



# **USAID-PAHO UMBRELLA GRANT AGREEMENT 2011-2016**

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**Pan American  
Health  
Organization**



**World Health  
Organization**  
REGIONAL OFFICE FOR THE  
**Americas**



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## 1. List of Acronyms and Abbreviations

AECID	Spanish Agency for International Development Cooperation
ALAC-ITS	Latin American and Caribbean Association for Control of STIs
ALB	Albendazole
ALAT	Latin American Thoracic Association
ALAPE	Latin American Pediatrics Association
API	Pan American Association of Infectology
APR-LAC	A Promise Renewed for the Americas
BMGF	Bill and Melinda Gates Foundation
CACE	Argentina Center for Classification of Diseases
CARPHA	Caribbean Public Health Agency
CAWG	Communications and Advocacy Working Group
CBE	Competency Based Education
CC	Collaborating Center
CCM	Country Coordinating Mechanism
CCT	Cross-cutting theme
CDC	Centers for Disease Prevention and Control
CELADE	Latin American and Caribbean Demographic Center
CEMECE	WHO Collaborating Center from Mexico
CE-TB	Center of Excellence in Tuberculosis
CHA	Communicable Diseases and Health Analysis Department
CHAI	Clinton Health Access Initiative
CIDA	Canadian International Development Agency
CLAP	Latin American Center for Perinatology
COP	Community of Practices
CPC	Caribbean Program Coordination
CRMA	Caribbean Regional Midwives Association
CS	Congenital syphilis
DEC	Diethylcarbamazine
DGIS	Directorate General of Health information of Mexico
DOTS	Directly Observed Treatment Short course
EBNI	Evidence based neonatal interventions
ECLAC	Economic Commission for Latin America and the Caribbean
EMC	Executive Management Committee
EMR	Electronic Medical Records
EMTCT	Elimination of Mother to Child Transmission of HIV and Congenital Syphilis
ENAP	Every Newborn Action Plan
EPHF	Essential Public Health Functions
EPMM	Ending Preventable Maternal Mortality
ERS	European Respiratory Society
EWEC	Every Woman Every Child Global Strategy
FCI	Family Care International
FEPPEN	Pan American Federation of Nursing Professionals
FGL	Family, Gender and Life Course Department
FIC	Family of International Classifications
FLASOG	Latin American Federation of Obstetrics and Gynecology Studies
FLO	Latin American Federation of University Midwives
GAELF	Global Alliance to Eliminate Lymphatic Filariasis
GANM	Global Alliance for Nursing and Midwifery
GF	Global Fund

GS	Gestational syphilis
GTR	Regional Task Force for Reduction of Maternal Mortality
HA	Health Analysis Unit
HIS	Health Information Systems
HIV	Human immunodeficiency virus
HSS	Health Systems and Services Department
HT	HIV, Hepatitis, Tuberculosis and Sexually Transmitted Infections Unit
IACO	Inter American Conference on Onchocerciasis
IC	Infection Control
ICD-10	International Classifications for Diseases-version 10
ICM	International Confederation of Midwives
IDB	Inter-American Development Bank
INEGI	National Institute of Statistics and Geography, Mexico
INS	National Institute of Health
INSP	National Institute of Public Health
ISRMD	Intentional Search and Reclassification of Maternal Deaths
IU	Implementation Units
JAP	Joint Application Package
LAC	Latin America and the Caribbean
LF	Lymphatic Filariasis
LNSP	Laboratoire National de Santé Publique (English: National Public Health Laboratory)
MCSP	Maternal and Child Survival Program
MDA	Mass drug administration
MDR-TB	Multidrug-resistant tuberculosis
MDSR	Maternal Death Surveillance and Response
M&E	Monitoring and evaluation
MEASURE	Monitoring and Evaluation to Assess and Use REsults
MMDS	Electronic System to Codify Mortality
MMDP	Morbidity Management and Disability Prevention
MMWG	Monitoring and Metrics Working Group
MOH	Ministry of Health
NASG	Non-Pneumatic Anti Shock Garment
NGO	Non-Governmental Organization
NID	Neglected Infectious Diseases
NRC	National Reference Center
NTP	National Tuberculosis Program
OEPA	Onchocerciasis Elimination Program for the Americas
OMCL	Official Medicine Control Laboratory
ONCHO	Onchocerciasis
ORAS	Andean Health Organization
PAHO	Pan American Health Organization/World Health Organization
PC/PCT	Preventative Chemotherapy
PCC	Program Coordinating Committee
PALTEX	PAHO's Expanded Textbook and Instructional Materials Program
PMM	Programme Managers' Meeting
PNCM	National Malaria Control Program – Haiti
PNSEM	Strategic Plan for Malaria Elimination 2016-2022 - Haiti
POA	Plan of Action
PPH	Post-Partum Hemorrhage
PR	Principal Recipient
PSI	Population Services International

PWR	PAHO/WHO Representative
RDT	Rapid Diagnostic Test
RELAC SIS	Red Latinoamericana para el Fortalecimiento de los Sistemas de Información de Salud (English: Latin American Network for the Strengthening of Health Information Systems)
rGLC	Regional Green Light Committee
RITF	Regional Inter Agency Task Force for the Reduction of Maternal Mortality and Morbidity
RNMCAH	Reproductive, Neonatal, Maternal, Child, and Adolescent Health
RPRG	Regional Program Review Group
RTI	Research Triangle Institute
SCH	Schistosomiasis
SIP	Perinatal information system (Spanish: Sistema Informático Perinatal)
SNL	Supranational Laboratory
SR	Sub-Recipient
STH	Soil-transmitted helminthes
TA	Technical Assistance
TAG	Technical Advisory Group
TAS	Transmission assessment survey
TB	Tuberculosis
TIPAC	Tool for integrated planning and costing
TOR	Terms of reference
TOT	Training of Trainers
TRA	Trachoma
TRP	Technical Review Panel
VT	Neglected, Tropical and Vector-borne Diseases Unit
UCP	Unité de Coordination des Programmes (English: Program Coordination Unit)
UNAIDS	Joint United Nations Program on HIV/AIDS
UNFPA	United Nations Fund Population
UNICEF	United Nations Children's Fund
UPE	Unité de Planification et d'Évaluation (English: Planning and Evaluation Unit)
USAID	United States Agency for International Development
WBMSS	Web-based Maternal Mortality Surveillance System
WG	Working Group
WHO	World Health Organization
WHO-FIC	Family of International Classifications
XDR-TB	Extensively drug-resistant tuberculosis





## 2. Project Background

The Pan American Health Organization (PAHO/WHO) and the United States Agency for International Development (USAID) have a long history of collaborating to strengthen health priority areas in the Latin America and Caribbean (LAC) Region. In 2011, PAHO and USAID signed a three-year regional agreement that builds on the successes made over twenty years of collaborative work between the two institutions and aims to tackle the remaining obstacles that hinder progress towards increasing health equity and improving the quality of and access to primary health care in LAC. In September 2014, a two-year extension of the Grant was signed, modifying the grant end date to 30 September 2016 and continuing the support for technical cooperation in the LAC Region under this agreement.

The three main focus areas of the grant are tuberculosis (TB), neonatal, and maternal health, with additional components on health systems strengthening, health information systems, international health regulations (IHR), malaria in Haiti, and neglected infectious diseases (NIDs). At the start of Year 2 of the grant (1 October 2012), additional funding was provided for the expansion of the TB program, including piloting and implementation of the framework for TB control in large cities of the Americas. New funding was also provided for *A Promise Renewed*, the meeting on maternal and child health and now Secretariat of the initiative, as well as health technology assessment. Grant Year 3, starting 1 October 2013, marked expansion of the component on Neglected Infectious Diseases (NIDs), with additional funding for regional activities. Following the amendment to extend the grant two additional years, effective 1 October 2014, work in these priority areas has continued.

Based on the WHO framework that describes health systems in terms of core components or building blocks, the agreement was initially organized around four cross cutting themes (CCTs): (1) health services delivery, (2) health workforce, (3) health information system, and (4) leadership and governance.

The objective of the component (1) on health services delivery is to improve capacity of public health providers to deliver responsive, effective and quality health in TB and maternal and neonatal health that are gender sensitive and culturally appropriate. Outcomes center on the following areas: (1.1) strengthened use of evidence based neonatal interventions (EBNI) in health facilities of the Region and (1.2) improved national neonatal plans and policies guided by neonatal plans of action with a continuum of care approach. (Outcomes 1.3 and 1.4 related to TB were modified at the beginning of Year 2 to reflect the modified structure of expanded TB programming.)

The objective of the component (2) on health workforce is to improve competencies of the health care workforce, with emphasis on first level of care, to deliver services and interventions in TB and maternal and neonatal health,

with a gender and culturally sensitive approach. Outcomes center on the following areas: (2.1) strengthened midwifery in Latin America and the Caribbean and (2.3) strengthened health systems at the national and subnational levels through capacity building for the implementation of Essential Public Health Functions (EPHF). (Outcome 2.2 related to TB was removed due to the modified structure of TB funding and outcomes as well and Outcome 2.3 was removed due to lack of funding.)

The objective of the component (3) on health information systems is to improve health information and surveillance systems at all levels of the health sector through the dissemination of best practices to produce reliable, disaggregated, and timely information under the framework of RELACSIS with focus on MDR-TB and maternal and neonatal health. Outcomes center on the following areas: (3.1) strengthened health information systems at the regional, subregional and national level, with a gender and ethnic perspective; (3.2) improved surveillance for congenital syphilis (CS) diagnosis and treatment through the establishment of a Regional Network; and (3.3) improved national planning capacity in neonatal health guided by country's neonatal and child profiles. (Outcome 3.4 related to TB was removed.)

The objective of the component (4) on leadership and governance is to improve national health authority capacity to monitor and evaluate its functions and performance at all levels of the system and to guide national health policies and plans (cuts across all of the others). Outcomes center on the following areas: (4.1) strengthened policy dialogue in maternal health at the regional and national level reduction of maternal morbidity and mortality and (4.2) Regional Neonatal Interagency Alliance strengthened to promote and support national policies and activities in newborn health in the context of continuum of care approach. Funding for Outcome 4.3 was only included in Grant Year 1 (increased capacity of national authorities to secure sustainable political commitment and resources to institutionalize core capacities for surveillance and response).

As indicated, this grant also supports the additional activities of Reinforcing Malaria Efforts in Haiti; Expanded NID Program Funding; Expanded TB Program Funding; and the Secretariat of A Promise Renewed for the Americas (APR-LAC). Funding for Health Technology Assessment was included in Years 2-3 of the grant.

This Annual Technical Report covers the period October 2014 to September 2015, corresponding to Year 4 of the Grant, and is divided in three sections. The first section reviews the process achieved regarding the indicators established in the Grant Agreement while the second section reports on the implementation status of activities during Year 4 of the Grant. The final section presents success stories that have resulted from the PAHO-USAID cooperation.

## Annex I – Progress on Achievement of Grant Indicators

### CC Theme #1 – Health Services Delivery

Improved capacity of public health providers to deliver responsive, effective, and quality health services in TB and maternal and neonatal health that are gender sensitive and culturally appropriate.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
<b>Outcome 1.1 – Strengthened use of evidence based neonatal interventions (EBNI) in health facilities of the Region</b>			
<b>Key Personnel Responsible for Outcome 1.1: Dr. Pablo Duran (CLAP)</b>			
<p>1.1 Number of countries that have monitored and evaluated the use of EBNI in health facilities</p> <p>(Year 4 Milestone: EBNI use evaluated in 2 additional countries, for a total of 8 countries over four years)</p>	<p>Technical documents promoting evidence-based interventions have been completed, adapted, and disseminated.</p> <p>The implementation assessment tool has been presented in national meetings in Dominican Republic, Haiti, Mexico and Paraguay, as well as to all countries present at the Regional meeting in Panama.</p> <p>Final edition of two technical documents, a systematic review on neonatal transport and a technical document on preventing errors in neonatal units has been completed. The materials produced have been presented to national technical units responsible for newborn health as well as during technical workshops.</p>	<p>7: The tool has been implemented in Colombia, El Salvador and Peru, and is in process in Dominican Republic, Mexico and Paraguay.</p> <p>Technical documents and the implementation assessment tool have been presented during technical workshops in Honduras and Paraguay. They have also been discussed with national technical representatives from Mexico and Dominican Republic, and technical workshops are being planned for 2015-2016.</p>	<p>The final edition of the technical document on preventing infections related to newborns is in process.</p> <p>Final edition and printing of the three documents is expected to be completed by the end of the year.</p>

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
<b>Outcome 1.2: Improved national neonatal plans and policies guided by neonatal plans of action with a continuum of care approach</b>			
<b>Key Personnel Responsible for Outcome 1.2: Dr. Pablo Duran (CLAP)</b>			
<p>1.2 Number of countries that have developed neonatal plans of action</p> <p>(Year 4 Milestone: Neonatal plan of action developed in 1 additional country, for a total of 8 countries over four years)</p>	<p>This grant year technical cooperation has been provided to three countries for the development of neonatal plans of action, <b>Dominican Republic, El Salvador and Haiti.</b></p> <p>The process of discussion and planning has been coordinated to involve key actors and members of the National Neonatal Alliance, with national workshops coordinated in the <b>Dominican Republic and Haiti.</b></p> <p><b>El Salvador</b> has started the planning process for a similar workshop, based on several stages of discussions at the subnational level.</p>	<p>7 countries – Colombia, Dominican Republic, El Salvador, Haiti, Guatemala, Peru, Uruguay, Ecuador<sup>1*</sup></p> <p>The three new countries have developed their national plans, through meetings held with support from this grant to discuss the operational plan with key actors.</p>	<p>There have been both similarities and differences in the experience of each of the three countries.</p> <p>Based on the discussion process, the possibility of defining a common set of activities that can be implemented in both sides of the border between the <b>Dominican Republic and Haiti</b> has been identified.</p> <p>The design of the final Evaluation of the Regional Plan of Action for Neonatal Health has been completed, presented and discussed with PAHO technical focal points, and with technical representatives from MOH from Latin American and The Caribbean Countries. This process involved two video conferences and a discussion on a Regional Technical Meeting in Panama in September 2015</p> <p>An evaluation meeting regarding the Regional Strategy and Plan of Action will be held in the Dominican Republic on 3 and 4 November 2015.</p>
<b>Outcome 1.3: Strengthened response to MDR and XDR-TB in the Americas through the implementation of national expansion MDR-TB plans</b>			
<b>Outcome 1.4: Strengthened routine systems for effective implementation of DOTS</b>			
<b>Key Personnel Responsible for Outcome 1.4: Drs. Mirtha del Granado &amp; Rafael Lopez (CHA/HT)</b>			
*Outcomes 1.3 & 1.4 not included in Year 4 of the grant. TB Funding reallocated to the additional section on Expanded TB Program Funding			

<sup>1</sup> \*Ecuador was only supported under Year 1 of this grant.

## CC Theme #2 – Health Workforce

Improved competencies of the health care workforce, with emphasis on first level of care, to deliver services and interventions in TB and maternal and neonatal health, with a gender and culturally sensitive approach.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
<b>Outcome 2.1: Strengthened midwifery in Latin America and the Caribbean</b>			
<b>Key Personnel Responsible for Outcome 2.1: Dr. Bremen De Mucio (CLAP)</b>			
2.1. Number of countries that have incorporated aspects of the second edition of midwifery tool kit, which includes intercultural training, in their midwifery curricula  (Year 4 Milestone: At least 10 countries)	<p>After an intensive process of adaptation of 2nd edition of WHO Strengthening Midwifery Tool Kit, relevant midwives and obstetric nurses of the Americas agreed on production of the document "Tool Kit for the Strengthening of Professional Midwifery in the Americas, 3rd. edition".</p> <p>The Tool Kit is available in English, Spanish and Portuguese and has been distributed extensively in the entire Region. Available at:  <a href="http://www.paho.org/clap/index.php?option=com_docman&amp;task=doc_details&amp;gid=426&amp;Itemid=219&amp;lang=es">http://www.paho.org/clap/index.php?option=com_docman&amp;task=doc_details&amp;gid=426&amp;Itemid=219&amp;lang=es</a></p>	<p>More than 5,000 copies of the Tool Kit on USB were distributed across the Americas in Health Ministries, Universities and Professional Societies of 31 countries (Argentina<sup>2*</sup>, Bahamas, Barbados, Belize, Bolivia*, Brazil, Costa Rica, Chile, Dominican Republic, Dominica, Ecuador*, El Salvador, Granada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Montserrat, Nicaragua*, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, San Vincent, Suriname, Trinidad and Tobago, United States of America* and Uruguay).</p> <p>*Other funding sources were used to support these countries.</p> <p>At the present, 10 countries have included modifications in their midwifery curriculum according to the Tool Kit for the Strengthening of Professional Midwifery in the Americas: Bolivia*, Brazil, Costa Rica, Chile, Ecuador*, Guatemala, Guyana, Mexico, Paraguay and Peru).</p>	<p>The process of making modifications to the midwifery curriculum is not similar across all countries. In most countries modifications have been done in Public Universities, while a few times in Private Universities, and exceptionally at the national level.</p>

<sup>2</sup> USAID funding was not used to support Argentina, Bolivia, Ecuador, and Nicaragua.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
<b>Outcome 2.2: Strengthened capacity of human resources in health to prevent and control MDR and XDR-TB in the Americas</b>			
<b>Key Personnel Responsible for Outcome 2.2: Drs. Mirtha del Granado &amp; Rafael Lopez (CHA/HT)</b>			
*Outcome 2.2 not included in Year 4 of the grant. TB Funding reallocated to the additional section on Expanded TB Program Funding.			
<b>Outcome 2.3: Strengthened health systems at the national and subnational levels through capacity building for the implementation of Essential Public Health Function (EPHF).</b>			
<b>Key Personnel Responsible for Outcome 2.3: Dr. Charles Godue / Dr. Rosa Maria Borrell (HSS)</b>			
*Outcome 2.3 not included in Year 4 of the grant.			

### CC Theme #3 – Health Information Systems

Improved health information and surveillance systems at all levels of the health sector through the dissemination of best practices to produce reliable, disaggregated, and timely information under the framework of RELACSIS with focus on MDR-TB and maternal and neonatal health.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
<b>Outcome 3.1 Strengthened health information systems at the regional, subregional and national level, with a gender and ethnic perspective</b>			
<b>Key Personnel Responsible for Outcome 3.1: Dr. Patricia Ruiz (CHA/HA)</b>			
<p>3.1 Number of target countries that have implemented at least one HIS strengthening practice</p> <p>(Year 4 Milestone: At least one additional country has implemented one additional HIS strengthening practice, in addition to 20 countries from Year 3)</p>	<ul style="list-style-type: none"> <li>➤ 20 countries have implemented HIS strengthening practices in the Region.</li> <li>➤ During this grant year, the following working groups have been developed to provide capacity building in different areas of HIS: <ul style="list-style-type: none"> <li>▪ <b>Working Group (WG) 1:</b> Training "information producers" to raise manager awareness (led by Paraguay).</li> <li>▪ <b>WG2.</b> Online courses to strengthen ICD-10 coding (led by Argentina and Mexico).</li> <li>▪ <b>WG3.</b> Implementation of a computer-assisted mortality coding system (led by Mexico).</li> <li>▪ <b>WG4.</b> Online course to raise physician awareness about proper recording of cause of death (led by Uruguay with collaboration from Argentina and Mexico)</li> </ul> </li> <li>➤ In addition, the following events related to HIS strengthening were held:</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>WG 1</b> Participants: Ecuador<sup>3*</sup>, Mexico, Panama, Paraguay, and Peru (first round); Bolivia*, Dominican Republic, Nicaragua*, Venezuela*, and Costa Rica (second round).</li> <li>▪ <b>WG 2</b> Participants: Argentina*, Dominican Republic, Ecuador*, Guatemala, Mexico, Nicaragua*, Paraguay, and Uruguay (first round); Chile, Colombia Costa Rica, El Salvador, Panama and Peru (second round).</li> <li>▪ <b>WG 3</b> Participants: Argentina*, Chile, Costa Rica, Ecuador*, Guatemala, Mexico, Paraguay, Uruguay, and Venezuela* (first round); Colombia Dominican Republic, Panama, and Peru (second round)</li> <li>▪ <b>WG 4</b> Participants: Argentina*, Costa Rica, Dominican Republic, Ecuador*, Guatemala, Mexico, Nicaragua*, Panama, Paraguay, and Uruguay (first round); Bolivia*, Colombia, El Salvador, Honduras, Peru, and Venezuela* (second round).</li> </ul>	<ul style="list-style-type: none"> <li>▪ First round countries adopted practices in 2013; second round countries adopted practices in 2014.</li> <li>▪ Each practice is being documented in a volume to be disseminated before this year's RELACSIS meeting (planned for November 2014).</li> <li>▪ Monitoring is being done through the WG section in the network's website so that countries conclude with teaching the practice.</li> <li>▪ The RELACSIS website is maintained by the Secretariat and can be found on <b>Facebook</b> (<a href="https://www.facebook.com/ReLACSI">https://www.facebook.com/ReLACSI</a>) and <b>Twitter</b> (<a href="https://twitter.com/Relacsis_org">https://twitter.com/Relacsis_org</a>) with over 100 followers on each network.</li> <li>▪ It is also available on <b>YouTube</b> (<a href="https://www.youtube.com/channel/UCZx2JRvEfJKc&amp;EMrnzX-Eww">https://www.youtube.com/channel/UCZx2JRvEfJKc &amp;EMrnzX-Eww</a>), and <b>Flickr</b> (<a href="https://www.flickr.com/photos/relacsis/sets/">https://www.flickr.com/photos/relacsis/sets/</a>). To post their own photos or videos, members may contact the</li> </ul>

<sup>3</sup> USAID funding was not used to support Argentina, Bolivia, Cuba, Ecuador, Nicaragua, and Venezuela.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
	<ul style="list-style-type: none"> <li>▪ the Meeting of the Regional Network of WHO Collaborating Centers (CCs) and National Reference Centers (NRCs) for the Family of International Classifications (WHO-FIC), on 22 and 23 April in Mexico, with 23 participants;</li> <li>▪ the Meeting to expand RELAC SIS Secretariat membership (24-25 April);</li> <li>▪ the Discussion forum on electronic medical records (EMRs) (2-26 May); and the Forum on methodology for health inequality analysis.</li> </ul>		<p>network administrator at info.relacsis@relacsis.org.</p> <p>*No USAID funding was used to support Argentina, Bolivia, Ecuador, Nicaragua, or Venezuela.</p>
<b>Outcome 3.2: Improved surveillance for congenital syphilis (CS) diagnosis and treatment through the establishment of a Regional Network.</b>			
<b>Key Personnel Responsible for Outcome 3.2: Dra. Suzanne Serruya (CLAP)</b>			
<p>3.2 Number of countries that have joined the network for CS surveillance and are sharing best practices on prevention, diagnosis and treatment</p> <p>(Year 4 Milestone: At least 10 countries participating in the network)</p>	<p>Activities to support the Regional Network for Surveillance of gestational syphilis, congenital syphilis and the vertical transmission of HIV were developed in this year of the grant:</p> <ul style="list-style-type: none"> <li>- National training sessions with a focus on the Caribbean with Ministry of Health participants were held in Grenada and Jamaica.</li> <li>- A version of the SIP tailored to the Bahamas and English-speaking Caribbean Countries was developed, including rapid indicator analyses of congenital syphilis, and technical discussions in Brazil, Bahamas, Grenada, Jamaica, and Panama.</li> </ul>	<p>16 countries: Bahamas, Brazil, Costa Rica, Dominican Republic, El Salvador, Jamaica, Panama, Uruguay; ECC Countries including Anguilla, Antigua, BVI, Dominica, Montserrat, St. Kitts &amp; Nevis, Trinidad &amp; Tobago, Guyana,</p> <p>Argentina, Bolivia, Cuba, and Nicaragua have been supported using other sources.</p>	<p>An English Caribbean SIP clinical record was developed and validated in 2 countries (Bahamas and Jamaica), and additional training, scale up of implementation, and local capacity building for analysis of progress are scheduled for the coming year.</p> <p>There is a Caribbean Plan for the implementation of SIP to evaluate and monitor the Elimination Initiative, tailoring the indicators of the automatic reports according to the national priorities. A meeting will be held in October 2015 in Jamaica to obtain English speaking Caribbean countries' consensus on the variables that will be monitored with SIP. This planning phase is key to ensure that</p>



Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
			<p>the indicators for syphilis as well as vertical transmission of HIV are included in country plans prepared for execution next year.</p> <p>The SIP system, tailored for the Caribbean and Bahamas, is available through the CLAP webpage:  <a href="http://www.clap.ops-oms.org/system_caribe.html">http://www.clap.ops-oms.org/system_caribe.html</a> and  <a href="http://www.clap.ops-oms.org/system.html">http://www.clap.ops-oms.org/system.html</a></p>
<b>Outcome 3.3: Improved national planning capacity in neonatal health guided by country's neonatal and child profiles.</b>			
<b>Key Personnel Responsible for Outcome 3.3: Dr. Pablo Duran (CLAP)</b>			
<p>3.3 Number of additional countries that have developed neonatal and child profiles</p> <p>(Year 4 Milestone: Neonatal and child profiles developed in 2 additional countries, for a total of 10 at the end of four years)</p>	<p>Based on the annual work plan, the analysis of inequities on newborn health and the potential impact on neonatal mortality has been performed, presenting regional and national outputs.</p> <p>These results, along with other technical documents, will be part of a technical document aimed to strengthen advocacy and contribute planning milestones and strategies to be implemented, related to post-2015 commitments (including the Every Newborn Action Plan (ENAP) and the Every Woman Every Child (EWEC) Global Strategy.</p> <p>The design of a web-based electronic platform to organize and consolidate national profiles and plans of action has</p>	<p>10 countries have updated national profiles up to this point: Colombia, Dominican Republic, El Salvador, Guatemala, Guyana, Nicaragua<sup>4</sup>, Panama, Paraguay, Peru, Suriname</p> <p>With the information received from national neonatal profiles, PAHO is now moving to complete the Regional level analysis. A position paper analyzing the regional situation and challenges on newborn health has been presented. A regional map of key indicators aiming to describe inequity in newborn health has been completed.</p> <p>A technical document on Regional and National estimates on the potential impact of implementing Evidence Based</p>	<p>The progress mentioned is based on the year's work plan, discussed and approved with USAID. Due to updates in the work plan, the main progress is not exactly related to the indicator. However, they are aligned with the outcome defined.</p> <p>The results from this outcome developed during Year 4 will be the inputs for guiding the discussion at regional and national level. These products are expected to contribute to improving national capacity for planning and defining goals and strategies during Year 5.</p>

<sup>4</sup> USAID funding was not used to support Nicaragua.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
	<p>been designed and is under development. This platform will contribute of the process of the final evaluation of the Regional Strategy and Plan of Action of Newborn Health.</p> <p>Based on the updated Annual Plan of Action, a technical meeting was held in Panama on 18 and 19 August 2015 jointly with USAID and The Regional Neonatal Alliance, in order to evaluate national experiences and lessons learned on surveillance on neonatal mortality in Latin America and the Caribbean. The discussion and experience have provided inputs to start planning future steps in order to strengthen surveillance in the region.</p> <p>A training program for the establishment of surveillance of deaths at birth, including prematurity has been developed and the workshop will be held in Costa Rica during November 2015.</p>	<p>interventions on newborn health has been completed.</p> <p>A systematic review on cost of newborn care and the design of a methodological tool to evaluate costs of newborn care has been developed.</p>	
<b>Outcome 3.4: Strengthened epidemiological surveillance of MDR-TB.</b>			
<b>Key Personnel Responsible for Outcome 3.4: Drs. Mirtha del Granado &amp; Rafael Lopez (CHA/HT)</b>			
*Outcome 3.4 not included in Year 4 of the grant. TB Funding reallocated to the additional section on Expanded TB Program Funding.			

### CC Theme #4 – Leadership and Governance

Improved national health authority capacity to monitor and evaluate its functions and performance at all levels of the system and to guide national health policies and plans (cuts across all of the others).

