool, PAHO observed a lack of incorporation of the dimensions into the regulatory processes. This possibly highlights a failure to understand the various dimension. Taking this oberservation into account, this line of work will be restructured for year 2 of the project.

Topic 6: Inequities across the Life Course

Every Women, Every Child- Latin America and the Caribbean

The region of the Americas has the largest health inequities within and among countries. As the Millennium Development Goals (MDG) era came to an end, a new and more ambitious global health agenda was launched by the UN Secretary General. In order to address these persistent health inequities, the EWEC-LAC inter-agency movement was formed with the shared leadership of 8 international organizations. Specifically, the movement strives to work towards the adaptation and implementation of the Global Strategy for Women's, Children's and Adolescents' Health 2016- 2030 in Latin America and the Caribbean, through catalyzing and supporting countries in their efforts to deliver upon the targets and goals set forth in the Global Strategy. It plans on doing this by:

- Keeping Women in Childbearing Age (WCA) health equity on top of the political and public agenda through regional, sub-regional, and national advocacy efforts towards the adaptation and implementation of the Global Strategy in the Americas;
- Promoting and strengthening country capacity to analyze WCA health inequalities and multi-sectoral determinants, and monitor progress towards the Global Strategy targets; and

- Promoting and supporting country adoption and implementation of pro-equity health policies, strategies, and evidence-based interventions.

The **main achievements** attained during the first year of the project include:

- The movement has finalized both the English and Spanish version of the step-by-step handbook for identifying legal and political barriers affecting coverage and access to health. The documents is expected to be launched in an upcoming meeting related to equity approached and tools (Dec 2017, Nicaragua).
- The movement has continued working with the Jamaican team and is in the process of completing a work plan for the final implementation of INNOV8.
- The movement successfully began the implementation of the INNOV8 in the Dominican Republic (August 2017) in their adolescent health program, with a complementary work plan and trained staff.
- The movement has adapted to the new global health agendas, which included an increase of members, an updated mission, vision, goal and objectives. A two pager position paper was developed to share with country offices and other regional and national actors.
- The movement developed part of the approval of the *Declaration of Santiago of Chile*, which was done by President Bracelet during a High Level Meeting.

The **key activities** conducted during the project period included:

- The implementation of three expert meetings that resulted in a set of inputs and recommendations for (1) measuring and monitoring health inequalities; (2) multi-sectoral participation and action; and (3) evidence based equity tools and approaches.
- The implementation of three sub-regional consultations that resulted in a set of inputs and recommendations for the adaptation and implementation of the Global Strategy in LAC.
- The implementation of an INNOV8 workshop in Dominican Republic.

The **primary lessons** learned and challenges from the project are highlighted below.

- The implementation of sub-regional consultations raised a lot of challenges in ensuring that the participants were not just from the health sector. Once at the meetings, the engagement of other sectors was less than that of the health sector participants.
- In Jamaica, it has been difficult to implement INNOV8 due to country political changes and competing priorities.

Metrics and Monitoring Working Group (MMWG)

The MMWG is committed to ensuring that the measurement and monitoring of social inequalities in health are incorporated into national ministries of health's systematic health analysis activities, while promoting the use of disaggregated data at the sub-national levels to identify the most vulnerable social groups and make them more visible to policymakers. The project strives to create evidence-based data to guide actions that improve health outcomes and reduce inequalities.

The **main achievements** attained to date include the following:

- Enhanced political commitment from the Council of Ministers of Health of Central America and the Dominican Republic (SE-COMISCA) to promote the measurement and monitoring of social inequalities in health within the Central American countries and the Dominican Republic.
- Capacity strengthening activities conducted to improve skills for measuring and monitoring social inequalities in health. A workshop was conducted in Colombia to train 56 ministry of health personnel from Bolivia, Chile, Colombia (including personnel from El Chocó Department), Ecuador, Paraguay, and Peru. An additional training for national and regional level technical teams was conducted Chile. Technical consultations were conducted in Belize and Honduras to reinforce prior training health inequalities metrics and monitoring.
- Three countries have incorporated the social inequalities in health measurement and monitoring module as a routine function of the countries' epidemiological surveillance program.
- Key indicators have been defined as a recommendation from the EWEC-LAC expert group consultation. The MMWG contributed toward the development of the WHO Innov8 methodology for incorporating the measurement and monitoring of health inequalities into national health programs.
- The MMWG collaborated with the Colombian government to document its experience, challenges, and success in building the National Health Observatory. This will be disseminated as a best practice for institutionalizing health inequalities measurement and monitoring.
- Designed and produced an inequality dashboard, planned to be incorporated in PAHO's Platform for Health Information (PHIP), for Central America and Dominican Republic countries. This model will be used to expand the information to include other countries in the region.

The following **activities and products** contributed towards attaining the MMWG's established goals. The partnership with MMWG colleagues and the expert group has been critical to achieving consensus in developing the MMWG's methodologies, technical documents, etc.

A. Capacity building

- Disseminated the "Step-by-step guide to the calculation of health inequality metrics", and the "Frequently-asked questions in the measurement and monitoring of health inequalities" (English and Spanish).
- The MMWG developed "EQUI-GAP v3.0", an automated tool in Excel to calculate basic inequality estimates (versions available for Windows and iOS).
- Conducted the "Workshop on the Analysis of Data for Measuring and Monitoring Inequalities in Maternal, Child, and Adolescent Health" (11-13 July 2017, Bogota, Colombia), with 56 participants (USAID supported 39 MOH participants from Chile, Colombia, Ecuador, Peru, Paraguay).

B. Operationalization of the Global Strategy for Women's, Children's and Adolescent's Health 2016-2030 (Global Strategy) in the Americas

- Disseminated recommendations from an expert consultation meeting on metrics and monitoring of social inequalities in health (6 to 7 April 2017, in Washington, D.C.). The following results were achieved:
  - Established methodological bases for the measurement and monitoring of health inequalities;
  - Developed a process to guide countries in selecting national-level health indicators and equity stratifiers, based on the EWEC-LAC Regional Monitoring Framework;
  - Developed methodological guidelines to assist countries in setting goals based on identified inequalities; and
  - Selected health indicators and equity stratifiers for the EWEC-LAC framework.

C. Generating national and regional-level evidence

- Supported national counterparts from Central America, Chile, and the Dominican Republic in the production of national profile booklets on social inequalities in maternal, child and adolescent health, with information disaggregated at the subnational level.

The following lessons learned resulted from the first year of the project:

- To promote sustainability, it is important to formalize a joint agreement through a written work plan and other documentation agreed between the external experts and MMWG.
- It was critical to initiate a collaboration between WHO and the International Center for Equity in Health in Brazil (a WHO Collaborating Center), to validate the MMWG's equity-based goal-setting methodology and ensure MMWG's alignment with global recommendations and cutting-edge strategies and techniques.
- Review and redefine the terms of reference for MMWG members, to ensure optimal participation and adequate representation from the key areas of expertise.
- It is necessary to take steps to establish a data sharing policy to ensure that countries authorize the use of their data, as well as publicly-available information, as a measure for mitigating delays in the dissemination of products developed through this project.

Topic 7: Health Information Systems

Well-functioning health information systems (HIS) are critical for ensuring that policy and decision-makers have quality data and information on the health situation and trends. The region has witnessed improved coverage and quality of birth and mortality data since the adoption of PAHO's Plan of Action for Strengthening Vital and Health Statistics 2008-2017. Estimated regional mortality underreporting decreased from 5.8% (2008) to 4.2% (2016), and data quality has similarly improved. Nevertheless, PAHO's Member States recognize that significant efforts are still needed to link fragmented systems, improve capacities, harness new methodologies and technologies, and install systems for monitoring subnational-level progress towards achieving health-related SDGs. In response, PAHO launched a new Plan of Action for Strengthening Vital Statistics (PEVS for is Spanish acronym), with updated

recommendations and targets to guide efforts through 2022. PAHO is in the process of establishing collaborations with the countries to develop a Strategy and Plan of Action for Strengthening Information Systems for Health (IS4H) to serve as an overall framework for the PEVs. The Latin American and Caribbean Network for Health Information Systems (RELACSIS for is Spanish acronym) continues to facilitate South-South technical cooperation and the delivery of free-of-charge training for health personnel throughout the region. Meanwhile, PAHO is developing policies, tools, and guidelines to operationalize recommendations from both plans of action.

As a **main achievement**, PAHO's Member States have an updated strategic framework, PAHO's PEVS, which provides guidance, direction, and targets to improve the quality and coverage of birth and mortality data. With the approval of this plan, Member States have also recognized the need for an ambitious overhaul of the countries' existing health information systems to transition towards the renewed and more holistic IS4H approach.

The RELACSIS Network continues to facilitate inter-programmatic and intercountry efforts under PEVS, and enables better coordination among members of the Iberoamerican Network of Collaborating Centers for the International Family of Classifications. Through the Network, health professionals across the Americas are given access to cutting-edge capacity building and best practices conceived and shared by other countries within the region, with the aim of building and enhancing countries' health information systems. This South-South cooperation-focused initiative has helped forge bridges between PAHO's Member States through the Network's working groups. Twenty of the successful practices disseminated through the RELACSIS have been adopted by countries in the Americas, over 60,000 have been trained and certified in the correct completion of death certificates, and 1,700 coders have been trained in more effectively using the International Classification of Diseases (ICD-10) for coding mortality and morbidity data. This continuing capacity-building will contribute to ensuring that data in the region is of better quality and encompasses greater portions of its populations.

The IS4H maturity model for assessing national health information systems can now be utilized either by countries to conduct their own internal analyses of the various facets that make up their systems, or for external evaluations conducted by PAHO and other partners. Its interactive and mostly-automatized interface provides Ministries of Health with comprehensive information that identifies areas that require prioritization.

In regards to **specific activities** implemented during Year 1, PAHO conducted multiple rounds of consultations at different levels with its Member States and external experts, which resulted in regional consensus and country commitment to reach the targets established under the Plan of Action for Strengthening Vital Statistics 2017-2022. In collaboration with the University of Illinois, the Hospital Italiano de Buenos Aires, and the University of Santa Catarina in Brazil, PAHO has developed the IS4H maturity model. This Excel-based tool can be used for rapid self-diagnostics and for comprehensive external assessments; it produces real-time results and quickly identifies areas that require prioritization. Its impact in supporting countries is expected to be observed in 2018, as PAHO pilots it in Jamaica and other countries in the region. Additionally, PAHO produced a Data Governance Strategy (pending dissemination in early 2018) and a series of standard IS4H policies and plans which countries can adapt to their national context.

