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1. List of Acronyms and Abbreviations

ALB	Albendazole
ALAT	Asociación Latinoamericana de Tórax (English: Latin American Thoracic Association)
AMI/RAVREDA	Amazon Malaria Initiative/Amazon Network for the Surveillance of Antimalarial Drug Resistance
APR-LAC	A Promise Renewed for the Americas
CAWG	Communications and Advocacy Working Group
CC	Consultative Committee
CCA-POC	Circulating Cathodic Antigen – Point-of-Care (diagnostic tool for Schistosomiasis)
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Prevention and Control
CHA	Communicable Diseases and Health Analysis Department
CHAI	Clinton Health Access Initiative
CLAP	Latin American Center for Perinatology and Human Development
COP	Communities of Practice
CS	Congenital syphilis
DEC	Diethylcarbamazine citrate
DELR	Direction d'Épidémiologie de Laboratoire et de Recherche (English: Department of Laboratory and Research Epidemiology)
DOTS	Directly Observed Treatment Short course
DQA	Data Quality Assurance
DST	Drug Susceptibility Testing
EBNI	Evidence Based Neonatal Interventions
ECLAC	Economic Commission for Latin American and the Caribbean
EHR	Electronic Health Records
EMC	Executive Management Committee
EMMIE	Regional Malaria Elimination Initiative in Mesoamerica and Hispaniola
ENAP	Every Newborn Action Plan
EPHF	Essential Public Health Functions
EPI	Expanded Program of Immunization
EPMM	Ending Preventable Maternal Mortality
EU	Evaluation Units
FGL	Family, Gender, and Life Course Department
FIC	Family of International Classifications
FST	Filariasis Strip Test (diagnostic tool for Lymphatic Filariasis)
GF	Global Fund
GS	Gestational syphilis
HA	Health Analysis
HaMEC	Haiti Malaria Elimination Consortium
HIS	Health Information Systems
HIV	Human immunodeficiency virus
HSS	Health Systems and Services
HT	HIV, Hepatitis, Tuberculosis and Sexually Transmitted Infections Unit

HTA	Health Technology Assessment
IACO	Inter American Conference on Onchocerciasis
IC	Infection Control
ICD-10	International Classification of Diseases-version 10
ICM	International Confederation of Midwives
IDB	Inter-American Development Bank
IMCI	Integrated Management of Childhood Illnesses
IHR	International Health Regulations
INS	Instituto Nacional de Salud (English: National Institute of Health)
IR	International Health Regulations, Epidemic Alert and Response, and Water Borne Diseases Unit
ISBN	International Standard Book Number
JAP	Joint Application Package
KOICA	Korean International Cooperation Agency
LAC	Latin American and the Caribbean
LF	Lymphatic Filariasis
LOA	Letter of Agreement
MCH	Maternal and Child Health
MCHIP	Maternal and Child Health Integrated Program
MDA	Mass Drug Administration
MDG	Millennium Development Goal
MDR-TB	Multidrug-resistant tuberculosis
MDSR	Maternal Death Surveillance and Response
M&E	Monitoring and Evaluation
MMDS	Mortality Medical Data System
MMWG	Metrics Monitoring Working Group
MOF	Ministry of Finance
MOH	Ministry of Health
MOU	Memorandum of Understanding
MRTF	Maternal Regional Task Force
MSPP	Ministère de la Santé Publique et de la Population (English: Ministry of Public Health and Population (Haiti))
MSPAS	Ministerio de Salud Pública y Asistencia Social (English: Ministry of Public Health and Social Assistance)
MSPS	Ministerio de Salud y Protección Social (English: Ministry of Health and Social Protection)
NGO	Non-Governmental Organization
NID	Neglected Infectious Diseases
NTD	Neglected Tropical Diseases (denomination used at global level)
NTP	National Tuberculosis Program
OEPA	Onchocerciasis Elimination Program of the Americas
OMCL	Official Medicine Control Laboratory
ONCHO	Onchocerciasis
PAHO/WHO	Pan American Health Organization/World Health Organization
PCC	Program Coordinating Committee

PCR	Perinatal Clinical Record
PIS	Perinatal Information System (Spanish: SIP - Sistema Informático Perinatal)
PLD	Post of Limited Duration
POA	Plan of Action
PNCM	National Malaria Control Program (Haiti)
PR	Principal Recipient
PSI	Population Services International
PSNEM	Strategic Plan for Malaria Elimination (Haiti)
PWR-COL	PAHO/WHO Representative-Colombia
RDT	Rapid Diagnostic Test
RELACSYS	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
RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
RPRG	Regional Program Review Group
SCH	Schistosomiasis
SIP	Sistema Informático Perinatal
SNL	Supranational laboratory
SR	Sub-recipient
STH	Soil-Transmitted Helminths
STP	Short-term Professional
TA	Technical Assistance
TAG	Technical Advisory Group
TAS	Transmission Assessment Surveillance
TB	Tuberculosis
TBTEAM	TB TEchnical Assistance Mechanism
TCC	Technical Cooperation between Countries
TIPAC	Tool for Integrated Planning and Costing
TOR	Terms of reference
TRA	Trachoma
TRP	Technical Review Panel
UCP	Project Coordination Unit (Haiti)
UnB	Universidade de Brasilia
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPE	Unité de Planification et d'Evaluation (English: Planning and Evaluation Unit)
USAID	United States Agency for International Development
VCPH	Virtual Campus of Public Health
VT	Neglected, Tropical and Vector Borne Diseases Unit
WBMSS	Web-based Maternal Mortality Surveillance System
WG	Working Group
WHOCC	World Health Organization Collaborating Center
XDR-TB	Extensively drug-resistant tuberculosis

2. Progress on Completion of Tasks

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Cross-Cutting 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.				
Outcome 1.1: Strengthened use of evidence based neonatal interventions (EBNI) in health facilities of the Region				
Key Personnel Responsible for Outcome 1.1: Dr. Pablo Duran (CLAP)				
Activity 1.1.1 Adapt EBNI document and clinical guidelines for Neonatal IMCI at the national level.				
1. Editing and printing of documents on improvement of quality of care of newborns	1. Final editing and dissemination to countries of the Region	The general design of the documents has been done, and the designer is working on the final layout of the three documents. The technical edition and translation has been completed, and preliminary approval has been received in order to move forward with printing and dissemination.	The embargo on PAHO publications has not yet been removed, resulting in delays obtaining the ISBN. Nevertheless, the relevance of the documents has been discussed with PAHO authorities and a special approval to move forward has been received.	Obtaining the ISBN number is required to ultimately print and disseminate the documents.
Activity 1.1.2 Provide technical cooperation to monitor advances in the implementation of EBNI.				
1. Workshops in priority countries for presentation of the tool on evaluation of EBNI and analysis of its application in health services	1. Workshop for presentation of results of testing of the instrument and presentation of the instrument for its application	The final document on evaluation of the implementation of Evidence-Based Neonatal Interventions (EBNI) was approved in December. The document describes development of the tool, the procedures applied through field testing in Colombia, El Salvador, Honduras and Peru, and the final proposal. It is now in editing. Once this is finalized, the document will be presented to country focal points. A first workshop has been planned in Paraguay for next semester. The Ministry of Health of Paraguay will define potential dates to implement the training shortly.	None.	Other countries have expressed their interest in implementing the tool. Honduras is discussing potential dates with the Ministry of Health. Mexico has expressed their interest in planning a workshop. A virtual coordinating meeting with country focal points will be held in May in order to define dates and countries willing to implement the tool.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Outcome 1.2: Improved national neonatal plans and policies guided by neonatal plans of action with a continuum of care approach				
Key Personnel Responsible for Outcome 1.2: Dr. Pablo Duran (CLAP)				
Activity 1.2.1 Support the development of neonatal plans of action.				
1. Technical cooperation for the formulation of the National Plan of newborn health in the framework of continuum of care	1. Elaboration of the proposal for the national plan and presentation and discussion with key actors	Haiti, Paraguay and the Dominican Republic plan to update their National Plan of Action in the next semester. A planning workshop has been planned in Haiti after being postponed. National authorities have expressed availability for June. A similar meeting has been planned in Santo Domingo from 26-28 May 2015. A preliminary planning meeting was held in Paraguay on 4 March 2015. During the meeting authorities from the MOH also invited other technical members in order to discuss the establishment of a National Alliance and the design of the new National Plan of Action.	Haiti has postponed the workshop for their Neonatal Plan twice. PAHO is working with the country to confirm and carry out this activity.	In the original workplan, Guatemala was mentioned as a beneficiary country. However, it has not been possible to coordinate the activity. Paraguay, however, has shown interest and political commitment to moving forward with the process.
2. Evaluation of the evaluation process of the Regional Plan for Newborn Health and coordination with the Every Newborn Action Plan (ENAP)	1. Preparation of the evaluation design (matrix and timeline)	This activity will take place during the second semester.	The availability of data for answering some of the indicators already defined in the Regional Plan of Action is a challenge. Lessons learned during the experience of performing the mid-term evaluation in 2013 will help when implementing the final evaluation.	The evaluation will be performed during next year. The plan for this year involves designing the methodology
3. Technical cooperation in priority countries for planning actions linked with the Regional Plan for Newborn Health and the ENAP	1. Planning meeting and prioritization of activities	Virtual technical cooperation has been provided in order to present the ENAP. A draft proposal, providing guidelines on the process of aligning strategies and milestones with global initiatives.	Getting the approval from countries' health authorities to proceed, as well as confirmation of dates for planned technical cooperation activities has been a	Haiti is the priority country as defined globally. Guyana, Paraguay, and Suriname are priority

Tasks	Planned Steps	Current Progress	Challenges	Remarks
			challenge. The Haiti Ministry of Health has modified the schedule previously agreed upon.	countries in PAHO's Strategic Plan. During the second semester, updating National plans including milestones and strategies will be discussed with country representatives from Guyana and Suriname, as Paraguay is on track.
Outcome 1.3: Strengthened response to MDR and XDR-TB in the Americas through the implementation of national expansion MDR-TB plans				
Key Personnel Responsible for Outcome 1.3: Drs. Mirtha del Granado & Rafael Lopez (CHA/HT)				
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				
Outcome 1.4: Strengthened routine systems for effective implementation of DOTS				
Key Personnel Responsible for Outcome 1.4: Drs. Mirtha del Granado & Rafael Lopez (CHA/HT)				
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				
Funding for the original Outcomes 1.3 and 1.4 included in the Expanded Tuberculosis Funding for Years Two - Five.				

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Cross-Cutting 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.				
Outcome 2.1: Strengthened midwifery in Latin America and the Caribbean				
Key Personnel Responsible for Outcome 2.1: Dr. Bremen De Mucio (CLAP)				
Activity 2.1.1 Improve the status of midwifery educational models in the region.				
1. Development of a standardized regional proposal on regulation of midwifery practice in the region.	1. Preparation of a draft document. 2. Expert consultation for its adaptation	This activity is currently on stand-by, as ICM has recently hired an Australian professional to write a similar document as planned. Therefore, PAHO has agreed with ICM to translate the global document, discuss it with professionals from the region and make the necessary adjustments.	It has been a challenge to harmonize ICM's timeline with PAHO's.	The first draft of the global document will be shared with PAHO in May, but ICM has requested it not be shared externally until further notice.
Activity 2.1.2 Support continuing education processes in midwifery for English-speaking Caribbean countries				
1. Support training workshops based on competencies, aimed at teachers of midwifery.	1. Assess needs to scale the workshops held in the region.	A technical meeting on the use of ICM's midwifery standards in Central America and Mexico took place in Costa Rica from 25-27 October 2015. Representatives from Mexico, Costa Rica, Guatemala, Nicaragua ¹ and Panama attended. This meeting is part of the set of activities agreed among USAID, UNFPA and PAHO in the joint plan for the strengthening of midwifery in LAC. The objectives of this meeting were: 1) To present and introduce standards and competencies defined by ICM; 2) Analyze the relevance of standards and ICM competencies that enable the development and practice of midwifery; 3) Discuss the efforts made in the LAC region to strengthen the quality and	Spanish-speaking countries are delayed in the implementation of these workshops as compared to the English-speaking Caribbean. However, the workshops will be implemented by previously-trained teachers in the coming months. These will take place in Paraguay, Peru and Uruguay, as well as Argentina and Ecuador with funding other than USAID.	Once this stage is completed, PAHO and its partners will evaluate the results of the training that professionals in the countries have received, in order to decide if the desired impact has been achieved and if the intervention merits continued support, including expansion to other countries and/or to the interior of the countries.

¹ No USAID funds have been used to support Nicaragua.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		competent practice midwifery; and 4) Define priorities in the participating countries, to support an action plan.		
	2. Establish a work plan	The workplan is currently being defined.	The most significant challenge is finalizing the evaluation stage at country level.	None.
2. Promotion of midwifery research and application of the knowledge to clinical practice, including support for midwifery teachers in the preparation and publication of operational research	1. Review protocols of publications.	Two research protocols have been developed and improved by PAHO and WHO. One of the protocols is based on a retrospective analysis of more than 700,000 deliveries in the SIP database. The second one is a survey regarding obstetric and neonatal variables related to the modality of delivery care that will be conducted in the region.	None.	The titles of the protocols are: 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.
	2. Support for teachers of midwifery in the preparation and publication of operational research.	The University of Chile, WHOCC of Midwifery, has received technical support from PAHO during this process.	None.	None.
	3. Contribute to the production of scientific publications in regional events	The two research protocols mentioned above, 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, have been accepted for presentation in Suriname at the ICM Regional Conference to take place in July 2015.	None.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
3. Publication of the new edition of Varney's Midwifery in Spanish	1. Request consent of the author and publisher for translation. 2. Hire translators. 3. Convene an editorial group for review and editing of the document.	Progress in this activity is pending.	Receiving authorization from the authors and publishers has been a challenge and has resulted in delays to the initiation of this activity.	PAHO is working to follow up with the authors and publishers, in order to receive the needed permission to proceed with Spanish translation.
Activity 2.1.3 Provide continuous support for the communities of practice in nursing and midwifery in English and Spanish				
1. Increasing and monitoring participation of countries and midwives in COPs	1. Conduct a systematic survey to find out needs and interest of community members	The survey was finalized and the report will be available in May. The COP has developed two webinar sessions. One webinar on Centering Models of antenatal care was held in collaboration with two Collaborating Centers, the Johns Hopkins University School of Nursing and the University of Michigan School of Nursing. The other regarding breastfeeding in normal and preterm newborns was held on 3 November 2014.	None.	Next April a new webinar will take place on "The Kangaroo Programme Implementation", organized by the Emory University School of Nursing, the Johns Hopkins University School of Nursing, and the Maternal and Child Survival Program.
2. Design and implementation of an evaluation system for COPs management	1. Model designed and tested	A survey was designed and submitted for consideration of the members of the Community from 26 September 2014 through 26 January 2015. The level of response was very low, with just 43 (8%) registered COP members responding, out of a total 554. Main preferences of respondents are to integrate the following into the COP's activities: 1) sessions with answers from experts and 2) forums relevant to professional practice issues.	Low participation of midwives and obstetric nurses is a critical problem that will require the development of new strategies to improve capacity building.	The survey is still open, in order to obtain feedback of new participants.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Outcome 2.2: Strengthened capacity of human resources in health to prevent and control MDR and XDR-TB in the Americas				
Key Personnel Responsible for Outcome 2.2: Drs. Mirtha del Granado & Rafael Lopez (CHA/HT)				
Activity 2.2.1 Support TB fellows at the Regional TB Program				
Activity 2.2.2 Support participation of TB staff and consultants in international MDR-TB and laboratory courses in centers of excellence and elsewhere.				
Activity 2.2.3 Support the MDR-TB centers of excellence in the Region.				
Activity 2.2.4 Develop a Regional Infection Control Course according to Regional IC policy and strategy.				
Activity 2.2.5 Support Regional and national IC courses.				
Funding originally estimated for this Outcome included in Expanded TB Funding portion of grant.				
Outcome 2.3: Strengthened health systems at the national and subnational levels through capacity building for the implementation of EPHF.				
Key Personnel Responsible for Outcome 2.3: Dr. Rosa Maria Borrel (HSS)				
Activity 2.3.1 Carry out the Spanish version of the Virtual Course on EPHF.				
No funding budgeted for this Outcome for Year Four.				