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
<b>Outcome 4.1: Strengthened policy dialogue in maternal health at the regional and national level reduction of maternal morbidity and mortality</b>			
<b>Key Personnel Responsible for Outcome 4.1: Dr. Bremen De Mucio (CLAP)</b>			
<p>4.1 Number of countries that have updated their national plans to reduce maternal mortality and morbidity</p> <p>(Year 4 Milestone: Monitoring and evaluation of the first results of the implemented plan, with at least 10 countries having updated plans at the end of four years)</p>	<p>Twelve countries have updated national plans for the reduction of maternal mortality and severe maternal morbidity. In some cases the updating was total, while in others the updating was centered in the improvement of the epidemiological knowledge of severe maternal morbidity, in order to offer best interventions during the health care process for pregnant women.</p>	<p>12: Costa Rica, Ecuador<sup>5</sup>, El Salvador, Honduras, Mexico, Nicaragua*, Panama, Peru, Saint Lucia, Suriname, Trinidad and Tobago and Uruguay.</p>	<p>Although all countries of the Americas unanimously approved the Regional plan for the acceleration of the reduction of maternal mortality and severe maternal morbidity in 2011 at PAHO's Governing Bodies Meeting, many of them have yet to modify previous national plans until the end of its validity, even if they are not getting good results.</p>
<b>Outcome 4.2: Regional Neonatal Interagency Alliance strengthened to promote and support national policies and activities in newborn health in the context of continuum of care approach</b>			
<b>Key Personnel Responsible for Outcome 4.2: Dr. Pablo Duran (CLAP)</b>			
<p>4.2 Number of additional countries that have established a functioning Neonatal Alliance</p> <p>(Year 4 Milestone: National Neonatal Interagency Alliances established and functioning in 2 more countries, for a total of 6 countries at the end of 4 years)</p>	<p>The National Alliance from Paraguay has been formally established during Year 4. The National Alliance from Dominican Republic has also restarted activities. In both cases, technical cooperation has been provided. These National Alliances complement those from Barbados, El Salvador, Haiti, and Peru, already established.</p>	<p>6 countries have National Neonatal Alliances in implementation: Barbados, Dominican Republic, El Salvador, Haiti, Peru, Paraguay</p>	<p>Promotion of a Sub Regional Neonatal Alliance for the Caribbean is still in process. Several communications have been coordinated and establishment of this subregional Neonatal Alliance is expected to succeed in the next year.</p> <p>Along with promoting the establishment of additional national alliances, continuous technical support has been provided to the already established national alliances,</p>

<sup>5</sup> \*Other sources of funding were used to support Ecuador and Nicaragua.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
			<p>including Peru, Paraguay and El Salvador.</p> <p>The annual Regional meeting, previously scheduled for September 2015, has been postponed to November.</p> <p>Activities have been coordinated with the Regional Task Force for Reduction of Maternal Mortality (GTR for initials in Spanish) and A Promise Renewed, including joining the Consultative Committee and other activities at the regional level.</p>
<p><b>Outcome 4.3: Increased capacity of national authorities to secure sustainable political commitment and resources to institutionalize core capacities for surveillance and response, including at Points of Entry</b></p>			
<p><b>Key Personnel Responsible for Outcome 4.3: Dr. Sylvain Aldighieri (CHA/IR)</b></p>			
<p>No funding for this Outcome included in Year 4.</p>			

**ADDITIONAL ACTIVITIES  
NEGLECTED INFECTIOUS DISEASES**

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
<b>Key Personnel Responsible: Dr. Steven Ault (CHA/VT)</b>			
<b>Outcome 1.1 Political and technical commitment for controlling and eliminating NIDs enhanced</b>			
<p>1.1 Number of target countries implementing strategies for control and elimination of NIDs according to PAHO/WHO recommendations</p> <p>(Year 4 Milestone: At least 12 countries)</p>	<p>Six countries have national plans of action (Brazil, Colombia, El Salvador, Guatemala, Honduras, Nicaragua*) and seven countries are implementing projects, programs or strategies to tackle the NIDs endemic in each one (Dominican Republic, Guyana, Haiti, Mexico, Paraguay, Suriname).</p> <p>Some details on the progress by country or group of countries are the following:</p> <ul style="list-style-type: none"> <li>- <b>Brazil, Colombia, and Honduras</b> have maintained implementation of actions according to their integrated national plan for NIDs by investing their own resources. Colombia and Honduras have benefited from external seed funds to support part of the activities that they have implemented at the local level.</li> <li>- <b>Guatemala</b> launched its national integrated plan for NIDs and it has made progress in the implementation of actions for some diseases like blinding trachoma and STH. However, the country has been experiencing significant political changes in 2015 that have caused some delays in</li> </ul>	<p>14 countries: Bolivia<sup>8*</sup>, Brazil, Colombia, Dominican Republic, Ecuador*, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua*, Paraguay, and Venezuela* have maintained efforts to implement their integrated plans, projects and/or strategies for the control and elimination of NIDs.</p>	<p>Countries with national integrated plans of action for NIDs have reinforced its efforts to tackle this group of diseases. The main challenge is to move forward on the implementation of actions at the local level mainly in poorer countries where some operational costs are not well funded by the governments. The mobilization of seed funds to support local implementation of actions remains a priority for the Region.</p> <p>Countries that do not have an integrated plan of action, but that are working in specific projects, programs or strategies to tackle one or more diseases, have shown progress too although they also need support with seed funds and continual technical cooperation.</p>

<sup>8</sup> USAID funding has not been used to support Bolivia, Ecuador, Nicaragua, and Venezuela.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
	<p>the implementation of actions.</p> <ul style="list-style-type: none"> <li>- <b>El Salvador</b> launched their national integrated plans for NIDs and is currently working on the development of operational plans of action for prioritized departments.</li> <li>- <b>Guyana and Suriname</b> have drafted integrated plans of action, but in both countries there has been delay in the implementation of actions although Guyana is to implement MDA for LF and STH at the end of 2015. Suriname is still planning an epidemiological evaluation for SCH and STH in the interior region to define the next steps. Continual advocacy is needed to stimulate action.</li> <li>- <b>Dominican Republic, Haiti and Mexico</b> do not yet have an integrated national NID plan, but they are working on strategies to tackle specific NIDs that are endemic in their own countries.</li> <li>- <b>At least five countries (Belize, Dominican Republic, Honduras, Nicaragua<sup>6*</sup> and Mexico)</b> have integrated STH deworming to the Immunizations Program during the Vaccination Week of the Americas.</li> </ul>		

<sup>6</sup> USAID funding has not been used to support Nicaragua.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
	<p>- <b>Dominican Republic, Haiti and Guyana</b> have maintained actions for implementation of integrated MDA for LF and STH.</p> <p>- <b>Brazil and Venezuela</b><sup>7*</sup> have formulated a binational operational plan of action 2015-2016 for the elimination of onchocerciasis in the Yanomami area.</p> <p>- <b>Paraguay</b> is implementing its national plan for controlling STH focused mainly in the implementation of MDA for school age children and delivering health education messages in schools to foster changes in health behavior; the country recently carried out a national STH prevalence and risk factors survey; the results analysis are expected by early 2016.</p> <p>- <b>Mexico</b> is carrying out an integrated survey of STH and malaria in 10 poor States. The country is also carrying out a survey of blinding trachoma in Chiapas State as part of the efforts to compile evidence to support the request of the verification of the elimination to PAHO/WHO. Results of the two surveys are expected for the end of 2015.</p>		

<sup>7</sup> USAID funding has not been used to support Venezuela.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
<b>Outcome 1.2 Monitoring and evaluation of the progress of priority countries towards control and elimination goals for NID secured</b>			
<p>1.2 Number of target countries monitoring and evaluating progress towards elimination of NIDs targeted for preventive chemotherapy according to PAHO/WHO recommendations</p> <p>(Year 4 Milestone: At least 11 countries of groups 1 and 2 prioritized by PAHO)</p>	<p>12 countries (Brazil, Colombia, Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua<sup>9</sup>, Paraguay, Venezuela*) are using the WHO Joint Application Package (JAP) for reporting, and for the planning and requesting the donation of medicines for preventive chemotherapy (PC). The PAHO NID Regional Program has compiled and analyzed the information on PC coverage and submitted reports to the PCT Data Bank of WHO and related Dashboard. A report on the progress on preventive chemotherapy in the Americas was published on PAHO's website.</p> <p>At least 10 countries have benefited with medicines donated through WHO for NID targeted for preventive chemotherapy between 2014 and 2015 (Brazil, Colombia, Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Nicaragua*, and Paraguay).</p>	<p>12: Brazil, Colombia, Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua*, Paraguay, Venezuela*</p>	<p>The standardization of the reports of data for NIDs targeted for preventive chemotherapy has been key in the Americas. This process has allowed countries to compile and report systematically data useful for following up on the progress toward control and elimination goals. The use of the JAP allows countries and PAHO/WHO be accountable on the use and management of the medicines donated. PAHO requests the report of the activities of preventive chemotherapy implemented the previous year to each country by the end of March each year. This has allowed the Americas to compile and have data generally before the submission of the JAP in August each year. This good practice allows PAHO to have data to provide timely technical cooperation to each country.</p>

<sup>9</sup> USAID funding has not been used to support Nicaragua or Venezuela.



## REINFORCING MALARIA EFFORTS IN HAITI

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
<b>Key Personnel Responsible: Dr. Keith Carter (CHA/VT)</b>			
<b>Outcome A. Strengthened and optimized implementation of Global Fund Grant on malaria in Haiti</b>			
A. Indicators and targets agreed in the Global Fund Project on Malaria in Haiti are achieved  (Year 4 Milestone: Malaria global fund grant Phase 2 approval)	With PAHO support, Haiti developed and submitted a technically robust malaria concept note to the GF for the 2016-2017 period.	Haiti	Following a round of clarification questions, the GF Technical Review Panel (TRP) approved the country's malaria concept note. PAHO is now supporting the country in the grant-making process.
<b>Outcome B. Strengthened malaria surveillance and monitoring and evaluation (M&amp;E) and reorient towards elimination</b>			
B. Timely reporting of malaria surveillance and M&E information from endemic areas of the country disaggregated by sex, age, and other relevant variables  (Year 4 Milestone: Sustained and better quality malaria surveillance and M&E in all affected areas in the country)	Haiti has surpassed the anticipated milestone, with >90% of health units consistently reporting malaria data on a monthly basis for 2014.	Haiti	Not all health units report regularly for the entire year, thus leading to gaps in data which can hamper the allocation of resources to address the country's malaria burden. The country is also looking into including active case detection as part of surveillance.
<b>Outcome C. Malaria strategies reoriented towards elimination, and strengthened implementation of interventions, particularly diagnosis and treatment</b>			
C. National Malaria Strategy updated and implemented according to WHO technical guidelines  (Year 4 Milestone: Sustained and strengthened implementation of better quality malaria interventions in all affected areas)	With PAHO support, Haiti has developed an evidence-based <i>Strategic Plan for Malaria Elimination 2016-2022</i> (PSNEM). Country efforts have contributed to an increase in the proportion of suspected cases that receive an adequate diagnostic test, from 72% in 2013 to 95% in 2014. Likewise, presumed cases have reduced as a proportion of suspected cases, from 36% in 2013 to 12% in 2014.	Haiti	PAHO will support Haiti to target health units that are lagging in enforcing adherence to the national treatment guidelines. Nevertheless, in 2014 approximately 50% of presumed cases received treatment without being tested.  The replication of malaria workshops across the country's departments is expected to contribute to reducing this problem.

## EXPANDED TUBERCULOSIS PROGRAM FUNDING

**Objective 1: Expand the innovative approach to TB control in large cities of LAC, strengthening engagement of programs and sectors that can contribute to address the social determinants of health and other health programs to assure integrated care**

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
<b>Key Personnel Responsible: Drs. Mirtha del Granado / Rafael Lopez (CHA/HT)</b>			
<b>Outcome 1.1 Political commitment for the framework of TB control in new large cities at national and local level secured</b>			
1.1 Number of target cities with TB control framework endorsed by local authorities  (Year 4 target: At least 10 cities)	<p>This year the framework has been introduced to and endorsed by two additional cities (Santo Domingo, Dominican Republic and San Salvador, El Salvador), adding to the previous seven cities of Guarulhos, Bogota, Guatemala City, Tijuana, Asuncion, Lima and Montevideo.</p> <p>Expansion of the initiative beyond the initial intervention sites/cities has taken place in all three pilot countries of Brazil, Colombia and Peru.</p>	9: Brazil, Colombia, Dominican Republic, El Salvador, Guatemala, Mexico, Paraguay, Peru, Uruguay	<p>Political commitment to the initiative remains remarkably high in all countries where the initiative has been introduced.</p> <p>Several countries have experienced changes in political authorities or in the leadership of TB programs at national and local level, requiring efforts to advocate for maintaining presence of the initiative in national and local plans.</p> <p>Although the framework was introduced to authorities of Panama during this grant year, it was determined that strengthening of local level services is needed before implementation of the initiative.</p>
<b>Outcome 1.2 TB control framework for large cities implemented in selected countries</b>			
1.2 Number of target cities with the TB control framework for large cities implemented  (Year 4 target: At least 10 large cities)	Guarulhos, Bogota, Lima and Montevideo are implementing their action plans following the results of the epidemiological analysis. Tijuana and San Lorenzo, Asuncion have recently finalized their plans and will move to implementation. Colombia has expanded the initiative to Barranquilla, Cali, and Medellín.	6: Brazil, Colombia, Guatemala, Mexico, Paraguay, Peru, Uruguay	The process of the diagnostic phase in each city has taken longer than initially expected during the planning phase of the project. However, obtaining quality products in this stage is extremely important to ensure that implementation is targeted at the correct populations and zones.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
<b>Outcome 1.3 Innovative approaches for TB control in vulnerable populations (indigenous groups, inmates, African descendants, migrants, TB contacts, children and the poor) implemented</b>			
<p>1.3 Number of innovative approaches for TB control in vulnerable populations implemented</p> <p>(Year 4 target: 4 approaches)</p>	<p>Progress in the development of approaches to TB vulnerable populations has continued in collaboration with other PAHO departments, including finalization of the document on <b>TB in migrants</b> and the development of a protocol for TB and <b>mental health</b>, expected by the end of 2015.</p> <p>The Second Meeting on Childhood TB and MDR-TB of the Region was held in December 2014, and a follow-up meeting is planned for October 2015. The pediatric experts in this group have shown remarkable advocacy for TB in children in each country and formalization of the Working Group is in progress.</p>	<p>All PAHO member states</p>	<p>Development of the protocol on TB and tobacco is pending for the next grant year.</p> <p>The meeting on TB in afro-descendants planned for this year was postponed outside of the TB unit's control. However, work with colleagues in gender and ethnicity has continued, in order to make TB a topic in the next meeting on afro-descendant health. This meeting has now been scheduled for November 2015 and one day will be focused on TB.</p>
<b>Outcome 1.4 Communities actively involved in TB control in large cities</b>			
<p>1.4 Number of large cities with documented community involvement in TB control</p> <p>(Year 4 target: At least 10 cities)</p>	<p>The cities implementing the framework have had successful experiences in involvement of the community in the initiative for TB control in large cities, including local-level World TB Day events, promotion of TB education in local fairs and training for community health workers.</p>	<p>6: Brazil, Colombia, Mexico, Paraguay, Peru, Uruguay</p>	<p>Greater community involvement is Guatemala is pending stabilization of the situation in the country and further advance of the project.</p>

**Objective 2: Contribute to complete the unfinished agenda of TB control in LAC promoting exchange of experiences between countries (south-south cooperation) visioning the way towards elimination efforts**

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
<b>Key Personnel Responsible: Drs. Mirtha del Granado / Rafael Lopez (CHA/HT)</b>			
<b>Outcome 2.1 Regional TB Plan 2016-2025 developed and endorsed by NTP Managers</b>			
2.1 Number of countries endorsing the Regional TB Plan 2016-2025  (Year 4 target: All PAHO Member States)	The Plan of Action for Prevention and Control of Tuberculosis 2016-2019 was successfully approved by Governing Bodies in September 2015.  This approval comes after a year long development and consensus process. The document will guide the work of the Regional TB program in the coming years.	All PAHO member states	The next grant year will move towards technical assistance for the member states in update of their plans and national TB guidelines, and use of the technical tools and guides for its implementation.
<b>Outcome 2.2 Capacity of the National TB Programs strengthened</b>			
2.2 Number of target countries that have participated in TB capacity building activities  (Year 4 target: 9 target countries)	The target for countries receiving capacity building has been exceeded this year:  -5 countries participated in capacity building through rotations at the TB Center of Excellence in El Salvador (November 2014).  -6 USAID-supported countries participated in the workshop for updated laboratory techniques and procedures for diagnosis and surveillance of TB (Guatemala, 25-27 August 2015).  -8 USAID-supported countries participated in the course for MDR-TB experts, with 3 additional participants funded by PAHO to the Union MDR-TB	25: Antigua and Barbuda, Bahamas, Barbados, Belize, Brazil, BVI, Chile, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Guyana, Grenada, Honduras, Haiti, Jamaica, Mexico, Panama, Paraguay, St. Lucia, St. Vincent, St. Kitts and Nevis, Trinidad and Tobago, Uruguay	As seen through the number of capacity building activities supported by the Regional TB Program in all topics related to TB this year, providing additional opportunities for professional development and training of NTP staff is a priority in the Region.  Travel expenses of the Caribbean participants in the TB/HIV course were supported by PAHO's Caribbean Program Coordination (CPC).

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
	<p>course.</p> <p>-9 Caribbean countries participated in the short intensive clinical TB-HIV co-infection training for Caribbean clinicians (St. Lucia, 1-3 September 2015).</p>		
<b>Outcome 2.3 Exchange of experiences on quality DOTS promoted and/or strengthened</b>			
<p>2.2 Number of target countries complying to the international standards of TB care and incorporating the different providers</p> <p>(Year 4 target: 7 target countries)</p>	<p>Countries have made great progress in coordination with social security and prison systems.</p>	<p>6 target countries: Brazil, Dominican Republic, Guatemala, Haiti, Honduras, Paraguay</p>	<p>Further work with Guyana and Panama is needed on the incorporation of different providers.</p>
<b>Outcome 2.4 Exchange of experiences on implementation of TB/HIV collaborative activities supported</b>			
<p>2.4 Proportion of target countries that report updated information on implementation of TB/HIV collaborative activities to PAHO/WHO</p> <p>(Year 4 target: 10 target countries)</p>	<p>All target countries have reported the latest available information on TB/HIV.</p>	<p>10 target countries: Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Panama, Paraguay, Peru</p>	<p>TB/HIV data reported to PAHO/WHO and UNAIDS by countries was much more consistent this year than in previous years reflecting greater coordination between the two programs on this aspect.</p>
<b>Outcome 2.5 Capacity building for expansion of programmatic management of MDR and XDR-TB conducted</b>			
<p>2.5 Number of countries that have improved indicators of detection and treatment of MDR-TB</p> <p>(Year 4 target: 11 countries)</p>	<p>19 countries in the Region have over 10 MDR-TB cases, and of these, 9 USAID-supported countries have significantly improved in MDR-TB case detection this year.</p>	<p>9: Brazil, Colombia, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay, Peru</p>	<p>Challenges include political instability, constrained resources and a high turnaround of personnel, hampering the NTP performance.</p>

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
<b>Outcome 2.6 TB laboratory networks' management and new diagnostic technologies implemented and experiences shared</b>			
<p>2.6 Proportion of countries that have received TA on TB laboratory issues and that are incorporating new diagnostic technology</p> <p>(Year 4 target: 7 target countries)</p>	<p>-6 USAID-supported countries participated in the workshop for updated laboratory techniques and procedures for diagnosis and surveillance of TB (Guatemala, 25-27 August 2015).</p> <p>-In addition, Costa Rica received support from the SNL of Chile for a training of national laboratory staff.</p> <p>-The Supranational laboratories of Chile and Mexico are continuously supported by the PAHO Regional office.</p> <p>-In all M&amp;E missions, a laboratory expert is included in order to provide technical assistance related to new diagnostic technologies and laboratory capacity.</p>	<p>10: Chile, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Mexico, Paraguay</p>	<p>Belize, Jamaica and Panama have received technical assistance but are not currently implementing new diagnostic technologies. These countries are in need of follow up in the coming year.</p>
<b>Outcome 2.7 TB elimination efforts in countries with the potential and necessary conditions to achieve it accelerated</b>			
<p>2.7 Number of countries benefited by exchange of experiences on TB control measures aimed at elimination</p> <p>(Year 4 target: 6 countries)</p>	<p>5 USAID-funded countries participated in the VII Regional Meeting of TB low incidence countries of the Americas (Colombia, April 2015), where countries exchanged experiences in TB elimination in the Region. In addition, country participants benefitted from the back-to-back scheduling of the meeting with the ALAT conference on TB elimination.</p>	<p>5: Chile, Colombia, Costa Rica, Mexico Uruguay</p>	<p>El Salvador was not invited to the most recent meeting given the TB incidence in the country; however, they will be included in follow-up activities next year.</p> <p>Colombia was invited as an observer, taking advantage of the ALAT conference in the country concurrent with the meeting.</p>

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
<b>Outcome 2.8 Capacity building on TB operational research in the NTPs implemented</b>			
2.8 Proportion of target countries with at least one operational research conducted  (Year 4 target: 7 countries)	Following the course on operational research in TB in year 3 of the grant, TB research was conducted in all countries who participated in the course: Colombia, El Salvador, Guatemala, Honduras, Mexico, Peru and the Dominican Republic.	7: Colombia, Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Peru	Next year efforts will be made to promote research in other target countries.
<b>Outcome 2.8 Technical capacity at PAHO's Regional and sub-regional levels strengthened through greater human resources and advisory support</b>			
2.9 Number of consultants hired and fellows trained  (Year 4 target: 7 professionals)	The contracts of the P4 Regional Advisor, two P4 Subregional Advisor, P2 Project Support Specialist, P3 Laboratory focal point, 2014-2015 TB Fellow, and country level TB focal point in Haiti were supported for this year of the grant.	7 professionals; All PAHO Member states	Unfortunately due to issues related to the Human Resources Department, the selection process for the 2015 TB Fellow faced significant delays and is still pending finalization and onboarding of the selected candidate. This is expected by the end of 2015.

## Annex II – Progress on Completion of Activities

### CC Theme #1 – Health Services Delivery

Improved capacity of public health providers to deliver responsive, effective, and quality health services in TB and maternal and neonatal health that are gender sensitive and culturally appropriate.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Outcome 1.1: Strengthened use of evidence based neonatal interventions (EBNI) in health facilities of the Region</b>					
<b>Key Personnel Responsible for Outcomes 1.1: Dr. Pablo Duran (CLAP)</b>					
<b>Activity 1.1.1 Adapt EBNI document and clinical guidelines for Neonatal IMCI at the national level.</b>					
<p>Final editing and dissemination of EBNI documents to countries of the Region has taken place during this year of the grant.</p> <p>The technical documents have been presented in 4 country-level workshops to technical personnel and decision makers, in the Dominican Republic, Mexico, Paraguay, and Panama.</p> <p>In addition, the finalized documents were presented in the Panama meetings, with involvement of most countries of the Region.</p>	<p>Final editing of the EBNI documents and dissemination to countries of the Region</p>	<p>- All PAHO member states, through dissemination during the Panama meetings (14-15 September 2015), as well as electronically</p> <p>- Dominican Republic, Mexico, Panama and Paraguay specifically, through presentation to technical personnel and decision makers in country workshops</p>	<p>Neonatal Alliance</p>	<p>Technical documents, promoting evidence based interventions have been completed, adapted, and disseminated.</p> <p>Final edition of two technical documents (a systematic review on neonatal transport and a technical document on preventing errors in neonatal units) have been completed. Also, materials produced have been presented both to national technical units responsible for newborn health and during technical workshops.</p>	<p>Some technical modifications should be incorporated in the document on preventing neonatal infections, to take place in October 2015. The ISBN is in process, and once obtained the document will be sent for printing. Printed copies are expected for in the next grant year.</p>
<b>Activity 1.1.2 Provide technical cooperation to monitor advances in the implementation of EBNI.</b>					
<p>3 country workshops were held for presentation of the results of testing of the EBNI instrument and presentation of the instrument for its</p>	<p>-3 workshops featuring presentation of the EBNI tool for its</p>	<p>Dominican Republic, Honduras and Panama</p>	<p>N/A</p>	<p>Following presentation of the EBNI implementation assessment tool, discussions are underway</p>	<p>The tool has been presented and discussed but it needs to be edited and disseminated in print and electronically. This</p>



Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
application, in Dominican Republic, Honduras and Panama.	application -Report on testing results			in the three countries for its application in health facilities.	will be developed during 2015-2016.
<b>Outcome 1.2: Improved national neonatal plans and policies guided by neonatal plans of action with a continuum of care approach</b>					
<b>Key Personnel Responsible for Outcome 1.2: Dr. Pablo Duran (CLAP)</b>					
<b>Activity 1.2.1 Support the development of neonatal plans of action.</b>					
<p>Technical cooperation for the formulation of National Plans of newborn health in the framework of continuum of care was provided to three main countries this grant year: Dominican Republic, El Salvador and Haiti.</p> <p>-National workshops involving key actors and members of the National Neonatal Alliance have been coordinated in the Dominican Republic and Haiti.</p> <p>-El Salvador has started the planning process, based on several stages of discussions at subnational level.</p> <p>-In addition, the Every Newborn Action Plan (ENAP) was also presented and discussed during a Regional Meeting in Panama in September 2015, in order to promote updating and aligning plans and goals based on ENAP.</p>	<p>-Updated national plan of action in Dominican Republic &amp; Haiti</p> <p>-Workshop reports</p>	<p>Dominican Republic, El Salvador and Haiti.</p>	<p>Regional and National Neonatal Alliances</p>	<p>The main accomplishment has been having updated operational plans of action in selected and priority countries such as the three mentioned. Additionally, the process has been implemented with broad participation from key actors. National Alliances have been active in planning and preparing the technical discussion, coordinating the workshops and providing support on consolidating and implementing the operational plans. Another key issue to highlight is that the Haitian National Alliance, established last year, has recently developed the national plan of action, showing continuing results from this grant.</p>	<p>The main remaining challenge is continuing the implementation and monitoring of results, for which provision of continuous technical support is essential.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>Advances in the evaluation of the Regional Plan for Newborn Health and coordination with the Every Newborn Action Plan (ENAP) have been made this grant year.</p> <p>- The methodology, steps and time table have been developed, presented and discussed with key actors in two virtual meetings (for Latin America and for Caribbean countries), as well as during the technical meeting in Panama with representatives from MOH responsible for Newborn Health.</p> <p>The timetable was presented, discussed and approved.</p>	<p>Preparation of the evaluation design (matrix and timeline)</p>	<p>All PAHO Member States</p>	<p>Neonatal Alliance, Ministries of Health, key organizations and partners in the countries</p>	<p>Based on these two stages, countries have started a national process that will conclude with the preparation of national reports, which will then contribute to the final report to be submitted to the PAHO Directing Council on 2016.</p>	<p>No significant difficulties have been identified. The main challenge is completing the discussion and evaluation process at country level, as the main input to completing the Final Evaluation.</p>
<p>Technical cooperation was provided to priority countries for planning actions linked with the Regional Plan for Newborn Health and the ENAP.</p> <p>A meeting has been planned for November 2015, where countries will discuss the results of the implementation of the Regional Plan of Action and planning next steps.</p>	<p>Planning meeting and prioritization of activities</p>	<p>All PAHO Member States</p>	<p>Newborn Alliance, Ministries of Health, key organizations and partners in the countries</p>	<p>This process is linked to the final evaluation of the Regional Strategy and Plan of Action. The analysis of regional trends and annual rate has been performed as an input to adapting global goals to regional and country level.</p>	<p>The main challenge is completing the discussion and evaluation process at country level, as the main input to completing the Final Evaluation. The results will be presented and discussed with country representatives during a Regional Meeting in November 2015.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Key Personnel Responsible for Outcomes 1.3 and 1.4 : Drs. Mirtha del Granado &amp; Rafael Lopez (CHA/HT)</b>					
<b>Outcome 1.3: Strengthened response to MDR and XDR-TB in the Americas through the implementation of national expansion MDR-TB plans</b>					
Activity 1.3.1 Follow up on the implementation of the national MDR-TB plans following the Stop TB Strategy.					
Activity 1.3.2 Monitor the implementation of new diagnostic technology.					
Activity 1.3.3 Provide technical assistance to finalize and implement the MDR-TB national plans and guidelines.					
Activity 1.3.4 Support the development of regional and national MDR-TB expert committees					
<b>Outcome 1.4: Strengthened routine systems for effective implementation of DOTS</b>					
Activity 1.4.1 Financial support for a Regional TB expert to provide technical assistance on DOTS strengthening					
Activity 1.4.2 Technical assistance missions on DOTS strengthening to priority countries					
Activity 1.4.3 Develop a Regional TB medicine management course for priority countries					
Activity 1.4.4 Support Official Medicine Control Laboratories (OMCL) of ECU, ELS, NIC, GUT and quality assurance of TB medicines in 4 countries					
No funding for Outcomes 1.3 and 1.4 in Year 4. Funding reassigned to section on Expanded TB Program Funding.					