Participants of the RELACSIS Network have benefited from access to webinars and guidelines for areas of technical cooperation such as the Intentional Search and Reclassification of Maternal Deaths methodology that was devised in Mexico, an online course to promote the correct completion of death certificates (available in English, Spanish, and French; over 60,000 trained and certified to date), a virtual course on ICD-10 morbidity and mortality coding (over 1,700 trained to date), among others. PAHO, with support from Management Sciences for Health (MSH), convened the annual RELACSIS meeting in Nicaragua (23-25 May 2017). A total of 94 participants attended, representing 33 countries and territories in the Americas. USAID funds supported the participation of ten of these participants (from Argentina, Barbados, Chile, Saint Vincent and the Grenadines, Peru, and Uruguay).

Key lessons learned from the project are highlighted below.

- Partnerships with public and private sector stakeholders are needed to make comprehensive improvements to a country's health information systems. This is critical particularly since many of these other sectors generate data needed for robust health policies (such as the case for vital statistics generated by national statistics offices). Similarly, partnerships with regional and subregional coordination mechanisms have helped galvanize the needed high-level political buy-in for prioritizing the strengthening of information systems.
- Countries recognize the value in taking steps to make their various health information systems more interoperable and integrated. This has raised privacy and confidentiality concerns, particularly when collecting individual-level data. PAHO is working with its partners and Collaborating Centers to develop generic, adaptable legislation and policies that countries can use for formulating relevant regulatory and policy frameworks.
- The RELACSIS Network continues to demonstrate that such mechanisms are invaluable for facilitating low-cost South-South, triangular, and bilateral technical cooperation that is able to reach a greater number of countries down even to the local level. Nevertheless, the Network is exploring the possibility of formulating a communications plan to expand its scope even further in the Region.
- PAHO has benefited significantly from partnerships with external agencies made possible through USAID. For joint initiatives with partners on particular activities, it is critical that administrative capacities of co-implementing partners be known and discussed beforehand to improve joint planning to mitigate the risk of delays.

Topic 8: Health Systems Strengthening

Health Financing and Fiscal Space

Several countries are adopting actions for moving toward Universal Health (UH). Health financing is a critial issue in this movement as additional resources must be allocated to strengthen health system response capacity, reduce inequities, and increase financial protection. According to the Strategy for Universal Access to Health and Universal Health Coverage (UHC), payment mechanisms should align with health system objectives and the efficient allocation of resources is necessary to reduce inequities and ultimately lead towards universal access to health. Policies supporting this goal should be fostered, especially those that identify and implement actions to improve efficiency in financing and the

organization of health care delivery, in parallel with technical cooperation to develop the necessary actions and tools. In addition, increasing countries' capacity to monitor and evaluate progress toward Universal Health still requires stronger information systems that can produce quality data to measure progress in population access and coverage in health services, governance and leadership, equity and efficiency of health financing, and action on social determinants of health. Moreover, it will require streaming mechanisms for accountability and social participation.

Considering these needs, PAHO has supported countries' monitoring and evaluation efforts for Universal Health, as well as studies and activities aimed at developing the conceptual framework of efficient health systems financing and the fiscal space for health by providing countries with concrete policy options. The interventions propose to support countries in their efforts to develop and review national health policies, strategies, and plans, through the lens of health financing, in a manner consistent with the progressive achievement of Universal Access to Health and Universal Health Coverage.

The **main achievements** during Year 1 of the project are highlighted below.

- Several countries, such as Chile, Costa Rica, and Peru are advancing in the design of new payment systems with a vision of strategic purchasing.
- Between September 2016 and September 2017, a total of 8 LAC countries (Chile, Colombia, El Salvador, Guatemala, Mexico, Paraguay, Peru, Uruguay) analyzed and reported progress toward universal access to health and universal health coverage, using PAHO's framework for monitoring Universal Health.
- During the evaluation period, robust equity analyses were conducted to support Monitoring and Evaluation (M&E) efforts in LAC countries (Colombia, Chile, Mexico, Peru, and Uruguay) using methodologies standardized by PAHO. This provided new evidence of the progress made by countries in terms of increasing the utilization of health services and reduction of access barriers, while decreasing inequities.
- A progress report was carried out on the performance of health systems and the impact this has had on Universal Health indicators in 34 countries over the past 5 to 10 years. The results were reported in the PAHO's publication Health in the Americas, 2017.
- PAHO supported countrywide evaluations of national health system reforms in El Salvador and Jamaica, which resulted in recommendations for improving programming.

The **key activities** implemented during this period include:

- A regional workshop on reforming payment mechanisms in the health sector, Payment Systems and Strategic Purchasing, was held in August 2017 to discuss the country experiences and reflect on lessons learned in health economics and financing. Participating countries[8] were selected based on the level of development of their payment systems and strategic purchasing.
- Technical cooperation was provided to six countries to foster monitoring and reporting of Universal Health progress in the region using PAHO's monitoring framework and list of indicators for Universal

[8] Chile, Costa Rica, El Salvador, Peru, Haiti, Dominican Republic, Argentina and Mexico.

Health. In 2017, PAHO targeted priority countries, based on the availability of data (El Salvador, Guatemala, Nicaragua and Paraguay).

- Situational analysis on health financing and the availability and distribution of human resources for health were conducted for these countries (Canada, Colombia, Chile, Mexico, Peru, United States, and Uruguay) using robust methodologies standardized by PAHO.
- PAHO developed a conceptual note (under discussion) aimed at providing guidelines for the design and implementation of evaluations of health system transformations towards Universal Health in the Region.

Key lessons learned resulted from project implementation:

- Countries have reflected on the issue of improving efficiency by changing the way resources are allocated. However, this presents further needs, as resource allocation adjustment also can generate further challenges.
- Many countries continue to give more attention to universal coverage (defined as universal coverage through insurance mechanisms) and financing mechanisms, with limited attention for barriers to access, including the strengthening of inter-sectorial action to address the social determinants.
- Quality data is very limited, which hinders efforts to monitor progress in Universal Health across the region. This is particularly challenging in PAHO's priority countries and in the Caribbean.
- Despite Member States' efforts to collect information to systematically monitor and evaluate progress in health equity, most countries still need to strengthen national information systems.
- Even when some countries collect information disaggregated by socioeconomic variables, health equity analysis and use of evidence for policy-making are limited across countries. This highlights the need to foster cooperation between countries on knowledge management and to improve local capacities.

Improving Information for Selection and Availability of Essential Medicines within Health Services

Countries in the Americas continue to face significant challenges in improving access to safe, effective and quality-assured medicines and other strategic health technologies, which is fundamental to achieving universal access to health and universal health coverage. One of the main factors affecting supply management is the weakness of national supply management information systems, which affects the programming, acquisition and distribution of medicines. Health authorities from Guyana and Paraguay requested technical support to strengthen the supply management of medicines by developing a Logistic Information Management System (LMIS), potentially in coordination with maternal and child health programs serving populations in situations of vulnerability.

The **main achievments** during the first year include:

- Health facilities located in hard to access areas in both countries (Hinterlands in Guyana and Chaco region in Paraguay) have been assessed in order to establish an availability baseline for selected tracer medicines used in maternal health related services. This assessment also reviewed relevant

supply chain processes (warehousing, distribution, and stock-management) and their relation to the Regional and National Supply Chain Processes (order requisition, stock reporting, etc.) in order to identify opportunities for improvement in each area, assess the technical capacity for ministry of health personnel working in these facilities, and review pharmaceutical/dispensation practices. These assessments led to the development of a set of recommendations specific for each country, which have been shared with the respective national health authorities.

- Capacity building sessions and workshops were held in both countries to train more than 50 personnel on best warehousing and stock management practices, pharmaceutical services and data reporting.
- Public Health facilities have been selected in each project country to serve as models to train personnel from other regions and health facilities (outside of the scope of the project), in order to start developing a long term sustainable solution.

The **activies** highlighted below have been implemented during the project period. It is worth noting that the Guyanese Ministry of Health is covering the expenses for some of the activities related to the project, and PAHO-PRY is using funds from its multi-country project to support activities in this project.

- PAHO, with the support of country offices, carried out assessments in 14 health facilities, 12 health units and two warehouses in Paraguay. In Guyana 52 health facilities assessments in three regions were carried out, with a fourth region underway. These assessments have led to the identification of areas where improvements were needed within the supply chain of the public health sector, as well as the development of recommendations.
- Two training sessions and on-the-job capacity building workshops were held in Paraguay, training 25 staff on supply chain best practices, including stock-management, data reporting, warehousing, distribution and dispensation practices. These workshops address the technical gap existing in the health sector related to supply chain practices. It is also hoped that they will positively impact the quality of reported data, as well as the quality of care provided to the patients receiving pharmaceutical services as better and standardized practices lead to increased levels of operational efficiency. In Guyana, corrective actions will begin once the assessment in the fourth region is finalized and the nation-wide plan is completed. This delay is caused by the vast extensions of land with roads that are difficult to travel and result in long lead times working in each region.
- Besides the traditional partners within the public health system, PAHO established coordinated implementation with other partners. PAHO/Guyana worked closely with USAID's implementing partner agency (Chemonics) to develop a coordinated approach in the country. PAHO/Paraguay is working toward developing synergies between the PAHO led multi-country effort encompassing Argentina, Bolivia, Brazil and Paraguay to improve health services in the four countries.

The **lessons learned and challenges** to date include the following:

- Difficulty in attracting technically capable personnel to the project resulted in delays in project implementaiton. This is being addressed in both countries by providing on-the-job training and training of trainers to promote the development of technical know-how.

- Delayed approvals from the MOH to begin implementation presented challenges. This has been addressed in both countries by engaging the in-country advisor and respective PAHO/WHO Representatives to push for a more speedy approval process. PAHO proactively requested approval for all project related activities to ensure minimal delays.
- Available technical capacity and infrastructure remain significant challenges, both of which are exacerbated by the typical remote location of health facilities and sparse populations. To address this challenge, PAHO has started to train trainers in select health facilities with the objective of increasing the local technical capacity. Regarding infrastructural challenges, all work is carried out with government officials and awareness of the issue is raised to motivate the MoH to invest in the required infrastructure.