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Cross-Cutting 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 RELAC SIS with focus on MDR-TB and maternal and neonatal health.				
Outcome 3.1 Strengthened health information systems at the regional, subregional and national level, with a gender and ethnic perspective				
Key Personnel Responsible for Outcome 3.1: Drs. Patricia Ruiz / José Escamilla (CHA/HA)				
Activity 3.1.1 Provide technical cooperation to monitor the implementation of PAHO/USAID countries' HIS strategic plans.				
1. Follow-up of the Strategic Plans of the countries involved in the project	1. Missions arranged with the countries for monitoring and evaluation (M&E)	Missions to Paraguay and the Dominican Republic are planned to take place during the second semester of 2015. Dominican Republic will have a joint mission with other related projects in order to optimize resources.	Missions to the countries are at times difficult to coordinate due to multiple demands of Technical Cooperation that the countries have. During Year 2, support for Ecuador under this project ended; however, there are still commitments to be fulfilled to this Member State.	Country missions will be conducted jointly in order to address related issues and optimize resources. Other sources of funding have been identified for the Ecuador mission as the country is no longer part of this project.
Activity 3.1.2 Support the strengthening of HIS according to the RELAC SIS plan of action.				
1. Evaluate the RELAC SIS plan of action 2013-14 and define the 2014-2015 WP	1. Evaluation meeting in Bogota, Colombia, with countries involved in 2013-14 RELAC SIS POA	The meeting was carried out in Bogota, Colombia on 13 and 14 November 2014, with 80 participants from 25 countries of the Region including the Caribbean. The results of the 2013-2014 Plan were presented and successfully evaluated by participants. More than 80 posters were prepared, presented and evaluated, and are available on the RELAC SIS Portal. The final Report 2014-2015 is available in both (Spanish and English) at www.relacsis.org . Preparations for a webinar on gender-based analysis of maternal mortality are underway.	The sustainability of conducting annual meetings is a concern, as their organization relies heavily on resources provided through this agreement.	Highlights: - Honduras, along with Uruguay and Mexico, are working on a proposal for mandatory training using the online course on the correct way to fill out a Death Certificate by physicians. Honduras initiated a pilot regarding mandatory training during the first trimester of 2015. A Regional proposal is being prepared to support this.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
				<p>- For the first time, the WHO FIC Annual meeting established a Round Table in Spanish. Also, all WHO FIC CCs of the Region presented suggestions and comments during the Annual Meeting together as a Region.</p>
<p>2. Revision, implementation and M&E of the RELAC SIS website</p>	<p>1. Administration, maintenance and M&E of portal</p>	<p>The portal is updated permanently and there have not been any problems with the migration to a private server. A monthly report on its performance was established and the use of Social Media tools (Twitter, Facebook) has greatly increased.</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>2. Develop virtual forum</p>	<p>A Forum related to Electronic Health Records will be held from April to June 2015, with five Webinars. The ICD 10 Forum "Dr. Roberto A. Becker" was implemented in January 2015. 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>None.</p>	<p>The organization of the Portal included sections for online discussions, Forums (EHR and Gender Analysis), and the ICD 10 permanent Forum.</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
3. Implementation the 2014 - 2015 RELACSIS POA	TBD in the November 2014 meeting in Colombia	<p>As part of the November meeting agenda, the main areas of the 2014-2015 work plan were discussed in working groups and defined by participants.</p> <p>During April 2015, several main activities will start implementation:</p> <ul style="list-style-type: none"> - the Iberoamerican ICD Network meeting in Santiago, Chile (27-29 April 2015); - the Online Forum on EHR (April-June 2015); and - the Update of the online course for Completion of the Death Certificate by Medical doctors (April - July 2015). <p>A printed report with all posters presented during the November RELACSIS meeting was disseminated and is also available at the Website.</p>	The retirement of the PAHO Advisor previously responsible for RELACSIS in January of 2015 has been a challenge. An effective transfer of important RELACSIS management tasks has been key to a smooth transition in order to ensure proper fulfillment of the objectives and expected results.	Six of the thirteen working groups initially proposed since the beginning of RELACSIS in 2010 are active in this new work plan: ICD 10 virtual course; Dissemination of software for ICD coding (MMDS); Virtual course on correct filling our death certificates; Iberoamerican Network on FIC WHO; Intentional Search and Reclassification of Maternal Deaths and Non Latin Caribbean Countries special WG.
Activity 3.1.3 Metrics Monitoring Working Group				
1. Identify key health inequities in reproductive, maternal, neonatal, child, and adolescent health	1. Define a list of indicators to measure key health inequities.	The current list of indicators is being revised and inequity stratifiers will be added.	Currently the list is rather complete and inclusive, but too extensive for practical purposes. It will be reduced using a prioritization exercise.	Two methods will be used to obtain a final list: a ranking exercise and a data source mapping exercise. Once discussed and approved by the MMWG, TOR will be developed for a consultant who will support with the prioritization.
	2. Create country/regional profiles demonstrating gaps in key health indicators.	A proposal with TOR for technical collaboration is currently being discussed with Economic Commission for Latin America and the Caribbean (ECLAC).	ECLAC is open and willing to collaborate but, given an extreme shortage of professionals, rely heavily on external consultants.	This collaboration is expected to incorporate the most recent data related to social

Tasks	Planned Steps	Current Progress	Challenges	Remarks
			Previous experiences with ECLAC under these circumstances have finished successfully, and PAHO is confident this won't be an exception. A first pilot analysis will help in dimensioning the complexities.	determinants of health and inequality stratifiers available at the subnational level. This collaboration will be based on an already standing MOU between ECLAC and PAHO, and would allow for the analysis of data attained from the 2000 and 2010 census rounds.
	3. Create a regional report that summarizes progress made/challenges in reducing health inequities	TOR for a consultant to support this task have been posted, and the hiring process will be finalized in the next semester.	Once the professional is on board, the MMWG will have to keep close track of the progress and drafting of the report.	UNICEF will finance this consultant as part of the APR-LAC interagency work and all agencies will collaborate with information. It has been agreed that drafts will always be shared with MMWG members for review and approval.
2. Strengthen the capacity of LAC countries to measure inequalities and identify inequities in reproductive, maternal, neonatal, child, and adolescent health	1. Launch an online portal with important resources, information, and materials relevant to measuring health inequalities;	The CAWG is currently developing a new APR-LAC website, where resources and information related to the MMWG will be included. This activity is linked with APR's workplan, Outcome A.2 Task 1.4.	None.	The website is expected to be launched by May 2015.
	2. Build country capacity to measure health inequalities through regional, national and subnational-level workshops	Preparations for a Regional Training Workshop to build Capacity in the Analysis & Measurement of Health Inequalities are currently underway, which will be held during the second semester.	Usually these activities are too quantitative or qualitative in nature. A balance between these two is being pursued. Also, it is important to train those responsible for	This proposal consists of a five-day workshop that will include not only quantitative but also qualitative reasoning on

Tasks	Planned Steps	Current Progress	Challenges	Remarks
			analysis and reporting of health inequalities; usually health authorities participate in this type of training, not the professionals really in need of capacity building in these abilities.	disentangling relationships between social & economic inequalities and health. Data from APR-LAC countries will be used for exercises.
Outcome 3.2: Improved surveillance for congenital syphilis (CS) diagnosis and treatment through the establishment of a Regional Network.				
Key Personnel Responsible for Outcome 3.2: Dr. Susana Serruya (CLAP)				
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.				
1. Increase commitment of the country authorities to enforce the regional initiative for the elimination of congenital syphilis.	1. Advocacy at the highest political level	An evaluation of El Salvador's National Program for Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis was held in San Salvador from 17 to 21 November 2014.		Advocacy with the Ministry of Health of Cuba has been funded by other sources.
2. Advance the strengthening and continuity of the Technical Cooperation between Countries (TCC) design.	1. Consolidate and expand a regional network through the incorporation of new countries (e.g. the English Caribbean Countries) for continuous surveillance of GS and CS	The regional network is being strengthened with the incorporation of Central America countries and the English-speaking countries of the Caribbean, including strengthening the surveillance of the regional situation of the GS and CS. The implementation has begun in the Bahamas and a workshop is planned for June with the English-speaking Caribbean countries. In all cases, the process has implied designing formats of the Perinatal Clinical Record (PCR) according to the needs requested by the countries; including designing of databases and SIP software adapted to these. This has also required beta testing of its functionality. The process in the Bahamas has been completed, while other Caribbean countries are in the process of testing the	Sustainability of the Regional network is a challenge.	This activity is connected with Task 3.
	2. Provide continuous technical support to strengthen local activities.			

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		<p>tool on the ground: St. Kitts, St. Vincent, St. Lucia, Grenada, Guyana and Dominica. In Costa Rica and Bogotá the design of the Perinatal Clinical Record 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>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.</p>	<p>1. New local and multi-centric operational research will be conducted within the framework of the Network.</p> <p>2. Disseminate the results of the multicenter study in order to support decision making.</p>	<p>With the countries using SIP, CLAP is launching a regional network ("Red CLAP") aiming to promote multi-centric research with standards of quality of information from SIP databases. This will enable studies on GS and CS and further support advocacy on this issue to the highest levels of political decision-making and at regional instances of integration, such as COMISCA and MERCOSUR. The results of the first multi-centric study were recently published in Sexual Health, available at this link: http://www.publish.csiro.au/nid/164/paper/SH14191.htm</p>	<p>Sustainability of the Regional network is a challenge.</p>	<p>None.</p>
<p>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.</p>	<p>Definition of the indicators and development of the report on SIP quick access report.</p> <p>1. Technical cooperation will be provided to strengthen the use of this tool at the level of health authorities and managers, to measure and evaluate the implementation of strategies to reduce maternal and congenital syphilis.</p>	<p>A workshop for the implementation of SIP at the country level was coordinated with the authorities of the Bahamas. The staff was trained in the use of SIP and the use of information to monitor the impact of the strategies for the elimination of GS and CS. Versions have been developed to adapt to the requests of the English-speaking Caribbean countries, Costa Rica and the District of Bogota, Colombia.</p>		<p>All countries using SIP or in process of implementation receive permanent technical support, either in person, via phone or by email (SIP@clap.ops-oms.org).</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		Activities for implementation of the SIP version for the Caribbean will start in June 2015.		
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).	1. Finalization of the dissemination of the video with a virtual module for Diagnosis and Treatment for Maternal and Congenital Syphilis	Dissemination of the video has begun. Training of health personnel on the use of the video is in planning phase. The video can be accessed at: http://bit.ly/videosopas .		
	2. Training of health personnel on its contents			
Outcome 3.3: Improved national planning capacity in neonatal health guided by country's neonatal and child profiles.				
Key Personnel Responsible for Outcome 3.3: Dr. Pablo Duran (CLAP)				
Activity 3.3.1 Consolidate and analyze data, and develop country profiles.				
1. Situation analysis of neonatal health and inequalities in LAC in relation to Regional Plan and Strategy for Newborn Health, MDGs and ENAP	1. Compile the results of the country profiles developed and identify the additional sources for validating inequalities in neonatal health and elaboration of the technical report and its dissemination	Profiles have been compiled. Other sources of information have been consolidated, such as Basic Indicators published by PAHO, estimations from the Inter Agency Group, and other sources.	None.	Elaboration and dissemination of the technical report will take place during the second semester.
	2. Validation of the instrument for estimation of the cost of prematurity	The first methodological approach has been performed. An economist has been identified who will validate the final methodology.	Agreeing on a time table with the economist has been a challenge.	A final document, including the results of a systematic review of the bibliography, a regional cost estimation and a methodological approach to be applied at country level should be completed by September.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Activity 3.3.2 Disseminate and promote profiles (CDs, electronically, etc.) to regional partners				
1. Development of an online format for presentation of the information generated in neonatal country profiles	1. Design an electronic format that organizes and presents the consolidated information	The activity has been planned for the second semester, after completing the consolidation of national profiles.	The challenge is to identify the best way of presenting the information.	
Activity 3.3.3 Strengthening surveillance systems				
1. Technical cooperation for the establishment and maintenance of surveillance systems	1. Development of a guide/instrument ("instrumento guia") for the implementation and analysis of audits of neonatal deaths	A preliminary activity was developed in St. Lucia in October 2014, including a review of available tools for audits of deaths. Based on the results, a tool was developed and tested. Every hospital and selected primary health care center was visited, with an audit performed. At the end, a technical meeting with MOH representatives and staff was held to present the results. Based on the tools used and the experience in St. Lucia, the instrument will be completed during the second semester.	The challenge is to develop a comprehensive tool. The testing in St. Lucia has been important to this process. The tool to be developed will also require field testing, but it will not be possible to complete during this year.	None.
	2. Technical cooperation for the establishment of surveillance of deaths at birth, including prematurity	A technical meeting to update the neonatal component of SIP has been coordinated. The meeting was held in Montevideo, Uruguay, involving experts and MOH representatives from El Salvador, Honduras, Mexico and Uruguay. Experts from other countries/institutions provided inputs virtually (Including members of the Regional Neonatal Alliance). After discussion and agreements in the meeting, modifications will be introduced both in the clinical record and in the system. Inputs from the meeting will contribute to the establishment of a surveillance system on different topics, including birth defects.	Several modules from SIP are in the process of review. However, this is regular activity managed by CLAP with a technical team working on SIP, so it is expected to be finalized in a timely manner.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Outcome 3.4: Strengthened epidemiological surveillance of MDR-TB.				
Key Personnel Responsible for Outcome 3.4: Drs. Mirtha del Granado & Rafael Lopez (CHA/HT)				
Activity 3.4.1 Carry out regional meeting on MDR-TB surveillance.				
Activity 3.4.2 Support national MDR-TB surveys.				
Activity 3.4.3 Develop and implement analytic tools regarding gender, ethnicity and vulnerable populations.				
Activity 3.4.4 Develop an annual Regional TB and MDR-TB report.				
Funding for the original Outcome 3.4 included in the Expanded Tuberculosis Funding for Years Two - Five.				