## CC Theme #2 – Health Workforce

Improved competencies of the health care workforce, with emphasis on first level of care, to deliver services and interventions in TB and maternal and neonatal health, with a gender and culturally sensitive approach.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Outcome 2.1: Strengthened midwifery in Latin America and the Caribbean</b>					
<b>Key Personnel Responsible for Outcome 2.1: Dr. Bremen De Mucio (CLAP)</b>					
<b>Activity 2.1.1 Improve the status of midwifery educational models in the Region</b>					
<p>The draft document on regulation of midwifery practice at the global level was recently received from ICM (available at: <a href="http://www.internationalmidwives.org/assets/uploads/documents/Regulation/DRAFT_ICM%20Midwifery%20Regulation%20Toolkit_V2_1.6.14.pdf">http://www.internationalmidwives.org/assets/uploads/documents/Regulation/DRAFT_ICM%20Midwifery%20Regulation%20Toolkit_V2_1.6.14.pdf</a>)</p> <p>Translation and adaptation of the document to the Region can now move forward as planned.</p>	<p>- Midwifery document at global level, ready for adaptation to begin at regional level</p>	<p>LAC Countries</p>	<p>ICM, FCI, UNFPA, FLO, CRMA, University of Chile, University of Michigan.</p>	<p>The global-level midwifery document was finally received, meaning the process of adaptation at regional level can now move forward.</p>	<p>This activity faced delays out of PAHO's control unfortunately, due to the receipt of the ICM five months later than initially discussed.</p> <p>The expert consultation is currently planned for March 2015.</p> <p>Additional follow-up tasks are being rescheduled for the coming months, with the version of the document for the Americas expected by June 2016.</p>
<b>Activity 2.1.2 Support continuing education processes in midwifery for English-speaking Caribbean countries</b>					
<p>11 training workshops on midwifery were held in 6 countries, with attendance by professionals from 15 countries of the region.</p> <p>In addition, midwifery regional organizations have established a work plan for 2016 that involves quarterly monitoring of teachers</p>	<p>-11 workshops to evaluate the trainers of trainees program in Competency Based Education (CBE) in midwifery - 115 new trained midwives, supported by 23 master</p>	<p>Antigua and Barbuda, Bahamas, Bermuda, Grenada, Guyana, Jamaica, Paraguay, Peru, Saint Lucia, Saint Kitts and Nevis, Suriname, Trinidad and Tobago,</p>	<p>ICM, FCI, UNFPA, FLO, CRMA and MCSP</p>	<p>Evaluations conducted in these workshops (one year after receiving the initial training) showed increased capacity of 80% or more in the 4 areas assessed i) leadership; ii) demonstration of skills, iii) use of teaching strategies</p>	<p>Considering the need for education in midwifery in all countries of the Region, we request an update in the wording of the activity to include both English and Spanish.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
trained to maintain the development of local workshops in CBE.	teachers -Work plan for the sustainability of the CBE model in midwifery.	Uruguay.  *Workshops in Argentina and Ecuador were funded by UNFPA.		and iv) communication. Therefore, the program has been shown successful results, with 23 master teachers and 115 new trained midwives.	
<p>Participation of 31 midwives from 12 LAC countries was supported in the ICM Regional Conference Meeting (Suriname, July 2015). During the conference, the midwives received a one-day training for the prevention, diagnosis and treatment of Post-Partum Hemorrhage (PPH) using low middle fidelity simulators.</p> <p>This workshop is part of PAHO's project "Zero Maternal Death by Hemorrhage".</p>	-31 midwives from 12 LAC countries to ICM Regional Conference Meeting, including workshop for prevention, diagnosis and treatment of Post-Partum Hemorrhage (PPH)	Bahamas, Barbados, Brazil, Chile, Costa Rica, Guatemala, Jamaica, Paraguay, Peru, Puerto Rico, Suriname and Trinidad and Tobago	ICM, WHOCC University of Chile, FLASOG	<p>31 midwives from 12 LAC countries were supported for their participation in ICM Regional Conference Meeting, including the workshop on PPH.</p> <p>Participant evaluations rated the workshop at the highest level, showing improvement in skills for prevention, diagnosis and treatment of PPH from 47% during the pretest to 84% at the post test. Also they received orientation on communication skills in crisis situations. Finally, they received transfer of new technology like Non-pneumatic Anti Shock Garment NASG. The positive impact of the workshop on the participants was noted, with seven of the 12 countries asked for the implementation of this</p>	None.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
				workshop in their countries.	
Two research studies on midwifery in the region were conducted and presented at the ICM Regional Conference in Suriname (July 2015) 1) State of accompaniment of women during labor and childbirth in Latin America and the Caribbean; and 2) Taxonomy of Latin American Countries regarding obstetric and neonatal variables related to the modality of delivery care.	Two research studies conducted and presented at the ICM Regional Conference (Suriname, July 2015)	Chile, All PAHO Member States		The research “State of accompaniment of women during labor and childbirth in Latin America and the Caribbean” used a survey of midwives in various positions from countries across the region as a source of information. This research was also selected to be presented as a relevant input at the Technical consultation on companion of choice during labor (Geneva, Switzerland - 11-12 August 2015).	Currently this research is being prepared for submission to a research journal.
Discussions regarding publication of the new edition of Varney’s Midwifery in Spanish took place during this grant year, in order to obtain consent for translation and publication. A positive response from the author; however no agreement was reached with the publisher.	N/A	Spanish Speaking Countries	PALTEX	Thanks to extensive follow-up, consent from the author for translation of the document was reached.	Based on previous experience with translation of the prior edition of Varney’s, PAHO Executive Management has not recommended further negotiations with the publisher. PALTEX (PAHO’s Expanded Textbook and Instructional Materials Program) has informed that there are still approximately 1,500 copies of 2,000 total copies of the previous printed version in stock in PAHO’s

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
					warehouses. In addition, they consider that the new version of Varney's does not feature a large amount of significant changes from the previous one.
<b>Activity 2.1.3 Provide continuous support for the communities of practice in nursing and midwifery in English and Spanish</b>					
<p>Three webinars were developed from October 2014 to September 2015.</p> <ul style="list-style-type: none"> <li>- The first one on Centering Models of Antenatal care was held in collaboration with collaborating centers (CC) Johns Hopkins University School of Nursing and the University of Michigan School of Nursing.</li> <li>-The second one on breastfeeding in normal and preterm newborns was conducted by WHO CC University of Chile and under the University of Michigan School of Nursing.</li> <li>-The third one was on the Kangaroo Mother Care hospital program and its implementation at several sites in the Dominican Republic, sponsored by the School of Midwifery at the University of Chile, Johns Hopkins University School of Nursing, and Emory University School of Nursing.</li> </ul> <p>- To increase participation of nurses and midwives in the communities of practice (COP), a survey was sent to all members of the Global Alliance for</p>	<p>Three webinars on nursing and midwifery:</p> <ul style="list-style-type: none"> <li>- Centering Models of antenatal care</li> <li>- Breastfeeding in normal and preterm newborns</li> <li>- Kangaroo Mother Care hospital program and its implementation at several sites in the Dominican Republic</li> </ul>	<p>All PAHO Member States</p>	<p>Emory University, Johns Hopkins University, University of Chile, University of Michigan.</p>	<p>More than 62% of those contacted sent back the survey, providing important information on key issues of interest to the professionals.</p> <p>The main topics are:</p> <ul style="list-style-type: none"> <li>i) improved clinical and therapeutic knowledge;</li> <li>ii) incorporation of knowledge about diagnostic procedures (e.g., ultrasound),</li> <li>iii) issues related to the regulation of the profession, and</li> <li>iv) union aspects of the profession.</li> </ul>	<p>Despite the efforts of the universities that coordinate the network, the participation of nurses and midwives in the COP has increased slowly.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Nursing and Midwifery (GANM) from the Americas, as well as other nurses and midwives who are non-members. The aforementioned survey sought to identify issues of interest to the professionals.					
<b>Outcome 2.2: Strengthened capacity of human resources in health to prevent and control MDR and XDR-TB in the Americas</b>					
<b>Key Personnel Responsible for Outcome 2.2: Drs. Mirtha del Granado &amp; Rafael Lopez (HSD/CD/T)</b>					
<b>Activity 2.2.1 Support TB fellows at the Regional TB Program</b>					
<b>Activity 2.2.2 Support participation of TB staff and consultants in international MDR-TB and laboratory courses in centers of excellence and elsewhere.</b>					
<b>Activity 2.2.3 Support the MDR-TB centers of excellence in the Region.</b>					
<b>Activity 2.2.4 Develop a Regional Infection Control Course according to Regional IC policy and strategy.</b>					
<b>Activity 2.2.5 Support Regional and national IC courses.</b>					
No funding for Outcome 2.2 in Year 4. Funding reassigned to section on Expanded TB Program Funding.					
<b>Outcome 2.3: Strengthened health systems at the national and subnational levels through capacity building for the implementation of Essential Public Health Function (EPHF).</b>					
<b>Key Personnel Responsible for Outcome 2.3: Dr. Charles Godue / Dr. Rosa Maria Borrell (HSS)</b>					
<b>Activity 2.3.1 Carry out the Spanish version of the Virtual Course on EPHF.</b>					
No funding for Outcome 2.3 in Year 4.					



### CC Theme #3 – Health Information Systems

Improved health information and surveillance systems at all levels of the health sector through the dissemination of best practices to produce reliable, disaggregated, and timely information under the framework of RELACSIS with focus on MDR-TB and maternal and neonatal health.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Outcome 3.1 Strengthened health information systems at the regional, subregional and national level, with a gender and ethnic perspective</b>					
<b>Key Personnel Responsible for Outcome 3.1: Dr. Patricia Ruiz (CHA/HA)</b>					
<b>Activity 3.1.1 Provide technical cooperation to monitor the implementation of PAHO/USAID countries' HIS strategic plans.</b>					
Follow-up was done on the activities of the 2014- 2015 Strategic Plans in Dominican Republic, Honduras, and Paraguay.	<ul style="list-style-type: none"> <li>- Virtual sessions to monitor the Strategic Plan in Dominican Republic, Honduras, and Paraguay.</li> <li>- Missions arranged with the countries for monitoring and evaluation (M&amp;E)</li> </ul>	Dominican Republic, Honduras, and Paraguay	MEASURE, CIDA, CEMECE (WHO Collaborating Center from Mexico)	Strengthening of the Inter-institutional Commission in Honduras and Paraguay was a main achievement this year.	<p>Missions to the countries are at times difficult to coordinate due to multiple demands of technical cooperation that the countries have. Nevertheless parts of the planned activities were developed (WG2 and WG3 of RELACSIS WP). Missions to Paraguay and the Dominican Republic are planned to take place during the second semester of 2015. The Dominican Republic has had a joint mission with other related projects in order to optimize resources (MMDS, ISRMM).</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Activity 3.1.2 Support the strengthening of HIS according to the RELAC SIS plan of action.</b>					
<p>The 2014-2015 RELAC SIS WP was developed through the implementation of six practices, two forums and two special meetings:</p> <p><b>Online courses on ICD-10 coding</b> (led by Argentina and Mexico).</p>	<p>-ICD-10 updates for 2015 were included in the online course on ICD-10 for coders from 12 countries that implement the electronic system to codify mortality (MMDS) developed by Mexico (August 2015).</p> <p>- The course was replicated by tutors for more than 330 coders in these countries (Aug-Sep, 2015). The course is available through the PAHO Virtual campus.</p>	<p>Countries that include MMDS: Chile, Colombia, Costa Rica, Dominican Republic, Guatemala, Honduras, Mexico, Panama, Paraguay, Uruguay, Ecuador*, Argentina<sup>10*</sup>,</p> <p>El Salvador, Peru, Bolivia* and Nicaragua* also participated in the online course.</p>	<p>CEMECE, CACE</p>	<p>Both courses, for tutors and coders, were successful. All materials are included in the virtual campus. Countries have materials for implementing future virtual courses at the local level. It is expected to include other e-learning materials to give countries the possibility of implementing the online course by themselves with the support of CEMECE and CACE.</p>	<p>Arranging product protection mechanisms through PAHO, including ISBN and copyright, is still pending. The course was translated into English and ultimately into French to make it available to the Caribbean subregion.</p>
<p><b>Implementation of an electronic system to codify mortality (MMDS)</b> (led by Mexico).</p> <p>The software for this system was developed by Mexico and is known as MMDS (a Spanish-language version of the system used by the United States).</p> <p>A road map for disseminating, testing and implementing the MMDS software is now implemented</p>	<p>Countries from round one and two are monitoring through the RELAC SIS Forum. Professionals from Mexico made technical cooperation visits to round three countries in order to make final adjustments for use of the software, in</p>	<p><b>Round 1:</b> Argentina*, Chile, Costa Rica, Ecuador*, Guatemala, Paraguay, Uruguay.  <b>Round 2:</b> Colombia.  <b>Round 3:</b> Honduras, Panama and Dominican Republic.</p>	<p>Mexico: INEGI and CEMECE,</p>	<p>The MMDS system is implemented according countries' requirements. The RELAC SIS Forum is very active as the only way to communicate between countries. A WG with countries of the region and Spain will develop a pilot for IRIS Spanish version by 2016.</p>	<p>It was also decided that Mexico will draft a proposal to evaluate conditions for the longer-term migration from MMDS to IRIS in Spanish, coding software that will be used by a good number of non-English-speaking countries.</p> <p>It is expected that an</p>

<sup>10</sup> USAID funding has not been used to support Argentina, Bolivia, Ecuador, and Nicaragua.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
according countries requirements through a RELAC SIS Forum <a href="http://www.relacsis.org/index.php/foro?view=category&amp;catid=77">http://www.relacsis.org/index.php/foro?view=category&amp;catid=77</a>	line with each country's realities and needs. A road map was drafted, to be followed during the current year.				agreement among IRIS Institute, PAHO, DGIS, and INEGI will be reached to formalize this cooperation in the future.
<b>Online course for awareness of medical doctors in the adequate registration of the causes of death</b> (led by Uruguay, Argentina and Mexico)	-Course available through the PAHO virtual campus More than 20000 medical doctors participated in 2014-2015. The data bank of exercises for the online course was updated. The course was translated in English (still available at the PAHO virtual campus) and in French (available in the near future).	All Spanish- and English-Speaking PAHO member states	CEMECE, CACE, Minister of Health (Uruguay), PAHO virtual campus.	The course has been moved to a regional node in the PAHO virtual campus to avoid massive access to public.	It remains pending to draft a strategy to propose to authorities that the course should be compulsory, following the experience of Uruguay, Mexico, Honduras, Nicaragua and other countries.
<b>AMRO and Spanish Network of the WHO-FIC Collaborating Centers and National Reference Centers</b> for mortality and morbidity.  The purpose of the network is to develop activities that includes training and quality HIS evaluation, promote the collective development of	The Fourth Meeting of the AMRO and Spanish Network was held in Chile in April 2015, with 25 participants. The ToR and PoA were defined for 2014-2015, which	All PAHO Member States, Spain	WHO-FIC Network Regional WHO-FIC CCs (Argentina, Brazil, México, Venezuela, North America, Mayo Clinic), NRCs of the Region, Barcelona WHO-FIC CC	The network developed a regional work plan that defines responsibilities and coordinating activities between members of the network. It was agreed that this would be an Ibero-American network with	None.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>tools to strengthen HIS, foster the creation of NRCs, and establish common criteria among members to participate collectively in the WHO-FIC Network and its different Committees.</p>	<p>include the launching of the “Roberto Becker in ICD” RELAC SIS Forum and a WG to prepare an ICD-11 pilot in Spanish.</p>			<p>inclusion of the Barcelona center, and that technical cooperation would promote creation and monitoring of NRCs, particularly with regard to FIC. For the WHO FIC Annual Meeting, two posters from RELAC SIS were selected and will be present during the meeting. The National Reference Center from Barcelona, Spain continues participating in special activities of this Regional FIC Network.</p>	
<p><b>RELAC SIS FORUM: Electronic Health Record (EHR)</b></p> <p>A second Forum on this subject was developed from 2-26 May 2015 through the RELAC SIS portal, which included six webinars in 2015 where countries presented their experiences in using EHR.</p>	<p>- Second Forum on EHR -A list of recommendations was drafted and a position paper on the subject is currently being prepared, to be disseminated through the website shortly.</p>	<p>All PAHO member states, especially Spanish-speaking countries.</p>	<p>Hospital Italiano, Argentina, PAHO e-Health Unit</p>	<p>More than 180 participants were registered in the forum, gave comments and suggestions and offered access to different links and documents. RELAC SIS is making conversations with RHINO to establish a collaborative agenda to the implementation of regional forums as RHINO has at the global level. A report on the Forum will be prepared and disseminated.</p>	<p>Although the forum was held in Spanish, the last week was opened to English-speaking colleagues. A RELAC SIS Forum planned to discuss Vital Statistics coverage at the subnational level has been postponed for the next plan.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p><b>RELACSIS FORUM: The ICD 10 Forum "Dr. Roberto A. Becker".</b></p> <p>The Forum was implemented in January 2015 under the AMRO and Spanish Network of the WHO-FIC Collaborating Centers and National Reference Centers WP.</p>	<p>The Terms of Reference of this Forum were prepared, discussed and approved for the Secretariat and the ICD Iberoamerican Network to work accordingly.</p>	<p>All coders and health workers that use the ICD-10 in PAHO Member States</p>	<p>CEMECE, CACE, and other CCs and NRC of the Americas.</p>	<p>The Forum gives coders in ICD-10 the opportunity to access to regional technical cooperation in the use of ICD-10 and a place to discuss related aspects.</p>	<p>None.</p>
<p><b>Intentional search and reclassification of maternal deaths (ISRMD)</b></p> <p>A workshop to disseminate a software and training in ISRMD was developed by Mexico for 10 countries (July 2015).</p>	<p>- Workshop to disseminate software and training in ISRMD</p>	<p>13 Countries: Argentina<sup>11</sup>*, Bolivia*, Cuba*, Dominican Republic, Ecuador*, El Salvador, Guatemala, Honduras, Nicaragua*, Paraguay, Peru, Panama, Mexico (leadership)</p>	<p>CEMECE, OPS, MSH, CELADE, USAID, OMS</p>	<p>A methodology for ISRMD for Latin American countries was standardized and two local workshops at country level were developed.</p>	<p>Challenges remain in establishment of a standardized methodology to strengthen the quality of MM data and to contribute to improve the data for the estimates.</p>
<p><b>Non Latin Caribbean Countries special WG.</b></p> <p>A workshop was developed in Barbados with the participation of seven countries and territories in July 2015. RELACSIS was among the key issues discussed.</p>	<p>-Workshop of Caribbean countries, including review of HIS lines of action and 2016-2017 activities the Caribbean</p>	<p>Barbados, Dominica, Grenada, Guyana, Trinidad and Tobago, Saint Vincent &amp; Grenadines</p>	<p>PAHO, CARPHA</p>	<p>The main lines of action under the framework of HIS were reviewed for the Caribbean and activities for the 2016-2017 Biennium were identified.</p>	<p>Events in the subregion of the Caribbean are often expensive.</p>

<sup>11</sup> USAID funding was not used to support Argentina, Bolivia, Cuba, Ecuador or Nicaragua.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p><b>Review and implementation of the RELAC SIS website</b> is the responsibility of the Network Secretariat and has taken place constantly through the grant year.</p> <p>The website has migrated to a private server and the Joomla platform has been updated with the most recent version. This does not affect network members' access to the website.</p> <p>The permanent name is now <a href="http://www.relacsis.org">www.relacsis.org</a></p>	<p>- Administration, maintenance and M&amp;E of portal and consistent updates.</p> <p>A monthly report on its performance was established and the use of Social Media tools (Twitter, Facebook) has greatly increased.</p>	<p>All PAHO Member states</p>	<p>RELAC SIS Administrator</p>	<p>The website's design is dynamic and will continue to be reviewed according to network members' needs.</p> <p>There have not been any problems with the migration to a private server.</p> <p>The forums section now includes more functions, to permit better exchanges among members.</p> <p>Sustainability of the website and management as it is today depends of the Consultant hired for this purpose.</p> <p>The team working on development and maintenance of the website is doing an excellent job.</p>	<p>The user platform is being updated and users are invited to visit the website and edit their profile if needed. There are currently 3600 active members registered. However promotion of the use of the portal is expected in the next annual plan.</p>
<p><b>Other relevant topics:</b></p> <p><b>International Workshop on International Classification of Functioning, Disability and Health, also known as ICF</b></p>	<p>An International Workshop for Disabilities Classification was developed in Argentina with 35 participants.</p>	<p>Argentina<sup>12*</sup>, Bolivia*, Chile, Colombia, Ecuador*, Honduras, Mexico, and Nicaragua*</p>	<p>CACE/SNR, PAME-Argentina</p>	<p>The completion of a course of limited availability</p>	<p>Some invited participants were unavailable to attend. Efforts combined with partner organizations to achieve the International Workshop.</p>

<sup>12</sup> USAID funding was not used to support Argentina, Bolivia, Ecuador or Nicaragua.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p><b>Subregional Workshop: Chronic Kidney Disease of non-traditional etiology (CKDnT) in Central America: an initial effort to standardize the mortality coding</b></p> <p>As a result of a query raised to the ICD-Forum “Dr. Roberto Becker” on coding CKDnT, PAHO, with the Collaborating Centers for the WHO Family of International Classifications of Mexico (CEMECE) and Argentina (CACE) and under the RELAC SIS framework, organized and coordinated this workshop.</p>	<p>- 30 coders trained in the Workshop</p>	<p>Belize, Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua<sup>13*</sup> and Panama.</p>	<p>CEMECE, CACE, PAHO, AECI/Spain.</p>	<p>A temporal code for CKDnT was agreed upon [correct?] and a proposal to discuss this important issue will be presented to WHO FIC.</p>	<p>None.</p>
<p><b>RELAC SIS Secretariat.</b></p> <p>The Secretariat was expanded as part of a strategy to ensure and democratize the network’s future sustainability, as well as to bring visibility to institutions and people who have been collaborating with the project from the start.</p>	<p>A side meeting of the Secretariat was held in Chile in April 2015, where the performance of the expanded group was evaluated. Some members collaborate with the Technical Secretariat (PAHO). Volume 2 of the Project is being developed with the Secretariat contribution.</p>	<p>All PAHO member states</p>	<p>-Latin American and Caribbean Demographic Center (CELADE), Population Division of the ECLAC; - the Mexican Directorate General of Health information (DGIS); - the National Institute of Public Health of Mexico (INSP); - the Center for the Study of Culture and Society</p>	<p>None.</p>	<p>None.</p>

<sup>13</sup> USAID funding was not used to support Nicaragua.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
			(CECYS) at the University of Cordoba (Argentina); - colleagues who have supported the network from its beginning: Olga Araya, of the National Statistics Institute of Costa Rica (INEC); and Nimia Torres, of the Directorate General of Statistics, Surveys, and Censes of Paraguay.		
<b>Key Personnel Responsible for Activity 3.1.3: Dr. Jose Escamilla (CHA/HA)</b>					
<b>Activity 3.1.3 Metrics Monitoring Working Group</b>					
<p>Follow-up was done on key health indicators including outcomes and inequality stratifiers.</p> <p>An initial comprehensive list of indicators was proposed. The draft list underwent discussion and revision, and after several iterations a final proposal is being circulated to the ample MMWG for final approval.</p>	<p>A list of indicators and social stratifiers for the measuring and monitoring of RMNCAH inequalities in LAC</p>	<p>PAHO Member states</p>	<p>IDB, PAHO/WHO, UNICEF, USAID, WB</p>	<p>Having a revised list of health indicators and health inequalities stratifiers is a main achievement this year. In addition, a practical manual is being produced for the analysis of data using basic health inequality measures.</p>	<p>While advancing in the process, it was determined that a practical guide for analysis was required to build country capacities to measure health inequalities. The manual includes health inequalities guidance using absolute, relative and disproportionality measures using commonly accessible electronic worksheets.</p>



Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Access to data on selected reproductive, maternal, neonatal, child and adolescent health (RMNCAH) outcomes and selected social determinants of health was improved through the development of a database with these key health indicators and inequality stratifiers.	A database with selected key health indicators and inequality stratifiers	PAHO Member states	IDB, PAHO/WHO, UNICEF, USAID, WB	A first version of the database is in process and will include mortality and inequality data for analyses.	None.
Access to published reports regarding socioeconomic health inequalities in RMNCAH in Latin America and the Caribbean was improved through the establishment of an electronic database with this information.	A database with analytical reports on health inequalities in RMNCAH in Latin America and the Caribbean	PAHO Member states	IDB, PAHO/WHO, UNICEF, USAID, WB	An electronic database with reports has been finished and will be available shortly.	None.
Three country workshops for capacity building to measure health inequalities were completed during this period. - In <b>Chile</b> , professionals from all Health Regions were trained and are expected to develop subnational (regional) health inequalities profiles. - In <b>Costa Rica</b> , MoH Provincial representatives were trained and are expected to develop subnational health inequalities profiles (Provincial & Cantones). - In <b>Mexico</b> , professionals from the MOH, the Vice ministry of Health Sector Integration & Development, and National Institute of Public Health participated in the capacity building workshop.	Trained health professionals through regional, national and subnational-level workshops	Chile, Costa Rica, Mexico	IDB, PAHO/WHO, UNICEF, USAID, WB	Country capacity for measuring health inequalities was strengthened in three key countries for RMNCAH – Chile, Costa Rica and Mexico.  Many countries are interested in hosting similar workshops in the next grant year.	Nicaragua also expressed interest in this activity, so the workshop was supported with PAHO regular budget funding.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Outcome 3.2: Improved surveillance for congenital syphilis (CS) diagnosis and treatment through the establishment of a Regional Network.</b>					
<b>Key Personnel Responsible for Outcome 3.2: Dra. Suzanne Serruya (CLAP)</b>					
<b>Activity 3.2.1 Establish a regional network including main maternal hospitals and primary health care services as sentinel sites for congenital syphilis diagnosis and treatment.</b>					
<p><b>Task 1. Increase commitment of the country authorities to enforce the regional initiative for the elimination of congenital syphilis</b></p> <p>Advocacy was provided by PAHO through national meetings in the following countries: Brazil and El Salvador (second semester 2014), Guatemala, Jamaica, Panama (first semester 2015), and English Caribbean countries (second semester 2015) to renew national high-level commitments.</p>	<p>-Inclusion of the initiative for the elimination of congenital syphilis in the health agenda of countries of the region, aided by use of the simple "one click" SIP tool, as well as the more complex process using the validated WHO and PAHO forms to produce unified national reports starting the validation.</p> <p>- Country meetings reports from El Salvador, Guatemala Guyana, Jamaica</p>	<p>All PAHO member states, specifically Brazil, El Salvador, Jamaica, Panama, and English Caribbean countries</p>	<p>MOH, FEPPEN, FLASOG, ALAC-ITS, ALAPE, UNICEF, CDC</p>	<p>The national meetings held to promote national commitment in partnership with UNICEF, WHO, CDC and other relevant players crate a stronger national commitment from Ministries of Health to the regional elimination initiative. 5 high level meetings (Guatemala, Jamaica, El Salvador, Guyana and Dominican Republic) were held, and are started with the country request for validation in a letter to the Regional Validation Committee, in which CLAP has an important technical role.</p> <p>Consensus on the methodology of these requests was established, as well as on the monitoring and evaluation tools to be used in the region. This is a very important step, as it allows the validation process to be faster and more efficient in the future.</p>	<p>All technical and political activities require high-level coordination with MOH, PAHO country offices and centers including CLAP, and other partners, a process which needs strengthening.</p> <p>In Guatemala, the country was in the middle of political upheaval, in 2015 concurrent with the conclusion of the Regional evaluation committee visit. Therefore, the final formal presentation of the evaluation report to the media was postponed until the new government takes position.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p><b>Task 2. Advance the strengthening and continuity of the Technical Cooperation between Countries (TCC) designs.</b></p> <p>This year the regional network was consolidated and expanded through the incorporation of new countries (Argentina, Peru, Panama) for continuous surveillance of GS and CS.</p> <p>Continuous technical support was provided to strengthen the local activities and evaluations using the Perinatal Clinical Record (PCR) according to the needs requested by the countries, including designing of databases and SIP software adapted to these. The beta testing of its functionality in the Bahamas and Guyana was been completed. In Costa Rica and Bogotá the design of the PCR has been finalized. In all cases the variables referring to GS and CS have been maintained according to the standards of the Elimination Initiative.</p>	<p>- Version of the Perinatal Information System tailored to English-speaking countries of the Caribbean and Bahamas</p> <p>-Strengthened regional network thanks to incorporation of English Caribbean countries</p> <p>-Support provided to Certification and Elimination strategies in priority countries</p> <p>- Technical assistance for country use of the Field Guide for Implementation of the Strategy and Plan of Action for EMTCT of HIV and Congenital Syphilis in the Americas</p>	<p>Countries included in CLAP Network: Argentina*, Bolivia*, Costa Rica, El Salvador, Honduras, Nicaragua*, Panamá, Paraguay, Peru, and Uruguay</p> <p>Peru produced a publication analyzing their SIP data on congenital syphilis and the impact on perinatal health which will serve as an example for other countries.</p>	<p>MOH, EPPEN, FLASOG, ALAC-ITS, ALAPE, ICM, UNICEF, CDC</p>	<p>The network continues to grow. This year's most important accomplishment is the inclusion of the tailored version of the SIP in the Caribbean and Bahamas (accessible at: <a href="http://www.clap.ops-oms.org/system_caribe.html">http://www.clap.ops-oms.org/system_caribe.html</a>)</p> <p>Countries has widely adopted use of the Field Guide for Implementation of the Strategy and Plan of Action for EMTCT of HIV and Congenital Syphilis in the Americas, accessible at: <a href="http://www.paho.org/hq/index.php?option=com_docman&amp;task=doc_view&amp;gid=26192&amp;Itemid">http://www.paho.org/hq/index.php?option=com_docman&amp;task=doc_view&amp;gid=26192&amp;Itemid</a></p>	<p>Delays were faced in confirming the Caribbean Subregional meeting due to the negotiation process with countries.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p><b>Task 3. Conduct new operational research with countries that are using SIP, as well as stimulate local and multi-centric operational research and strengthen partnerships with involved institutions. Analyze and disseminate results to assist in decision making.</b></p> <p>Country visits to support SIP implementation and promote the use of one click reports in syphilis and HIV were carried out to Argentina*, Bolivia*, Costa Rica, El Salvador, Honduras, Nicaragua*, Panama, Paraguay and Uruguay.</p> <p>Uruguay is currently elaborating two articles, with technical support from PAHO, following the model of Peru's publication. Finalization is expected by the end of 2015 or beginning of 2016.</p>	<p>- Country visits to support SIP implementation and promote the use of one click reports in syphilis and HIV</p> <p>-Two peer reviewed publications in Sexual Health and the Pan American Journal of Public Health</p>	<p>Countries included in CLAP South American Network: Argentina*, Bolivia*, Costa Rica, El Salvador, Honduras, Nicaragua*, Panama, Paraguay, Peru, Uruguay</p> <p>English speaking Caribbean Network countries: Anguilla, Antigua, BVI, Dominica, Montserrat, Trinidad &amp; Tobago</p>	<p>MOH, FEPPEN, FLASOG, ALAC-ITS, ALAPE</p>	<p>The objectives of the Regional Initiative for the Elimination of Mother-to-Child Transmission of HIV and Syphilis (EMTCT) include strengthening surveillance systems for maternal and congenital syphilis, improving country capacity in the use of SIP and operational research and strengthening capacity for epidemiological analysis and decision-making. All the countries engaged and committed to the Initiative work towards these objectives and agree on the need to report their progress.</p> <p>A country assessment publication, <i>Can the Perinatal Information System in Peru be used to measure the proportion of adverse birth outcomes attributable to maternal syphilis infection</i>, was published  <a href="http://www.scielosp.org/scielo.php?script=sci_arttext&amp;pid=S1020-49892014000700001">[http://www.scielosp.org/scielo.php?script=sci_arttext&amp;pid=S1020-49892014000700001]</a>, as well as a sub-regional</p>	<p>All technical and political activities require high-level coordination with MOH, PAHO country offices and centers including CLAP, and other partners, a process which needs strengthening</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
				<p>publication, <i>Maternal and congenital syphilis in selected Latin America and Caribbean countries: a multi-country analysis using data from the SIP</i></p> <p><a href="http://www.researchgate.net/publication/273005321_Maternal_and_congenital_syphilis_in_selected_Latin_America_and_Caribbean_countries_A_multi-country_analysis_using_data_from_the_Perinatal_Information_System">[http://www.researchgate.net/publication/273005321_Maternal_and_congenital_syphilis_in_selected_Latin_America_and_Caribbean_countries_A_multi-country_analysis_using_data_from_the_Perinatal_Information_System]</a></p>	
<p><b>Task 4. Promote the use of SIP quick access (automatic report) at the level of health authorities and managers, taking extreme care about the quality of data for monitoring and evaluation of interventions.</b></p> <p>Technical cooperation was provided to countries to strengthen their use of the SIP quick access report as a tool at the level of health authorities and managers for measurement and evaluation of the implementation of strategies to reduce maternal and congenital syphilis. A regional meeting was held in Jamaica in August 2015.</p>	<p>Promotion of the use of SIP in countries to monitor and evaluate the initiative, building evidence by implementing the SIP quick access report with 8 indicators automatically with one click</p>	<p>Countries included in CLAP South American Network, especially Colombia and Costa Rica</p> <p>English speaking Caribbean network countries: Bahamas, Guyana, Jamaica, St Kitts &amp; Nevis</p>	<p>Ministries of Health</p>	<p>The countries' use of SIP has created awareness on the continuum of the monitoring needs using syphilis quick reports as part of the situation analysis in health systems.</p>	<p>All technical and political activities require high-level coordination with MOH, PAHO country offices and centers including CLAP, and other partners, a process which needs strengthening.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
SIP versions have been developed to adapt to the requests of the English-speaking Caribbean countries, Costa Rica and Bogota, Colombia.					
<p><b>Task 5. Train health personnel on the contents of the video with a virtual module for Diagnosis and Treatment for Maternal and Congenital Syphilis, available in Spanish, English and Portuguese (appropriate for a variety of health professionals – nurses, midwives and physicians).</b></p> <p>The video produced in currently being disseminated in Portuguese and Spanish.</p> <p>Work has been done specifically with Brazil Ministry of health officials at National and sub-regional levels, especially in states with high prevalence such as Ceara (Fortaleza), in order to increase use of rapid test adoption and early treatment using penicillin at the primary level of care.</p>	<p>- Video on diagnosis and treatment for maternal and congenital syphilis accessible at: <a href="http://bit.ly/videosops">http://bit.ly/videosops</a></p>	<p>Brazil, specifically targeted for training this year with the content of the video especially in states with high prevalence of congenital syphilis such as Ceara.</p> <p>Subtitles in the video have allowed for dissemination to Spanish speaking countries as well.</p>	<p>Ministries of Health</p>	<p>Dissemination of the video to care professionals at the primary level has been an accomplishment, especially those showing resistance to incorporate the rapid test and early treatment at the primary level of care.</p>	<p>The content of the video and the explanation about the context specific intervention is tailored for Brazil and that has created difficulty in its use out of the country. The rapid tests selected in the video are very specific for Brazil.</p> <p>Based on this, providing translation/subtitles in English for the videos use in the Caribbean will be evaluated in the next year.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Outcome 3.3: Improved national planning capacity in neonatal health guided by country's neonatal and child profiles.</b>					
<b>Key Personnel Responsible for Outcome 3.3: Dr. Pablo Duran (CLAP)</b>					
<b>Activity 3.3.1 Consolidate and analyze data, and develop country profiles.</b>					
<p>For completion of the situation analysis of neonatal health and inequalities in the Region, results of country profiles were compiled and additional sources for validating inequalities in neonatal health were identified.</p> <p>A technical document analyzing the regional situation and challenges on newborn health was completed, as well as a regional map of key indicators aimed at describing inequity in newborn health.</p> <p>A systematic review of papers analyzing cost of care for preterm births and a methodology for estimating costs in LAC was completed as well.</p> <p>Validation of the instrument for estimation of the cost of prematurity will be completed next year.</p>	<p>-Technical document analyzing regional situation and challenges on newborn health</p> <p>-Regional map of key indicators aimed to describe inequity in newborn health</p> <p>-Systematic review of papers analyzing cost of care for preterm births and a methodology for estimating costs in LAC</p>	PAHO Member States	Neonatal Alliance	Based on the annual work plan, the analysis of inequities in newborn health and the potential impact on neonatal mortality has been performed, presenting regional and national outputs. These results, along with other technical documents, will be part of a technical document aimed to strengthen advocacy and contribute planning milestones and strategies to be implemented, related to post 2015 commitments (including ENAP and EWEC Global Strategy).	The technical document addressing regional profiles and inequities in neonatal and infant mortality has been completed, but additional analysis on inequities in intermediate indicators and determinants is expected to be completed before the end of 2015.
<b>Activity 3.3.2 Disseminate and promote profiles (CDs, electronically, etc.) to regional partners</b>					
The design of a web based electronic platform to organize and consolidate national profiles and plans of action has been completed and the system is under development.	-Design of web-based platform for presentation of the information generated in neonatal country profiles	PAHO Member States	Stella Institute (Brazil)	This platform will contribute of the process of final evaluation of the Regional Strategy and Plan of Action of Newborn Health. The design has been presented to country	The platform is currently in design and is expected to be ready by April 2016.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
				representatives from LAC in a Regional Meeting in Panama in September 2015.	
<b>Activity 3.3.3 Strengthen surveillance systems</b>					
<p>Technical cooperation was provided for the establishment and maintenance of surveillance systems in the Region.</p> <p>A technical meeting was coordinated in Panama in August 2015, jointly with USAID and the Regional Neonatal Alliance, in order to evaluate national experiences and lessons learned on surveillance on neonatal mortality in Latin America and the Caribbean.</p> <p>A training program for the establishment of surveillance of deaths at birth, including prematurity, has been developed and the workshop will be performed in Costa Rica during November 2015.</p>	<p>- Technical cooperation for the establishment of surveillance of deaths at birth, including prematurity</p> <p>-Development of the training course for establishment of surveillance of deaths at birth, including prematurity</p>	PAHO Member States	Regional Newborn Alliance	<p>The discussion and experience from the Panama meeting has provided inputs to start planning future steps to contribute to strengthening surveillance in the region.</p> <p>A main input to this process will be the results of a Regional Survey conducted jointly with GTR.</p>	<p>The instrument to guide the process of neonatal and fetal audits is being developed with WHO. This tool will contribute to this process and is expected to be completed by 2016.</p> <p>Determining needs for strengthening surveillance systems in LAC will rely on the results of the upcoming survey and continuation of the joint work started with Newborn Alliance, a main activity to be developed during the coming period.</p>
<b>Outcome 3.4: Strengthened epidemiological surveillance of MDR-TB.</b>					
<b>Key Personnel Responsible for Outcome 3.4: Drs. Mirtha del Granado &amp; Rafael Lopez (CHA/HT)</b>					
<b>Activity 3.4.1 Carry out regional meeting on MDR-TB surveillance.</b>					
<b>Activity 3.4.2 Support national MDR-TB surveys.</b>					
<b>Activity 3.4.3 Develop and implement analytic tools regarding gender, ethnicity and vulnerable populations.</b>					
<b>Activity 3.4.4 Develop an annual Regional TB and MDR-TB report.</b>					
No funding for Outcome 3.4 in Year 3. Funding reassigned to section on Expanded TB Program Funding.					



### CC Theme #4 – Leadership and Governance

Improved national health authority capacity to monitor and evaluate its functions and performance at all levels of the system and to guide national health policies and plans (cuts across all of the others).

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Outcome 4.1: Strengthened policy dialogue in maternal health at the regional and national level reduction of maternal morbidity and mortality</b>					
<b>Key Personnel Responsible for Outcome 4.1: Dr. Bremen De Mucio (CLAP)</b>					
<b>Activity 4.1.1 Update and promote the Regional strategic plan for the reduction of maternal morbidity and mortality.</b>					
<b>1. Monitoring of Plan Indicators</b>  Monitoring of the indicators of the Regional Plan for the acceleration of the reduction of maternal mortality and severe maternal morbidity is now facilitated by an interactive dashboard for presentation and management of data for public access, available at: <a href="http://201.217.130.74/">http://201.217.130.74/</a>	-Interactive dashboard for presentation and management of data related to plan indicators	LAC countries with more than 7,000 deliveries per year	Ministries of Health of the Region	The dashboard allows for analysis of existing data of the Regional Plan, including comparison of data at the beginning of the plan (baseline) and data collected in 2014 for the progress report submitted to PAHO's Governing Bodies. It also offers the possibility for ministries of health to load new information and update existing data. Finally, it provides the platform to upload the data required to make the final report of the Plan, to be presented in September 2017.	None

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p><b>2. Upgrade of national plans for accelerating the reduction of maternal mortality and severe maternal morbidity</b></p> <p>Technical cooperation was provided to key countries for the update of national plans.</p>	-Updated national plans for the reduction of maternal mortality and/or severe maternal morbidity in 12 countries	Costa Rica, Ecuador <sup>14</sup> , El Salvador, Honduras, Mexico, Nicaragua*, Panama, Peru, Saint Lucia, Suriname, Trinidad and Tobago and Uruguay	AECID, CIDA and Luxembourg Cooperation.	Twelve countries have updated their national plans for the reduction of maternal mortality and/or severe maternal morbidity.	Many countries remain without an updated plan, even though they have stable or increasing maternal mortality figures or don't know their own figures of severe maternal morbidity.
<p><b>3. Formation of a Regional network of sentinel hospitals for maternal health surveillance</b></p> <p>A workshop on maternal mortality surveillance and the post-2015 agenda was held on 14-15 October 2014 in Tegucigalpa Honduras, jointly coordinated with MCSP, ECLAC, WHO and PAHO (Health Analysis Department and CLAP).</p> <p>The objectives were:</p> <ol style="list-style-type: none"> <li>1) Establish a common understanding among UN agencies, international partners and national counterparts on the approaches to the mortality estimates 2013;</li> <li>2) Strengthen statistical capacity of countries in the collection, analysis and use of data on maternal mortality;</li> <li>3) Identify needs and gaps in the generation, analysis and use of data for estimating maternal mortality; and</li> </ol>	- Workshop to improve maternal mortality surveillance and post 2015 agenda, with meeting report	Argentina*, Bolivia*, Brazil, Cuba*, Chile, Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua*, Paraguay, Peru and Uruguay.	UNFPA, FCI, WHO, CEPAL, MCSP, FLASOG, AECID, CIDA and Luxembourg Cooperation.	This meeting served as an important forum for the discussion of the challenges faced in improvement of surveillance of maternal mortality, due to different data available for the same country, year and/or period as a result of different sources.	None.

<sup>14</sup> USAID funding has not been used to support Argentina, Bolivia, Cuba, Ecuador or Nicaragua.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>4) Discuss the post-2015 agenda on maternal mortality (EPMM).  <a href="http://www.paho.org/clap/index.php?option=com_content&amp;view=article&amp;id=249%3Areunion-de-expertos-en-medicion-de-la-mortalidad-materna-en-las-americas&amp;catid=387%3Aclp.01-salud-de-la-mujer-reproductiva-materna-y&amp;lang=en">http://www.paho.org/clap/index.php?option=com_content&amp;view=article&amp;id=249%3Areunion-de-expertos-en-medicion-de-la-mortalidad-materna-en-las-americas&amp;catid=387%3Aclp.01-salud-de-la-mujer-reproductiva-materna-y&amp;lang=en</a></p>					
<p>In addition, the formation of the Regional network of sentinel hospitals for maternal health surveillance and research was supported by development of the final protocol for operations and structure of the RED CLAP (CLAP Network), launched in Brasilia in April 2015.</p> <p>In addition, a protocol of research on Maternal Near Miss and other Life Threatening Conditions has been validated and improved by experts of the region, available in the four PAHO official languages of the region. Research will be starting next year, when institutions get the endorsement of Local Ethics Committees.</p>	<p>- Final protocol for operations and structure of the RED CLAP (CLAP Network), available and launched in Brasilia in April 2015</p> <p>- 53 health institutions identified, endorsed by Ministries of Health, and enrolled in the CLAP Network</p>	<p>All PAHO Member States</p> <p>- 16 countries with institutions in the CLAP Network: Argentina<sup>15*</sup>, Brazil, Colombia, Chile, Dominican Republic, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua*, Panama, Paraguay, Peru, Suriname and Uruguay.</p>	<p>WHO, AECID, CIDA, Brazilian Cooperation and Luxembourg Cooperation</p>	<p>The final protocol, or “Documento Base,” of the CLAP Network is available in PAHO’s four official languages and has been distributed through the PWR Offices to all member states. The document will be available on PAHO’s website following the November meeting.</p> <p>Initially, 50 health facilities and Institutes from 21 countries were identified and invited to participate in the CLAP Network. Currently we have 53 institutions enrolled, with all the stages of incorporation to the</p>	<p>The meeting for the launch of the first research protocol on Maternal Near Miss and other Life Threatening Conditions was rescheduled for 2-3 November 2015.</p>

<sup>15</sup> USAID funding has not been used to support Argentina or Nicaragua.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
				Network completed. 16 countries have integrated institutions in the Network, and are ready to start next steps. Institutions from additional countries are still in process of admission to the Network.	
<p><b>4. Strengthening surveillance of maternal mortality</b></p> <p>To support strengthening surveillance of maternal mortality, the Guidelines on Maternal Death Surveillance and Response (MDSR) were translated, edited, and disseminated.</p>	<p>Translation, edition and dissemination of a technical document developed with Maternal Regional Task Force (RITF) on Maternal Death Surveillance and Response (MDSR)</p>	<p>All PAHO Member States</p>	<p>UNFPA, MCSP, CDC, FLASOG, ICM, FCI, IDB, and WHO</p>	<p>The document, available in both English and Spanish, will be used during the upcoming training for trainers in December 2015.</p>	<p>The training of training (TOT) for the implementation of MDSR guidelines of the region has been rescheduled for the first week of December 2015 in Panama.</p>
<p>A new document of the Inter-Agency Strategic Consensus for Maternal Mortality and Maternal Morbidity Reduction in Latin America and the Caribbean is in development, given its past importance and need to update.</p> <p>In 2003, the RITF prepared the document "Reduction of Maternal Mortality and Morbidity: Interagency Strategic Consensus for Latin America and the Caribbean", officially launched in Washington in September of that year. This document was the result of an extensive consultation process with civil society and</p>	<p>- Document of Inter Agency Strategic Consensus for Maternal Mortality and Maternal Morbidity Reduction in Latin America and the Caribbean</p>	<p>All PAHO Member States</p>	<p>UNFPA, MCSP, CDC, FLASOG, ICM, FCI and IDB</p>	<p>The new document was developed and will soon be validated.</p> <p>In this new socio-political context, issues such as intercultural maternal health, respectful maternity care, maternal mortality and morbidity surveillance, and sexual and reproductive health of adolescents and young persons should be addressed urgently, and this update takes these</p>	<p>The technical meeting for validation of the document with national authorities of the Region has been rescheduled to 27-28 October 2015 in Panama.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
governments in the region. Facing the new post-2015 global development framework, the RITF began a process to update the interagency strategic consensus based on new scientific evidence, and the development paradigm-2030 Agenda that includes the Sustainable Development Goals, and the Global Strategy for Women, Children and Adolescents Health.				issues into account.	
<b>Activity 4.1.2 Promote the effective functioning and scaling-up of the Regional Interagency Task Force for the reduction of maternal mortality.</b>					
No funding for Outcome Activity 4.1.2 in Year 4.					
<b>Activity 4.1.3 Enhance the dissemination of the lessons learned from the Colombia Web-based Maternal Mortality Surveillance project through focal technical assistance to requesting countries of the region.</b>					
<b>Key Personnel Responsible for Activity 4.1.3: Dr. Sandra Rodriguez (PWR-COL)</b>					
<p><b>1. Technical support to Colombia in the implementation of the WBMSS in the territories</b></p> <p>Periodic meetings have been held between PAHO / WHO and the Safe Motherhood Team of the Public Health Prevention, Surveillance and Control Department of the INS to review technological and epidemiological aspects of the system, as well as to analyze the progress and difficulties encountered in entry of maternal deaths in 2015 in the WBMSS application.</p> <p>In-person and virtual trainings have</p>	<p>- Training for 100% of departments and municipalities in the use of WBMSS and the production phase of the tool for personnel responsible for surveillance of maternal mortality and public health.</p> <p>- Operation of the application in its production phase at national level, with local authorities of 26</p>	Colombia and its 36 territories	Municipalities and departments of Colombia, Antioquia University, Centro Nacer, National Institute of Health, Ministry of Health and Social Protection	<p>100% of departments and municipalities in Colombia have received training in WBMSS.</p> <p>In the Bogota and Cartagena subregional trainings, approximately 60 professionals responsible for surveillance of maternal mortality participated and reviewed the entry and analysis of case information on maternal deaths in the 7 WBMSS modules. Additional virtual</p>	The high rate of turnover of human resources trained in the use of the tool has been a challenge; however, the virtual trainings and technical assistance provided has greatly helped initial training of new staff.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>been held at national level, including two large regional workshops, one in Bogota and the other in the Atlantic region based in Cartagena.</p> <p>A workshop-style meeting for the launch of WBMSS was held with approximately 40 representatives of the 36 territories that monitor maternal mortality, to review progress in implementation. The guidelines for access to the system and the production platform were shared again.</p> <p>Permanent technical assistance has been provided to Bogota, Cundinamarca, Guajira and Antioquia, the territorial entities with the highest number of cases, for entry and reporting using the production platform.</p>	<p>territories reporting cases of maternal mortality to the application. Those showing the greatest advance in the use of the system are: Bogota, Antioquia, Cundinamarca, Huila, Cesar, Guajira, Tolima, and Bolivar.</p>			<p>trainings were conducted for 32 departments and 4 special districts, on support in managing the application and entering information in the modules of the system.</p> <p>In addition, support has been provided to maternal mortality units using the model of analysis of social determinants in Bogota, Antioquia, Cundinamarca, Choco and Bolivar.</p>	
<p><b>2. 6 months of Technical support by Systems Engineer providing territorial support.</b></p> <p>As part of the nationwide launch of the web and local applications, updates have been made based on the feedback received from all institutions reporting vital statistics as well as the INS team and PAHO/WHO for the continuous improvement of the application and its</p>	<p>-Training for the computer help of the INS -Implementation of a module for the online application allowing for upload of files on live births coming from the Ministry of Health's information on Births and Deaths, allowing for more</p>	<p>Colombia</p>	<p>Municipalities and departments of Colombia, Antioquia University, Centro Nacer, National Institute of Health (INS), Ministry of Health and Social Protection</p>	<p>Several key improvements to the system were made based on feedback received: • Redesign of the module for tracking of the refusal notice to file confirmed maternal deaths. The local application was adjusted and a module for synchronization between both applications was</p>	<p>The INS does not currently have sufficient human resources in information technology to give immediate response to the needs of users, on topics such as resolution of issues and clarification of doubts occurring during the notification of maternal deaths through the WBMSS system.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>different modules.</p> <p>National level trainings to the 32 departments and 4 special districts have been provided on the use of the WBMSS application, in six categories: Identification and reporting; Collection, Analysis and Lines of Action; Consultations; Reports; and Management).</p> <p>Individual virtual support for the use of the application was provided in the following territorial entities: Choco, Antioquia, Casanare, Meta, Nariño, Magdalena, Huila, Bolívar, Norte de Santander, Quindio, Caquetá, Sucre and Valle.</p> <p>Face-to-face visits were made to areas with difficult access in the departments of Choco and Vichada for the use of local application and its installation, user creation and management, and generation of files for synchronization between the local and web applications.</p>	<p>accurate calculation of the denominator to determine the cause of the maternal death disaggregated by other variables such as age group, education level, ethnicity, among others.</p> <p>-Promotion of use of the local application for those departments without permanent or reliable internet connection.</p> <p>- Updated version of the WBMSS application in English and Spanish</p>			<p>implemented.</p> <ul style="list-style-type: none"> <li>• Improvements to interoperability of modules of births and deaths and multiple selection outputs was made using a cube tool.</li> <li>• Module VI B was adjusted to collect contributions from the municipal or departmental committee for analysis of maternal mortality.</li> </ul>	<p>To respond to this a technical document is being developed for the INS help desk which will serve as a reference for frequently asked questions and specific topics to respond to possible problems users may face with the application</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p><b>3. Share the WBMSS with countries in the region (platform, desktop application or system components) for adaptation according to need and for monitoring perinatal mortality. Share developments and proposals for monitoring perinatal mortality with neonatal partnership</b></p> <p>Coordination with the FGL area of PAHO Mexico is ongoing in order to advance given the interest of the country in knowing and implementing the WBMSS application.</p> <p>A training workshop is being organized jointly with CLAP in order to share epidemiological and technological aspects of the WBMSS as well as lessons learned with selected countries, planned for November 2015.</p>	<p>- Executive summary of the WBMSS, through questions to guide presentation of the system to additional countries.</p>	<p>Dominican Republic, Honduras, Mexico</p>	<p>Centro Nacer, Antioquia University, INS, Ministry of Health and Social Protection, CLAP</p>	<p>None.</p>	<p>The workshops planned were canceled due to the large number of events at the end of the biennium.</p> <p>In coordination with the PAHO country office of Mexico, however, a workshop has been scheduled for March 2016, as the Ministry of Health continues to be interested in the application. In the Dominican Republic, a workshop has been arranged for the first semester of 2016 as well, to be coordinated jointly with CLAP.</p>
<p><b>4. Systematization of the experience of WBMSS</b></p> <p>Terms of reference have been developed for creation of a 15-minute animated video tutorial for training in the use of WBMSS at the territory level.</p>	<p>-TORs developed</p>	<p>Colombia, PAHO member states</p>	<p>INS, Ministry of Health and Social Protection</p>	<p>None.</p>	<p>Since the launch of the application in its production phase in 2015, updates have been made to improve ease of use of the application based on feedback given. The VI A-B and VII modules have been redesigned. Therefore, development of the tutorial was postponed until the system features were refined</p>



Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
					In January 2016, the development of the tutorial will begin to support training and capacity building.
<b>Outcome 4.2: Regional Neonatal Interagency Alliance strengthened to promote and support national policies and activities in newborn health in the context of continuum of care approach</b>					
<b>Key Personnel Responsible for Outcome 4.2: Dr. Pablo Duran (CLAP)</b>					
<b>Activity 4.2.1 Support and maintain functioning of Alliance.</b>					
<p>Co-organization of the annual Neonatal Alliance meeting has been supported by PAHO. The event is planned for 16-18 November 2015 in Panama.</p> <p>Along with promoting establishment of additional national alliances, continuous technical support has been provided to already-established national alliances, including those from Peru, Paraguay and El Salvador.</p>	<p>- Technical cooperation provided in the establishment of National Neonatal Alliance of Paraguay and to already functioning alliances</p>	<p>Barbados, Colombia, Dominican Republic, El Salvador, Haiti, Panama, Paraguay, Peru, Saint Lucia, Trinidad &amp; Tobago.</p>	<p>Ministries of Health, key organizations and partners in the countries</p>	<p>Implementation of activities has been increasingly coordinated with the GTR and A Promise Renewed. This has involved joining the Consultative Committee and coordinating activities at the regional level.</p> <p>Paraguay's National Neonatal Alliance from Paraguay was formally established during Year 4. The National Alliance of Dominican Republic has also restarted the activities. In both cases, technical cooperation has been provided.</p>	<p>The 2015 Regional meeting, expected to take place in September, will take place in November.</p> <p>The process of promoting a Sub-regional Neonatal Alliance for the Caribbean is still underway. Discussions with key actors have taken place and it is expected that this subregional Neonatal Alliance will be established in the coming period.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Activity 4.2.2 Evaluate advances in MDG 4 in South America.</b>					
<p>Data collection, analysis and development of the report on the neonatal component in the framework of MDG 4 was completed during this grant year.</p> <p>The results of this analysis will contribute to the Final Evaluation of the Regional Plan of Action for Newborn Health. A concept paper has been prepared.</p>	<p>-Document on the neonatal component in the framework of MDG 4</p>	<p>PAHO Member States</p>	<p>Newborn Alliance, Ministries of Health, key organizations and partners in the countries</p>	<p>The report has been completed and editing is underway. Once completed, the document will be published in the next period. This is a linked product to the analysis of inequities mentioned above</p>	<p>None.</p>
<b>Outcome 4.3: Increased capacity of national authorities to secure sustainable political commitment and resources to institutionalize core capacities for surveillance and response, including at Points of Entry</b>					
<b>Key Personnel Responsible for Outcome 4.3: Dr. Sylvain Aldighieri (HSD/IR)</b>					
<b>Activity 4.3.1 Organization and implementation of the Second Annual Regional Meeting of the National IHR Focal Points</b>					
<p style="text-align: center;">No funding for Outcome 4.3 included in Years 2-4.</p>					