Develop Competencies for Health Professionals and Community Health Workers

The health workforce is increasingly recognized as central to delivering on the ambition of the 2030 Agenda for Sustainable Development. During 2017, WHO's Plan of Action for the Global Strategy on Human Resources for Health: Workforce 2030 and PAHO's Strategy on Human Resources for Universal Access to Health and Universal Health Coverage highlighted the growing mismatch between health workforce demand and supply and population needs in the region. In addition, both strategies highlighted the disconnect between national health and education systems and academic institutions is producing health systems that are fragmented, inefficient and costly.

More evidence is emerging that health workforce education based on social mission principles, which aims to ensure that education programs are relevant to the local context and that needs are identified in collaboration with key stakeholders and communities, can strengthen health systems and positively influence the availability, distribution and performance of health workers.

The project was focused in four main lines of action:

- Consolidation of the multi-country network (Consortium) for the advancement of social mission in health professions education in Latin-America and the Caribbean focused on mentoring, technical cooperation and faculty/students exchanges between participating institutions.
- Production of digital resources, educational materials and publications on social accountability in different formats and languages. Terms of reference and contracts have been finalized for the development of a set of white papers on transforming health professions education, related with the following topics: the mission and vision of social accountability in medical education; pipelines and student selection; faculty recruitment and development; tracking of students and teachers; community engagement; indicators, milestones and standards towards social accountability. These papers should be available during the first quarter of 2018 and form the basis for future publications and development of educational materials in different languages.
- Conduct research on indicators and tools to assess the social mission of health professions education institutions, promoting their inclusion on future evaluation and accreditation models. An instrument to monitor the progress towards social accountability in health professions education has been developed, Indicators for Social Accountability Tool (ISAT), with the support of this grant.

The tool was developed in English but after validation it will be translated into Spanish, Portuguese, French and Arabic and shared globally.

- Sharing best practices on transformative health professions education aimed to strengthen country health systems, expand access to quality health care and improve health outcomes, particularly among the most vulnerable populations. Members of the Consortium, with the support of the grant, have participated in all major international events related with the transformation of health professions education and shared their experiences globally during 2017.

The **key activities** that were implemented during the project period are listed below.

Technical cooperation to scale up of social accountability in health workforce education in PAHO regions

- Coordination of virtual meetings and workshops for selection and validation of core indicators for social accountability and development of a new instrument ISAT to help academic institutions to monitor advances in transforming health professions education.
- Support for the 25th anniversary of the Rural Medical Education (RMED) Program / The National Center for Rural Health Professions / University of Illinois (July 2017), a successful initiative contributing to improvements in medical education, with over 70% of RMED graduates practicing in underserved rural areas in Illinois. RMED has been PAHO/WHO collaborative center focused on medical and health professions education and sustainability since 2009.

Collaboration with cooperation agencies, NGOs and other actors supporting transformative health professions education (including support for international conferences)

- Participation in the World Summit on Social Accountability (SA): Improving the Impact of Education on People's Health (Tunisia, April 2017) to share regional lessons with the global community of the Consortium for the advancement of social accountability of health professions education.
- Participation in the annual encounter of Argentinian Forum of Public Medical Schools (FAFEMP) - (May 2017), ans SA Consortium representing 21 public medical schools in Argentina and a key stakeholder of the SA Consortium.

The primary **lessons learned and challenges** from the first year include:

- The initial stage of the project was devoted to coordinating initial steps and planning for future actions. The process was challenging and slower than expected given competing priorities and time limitations of key partners. The situation was addressed by expanding the teams and focal points at the collaborating institutions and developing a detailed calendar of activities for the next phase.
- A consensus has been reached by present members of the Consortium to focus future programming and activities of this project around the following areas:
    - To strive for collaboration, partnership, and unity amongst the various stakeholders to improve population health and the development of innovative, efficient, and equitable healthcare and educational systems, with particular attention to interdisciplinary/ interprofessional cooperation and inter-sectoral action;
    - To encourage and advise health professions institutions on strategies to move towards an efficient implementation of the principles of social accountability through a commitment;

- To promote the orientation of education, research and service delivery programs to meet population priority health needs linked with health system policies and actions in order to meet those needs;
- To admit and graduate a health professions student body that reflects the ethnic, geographic and socioeconomic diversity of the populations served and to develop and participate in accreditation systems that reflect these values;
- To support advocacy at the political leadership level for the adoption of health and academic policies consistent with the values and principles of social accountability, and
- To stimulate and promote international collaboration aiming to reduce disparities in health care and the health workforce.

Country Specific Projects

Topic 9: Accelerate the Reduction of Maternal and Neonatal Mortality and Severe Maternal Morbidity in Honduras

In 2016, the Honduran Secretary of Health (SESAL), USAID, and PAHO/WHO Honduras embarked on a project to accelerate the reduction of maternal and neonatal mortality and severe maternal morbidity in the country. The project included three intervention areas: 1) strengthen the capacity of the MOH to improve maternal and neonatal health by supporting maternal and child health and health system strengthening activities; 2) implement policies, plans and regulations to reduce maternal and neonatal mortality; and 3) strengthen the maternal and neonatal mortality and severe morbidity monitoring systems. Aligned with these intervention areas, the SESAL focused its efforts in two primary components: Maternal and Child and Reform and Decentralization. The annual report presents the results attained during the second phase of the project, as well as highligths the activities that were carried out to achieve them.

The **most relevant results** obtained to date during the implementation period include:

- A total of 475 health workers that provide direct care to pregnant women and newborns in their respective health facilities were trained in the application of updated National Maternal and Child Norms (NMCN) and clinical protocols.
- Overall, 98% of programmed monitoring visits were carried out by technical colleagues from regional surveillance units in the application of maternal and child regulations in the Integrated Health Service Networks (IHSN).
- The Perinatal Information System (SIP in Spanish) was strengthened in all participating hospitals with birthing services through the provision of computer equipment, printers and other accessories, in addition to the information system software. A total of 25 computers and accessories were delivered to 25 hospitals and maternal and child clinics in 4 health regions.
- The SESAL area responsible for facilitating and monitoring processes of standardization, planning, and evaluation of the maternal and child component of the project was strengthened through the provision of computer equipment. A total of 8 computers were provided.
- A 100% of health regions monitored on the implementation of results-based management guidelines, in collaboration with involved health regionl authorities.

- A 100% of the performance evaluation visits to monitor compliance with agreements established between the SESAL and the decentralized providers were carried out to strengthen the decentralization process.

The tables below include project activities, objective, deliverables, and intented results organized by health components and strategic lines aligned with the project framework.

Maternal Health and Child Component

Strategic Line: Rapid Reduction of Maternal and Child Mortality (RAMNI)

ACTIVITY	OBJECTIVE	DELIVERABLES	RESULTS
Provision of hydrostatic balloons for management of postpartum hemorrhage	Purchase of hydrostatic balloons for priority hospitals.	A total of 50 hydrostatic balloons acquired and distributed in 15 hospitals (Hospital Atlantis, South Hospital, HEU, Gabriela Alvarado, Juan Manuel Galvéz, Mario Catarino Rivas, West, Port Cortez, Lempira, Roatan, San Felipe, San Isidro, San Francisco, San Marcos of Ocotepeque and Hospital Cloth).	Improved quality of care of MCH services is expected through the strengthening of the management of the patients with postpartum hemorrhage.
Strengthen the PIS a the hospital and regional level.	Purchase of computer equipment, printer and voltage regulator for 25 Hospitals and 7 Health Regions.	A total of 39 computers were purchased and delivered to 25 hospitals with delivery service in 4 health regions (Atlantis, Intibucá, Meter of San Pedro Sula and Francisco Morazán), and 6 units for central level.	Strengthened SIP in the hospitals with delivery service.
Monitor the implementation of the family planning logistical data tool (HCDLPF)	6 monitoring visits to health regions programmed.	This activity was carried out in a 100%, with eigh health regions visited.	Improved application of the HCDLPF through technical training for responsible health workers and updating of the computer system
Implementation of the Pilot Study on Community-based Comprehensive Chil Care (AIN- C)	Train 30 new monitors in the surveillance module	25 program monitors trained.	If successful, and financing is available, the pilot study will b implemented at the national level.
	Train 30 new monitors in the management of sick newborn and child modules	25 program monitors trained over the course of 5-days.	
	Procurement of equipment and needed materials for the implementation of AIN-C	All needed equipment for the implementation o AIN-C was obtained (ex. infant height gauges, newborn diapers, etc.)	

	Carry out 80 monitoring visits to assess the implementation of the pilot study of AIN-C by the regional level	80 monitoring visits carried out for 100%. completion. The process strengthened theoretical/practical knowledge of community personnel.	
	At least 3 working meetings with program monitors on AIN-C implementation	A total of 3 meetings were held, for 100%. Completion. Monthly meetings will continue.	
	Carry out 10 visits with Central Level on AIN-C implementation	The monitoring visits to measure level of compliance was completed.	
Application of maternal and child norms	A total of 75 visits in 12 health regions among managers in IHSN carried out to assess application of maternal and child standard.	73 visits carried out resulting in 98% completion.	Plan for continuous improvement in maternal and child care in place in the health regions through surveillance by the regulatory entity in the application of the maternal and child norms and regulations.
	261 Health Facilities in 16 health regions to be carried out to assess application of maternal and child norms.	Application of standard confirmed in 257 Health Facilities.	

Strategic Line: Essential Obstetric and Neonatal Care (CONE)

ACTIVITY	OBJECTIVE	DELIVERABLES	RESULTS
Training on standards of care (preconception/ pregnancy/ childbirth/ puerperium) and updates in clinical protocols	Seven pending regions will train 472 health workers	475 health workers in 7 health regions trained	100% of the participating health facilities have at least one trained health worker to train others on new standard and protocols

Strategic Line: Central Level Organizational Development

ACTIVITY	OBJECTIVE	DELIVERABLES	RESULTS
Design and print Manuals on Processes and Procedures	Design and print Manuals for Central Level and other units of SESAL	200 Manuals on Processes of Quality Management were designed and reproduced. (pending delivery at the central level)	Widespread dissemination of Manual on Processes and Procedures of the Unit of Quality Management.