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Cross-Cutting 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).				
Outcome 4.1: Strengthened policy dialogue in maternal health at the regional and national level reduction of maternal morbidity and mortality				
Key Personnel Responsible for Outcome 4.1: Dr. Bremen De Mucio (CLAP)				
Activity 4.1.1 Update and promote the Regional strategic plan for the reduction of maternal morbidity and mortality.				
1. Monitoring of Plan Indicators	1. Develop an interactive dashboard for presentation and management of data for public access	The dashboard has been finalized, but still is in beta version to be tested by experts of the region for its improvement. It is available at http://201.217.130.74/	None.	None.
2. Upgrade of national plans for accelerating the reduction of maternal mortality and severe maternal morbidity	1. Direct support to countries	Three countries are still in the process of updating their national plans (Honduras, Nicaragua* ² and Trinidad and Tobago), while three new ones (Costa Rica, Panama, and Saint Lucia) are beginning the process. A workshop coordinated with MCHIP, ECLAC, WHO and PAHO (Health Analysis Department and CLAP) took place on 14 and 15 October 2014 in Tegucigalpa Honduras, with the following objectives: 1) Establish a common understanding among UN agencies, international partners and national counterparts on the approaches to the mortality estimates 2013; 2) Strengthen statistical capacity of countries in the collection, analysis and use of data on maternal mortality; 3) Identify needs and gaps in the generation, analysis and use of data for	None.	In Saint Lucia the activities were focalized on a situational diagnosis of maternal and newborn health. The process of updating national plans of maternal mortality in Nicaragua has been funded by the Spanish Cooperation. The Honduras workshop included participation of professionals from Argentina*, Bolivia*, Brazil, Cuba*, Chile, Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica,

² *No USAID Funding has been used to support Argentina, Bolivia, Cuba, or Nicaragua.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		estimating maternal mortality; and 4) Discuss the post-2015 agenda on maternal mortality (EPMM). http://www.paho.org/clap/index.php?option=com_content&view=article&id=249%3Aunion-de-expertos-en-medicion-de-la-mortalidad-materna-en-las-americas&catid=387%3Aclp.01-salud-de-la-mujer-reproductiva-materna-y&lang=en		Mexico, Nicaragua*, Paraguay, Peru and Uruguay. *Countries not included in the USAID grant (ARG, BOL, CUB, NIC) were supported by Spanish Cooperation.
3. Formation of Regional network of sentinel hospitals for maternal health surveillance	1. Development of protocol of operations of the network institutions.	The Final Draft of the protocol is finished, and will be discussed in the meeting to launch the RED CLAP, or CLAP Network. This meeting will take place in Brasilia in April 2015.	None.	None.
	2. Identification of health institutions.	Initially, 50 health facilities and health institutes from 21 LAC countries were identified and invited to participate in the April meeting to launch the CLAP Network. 33 Institutions from 20 countries have confirmed their participation in the mentioned meeting.	None.	Countries that have confirmed include: Argentina* ³ , Bolivia*, Brazil, Chile, Colombia, Ecuador*, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua*, Panama, Paraguay, Peru, Dominican Republic, Suriname, Uruguay & Venezuela*. *The participation of countries not authorized in the USAID grant will be funded by the Spanish Cooperation (Argentina, Bolivia, Ecuador, Nicaragua and Venezuela).

³ No USAID funding has been used to support Argentina, Bolivia, Ecuador, Nicaragua, or Venezuela.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	3. National authorizations and signing of agreements to participate in the network.	This step should be completed by July 30th.	None.	None.
	4. Define common tools for data collection	The development of the tool for collecting information has begun. This will be discussed at the meeting in Brasilia and will be available by August 2015.	None.	None.
4. Strengthening surveillance of maternal mortality	1. Translation, edition and dissemination of a technical document developed with Maternal Regional Task Force (MRTF) on Maternal Death Surveillance and Response (MDSR)	The document is ready for dissemination. In the coming days a work plan for the dissemination with partners of the MRTF will be agreed upon. Two sub-regional workshops on strengthening surveillance of maternal mortality using the finalized document will be conducted during the second semester of this year, one in Jamaica for English-speaking countries and one in Peru for Spanish-speaking countries.	None.	This is an endeavor among several members of the MRTF and is included in the MRTF's workplan.
Activity 4.1.2 Promote the effective functioning and scaling-up of the Regional Interagency Task Force for the reduction of maternal mortality.				
No funding budgeted for this activity for Year Four.				

Tasks	Planned Steps	Current Progress	Challenges	Remarks
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.				
Key Personnel Responsible for Activity 4.1.3: Dr. Sandra Rodriguez (PWR-COL)				
1. Technical support to Colombia in the implementation of the WBMSS in the territories	<p>Monitoring the implementation of WBMSS in visits to the territories of the country in the unit of analysis and action plan.</p> <ul style="list-style-type: none"> - Technical support of an epidemiologist in priority areas for the WBMSS, to support the process of implementation and expansion. - Administrative support to the WBMSS 	<p>Two workshops were held, one in Bogotá and one in the Atlantic region based in Cartagena, involving about 60 professionals responsible for monitoring maternal mortality. Entry and analysis of information on cases of maternal deaths in the 7 modules of the WBMSS was reviewed.</p> <p>Training was completed in 100% of departments and municipalities in the use of WBMSS to prepare for the introduction of information to the tool in the second quarter of 2015.</p> <p>The WBMSS and its functionality was presented to the MSPS technical team.</p> <p>Technical meetings with the INS were held to check computer and epidemiological aspects of the system and adjust the WBMSS application, for entry of information on maternal deaths in 2015. Technical support was provided to the city of Bogotá to check the entry of maternal deaths during 2014 as presented in the application of web tests.</p>	<p>The turnover of human resources as well as limited technology literacy for use of the web applications is a challenge.</p> <p>The help desk of the National Institute of Health needs to be strengthened during the phase of introduction of information, in order to respond to the needs of the territories.</p>	None.
2. 6 months of Technical support by Systems Engineer providing territorial support.	<p>Contract engineer for 6 months to support the expansion process in Colombia</p> <ul style="list-style-type: none"> - Validation roadmap developed jointly by PAHO and INS. 	<p>During this semester the engineer redesigned the tracking module's refusal to submit notification of maternal deaths confirmed. Also synchronization between both the local application and module applications was implemented.</p>	<p>Module VI B needs to be adjusted to collect contributions from the committee on analysis of maternal mortality.</p>	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	<ul style="list-style-type: none"> - Field visits to priority areas for implementation - Virtual Counseling by a Systems Engineer to countries with WBMSS 	An updated version of the WBMSS application in Spanish and English was provided to the National Institute of Health. Trainings in the territories to accompany the updated version of WBMSS were held.		
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	<ol style="list-style-type: none"> 1. Review and harmonization processes, which are carried out in monitoring perinatal mortality. 2. Review of international experiences of the countries of the region 3. Proposal 3 fitted with a demonstration exercise on the web platform 	<p>This semester there has been coordination with the Family, Gender and Life Course area of the PAHO Mexico country office, in order to move forward in the commitment to introduce and implement the WBMSS application in the country.</p> <p>The country's documentation for monitoring perinatal mortality is being reviewed.</p>	Generating technical agreements for adaptation of the monitoring process of perinatal mortality to the WBMSS is a challenge.	None.
4. Systematization of the experience of WBMSS	<ol style="list-style-type: none"> 1. Training Manual for use with video and WBMSS management officials monitoring the municipalities) 2. Document published on the WBMSS experience in Colombia 	The review of epidemiological papers has begun this semester and will continue.	None.	None.
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				
Key Personnel Responsible for Outcome 4.2: Dr. Pablo Duran (CLAP)				
Activity 4.2.1 Support and maintain functioning of Alliance.				
1. Technical cooperation and support to the activities of the Neonatal Alliance	1. Co-organization of the annual meeting and support to activities of communication and dissemination. Support to the establishment of Alliances in countries	The annual meeting of the Neonatal Alliance is being planned for the second semester. The exact dates and location will be discussed during the next Steering Committee meeting.	None.	Important advances have been made in terms of establishing new neonatal alliances. The National Alliance in Paraguay, as mentioned above, is in

Tasks	Planned Steps	Current Progress	Challenges	Remarks
				the process of being established. Technical cooperation has been provided to the Haitian National Alliance, recently established.
2. Strengthening Neonatal Health in English Caribbean Countries	1. Coordinate a subregional meeting with key actors in order to coordinate the establishment of a subregional neonatal alliance	The meeting will be held in Jamaica in June 2015.	Agreement of a date with authorities and representatives from Caribbean countries is pending.	
Activity 4.2.2 Evaluate advances in MDG 4 in South America.				
1. Evaluation of the neonatal component in the framework of the evaluation of MDG4	1. Collection, analysis and presentation of a report on the participation of the neonatal component in infant mortality and childhood in the framework of MDG 4	The data has been collected and compiled. The analysis and final report will take place during the second semester.	None.	None.
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				
Key Personnel Responsible for Outcome 4.3: Dr. Sylvain Aldighieri (CHA/IR)				
Activity 4.3.1 Organization and implementation of the Second Annual Regional Meeting of the National IHR Focal Points				
No funding budgeted for this outcome for Year Four.				

Tasks	Planned Steps	Current Progress	Challenges	Remarks
ADDITIONAL ACTIVITIES				
Neglected Tropical Disease Advisor - Focus: Onchocerciasis Elimination in LAC)				
Key Personnel Responsible: Dr. Steven Ault (CHA/VT)				
Outcome 1: Political and technical commitment for controlling and eliminating NID enhanced				
<p>1.1.1. Neglected infectious Diseases Specialist hired to support PAHO's Regional NID Program with emphasis in the development of integrated national and subnational NID strategies and plans of action.</p>	<p>One full time STP P3 professional position (5 months)</p>	<p>Lymphatic filariasis: -Three out of four LF endemic countries are scaling down MDA activities as they have interrupted transmission in some areas. RPRG and PAHO reviewed and approved that Haiti implements TAS 1 in 8 additional evaluation units-EU (which include a total of 14 implementation units in 2015. Brazil will implement TAS 2 in 1 EU (which include 2 IU). -A regional workshop on TAS to train the countries on the use of the new diagnostic test approved by WHO (FST), as well as on the proposal for monitoring STH within TAS for LF will be conducted in July.</p> <p>Schistosomiasis: -Six out of ten SCH endemic countries and territories may have eliminated the transmission and the NID program is supporting them to compile evidence. -Two countries need to update their epidemiological status due to possible residual transmission. PAHO is advocating implementing the required surveys to identify possible hot spots. -Brazil and Venezuela are countries with active transmission and activities to tackle this disease are being intensified. PAHO/WHO is continually working to provide technical cooperation, new tools and guidelines available for the countries,</p>	<p>Lymphatic filariasis and schistosomiasis: -Endemic countries in the Americas need to sustain and reorient their programs of elimination as far as they are moving forward on the interruption of transmission. This will demand technical cooperation specific and focused on their needs with support of experts. -Guyana is the only LF endemic country in the region that still need to scale up MDA, but there are some challenges to reach and sustain the optimal coverage; PAHO is working to identify the way to build capacities at local level to accelerate actions towards the interruption of transmission in the country. -Surveillance and M&E in low endemic countries is critical to follow up and sustain the achievements, but the challenge is to keep the local capacities to do it.</p>	<p>PAHO has been able to maintain the integration on the request of data of NID to countries. Using the forms of the Joint Application Package (JAP), PAHO has integrated the forms for some other NID as leprosy, blinding trachoma and Chagas'. Additionally, the request of data of leishmaniasis via website has been made at the same time as the other reports. This represents a more efficient communication with countries, reducing the number of requests from PAHO.</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		<p>including donation of some lab supplies as CCA-POC test, etc.</p> <p>Monitoring and evaluation for NID: -Countries of LAC are using the WHO-based Joint Application Package of forms for reporting NID data of 2014. PAHO is expected to receive reports by the end of April 2015. -A protocol to compare three probabilistic methods to evaluate coverages of MDA for NID will be implemented in two countries in 2015. -A workshop on integrated coverage monitoring (immunization and deworming for STH+other NID) will be conducted in August 2015 with the Regional Expanded Program on Immunization (EPI).</p>		
<p>1.1.2. Support countries to develop financial gap analysis for their national and subnational plan of actions using the TIPAC.</p>	<p>One national workshops on use of TIPAC tool in Colombia and contract to adapt the tool to the Americas Region</p> <p>Use of carryover for Two national workshops on use of TIPAC tool: one implemented in Brazil and one in El Salvador</p>	<p>An intercountry TIPAC training workshop will take place 11-15 May 2015 with delegates from Colombia, El Salvador and Nicaragua. These three countries have launched national plans of NID, but they need to move forward on the formulation of operational plans of action.</p> <p>The roadmap to adapt TIPAC to the needs of LAC countries should be analyzed with RTI in order to know the expectations in terms of future developments.</p> <p>A national TIPAC training workshop was held in Brazil in March 2014. In order to pool funding, and taking into account that El Salvador does not have operational plans yet, the NID regional program considered that it is more efficient to have</p>	<p>None.</p>	<p>None.</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		<p>an intercountry training workshop to promote the methodology and provide countries with details about the information needed for formulation of operational plans of action. El Salvador will participate in the intercountry TIPAC training workshop scheduled for 11-15 May 2015.</p>		
<p>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.</p>	<p>One meeting with the priority SCH endemic and formerly endemic countries and partners</p>	<p>A regional schistosomiasis meeting was held in Puerto Rico in October 2014 with the endemic and formerly endemic countries. 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. Additionally, some recommendations were provided to WHO to improve criteria and procedures for the verification of elimination of the transmission of schistosomiasis. Report available online: English http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&Itemid=&gid=28841&lang=en Spanish http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&Itemid=&gid=28842&lang=es</p>	<p>Maintain the interest, funds and efforts in countries with low transmission or possible interruption of the transmission to sustain achievements, and to compile the evidence for verifying their status.</p>	<p>The regional forum to analyze progress, challenges and opportunities to reach the elimination of schistosomiasis in the Region of the Americas is a good initiative to reinforce regional capacities, and to move towards the elimination in a coordinated way.</p>
<p>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</p>	<p>One meeting with the priority endemic and formerly endemic countries and partners</p>	<p>The regional meeting of LF will be held in Recife, Brazil, 29 June to 1 July 2015. This meeting will be an opportunity to introduce the new tools for LF: new lab test (FST), and monitoring of STH within TAS.</p>	<p>None</p>	<p>None.</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
1.1.5. Support the implementation of MDA and TAS in priority countries towards the elimination of LF	HAI, DOR and GUY	These funds will be used to support MDA and TAS activities that would be identified in the regional meeting of LF, as well as in the Regional Program Review Group (RPRG)	None	None.
1.1.6. Development of an online SCH training on diagnosis and clinical management for both high and low endemic areas	SCH online course	The terms of reference to define contents for the online course are currently being developed in coordination with the Brazilian national authorities.	To identify a consultant in Brazil to develop the contents accordingly to the TORs.	None.
1.1.7. Promote sub-regional forums to share experiences on control and elimination of NIDs.	A meeting with Central American countries to share the experiences on formulation and implementation of NIDs plans of action (seed funds because Sabin/GN would be able to co-funding this meeting)	In Central America, the following NID priority countries have completed their NID (NTD) Plan of Action: Honduras, Guatemala, Nicaragua, and El Salvador. Each is in various stages of implementation, some elements at national level, and in Honduras activities at the departmental level which focus on deworming. In actions supporting the ability to implement NID POAs, Honduras had received TIPAC training previously, but an intercountry TIPAC training workshop will take place 11-15 May 2015 with delegates from El Salvador, Nicaragua, and Colombia (as noted in 1.1.2 above).	It was not possible this period to find the necessary co-funding with Sabin/GN to organize a subregional meeting with countries which have completed NID POAs and begun implementation, however a TIPAC training for 3 countries with NID POAs (see Highlights here and in 1.1.2) is taking place this semester.	Of the NID priority countries in Central America, to date only HON has developed operational plans to implement the national plan at local (departmental) level, so the pool of collective experience is not yet deep. Countries will benefit more by organizing this meeting in 2nd semester 2015.
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	Two delegates from NID regional team participate in two PCC meetings and one IACO meeting	PAHO's Regional advisor of the NID, the Unit chief of CHAVT and the PAHO advisor for communicable diseases and health analysis of Venezuela participated in the Program Coordinator Committee (PCC) meeting and the IACO Meeting, which took place in Mexico City 12-14 NOV 2014.	None	During the IACO meeting of 2014 a close dialogue was held between technical teams of Venezuela and Brazil in order to move forward on the agreement to schedule a technical meeting of