## ADDITIONAL ACTIVITIES

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Neglected Tropical Disease Advisor - Focus: Onchocerciasis Elimination in LAC)*</b>					
<b>Key Personnel Responsible: Dr. Steven Ault (CHA/VT)</b>					
<b>Outcome 1: Political and technical commitment for controlling and eliminating NID enhanced</b>					
<p><b>1.1.1. Neglected infectious Diseases Specialist hired to support PAHO's Regional NID Program</b></p> <p>The contract of the PAHO P3 staff member was extended and the professional has been supporting in the advances in NIDs during this grant year related to lymphatic filariasis, schistosomiasis, monitoring and evaluation for NID, and morbidity management and disability prevention (MMDP).</p> <p><i>Lymphatic filariasis:</i></p> <ul style="list-style-type: none"> <li>- A regional workshop was conducted on TAS to train the countries on the use of the new LF diagnostic test approved by WHO (FST), as well as on the proposed methodology for monitoring STH within TAS for LF;</li> <li>- A joint technical cooperation mission with the PAHO Malaria regional program to evaluate data collection and reporting of the LF program in region IV and VIII was held in Guyana. A plan of action was defined with data from the national health</li> </ul>	<p>One full time STP P3 professional position (5 months)</p>	<p>Brazil, Dominican Republic, El Salvador, Haiti, Guyana, Honduras, Suriname</p>	<p>LF: Notre Dame University, IMA World Health, Eisai, GSK, GAELF, CDC</p>	<p><i>Lymphatic filariasis:</i></p> <p>Brazil, Dominican Republic and Haiti could be eligible to stop MDA in all their implementation units (IU) by 2017 and start the post-treatment surveillance phase through 2021. The PMM and RPRG was held on 29-30 June 2015 in Brazil. The RPRG made recommendations to TAS results of seven evaluation units (EUs) submitted by Brazil and to other countries;</p> <p><i>Schistosomiasis:</i></p> <p>a) Six out of ten SCH endemic countries and territories may have eliminated transmission and the NID regional program is supporting them to compile evidence to support a possible process for verification of elimination;</p>	<p>a) PAHO is working to identify ways to build capacities at local level to accelerate actions towards the interruption of transmission of LF in Guyana. Some of the recommendations from the joint mission were:</p> <ol style="list-style-type: none"> <li>1) the need to improve the timeliness, completeness, and accuracy of the LF MDA data report;</li> <li>2) the need to sustain and scale LF MDA activities;</li> <li>3) assess the burden of LF morbidity and scale up the access to quality health services.</li> </ol> <p>b) Surveillance and M&amp;E in low endemic countries is critical to follow up and sustain the achievements; and strengthening of local capacities.</p> <p>c) Integrated MMDP needs to be a greater part of the regional agenda for elimination and post</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>authorities, including a resource mobilization plan; - The weekly epidemiological record on LF was published in September 2015.</p> <p><i>Schistosomiasis:</i> - A report of the systematic review on prevalence and intensity of infection of SCH in the region of the Americas 1942-2014 was completed and the results are available on PAHO's website. A manuscript has been submitted for scientific publication. A scientific communication highlighting the importance of SCH surveillance was accepted in the "Journées interregionales de Veille Sanitaire des Antilles Guyane" that will be held on Martinique on 5-7 November 2015.</p> <p><i>Monitoring and evaluation for NID:</i> - WHO provided funding for implementation of a protocol to compare three probabilistic methods to evaluate coverages of MDA for NID in Honduras. A preliminary report is available. The comparative study will be implemented in one additional country in early 2016;</p> <p><i>Morbidity Management and Disability Prevention (MMDP):</i> A PAHO consultation meeting on NID</p>				<p>b) Suriname is developing a protocol to update the schistosomiasis epidemiological situation in some areas of the interior of the country; and will develop an integrated NID surveillance protocol by end of 2015; c) Brazil is maintaining and expanding the implementation of the national integrated campaign of active finding of leprosy cases, deworming for STH and examination and treatment of ocular trachoma in school-age children through the public schools. The campaign of 2015 also included examination for schistosomiasis (Kato-Katz) and treatment of cases in 10 selected municipalities as a pilot intervention. A national plan of action for the elimination of schistosomiasis is being discussed internally with experts and the endemic states;</p>	<p>elimination phase to reduce the burden of disease in poor countries.</p> <p>d) Compile the historical and epidemiological data for the elimination of schistosomiasis and lymphatic filariasis in countries without current transmission.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>MMDP will take place on 16 October 2015 in PAHO HQ, in which the Neglected Infectious Diseases and the Disability and Rehabilitation Advisors and specialists on morbidity will participate along with external experts to establish dialogue and consensus on how the MMDP component of the NID program can be expanded in the Americas.</p> <p>The PAHO consultation meeting on disease on elimination took place on 12-13 March 2015, where experts on disease elimination participated. A draft report is available.</p>				<p><i>Monitoring and evaluation for NID:</i></p> <p>a) Regional capacities for monitoring and evaluation have been strengthened through the technical cooperation of PAHO. This component has included the development and adaptation of tools to the Americas epidemiological profile such as TAS (including STH epidemiological assessment integrated to TAS); integrated report of NID using the Joint Reporting Form; use of the WHO Joint Application Package for NID targeted for preventive chemotherapy; use and expansion of tools for monitoring and evaluate coverage of deworming for STH, among others NIDs. Furthermore, a national training workshop on monitoring and evaluation was be implemented in El Salvador with 35 national participants and a regional training with 6 priority countries will be held in Honduras on November.</p>	

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p><b>1.1.2. Support countries to develop financial gap analysis for their national and subnational plan of actions using the TIPAC.</b></p> <p>In May 2015, the PAHO Regional NID Program held an inter-country TIPAC training workshop in Nicaragua, with the participation of delegates from El Salvador, Colombia and the 19 epidemiologists from the health districts of Nicaragua.</p> <p>A national TIPAC training workshop was also held in Brazil in March 2014.</p> <p>PAHO is working on the adaptation of TIPAC to the regional NID epidemiological profile in order to expand its use to NID in which the principle strategy is Intensified Disease Management. RTI has been invited to participate in the adaption process. The adapted version is expected to be ready for testing by the end of 2015.</p>	<p>Epidemiologists and program managers from these four countries trained in the use of the TIPAC tool</p> <p>Adaptation of the TIPAC tool for the Americas</p>	<p>Brazil, Colombia, El Salvador</p>	<p>RTI , WHO-NTD Department</p>	<p>This training served as a first approach towards the elaboration of integrated operational plans for NID in the three countries. At the end of the training, the three countries presented a list of activities and next-steps to elaborate operational plans for priority departments and training in use and implementation of the tool.</p>	<p>Nationals of Nicaragua were covered under different source of funding.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p><b>1.1.3. Support the Schistosomiasis Regional meeting with endemic, formerly endemic and partners to follow up progress of the road map towards the verification of the Schistosomiasis in the Americas by 2020.</b></p> <p>A regional schistosomiasis meeting was held in Puerto Rico in October 2014 with the endemic and formerly endemic countries and SCH experts. During the meeting the systematic review of prevalence and intensity of infection in the region of the Americas 1942-2014, was presented and discussed with the participants. The SCH endemic countries represented on the meeting worked on a draft of plan of action on SCH elimination by 2020.</p>	<p>Meeting report and recommendations</p> <p>Report available online: English: <a href="http://www.paho.org/hq/index.php?option=com_docman&amp;task=doc_download&amp;Itemid=&amp;gid=28841&amp;lang=en">http://www.paho.org/hq/index.php?option=com_docman&amp;task=doc_download&amp;Itemid=&amp;gid=28841&amp;lang=en</a> Spanish: <a href="http://www.paho.org/hq/index.php?option=com_docman&amp;task=doc_download&amp;Itemid=&amp;gid=28842&amp;lang=es">http://www.paho.org/hq/index.php?option=com_docman&amp;task=doc_download&amp;Itemid=&amp;gid=28842&amp;lang=es</a></p>	<p>SCH endemic countries and territories: Brazil, Dominican Republic, Suriname Venezuela, St Lucia, Antigua and Barbuda, Puerto Rico, Martinique</p>	<p>CDC, University of North Carolina, University of Georgia (SCORE); IMPA-UASD; Instituto Oswaldo Cruz, University of Puerto Rico, Case Western Reserve University (CCWHO), Ross University School of Veterinary, WHO</p>	<p>As part of the results, a roadmap towards the verification of the elimination of schistosomiasis in the Americas was defined with countries, partners and experts that participated in the regional meeting.</p> <p>Additionally, recommendations were provided to WHO to improve criteria and procedures for the verification of elimination of the transmission of schistosomiasis.</p>	<p>The SCH endemic countries that may have eliminated the disease are in general small countries or territories, with few health professionals and with a high turnover. Most of these countries have been recently tackling several outbreaks such dengue and chikungunya outbreaks or even have been affected by natural disasters such as flooding, hurricanes... etc. This is the reason why the compilation of the information that may demonstrate that the SCH has been interrupted might not be a priority and there is need of advocacy on why SCH surveillance matters.</p>
<p><b>1.1.4. Support the Lymphatic Filariasis regional meetings to follow up progress and identify needs and priorities towards the elimination of LF by 2020</b></p> <p>The 16th Regional Lymphatic Filariasis Elimination Programme Managers' Meeting (PMM) and the 15th Regional Lymphatic Filariasis Regional Program Review Group Meeting (PAHO as Secretariat) took place in Recife, Brazil on 29 and 30 June 2015 where delegates from</p>	<p>Meeting reports and recommendations</p> <p>19 professionals trained from Brazil, Dominican Republic, Guyana and Haiti</p>	<p>Brazil, Dominican Republic, Guyana, Haiti</p>	<p>International Health Cooperation Advisory Office (AISA) of the Ministry of Health of Brazil, Sabin Vaccine Institute, Notre Dame University, IMA World Health, Eisai, GSK, CDC, RTI, The Task Force for Global Health, GAELF, Liverpool</p>	<p>Brazil, Haiti and the Dominican Republic could be eligible to stop MDA in all their implementation units (IU) by 2017 and enter the post-treatment surveillance phase through 2021.</p> <p>During the July M&amp;E workshop, participants had the opportunity to learn about the new diagnostic test, FTS</p>	<p>Mobilization of seed funds and advocacy within the political agenda are essential to maintain efforts towards elimination goals.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>Brazil, Haiti, Guyana and Dominican Republic presented their progress towards the interruption of transmission of the disease, LF morbidity management and discussed challenges and next steps with national and international experts.</p> <p>A side event with stakeholders for elimination of LF and other NID in Guyana was held after the LF PMM and RPRG meetings. The main objective of this event was to have a dialogue on coordinated efforts of stakeholders and partners (AISA, SVI, PAHO) in mobilizing resources towards the elimination of LF and controlling other NID in Guyana.</p> <p>In addition, a Workshop on Lymphatic Filariasis and Neglected Infectious Diseases Monitoring and Evaluation Methodologies and Tools was carried out from 1-3 July 2015, during which the 10 updated modules for epidemiological evaluation of STH during TAS were reviewed. Practical sessions were conducted using the adjusted Excel "Survey Sample Builder for TAS and STH" to calculate sample size and familiarize participants with the sampling methodology of both studies, the epidemiological evaluation of STH and the TAS.</p>			University	<p>(filariasis test strip), as well as the other diagnostic tools recommended by WHO for use in the NTD control and elimination programs, among them Kato-Katz and mini-FLOTAC stool test kits and the POC-CCA urine assay test for schistosomiasis.</p> <p>The hands-on practice emphasized the use of the FTS.</p>	



Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p><b>1.1.5. Support the implementation of MDA and TAS in priority countries towards the elimination of LF</b></p> <p>Technical assistance has been provided to countries by Regional PAHO NID Program to sustain and expand of MDA for LF by conducting technical cooperation mission and supporting and reviewing protocols and proposals.</p>	<p>Reports from MDA and TAS implementation</p> <p>FTS and drug forecast and request</p> <p>Travel reports to Guyana and Haiti</p> <p>Draft protocol of pre TAS in Gonaive (HAI)</p>	<p>Dominican Republic, Haiti, Guyana</p>	<p>Notre Dame University</p>	<p>a) Guyana is trying to mobilize resources to sustain activities in region IV and V in 2016 and once this is ensured they will try to expand activities to the most populated regions which are LF endemic (II and X) The country implemented the third round of LF MDA (DEC+ALB) in region IV in 2015. It has implemented four rounds of LF MDA in region V and would like to conduct a pre-TAS to see if it meets the TAS eligibility criteria and can conduct this assessment.</p> <p>b) Haiti developed a protocol to conduct a Pre-TAS in Gonaives in the fight to eliminate LF as a public health problem and to control STH, which will be implemented in November, six months after the last MDA, as recommended by WHO guidelines.</p> <p>c) Dominican Republic is implementing the third round of MDA for LF in last focus of the Bateyes del Este.</p>	<p>a) Guyana has had some delays in the implementation of the round of MDA of 2015 due to the new technical counterparts that are responsible for the program. PAHO has contributed with seed funds to support the implementation of the MDA in 2015, but the country will need additional funding to sustain and expand the MDA to other regions and strengthen the morbidity management and disability prevention component of the LF program as recommended by WHO.</p> <p>b) Haiti has a financial gap to sustain MDA in some implementation units and on monitoring and evaluation towards elimination of LF transmission, but the biggest gap is for morbidity burden assessment in LF MMDP.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p><b>1.1.6. Development of an online SCH training on diagnosis and clinical management for both high and low endemic areas</b></p> <p>The first phase of the development of the theoretical/conceptual content of the online SCH training is ongoing. The first draft was delivered and a revised version should be ready by December.</p>	<p>Theoretical content of SCH online course</p>	<p>SCH endemic countries</p>	<p>FioCruz</p>	<p>A first draft of the contents has been delivered and reviewed by the NID technical team.</p>	<p>None.</p>
<p><b>1.1.7. Monitoring and Evaluation in one priority country</b></p> <p>The PAHO Regional NID Program and PAHO Comprehensive Family Immunization Unit carried out a national training workshop in El Salvador to strengthen the monitoring and evaluation of deworming for STH and vaccination coverage and data quality from 6-9 October 2015.</p>	<p>Epidemiologists, statisticians and nurses trained in the integrated rapid monitoring coverage of deworming and vaccination</p>	<p>El Salvador</p>	<p>PAHO Immunization Unit</p>	<p>31 health workers and epidemiologists of 5 departments of El Salvador were trained.</p> <p>El Salvador is expected to roll out integrated monitoring of coverage in school age children once a year.</p>	<p>A sub-regional meeting was originally proposed to share experiences on control and elimination of NIDs with Central America countries, on implementation of their NID PoA. However, each country is in various stages of development and implementation. Therefore, the meeting has been postponed for another time. With these funds, an integrated training workshop was carried out in El Salvador, as discussed with USAID.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p><b>1.1.8. PAHO provides technical cooperation and maintains its active participation in the Program Coordinating Committee (PCC) of the Onchocerciasis Elimination Program for the Americas (OEPA) and in the Inter American Conference on Onchocerciasis (IACO).</b></p> <p>PAHO's Regional Advisor of the NID Program and the CHA/VT Unit Chief participated in the 2014 Program Coordinating Committee (PCC) meeting and the annual IACO meeting, which took place in Mexico City (12-14 Nov. 2014).</p> <p>PAHO has maintained active participation in the OEPA PCC and IACO this year 2015. The PAHO CHA/VT Unit Chief, Senior Advisor NIDs and Regional Advisor NIDs and Leprosy attended the PCC meeting in 22-23 July 2015 in Guatemala City, and the Senior Advisor NIDs and Regional Advisor NIDs and leprosy will be attending the PCC and IACO meetings in Antigua, Guatemala in 18-20 November 2015</p>	<p>Technical support the PCC and IACO programs on onchocerciasis elimination in LAC</p>	<p>Brazil, Guatemala, Mexico</p>	<p>OEPA, USAID, CDC, The Carter Center, Ministries of Health from endemic countries</p>	<p>Subsequent to the signing of the MOU between the two countries in May 2014 in WHO HQ Geneva, a meeting took place in February 2015 facilitated by PAHO, in which the first binational work plan was developed and agreed upon. The July 2015 PCC meetings gave an opportunity to maintain continuity and have direct communications between the two countries about the plan implementation. The upcoming 2nd PCC and annual IACO meetings will give another important opportunity for this. As well, in the July PCC meeting Guatemala was informed of the plan to organize a mission of verification of elimination in 2016, being impossible to organize it in 2015 due to extenuating national circumstances. In July, substantial progress was noted in the northern half of the Yanomami focus, where entomological and serological evidence indicates that transmission</p>	<p>Progress on onchocerciasis elimination in the region during 2014-2015 is noted elsewhere in sections 1.1.11. and 1.2.1. The PAHO regional NID program and advisors in the PWR offices in Venezuela and Brazil are continually advocating and giving follow-up to the binational work plan developed in early 2015. MDA continues in the shared Yanomami focus and both countries are coordinating in other ways. The twice-yearly PCC meetings are critical to maintain momentum in the elimination initiative for both countries, and give us two of the few times available face-to-face to further coordination, do reality checks, and measure progress.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
				appears to be suppressed in some Yanomami communities for the first time, indicating that transmission elimination is feasible in the focus.	
<p><b>1.1.9. Support the implementation of operational subnational plans for NIDs in Honduras</b></p> <p>PAHO has provided technical cooperation to Honduras in the implementation of its national and subnational plans for NID.</p> <p>The country has carried out multiple technical meetings and workshops as part of the coordinated efforts for the implementation of their integrated subnational plans of actions, using TIPAC to identify costs and financial gaps.</p>	<p>Report on the implementation of actions of Operational Plans</p>	<p>Honduras</p>	<p>Bill and Melinda Gates Foundation</p>	<p>Honduras has integrated STH control for preschool age children in the Vaccination Week of the Americas and is implementing two annual rounds of mass drug administration (MDA) for school age children.</p> <p>These actions are part of its national plan for NID as well as part of the 8 subnational NID plans (operational plans). Information, education and communication materials were developed for their STH deworming campaign. The country has maintained a national committee that supports since 2009 the efforts for NID control and that has been key to keep the topic as a priority of the national health agenda.</p>	<p>Honduras will require seed funds to expand the implementation of operational plans in prioritized departments.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p><b>1.1.10 Regional consensus with experts and key stakeholders to identify the best practices to be implemented in the post-elimination phase for NID targeted for preventive chemotherapy.</b></p> <p>The expert consultation meeting on elimination of NIDs took place on 12 and 13 March 2015 at PAHO headquarters, with the participation of external experts and PAHO regional advisors and unit chiefs from several technical programs.</p> <p>The final report on recommendations is being finalized. A draft was made available to Ministers of Health at the 2015 PAHO Directing Council Meeting, 28 September - 2 October 2015.</p>	<p>Consultation report</p>	<p>All PAHO Member states</p>	<p>CDC, The Carter Center, Center for Preventive Ophthalmology at Johns Hopkins Hospital, WHO NTD Dept, TFGH/Emory, US CDC</p>	<p>The final report on recommendations is being finalized. A draft was made available to Ministers of Health at the 2015 PAHO Directing Council Meeting, 28 September - 2 October 2015.</p> <p>Experts recommended:</p> <ol style="list-style-type: none"> <li>1) Continue working on collaboration and integration according to the feasibility and epidemiological characteristics in each country;</li> <li>2) Clarify terminology and other guidance from WHO;</li> <li>3) Reinforce operational research and an overall regional research agenda to overcome obstacles and support a comprehensive elimination agenda; and</li> <li>4) Move forward to capitalize on the enthusiasm for disease elimination in the Region as well as on the available research funding.</li> </ol>	<p>None.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p><b>1.1.11. Support development of an operational plan for ONCHO elimination in the Yanomami area (carry-over activity for 2016)</b></p> <p>On 26 and 27 February 2015 a binational meeting was held with the participation of national and subnational delegates from Brazil and Venezuela<sup>16*</sup> to formulate a plan of action to tackle onchocerciasis in the Yanomami area.</p>	<p>Binational Plan of Action for Onchocerciasis Elimination in the Yanomami Area</p>	<p>Brazil and Yanomami Area</p>		<p>Five strategic lines of work were identified during the binational meeting and the priority activities for each one were established for 2015-2016. A second meeting was proposed by the follow-up committee and is expected to take place in the first half of 2016.</p> <p>The 5 strategic lines are: 1) integrated health care and community participation; 2) epidemiological surveillance, 3) sharing experiences on information and training of community health workers; 4) mapping of communities; and 5) population dynamics. The activities will be implemented jointly by the technical teams of both countries according to the calendar established, and with technical cooperation from PAHO.</p>	<p>PAHO needs to maintain technical to move forward on the implementation of the binational plan of action for the Yanomami area.</p> <p>A PAHO technical mission will be carried out by the end of 2015 or early in 2016 to support the plan of action.</p>

<sup>16</sup> USAID funding has not been used to support Venezuela.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Outcome 2: Monitoring and evaluation of the progress of priority countries towards control and elimination goals for NID secured</b>					
<p><b>1.2.1. Neglected infectious Diseases Specialist hired to support PAHO's Regional NID Program.</b></p> <p>The contract of the PAHO P3 staff member was extended and the professional has been supporting in the advances in NIDs during this grant year related to <i>elimination of onchocerciasis and blinding trachoma</i> (main accomplishments in the Region listed to the right).</p> <p>PAHO has also supported data analysis and monitoring progress of countries:</p> <p>a) The PAHO Regional Program of NID has completed the analysis of data received from countries about coverage of MDA for the 5 diseases targeted for preventive chemotherapy. The report of the analysis is available on PAHO's Website.</p> <p>b) The Regional NID Program has published the regional NID Atlas, using data officially reported by Member States. This interactive atlas has data at the first subnational administrative level (states, departments or provinces) for STH, SCH, LF, TRA, Chagas,</p>	<p>One PLD P3 professional position.</p>	<p>Guatemala, El Salvador, Colombia, *Nicaragua, Mexico</p>	<p>Dana Center (WHO's collaborating center at Johns Hopkins University), International Trachoma Initiative, Global Trachoma Mapping Project, Task Force for Global Health, Sightsavers International</p>	<p><i>Elimination of Onchocerciasis, supported by PAHO:</i></p> <p>a) Guatemala has submitted the final dossier and has requested the verification of elimination to PAHO/WHO. The verification mission is expected to take place in the first semester of 2016.</p> <p>b) Mexico has been granted in July 2015 the verification of the elimination of onchocerciasis after receiving the report and recommendations of the International Verification Team (IVT). Mexico is the third country in the world to receive WHO verification.</p> <p><i>Elimination of blinding trachoma, supported by PAHO:</i></p> <p>a) Mexico is carrying out a survey of blinding trachoma in Chiapas State as part of the efforts to compile evidence to support the request of the</p>	<p>a) Guatemala has had several significant internal changes in governance in MOH that caused the postponement of the implementation of the trachoma evaluation survey in Sololá. PAHO will follow up closely to reschedule the survey early in 2016. Seed funds will be needed to support the survey in the country.</p> <p>b) Active finding of TT cases should be expanded to countries sharing borders with Brazil and to countries with historical reports of blinding trachoma in the Region. Seed funds will be needed to support this activity.</p>

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<p>leishmaniasis, and leprosy (<a href="http://www.paho.org/hq/images/ATLAS_CD/NID_Subnational/atlas.html">http://www.paho.org/hq/images/ATLAS_CD/NID_Subnational/atlas.html</a>) data analysis and monitoring progress of countries.</p> <p>In addition, the P3 NID specialist has provided technical support on the following general topics:</p> <p>a) Publication of the WHO manual of Trichiasis Surgery for Trachoma in Spanish and Portuguese by PAHO</p> <p>b) Publication of PAHO's Operational guidelines for the implementation of integrated deworming activities</p> <p>c) First version of PAHO's Manual on best practices on packing, repacking, repackaging and distributing of medicines used in MDA for NID, completed and expected for official publication on first half of 2016.</p>				<p>verification of the elimination to PAHO/WHO. Results of the survey are expected to be available at the end of 2015. Mexico is working on adjusting its dossier of trachoma elimination, and it will define the strategy to compile information about the elimination of blinding trachoma in States with historical data.</p> <p>b) Guatemala has completed the protocol to implement a trachoma impact survey, and it is expected to take place in the first half of 2016.</p> <p>c) Brazil carried out a training of trachoma graders in September 2015, and is reviewing its national plan of action for the elimination of blinding trachoma to focalize efforts in endemic states.</p> <p>d) Colombia is implementing MDA for trachoma and STH in its only known trachoma focus. The country is carrying out baseline surveys in 6 districts surrounding the known endemic focus.</p>	



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				e) A protocol for active finding of TT cases has been completed with support of the Dana Center at Johns Hopkins University. A training workshop will be carried out in November 2015 in Colombia with the 4 endemic countries for the implementation of the protocol.	
<b>1.2.2. Support the formerly SCH endemic countries to compile the evidence in order to request to verification of the elimination of the disease.</b>	TORs for SCH Dossier developed	SCH endemic countries and territories: Brazil, Dominican Republic, Suriname, St Lucia, Montserrat, Antigua and Barbuda, Puerto Rico, Martinique, Guadalupe	Universidad Autonoma de Santo Domingo, CENCET-MoH, Universidad de Puerto Rico	a) The terms of reference to hire a consultant to support the compilation of evidence of the elimination of the transmission of SCH have been developed and shared with national health authorities of endemic countries. b) Dominican Republic is coordinating actions with national institutions on next steps for the elaboration of the SCH dossier, with PAHO's technical support. c) Puerto Rico is developing a dossier of evidence of schistosomiasis elimination, supported by PAHO with other funding.	Same as 1.1.3

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<p><b>1.2.3. Support the development and implementation of NID integrated surveillance through sentinel sites and spot check sites and/or DQA.</b></p>	<p>-Scientific publication (ELS) -Protocols developed (HON, DOR)</p>	<p>Dominican Republic, El Salvador, Honduras,</p>		<p>a) El Salvador is working on the implementation of integrated sentinel surveillance of NID in school-age children (STH, Chagas disease and malaria). The country has implemented a nationwide survey to update the epidemiological status of prevalence and intensity of infection of STH and malaria. The results were published in the medical journal Biomedica.</p> <p>b) Honduras is implementing an STH sentinel surveillance protocol through 26 schools and it is planning to develop a protocol for assessing the efficacy of antihelminthic drugs against STH.</p> <p>c) Dominican Republic has elaborated a draft plan for monitoring of lymphatic filariasis and STH.</p>	

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<p><b>1.2.4. Toolbox Monitoring and Evaluation Training Workshop</b></p> <p>Six priority countries implementing integrated actions on deworming and immunization will be trained by PAHO on the use of the toolbox for the integrated monitoring of vaccination coverage, preventive chemotherapy for STH and other public health interventions among preschool and school-age children, in Honduras from 2-6 November 2015.</p>	Evaluation and recommendations on training materials	Colombia, Dominican Republic, Honduras, Mexico, Paraguay	PAHO Comprehensive Family Immunization Unit.	The toolbox was developed by the PAHO Regional Program together with the PAHO Comprehensive Family Immunization Unit.	<p>A national workshop for program managers of NIDs was proposed in Brazil in 2015. However, the National Authorities of Brazil declined this offer due to a high volume of activities for this year.</p> <p>With these funds, other Monitoring and Evaluation activities in priority countries were carried out, as agreed with USAID.</p>
<p><b>1.2.5. Support integrated surveys for STH+malaria in two countries.</b></p>	Survey report and analysis	Mexico, Paraguay	SABIN/AbbVie Foundation, CWW, IZUMI Foundation	<p>a) Mexico is carrying out an integrated survey of STH and malaria in 10 impoverished States. Results will be available by the end of 2015.</p> <p>b) Paraguay is carrying out a national baseline STH survey and the results are expected in early 2016.</p>	
<p><b>1.2.6. Support regional workshop for the inclusion of M&amp;E component within the national or subnational projects, programs, strategies or plans of action for NID.</b></p> <p>a) The NID Regional completed and rolled out the first training course for NID program managers was held in Quito, Ecuador in December 2014.</p>	<p>Meeting report, evaluation and recommendations</p> <p>Adaptation of training materials</p>	Brazil, Colombia, Dominican Republic, El Salvador, Honduras, Peru,	RTI, WHO-NTD Department	<p>This was the first regional training course for NID program managers based on the training course developed by the WHO Department of Control of Neglected Tropical Diseases (WHO NTD Department).</p> <p>The training course was</p>	Bolivia and Ecuador were supported with other sources of funding.