Strategic Line: National Health Model

ACTIVITY	OBJECTIVE	DELIVERABLES	RESULTS
Implementation of National Health Model (NHM) component	Carry out 10 technical assistanc visits in health regions on the implementation of the NHM component.	9 tours were carried out in the following health regions: Ocotepeque, Copán, Thanks to God, Columbus, Sta. Bárbara, Olancho, Cortés and Meter of San Pedro Sula. (90% completion)	Strengthened implementation of NHM component in health regions.

Strategic Line: Decentralization and Expansion of Coverage

ACTIVITY	OBJECTIVE	DELIVERABLES	RESULTS
Social Audit and Accountability Guide	Print 144 copies of the Social Audit and Accountability Guide	200 documents designed and printed (pending deliver at the central level)	Strengthened social audit through provision of the document Social Audit and Accountability Guide.
Managerial process strengthening	Carry out 8 performance evaluation visits with of decentralized providers	A total of 7 performance evaluations carried out.	Performance evaluation among decentralized providers will strengthen compliance with commitments and coordination with health region authorities
	Carry out monitoring of Outsourcing Contracts by Results signed by the Regulatory Authority Nacional with the Authorities of the Health Regions.	There was carried out to 100% the monitoring of Outsourcing Contracts by Results corresponding to the second semester of the year 2016. (See qualification obtained in Annexes)	

Strategic Line: Strengthening to the Hospital Management

ACTIVITY	OBJECTIVE	DELIVERABLES	RESULTS
Monitor strategic processes developed by selected hospitals	Carry out 5 monitoring visits to priority Hospitals.	All 5 monitoring visits carried out.	Strategic processes in selected hospitals adequately monitored.

The following lessons learned were identified during this second phase of the project.

- During the preparation stage it is critical to reach a consensus with national and health region counterparts regarding the needs and priorities to be addressed in project interventions.
- Monitoring tools related to improvements in maternal and child quality of care at the local level are needed.
- A team comprised of representatives from the national and health region level should be established to support the national implementation, follow-up, and monitoring of the SIP and to support the availability of information for timely decision-making.
- Idenfiy synergies and harmonize interventions with agencies and other projects to prevent duplication and optimize resources to accelerate the response to the reduction of severe maternal morbidity and maternal and child mortality.

Topic 10: Screening of anemia and micronutrient deficiencies in 6-59 month old children and their mothers in Western Honduras

Limited information is available in Honduras regarding the status of deficiencies of important micronutrients. Although the lastest national health survey showed an overall decline in anemia rates, the rates remain high and vary significantly by geographic area. During the project period, PAHO/Hondruas has worked in collaboration with USAID and the Institute of Nutrition of Central America and Panama (INCAP) to address this issue.

The project, targeting children aged 6 to 59 months old and women of childbearing age in select communities, is designed to generate basic and credible information on anemia prevalence and the status of micronutrients. In addition to illustrating the nutritional status of the target population, project results will provide reference values for nutritional deficiency measurement, provide the needed justification to design and carry out a national nutritional survey, and support the establishment of a reliable surveillance system to monitor nutritional deficiencies in the country.

The project includes two phases with the following specific objectives.

1. Evaluate the precision and accuracy of the portable equipment for measurement of hemoglobin, HemoCue® Hb 201 and HemoCue® Hb 301; previously confirmed, against the automated method that it will be used as the method of reference in order to measure hemoglobin, with blood samples obtained in children from 6 to 59 months old and women from 15 to 49 years in the University Teaching Hospital of Tegucigalpa Honduras, that have had an extraction of venous blood or not, and that allow this process to be carried out.
2. Establish the possible differences in concentration of hemoglobin using the HemoCue® Hb 201+, HemoCue® Hb 301 and automated equipment when two different types of blood extraction is usedt, venous, in standardized process, and capillary blood.
3. Evaluate the relevance and effectiveness of a prototype of nutritional surveillance system that measures the nutritional status of children and women through a community survey in seven communities of the municipality and department of Intibucá and to determine biomarkers of vitamin A, iron and infectious state for children, as well as the anthropometric evaluation of women from 15 to 49 years and children from 0 to 59 months; evaluate fortified food consumption by law and the general socioeconomic status of the selected homes in small samples of convenience of child and women.
4. Determine the content of hemoglobin and the biomarkers of vitamin A, iron, inflammation, folate, and vitamin B12–and zinc and Vitamin D when the volume of the sample it permits it- in blood samples of children and mothers, and analysis of iodine urine in women.
5. Determine the content of iodine in salt, vitamin A in sugar and iron, and a vitamin (B1, B2, niacin or folic acid) in samples of bread and vitamin A and D and iron in milk that will be collected in retail stores of the selected communities.

The **main achievements** attained during the first year of project implementation are presented below:

- PAHO/Honduras and INCAP signed a Charter Agreement to facilitate the implementation of field activities.
- PAHO and INCAP developed and validated a research study protocol, including informed consent forms and complementary instruments for data collection, which were approved by the Ethics Committee of the National Autonomous University of Honduras. These instruments are in the final approval phase by the PAHO/WHO Ethics Committee after receiving feedback related to technical aspects of the study.
- PAHO/Honduras presented the study protocol to the Pediatrics Unit at the University Teaching Hospital and to the regional health authorities of Intibucá Departmen.
- A training was provided to the Regional Laboratory for daily processing, storage and preservation of the biological samples.
- The team finalized the procurement processes for the needed equipment and supplies for field work.
- A capacity bulding plan was developed to provide field staff with the necessary training for data collection.

The project experienced several **challenges** during the first phase of implementation. There were intial delays in finalizing the Charter Agreement between PAHO/Honduras and INCAP, as well as in receiving approval by the PAHO/WHO Ethics Committee, which effected the onset of phase B of the project. As a result, trainings on data collection will begin in 2018 and PAHO will work with USAID to agree on new dates and inform selected personnel. Additionally, the country will be holding presidential elections and PAHO/Honduras must brief newly elected helath authorities on the project.

3. Progress toward Grant Outcome Indicators

The table below includes the identified outcomes, related indicators, and baseline and target information established for the grant. It is important to note that following ongoing discussions between PAHO key personnel and USAID activity managers, the indicators for Topics 4 (Neonatal Health) and 5 (Maternal Health) have been modified from what was originally included in the grant agreement. Additional information regarding these changes will be documented and provided to USAID subsequently. With the exception of Topic 4, annual targets were not established for the indicators in the Year 1 work plans. Therefore the information included in the table highlights progress toward the 2021 target.

	Topic	Outcomes	Indicators		
			Proposed baseline 2016 (2014 & 2015 data)	**Proposed target 2021**	**Progress attained during period October 2016- September 2017**
1	**Tuberculosis**	1.1 Increased number of tuberculosis patients successfully diagnosed and treated	**TB treatment coverage.** Number of new and relapse cases that were notified and treated, divided by the estimated number of incident TB cases in the same year, expressed as a percentage. **Baseline**: 81%	≥90%	Based on the latest available data (2016), the baseline percentage of **81%** has been maintained. It is expected that 2017 data will demonstrate an increase in treatment coverage. This information will be provided once available.
			Drug susceptibility testing (DST) coverage for TB patients. Number of TB patients with DST results for at least rifampicin divided by total number of notified (new retreatment) cases in the same year, expressed as a percentage. DST coverage includes results from molecular (e.g. Xpert MTB/RIF) and conventional phenotypic DST results. **Baseline**: 40%	≥95%	Based on the latest available data (2016), DST coverage was **40.3%** for previously treated cases and **33.9%** for new cases. It is expected that 2017 data will demonstrate an increase in DST coverage. This information will be provided once available.
			Documentation of HIV status among TB patients. Number of new and relapse TB patients with documented HIV status divided by the number of new and relapse TB patients notified in the same year, expressed as a percentage. **Baseline**: 74%	≥95%	Based on the latest available data (2016), the percentage of new and relapse TB patients with documented HIV status is **80.6%.**

2	**Malaria**	2.1 Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of malaria and other vector-borne diseases	Percent reduction in malaria morbidity compared with 2015 official figures	≥40%	Up to December 2016, there was an observed increase of **3.8%** due to increased cases reported in Colombia, Nicaragua and Ecuador, when compared to the number of cases reported in 2015 (Note: Venezuela is excluded in the comparison).
			Number of malaria-endemic countries with no stock-outs of key anti-malarials at the national level in a given year **Baseline**: 19 countries	21 countries	A total of **20 out of 21 countries** reported no stock-outs of key anti-malarials. The only country that experienced a stock-out was Venezuela, which is a non-beneficiary country of this grant.
			Number of countries implementing strategies to address malaria among populations in situations of vulnerability **Baseline**: 10 countries	18 countries	To date, a total of **13 countries** are implementing malaria strategies among populations in situations of vulnerability (Belize, Colombia, Costa Rica, Dominican Republic, Ecuardor, El Salvador, Guyana, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru)
			Number of artemisinin-based combination therapy (ACT) treatments purchased with USG funds **Baseline:** N/A	N/A[9]	N/A
			Number of malaria rapid diagnostic tests (RDTs) purchased with USG funds **Baseline:** N/A	N/A[2]	N/A
3	**Neglected Infectious Diseases**	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	Number of endemic countries and territories implementing a national or subnational plan, program, or strategy to reduce the burden of priority NIDs according to their epidemiological status, in line with the WHO Roadmap to Reduce the Burden of Neglected Tropical Diseases (Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation) **Baseline**: 9 countries	15 countries	A total of **3 additional countries**, Dominican Republic, Guatemala, and Guyana, are implementing national or subnational plans, programs, or strategies to reduce the burden of priority NIDs, according to their epidemiological status.