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Onchocerciasis (IACO).		The regional NID advisor will participate in the PCC meeting in the second half of 2015.		both teams to define a plan of action to take immediate actions for elimination of onchocerciasis in the Yanomami area. The Minister of Health of Venezuela participated, which allowed to PAHO to make political advocacy towards elimination of ONCHO in the Yanomami area.
1.1.9. Support the implementation of operational subnational plans for NIDs in Honduras	Support the implementation of actions in 8 departments in Honduras that have completed operational plans and that have identified funding gaps using TIPAC	Honduras is working on the implementation of eight subnational plans of action for NID. These plans are being costed and financial gaps are being identified using TIPAC. In 2015, the MOH is going to do monitoring and supervision to local levels to follow up the progress on the implementation of actions. Information, education and communication materials will be developed to support the STH deworming campaign.	None	None.
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.	A set of recommendations produced as a result of one regional meeting, to be published (using carryover)	Expert consultation meeting took place 12-13 March 2015. Final report on recommendations will be delivered by mid-April. Experts recommended: 1) continue working on collaboration and integration according to the feasibility and epidemiological characteristics in each country; 2) clarify terminology and other	None	As the first Regional Consultation on Disease Elimination in the Americas, the meeting provided a useful opportunity to examine both specific and general issues related to the elimination of NIDs and

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		<p>guidance from WHO; 3) reinforce operational research and overall research agenda to overcome obstacles and support a comprehensive elimination agenda; and 3) moving forward and capitalize on the enthusiasm for disease elimination in the Region as well as on the available research funding.</p>		<p>begin to define a collective path forward, including interprogrammatic opportunities. As a result, the experience of LAC countries was highlighted, as well as the need to document and use that experience to support countries in other regions once they reach the elimination goal. Discussion and recommendations will be taken into account within STAG meeting as well as with disease-specific groups within NTD Department and with other departments of WHO.</p>
<p>1.1.11. Support development of an operational plan for ONCHO elimination in the Yanomami area.</p>	<p>In coordination with OEPA, organize and implement a workshop to complete an operational plan of action to reach all indigenous communities identified in the Yanomami area that are in need of treatment. (using carryover)</p>	<p>A binational meeting was held in Caracas, Venezuela 26-27 February 2015 with the participation of national and subnational delegates from Brazil and Venezuela to formulate a plan of action to tackle onchocerciasis in the Yanomami area. Five strategic lines of work were identified and the priority activities for each one were established for 2015-2016. This follow-up committee (as it was denominated) will have a second meeting in Brazil in the second half of 2015.</p> <p>The 5 strategic lines are: 1) integrated health care and community participation; 2) epidemiological surveillance, 3) sharing</p>	<p>To maintain the support from national authorities of Venezuela to the plan of action consented with Brazil. This includes the commitment on funding, implementation, monitoring and evaluation.</p>	<p>For the first time in recent years, a binational meeting was held with technical teams from Brazil and Venezuela in the framework of the Memorandum of Understanding signed in 2013 by the Ministers of Health of both countries. This meeting is a milestone for the achievement of the elimination of</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		<p>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>onchocerciasis in the last focus of the disease in the Region of the Americas.</p>
Outcome 2: Monitoring and evaluation of the progress of priority countries towards control and elimination goals for NID secured				
<p>1.2.1. Neglected infectious Diseases Specialist hired to support PAHO's Regional NID Program.</p>	<p>One PLD P3 professional position.</p>	<p>Mapping of blinding trachoma: -Mexico completed the protocol for trachoma survey to be implemented in the not-known endemics municipalities of the State of Chiapas. This protocol is currently under review of the national ethics review committee. Thereafter, it will be submitted to the PAHO's ethics review committee. -Colombia will implement a baseline trachoma survey in departments surrounding the known endemic focus. The protocol has been completed and it will be submitted to ethics review committees (national's and PAHO's). -Guatemala completed a protocol for an impact trachoma survey. This protocol will be submitted to ethics review committees (national's and PAHO's).</p> <p>MDA for blinding trachoma: -Only Colombia and Brazil have foci in need of preventive chemotherapy. -Guatemala is in posttreatment phase. -Mexico is doing treatment of individual cases.</p> <p>Dossiers for blinding trachoma elimination: -Mexico is still working on the adjustment</p>	<p>Guatemala has been having some delays on the finalization of the protocol for the trachoma survey due to changes of Staff in the MOH. There is a new responsible for the trachoma program, but PAHO is working very close to the new responsible to move forward the agenda.</p>	<p>Countries with known foci of blinding trachoma are moving forward according to the expectations. However, there is a consensus with experts on the need to conduct mapping in the Amazon region in order to confirm that there are not more foci, and so compile evidence to support a future regional verification process.</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		<p>of the dossier.</p> <p>Onchocerciasis:</p> <ul style="list-style-type: none"> -Guatemala finalized the dossier of onchocerciasis. PAHO/WHO is expected to receive the letter and the dossier from the national authorities of Guatemala requesting the verification of the elimination. The mission of the International Team of Verification could be held in the second half of 2015. -Mexico submitted the letter and the dossier to PAHO/WHO requesting the verification of the elimination in November 2014. The mission of the International Verification Team is scheduled for in June 2015. 		
		<p>Data analysis for monitoring progress of countries:</p> <ul style="list-style-type: none"> -The 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. Attached to this report are the files with the analysis which will be published soon on PAHO's Website. -An interactive atlas for NID was published on PAHO's Website in March 2015 using data officially reported by Member States. The atlas has data at first administrative subnational level (states, departments or provinces) for STH, SCH, LF, TRA, Chagas', leishmaniasis, and leprosy. This atlas is available at: http://www.paho.org/hq/images/ATLAS_CD/NID_Subnational/atlas.html 		

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<p>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.</p>	<p>At least one dossier of one formerly SCH endemic country (Tentative: Saint Lucia)</p>	<p>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 Dominican Republic.</p>	<p>Maintain the interest, funds and efforts in countries with low transmission or possible interruption of the transmission to sustain achievements, and to compile the evidence for verifying their status.</p>	<p>None.</p>
<p>1.2.3. Support the development and implementation of NID integrated surveillance through sentinel sites and spot check sites and/or DQA.</p>	<p>At least two priority countries ELS and DOR</p>	<p>There is a drafted protocol for monitoring of LF and STH in Dominican Republic</p> <p>There is a drafted protocol for monitoring of STH, Chagas' and malaria in El Salvador. A technical mission is scheduled for June 2015 in which the draft will be reviewed and adjusted.</p>	<p>None</p>	<p>None.</p>
<p>1.2.3. Support the development and implementation of NID integrated surveillance through sentinel sites and spot check sites and/or DQA.</p>	<p>At least two priority countries ELS and DOR</p>	<p>There is a drafted protocol for monitoring of LF and STH in Dominican Republic</p> <p>There is a drafted protocol for monitoring of STH, Chagas' and malaria in El Salvador. A technical mission is scheduled for June 2015 in which the draft will be reviewed and adjusted.</p>	<p>None</p>	<p>None.</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<p>1.2.5. Support integrated surveys for STH+malaria in two countries.</p>	<p>Support the implementation of surveys for STH+malaria in MEX and PAR</p>	<p>The protocol of the integrated survey for STH+malaria of Mexico was approved by the national ethics review committee as well as by the PAHO's ethics review committee. The implementation will be initiated in May 2015. This survey is an impact survey that will be implemented in 10 States of the South-Southeast considered the poorest in the country. The protocol of the baseline survey of Paraguay was approved by the national ethics review committee as well as by the PAHO's ethics review committee. The survey will be implemented between July and September 2015.</p>	<p>None</p>	<p>None.</p>
<p>1.2.6. Support regional workshop for the inclusion of M&E component within the national or subnational projects, programs, strategies or plans of action for NID.</p>	<p>One workshop for selected countries (funded with 2014 carryover)</p>	<p>The Regional Program of Neglected Infectious Diseases completed and rolled out the first regional training course for NID program managers based on the training course developed by the Department of Neglected Tropical Diseases of WHO (WHO NTD Department).</p> <p>The training course was adjusted and integrated to the training course on monitoring and evaluation (M&E) that was also developed by 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 for avoid duplications on the information, 2) reduce the number of days for which a national program manager and a national responsible for M&E need to be participating in a training course, and 3) reduce costs of implementation of training courses.</p>	<p>None</p>	<p>The training course for NID program managers was evaluated by participants as An excellent tool to reinforce the national capacities.</p> <p>The integrated work among the various regional advisors of NID at PAHO as well as the participation of other advisors for topics like integrated vector management and drug management reinforced the integrated approach of the training course. Additionally, this exercise reaffirmed that the regional approach to tackle the NID in an</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		The first training course for NID program managers was held in Quito, Ecuador ⁴ in December 2014. Delegates from seven countries participated (Brazil, Colombia, Ecuador*, Dominican Republic, El Salvador, Honduras and Peru) as well as one advisor of the regional program of NID, and advisors of communicable diseases and health analysis of PAHO offices of Bolivia*, Ecuador*, Guatemala and Honduras. A total of 22 people participated in the training course.		integrated fashion is the way to move forward towards the elimination of NID.
Reinforcing Malaria Efforts in Haiti				
Key Personnel Responsible: Dr. Keith Carter (CHA/VT)				
Outcome A. Strengthened and optimized implementation of Global Fund Grant on malaria in Haiti				
Activity A.1 Global Fund grant coordination meetings				
A.1 Actively collaborate and provide technical inputs on the implementation of the Global Fund (GF) malaria project	1. Attend periodic meetings with the department-level Directors and Program managers to discuss the operational plan for the ongoing GF malaria project	<p>PAHO has participated in quarterly monitoring and data validation meetings concerning malaria, and in coordination meetings with Global Fund Sub-Recipients.</p> <p>In these meetings, PAHO has supported the development of the annual PNCM operational plan for 2015, which has been sent to the MSPP for their records. The development of this plan factors in planned activities and priorities from the upcoming Bill & Melinda Gates Foundation-funded Haiti Malaria Elimination Consortium (HaMEC) project and GF funding expected following submission of Haiti's malaria concept note on 20 April 2015.</p>	Haiti and PAHO are working to improve partner coordination by establishing a consultation framework to monitor the implementation of various projects (EMMIE, HaMEC, the national malaria GF project) and expected funding flows into Haiti.	None.