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Delegates from seven countries participated, as well as one advisor of the regional program of NID, and advisors of communicable diseases and health analysis of PAHO offices.				adjusted and integrated to the training course on monitoring and evaluation (M&E) that was also developed by the WHO NTD Department. This integration was done for the following reasons: 1) reinforce the module of M&E that was already included in the training course for NID program managers looking to avoid duplication of information, 2) reduce the number of days for which a national program manager and a national responsible officer for M&E need to be participating in a training course, and 3) reduce costs of implementation of training courses.	

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Reinforcing Malaria Efforts in Haiti</b>					
<b>Key Personnel Responsible: Dr. Keith Carter (CHA/VT)</b>					
<b>Outcome A. Strengthened and optimized implementation of Global Fund Grant on malaria in Haiti</b>					
<b>Activity A.1 Global Fund grant coordination meetings</b>					
<p>1. Attend periodic meetings with the department-level Directors and Program managers to discuss the operational plan for the ongoing GF malaria project</p> <p>2. Support the review of periodic reports to ensure timely submission to the GF</p> <p>3. Participate in at least one monitoring activity with the Departmental Direction of Health Services.</p>	<p>1. PAHO participated in quarterly coordination meetings with department-level directors and representatives from the GF Principal Recipient (PR) and Sub-Recipients (SRs).</p> <p>2. Periodic reports have been submitted to the GF in a timely fashion.</p> <p>3. PAHO participated in joint PNCM supervisory visits to Jacmel (27-28 November 2014), Jeremie in Grand'Anse Department (7-11 April 2015), les Cayes in South Department (11-15 May 2015), Cap-Haitien in North</p>	Haiti	CDC, National Malaria Control Program (PNCM), PAHO/WHO, Population Services International (PSI)	<p>PAHO supported the development of the annual PNCM 2015 operational plan. To prevent duplication of efforts, it factors in interventions and priorities from the upcoming Bill &amp; Melinda Gates Foundation (BMGF)-funded Malaria Zero (previously known as the Haiti Malaria Elimination Consortium) and the approved GF malaria concept note.</p> <p>PAHO has participated in quarterly coordination meetings between the GF PR (PSI) and the SRs. These meetings have allowed PAHO to provide technical input into the implementation of the country's GF malaria grant interventions.</p>	Acknowledging shortcomings in compliance with guidelines and protocols for malaria case management, the PNCM is coordinating with PAHO and other partners to develop capacity-building exercises to improve capacities among operational personnel.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
	Department (09-12 June 2015) to assess the delivery of malaria services and activities, including drug management, diagnosis (microscopic and RDT), data collection, validation of monitoring activities, on-site training, etc.				
<b>Activity A.2 Technical cooperation in resolving implementation bottlenecks including support of diagnostic missions, mapping of country need and development of response strategy, and implementation of progress reviews</b>					
<p>1. Support technical &amp; management capabilities of the PNCM (organization, tasks, responsibilities, plans, dashboard, periodic meetings, strengthen relations with SR and partners, improve operational efficiency)</p> <p>2. Support technical implementation of specific PNCM activities funded by the GF grant</p>	<p>1. A draft referential document that proposes to restructure PNCM staff responsibilities, revise labor standards, and inter-agency coordination, is available.</p> <p>2. Continuous feedback on GF-funded PNCM activities was provided. The PAHO Malaria Advisor participated in two GF Haiti missions in January and March 2015, and in</p>	Haiti	PAHO/WHO, PNCM, PSI, Unité de Coordination des Programmes (UCP)	<p>These missions have enabled PAHO to provide targeted technical assistance towards identified issues hindering progress for the goals of the grant's PR and SRs, including the PNCM.</p> <p>PAHO has submitted a draft document proposing an organizational restructuring of the PNCM; feedback from national counterparts is expected by the end of this year.</p>	None.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
	quarterly GF PR and SR coordination meetings				
<b>Activity A.3 Technical cooperation on preparation of future proposals for submission to the Global Fund and other financial institutions (including contracts and training on proposal development)</b>					
<p>1. Collaborate with partners and stakeholders to support the development of the malaria concept note under the New Funding Model, and support its review if requested by the GF</p> <p>2. Support the PNCM with exploring other resource mobilization possibilities</p>	<p>1. With support from PAHO and other partners, the GF malaria concept note was developed and submitted on 20 April 2015.</p> <p>Responses to the clarifications received from the GF's Technical Review Panel (TRP) were provided by the PNCM, with PAHO and partner support.</p> <p>2. The PNCM, with support from PAHO and other partners, has developed a five year work plan for the BMGF-funded Malaria Zero.</p>	Haiti	Country Coordinating Mechanism (CCM), PAHO/WHO, PNCM, PSI, Sub-recipients of the GF malaria grant (SRs)	<p>The PAHO Malaria Advisor and members of the PAHO Regional Malaria Program have provided support to Haiti to ensure that the country's GF malaria concept note is technically robust, evidence-based, and aligned with Haiti's updated <i>Strategic Plan for Malaria Elimination 2016-2022</i> (PSNEM) and PAHO/WHO recommendations. It was submitted on 20 April 2015, and has been approved.</p> <p>Leveraging WHO/GF funding, PAHO participated in consultation meetings and workshops to analyze and map out the country's malaria burden by strata, identify programmatic and financial gaps, and foster</p>	None.

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				<p>a bottom-up country dialogue among affected populations, NGOs, partners, and other local stakeholders. The concept note underwent a preliminary review by a mock TRP organized in Washington, D.C. (17-19 March 2015), which further served to familiarize attending Haitian attendees with GF review processes and interventions proposed in other submitting countries (i.e. Bolivia, Nicaragua, and Paraguay).</p>	
<b>Activity A.4 Advisor in Malaria Prevention and Control</b>					
Facilitate the contracting of the advisor for the duration of the "Reinforcing Malaria Efforts in Haiti" project	Renewed country support from the Advisor, Malaria Prevention and Control in Haiti	Haiti and Dominican Republic	PAHO/WHO	<p>PAHO completed the hiring process for a Malaria Advisor, based in Port-au-Prince. The incumbent assumed his position effective 12 October 2014. Since then, Haiti has received critical support in the completion of the PSNEM, and in the development of the GF malaria concept note. Current assistance entails supporting the GF grant-making process.</p>	



Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Outcome B. Strengthened malaria surveillance, monitoring, and evaluation (M&amp;E), and reorient towards elimination</b>					
<b>Activity B.1 Technical cooperation on border malaria surveillance, and in monitoring progress and quality assurance in joint Haiti and the Dominican Republic activities (e.g. Global Fund malaria grants, the Binational Plan to Eliminate Malaria and Lymphatic Filariasis in Hispaniola, the Elimination of Malaria from Mesoamerica and Hispaniola (EMMIE) Initiative)</b>					
<p>1. Continued participation in bi-national meetings between Haiti and the Dominican Republic (HAI-DOR), and support coordination between stakeholders and partners</p> <p>2. Support malaria surveillance and implementation of relevant interventions in HAI-DOR bi-national efforts</p>	<p>1. A designated official from the Dominican Republic attended the <i>Malaria Elimination Workshop</i>, held in Port-au-Prince (20-24 July 2015).</p> <p>2. Both countries have identified areas of cooperation under the upcoming malaria GF grant and BMGF-funded Malaria Zero project.</p>	Haiti and Dominican Republic	CDC, Regional Coordination Mechanism (RCM), DELR, DOR counterparts, GF, PAHO/WHO, PNCM, PSI, Planning and Evaluation Unit (UPE)	<p>Through the Malaria Zero project, PAHO has engaged Dominican Republic counterparts to plan continuous binational cooperation activities in alignment with commitments to eliminate malaria from Hispaniola.</p> <p>Having participated in the <i>Malaria Elimination Workshop</i>, Dominican Republic counterparts have expressed interest in having the workshop tailored and replicated.</p>	PAHO has re-scheduled binational activities for the 2015-2016 cycle, with co-funding from the BMGF-funded Malaria Zero project.
<b>Activity B.2 Support the development and consolidation of PNCM epidemiological and performance reports</b>					
1. Review and update procedures for periodic data collection	<p>1. PAHO participates in quarterly MOH meetings to review malaria data.</p> <p>A draft surveillance manual is in development, in collaboration with the PNCM and CHAI; a validation workshop is</p>	Haiti and Dominican Republic	CDC, CHAI, DELR, PAHO/WHO, PNCM, UCP, UPE	<p>This operational surveillance manual will aim to improve the essential criteria for malaria data quality assurance (validity, integrity, reliability, and timeliness).</p> <p>The quality of reporting in the fourth quarter of 2014</p>	None.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>2. Develop and promote individual case reporting.</p> <p>3. Support the PNCM, UPE &amp; DELR in reviewing data collected for periodic reports on epidemiological and performance indicators</p> <p>4. Participation in a regional-level PAHO training on malaria surveillance and data collection</p>	<p>scheduled from 9-11 November 2015 (to be hosted by PAHO).</p> <p>2. A draft individual case reporting form is available, and discussions with the DELR are ongoing to explore individual case reporting at the department-level.</p> <p>3. Periodic epidemiological and M&amp;E reports are collected and available; periodic analyses are conducted to identify reporting bottlenecks at the health unit-level. Analyzed data was used to develop the PSNEM.</p> <p>4. A participant from Haiti was unable to attend a regional-level PAHO workshop on surveillance this period.</p> <p>Twenty-nine national participants were</p>			<p>has improved significantly compared to 2013, with a reporting completeness of approximately 95% (65% for 2013) and a reporting timeliness of 80% (49% for 2013). PAHO will sustain efforts to ensure a systematic on-site data verification during supervisory activities in order to improve data quality.</p> <p>Standard data collection tools have been revised to take into account certain key indicators in the context of pre-elimination, including the disaggregation of data by target group (such as pregnant women and children under 5). PAHO support has also led to the availability of commune-level data from select areas of the country.</p> <p>PAHO supported Haiti to conduct a thorough epidemiological analysis prior to the development of the new PSNEM; a clear stratification was</p>	

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5. Support the development of annual reports for consolidation into the WHO World Malaria Report 2015	<p>trained in best practices in surveillance and data collection during the <i>Malaria Elimination Workshop</i> (20-24 July 2015).</p> <p>5. With collaboration from the PNCM and DLR, the Haiti country report is available and has been submitted to the WHO Global Malaria Programme (GMP), including entomological surveillance data.</p>			<p>done for areas of high and low endemicity, and for areas almost malaria-free, and the current passive surveillance system will be strengthened to best address each scenario. Additionally, an active surveillance system with reactive individual case notification will be installed in priority areas.</p>	
<b>Activity B.3 Country capacity strengthening on malaria surveillance, monitoring, and evaluation (including trainings, workshops, etc.)</b>					
<p>1. Develop curriculum on the reorientation of Haiti's PNCM with a view towards elimination</p> <p>2. Conduct a training workshop on malaria elimination and strengthening surveillance systems, for participants from the ten departments</p>	<p>1. A French-language curriculum on malaria elimination and the reorientation of PNCM activities is available.</p> <p>2. A <i>Malaria Elimination Workshop</i> was held in Port-au-Prince from 20-24 July 2015. Twenty-nine national participants from the PNCM, DELR, UPE,</p>	Haiti and Dominican Republic	CDC, CHAI, PAHO/WHO, PNCM, PSI, UCP, UPE	<p>Recognizing Haiti's commitment to reach malaria elimination by 2020, this curriculum and workshop were designed to enable the country to assess and reorient its efforts towards this aim.</p> <p>This first workshop briefed course participants on the criteria necessary to achieve WHO malaria elimination certification, and provided malaria</p>	<p>These workshops need to be replicated across the country's ten departments in order to optimize impact. PAHO is coordinating with the PNCM to adapt these materials to local needs and conditions and to schedule the first follow-up workshops.</p> <p>The first two workshops are scheduled to be completed by the end of 2015.</p> <p>The Grand'Anse outbreak (22</p>

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	LNSP, and other relevant areas were trained in best practices for reorienting national efforts towards malaria elimination. Collaboration was received from the Carter Center, CDC, and CHAI.			<p>implementers and policy makers with up-to-date knowledge and best practices for decision-making.</p> <p>In response to an outbreak reported in Grand'Anse in September 2015, PAHO provided technical support to the PNCM in its outbreak response.</p>	August – 22 September 2015) resulted in approximately 361 confirmed cases and eight deaths. PAHO is aiding the country to improve outbreak response preparedness, and address underlying issues in Grand'Anse which contributed to this outbreak.
<b>Outcome C. Malaria strategies reoriented towards elimination, and strengthened implementation of interventions, particularly diagnosis and treatment</b>					
<b>Activity C.1 Technical cooperation in the implementation of the updated national malaria strategy and related strategic documents; and in aligning the implementation of the Global Fund Malaria Project</b>					
<p>1. Facilitate the dissemination of the strategic documents</p> <p>2. Hold meetings with relevant units within the MOH and departments to support the strategic plan's implementation</p>	<p>1. The PSNEM 2016-2022 has been developed, and will be disseminated in late 2015.</p> <p>2. Meetings have been held with relevant units within the MOH to promote the adoption of PSNEM 2016-2022 interventions &amp; strategies.</p>	Haiti	CDC, CHAI, DELR, PNCM, PAHO/WHO, UPC, UPE	The PSNEM 2016-2022 has been developed and validated. This evidence-based plan contains the strategy that the country will follow as it embarks on an accelerated route towards achieving zero autochthonous cases by 2020, while simultaneously reinforcing the implementation of the T3 (Test-Treat-Track) strategy.	This plan will require additional support from PAHO and other partners, but thus entailing a funding gap. Leveraging Malaria Zero linkages, PAHO will support partners to address this gap.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Activity C.2 Technical cooperation in the development of standards, guidelines, and procedures relevant to malaria prevention and control (e.g. diagnosis, treatment, vector management, etc.)</b>					
<p>1. Facilitate the dissemination of the treatment guidelines and expand their implementation to healthcare facilities</p> <p>2. Develop materials and support trainings to reinforce the implementation of the guidelines</p>	<p>1. The country will review and update the national treatment guidelines in the coming months, in light of recommendations under the PSNEM 2016-2022.</p> <p>2. The training curriculum developed for the <i>Malaria Elimination Workshop</i> includes modules on diagnosis and treatment, as well as exercises designed to reinforce these areas.</p>	Haiti	CDC, CHAI, PNCM, PSI, and other partners	<p>Recognizing this acceleration towards elimination, PAHO is supporting the PNCM to review and update the national malaria treatment guidelines in alignment with elimination objectives and new WHO guidance (e.g. selection of a second-line antimalarial treatment).</p> <p>In the context of the new PSNEM 2016-2022, policy documents, guidelines, and M&amp;E tools are under revision to reflect this acceleration towards elimination. PAHO is supporting this process and will facilitate their dissemination once the documents are validated.</p>	

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Activity C.3 Technical cooperation for the review and updating of standards, guidelines, and procedures relevant to malaria prevention and control (e.g. diagnosis, treatment, vector management, etc.)</b>					
<p>1. Identify malaria prevention and control standards and protocols that require updating in alignment with the updated Strategic Plan</p> <p>2. Collaborate with partners to adapt technical standards and guidelines as per WHO recommendations and the strategic plan</p>	<p>1. Technical guidelines and standards identified and reviewed.</p> <p>2. Technical guidelines and standards adapted and disseminated. PAHO has supported the preparation and dissemination of 3,000 copies of a revised algorithm for malaria case management.</p>	Haiti	CDC, CHAI, DELR, PNCM, PSI, LNSP, UPC, UPE, and other partners	<p>A revision committee, composed of the PNCM, CDC, CHAI, PAHO, and USP, has been established to revise standards, guidelines and malaria case management policies in order to adapt them to the national elimination goals for 2020.</p> <p>With PAHO support and USAID funding, the algorithm for malaria case management was updated, printed, and disseminated. The guidelines and policy documents are under review to include the selection of a second-line treatment antimalarial; the malaria surveillance manual is pending MOH validation.</p>	

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<b>Activity C.4 Technical cooperation on advocacy, communications, and health education / promotion on malaria prevention and control (including meetings, events, workshops, and documentation of best practices)</b>					
<p>1. Review and adapt advocacy documents highlighting best practices</p> <p>2. Support information dissemination during World Malaria Day (25 April 2015) &amp; Malaria Day in the Americas (6 November 2014)</p>	<p>1. Advocacy and malaria education materials available.</p> <p>2. Malaria advocacy and awareness information was disseminated during the World Malaria Day event in Haiti on 6 November 2014 and 25 April 2015.</p>	Haiti	CDC, PAHO/WHO, PNCM, PSI	Advocacy and malaria prevention awareness efforts targeted high-level policymakers during an official ceremony for World Malaria Day (25 April 2015) in Grand'Anse.	Recognizing a recent malaria outbreak in Grand'Anse in September 2015, PAHO will continue to prioritize this department for future malaria prevention and control information campaigns.

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<b>Expansion of TB Program Funding</b>					
<b>Key Personnel Responsible: Drs. Mirtha del Granado and Rafael Lopez (CHA/HT)</b>					
<b>Objective 1: Expand the innovative approach to TB control in large cities of LAC, strengthening engagement of programs and sectors that can contribute to address the social determinants of health and other health programs to assure integrated care</b>					
<b>Outcome 1.1 Political commitment for the framework of TB control in new large cities at national and local level secured</b>					
<b>Activity 1.1.1 Visits to the selected new cities to present the framework to national and local authorities and gather support for its implementation</b>					
<p>In January 2015, the Framework for TB control in large cities was introduced to the Dominican Republic, during a technical assistance mission in order to begin support for its implementation.</p> <p>In September 2015, two visits were conducted by the subregional TB Advisor for Central America to officially introduce the Framework and obtain the formal political commitment of political authorities for implementation of the initiative:</p> <ul style="list-style-type: none"> <li>• <b>San Salvador, El Salvador</b> (7-11 September 2015)</li> <li>• <b>Santo Domingo, Dominican Republic</b> (28 September – 8 October 2015).</li> </ul> <p>The PAHO country office focal points and subregional advisors have maintained follow up with each country after the initial visit, and follow up visits are planned to each (El Salvador in November 2015 and Santo Domingo in January 2016).</p>	<ul style="list-style-type: none"> <li>- Mission reports, highlighting the political commitment of the national authorities</li> <li>- Road map for next steps in El Salvador</li> </ul>	<p>Dominican Republic, El Salvador</p>	<ul style="list-style-type: none"> <li>• Ministries of Health of each country</li> <li>• Mayor of San Salvador.</li> <li>• Municipality of National District of Santo Domingo.</li> </ul>	<p><b>El Salvador:</b> The Minister of Health of El Salvador recognized the importance of this initiative and committed to support it completely. The opportunity to address the social determinants of health was highlighted, which impact not only the TB situation in the country as well as other important public health events. A team with in the National TB Program (NTP) was formed to lead the process and a road map was elaborated to define next steps.</p> <p><b>Dominican Republic:</b> In the first official visit, the epidemiological mapping and definition of key social determinants of health were finalized, allowing for identification of the priority</p>	<p>Despite introduction to Panama during the first half of this year, it was determined that the city was not the best candidate for implementation of the initiative, with needs to strengthen local level services prior to moving forward.</p> <p>In the first mission to El Salvador, it wasn't possible to finalize the epidemiological mapping and of social determinants of health in order to identify the best area for initial intervention, as the detailed information needed for this analysis could not be acquired in the needed time. The epidemiologist of San Salvador and cartographer of the MOH were trained in the methodology of the mapping, in order to finalize with the complete information</p>



Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>Both countries have already included the initiative for TB in large cities in their Concept Notes recently presented to the Global Fund, further ensuring its sustainability and political commitment.</p>				<p>zones for intervention in the National District (Area 4, Domingo Savio and Gualey). A team within the NTP was also formed to lead the process and a workplan with roadmap and timeline were developed to define next steps.</p>	
<p>In <b>Guatemala</b>, the Framework for TB control in large cities was re-introduced to the new authorities of the Ministry of Health, after changes in leadership this year including the NTP Manager.</p>	<p>-National TB Strategic Plan of Guatemala and recently presented TB Global Fund concept note with initiative for TB control in large cities included</p>	<p>Guatemala</p>	<p>Ministry of Health and NTP of Guatemala</p>	<p>A key achievement in Guatemala is the inclusion of the initiative for TB in large cities and its expansion in the National TB Strategic Plan 2016-2020 as well as the TB Concept Note recently presented to the Global Fund, showing compromise from the country despite recent political changes.</p>	<p>During this period the main challenge has been the changes of personnel and leadership in the MOH, including changes in the NTP Manager. The new authorities showed commitment to the framework when reintroduced however.</p> <p>Recently the country went through a political upheaval, resulting in resignation of the president and changes in the central government as well as at local level in the intervention area of the project in January 2016. This presents the potential challenge of having to secure commitment with the new authorities, as well as difficultly moving forward while in political transition.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>In <b>Paraguay</b>, where the Framework was initially introduced in 2014, the Subregional TB Advisor made a follow up visit in August 2015 to advocate for the initiative of TB in large cities in the country (including an Official visit to the Vice Minister of Health) and to agree on principal strategies and propose next steps.</p>	<p>-Strengthened commitment to the initiative in Paraguay (Asuncion and San Lorenzo)</p>	<p>Paraguay</p>	<p>MSPBS, NTP</p>	<p>Commitment has been obtained from the highest authorities of the MOH and representatives of San Lorenzo (municipality, regional health director). The Junta Municipal of San Lorenzo declared TB a health interest of the municipality through a resolution.</p> <p>A Plan of Action with principal activities has been elaborated, to present to the authorities.</p>	<p>After the initial introduction of the initiative in Paraguay, two intervention sites were identified; however momentum to move forward was lacking in the country, additionally stalled by the need to duplicate efforts (commitments, mapping, products) in two separate zones. This year the country has shown renewed commitment by authorities and is moving forward.</p>
<p><b>Activity 1.1.2 Support meetings between health authorities and authorities of other sectors to identify areas of joint work on TB control</b></p>					
<p>In the <b>Dominican Republic</b>, meetings were held with representatives of the Mayor of the National District of Santo Domingo as well as with the Head of Health for the Direction of Provinces to introduce the framework.</p> <p>Two intersectoral meetings hosted by the NTP of <b>Paraguay</b> in the San Lorenzo zone took place in August, during which involvement and commitment to the initiative was obtained from all present. Through group work sessions, strengths, weaknesses, and barriers</p>	<p>-Mission report</p>	<p>Dominican Republic, Paraguay</p>	<p>Municipality of National District of Santo Domingo, NTP of Paraguay, Zone of San Lorenzo</p>	<p>The Santo Domingo city government recognized the importance of the initiative and has committed their complete support.</p> <p>As a result of the additional advocacy, follow up visits and the meeting for Exchange of Experiences in TB control in large cities, a multisectoral and interinstitutional agreement was signed in</p>	<p>Stigma and discrimination is a challenge in Paraguay, seen in health personnel as well as in the community. Other social determinants of health also hinder adherence to treatment and significant social support is needed.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>faced by TB patients were identified, not only in the health sector but also in the community in general. These comments were included in the development of the work plan.</p>				<p>Paraguay with the objective to support campaigns for promotion, prevention and education to improve TB control in San Lorenzo.</p> <p>A document was signed for the formation of a multisectoral alliance of public and private institutions.</p>	
<b>Activity 1.1.3 Yearly meeting of local authorities to assess progress and sensitize new selected cities (World TB Day)</b>					
<p>This year the 2015 World TB Day Commemoration was held in Lima, Peru, through a series of events organized at country and regional level. PAHO organized a panel discussion with the topic “How do we renew our commitment to eliminate TB in the Americas?” led by the PAHO/WHO Representative of Peru and including interventions from a variety of perspectives: the Viceminister of Health of Peru; Joan Benach, an expert in social determinants of health; Karen Rivas, an ex-MDR-TB patient and current community leader from Colombia; Josefina Townsend, a Peruvian journalist, and the President of the Health Commission of the Parliament of Peru.</p>	<p>-Live-streamed panel discussion for World TB Day 2015 -Brochure on interventions from the event</p>	<p>Peru, All PAHO Member States</p>	<p>Ministry of Health of Peru</p>	<p>The variety of perspectives presented in the panel allowed for a rich discussion on the need for a multisectoral, integrated approach to close the gaps faced in tuberculosis control in the Americas especially in cities.</p>	<p>Two of the originally invited panelists were unable to attend; however, it was possible to fill with other qualified speakers and maintain the intended diversity of the panel.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
In addition, side events included a research symposium and the approval of the Law #30287 in Peru for <i>Prevention and Control of TB with a Multisectoral Approach</i> .					
<b>Outcome 1.2 TB control framework for large cities implemented in selected countries</b>					
<b>Activity 1.2.1 Develop an inventory and map the epidemiological situation to identify the vulnerable and at risk populations as well as the health providers in each large city</b>					
During the official visit to the <b>Dominican Republic</b> in September 2015, the country was able to finalize the epidemiological mapping necessary in order to identify the priority zones and areas of intervention: Area 4, including Barrios Domingo Savio and Gualey.	-Mapping of epidemiological situation	Dominican Republic	Ministry of Health	None.	None.
Finalization of the diagnostic phase of the project in <b>Guatemala</b> has included completion of the mapping of health providers; georeferencing and interviews with TB patients registered with the MOH from 2012-2014 in the selection area; the survey of hospitals in Guatemala City; characterization of the populations in the selected area and identification of barriers to access health services; analysis of key actors and proposal for intersectoral work and with different health authorities.	- Report on mapping and inventory of health providers in the intervention area - Maps with georeferencing of TB patients and providers - Report on survey of hospitals for identification of strengths and weaknesses for elaboration of	Guatemala	MOH, NTP	Finalization and diffusion of the products from the diagnostic phase has served the country with an updated picture of the TB situation in the city and provided key inputs for the implementation plan.	The change in authorities and political upheaval faced in the country this year has caused delays in the timeline originally planned.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
	<ul style="list-style-type: none"> <li>workplan</li> <li>- Report on characterization of the vulnerable populations</li> <li>- Report on barriers to access health services faced by TB patients in the intervention area.</li> <li>- Report on analysis of involved actors and proposal for inclusion of TB in the action plans of different sectors and other health programs</li> </ul>				
<p>In Tijuana, <b>Mexico</b>, the three levels of the Secretary of Health (Federal, State, Municipality) have worked with PAHO's technical support team to define the TB priority areas in the city.</p> <ul style="list-style-type: none"> <li>- Visits were made to different universities and NGOs in the state and municipality to map possible stakeholders;</li> <li>- Terms of reference to carry out 6 studies to characterise the selected area were elaborated and circulated among the identified partners</li> <li>-The consultant was selected after a competitive process and the six studies were carried out.</li> </ul>	<ul style="list-style-type: none"> <li>- Geographical area of the project, defined in Tijuana city</li> <li>- Six studies carried out to characterise the area of Tijuana selected for the project:</li> <li>1.Mapping of Health providers and other key stakeholders for the health sector</li> <li>2. Assessment of TB health services provision at Health units and hospitals</li> </ul>	Mexico	Secretary of Health: Federal, State, Municipality, PAHO Federal Commission for the Protection against Health Risks (COFEPRIS), Mexican Institute of Social Security for Private Workers (IMSS), State Employees Social Security and Social Services Institute (ISSSTE), Mexican	<p>An inter-programmatic approach was applied and all programmes and units participated.</p> <p>Social determinants involved in TB were considered in the model for prioritization.</p> <p>All health sector institutions participated in the 3 levels</p>	<p>As a Federal country, with decentralized decision-making by states (Baja California) more coordination is often needed among levels and negotiations. This can create delays until concurrence or agreements are reached. To decrease this risk, motivation and encouragement at the different levels needs to be maintained, including regular visits to the 3 levels.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
	3. Characterization of the Population and risk factors of the intervention area of the TB Project in Tijuana 4. Identification of barriers and gaps for health services Access in the Project area population 5. Strategic document for inter-sector approach within the intervention area of the project in Tijuana 6. Strategic document for the coordination of health sector under the TB Project		Petroleum Social Security (PEMEX), Secretary of National Defense (SEDENA), Secretary of Navy (SEMAR)		
<p>In <b>Paraguay</b>, in addition to the epidemiological mapping, the survey of hospitals was finalized to obtain information on TB control activities developed in the hospitals of San Lorenzo and Barrio Obrero (including MDR-TB and TB-HIV).</p> <p>A consultant has been hired to finalize the mapping and identification of barriers to access health services in the Barrio Obrero zone.</p>	<p>- Report on survey of hospitals</p>	<p>Paraguay</p>	<p>MOH, NTP, Authorities of San Lorenzo and Barrio Obrero</p>		<p>Hiring of a local consultant for the mapping and survey of formal and informal health providers carrying out TB control activities, as well as mapping of social actors in San Lorenzo, is pending.</p> <p>The situation analysis stage is in finalization and required for full implementation of the strategy and the plan, in the zone of San Lorenzo initially and then to the zone of Barrio Obrero.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Activity 1.2.2 Development of an implementation plan of the framework according to the needs of each vulnerable population with an interprogramatic approach</b>					
Identification of areas for interprogramatic work and priority activities to include in the implementation plan of the project in <b>Guatemala</b> has begun during periodic meetings for review of the progress made in the diagnostic phase with the NTP and local health authorities, including representatives from other programs.	Draft implementation plan	Guatemala	Fundación Damián	None.	A meeting with all key actors including participation of the Regional TB Advisor was planned for June 2015 for elaboration of the implementation plan; however, this was canceled due to the political situation in the country at the time. The rescheduled date for the meeting is pending.
<p>For selection of the area of work in the city of Tijuana, <b>Mexico</b>, several scenarios were presented to the following authorities, taking into consideration the evidence of the 6 studies and an initial timetable to work in the future:</p> <ul style="list-style-type: none"> <li>- Federal authorities (different institutions of the health sector)</li> <li>- State stakeholders of different Health sector institutions meeting</li> <li>- Jurisdiction health sector institutions</li> <li>- Other sectors and stakeholders in the Jurisdiction</li> </ul> <p>The Border Health Binational Commission – Mexico section, an important stakeholder, included this TB project in their work plan and supported a workshop in Tijuana with</p>	- Four meetings to present the TB project in Tijuana, including the defined area of the city and its characterization	Mexico	Secretary of Health IMMS, ISSSTE, CONADIN, Municipality of Tijuana, PAHO country office	<p>Not only TB cases were mapped in the model but also HIV and chronic diseases.</p> <p>Variables for social determinants of health were included in the model to define the area.</p> <p>The Federal TB programme is planning to expand the initiative to other border cities and /or to cities with the higher prevalence. The list of possible cities is being defined</p>	<p>Due to future elections in the State of Baja California, political problems have led to constant rotation of personnel in the Jurisdiction of Tijuana and the State TB programme. This delays all activities.</p> <p>Political commitment from the Federal level and motivation to the local team is needed in order to continue progress.</p> <p>Funds will be a constraint for the federal, state and local level. PAHO/MEX supplies key support of funds and personnel to accompany this project.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>an expert in strategic planning. Participants from the State of Baja California and Federal Level were included. During the workshop the 6 studies were used and Stop TB Global strategy was included in development of the work plan.</p> <p>The TB Subregional Advisor for Central America visited Tijuana, Mexico from 24-28 May 2015 in order to provide additional technical support for development of the implementation plan in the city and selected intervention areas.</p>					
<p><b>Paraguay</b> has developed a draft action plan, pending final results of the remaining studies in order to receive final approval.</p> <p>Activities directed towards the San Lorenzo community in general have already begun.</p>	Draft action plan	Paraguay	MOH, NTP Paraguay	The plan developed fully aligns with the strategies and approaches outlined in the Framework for TB control in large cities	None.
<b>Activity 1.2.3 Technical support for the implementation of the plan, including the different components of the TB strategy</b>					
PAHO has supported with technical assistance in this process at the country, subregional and regional level for all countries involved.	-Technical assistance for implementation of the initiative through all levels of PAHO staff	Brazil, Colombia, Guatemala, Mexico, Paraguay, Peru, Uruguay	MOH, NTPs, Municipal governments	The support provided by country, subregional and regional focal points has been acknowledged by national and local staff. However, most countries have demonstrated remarkable ownership to the project important to its success in the long term.	None.



Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Activity 1.2.4 Support for capacity building for health personnel on TB control in large cities</b>					
During the September missions to <b>El Salvador</b> and <b>Dominican Republic</b> , the technical teams within the NTPs assigned to lead the initiative in the countries were trained in the methodology for epidemiological mapping of TB according to the geographic divisions at the sub-municipality level, incorporating social and economic variables.	-Mission reports	Dominican Republic, El Salvador	NTPs	The technical teams of the NTPs of each country were well trained in the methodology for epidemiological mapping of TB in their cities, promoting country ownership of the initiative in its beginning stages.	None.
In <b>Tijuana</b> , the TB team in the jurisdiction was changed, presenting a need for additional training of the new TB leader and team. A core TB textbook was selected and procured.	TB textbooks delivered for the Tijuana's Health Jurisdiction	Mexico	Secretary of Health: Federal, State, Municipality PAHO	The TB textbooks shared allowed the project team to increase knowledge of the disease management and increased motivation of the local personnel.	The training programme in TB has not included education material at the local level.
In <b>Guarulhos</b> , many trainings focused on health care workers at the primary level of care were conducted this year, including development of a training for those who assist the migrants.	Health care workers trained at the primary level	Brazil	Secretary of Health of Guarulhos	In Guarulhos, trainings on TB and tobacco, TB and diabetes, molecular rapid testing, TB treatment, and TB in migrants were conducted	None.
<b>Activity 1.2.5 Meeting to exchange experience between large cities implementing the framework and new cities in initiation phase</b>					
The <i>Second Regional Meeting for Exchange of Experiences in TB Control in Large Cities</i> was held in from 25-27 August 2015 in Asuncion, Paraguay, with participation of 8 countries.	-Meeting report	Brazil, Colombia, Dominican Republic, El Salvador Mexico, Paraguay, Peru, Uruguay	MOH and NTP of Paraguay	All country participants emphasized the importance of the initiative in their cities, as well as the value of being able to share experiences with those currently	Unfortunately Guatemala was unable to attend, as the participants' authorization to travel was revoked due to the political situation in the country at the time.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>During the meeting, the topic of analysis of mortality in cities was addressed with two presentations from Bogota and Guarulhos, showing impressive results.</p>				<p>implementing the initiative in different realities. The opportunity for countries in beginning stages to view progress from the initial pilot countries created a forum for documentation and use of lessons learned.</p> <p>The local participation of Paraguay was very strong and the event has resulted in a renewed political commitment from authorities of the host country.</p> <p>Other PAHO country office focal points have also reflected that personnel who participated were even more engaged and motivated upon their return after the meeting.</p>	
<p>At country level, under the framework of the USA-Mexico Border Health Commission, different forums and working groups carry out an annual plan. During the inauguration of the Binational Health Week, the Mexican section (General Director of Preventive Programmes) presented the "TB Tijuana project" in Oakland, California.</p>	<p>Presentation of the Tijuana TB Project during the Binational (USA-MEX) health week and migration forum.</p>	<p>Mexico</p>	<p>Secretary of Health: Federal, State, Municipality PAHO</p>	<p>The experience of Mexico's project on TB in large cities in Tijuana was included in the communicable diseases panel of the binational meeting and shared with participants from both countries.</p>	<p>None.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Activity 1.2.6 Support for evaluation of the implementation of the framework and planning for expansion within the city and other cities</b>					
<p>An expert-level consultant in Lima, Peru was hired from May-July 2015 to conduct the evaluation of the three pilot cities with initial implementation of the project: Bogotá, Colombia; Guarulhos, Brazil, and Lima, Peru.</p> <p>A methodology for the interviews was developed as the consultant's first product, and interviews were conducted in Lima as well as through visits to Guarulhos and Bogota.</p>	Evaluation report in Spanish, with English translation pending	Brazil, Colombia, Peru, and all other current and future countries with projects related to TB in large cities who may benefit from the lessons learned	USAID; NTPs of Brazil, Colombia and Peru; Municipal and local governments	The report resulting from evaluation of the three pilot cities in this project will be a valuable source of documentation of the projects' progress, challenges and lessons learned to disseminate to future projects.	Identification of a qualified consultant for the product was a challenge, and resulted in delay of this task to the current year of the grant when it had been planned to occur in Year 3. Also, due to the consultant's schedule the finalization of the product was delayed. However, he was able to participate in the meeting for exchange of experiences in TB in large cities in Paraguay and present his findings, which proved very helpful for all country participants.
<b>Outcome 1.3 Innovative approaches for TB control in vulnerable populations (indigenous groups, inmates, African descendants, migrants, TB contacts, children and the poor) implemented in large cities</b>					
<b>Activity 1.3.1 Meetings on TB control on vulnerable populations</b>					
<p>The workshop on Catastrophic Costs of TB took place in Panama in May 2015 (back-to-back with the NTP managers meeting).</p> <p>In coordination with PAHO's mental health department and the Center for Addiction and Mental Health (PAHO</p>	-Meeting report	<p>5 countries</p> <p>All PAHO member states</p>	<p>WHO HQ, World Bank</p> <p>PAHO Mental Health Unit, Center for Addiction and</p>	During this meeting participating countries were able to understand the importance of analyzing the impact of TB on patients and their families in order to better know the catastrophic cost to patients in the country.	The protocol on TB and mental health is expected by the end of 2015.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>CC), a review of the literature of TB and mental health is underway to identify the gaps in knowledge and develop a research protocol on TB and mental health.</p> <p>A consultant was contracted for development of the document on TB in migrants. This document was recently finalized and will be disseminated among countries.</p> <p>The TB Regional Program developed two articles on vulnerable populations: <i>Social determinants and inequalities tuberculosis incidence in Latin America and the Caribbean</i> (to be published in the Pan American Journal of Public Health) and the <i>Epidemiologic situation of TB in children in the Region of the Americas</i> (publication pending).</p>			Mental Health		
<b>Activity 1.3.2 Technical assistance on childhood TB and participation of Regional experts in pediatric meetings</b>					
<p>The second meeting on Childhood TB and MDR-TB took place in December 2014 in Cancun, Mexico, concurrent with the Pediatrics Conference of the Americas which participants of the PAHO working group also attended.</p> <p>In follow up to this meeting, Regional experts have led or participated in pediatric conferences and events in their countries for additional advocacy</p>	Meeting Reports, Progress reports,	Brazil, Colombia, Honduras, Paraguay	TB Alliance	<p>A third meeting on childhood TB, organized jointly with TB Alliance, is being planned for October 2015 in Brazil. 7 USAID-funded countries will be invited.</p> <p>During the recent mission to <b>Paraguay</b> (August 2015), a special workshop</p>	None.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>for childhood TB:</p> <ul style="list-style-type: none"> <li>- TB in the AIEPI context (Colombia, Feb 2015)</li> <li>- Childhood TB conferences hosted for World TB day (Colombia, March)</li> <li>- Workshop on Programmatic management of childhood TB (Brazil, May 2015)</li> <li>- Workshop on Childhood TB diagnosis and contact tracing (Honduras, May 2015)</li> <li>- WHO recommendations on childhood TB presented during the XV meeting of the Latin-American Society of Pediatric Infectology (July 2015).</li> </ul> <p>An evaluation of the childhood TB guidelines, including presentation of the guidelines on management of latent TB infection, was discussed during the NTP Managers meeting (Panama, May 2015).</p>				<p>was arranged to provide additional capacity building specific to childhood TB as requested by the country. 39 participants attended, and included monitoring and evaluation of the situation of pediatric TB in the country. The mission report was presented to the national authorities, securing political commitment from the government to this topic.</p>	
<b>Outcome 1.4 Communities actively involved in TB control in large cities</b>					
<b>Activity 1.4.1 Support development of educational materials for community involvement in TB control in large cities</b>					
<p>The cities implementing the framework have had successful experiences in involvement of the community in the initiative for TB control in large cities, including local-level World TB Day events, promotion of TB education in local fairs and training for community health workers.</p>	<p>-Educational materials on TB for the community</p>	<p>Brazil, Colombia, Mexico, Paraguay, Peru, Uruguay</p>	<p>NTPs, Municipalities, Community organizations</p>	<p>None.</p>	<p>It has not been possible to introduce this component yet in Guatemala.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Activity 1.4.2 Support for activities to foster community involvement (workshops, patient groups and others)</b>					
<p>In <b>Paraguay</b>, participation of the community was stimulated through activities during a local fair in the plaza of San Lorenzo, with participation of students from the Institute of Nursing Andres Barbero of the National University. This included a theatrical presentation demonstrating a skit about TB infection, as well as information on TB prevention activities and community.</p>	<p>-Presentations on TB in community events</p>	<p>Brazil, Colombia, Mexico, Paraguay, Peru, Uruguay</p>	<p>NTPs, Municipalities, Community organizations</p>	<p>None.</p>	<p>None.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Objective 2: Contribute to complete the unfinished agenda of TB control in LAC promoting exchange of experiences between countries (south – south cooperation) visioning the way towards pre-elimination efforts and initiation of the post-2015 strategy</b>					
<b>Key Personnel Responsible: Drs. Mirtha del Granado and Rafael Lopez</b>					
<b>Outcome 2.1 Regional TB Plan 2016-2025 developed and endorsed by NTP Managers</b>					
<b>Activity 2.1.1 Prepare and conduct initial writing committee meeting</b>					
The writing committee meeting was held in December 2014, with participation from 20 professionals, including regional experts, consultants, partners, representatives of TB priority countries and PAHO Staff.	-Consolidated comments and recommendations from the writing committee  - Revised TB plan, with comments and revisions incorporated by PAHO staff following the meeting	All PAHO Member States	MOH of Brazil, Costa Rica, El Salvador, Mexico, and Paraguay; The Union, MSH	This meeting provided an opportunity for initial review of the TB plan by Regional experts, allowing for the document to move forward to the process of obtaining consensus from NTP managers of the Region.	During the process of finalization of the TB Plan of Action 2016-2019 (document submitted to PAHO Governing Bodies), and the accompanying Regional TB Plan 2016-2025 (document to guide the work of the Region in line with the Plan of Action), it was determined that the Regional Plan should be called "Guidance for implementation of the End TB Strategy in the Americas" in order to avoid confusion.
<b>Activity 2.1.2 Conduct Meeting of National TB Program Managers and Regional experts for review of draft Regional TB Plan</b>					
The meeting of NTP Managers was held in Panama in May 2015, with attendance of national participants from 16 countries, regional experts, and PAHO/WHO staff. During this event, the plan was reviewed and countries had the opportunity to give comments and revisions to the plan	-Meeting report  -Revised TB plan, incorporating comments from NTP managers in to the version to be presented to Governing Bodies	Bahamas, Chile, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Trinidad and Tobago	USAID, WHO, HSS, MSH, The Union	The meeting concluded with valuable conclusions and recommendations from the NTP managers representing Member States.  The Plan of Action for Prevention and Control of Tuberculosis 2016-2019 was approved by PAHO	While the finalization of this document took over a year, the consultation process was a key element to arrive at a finalized version of the Plan approved by Member States and including comments from NTP Managers of the Region.  Invited participants from Belize, Guadeloupe, Guyana,

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
				member states during the 54th Directing Council in September 2015.	Suriname, and Uruguay were unable to participate.  Participation of Argentina, Bolivia, Nicaragua, and Venezuela was funded by other sources.
<b>Activity 2.1.3 Prepare and conduct a meeting of the Technical Advisory Group (TAG) to the Regional TB Program</b>					
This event will take place in 2016, as prior approval of the Plan of Action for the Prevention and Control of Tuberculosis by PAHO Governing Bodies was required, considering the plan is a key document for discussion in the TAG.	None.	All PAHO Member States	The Union, MSH, WHO, USAID,	None.	The need for a finalized Plan of Action resulted in postponement of this meeting. However, it is a priority for 2016, the final year of the grant.
<b>Activity 2.1.4 Consultant for development of the Regional Plan, including costing</b>					
<p>The consultant was hired from October to December 2014 and developed the draft Regional Plan in coordination with the PAHO Regional TB Program.</p> <p>This process included initial brainstorming sessions for the plan's outline; meetings with PAHO colleagues in other departments linked to TB such as social determinants of health, tobacco, diabetes, HIV, health systems and medications); several draft versions of the plan which were submitted to internal review; and ultimately</p>	- Draft Regional TB Plan, version used for discussion in the December 2015 Writing Committee meeting	All PAHO Member States	WHO HQ, PAHO colleagues in HIV, HSS, Diabetes, Social Determinants of Health, Gender & ethnicity, Human Rights, Non-Communicable Diseases, Mental Health	The plan developed is fully in line with the Global End TB Strategy developed by WHO. Given the approval of the Plan of Action for Prevention and Control of Tuberculosis 2016-2019 by PAHO Governing Bodies in September 2015, PAHO will move forward with technical assistance for its implementation.	There have been delays in the finalization of the costing of the plan due to revised versions after consultations from Member States and PAHO's Governing Bodies. This is expected to be finalized by the end of 2015.



Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
finalization of a draft used for discussion of the Writing Committee in December 2015.					
<b>Activity 2.1.5 Consultant for evaluation of Regional Plan 2006-2015</b>					
<p>This activity was modified to include evaluation of achievement of targets in the previous TB plan as well as the Millennium Development Goals during the Regional meeting in Panama.</p> <p>This was covered through a group work session, during which country participants, experts and PAHO staff discussed and evaluated progress in reaching the TB goals based on a template developed with each target. An article will be prepared next year.</p>	- Report of NTP Managers Meeting (Panama, May 2015)	All PAHO Member States	None.	The Region successfully achieved the MDGs related to TB incidence, mortality and prevalence. With respect to the indicators of the Stop TB Strategy, the Region achieved the target for case detection but not for cure rate.	<p>Some countries are at risk of not achieving the Stop TB targets related to prevention and mortality.</p> <p>There remain important gaps in laboratory services and quality provision of TB care services to vulnerable populations.</p> <p>The ambitious End TB Strategy and Regional Plan of Action 2016-2019 aim to close these gaps.</p>
<b>Outcome 2.2 Capacity of the National TB programs strengthened</b>					
<b>Activity 2.2.1 Support the Center of Excellence for capacity building on the different components of the Stop TB strategy</b>					
This year, capacity building for staff of the El Salvador NTP involved in the TB Center of Excellence (TB-CE) was supported, including participation of professionals in the Union's International TB and MDR-TB courses, a national-level nursing conference, as well as additional participants to the Regional NTP Manager's Meeting.	-Continued capacity building for CE-TB staff	El Salvador	NTP of El Salvador, PAHO ELS Country Office	The El Salvador NTP has been strengthened with additional staff trained.	<p>This year many countries, including El Salvador, expressed the need to prioritize the submission of their Global Fund concept note.</p> <p>A plan for 2016 capacity building needs for staff who support the CE-TB will be developed following the next</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
					rotation of professionals in the Region in November 2015.
<b>Activity 2.2.2 Support NTP capacity building through visits to the Center of Excellence, exchange of experiences and lessons learned</b>					
<p>The fourth rotation of the CE-TB took place from 24-28 November 2014, with participation of professionals from 4 countries.</p> <p>The next rotation of countries to the CE-TB will take place in November 2015.</p>	-Report of the rotation	Belize, Costa Rica, Dominican Republic, Panama	NTP of El Salvador, PAHO ELS Country Office	Participants' awareness of how TB prevention and control can be properly conducted was witnessed during the rotation and all were committed to incorporate what was seen in their own working context.	The next rotation of the Center of Excellence was postponed twice during 2015; however, the NTP, PAHO country office and Regional Program have confirmed the dates of 16-20 November for the next rotation. This will have a focus on infection control (linked with Activity 2.4.3).
<b>Activity 2.2.3 Technical assistance and M&amp;E missions to NTPs</b>					
<p>Continuous technical assistance has been provided by PAHO's TB Program at regional, subregional and country office level in the review of national strategies and plans, preparation and review of concept notes to the Global Fund, and other needs as requested by countries.</p> <p>The following M&amp;E / TA missions were conducted to countries this grant year:</p> <ul style="list-style-type: none"> <li>Haiti, 7-13 December 2015 (M&amp;E of MDR-TB)</li> <li>Paraguay, February 2015 (M&amp;E)</li> <li>Belize, 6-10 July 2015 (M&amp;E + TA)</li> </ul>	Mission Report	Belize, Brazil, Haiti, Paraguay, Panama	The Union, rGLC, SNLs, PAHO country offices	<p>Thanks to a variety of funding for TB technical assistance, other country missions have taken place under the framework of technical assistance and M&amp;E of MDR-TB through the rGLC, as well as the WHO/Global Fund agreement for development of TB concept notes.</p> <p>PAHO has also received USAID support for TA to Haiti and the Dominican Republic specifically, through WHO agreements</p>	The postponement of missions due to country commitments can be a challenge, but most were finally conducted through further discussion and negotiation with the Ministry of Health and PAHO country offices.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<ul style="list-style-type: none"> <li>Brazil, 10-17 August 2015 (M&amp;E)</li> </ul> <p>The M&amp;E missions to Jamaica and Peru are planned for October 2015.</p>				with the Global Health Bureau.	
<b>Activity 2.2.4 Prepare and conduct an evaluation and exchange of experiences meeting on the implementation of the Post-2015 TB Strategy including the laboratory network</b>					
<p>The meeting of the TB Laboratory Working Group took place in Panama on 15 May 2015 following the NTP managers meeting with participation of the Region's supranational laboratories and experts.</p> <p>*The 2015 NTP Managers meeting took place in the form of review meeting of the Regional TB Plan, linked with Activity 2.1.2.</p>	- Meeting report	Chile, Mexico, All PAHO member states with an assigned reference laboratory	Supranational TB Laboratories of Argentina <sup>17*</sup> , Chile, Mexico, CARPHA	The two products determined priorities for the Region at the conclusion of the meeting are set to be finalized by the end of this year. The modules on implementation of Xpert were translated to Spanish and the guidelines on drug susceptibility testing (DST) are being developed.	Countries are still slow in adopting rapid diagnostic technologies in laboratories.
<b>Activity 2.2.5 Develop, edit and print reports, guidelines, plans and training materials on the different aspects of TB control</b>					
A consultant was hired for development of the 2015 Regional Report "TB in the Americas", as well as a consultant for the elaboration of the chapter on Financing for TB control. The English version was finalized and put on the website. The translation of the document to Spanish was recently finalized.	- 2015 Regional Report	All PAHO Member States	WHO HQ	The moratorium on publications is now being loosened and the CHA Department Director has advocated for approval of the Unit's publications still waiting for review, approval and ISBN numbers.	Extensive delays were faced in the translation of the Regional report to Spanish, due to the requirement to use PAHO Translation services and thus be dependent on level of priority the unit puts on the organization's documents (e.g. Governing Bodies and Executive

<sup>17</sup> No USAID funds have been used to support Argentina.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>The document “Lineamientos para la Implementación del Control de Infecciones de TB” was printed and disseminated to Spanish-speaking countries of the Region.</p>					Management requests).
<p><b>Activity 2.2.6 Workshop/meeting on TB control for English-speaking Caribbean countries</b></p>					
<p>Representatives from the English-speaking Caribbean countries participated in the meeting of NTP Managers on 12-14 May 2015 (linked with Activity 1.2.1)</p> <p>A short intensive clinical TB-HIV co-infection training for Caribbean clinicians was held in St. Lucia from 1-3 September 2015 with support of PAHO and the Union, including participation of 3 nurses and 18 doctors, all of them working and already with experience in TB and HIV from 9 Caribbean countries. This is linked with Outcome 2.4 related to TB/HIV).</p> <p>In addition, the Regional TB Advisor participated in the workshop for development of a multicountry concept note to the Global Fund for six Eastern Caribbean countries (supported by other funding). This was submitted, approved and currently in the process of grant negotiation.</p>	<p>-Final course report</p>	<p>Antigua and Barbuda, Barbados, Bahamas, BVI, Guyana, Grenada, Jamaica, St. Lucia, St. Vincent, St. Kitts and Nevis, Trinidad and Tobago</p>	<p>The Union, PAHO's Caribbean Program Coordination (CPC), CARPHA</p>	<p>Very positive feedback was received from participants in the TB-HIV course in St. Lucia, as well as from the course facilitators, stating that the difference in pre- and post-test results has been one of the largest among this kind of training, demonstrating that the participants gained new knowledge and acquired useful techniques for the management of difficult TB-HIV cases.</p> <p>The multicountry Global Fund concept note has moved forward into grant negotiation.</p>	<p>As discussed in the progress report, this activity was slightly modified to consider participation of the Caribbean in the NTP managers meeting instead of a separate event. Unfortunately invited participants from Belize, Guyana and St. Lucia were unable to attend.</p> <p>The participants from Haiti were unable to attend the course in St. Lucia, but they are aiming to replicate it in the country.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Outcome 2.3 Exchange of experiences on quality DOTS promoted and/or strengthened</b>					
<b>Activity 2.3.1 Provide technical assistance in TB information and vital registration systems and facilitate exchange of experiences to improve them</b>					
PAHO provided technical assistance to countries in the global TB data collection process, including follow up to complete the reporting and resolve questions related to TB Data.  A TA visit to the Dominican Republic is planned for November 2015 in order to support the country in the migration of their TB information system.	- TB database for the Americas 2015	All PAHO Member States	WHO HQ	None.	It was not possible to schedule the meeting on TB estimates in coordination with WHO HQ colleagues in 2015, due to the packed calendar of events at the end of the biennium. This event is planned for March 2016.
<b>Activity 2.2.2 Support workshops on TB drug's management</b>					
This workshop will take place during Year 5 of the grant.					
<b>Activity 2.3.3 Strengthen technical capacity for drug quality control in the drug laboratories of the countries</b>					
In November 2014, a consultant provided technical assistance to <b>Paraguay</b> to support the country's Official Medicine Control Laboratory (OMCL) in a workshop on quality control of TB drugs.	-Workshop report	Paraguay	PAHO HSS Department	None.	Additional TA in drug quality control is being planned for 2016, based on country needs. The Advisor on Medicines and Technologies was relocated to Brazil and the TB program is working with HSS to identify the best focal point for this topic in coordination with their unit.
<b>Outcome 2.4 Exchange of experiences on implementation of TB/HIV collaborative activities supported</b>					
<b>Activity 2.4.1 Support for integration of TB and HIV based on the pilot projects with an approach of integrated care</b>					
The Regional TB advisor traveled to <b>Honduras</b> in February 2015 to follow up on progress made regarding the TB/HIV demonstrative project and the initiation of the pilot phase. After	-Travel reports	Dominican Republic, Honduras	MOHs, NAPs and NTPs of Dominican Republic and Honduras	In both Honduras and the Dominican Republic, despite delays and coordination challenges between national TB and	The change of structure of the Ministry of Health of Honduras resulted in the dissolution of the TB and HIV programs within the MOH, leaving

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>some delays this finally began and is currently ongoing.</p> <p>Follow up has been done with the Dominican Republic on the piloting of their project, which has faced delays due to GF concept note development by both TB and HIV programs.</p>				<p>HIV programs, the pilots have started and have continued with commitment from regional and local health authorities.</p> <p>Other countries such as Peru have used the framework of the demonstrative project to guide their approach to TB/HIV integration.</p>	<p>questions as to the future of the leadership with regard to its previous structure.</p> <p>The PAHO country office has provided consistent technical assistance in order to support the country in this process.</p> <p>The need to develop Concept Notes for the Global Fund has been a priority for both countries.</p>
<b>Activity 2.4.2 Prepare and conduct an evaluation meeting on the implementation of TB/HIV collaborative activities</b>					
<p>The IX Regional TB/HIV meeting will be conducted in 2016.</p> <p>As preparatory work, the TB/HIV clinical guidelines are being updated. The process started in May during the API (Asociación Panamericana de Infectología) congress in Ecuador, where a workshop with experts to identify the key aspects to be updated was conducted. Currently the process is ongoing and the aim is to have a revised version for review in December.</p> <p>Also, analysis of progress on TB/HIV implementation through epidemiological indicators is being conducted to prioritize countries that will receive special TA during the next year.</p>	Updating of TB/HIV clinical guidelines	All PAHO Member states	API	Consensus on aspects to be updated in the guidelines was reached by the TB/HIV experts during the API conference.	Due to the packed agenda, the IX TB/HIV meeting will be held in 2016.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Activity 2.4.3 Provide TA for the implementation of the Regional guidelines on infection control</b>					
<p>This year, the TB Fellow specialized in infection control and as part of his work developed and conducted a survey to National TB programs on infection control in the Region.</p> <p>The 5th rotation in the Center of Excellence scheduled for November 2015 will focus on Infection Control and on the implementation of the guidelines. Nine countries are invited.</p>	-Infection control survey	All PAHO Member States	WHO HQ, MOHs	27 countries responded to the survey, which found that most countries have guidelines on TB infection control issued by the Ministry of Health; however, the degree of progress made in these activities differs among countries. The survey also found wide variability in the implementation of infection control measures in health facilities.	<p>8 member states did not reply to the survey.</p> <p>The rotation of the TB Center of Excellence focused on infection control activities was postponed, but has recently been rescheduled for 16-20 November 2015.</p>
<b>Outcome 2.5 Capacity building for expansion of programmatic management of MDR and XDR-TB conducted</b>					
<b>Activity 2.5.1 Develop and conduct a training course for MDR-TB national focal points inn clinical and programmatic management of DR-TB</b>					
<p>The International Course on Clinical and Operational Management of MDR-TB, organized by the Union and PAHO, was held from 28 September – 2 October 2015.</p> <p>PAHO supported the participation of professionals from the NTPs of Dominican Republic, El Salvador, and Guatemala, in addition to support facilitation of the course. Participation of El Salvador was also related to strengthening of the Center of Excellence (linked with activity 2.2.1).</p>	- Capacity building for national level MDR-TB personal from NTPs of priority countries	Dominican Republic, El Salvador, Guatemala	MOH Peru, The Union	Capacity for clinical and operational management of MDR-TB was strengthened for NTP staff of priority countries.	The development of documents for the training course on MDR-TB national focal points is still in process.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Activity 2.5.2 Support capacity building in DR-TB in the Region through rotation of professionals on clinical management within south - south cooperation</b>					
<p>In a continued effort to expand the pool of consultants in MDR-TB in the Region, the <i>II Course for MDR-TB Experts in the Americas</i> was held from 26-29 September 2015 with participation of experts from 12 countries.</p> <p>In addition, the national laboratory manager of Mexico participated in a training rotation by joining in the mission for M&amp;E and TA to Belize in June 2015.</p>	Trip reports	<p>Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Mexico, Paraguay, Uruguay</p> <p>Mexico</p>	<p>MOH Peru, The Union</p> <p>SNL Mexico</p>	The rGLC and its ability to provide technical assistance in MDR-TB to the Region has been strengthened with a committed and knowledgeable group of experts.	Participants from Argentina and Ecuador were supported with other funding.
<b>Outcome 2.6 TB laboratory networks' management and new diagnostic technologies implemented and experiences shared</b>					
<b>Activity 2.6.1 Support for the implementation of technical assistance plans by the supranational laboratories (SNLs) including the introduction of new diagnostic methods</b>					
Letters of Agreement and service contracts were developed to support the Supranational TB Laboratories of Chile and Mexico in their technical assistance provided to countries of the Region.	-Strengthened response from SNLs in the Region	Chile, Mexico	SNLs of Chile, Mexico, ORAS		Significant delays in developing letters of agreement between PAHO and the national laboratories can make it difficult to support the SNLs in a timely fashion.
<b>Activity 2.6.2 Support workshops on new diagnostic technologies for TB laboratories</b>					
The Workshop for updated laboratory techniques and procedures for diagnosis and surveillance of TB was held in Guatemala City, Guatemala from 25 to 27 August 2015, with participation of 9 countries.	- Improved capacity for laboratory professionals in the Region	Belize, Colombia, Dominican Republic, El Salvador, Guatemala, Mexico,	MOH and National TB Reference Laboratory Guatemala, SNLs of Argentina and Mexico	This workshop, originally scheduled for last year, was rescheduled and able to remain on track, despite the political situation in the host country.	Participants from Argentina and Nicaragua were funded using other sources.



Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Activity 2.6.3 Capacity building for National lab managers in Supranational laboratories in second line drug susceptibility testing (DST)</b>					
<p>A laboratory professional from the Supranational laboratory (SNL) of Chile facilitated a special training in Costa Rica for the staff of the National Reference Laboratory.</p> <p>In addition, the head of the national laboratory of Colombia participated in a training on drug susceptibility testing in the SNL of Argentina.</p>	-Trip report	Costa Rica	SNLs of Argentina <sup>18*</sup> and Chile	Excellent feedback was received from the participants in Costa Rica.	None.
<b>Activity 2.6.4 Technical assistance to strengthen the supranational TB laboratory network</b>					
<p>The contract of the laboratory focal point was extended through January 2015 as reflected in the work plan.</p> <p>An expression of interest for a subregional grant to support strengthening of the TB laboratory network in the Americas was developed by PAHO with the network of laboratory experts in the Region. The expression of interest was submitted to the Global Fund by ORAS, and recently approved, moving to the development of the Concept Note.</p>	-4 months of technical support from P3 professional for laboratory strengthening.	All PAHO Member States	SNLs of Argentina, Chile, and Mexico	The process of development of the expression of interest for the GF concept note was not USAID-funded, but presents an opportunity for strengthened, cost-shared support to strengthen the TB Laboratory network of the Region.	None.

<sup>18</sup> No USAID funding was used to support Argentina.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Outcome 2.7 TB elimination efforts in countries with the potential and necessary conditions to achieve it accelerated</b>					
<b>Activity 2.7.1 Evaluation workshop of countries on TB elimination phase to share experiences and update plans to accelerate actions</b>					
<p>The VII Regional Meeting of low TB incidence countries of the Americas was held in Bogotá, Colombia in April 2015, back-to-back with the ALAT/ERS conference on TB elimination in the Americas.</p> <p>Earlier in the year, the Regional TB Advisor participated in the WHO Consultation on TB elimination held in Sweden in November 2014, where the Framework for TB elimination was launched.</p>	-Meeting report	Brazil, Chile, Colombia Costa Rica, Uruguay	ALAT, European Respiratory Society (ERS)	The elimination plans of countries were discussed, as well as new algorithms for diagnosis which increase sensibility and specificity. A road map for elimination in the Americas is being developed with ERS.	<p>Participation of Cuba and Puerto Rico was funded by other resources.</p> <p>Colombia was invited as an observer given the location of the meeting to coincide with the ALAT conference.</p>
<b>Activity 2.7.2 Technical assistance for countries with low TB incidence towards TB elimination</b>					
Discussions regarding the planning of the visit of countries in TB elimination phase to Costa Rica have taken place following the April meeting, and the visits are anticipated for next year.	None.	N/A	NTPs of Chile, Colombia, Costa Rica, Uruguay	None.	Given the calendar of activities, it was not possible to carry out these follow-up visits during this grant year.
<b>Outcome 2.8 Capacity building on TB operational research in the NTPs implemented</b>					
<b>Activity 2.8.1 Prepare and conduct a course for development of research protocols in different aspects of TB control</b>					
This activity was completed in Year 3 of the grant.					
<b>Activity 2.8.2 Support development of operational research</b>					
This year the professionals who participated in last year's course on TB operational research were able to develop their work in Colombia, El Salvador, Guatemala, Honduras, Mexico, Peru and the Dominican Republic.	7 operational research on TB completed, with articles for publication	Colombia, El Salvador, Guatemala, Honduras, Mexico, Peru, Dominican Republic.	WHO HQ	Following the training of the national professionals during last year's course, the participants have completed their research and the results will be published in scientific journals.	Delays have been faced in the elaboration of a regional article.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Outcome 2.9 Technical capacity at PAHO's Regional and sub-regional levels strengthened through greater human resources and advisory support</b>					
<b>Activity 2.9.1 Provide technical support to countries through Regional long-term consultants based in WDC</b>					
<p>The contract of the P4 TB Regional Advisor was extended, and technical assistance has been provided consistently to PAHO member states.</p> <p>The contract of the Project Support Specialist was extended as well and support to the USAID Umbrella Grant as well as to the CHA-HT unit has continued.</p>	<p>Travel and mission reports</p> <p>USAID mid-term and annual grant reports</p> <p>Technical assistance</p>	All PAHO Member States	USAID, Global Fund	The staff hired has ensured the implementation of the work plan of the TB program and the USAID Umbrella grant.	None.
<b>Activity 2.9.2 Provide technical support to countries through 2 Sub-regional long-term consultants based in Central and South America respectively</b>					
The contracts of the two P4 sub-regional TB advisors (Panama and Peru) were extended, and continuous technical assistance has been provided to the countries of each subregion, in particular in relation to promotion of the initiative for TB in cities and the projects in various stages in the Region.	Travel and mission reports	All PAHO Member States	MOH of Panama and Peru, PAHO country offices	The subregional focal points have contributed significantly to the execution of the TB workplan, given direct technical assistance to countries, and followed up on the implementation of projects in the selected large cities.	None.
<b>Activity 2.9.3 Provide technical support to Haiti through a national consultant</b>					
The contract of the national professional of Haiti was extended through September 2015.	-Technical assistance to the NTP through the PAHO country office	Haiti	PAHO Haiti, NTP, GHESKIO, GF	The professional has provided technical assistance to Haiti's NTP, including support to the country in the process of re-submission of the Global Fund TB-HIV concept note, TB-MDR, and others.	None.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Activity 2.9.4 Support long term TB fellows to the Regional Program in WDC (10 months)</b>					
The 2014-2015 TB fellow completed his contract in February 2015 and developed his final report.	-Fellowship report	Mexico	USAID	None.	The initial recruitment process of the new fellow was unfortunately halted due to PAHO Human Resources issues. However, a second selection process is being finalized and the onboarding of the 2015 fellow should be finalized soon.
<b>Activity 2.8.5 Support participation of TB staff and consultants in international courses/meetings in centers of excellence and elsewhere</b>					
This year, Regional TB Program staff have participated as facilitators, instructors and presenters in many courses, workshops and conferences, including: - Participation as course professor in the Union International TB course, El Salvador (J. Victoria) - Participation in the API conference (A. Volz and R. Lopez) -Participation in the Regional TB Advisors and STAG Meetings in Geneva in June 2015 (M. del Granado and R. Lopez).	Travel reports	PAHO member states	The Union, WHO HQ, API		None.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>A Promise Renewed for the Americas (APR-LAC)</b>					
<b>Key Personnel Responsible: Isabel Espinosa, FGL</b>					
<b>Outcome A.1 Regional Ministerial Meeting held to raise profile of MCH health inequalities in LAC (part of global APR movement launched by USAID/UNICEF in 2012)</b>					
Outcome A.1 Completed in Year 2 of Grant (September 2013)					
<b>Outcome A.2 Secretariat supports regional coordination of MCH activities under APR, its working groups and outreach programs</b>					
<b>Activity 1. Coordinate Monitoring and Metrics Working Group (MMWG) activities and meetings</b>					
1) Ensure MMWG workplan is finalized.	-A MMWG work plan with 8 specific activities and 8 sub-working groups has been finalized.	All PAHO member states, with a particular focus on APR-LAC priority countries.	PAHO/WHO, UNICEF, IDB/SM2015, USAID, World Bank	1) A functional APR-LAC MMWG with a costed work plan.  2) Through the implementation of regional and national workshops, the five agencies have together managed to build capacity amongst a significant number of national and local stakeholders on health inequality measuring and monitoring.  3) By promoting political and technical commitment by key national and local stakeholders towards health inequality monitoring, and by providing technical support towards the	None.
2) Coordinate the selection of key health indicators to measure inequalities.	-A preliminary list of key RMNCAH indicators and social stratifiers has been developed to measure and monitor RMNCAH inequalities at the national and subnational level.	All PAHO member states			
3) Follow-up to ensure data collection and analysis efforts are used for decision-making.	-Three draft national follow up plans of action to measure and monitor RMNCAH inequalities at the subnational level.	Chile, Costa Rica, and Mexico			

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
4) Facilitate cooperation among MMWG and Communications and Advocacy Working Group (CAWG) to ensure appropriate data visualization, dissemination of the products, and the creation of a separate online resource tool.	- A regional data base including mortality indicators disaggregated by subnational level. - A regional library with published articles related to RMNCAH inequalities in LAC	All PAHO member states, with a particular focus on APR-LAC priority countries.	PAHO/WHO, UNICEF, IDB/SM2015, USAID, World Bank	application of this commitment, the five agencies have been able to promote three national follow up plans of action.  4) By documenting national progress and processes, and standardizing methodologies, towards reducing RMNCAH inequities, the five agencies are in the process of developing a set of models (roadmaps) that could be shared, adopted and adapted by other countries in the LAC region.	None.
5) Plan a capacity building workshop on measuring health inequalities.	- A methodology with accompanying materials for the roll out of national level workshops to build capacity among strategic stakeholders at the national and subnational level.	Chile, Costa Rica, Mexico, El Salvador			
<b>Activity 2. Coordinate Communications and Advocacy Working Group (CAWG) activities and meetings</b>					
1) Ensure CAWG work plan is finalized;	- A finalized costed CAWG work plan.	All PAHO member states, with a particular focus on APR-LAC priority countries.	PAHO/WHO, UNICEF, IDB/SM2015, USAID, World Bank	1) A functional APR-LAC CAWG with a costed work plan has been finalized.	None.
2) Develop and maintain an interactive website.	- An APR-LAC website, including basic data and information on RMNCAH inequities, and information on the movement's background, objectives, members, goals, etc.			2) All five APR-LAC EMC member institutions have reached a consensus on its logo and overall image.	

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
3) Disseminate important informational materials;	- A finalized APR-LAC brochure and banners	All PAHO member states, with a particular focus on APR-LAC priority countries.	PAHO/WHO, UNICEF, IDB/SM2015, USAID, World Bank	1) A functional APR-LAC CAWG with a costed work plan has been finalized.  2) All five APR-LAC EMC member institutions have reached a consensus on its logo and overall image	None.
4) Facilitate cooperation among MMWG and CAWG to ensure accurate and updated data is used in all materials	- A regional data base including mortality indicators disaggregated by subnational level.  - A regional library with published articles related to RMNCAH inequalities in LAC				
<b>Activity 3. Coordinate Consultative Committee (CC) activities and meetings</b>					
1) Finalize CC members.	- Finalized membership list	All PAHO member states, with a particular focus on APR-LAC priority countries.	PAHO/WHO, UNICEF, IDB/SM2015, USAID, World Bank	1) A functional APR-LAC CC with assigned roles and responsibilities.  2) CC members aware of and integrated into APR-LAC areas of work.  3) Equity raised on the agenda of the various CC member institutions.	None.
2) Plan first in-person meeting for all CC members;	- A post-meeting report, including meeting agreements and next steps				
3) Ensure CC work plan is finalized	- A list of CC recommended activities for APR-LAC to be merged into the overall APR-LAC Operational Plan				
4) Support the implementation of CC activities;	- An APR-LAC operational plan that includes selected activities recommended by the CC.				

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
5) Identify new partners and members	- A list of potential new CC Members, including the ministry of health of Chile and Peru				
<b>Activity 4. Coordinate Executive Management Committee (EMC) activities and meetings</b>					
1) Coordinate all EMC meetings	A package of EMC monthly meeting minutes with agreements and next steps	All PAHO member states, with a particular focus on APR-LAC priority countries.	PAHO/WHO, UNICEF, IDB/SM2015, USAID, World Bank	1) A functional APR-LAC EMC with an operational plan.  2) All five APR-LAC EMC member institutions have reached a consensus on the objectives, areas of work, key messages, priority countries and priority activities of the movement.	None.
2) Follow-up with all EMC members to ensure timely completion of commitments and activities	A set of power points, meeting concept notes, position papers, and other relevant materials				
3) Provide ad-hoc support to EMC members in creating presentations, reports, concept notes, and other materials as requested					
<b>Activity 5. Technical staff of Secretariat</b>					
1) Extend contracts of APR-LAC Secretariat consultants	- Extended APR-LAC staff contracts	All countries in LAC, with a particular focus on APR-LAC priority countries	PAHO/WHO, UNICEF, IDB/SM2015, USAID, World Bank	1) A functional APR-LAC Technical Secretariat.  2) APR-LAC Technical Secretariat is beginning to gain momentum within PAHO, making it easier to identify interprogrammatic collaborations and areas of work.	None.
2) Finalize on-boarding process of P3 APR-LAC Coordinator					
3) Travel expenses of APR-LAC Staff	- A list of meeting and workshop travel reports.				



Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<b>Outcome A.3 Program Activities are co-funded with partner agencies, including country roadmaps for addressing health</b>					
<b>Activity 1. Building APR-LAC presence at the country-level</b>					
1) Create country-level APR-LAC Committee with representatives from partner agencies and other key actors (MOH, MOF, civil society, etc.);	- Three reports documenting how APR-LAC MMWG engaged with key stakeholders at the country level, including Chile, Costa Rica and Mexico, to determine needs and possible areas of work in order to promote the measurement and monitoring of health inequalities at the national and subnational level.	All countries in LAC, with a particular focus on APR-LAC priority countries	PAHO/WHO, UNICEF, IDB/SM2015, USAID, World Bank	1) Through the implementation of regional and national workshops, the five agencies have together managed to build capacity amongst a significant number of national and local stakeholders on health inequality measuring and monitoring.  2) By promoting political and technical commitment by key national and local stakeholders towards health inequality monitoring, and by providing technical support towards the application of this commitment, the five agencies have been able	None.
2) Plan country-level workshop to work with partners to identify key health inequities and actions to address them;	- Three workshop reports documenting the successful implementation of national workshops				

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
3) Develop a post-workshop report outlining specific actions to reduce health inequities;	building capacity amongst stakeholders at the national and subnational level in the measuring and monitoring of health inequalities at the national and subnational level.			to promote three national follow up plans of action.  3) By documenting national progress and processes, and standardizing methodologies, towards reducing RMNCAH inequities, the five agencies are in the process of developing a set of models (roadmaps) that could be shared, adopted and adapted by other countries in the LAC region.	

### 3. Success Stories

#### Implementing the Initiative for TB Control in Cities of the Americas

*Evaluation of Three Pilot Sites in Brazil, Colombia, and Peru*

In 2012, the Framework for Tuberculosis Control in Large Cities was developed by PAHO/WHO as an innovative approach to the regional response to TB control in the Americas, and its implementation in the Region has been supported by USAID since its introduction into the second year of the Umbrella Grant Agreement. The need to address the impact of increased urbanization on TB in the Region, as well as key social determinants of health that affect the most vulnerable populations, led to the development of the Framework document, in order to guide the work of cities and local governments in taking an integrated approach to TB through promotion and involvement of other sectors and health programs in the fight against the disease.

The project was initiated in 2013 in three pilot cities: Guarulhos, Brazil; Bogota, Colombia, and Lima, Peru, presenting the challenge of three different contexts in which the same general framework would be introduced and adapted. After completion of the situation analysis, work plan, and launch of implementation in each city, positive reactions and results from all levels were seen. However, the need to further document the initial results in each site became increasingly necessary, as the framework was introduced to additional cities in Guatemala, Mexico, Paraguay and Uruguay in 2013-2014 and a third round of cities recently in 2015, Santo Domingo, Dominican Republic and San Salvador, El Salvador.

For this task, an external consultant was hired to perform the qualitative evaluation in the three countries through on-site interviews, in order to know the impact the introduction of this initiative has had on the provision of local TB health services. A methodology with standardized questions was developed in order to systematically compile the information obtained from interviews with approximately 30 people at different levels of the health system in the localities of each project, including professionals at national, regional or local level of the government, as well as health workers.

The positive response was truly impressive, with professionals from each country elaborating on the impact the initiative has had on their respective intervention sites and encouraging its expansion to additional districts and cities that could benefit from a similar approach in order to better know the situation of TB and improve the quality of health care services.



(Photo: PAHO)  
PAHO Consultant Dr. Luís Suarez with the TB team  
in Guarulhos, Brazil (July 2015)

When asked “*What has the initiative for TB control in large cities brought to your locality?*”, those interviewed in **Bogotá** reflected that the initiative has “allowed them to better know the population [they] are serving” thanks to the mapping of vulnerable populations, has “allowed for joint work with other health providers”, and that while the TB indicators for TB may fall at first “[they] are not worried as this will make [their] indicators more realistic”.

In **Guarulhos**, professionals interviewed reflected that “the commitment of the health authorities [to TB] has increased” and that “health representatives in the municipal councils now have more defined information and proposals to bring with them to assemblies where the municipal plan is discussed and priorities are set”, while in **Lima**, the initiative has “allowed [them] to carry out a better and more structured analysis of the social determinants of health related to TB,” as well as greatly improved the integration of work with other sectors.

All pilot sites have encountered challenges and difficulties along the way, as occurs when taking a plan from paper to reality. Documentation of this side of the process as well will serve as important lessons learned and realistic background information for the other countries finalizing their situation analysis and work plans and beginning implementation. Challenges cited in **Bogotá** include “the health system based in the second and third level of care rather than at the primary level” as well as securing “the commitment of several community leaders to continue the implementation process”. Those interviewed in **Guarulhos** discussed the appearance of threats such as dengue presenting competing priorities and the need for additional human resources to strengthen health promotion and prevention activities. **Lima** cited the need to maintain support for the initiative in the middle of political transition and changes in authorities, as well as overcoming the lack of knowledge related to TB in the community and the existing stigma.

When asked if maintenance and further expansion of the initiative was justified, those interviewed in all three countries responded positively. In **Bogotá**, the expansion of the initiative to other localities and departments is already in progress. Those interviewed in **Guarulhos** stated that “results can already be seen in the finding of respiratory symptoms, in reduction of treatment abandonment, in improved interprogrammatic work, and above all an increased sensibility and commitment from health workers”. In **Lima**, one professional interviewed stated: “I consider that working with a focus on vulnerable populations is the way we must work in tuberculosis control in densely populated cities. There is no other way out! It is the way to go. The initiative should be expanded to all urban areas of Lima and other cities on the Peruvian coast.”

The major challenges identified for expanding the initiatives were maintaining the level of commitment among authorities at all levels of the government as well as from other key actors, the need to consider the particular characteristics of each intervention area when expanding, and the sustainability of funding by advocating for inclusion of the initiative in the municipal budgets.

These findings were presented at the *II Meeting for Exchange of Experience* in TB in Large Cities, in Asunción, Paraguay from 25 to 27 August 2015, where participants from Dominican Republic, El Salvador, Mexico, Paraguay, and Uruguay were able to learn directly from international colleagues involved in the implementation in Brazil, Colombia and Peru. The report of the evaluation has recently been finalized and will be available on the PAHO website. The document will also be translated into English to increase its dissemination in the Region.

## The Value of Virtual Training

### *Capacity Building through the Latin American Network for Strengthening Health Information Systems (RELACSIS)*

The Latin American Network for Strengthening Health Information Systems (RELACSIS) has provided countries of the Americas with a basic mechanism of exchange and communication to discuss, design, implement, test, and evaluate practices for strengthening health information systems (HIS) since its establishment in 2010. The Network, which currently has more than 3,600 partners, includes not only staff of Statistical Offices at the national level of the health sector, but also other areas of the Ministries of Health, academia, NGOs, and individuals.

Based on the philosophy and principles of South-South cooperation, the Network practices dissemination of information for strengthening HIS that is objective, free, and presented in a manner which demonstrates the solidarity of countries in the Region. Sharing across the RELACSIS network has formed a true community of practice. It has also allowed international agencies and partners (PAHO, ECLAC, CELADE, UNSD, UNICEF, World Bank, USAID, CIDA-Canada) to strengthen alliances to catalyze this exchange in the Region and avoid known overlaps in technical cooperation.

One of RELACSIS's main objectives has been to take the greatest possible advantage of the benefits of virtual communication, seen best through the network's promotion of opportunities for human resources training. One example of this is the network's course for coders who use the ICD-10 to code deaths and diseases, recently developed by RELACSIS's Working Group (WG) 2. This training program was also supported by tutors, something unprecedented in the field.



Chile's poster at the Bogotá meeting in 2014 nicely expresses the e-learning philosophy followed by RELACSIS WG2. (See in [www.relacsis.org](http://www.relacsis.org))

Under the constant supervision and guidance of the group's coordinators from two collaborating centers for the WHO Family of International Classifications (WHO-FIC), CACE (Argentina) and CEMECE (Mexico) the course was offered through the PAHO virtual campus in 2015. ICD-10 updates were included in this year's version of the course, and training was provided to the 12 countries currently implementing the electronic system to codify mortality (MMDS) (system provided by Mexico through WG 3). First, two tutors in each of twelve countries were trained, then the tutors in each country facilitated training for about 25 local coders. This has resulted in approximately 300 coders being trained at the national level.

Outside of two week-long on-site meetings with the two principal coordinators, all remaining work was done remotely. Conceptual design of the course, materials, and tests; an exhaustive schedule of classes; the system for monitoring readings, exercises, and answering questions; exams; group and individual sessions; as well as the testing, fine-tuning, and implementation of the course, were all conducted virtually via Elluminate, e-mail, video conference, Skype, WebEx, and telephone.

This inexpensive training method made available through the network is available to countries as often as they wish, a clear benefit over often costly on-site training methods. With all students having access to materials, exercises, tutoring and even certification from their own offices or homes, the course can be adapted to the user's needs. In 2015, RELACSIS's WG2 has also incorporated video recordings by the coordinators to the virtual classes, adding to their interactive nature.

## **Integrating public health interventions in NIDs to reach those most in need**

### *Deworming for intestinal parasites and Vaccination Week of the Americas*

Soil-transmitted helminthiases (STH) or intestinal parasites are the most common parasitic infections worldwide and affect the poorest and most vulnerable populations, mainly children under 15 years old. It is estimated that close to 46.9 million children (13.3 million preschool age children (PSAC) and 33.7 million school age children (SAC) are at risk of infection by these parasites in 26 countries in the Americas. The infection is common in women and children and is mainly related to living conditions which facilitate transmission such as lack of basic sanitation and access to clean water.

Interventions for controlling transmission of STH are primarily focused on improving sanitation and access to safe water, hygiene education and deworming through mass drug administration (MDA) once or twice a year, depending on prevalence. PAHO Member States committed themselves to reducing the prevalence of STH to less than 20% in SAC living in high risk areas of infection and to reach a minimum of 75% of deworming coverage in each round of treatment. Countries can get access to medicines donated through WHO to deworm SAC.

One of the strategies promoted by PAHO/WHO with support from the USAID Umbrella Grant is to increase the number of children at risk to benefit from deworming is the integration of deworming in public health platforms like Vaccination Week of the Americas (VWA). This integration has allowed the Americas to innovate in the approach to tackle STH through the existing capacities at local level to reach PSAC. PSAC are highly affected by STH which diminish their health in terms of physical and cognitive development. The following are the main achievements of integration interventions between 2013 and 2015:



(Photo: PAHO Honduras)  
Children being vaccinated and dewormed in Honduras in the Vaccination Week of the Americas

- Five countries in the Region reported the integration of deworming activities in the VWA (Belize, Dominican Republic, Honduras, Mexico, Nicaragua). These countries treated 5.2 and 6.4 million PSAC through this integrated action in 2013 and 2014, respectively.
- Honduras implemented its first national campaign to deworm and vaccinate ~500.000 children under 5 years old and they are currently implementing two annual rounds of mass drug administration for school-age children. They also have integrated supplementation with vitamin A and the promotion of hygiene practices.
- These countries have invested national and subnational resources to integrate deworming for PSAC in the VWA, and in some cases to purchase medicines to target this age group. The investment of countries has been supported by seed funds provided by internal and external donors and partners, which has resulted in joint efforts to expand public health interventions for those most in need.
- This integration process has strengthened the coordinated efforts between national programs of NID and vaccination that historically worked apart, but now have seen the benefits of working together to reach the same target population.

This innovative strategy is a great example of utilization of existing capacities in the Americas, highlighting that integration is possible and feasible whenever the main goal is the wellbeing of people in the countries. As part of these coordinated efforts, the countries implementing these integrated actions on deworming and

immunization will be trained by PAHO on the use of the toolbox for the integrated monitoring of vaccination coverage, preventive chemotherapy for STH and other public health interventions among preschool and school-age children in Honduras in November 2015. This experience shows that integration increases national and subnational capacities and it allows countries to innovate the way in which they work without creating new platforms, simply using in a better way the capacities that they already have.