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

		zoonotic diseases	Number of NID-endemic countries that have achieved the goals of elimination of one or more NID and have developed and put in place measures to prevent disease resurgence or reintroduction of onchocerciasis, lymphatic filariasis and blinding trachoma. *For onchocerciasis:* **Baseline**: 3 countries *For lymphatic filariasis:* **Baseline**: 3 countries *For blinding trachoma:* **Baseline**: 0	*Onchocercia sis:* 6 countries *LF:* 6 countries *Blinding trachoma:* 4 countries	*Onchocerciasis:* Guatemala achieved the goal of eliminating onchocerciasis in 2016, for a total of **4 countries** in the region to achieve this public health milestone. *Lymphatic Filariasis:* Despite progress in this area, the **3 target countries**, Brazil, Dominican Republic and Haiti, have yet to achieve elimination. Through the support of this grant, PAHO will continue to work with the countries to advance toward the goal. *Blinding trachoma:* WHO validated elimination of trachoma as a public health problem in **Mexico** in January 2017, the first country in the region to achieve this goal.
4	**Neonatal Health**[10] 4.1A Strengthening Neonatal Health Plans and Implementation of Evidence-Based Interventions 4.1B Strengthening Perinatal Health Surveillance	4.1 Increased access to interventions to improve the health of women, newborns, children, adolescents, and adults	*Number of countries* implementing newborn care standards and protocols in the first week of life[11] **Baseline:** N/A	N/A	In agreement USAID colleagues, this indicator will no longer be monitored. Additional information will be provided.
			Percentage of health facilities using the Perinatal Information System *in target countries.*[3] **Baseline**: N/A	N/A	In agreement USAID colleagues, this indicator will no longer be monitored. Additional information will be provided.
			Updated Indicators Number of countries with updated goals on newborn and fetal mortality in alignment with Every Woman, Every Child, Every Adolescent global strategy and ENAP **Baseline:** 0	4 countries (annual) 10 countries (5-year target)	A total of **13 countries** (Argentina, Belize, Brazil, Chile, Colombia, Costa Rica, El Salvador, Haiti, Panama, Paraguay, Peru, Trinidad and Tobago and Uruguay) have been trained on applying specific methodologies for estimating trends and defining targets, aligned with global strategies and initiatives. The evidence generated from these efforts will facilitate the establishment of updated goals on newborn and fetal mortality.
			Number of countries collecting quality data on fetal and newborn health **Baseline**: 12	13 countries (annual) 17 countries (5-year target)	A total of **12 countries** (Argentina, Bahamas, Belize, Bolivia, Dominican Republic, El Salvado, Guyana, Honduras, Nicaragua, Panama, Paraguay, Uruguay) use the Perinatal Information System to collect data on fetal and newborn health. Specifc trainings and technical support was provided during the project period to the Dominican Republic and Trinidad & Tobago to implement the

[10] New outcome indicators developed for umbrella grant, aligned with Outcome 3.1 from the PAHO SP 2014-2019.
[11] Indicators have been slightly modified from what was included in approved grant agreement.

					specific component for neonatal health.
5	**Maternal Health** 5.1 Maternal Mortality and Morbidity	5.1 Strengthened policy dialogue in maternal health at the regional and national level to reduce maternal morbidity and mortality	Number of countries that implement Maternal Death Surveillance and Response (MDSR) guidelines **Baseline**: 0 countries	At least 20 countries	In agreement USAID colleagues, this indicator will no longer be monitored. Additional information will be provided.
	5.2 Midwifery	5.2 Strengthened midwifery in Latin America and the Caribbean	Number of lead midwifery/nursing teachers trained in CBE framework **Baseline**: 64	At least 60 additional teachers trained	A total of **17 Brazilian lead midwifery and nursing teachers** were trained during the project period.
			Number of *new professionals* (universities, midwives, MOH) trained in *evaluation models*[12] **Baseline**: 0	100	No new professionals were trained during the project period due to delays in holding the workshop to validate the content of evaluation models (September 2017). The first training workshop was re-scheduled for November 2017.
			Number of LAC midwives/obstetric nurse associations that implement plans to adhere to regulations of midwifery practices in their countries **Baseline**: 1 country	At least 4 countries	During the first year, no additional countries adhered to specific regulatory actions of midwifery practices. During the related workshop in Chile (September 2017), a total of 7 countries (Argentina, Brazil, Chile, Ecuador, El Salvador, Peru, Uruguay) requested support for regulatory actions. Therefore it is expected that significant progress will be made during Year 2 of the grant.
6	**Inequities across the Life Course** Every Women Every Child	6.1 EWEC-LAC Technical Secretariat supported to ensure a successful implementation, monitoring and evaluation of EWEC-LAC work	Number of countries that have received national and local sensitization trainings on the underlying concepts and principles of health equity in the context of LAC. **Baseline:** 7 countries	22 countries	During Year 1, a total of **14 countries** received sensitization trainings. Two national workshops were conducted for INNOV8 where 7 countries were sensitized on the concepts and principals of health equity: Bahamas, Belize, Bermuda, Cayman Islands, Dominican Republic, Guyana, Jamaica. An additional national work shop was carried out to train countries on measuring and monitoring health inequalities where more than 7 countries participated.

[12] Indicator has been slightly modified from what was included in approved grant agreement

	Metrics and Monitoring Working Group	plan activities 6.2 Increased number of countries applying an institutional approach to reducing inequities in reproductive, maternal, neonatal, child and/or adolescent health	Number of countries who have developed and/or implemented national plans to incorporate equity-based approaches into existing national and local health efforts **Baseline**: 0 countries	15 countries	As a result of technical cooperation facilitated by PAHO and other EWEC-LAC partners, **2 countries**, the Dominican Republic and Jamaica, developed national plans to incorporate equity-based approaches into their national efforts. Efforts are ongoing to implement similar measures in other beneficiary countries to ensure the sustainability of this movement.
		6.3 Increased number of countries applying an institutional approach to the measuring and monitoring of inequalities in reproductive, maternal, neonatal, child and/or adolescent health	Number of countries that have received national and local trainings in the analysis of data in order to measure health inequalities **Baseline**: 10 countries	22 countries	Participants from seven countries (Argentina, Bolivia, Colombia, Ecuador+, Paraguay, Peru, Venezuela +, and subnational-level personnel from the department of Chocó in Colombia) were trained in data analysis to measure inequalities during the subregional workshop in Colombia. The participation of the subnational-level technical counterparts has helped to forge bridges with their national-level peers. This is expected to facilitate future cooperation for potential queries or other collaborative efforts between the different levels. In regards to the target, **5 additional countries** achieved the indicator. + *PAHO utilized its own funding to cover expenses for Ecuador and Venezuela*
			Number of countries that have developed informational materials related to RMNCAH inequalities and officially communicated these with national policy and decision makers **Baseline**: 7 countries	22 countries	Country profiles for **2 countries**, Belize and Chile, are now available, developed with support from PAHO and other EWEC-LAC/MMWG partners. The products and their results / recommendations have been shared primarily with national policymakers from within the Ministries of Health. Efforts will be made to ensure that they are shared beyond the health sector.
			Number of countries who have developed and/or implemented national plans of action to incorporate health inequality measurement and monitoring into existing national and local health information systems **Baseline**: 0 countries	15 countries	During Year 1, **3 additional countries**, Chile, the Dominican Republic, and El Salvador have incorporated an inequality assessment into the national health situational analysis. These three countries have demonstrated significant engagement and have begun to systemically implement the metrics and monitoring.

7	**Health Information Systems** 7.1 Strengthening Health Information Systems in the Americas	7.1 All countries have functioning health information and health research systems.	Number of countries and territories meeting the coverage and quality goals of the PAHO Regional Plan of Action for Strengthening Vital and Health Statistics[13] **Baseline**: 14 countries	21 additional countries and territories	An evaluation of the now-expired Regional Plan of Action for Strengthening Vital Statistics (2007 to 2016) was conducted to assess countries' progress. In September 2017, PAHO's Member States approved and adopted the Plan of Action for the Strengthening of Vital Statistics 2017-2022, which builds upon progress attained during the previous ten years, and has an expanded scope to incorporate advances, new technologies, and the arising need for subnational-level data. PAHO will assess the 27 indicators under the newly-approved plan to propose new annual and long-term indicators that can be used to monitor progress attained through this USAID grant. Additionally, the RELACSIS Network has continued to provide region-wide capacity-building relevant to improving vital statistics, through training coders to more effectively utilize the ICD-10 for mortality and morbidity coding, doctors to properly complete death certificates, public health programs to capture more maternal deaths that may have gone unreported, among other areas.
8	**Health Systems Strengthening** 8.1 Health Financing and Fiscal Space	8.1 Increased national capacity for achieving universal access to health and universal health coverage	Number of countries and territories that have a national health sector plan or strategy with defined equity-sensitive goals/targets revised within the last five years **Baseline:** 14 countries	19 countries	High level targeted support was provided to countries that are either initiating or in the process of major health system transformations. During Year 1, integrated missions were organized to Chile, Colombia, the Dominican Republic, Guyuna, Jamaica, and Suriname to support the development and/or implementation of strategies to advance toward Universal Health. Based on assessments presented by countries a total of by **14 countries** have achieved the indicator: Bahamas, Brazil, British Virgin Islands, Chile, Colombia, the Dominican Republic, Dominca, Guyana, Jamaica, Mexico, Monseratt, Peru, Trinidad and Tobago, and Uruguay.

[13] Outcome indicator may be modified during the implementation of the project to also measure key targets for strengthening health information systems, including vital statistics, once defined in PAHO's successor *Regional Plan of Action for Strengthening Vital and Health Statistics* to be presented to PAHO's Governing Bodies in 2017.

	8.2 Improving Information for Selection and Availability of Essential Medicines 8.3 Adapting the WHO Global Strategy for Human Resources for Health in the Americas toward Universal Health		Number of countries and territories that have financial strategies for universal access to health and universal health coverage **Baseline:** 15 countries	21 countries	During Year 1 of the project, several health financing studies were finalized, including Fiscal Space studies in five countries, Catastrophic and Impoverishing Health Expenditures in the Region of the Americas and Public and Private expenditures on pharmaceutical products in the LAC. Additionally, technical cooperation was provided to Chile, Colombia, Jamaica, and Suriname to increase awareness and discuss policy options/interventions to augment fiscal priority for health and improve the efficiency of health financing. As reported by countires, a total of **13 countries** have achieved this indicator: Bahamas, Brazil, Chile, Colombia, the Dominican Republic, Ecuador, Jamaica, Mexico, Panama, Peru, St. Eustatious, Suriname, and Uruguay. (CAN and the USA also completed the indicator but were not supported by the project).
			Number of countries and territories that have analyzed and reported progress toward universal access to health and universal health coverage using the framework for monitoring and evaluation **Baseline:** 4 countries	15 countries	An additional **7 countries** (Chile, Colombia, Jamaica, Mexico, Paraguay, Peru, and Trinidad and Tobago) achieved this indicator and advanced in preparing their M&E of UH Strategy using PAHO guidelines.
		8.2 Improved access to and rational use of safe, effective, and quality medicines, medical products, and health technologies.	Number of countries and territories with national policies on access, quality, and use of medicines and other health technologies updated **Baseline:** 10 countries	15 countries	Overall, the countries in the region have progressed in the implementation of national policies to ensure access to essential medicines and other health technologies; however, based on country assessments, a total of **11 countries** achieved the indicator: Argentina, Brazil, Bonaire, Curacao, Dominica, Jamaica, Mexico, Paraguay, Suriname, Trinidad and Tobago, and Uruguay.
		8.3 Adequate availability of a competent, culturally appropriate, well regulated, well distributed, and fairly treated health workforce.	Countries enabled to develop and implement human resources for health (HRH) policies and/or plans to achieve universal access to health and universal health coverage **Baseline:** 11 countries	18 countries	PAHO initiated a regional dialogue on the future of human resources for health within the context of Universal Health and the needs of health systems in the future. A consultative process on the current situation and future priorities was implemented in all sub-regions. Substantial progress was made in this indictor and there have been important advances in most target countries. A total of **12 countries** achieved the indicator: Anguilla, Argentina, Chile, Colombia, the Dominican Republic, Mexico, Peru, St. Kitts and Nevis, Trinidad and Tobago, and Uruguay. (CAN and the USA also completed the indicator but were not supported by the project).