⁴ *No USAID Funds have been used to benefit Ecuador or Bolivia.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	2. Support the review of periodic reports to ensure timely submission to the GF	PAHO has participated in quarterly coordination meetings between the GF Principal Recipient (PR), PSI, and Sub-Recipients (SRs). These meetings allowed PAHO to provide technical support and clarifications on certain GF indicators. This technical support has contributed to maintaining the GF rating of A2 ("meets expectations") for the PR's performance.	The PR (PSI) has recently been named PR for the TB/HIV GF grant also, leading to risks that the PR resources will now need to encompass more projects. Nevertheless, PAHO will provide technical support and advise on strategies to minimize this risk.	None.
	3. Participate in at least one monitoring activity with the Departmental Direction of Health Services.	During this period, PAHO has participated in follow-up meetings on malaria activities in the Departmental Direction of Health Services for Southeast commune, Jacmel (27-28 November 2014). The objective of this joint PAHO-PNCM supervisory mission was to review and evaluate the delivery of malaria services and activities at the department level, including drug management, diagnosis (microscopic and by RDT), data collection, validation of monitoring activities, on-site training, among others.	PAHO will review upcoming activities to increase the frequency of department-level monitoring visits, as feasible. Subsequent visits will be easier to program once the malaria concept note is submitted to the GF in April 2015.	None.
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				
A.2 Collaborate with stakeholders in program monitoring efforts and resolving bottlenecks / Facilitate effective implementation of the Global Fund grant by strengthening PNCM	1. Support technical & management capabilities of the PNCM (organization, tasks, responsibilities, plans, dashboard, periodic meetings, strengthen relations with SR and partners, improve operational efficiency)	PAHO has collaborated with partners to provide technical support to develop a draft referential document which proposes to restructure PNCM staff responsibilities, as well as revise staff qualifications and coordination mechanisms between the MSPP, PNCM, and the departments. This document is pending feedback from the PNCM coordinator.	None.	PAHO is collaborating closely with the PNCM to ensure that any organizational change must first obtain consensus within the national malaria program.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	2. Support technical implementation of specific PNCM activities funded by the GF grant	In collaboration with the PSI focal point at the PNCM, PAHO provides continuous feedback on PNCM activities funded by the GF grant. The PAHO Malaria Advisor participated in two GF missions to Haiti in January and March 2015, enabling PAHO to target technical assistance towards malaria efforts that contribute towards the achievement of goals for the PR and SRs (including the PNCM).	None.	None.
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)				
A.3 Technical cooperation on preparation of future proposals for the submission to the Global Fund and other financial institutions	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>Starting from the initial planning stage, PAHO has collaborated with the PNCM, CCM, and other stakeholders to support the development of the malaria concept note (planned submission date: 20 April 2015). The focus of this assistance has been to analyze the national situation in order to ensure that the concept note is aligned with PAHO/WHO strategies and policies and Haiti's updated Strategic Plan for Malaria Elimination (PSNEM) 2016-2022.</p> <p>The PAHO Malaria Advisor participated in several workshops (16 & 20-23 January 2015, and 9-14 February 2015) which served to analyze and map out the country's malaria burden by strata, identify programmatic and financial gaps, and generate a bottom-up country dialogue among affected populations, NGOs, partners, and other actors on the ground. Interventions proposed in the concept note have thus been developed based on</p>	PAHO and country counterparts are intensifying efforts to integrated feedback into the concept note prior to the submission date. Subsequent PAHO support will be required during the grant-making process. This may lead to the re-prioritization of planned activities by the PNCM.	Funding for national-level workshops and the Mock TRP was provided by the GF through WHO.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		<p>country consensus.</p> <p>The PAHO malaria advisor accompanied national counterparts in the Mock Technical Review Panel (TRP), held in Washington, D.C. from 17-19 March 2015, to review the draft concept note prior to submission to the GF. PAHO is working with country counterparts to integrate received comments into the concept note prior to submission.</p>		
	2. Support the PNCM with exploring other resource mobilization possibilities	<p>This first semester has been dedicated to supporting the development of the malaria concept note for the GF.</p> <p>Positive feedback from the GF regarding project implementation in Haiti could be used to advocate for the mobilization of additional resources from other partners. PAHO and country counterparts are also collaborating with partners from the HaMEC project to identify alternative donor sources to support gaps identified by the country as it seeks to reorient its program towards malaria elimination.</p>	None.	None.
Activity A.4 Advisor in Malaria Prevention and Control				
A.4 Contract an Advisor, Malaria Prevention and Control	Facilitate the contracting of the advisor for the duration of the "Reinforcing Malaria Efforts in Haiti" project	<p>This first semester has been dedicated to supporting the development of the malaria concept note for the GF.</p> <p>Positive feedback from the GF regarding project implementation in Haiti could be used to advocate for the mobilization of additional resources from other partners. PAHO and country counterparts are also collaborating with partners from the</p>	None.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		HaMEC project to identify alternative donor sources to support gaps identified by the country as it seeks to reorient its program towards malaria elimination.		
Outcome B. Strengthened malaria surveillance, monitoring, and evaluation				
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.1. Collaborate with stakeholders involved in malaria surveillance and quality assurance efforts, in coordination between both countries	1. Continued participation in bi-national meetings between Haiti and the Dominican Republic (HAI-DOR), and support coordination between stakeholders and partners	No bi-national malaria meetings have been organized this first semester. PAHO has nevertheless engaged counterparts from the Dominican Republic (through the HaMEC project) to ensure that both countries are involved in partner discussions on strategies and interventions to eliminate malaria from Hispaniola.	The thoroughness of the malaria concept note development process has proved challenging in organizing bi-national meetings. Subsequent months will be used to explore ways to improve this binational cooperation.	PAHO invited Haitian counterparts to participate in the XIV AMI/RAVREDA Annual Evaluation Meeting, held in Rio de Janeiro Brazil (24-27 March 2015). However, they were unable to attend due to logistical reasons and the urgent need to finalize the malaria concept note for the GF.
	2. Support malaria surveillance and implementation of relevant interventions in HAI-DOR bi-national efforts	PAHO is coordinating with HaMEC partners to identify areas for binational cooperation in the coming months.	None.	None.
Activity B.2 Support the development and consolidation of PNCM epidemiological and performance reports				
B.2. Support the PNCM to review epidemiological and performance data and indicators to improve information evaluation and reporting	1. Review and update procedures for periodic data collection	PAHO has collaborated with the PNCM M&E Officer in order to strengthen the national data collection system of data collection. Efforts are underway to ensure that malaria data from the departments is verified on-site, and that this method is expanded to the rest of Haiti.	None.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		<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 data for the <i>section communale</i> of certain areas of Haiti. Data for key indicators for morbidity, mortality, and incidence has also improved during this period.</p>		
	<p>2. Develop and promote individual case reporting.</p>	<p>PAHO supported Haiti to conduct a thorough epidemiological analysis prior to the development of the new Strategic Plan for Malaria Elimination (PSNEM) 2016-2022; a clear stratification was 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>	<p>The delay in the validation of PSNEM (National Strategic Plan for Malaria Elimination) has delayed this activity's implementation.</p>	
	<p>3. Support the PNCM, UPE & DELR in reviewing data collected for periodic reports on epidemiological and performance indicators</p>	<p>PAHO continues to provide technical support based on recommendations made in the USAID-funded PAHO workshop on the monitoring of malaria control activities (10-13 September 2013). By participating in departmental meetings, PAHO has been able to stress essential criteria for data quality assurance (validity, integrity, reliability, and timeliness). The quality of reporting in the fourth quarter of 2014 has improved significantly compared to 2013, with a reporting completeness of</p>	<p>None.</p>	<p>The on-site verification data tool has been shared with the PNCM; it is expected to be disseminated within the next few months during trainings organized by the PNCM and partners that will target health care providers.</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		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.		
	4. Participation in a regional-level PAHO training on malaria surveillance and data collection	The dates for this regional-level PAHO training are under discussion and will be defined in the next semester.	None.	None.
	5. Support the development of annual reports for consolidation into the WHO World Malaria Report 2015	PAHO has supported the country in the collection, review, validation and transmission of data, in collaboration with the PNCM and DLR. Data from 2013 is available in the WHO World Malaria Report (WMR) 2014. Data from 2014 will be collected by PAHO between April and July, for subsequent analysis and inclusion into the WHO WMR 2015.	None.	National counterparts and PAHO will collaborate to ensure that data reported in subsequent WMRs is cross-validated by PAHO, PNCM, UCP, and DLR.
Activity B.3 Country capacity strengthening on malaria surveillance, monitoring, and evaluation (including trainings, workshops, etc.)				
B.3. Support capacity-building activities in malaria surveillance and monitoring & evaluation	1. Develop curriculum on the reorientation of Haiti's PNCM with a view towards elimination	Given Haiti's commitment to reach malaria elimination by 2020, PAHO is finalizing a training curriculum for the reorientation of PNCM activities towards elimination. Developed with input from CDC, CHAI, and the Carter Center, PAHO has met with national counterparts by teleconference and also during the Mock TRP meeting in Washington, D.C. (17-19 March 2015) to ensure that this training material is best adapted to the needs of the country. This workshop is tentatively scheduled for late June 2015, and will be facilitated by other partners in Haiti.	None.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	2. Conduct a training workshop on malaria elimination and strengthening surveillance systems, for participants from the ten departments	This training is scheduled for June 2015, and will first target members of the PNCM coordination unit before being held for staff from Haiti's ten departments.	None.	PAHO is coordinating a joint mission to Haiti (3-7 May 2015) to meet with counterparts from CDC, CHAI, and the Carter Center to further discuss the curriculum, delegate responsibilities, and obtain feedback from the PCNM.
Outcome C. Malaria strategies reoriented towards elimination, and strengthened implementation of interventions, particularly diagnosis and treatment				
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				
C1. Support the implementation of the updated National Malaria Strategic Plan (2016-2022)	1. Facilitate the dissemination of the strategic documents	The PSNEM will be disseminated once it has been reviewed and validated by national authorities (expected by mid-2015), thus ensuring its alignment with the national commitment towards achieving malaria elimination.	None.	None.
	2. Hold meetings with relevant units within the MOH and departments to support the strategic plan's implementation	Following PSNEM validation, PAHO will support the effective implementation of this plan's activities by stakeholders from the central and department level. Meetings are expected to commence in June 2015.	None.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
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.)				
C2. Expand the scope of areas where the Clinical Management of Malaria Patients Guidelines are implemented	1. Facilitate the dissemination of the treatment guidelines and expand their implementation to healthcare facilities	Currently the country is reorienting its strategy to move towards elimination by 2020, while simultaneously reinforcing the implementation of the T3 (Test-Treat-Track) strategy. Recognizing this acceleration towards elimination, PAHO will support the PNCM to review and update the national malaria treatment guidelines in alignment with elimination objectives and new guidance from WHO.	None.	The process will start once the PSNEM 2016-2022 has been validated.
	2. Develop materials and support trainings to reinforce the implementation of the guidelines	In the context of the new PSNEM 2016-2022, policy documents, guidelines, and M&E tools will be revised to reflect this acceleration towards elimination. PAHO is supporting this process and will facilitate their dissemination once the documents are validated.	None.	
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.)				
C.3 Technical cooperation on advocacy, communications, and health education/ promotion on malaria prevention and control (including meetings, events, workshops, and documentation of best practices)	1. Continued support for the development / update of training curriculum on treatment of malaria patients, for use by community health workers (<i>agents communautaires polyvalents</i>)	The MSPP is currently developing a curriculum for use by community health workers (<i>agents communautaires polyvalents</i>). PAHO will provide support as this curriculum is further developed.	The PNCM will have to ensure that the profile for mobilized community health workers match the country's needs, particularly considering the program's eventual reorientation towards elimination.	EMMIE funds may be targeted towards training community health workers, to be discussed and evaluated in the coming months.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	2. Technical support for the production / dissemination of periodic communication media and support for related activities	<p>Haiti's Malaria Communication Cluster meetings, held to coordinate national malaria advocacy and communications, have received PAHO support in terms of evaluating malaria communications tools and to develop of a "Communication Strategy aiming towards Malaria Elimination". The last draft developed by the consultant hired for this task is currently being reviewed prior to validation, expected in April 2014.</p> <p>During the DELR-organized 4th Scientific Forum on 27 February 2014, PAHO participated and supported the development of PNCM's communication strategy during the Forum.</p>	None.	None.
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)				
C4. Support the dissemination of knowledge and best practices to advocate for malaria prevention and control measures	1. Review and adapt advocacy documents highlighting best practices	This activity has been rescheduled for next quarter	This activity has been delayed due to prioritization of the development of the malaria GF concept note.	None.
	2. Support information dissemination during World Malaria Day (April 25 2015) & Malaria Day in the Americas (November 6 2014)	<p>PAHO supported the PNCM activities in celebration of Malaria Day in America on 6 November 2014. This included participation in planning meetings and in the dissemination of advocacy and malaria prevention communications.</p> <p>PAHO is currently involved in preparations for the 2015 World Malaria Day on 25 April 2015. Organizers aim to maximize the reach of the event's messages and engage high-level national interest at the official ceremony in Grand'anse department.</p>	Malaria elimination by 2020 will require a strong political commitment, and sustained social mobilization and community educational efforts.	The Grand'anse department (Jeremie) is an area particularly affected by endemic malaria.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Follow-up to the Maternal, Neonatal and Child Health Conference - A Call to Action				
Key Personnel Responsible: Dr. Enrique Vega / Isabel Espinosa (FGL)				
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)				
Outcome A.1 Completed in Year 2 of Grant (September 2013)				
Outcome A.2 Secretariat supports regional coordination of MCH activities under APR, its working groups and outreach programs				
1. Coordinate Monitoring and Metrics Working Group (MMWG) activities and meetings	1. Ensure MMWG workplan is finalized.	A workplan has been reviewed and finalized, with roles and responsibilities assigned to each activity.	None.	None.
	2. Coordinate the selection of key health indicators to measure inequalities;	1. A draft list of indicators has been developed. 2. A methodology for the final selection of key RMNCAH indicators is being developed. This methodology will be implemented in the upcoming months.	None.	In addition to the selection of indicators, coordination of the development of national RMNCAH equity profiles has begun, with a plan of action developed through the subgroup responsible for this activity. This plan of action will be presented to the other MMWG members in April for their approval. Coordination has also begun for development a higher learning teaching tool for faculty in public health and medical schools that can be used for the implementation of a graduate or postgraduate level course in RMNCAH Equity for students. The