4. Products Developed during Current Project Period

The products that were developed through the support of the PAHO-USAID grant and linked to key deliverables are included below or are available upon request.

Tuberculosis-related products:

1. World TB Day 2017 materials:
   http://www.paho.org/hq/index.php?option=com_content&view=article&id=12932&Itemid=42255&lang=en

The following documents are available per request:

2. The Essentials (Spanish translation)
3. Meeting reports of the regional meetings of NTP managers and TB lab managers as well as the TB Lab Working Group in Arequipa, Peru in Nov/Dec 2016
4. Reports of 6th and 7th rotation to the Center of Excellence
5. Report of Pharmacovigilance meeting in August 2017

Malaria-related products:

6. Report on the situation of Malaria in the Americas 2014 (2.2):
   http://www.paho.org/hq/index.php?option=com_content&view=article&id=12851&Itemid=42230&lang=en

The following documents are available per request:

7. Report on the situation of Malaria in the Americas 2015 (will be available on PAHO website soon)
8. Diagnosis, treatment, investigation and response strategy: Conceptual document and strategic path
9. Regional Guidance on the Implementation of WHO recommendation on G6PD deficiency testing and radical cure in P. vivax endemic countries
10. Strategies to decrease relapses in P. vivax cases
11. Guia práctica para la implementacion de intervenciones con mosquiteros tratados con insecticidas de larga duracion (in progress)
12. Selección y uso de Pruebas de Diagnóstico Rápido (PDR) para malaria. (in progress)
13. Strategic elements for malaria programs. Elements for operationalizing the PAHO Action Plan 2016-2020, WHO GTS and the Malaria Elimination Framework in the endemic countries in the Americas. Key elements for the technical cooperation from the country offices. Methodology in focus
14. Document with recommendations of the PAHO Malaria TAG
15. 10 key actions to malaria elimination
16. Methodology for workshops on foci characterization and micro stratification
17. Technical reports of intervention plans on malaria active foci in Ecuador
18. Microscopy certification training report
19. Misión de valoración de la situación de malaria en Loreto, Perú
20. Antimalarials country quarterly reports

Neonatal health-related products:

21. Transporte neonatal en el entorno de los paises en desarrollo
22. Prevencion de infecciones asociadas a la atención neonatalogica

All documents mentioned above available at: https://1drv.ms/f/s!AkHOpsTmpIg2o8EV4ZblJD7pEMl4fw

Maternal health-related products:

23. Report of the Plan to accelerate the reduction of maternal mortality and severe maternal morbidity: https://1drv.ms/f/s!AkHOpsTmpIg2o8EV4ZblJD7pEMl4fw
24. Meetings for revising the materials of the CBE workshop on evaluation process: http://federaciondeobstetras.net/index.php
25. Report on the regional meeting of midwife regulation: https://drive.google.com/a/u.uchile.cl/file/d/0B8HLkc3laAlXSjhUS2ZkT2RGUEpFSE9udkJfanJ0MzhHTm5n/view?usp=sharing

Inequities-related products:

Every Women, Every Child- Latin America and the Caribbean:

26. Compromiso a la Accion de Santiago http://www.apromiserenewedamericas.org/wp-content/uploads/2017/07/Compromiso-con-la-Accion-de-Santiago-Presidente-Bachelet-.pdf

The link to the step-by-step handbook for identifying legal and political barriers affecting coverage and access to health will be added after its launch.

Metrics and Monitoring Working Group

27. Preguntas frequentes en la medicion y monitoreo de las desigualdades en saldu http://www.apromiserenewedamericas.org/wp-content/uploads/2017/06/FINAL-Preguntas-frecuentes-en-la-medicio%CC%81n-y-monitoreo-de-las-desigualdades-en-salud-vectores.pdf
28. Guia paso a paso para el calculo de métricas de desigualdad en saludo http://www.apromiserenewedamericas.org/wp-content/uploads/2017/06/Guia-paso-a-paso-versi%C3%B3n-final.pdf
29. Belize country profile http://www.apromiserenewedamericas.org/wp-content/uploads/2017/06/perfil_belize_final2.pdf
30. Dominican Republic country profile http://www.apromiserenewedamericas.org/wp-content/uploads/2017/06/perfil_RD_15abril.pdf
31. Honduras country profile http://www.everywomaneverychild-lac.org/wp-content/uploads/2017/10/perfil_honduras_15abril.pdf
32. Chile country profile http://www.apromiserenewedamericas.org/wp-content/uploads/2017/10/perfil_chile_AR_vf.pdf
33. Panama country profile http://www.apromiserenewedamericas.org/wp-content/uploads/2017/10/perfil_panama_15abril.pdf

The following documents are available per request:

34. Health Equity Measuring and Monitoring Experts Meeting (April 2017): Meeting summary, results and next steps
35. Indicators and Equity Stratifiers for a Regional Monitoring Framework for EWEC-LAC

Health information systems-related products:

36. The following link includes access to the successful practices disseminated through the RELACSIS and presented at the annual meeting in Nicaragua: http://www.paho.org/relacsis/index.php/2014-06-13-19-13-11/reuniones-relacsis/viii-reunion-nicaragua/viii-reunion-cuadernillo.

The RELACSIS web portal (www.paho.org/relacsis) is routinely updated to provide access to the various working groups, fora, and online courses. Similarly, the Network's Linkedin account is used to further disseminate its deliverables.

Health systems strengthening-related products:

Health Financing and Fiscal Space

37. PAHO (2017). Health in the Americas 2017: The quest for universal health: summary of indicators on health systems performance. http://www.paho.org/salud-en-las-americas-2017/?p=65
38. Regional Meeting: Payment Systems and Strategic Purchasing. How can they support progress towards Universal Health? http://www.paho.org/hq/index.php?option=com_content&view=article&id=13599%3Apayment-systems-and-strategic-purchasing-how-can-they-support-progress-towards-universal-health&catid=4669%3Aannouncements-hss&Itemid=39594&lang=en

Improving Information for Selection and Availability of Essential Medicines within Health Services

The following documents are available per request:

39. Guyana Logistics Indicators Assessment: For Facility Level Inventory Management Strengthening Survey 2017
40. Paraguay Assessment 2017

Develop Competencies for Health Professionals and Community Health Workers

The following document is available per request:

41. Indicators for Social Accountability Tool (ISAT) Instrument (to be validated during 2018)

Screening of anemia and micronutrient deficiencies (Honduras)-related products:

The following documents are available per request:

42. Generación de información válida y confiable sobre deficiencias de micronutrientes en niños de 6-59 meses y mujeres en edad fértil residentes de siete comunidades del departamento de intibucá en honduras, durante julio 2017 a marzo 2018
43. Ficha de consentimiento Informado

5. PAHO-USAID Collaboration Success Stories

The success stories included below attempt to illustrate how the collaboration between PAHO and USAID strives to improve people's lives and make a difference in the beneficiary country.

Successful use of a managerial tool

QuanTB in the Americas

Ensuring timely, continuous and complete tuberculosis (TB) treatment is one of the responsibilities of all national TB programs (NTP) of the world. The Americas is no exception. Adequate management of TB drugs and supplies is sometimes a challenge that requires agile tools to facilitate this managerial task that involve others within the health system beyond the NPTs.

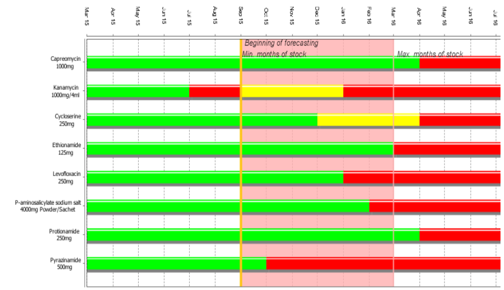
Ensuring treatment for TB patients requires complex projections and calculations by NTP staff and others involved with procurement of TB drugs. It is becoming more challenging to make these predictions because the treatment regimens change and new medicines or guidelines are introduced. NTPs must carefully plan how to phase medicines in and out to minimize stock-outs or expiries. Frequent quantification and vigilant stock management are vital to ensuring that appropriate types and quantities of TB drugs are available to meet the evolving needs of NTPs as they scale up treatment.

To facilitate this process, an electronic quantification and early warning system, called QuanTB, was created by the USAID-funded Systems for Improved Access to Pharmaceutical and Services (SIAPS) Program. The tool is user friendly and taking into account input data on TB cases and drug stocks and purchases, creates dashboards and summary tables that facilitate the understanding of the drug needs and availability and facilitates decision-making for the procurement of TB drugs. This tool has been used in several countries in the world and an initial workshop to train key staff from selected countries of the Americas was conducted in 2016 by PAHO and led by the Global Drug Facility (GDF).

Based on this initial training, two workshops funded by the USAID grant, one for Central American countries and another one for South American countries were conducted in May in Panama and September in Paraguay respectively. Prior to the Panama workshop, a facilitator training by GDF was conducted for PAHO staff and consultants, who later conducted on their own the second workshop, building capacity in the Region. During the two sub-regional workshops, professionals involved on TB drug procurement and responsible for MDR-TB participated. As in the initial course, participants welcomed the new tool finding it very useful and started using it immediately. Since then, this has greatly improved their capacities with quantification, supply planning, ordering and procurement processes for TB drugs. Some countries have officially included QuanTB as part of their TB procurement process.

The workshops have stimulated the creation of groups or committees at national level composed of all those involved in TB drug procurement where they can review and discuss the results of the use of QuanTB and plan accordingly. The workshops have also triggered the development of a PAHO-led community of practice, a virtual space to share experiences, discuss procurement issues and make consultations on drug management that involves PAHO staff and the participants of the workshops. Four virtual meetings have been held so far.

The success with the use of QuanTB demonstrates that the targeted use of funding to address a public health need triggers beneficial effects beyond initially thought.



Example of QuanTB dashboard

Participants to Central and South American sub regional workshops
PAHO

"Continue training on this QuanTB tool that is very useful for TB drug management"
(Participant of the South American subregional course)

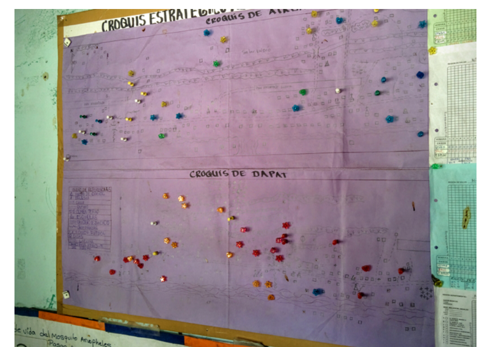
Towards malaria elimination in Honduras

Strategize, Implement, Evaluate, Repeat

Malaria in Honduras had reached a critical stage with cases plateauing and funding available from the Global Fund grant, albeit with a strategy equivocal in its impact. Technical support was required on multiple fronts in the late 2000s to guide the national program.

A long road to malaria elimination

Through funding from USAID, PAHO/WHO and partners leveraged malaria grants right from strategic planning to its execution from 2008 onwards. This encompassed designing and implementing interventions hitherto not used by the country like bed-nets and use of RDTs at community level. A robust malaria surveillance network formed the backbone of these interventions permitting the program to evaluate and reorient its strategy. Strategic planning and orientation has been the cornerstone to selecting interventions and ascertaining their scale. Over the past year the country has embarked on perfecting micro-stratification as a strategy to further tailor its interventions at the level of communities and in-situ workshops to support local level decision making.

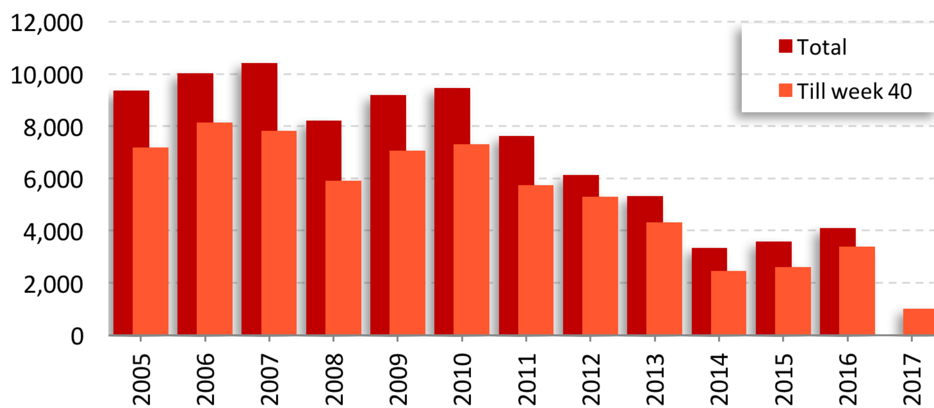


Surveillance at local level

Support provided to Honduras has led to two of its initiatives being selected as "Malaria Champions of the Americas" showcasing best practices in the Americas. The country has reduced malaria from around 10,000 cases in 2010 to about a 1,000 reported till date in 2017. It aims to eliminate malaria by 2020 and given the technical support will reach its goal.

Challenges of Malaria Elimination

Photo credits: Prabhjot Singh, PAHO/WHO



St. Lucia's schistosomiasis elimination project

Globally the number of people estimated to be infected with schistosomiasis by the World Health Organization (WHO) is between 200 and 209 million people in the Americas, Africa and Asia. There are 10 schistosomiasis historically endemic countries and territories in the Americas: Antigua & Barbuda, Brazil, Dominican Republic, Guadeloupe, Martinique, Monserrat, Puerto Rico, St. Lucia, Suriname and Venezuela.

Saint Lucia is a small country island in the Caribbean with a fascinating schistosomiasis control history. An extensive schistosomiasis control program was carried out in St. Lucia -the Saint Lucia Project- between 1965 and 1981.This was the first large scale study aimed at evaluating the effects of different interventions on transmission of intestinal schistosomiasis and their benefits in various situations, so that resource poor countries would have rational basis to design an appropriate strategy of attacking their own parasites and intermediate hosts.

Photo credit: Dr Daniel Colley, Schistosomiasis Consortium for Operational Research and Evaluation (SCORE).
National school children survey. Morne du Don Primary school, April 2017.

The activities implemented during the St. Lucia Project reduced the prevalence of the disease from 40% to 5%. Furthermore, the conclusions from the study were the basis for the current integrated approach in worldwide schistosomiasis control and elimination that emphasizes the need to combine large-scale administration of praziquantel with molluscicides, health education and promotion, and improved water and sanitation.

The national program for monitoring and control of schistosomiasis was progressively dismantled, and no further studies on the national prevalence of the disease had been carried out since the end of the St. Lucia Project. Although data collected by the Ministry of Health and Wellness indicated that the advances made in the reduction of the human prevalence of schistosomiasis had been maintained (only 29 cases were reported by passive surveillance in 11 years, with only one case detected in a 10-year old boy), there was a need to assess the current status of transmission.

In 2017, a national prevalence study was carried out in school age children across the entire island under the leadership and coordination of the Ministry of Health and Wellness and the Ministry of Education in St. Lucia with support from PAHO/WHO and the Centers for Disease Control and Prevention (CDC) and the Schistosomiasis Consortium for Operational Research and Evaluation (SCORE).

A total of 1,536 children (aged 8-11) were included from across all public primary schools. Urine samples were tested using the Point of Care CCA (POC-CCA) antigen detection test for *Schistosoma mansoni* and blood samples were tested by SEA-ELISA.

The commitment from the Ministry of Health and Wellness in St. Lucia and all the personnel involved has been remarkable. Preliminary results indicate that St. Lucia is well on track to be one of the first countries in the world to verify the elimination of schistosomiasis transmission. Many lessons have been learnt from the study, so once again the experiences drawn from St. Lucia will guide the way forward to many other countries still endemic for schistosomiasis.

"Protecting health and safety of all persons living in Saint Lucia is the foremost commitment of the Ministry of Health. It is this which underpins our current efforts at achieving elimination of Schistosomiasis. Elimination status for Saint Lucia would validate the value of public health programming of the past thirty years, at both the state and community levels, which had the express objective of building healthier environments for our people."
Dr. Merlene Fredericks, Chief Medical Officer (Saint Lucia).

Making every baby count

Strengthening surveillance for birth defects systems in the Americas

One in ten of those children dying before the age of five In Latin America and the Caribbean is due to a birth defect, making it the second leading cause of death in newborns. An even greater number suffers from consequences linked to birth defects that seriously affect their health, development and quality of life, as well as that of their families. Many of the factors associated with the presence of those conditions are preventable. The availability of surveillance systems for birth defect contributes to giving visibility to the children who present such conditions, to identify the most frequently defects and to count them as the known risk factors related to their development, to plan specific interventions and to assess their impact.

Since 2014, a series of activities have been launched to strengthen the development of surveillance systems for birth defects in Latin America, based on examples from countries where these systems are already implemented. Implementation of training and development of tools and materials have contributed to strengthen surveillance systems. Starting from these activities, a process of consolidation and implementation of interventions aim to strengthening surveillance systems in the countries from the region began. During 2016 and continuing in 2017, three training courses with a regional focus and targeted specifically to priority countries were offered, contributing to train more than one hundred health professionals. From the beginning of activities in 2014 until now, the number of countries with a congenital defect surveillance system (from 6 to 12) doubled. On line training modules along with in site trainings have been provided in Costa Rica, Colombia, El Salvador and Panama.

Planning activities at country level have been also promoted linked to the World Birth Defects Day. Several stakeholders are also involved in this inititive.

The impact achieved in the period and the achievements in terms of progress in the implementation in the countries show their relevance. To the extent that other causes of mortality can be reduced, it will imply a relative increase in the contribution of birth defects. It is therefore increasingly necessary to implement surveillance systems in countries. The achievements contribute to making every newborn with birth defects counts and contributes to the implementation of specific interventions. Likewise, the results achieved in the countries that have received training will contribute to expanding the experiences and achievements to other countries in the region.

"We have a unique opportunity to reactivate this monitoring system, and through this group of participants in the workshop, and add the strengths we each have in different disciplines"

CGD. -- Pediatrician from Panama

Young midwives making a difference in the World

Leadership and commitment

If you want to visit the Community Campesino Marjuni, you must travel for 3 hours from Abancay, an inland province of Peru, through a difficult route, with steep stretches. If you travel in rainy season you must be alert the entire time because of common landslides and damaged routes. At 3,400 meters above sea level, it is located Marjuni, a Quechua speaking population, dedicated to potato crop and extreme poverty in the Peruvian highlands.

This is the story of Evelyn, a young Peruvian obstetrician who had the opportunity to participate in the *"31st ICM Triennial Congress"* held in Canada in June 2017, thanks to the support of the Umbrella Agreement between PAHO and USAID. The young woman who had served for a year in the Marjuni community, brought to Congress the most intimate account of her country's health situation. The constant challenge of permanence and survival that she maintained for a year in the community, provided her an apprenticeship that soon became knowledge, leadership and spirit of change.

"Not all midwives are aware of what it is to be a leader, the responsibility we have to generate changes in the midst of unfavorable circumstances"

Seldom, institutions such as PAHO have the opportunity to capture, with such ease, the positive effects of peer-to-peer exchange, cultural diversity, and multiple realities in the exercise of health in young people.