Tasks	Planned Steps	Current Progress	Challenges	Remarks
				corresponding plan of action will also be presented during the upcoming MMWG meeting.
	3. Follow-up to ensure data collection and analysis efforts are used for decision-making;	1. Current data on maternal, child and adolescent mortality is being analyzed using basic inequality measures. 2. The results will be presented using different visualization methods and shared with the various APR-LAC member institutions and their national counterparts. They will then be uploaded to the APR-LAC website.	None.	This will not be completed until capacity building workshops have been implemented.
	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;	1. The CAWG is currently in the process of developing a new APR-LAC website. The idea is for this website to have the capacity to present inequality data using different visualization tools and store products developed by the various committees and working groups under APR-LAC. 2. A database with over 200 documents (including published and grey literature) has been developed and will be posted on the APR-LAC website once the new template has been finalized.	In order to respond to the specific needs and expected results of APR-LAC, it was decided that a new website should be developed, rather than trying to adapt the old version to the new requirements (which would require "open heart surgery"). This has somewhat delayed the movement in disseminating data using different visualization tools. However the final product will provide a more effective communications tool.	The consultant has been chosen and work has begun. The new website should be ready by April-May.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	5) Plan a capacity building workshop on measuring health inequalities	The planning of this workshop is in progress. A tentative date and location for the first regional capacity building workshop has been suggested for the week of June 28th in Guatemala City, Guatemala.	None.	This activity will be done in collaboration with another PAHO initiative, Zero Maternal Deaths due to Hemorrhage, in order to avoid duplication of work.
2. Coordinate Communications and Advocacy Working Group (CAWG) activities and meetings	1) Ensure CAWG workplan is finalized;	A workplan has been reviewed and finalized with roles and responsibilities assigned to each activity.	None.	None.
	2) Develop and maintain an interactive website;	The CAWG is currently in the process of developing a new APR-LAC website. The idea is for this website to have the capacity to present inequality data using different visualization tools and store products developed by the various committees and working groups under APR-LAC. (This activity is linked with Task 1, Step 4.)	In order to respond to the specific needs and expected results of APR-LAC, it was decided that a new website be developed, rather than trying to adapt the old version to the new requirements.	The consultant has been chosen and work has begun. The new website should be ready by April-May.
	3) Disseminate important informational materials;	This is an ongoing process. An APR-LAC brochure, PowerPoint presentation, boilerplate, and other communication tools have been finalized and are being disseminated among the different key health actors in the region.	None.	The CAWG coordinator is constantly developing information materials on ongoing APR related events, and disseminating the outputs through EMC member institutions.
	4) Facilitate cooperation among MMWG and CAWG to ensure accurate and updated data is used in all materials	1. Current data on maternal, child and adolescent mortality is being analyzed using basic inequality measures. 2. The results will be presented using different visualization methods and shared with the various APR-LAC member institutions and their national counterparts, and uploaded to the APR-LAC website.	None.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
3. Coordinate Consultative Committee (CC) activities and meetings	1. Finalize CC members	The list of CC members has been finalized.	None.	None.
	2. Plan first in-person meeting for all CC members	The first face-to-face CC meeting will take place 7-8 April 2015 in Managua, Nicaragua ⁵ .	None.	A side meeting with EMC country counterparts is expected to take place.
	3. Ensure CC workplan is finalized	At this point, EMC members are not sure that the CC will need a specific workplan. This will be decided during face-to-face meeting in April.	None.	None.
	4. Support the implementation of CC activities	The implementation of CC activities is pending the April face-to-face meeting and determination if a specific workplan for the CC is needed.	None.	None.
	5. Identify new partners and members	A pledge has been created and will be discussed during the CC meeting in April to identify what and how new partners will play a role in APR-LAC.	The actors are from different sectors and coordination will be challenging.	None.
4. Coordinate Executive Management Committee (EMC) activities and meetings	1. Coordinate all EMC meetings	EMC meetings are being held once a month with active participation from all members.	None.	In addition, a chart has been created to report on upcoming global, regional, national and subnational events on topics relevant to the APR-LAC ultimate goal.
	2. Follow-up with all EMC members to ensure timely completion of commitments and activities	Follow-up with EMC members has been an ongoing process during this period.	None.	It has also been necessary to analyze/identify technical and political strengths of each APR-LAC member institution

⁵ *No USAID funds will be used to benefit the government of Nicaragua.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
				<p>in order to establish the movement's capacity as a whole.</p> <p>This is paired with mapping out current efforts implemented by EMC member institutions in order to harmonize current efforts and avoid duplication.</p> <p>Work has also been done to support resource mobilization efforts to ensure the sustainability of APR-LAC through donor commitment and national buy-in.</p>
	3) Provide ad-hoc support to EMC members in creating presentations, reports, concept notes, and other materials as requested	Providing ad-hoc support to EMC members has been an ongoing process during this period.	None.	None.
5. Technical staff of Secretariat	1. Extend contracts of APR-LAC Secretariat consultants	Contracts have been extended until September 2015.	None.	None.
2. Finalize on-boarding process of P3 APR-LAC Coordinator	The on-boarding process was finalized and the APR-LAC coordinator is fully integrated into the team.			
3. Travel expenses of APR-LAC Staff	Professionals from the PAHO Secretariat have traveled to the following APR-LAC meetings: (1) Global and Regional APR meeting in NYC (2) Consultative Committee meeting in Nicaragua (cleared with USAID).			

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Outcome A.3 Program Activities are co-funded with partner agencies, including country roadmaps for addressing health				
1. Building APR-LAC presence at the country-level	1) Create country-level APR-LAC Committee with representatives from partner agencies and other key actors (MOH, MOF, civil society, etc...);	This activity is in progress and will require facilitation of dialogue between national/sub-national intersectoral stakeholders to discuss current health inequalities (using profile), identify bottlenecks, solutions and possible areas of work.	The APR-LAC Technical Secretariat, with the support of the various EMC members are currently in the process of establishing a date for a national dialogue with national counterparts in selected pilot country (Paraguay). However, due to conflicting schedules of the various stakeholders this task has proven difficult.	In order to not stay stagnant, EMC members are exploring the possibility of rolling APR-LAC out in other countries.
	2) Plan country-level workshop to work with partners to identify key health inequities and actions to address them;	The activity is in progress. Based on the feedback from national dialogue, PAHO will develop and start implementing a plan of action, with a specific Monitoring and Evaluation (M&E) component.	None.	An additional activity will be added in order to conduct a systematic review of "what works in reducing MCH inequities".
	3) Develop a post-workshop report outlining specific actions to reduce health inequities;	Based on data attained through the M&E component of the previous step, a report will be developed highlighting the methodology used, results attained and challenges encountered.	None.	None.
	4) Disseminate workshop methodology (lessons learned, success stories)	This activity is in progress, pending completion of the previous step.	None.	The report developed will be disseminated, highlighting the methodology used, results attained and challenges encountered.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Health Technology Assessment and Regulation of Medical Devices				
Key Personnel Responsible: Drs. James Fitzgerald and Alexandre Lemgrumber, HSS				
Activity 1. Report on the pilot project "HTA-Regulatory Interactions"				
Activity Completed in FY 2014				
Activity 2. Mapping of regulatory framework and capacity regarding medical devices				
Activity Completed in FY 2014				
Activity 3. Development of course on HTA and regulation of medical devices.				
3. Virtual courses on HTA, Economic Evaluation and Medical Devices	1. Finalize development of virtual course on Economic Evaluation. Setup and start of course on HTA and Medical Devices on Virtual Campus.	Two virtual courses on "Introduction to Health Technology Assessment and Economic Evaluation" and "Introduction to Biomedical Technology" (Medical Devices) launched in late September 2014 on PAHO's Virtual Campus of Public Health.	The course generated significant interest in many countries that couldn't be fully fulfilled. It is expected that each tutor has between 10 and 15 students, so the maximum number of students allowed was limited.	There was a great interest in both courses, with 352 applications for the HTA course, 252 applications for the Medical Devices course in Spanish and 47 applications for the Medical Devices course in English. A total of 99 people were accepted to the courses. They were chosen through a careful selection process mainly focused on their capacity to intervene in course-related areas in their countries, more specifically within the public sector.
	2. Approve the content and methodology for the course	The course on Medical Devices was offered both in English and Spanish, being one the first courses on the VCPH available simultaneously in both languages. It is available for all member states and tackles the need for capacity building on Medical Devices.		
Activity 4. High Level Panel on HTA and Universal Health Coverage				
Activity Completed in FY 2014				
Activity 5. Panel session at the HTAi 2013 meeting to present the objectives and the activities of the project				
Activity Completed in FY 2014				

Outcome	Activity	Current Progress	Challenges	Remarks
EXPANDED TUBERCULOSIS ACTIVITES				
Key Personnel Responsible: Drs. Mirtha del Granado and Rafael Lopez, CHA/HT				
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				
1.1 Political commitment for the framework of TB control in large cities at national and local level	1.1.1 Visits to the selected new cities to present the framework to national and local authorities and gather support for its implementation	<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 gain support for its implementation.</p> <p>In Panama the framework has been introduced as well and the support of health authorities for its implementation has been obtained.</p>	<p>Official introduction of the framework to authorities of Santo Domingo is pending a mission from the Regional Advisor, tentatively to take place in June 2015.</p> <p>During this period, Guatemala has faced changes in the Ministry of Health, including changes in the management of the National TB Program. The framework for TB control in large cities was reintroduced to the new authorities and the process has been moving forward since.</p> <p>Introduction in El Salvador has been delayed due to the finalization of the country's concept note to the Global Fund.</p>	<p>The positioning of the TB Subregional Advisor for Central America in Panama has helped the process in the country.</p> <p>In Guatemala, the new TB National Strategic Plan 2016-2020 includes the initiative of TB control in large cities, both implementation in the initial intervention area and its expansion. Additionally, it will be included in the concept note to be presented soon to the Global Fund. This has shown political commitment to the initiative despite changes in government.</p>

Outcome	Activity	Current Progress	Challenges	Remarks
	1.1.2 Support meetings between health authorities and authorities of other sectors to identify areas of joint work on TB control	<p>On 24 March, World TB Day, Peru approved the Law #30287 for <i>Prevention and Control of Tuberculosis with a Multisectoral Approach</i>, involving 10 different Ministries. Additionally an emergency plan for reduction of TB in Lima and Callao was issued, committing \$37 million for two years.</p> <p>Intersectoral meetings have been held regularly in Lima to expand the initiative for TB control in Large Cities to other districts with high TB incidence and to mobilize additional international funding.</p> <p>In Brazil, the PAHO country office published "Direitos Humanos, Cidadania e Tuberculose: Na perspectiva da legislação brasileira" (Human Rights, Citizenship, and Tuberculosis: A perspective on Brazilian legislation) to mark World TB Day on 24 March 2015.</p> <p>In addition, an Awards event for the Health Units of Guarulhos was held to acknowledge the primary health care units with the best indicators of TB in 2013. 72 Health Units participated, including those of Jurema and Pimentas, the districts of the project on TB control in large cities.</p> <p>In Colombia, advocacy has been done so that within the guidelines of resources destined specifically to TB, additional funding has been included for the country's large cities in order to support expansion of this initiative. In addition, the topic of Health in All Policies has been promoted in Bogotá and Medellín.</p>	None.	On 18 December 2014 a Memorandum of Understanding was signed between PAHO-Peru and the Korean International Cooperation Agency (KOICA) to develop a project on TB control with emphasis on comorbidities and social determinants in the context of TB control in Large Cities. This will support expansion beyond the initial intervention sites of El Agustino and San Juan de Lurigancho, to the districts of Comas and Cabaylo (also discussed in 1.2.6).

Outcome	Activity	Current Progress	Challenges	Remarks
	1.1.3 Yearly meeting of local authorities to assess progress and sensitize new selected cities (World TB Day)	<p>This year the Regional Commemoration of World TB Day took place in Lima, Peru through a series of events. The PAHO-led event was a panel discussion on 25 March, titled "How do we renew our commitment to eliminate TB in the Americas". The panel was led by the PAHO-WHO Representative of Peru, Dr. Manuel Peña, and featured interventions from the Viceminister of Health of Peru; Dr. Joan Benach, an expert in social determinants of health; Karen Rivas, an ex-patient and community leader from Colombia; Josefina Townsend, a journalist from Peru, and the President of the Health Commission of the Parliament of Peru. Approximately 50 people in Peru attended the event, with participation via live stream as well.</p> <p>A report and video of the panel will be finalized in the second semester.</p> <p>In Colombia, World TB Day 2015 was commemorated with a forum "Hacia el fin de la TB" (Towards the End of TB), during which the successes from the initiative for TB control in large cities were shared, within the guidelines of the new End TB strategy.</p>	Two of the originally invited panelists were unable to attend; however, it was possible to find a replacement for the health communicator in Peru.	Additional events included the National-level commemoration of World TB Day in Peru (24 March) and the seminar on research for TB (26-27 March).
1.2 TB control framework for large cities piloted and expanded, based on initial experience	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	TB in Tijuana, Mexico is a public health problem with more than 600 cases per year. It is the municipality with the greatest TB burden in the country in cases and deaths. The epidemiological mapping of the city was done, which allowed for prioritization of an intervention zone in the city. Both the mapping of health providers and of other key actors for the health	In Mexico it was difficult to find a qualified consultant to complete these studies; now however, these products will serve as inputs to develop a strategic document in the next months for intersectoral work, as well as a second document for coordination of the health sector.	This process will begin in El Salvador, Dominican Republic and Panama during the second semester.