The young midwives in the region have been weaving a working network where they have not only strengthened capacities to implement the regulatory processes, but have opened a path of renewed commitment to the health of women, newborns, families and the communities. The impact of such an international event on young women leaders is still difficult to assess. However, we are convinced that leaderships should be combined with technical knowledge and experiences so that midwifery will gain credibility and professionalism to support the prevention of deaths of women, mothers and newborns.

The conclusions of the Congress reaffirmed our convictions:

> *Empowered Obstetricians (Professional Midwives, Midwives, Obstetricians, etc.) are those who discover they have the power and the responsibility to achieve positive changes through advocacy, research and the result of an impeccable clinical practice, resulting in improvements in the health care of women, mothers and their newborns (first point of the Congress conclusions)*

Information for action: from the experts' discussion to evidence for action

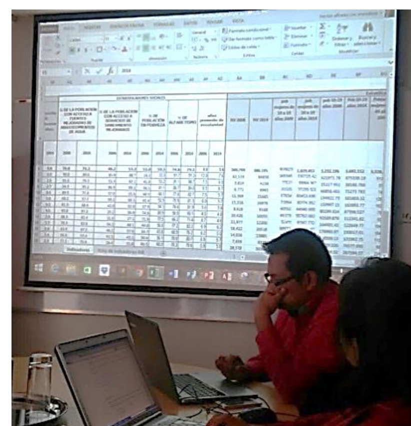
Tackling social inequalities in health

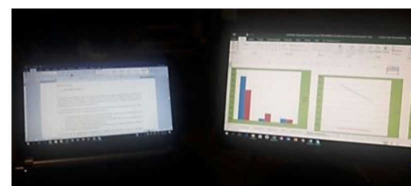
Inequalities in health are an indication of socioeconomic inequalities in the region of the Americas, and an obstacle to universal health coverage and sustainable development. Most of the countries in the region lack a systematized way to analyze and use data. Evidence is needed to motivate discussions to drive intersectoral action.

After a consultation with experts, the methodology for measuring and monitoring social inequalities in health was validated, and consensus was reached about relevant indicators to be included in the regional online dashboard. The methodology has been applied in fifteen beneficiary countries in Central and South America, as well as the Dominican Republic.

Dr. Lorena Gobern is the Chief of Epidemiologic Surveillance in the Ministry of Health in Guatemala. Besides strengthening her team's technical capacities through the workshops and preparing a scientific article, she has been advocating for an intersectoral commission on maternal, child and adolescent health. Dr. Gobern needed evidence to show how social conditions, such as young girls' and women's level of education or access to sanitation, for instance, have an impact on health indicators at the subnational level. What is the baseline level of health and social vulnerability? Where should the country start? Should a population approach or a more focalized approach be used? These are some questions that her team was able to answer after engaging in the workshop.

The new information system will help expedite the availability of regional and subnational information for a continuous process of intersectoral cooperation and intervention.





© PAHO

"With quantitative evidence, the relationship between the social determinants of health and the maternal, child and adolescent outcomes is clear, and promotesdiscussion with other sectors."
Dr. Lorena Gobern, Ministry of Health of Guatemala

Championing the Coders of the International Statistical Classification of Diseases

(Better known as the "ICD-10")

The ICD-10 coders are responsible for selecting one of the 68,000 clinical modification diagnosis codes from the *ICD-10, 2015 Edition* to classify the deaths, illnesses, injuries, and symptoms recorded by doctors across the Americas. They work in locations ranging from remote local health facilities to national statistics institutes. Many are unaware that their work is what makes it possible for countries to monitor morbidity and mortality trends, and tackle public health problems as they arise. Recognizing their importance, the Latin American and Caribbean Network for the Strengthening of Health Information Systems (RELACSIS) has prioritized their capacity-building since its launch in 2010. Within this Network, PAHO has partnered with a multitude of partners, including the Family of International Classifications (FIC) Collaborating Centers of Argentina (CACE) and Mexico (CEMECE), USAID, Management Science for Health (MSH), among others.

Course for ICD-10 coders from diverse nstitutions, supported by the PAHO/WHO FIC Collaborating Centers from Argentina (CACE) y México (CEMECE) (2016)

This year, PAHO and its partners used the RELACSIS Network to conduct its first census of approximately 1,700 ICD-10 coders in 21 countries. The goal of the census was to collect information from the coders to gain an understanding of their strengths, sacrifices, motivations, and needs as the Region embarks on the implementation of PAHO's Plan of Action for Strengthening Vital Statistics (2017-2022), which RELACSIS supports as its intercountry component.

The census results are proving to be an information goldmine for policy-making decisions, and valuable source used to guide the RELACSIS Network's efforts. New knowledge gaps and issues have been identified. To date, the Network has facilitated the delivery of technical cooperation through webinars, guidelines, and free-of-charge online and in-person trainings, which have reached over 1,700 coders, tutors, and trainers. PAHO has also distributed free-of-charge copies of the three-volume 2015 edition of the ICD-10 throughout the Region.

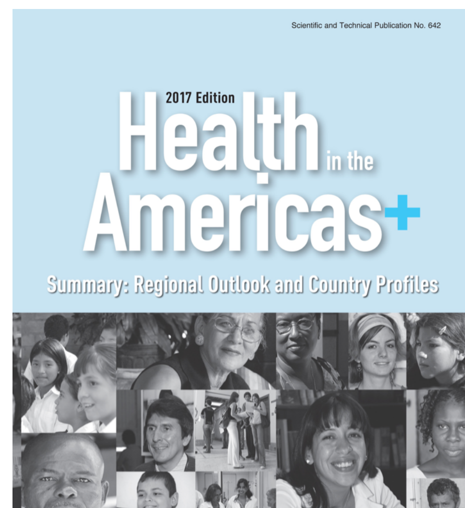
This census has shed light also on demographic information. Almost 73% of the entire coder workforce is made up of women. However, it also has revealed that a new generation of coders must be trained, considering that almost 30% of all coders are now between 46 and 55 years of age. Moreover, 15% of trained coders manage other responsibilities unrelated to ICD-10, which sometimes affect data quality. PAHO and its partners now have stronger information needed to partner with countries and academic institutions to further reinforce the Region's data quality and coverage.

The data coders form the bedrock for monitoring and evaluating progress towards achieving key health targets and many of the Sustainable Development Goals. PAHO and its RELACSIS partners are committed to championing their work and facilitating tools and building the coders' capacity throughout the Americas.

"One day I came across a diagnosis that was illegible. I tried to find the doctor who had written it. After a few seconds of trying to decipher it, he said 'Sorry, young man, I don't know what that says, but ask my secretary. She can read my handwriting.' I find this anecdote amusing, since it summarizes many of the challenges that one finds working with health statistics." –Eder Alberto Hernandez Baires, ICD-10 coder, El Salvador

Enabling reporting of Universal Health Progress in the Americas

PAHO's monitoring framework for universal health



With the enactment of PAHO's resolution for Universal Access to Health and Universal Health Coverage in 2014 presented, there was a need for an overview of Universal Health progress in the Region that integrated all Member States in its production. Successful Universal Health monitoring was, however, hampered by a lack of data collection and/or reporting tools in the region. PAHO's Monitoring Framework for Universal Health was developed to support the collection of this information. The implementation of the monitoring framework involved collaboration with health authorities and institutions from all PAHO Member States. Over two years, PAHO held at least 30 working sessions and missions in the region to assist countries in assessing and improving Universal Health programs through effective monitoring. In addition, PAHO provided technical assistance in the development and implementation of PAHO's indicators for Universal Health for countries where data collection tools were already in place, but not offer the full picture of all of the dimensions of Universal Health.

"The tool [PAHO's monitoring framework for Universal Health] will serve as a guide and as a stimulus to move towards Universal Health"
Bernardo Martorell
--Unit Chief, Health Planning Office, Ministry of Health of Chile

PAHO successfully implemented the framework and assisted countries with the development of methods for Universal Health monitoring. The results of the implementation of PAHO's monitoring framework provided all of the content for the Regional Outlook on health systems performance in Health in the Americas ("The Quest for Universal Health: Summary of Indicators on Health Systems Performance"), and the Internet based publication for health information and data in the Region (http://www.paho.org/salud-en-las-americas-2017/?p=65). The report examined the progress made in the last 5 to 10 years in health systems performance and its impact on universal health indicators in 34 countries of the Region of the Americas. Key aspects of health systems were analyzed in terms of how they have changed in recent years. Findings indicated that: 1) access to preventive health services improved in the Region, but further efforts are necessary to increase access to comprehensive care and address persisting inequities. Data available show many countries in the Region have reached high levels of population coverage of health insurance, but that this does not always translate into high levels of utilization of preventive health care services or low levels of access barriers, 2) about one-third of countries in the Americas have yet to meet the minimum recommended availability of 25 health workers of per 10,000 population, and problems with the uneven distribution of health personnel persist across the Region, and 3) health expenditure data show significant variations across countries in the Region with minimal progress in terms of public spending.

The implementation of PAHO's monitoring framework was key to help raise awareness, identify areas for improvement and identify successful Universal Health policy actions in the Region. Findings of the Regional Outlook's report enable the identification of areas where there is room for improvement and guide future technical cooperation for Universal Health.

Improvement of pharmaceutical service in Puerto Casado, Alto Paraguay

Puerto Casado is a district and city in the Department of Alto Paraguay, Paraguay, located 650 km north of Asuncion on the Paraguay River. It has a population of 6,033 inhabitants, with a density of 0.33 inhabitants per square kilometre. This district only has one Health Centre, whose pharmaceutical service strengthened by its air conditioning and responsible and organized handling of records and input reports. However, it lacks clear processes and good storage practices. There are no defined areas for drugs and supplies, which are randomly distributed above and beneath shelves, or even directly on the floor. In addition, the storage location has two windows that allow the sun's rays to directly touch medications. There is also moisture on a wall due to the air conditioner drain hose. Although there is a refrigerator for cold chain, it also contains food. The Health Centre is constantly running out of energy.

Two Training Sessions and on-the-job capacity building workshops have been held in Paraguay training 25 staff on supply chain best practices, including stock-management, data reporting, warehousing, distribution and dispensation practices. These activities helped raise awareness among the pharmacy staff about the need to improve the technical gap existing in the health sector related to supply chain practices and its impact on the quality of reported data as well as the quality of care provided to the patients receiving pharmaceutical services.

Reception and stock management of medicines and supplies. Before and after capacitation sessions