Outcome	Activity	Current Progress	Challenges	Remarks
		<p>sector in the selected area have also been completed, in addition to the survey of hospitals and clinics, the characterization of populations and risk factors in the intervention area. Barriers to access health care services of key populations were also identified.</p> <p>Guatemala has finalized the epidemiological mapping; mapping of health providers; interviews with tuberculosis patients registered in 2012, 2013 and 2014 in the MSPAS health services in the selected area; and the survey of hospitals in Guatemala City, including hospitals of the Ministry of Health, Guatemalan Institute of Social Security, and principal private clinics and hospitals. The characterization of populations in the selected area as well as identification of barriers to access health services has also been finalized.</p> <p>In Uruguay, the survey of hospitals was completed, to complement the characterization of populations and analysis of barriers to access health care services.</p> <p>In Colombia the mapping and characterization of populations, as well as characterization of Institutions providing primary-level care was finalized in 5 localities of Bogotá.</p>		
	1.2.2 Development of an implementation plan of the framework according to the needs of each vulnerable	In Tijuana , two strategic documents are being developed: one for intersectoral work and a second for coordination of the health sector based on the findings and products	In many countries where the initiative for TB control in large cities is being implemented or introduced, the timelines for	A visit by the TB subregional advisor and Mexico country office focal point to Tijuana

Outcome	Activity	Current Progress	Challenges	Remarks
	<p>population with an interprogrammatic approach</p>	<p>related to the previous products.</p> <p>In Guatemala, periodic meetings have been held with the TB program and the health authorities of the selected intervention area for revision of the advances made, including participation from heads of priority programs. The framework for TB control was introduced to directors of the programs for chronic diseases, nutrition, childhood, HIV, mental health and labor within the Ministry of Health. Based on the advances made in the situation analysis, areas for interprogrammatic work were identified, in addition to priority activities in this area to include in the workplan.</p> <p>In Peru, despite a complete change in local authorities of the initial pilot districts of San Juan de Lurigancho and El Agustino, progress has continued with special emphasis on strengthening intersectoral and interprogrammatic work. The initiative has recently been expanded to the districts of Comas and Carabaylo, as discussed further under 1.2.6.</p> <p>In Colombia, the epidemiological analysis phase was expanded to 5 additional localities in Bogotá, including mapping and expansion of the characterization of primary care facilities of Bogotá public network (112 institutions).</p> <p>The initiative was also introduced in the cities of Cali, Cucutá, and Barranquilla, where the epidemiological analysis phase has begun.</p>	<p>preparation and submission of Global Fund concept notes have resulted in competing attention and resources.</p> <p>In Peru, one key challenge has been strengthening the components of the initiative related to participation of other health providers.</p>	<p>has been scheduled for May 2015 to support the development of this plan.</p> <p>In Guatemala, a meeting of all key actors in addition to the Regional TB Advisor is planned in June in order to review the results of the situation analysis and for development/finalization of the implementation plan.</p>

Outcome	Activity	Current Progress	Challenges	Remarks
	1.2.3 Technical support for implementation of the plan, including the different components of the TB strategy	<p>Technical support for the implementation of the framework for TB control in large cities has been provided at the Regional, the subregional level, as well as the country level from country office focal points.</p> <p>In Brazil, additional technical cooperation is being provided by the Universidade de Brasilia (UnB), who will also support the process of documentation and publishing of the main experiences of TB control in the large cities project.</p> <p>In Colombia, the Initiative for TB control in large cities has been promoted officially in national level meetings, and its adoption has been included in the guidelines for use of funding specifically destined to TB, which will transfer to the territorial entities. In the different national, local, and committee meetings the new End TB Strategy has also been shared.</p>	None.	None.
	1.2.4 Support for capacity building for health personnel on TB control in large cities	Participants from Guatemala and Panama recently attended the Union's International TB Control and Epidemiology Course, in El Salvador in March 2015.	None.	None.
	1.2.5 Meeting to exchange experiences between large cities implementing the framework and new cities in initiation phase	This meeting will take place during the second semester of 2015.	None.	A special Spanish-language symposium at the Union International Conference on Lung Health Barcelona, October 2014) featured the Initiative on Tuberculosis Control in Large Cities.

Outcome	Activity	Current Progress	Challenges	Remarks
	<p>1.2.6 Support for evaluation of the implementation of the framework and planning for expansion within the city and other cities</p>	<p>A consultant has been recruited for documentation of the experiences in the three initial pilot countries. He will visit each site in May and develop the evaluation by the end of the second semester.</p> <p>In addition the cities are working to finalize reports containing all studies completed for this initiative.</p> <p>In Brazil, the Universidade de Brasilia will also support in the documentation and publishing of the main experiences of TB control in the large cities project.</p> <p>In Peru a video was produced to document the success in local management in the district of El Agustino in TB control in the context of large cities.</p> <p>In the next semester, the experience in intersectoral work in Peru including participation of other providers in TB control will be documented as well.</p>	<p>It was a challenge to identify a consultant with the correct qualifications and availability.</p>	<p>In Peru through an agreement with KOICA and PAHO Peru, the Ministry of Health will expand the Initiative for TB control in Large Cities to other districts in Lima with high incidence of TB, Comas and Carabayllo. A work plan for 2015 has been defined with emphasis on interprogrammatic control of TB/HIV, TB/diabetes, and care of social determinants of health. This project was launched on 23 March 2015 with participation of Korean and Peruvian authorities in the Health Center Laura Rodriguez in the district of Comas.</p>
<p>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</p>	<p>1.3.1 Meetings on TB control on vulnerable populations</p>	<p>The subregional TB focal point in Peru participated in a mission to Paraguay to discuss universal access to TB prevention and control, with emphasis on indigenous populations and prisoners from 17-22 November 2014. During this mission he was also able to monitor the implementation of the TB in large cities project and provide technical assistance.</p> <p>The Regional TB Advisor attended the International Meeting on Afrodescendants at the IDB in Washington, DC where the PAHO perspective on work with afrodescendants was presented and the</p>	<p>The TB Program is discussing options for collaboration with Gender and Ethnicity colleagues in the next semester. This team has had recent reorganization.</p>	<p>PAHO is putting pressure on countries to introduce the variable of ethnicity in their databases.</p>

Outcome	Activity	Current Progress	Challenges	Remarks
		<p>initiation of design of the health plan for afrodescendants was discussed.</p> <p>A workshop on the catastrophic costs of TB is being planned for 15 May 2015, as a special session with selected countries following the NTP Managers meeting.</p> <p>In Colombia, regular work has been done with the technical round table on care for prisoners (persons deprived of liberty), supporting the initiative for a model of healthcare adapted to this vulnerable population, where TB care has served as a model.</p>		
	<p>1.3.2 Technical assistance on childhood TB and participation of Regional experts in pediatric meetings</p>	<p>In December 2014, the first meeting of the Working Group on Childhood TB of the Americas met in Cancun, Mexico, with attendance of 12 pediatricians from 8 countries. This event coincided with the Pediatrics Conference of the Americas, where a workshop on childhood TB with more than 300 participants was held. During the Working Group meeting, a document was developed and signed regarding the establishment and framework of the WG.</p> <p>In follow up, the regional focal point on childhood TB has maintained communication with the WG, and pediatricians from Colombia and Brazil recently presented on TB during their country's national pediatrics conference, raising awareness of the issue.</p>	<p>None.</p>	<p>None.</p>

Outcome	Activity	Current Progress	Challenges	Remarks
1.4 Communities actively involved in TB control in large cities	1.4.1 Support development of educational materials for community involvement in TB control in large cities	<p>In Guarulhos, Brazil, a civil society organization, the <i>Rede Paulista de Controle Social da Tuberculose</i> (the São Paulo Network for Social Control of Tuberculosis), has been recruited to assess access to the health system and quality of care of TB, and to identify barriers to TB care provided in the Jurema and Pimenta health districts.</p> <p>In Peru educational materials for the community will be printed in the next semester, in the districts of San Juan de Lurigancho and El Agustino under this project, and in the districts of Comas and Carabayllo with other resources.</p> <p>In Colombia, elements for a puppet show were created and shared as a tool for use in educational activities for the community. Support was also provided for the elaboration of contents of the script.</p>	None.	None.
	1.4.2 Support for activities to foster community involvement (workshops, patient groups and others)	<p>In Brazil, a workshop was held to establish a consensus on the 2015 Plan of Actions and Goals for TB, with participation of approximately 70 participants, including civil society members as well as both intrasectoral and intersectoral partner agencies. This plan included proposals for integration of activities between sectors.</p> <p>In Peru, 6 workshops are being organized to strengthen community work and the approach to social determinants of health.</p> <p>In Uruguay, trainings on TB control for community leaders in Montevideo have been supported.</p>	None.	None.

Outcome	Activity	Current Progress	Challenges	Remarks
		In Colombia workshops with social actors have been organized in other localities of Bogota, as well as workshops directed towards health workers and leaders to discuss work with social actors and the focus on key populations such as indigenous peoples.		
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.				
Outcome	Activity	Current Progress	Challenges	Remarks
2.1 Regional TB Plan 2016-2025 developed and endorsed by NTP Managers	2.1.1 Prepare and conduct initial writing committee meeting	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.	None.	The draft plan has been finalized and will be presented to the National TB Managers at the meeting in May 2015.
	2.1.2 Conduct Meeting of National TB Program Managers and Regional experts for review of draft Regional TB Plan	This meeting will take place from 12-14 May 2015 in Panama. Administrative and logistical preparations are underway.	None.	The meeting of the TB Laboratory Working Group of the Americas as well as the Workshop on the Catastrophic Costs of TB (linked with activity 1.3.1) will take place following this on 15 May 2015.
	2.1.3 Prepare and conduct a meeting of the Technical Advisory Group (TAG) to the Regional TB Program	This meeting will take place during the second semester of 2015.	Due to the packed calendar of events related to the elaboration of the Regional TB Plan, it was not possible to schedule an earlier date for this meeting.	None.

Outcome	Activity	Current Progress	Challenges	Remarks
	2.1.4 Consultant for development of the Regional Plan, including costing	Both consultants were hired for the elaboration of the Regional Plan and costing.	None.	The costing of the plan is in process.
	2.1.5 Consultant for evaluation of Regional Plan 2006-2015	This will be performed by the PAHO-WHO Collaborating Center Emilio Coni without cost; therefore the funds will support the meeting where discussion of the evaluation will take place.	None.	None.
2.2 Capacity of the National TB programs strengthened	2.2.1 Support the Centers of Excellence for capacity building on the different components of the Stop TB strategy	This activity is pending for the second semester.	The TB program of El Salvador has needed to prioritize the submission of the Global Fund concept note at this time.	None.
	2.2.2 Support NTP capacity building through visits to the Center of Excellence, exchange of experiences and lessons learned	The fourth rotation of the TB Center of Excellence took place from 24 to 28 November 2014, with participation of professionals from 4 countries: Belize, Costa Rica, Dominican Republic, and Panama.	A fifth rotation initially planned for April 2015 was postponed due to conflicts with the country's submission of the Global Fund concept note. However, a new date will be scheduled for the second semester.	The Regional TB Fellow also participated in this rotation.
	2.2.3 Technical assistance (TA) and M&E missions to NTPs	Missions to both Haiti and Peru were held for M&E of the MDR-TB component, from 7 to 13 December 2015. The M&E mission to Paraguay took place in February 2015. During the second semester, M&E missions of the National TB Program are planned to Brazil and Peru.	None.	Permanent technical assistance is provided from regional and subregional PAHO staff. Other assistance this semester has been funded through WHO, rGLC and TBTEAM resources.
	2.2.4 Prepare and conduct an evaluation and exchange of experiences meeting on the implementation of the Stop TB Strategy including the laboratory network	This year the regional event will take place in the form of the review of the Regional TB Plan for comments and consensus from countries (linked to activity 2.1.2).	None.	None.

Outcome	Activity	Current Progress	Challenges	Remarks
	2.2.5 Develop, edit and print reports, guidelines, plans and training materials on the different aspects of TB control	<p>The Regional Report "TB in the Americas 2014" was elaborated, including the chapters on financing for TB control as well as TB and inequalities. During the second semester it will be translated and the design / layout will be finalized.</p> <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>	PAHO has not yet lifted the embargo on publications, creating delays in the finalization of publications. We are hopeful that this will be concluded soon.	None.
	2.2.6 Workshop/meeting on TB control for English-speaking Caribbean countries	<p>Representatives from the English-speaking Caribbean countries will attend the meeting of NTP Managers on 12-14 May 2015 where countries will have the opportunity to provide their comments to the review of the Regional TB Plan.</p> <p>The Regional TB Advisor participated in the workshop for development of a Regional concept note to the Global Fund for six Eastern Caribbean countries (supported by other funding). This was submitted and pending response from the GF.</p>	None.	The means of providing this technical assistance has changed based on the agendas of the Caribbean countries and the need to have their perspective and comments at the review of the Regional TB Plan in May. Additional TA in TB/HIV for these countries is planned for the second semester.
2.3 Exchange of experiences on quality DOTS promoted and/or strengthened	2.3.1 Provide technical assistance in TB information and vital registration systems and facilitate exchange of experiences to improve them	The global TB data collection was launched in March, continuing through May, and technical assistance has been provided to countries in follow up to completion of this reporting.	None.	The TB program is in discussion with Health Analysis colleagues regarding their participation in a visit to WHO to better understand the validation of estimates of TB mortality.

Outcome	Activity	Current Progress	Challenges	Remarks
	2.3.2 Support workshops on TB drug's management	This activity will take place during Year 5 of the grant.	None	None.
	2.3.3 Strengthen technical capacity for drug quality control in the drug laboratories of priority countries	<p>In November 2014, a temporary advisor traveled to Paraguay to support the country's official Medicine Control Laboratory (OMCL) in a workshop on quality control of TB drugs.</p> <p>Additional technical assistance in drug quality control in 2015 is being coordinated for the second semester to Honduras, Peru, the Dominican Republic, and either Costa Rica or El Salvador, depending on needs of the country and availability of funding.</p>	The Advisor on drug quality control was relocated to the Brazil country office and given modified terms of reference; however the TB program continues in contact with him, the Health Systems department and the corresponding country offices in order to maintain this work.	None.
2.4 Exchange of experiences on implementation of TB/HIV collaborative activities supported	2.4.1 Support for integration of TB and HIV based on the pilot projects with an approach of integrated care	<p>The Regional TB advisor traveled to Honduras in order to follow up on progress made regarding the TB/HIV demonstrative project. In April 2015 the country will enter the pilot phase of the project.</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>	The expansion of these projects to other countries has been a slower process than expected, due to the continued needs in the initial countries of Honduras and the Dominican Republic.	None.
	2.4.2 Prepare and conduct an evaluation meeting on the implementation of TB/HIV collaborative activities	TB/HIV will be discussed as part of the NTP Managers review of the new Regional TB Plan.	None.	A workshop will be held within the API conference in May 2015 to update the TB/HIV clinical guidelines with regional experts.

Outcome	Activity	Current Progress	Challenges	Remarks
	2.4.3 Provide TA in infection control for selected countries	The 2014-2015 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. 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.	8 member states did not reply to the survey. The rotation in the Center of Excellence was initially scheduled for April 2015; however this date coincided with El Salvador's submission of the Global Fund concept note, making it necessary to reschedule in order to avoid any complications in this priority for the country.	In the next semester a special session of the Center of Excellence will be held on infection control.
2.5 Capacity building for expansion of programmatic management of MDR and XDR-TB conducted	2.5.1 Develop and conduct a training course for MDR-TB national focal points in clinical and programmatic management of DR-TB	MDR-TB documents are currently being reviewed and evaluated by the Regional Green Light Committee (rGLC) in order to develop training modules for the MDR-TB course for national focal points. A workshop for capacity building specifically for MDR-TB experts on innovative strategies, new drugs, new regimens and new diagnostic tools is being planned for next semester, 28 September - 2 October 2015.	The materials for the course for focal points are being prepared this year, but considering the need for expert review of all modules before holding the training it is expected that the actual course will take place next year.	
	2.5.2 Support capacity building in DR-TB in the Region through rotation of professionals on clinical management within south - south cooperation	Capacity building was provided during 2014 rGLC missions for four professionals: two clinicians and two in Laboratory.	There are often limitations to how many professionals can travel on an M&E mission.	Additional capacity building will take place in the course for MDR-TB experts.

Outcome	Activity	Current Progress	Challenges	Remarks
2.6 TB laboratory networks' management and new diagnostic technologies implemented and experiences shared	2.6.1 Support for the implementation of technical assistance plans by the supranational laboratories (SNLs) including the introduction of new diagnostic methods	The Supranational TB Laboratory of Chile, is supported through a letter of agreement (LOA), and the Supranational Laboratory of Mexico is supported through service contracts generated with help of the Mexico country office.	The length of time required to finalize a letter of agreement is often an obstacle to providing support to the supranational laboratories. The Chile laboratory in particular faced a change of authorities in October 2014, requiring additional time for clearances for the LOA.	This month PAHO has worked with the supranational laboratories of the Region to submit a letter of interest to the Global Fund for a regional concept note related to strengthening the Regional TB laboratory network. A response approving this request is pending.
	2.6.2 Support workshops on new diagnostic technologies for TB laboratories	Confirmation of the new date for this workshop is pending	This workshop was organized for last year but canceled due to changes in the Ministry of Health of the host country of Guatemala. Coordination of a new date with the country's MOH is underway.	Discussions to organize this training will take place during the meeting of the TB laboratory working group on 15 May 2015.
	2.6.3 Capacity building for National lab managers in Supranational laboratories in second line drug susceptibility testing (DST)	This capacity building activity will take place during the second semester.	None.	Discussions to organize this training will take place during the meeting of the TB laboratory working group on 15 May 2015.
	2.6.4 Technical assistance to strengthen the supranational TB laboratory network	The contract of the laboratory focal point was extended through January 2015.	None.	None.
2.7 TB elimination efforts in countries with the potential and necessary conditions to achieve it accelerated	2.7.1 Meeting for south - south experience exchange on successful implementation of TB control towards elimination	This activity is linked with activity 2.7.2 below.	None.	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.

Outcome	Activity	Current Progress	Challenges	Remarks
	2.7.2 Evaluation workshop of countries in TB elimination phase to share experiences and update plans to accelerate actions	This workshop of TB low incidence countries of the Region is being organized for 13 and 14 April 2015 in Bogota, Colombia. This activity was scheduled around the Latin American Thoracic Association (ALAT) conference, where regional elimination initiatives will also be discussed. The report of the April meeting will be finalized in the next semester.	None.	Participants from Chile, Costa Rica, and Uruguay are supported through this project, while participants from Cuba and Puerto Rico are funded using other resources. USA and Canada will fund their own travel.
	2.7.3 Technical assistance for countries with low TB incidence towards TB elimination	Technical assistance to follow up on the workshop held in April 2015 will take place during the second semester, in the form of visits by professionals from Chile and Uruguay to the TB program of Costa Rica.	None.	None.
2.8 Capacity building on TB operational research in the NTPs implemented	2.8.1 Prepare and conduct a course for development of research protocols in different aspects of TB control	This course took place at the end of Year 3 of the grant, in September 2014 (included in previous report).	None.	None.
	2.8.2 Support development of operational research	Currently operational research is moving forward in Colombia, El Salvador, Guatemala, Honduras, Mexico, Peru and the Dominican Republic. In a specific example from Guatemala, the objective of the operational research is to evaluate the application of the National TB Program's technical guidelines on culture and drug susceptibility testing by category and type of patients, as well as the proportion of instances of drug resistance in 2013.	None.	A follow up course will take place in July 2015.
2.9 Technical capacity at PAHO's Regional and sub-regional levels strengthened	2.9.1 Provide technical support to countries through Regional long-term consultants based in	The contracts of the P2 and P4 Regional level consultants were extended following the extension of the grant end date.	None	None.

Outcome	Activity	Current Progress	Challenges	Remarks
through greater human resources and advisory support	WDC	Work has included but is not limited to management of the USAID grant agreement; technical assistance in TB to all PAHO member states, including the Caribbean; preparation for the new Regional TB plan; TB-HIV; infection control; and support to TB data collection.		
	2.9.2 Provide technical support to countries through 2 Sub-regional long-term consultants based in Central and South America respectively	The contracts of both P4 Sub-Regional focal points in Panama and Peru were extended following the extension of the grant end date.	None.	None.
	2.9.3 Provide technical support to Haiti through a national consultant	The contract of the TB national professional in the Haiti country office was extended through the year and has been providing technical assistance to the country related to the re-submission of the Global Fund TB-HIV concept note, TB-MDR, and others.	None.	None.
	2.9.4 Support long term TB fellows to the Regional Program in WDC (10 months)	The 2014-2015 TB fellow finalized his contract in February 2015 after 10 months in Washington, DC. The recruitment of the 2015 fellow has begun and the selection process will take place in April 2015. It is expected that the new fellow will begin in late May 2015.	Due to recent changes to PAHO's human resources operating system, the advertisement of the new TB fellow position took longer than expected. However, the selection and onboarding process is expected to wrap up by end of May 2015.	
	2.9.5 Support participation of TB staff and consultants in international courses/meetings in centers of excellence and elsewhere	Both TB regional advisors participated in the Union International Conference on Lung Health, in Barcelona, Spain in October 2014, where a special Spanish-language symposium featured the Initiative on Tuberculosis Control in Large Cities, as well as discussion of Social Determinants of Health and TB, new TB diagnostic methods, and MDR-TB.		

3. Success Stories

Haiti heading towards the elimination of the transmission of lymphatic filariasis

A country that has overcome big challenges with support of partners to achieve goals

Lymphatic filariasis (LF) is a parasitic infection caused by worms which can lead to changes in the lymphatic system and trigger chronic lymphedema, abnormal enlargement of parts of the body (elephantiasis), pain, severe disability, stigma, and social exclusion. In Latin America and the Caribbean more than 12 million people are estimated at risk of infection of LF in the four countries with active transmission (Brazil, Dominican Republic, Guyana and Haiti). Haiti has 11 million people at risk of LF, and 3.4 million children under age 15 at risk of soil-transmitted helminthiases (STH).

Mass drug administration of diethylcarbamazine citrate (DEC) and albendazole (ALB) once a year for at least 5 to 6 consecutive years with coverage of at least 65% of the total population is the basic strategy for achieving LF interruption of the transmission and the implementation of vector control measures can contribute to it. Morbidity management of chronic manifestations is part of the strategy to tackle LF.



LF and STH mass drug administration campaign in Haiti (Photo: PAHO)

Haiti has faced many challenges. In 2008, the country was hit by hurricanes and tropical storms. In 2010, a massive earthquake struck the country, followed by a cholera epidemic with a devastating impact. Despite these challenges, in 2008 the minimum program coverage for LF was reached in Haiti and it has been maintained since then. In 2012, more than 8 million people received preventive chemotherapy.

The leadership of the Ministry of Public Health and Population (MSPP) has brought together USAID and other partners to work jointly against LF and STH.

- Annually, Haiti receives a donation of ALB for LF and STH through PAHO/WHO and by partners (11.3 and 2.7 million tablets donated in 2014, respectively).
- Two training courses in LF morbidity management and disability prevention, and one for diagnosis of STH were supported by PAHO/WHO and partners in the last 2 years. In 2013, Haiti implemented a national impact survey of STH.

- Haiti, with support of USAID, partners and PAHO/WHO, has completed reporting of NID data to the data bank of WHO each year.
- PAHO/WHO has also worked together with the U.S. Centers for Disease Control and Prevention, the Carter Center and other partners to formulate a project for the elimination of malaria and LF from Hispaniola Island.
- Based on results of transmission assessment surveys, preliminary data show that interruption of transmission might be reached in approximately 8% of the total implementation units, such as Ile de la Tortue and in the entire South East department, by April 2014.

This substantial progress of Haiti demonstrates that despite the difficulties, challenges, natural disasters and epidemics, it is possible to sustain efforts, reach milestones and achieves elimination goals; the efforts from the MSPP, with support of USAID, PAHO/WHO and several partners, are underway for getting rid of these diseases in Haiti.

Raising Awareness in order to Close the Gaps in Childhood TB

Establishment of the Regional Advisory Committee on Childhood TB

A focus on vulnerable populations in tuberculosis prevention and control is crucial to close the gaps in case finding, testing, diagnosis and treatment in the Region. Of these populations most at risk to developing TB and not receiving the required services, children are often forgotten. Although most National TB Programs (NTPs) in the Region of the Americas have implemented guidelines for contact tracing, treatment of latent TB infection and childhood TB case detection and treatment, the number of children with TB infection and disease that are diagnosed and on treatment remains low.

Considering that 6% of notified TB cases globally are children under 15 years of age, in the Americas 17,113 childhood TB cases should have been detected in 2013; however, only 11,379 cases were actually notified, representing a rate of only 66.5% of the estimate, less than the notification rate in adults (77.3%). For those who started treatment, regardless of country TB incidence, the outcome of successful treatment was more than 90%. There are large differences in notification among countries, not only related to incidence, but also to the capacity for diagnosis, the implementation of new technologies, the availability of updated guidelines, as well as a lack of resources and support for the needed field activities such as contact tracing.

Children with TB face significant challenges, including the threat of MDR-TB and TB/HIV co-infection, the lack of child-friendly fixed dose combinations for first and second line drugs, and the need for adequately trained health workers, among others.

In order to address these needs and others highlighted in the *Roadmap for Childhood Tuberculosis* published in 2013, PAHO called for the First Meeting on Childhood TB and MDR-TB for Pediatricians of the Americas, which took place on 9 and 10 December 2013 with physicians from 11 countries: Brazil, Colombia, Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay, Peru, and the United States. At this meeting the need for a Childhood TB Working Group for the Region was discussed, and the members agreed to advocate introduction of the Roadmap into the NTPs, scientific societies, universities and other stakeholders' activities.



Only 66.5% of estimated childhood TB cases in the Americas were notified in 2013.

Photo: PAHO/WHO, Lima, Peru

In November 2014, the Second Meeting on Childhood TB and MDR-TB was held in Cancún, Mexico, where the 13 expert pediatricians in attendance officially established the *Regional Advisory Committee on Childhood TB*. During the meeting, the framework for the group was presented and discussed, and a workplan was developed according to the roadmap. Dr. Betina Gabardo from Brazil was selected as the chair through an anonymous voting process.

Since these two events and the mobilization of this group of pediatricians, many activities have been developed by the countries themselves in order to promote awareness of and capacity building in Childhood TB:

- In **Brazil**, the country's NTP issued a technical notification to use GeneXpert for the diagnosis of TB in children. Childhood TB was included as a topic in two national conferences (Paraná and Brasília).
- In **Colombia**, Dr. Magnolia Arango, an Advisory Committee member, has participated in the Directing Council of the Colombian League Against Tuberculosis, as well as the Colombian Association for Pediatric Neumology (ACNP), where childhood TB is included in both institutions' work. She also is a co-author of a book for clinicians on TB in children and youth. Both Dr. Arango and Dr. Marcela Calle have participated in many events related to childhood TB organized by universities, the MOH, PAHO/WHO and scientific organizations. Specifically, the First National Meeting on Childhood TB was held in Bogotá, organized jointly by PAHO, the NTP and the MOH. This event was widely attended by general practitioners, pediatricians, pediatric neumologists and infectologists from several departments of Colombia. The Roadmap for Childhood Tuberculosis was presented, and a workshop was developed on the situation analysis of childhood TB in the country by territory, including application of the Roadmap in the analysis.
- In the **Dominican Republic**, Dr. Elsa Camilo, an Advisory Committee member, has met with the country's NTP manager, to verify that the information system includes all aspects of TB contact tracing. A presentation on childhood TB was included in the Latin American and Caribbean Conference of Thoracic Neumology and Surgery. Training has also been provided to pediatric residents in management of childhood TB, as well as support to thesis studies on childhood TB and first-line drug susceptibility. In addition, the NTP will begin requests for child-friendly presentations of first-line drugs (rifampicin).
- In **Honduras**, it was confirmed that the TB norms and guidelines include a basic chapter on childhood TB. In addition, Dr. Omar Mejía, the Advisory Committee member from Honduras, has held meetings with the NTP and National Committee of TB experts, recommending that treatment for serious cases of childhood TB include the WHO recommended regimen, with streptomycin only in TB meningitis. Childhood TB has been included as a topic in the curriculum of medical practitioners in rotation at the National Cardiopulmonary Institute. He also participated as a speaker on Childhood TB in the conference on management of MDR-TB contacts in San Pedro Sula.
- In **Mexico**, a workshop on Clinical-Operational Management of Childhood Tuberculosis was held in 2014 for 60 health workers from the national health system.

Permanent technical cooperation at the Regional level is provided by the PAHO Childhood TB focal point Dr. Anna Volz. The next steps for the Regional Advisory Committee on Childhood TB include development of the Regional Operational Guide for childhood TB based on WHO evidence guidelines, as well as continued promotion and advocacy for awareness, in accordance with the new global strategy where childhood TB is highlighted.

USAID and PAHO: Partners in Building Human Resources Capacity in Tuberculosis in the Americas

Recognizing 12 years of the USAID/PAHO-Supported Training Program in Tuberculosis

For PAHO as for USAID, providing opportunities for TB capacity building to member states is a priority, most often occurring through workshops, courses, technical cooperation missions, or participation in Regional events allowing for exchange of experiences among countries. However, one of the unique experiences supported under the PAHO-USAID Umbrella Grant and one of the great successes of the partnership between these two organizations has been the *PAHO-USAID Training Program in Tuberculosis*, also known as the TB Fellowship or Residency.

Since 2003, this program's goal has been to strengthen human resource capacity in TB in the Americas and provide a longer term training experience to promising national level professionals, in order to gain a more regional perspective and strengthen the delivery of technical assistance in TB in the Region. Each year the Fellow is determined through a competitive selection process following an open call for applications disseminated through the PAHO website and country offices. The selected professional then completes a 10-11 month post at PAHO's regional office in Washington, DC, during which he or she participates in many TB-related training activities, including international level courses, monitoring and evaluation missions to PAHO member states, review of technical TB documents and papers, operational research activities, and the development of a personal project or study for presentation at the end of the training period.

"This program ... provides a unique opportunity to professionals of the Region, while also strengthening the capacity within the NTPs after the rotation. It has been a chance for both professional and personal growth. Truly incredible."

***-- José Antonio Sulca Vera,
2014-2015 PAHO-USAID TB Fellow***

To date, 17 professionals have received Regional-level capacity building through this program thanks to the support provided by USAID, coming from 10 different countries: Brazil, Chile, Colombia, El Salvador, Haiti, Mexico, Peru, St. Lucia, as well as Bolivia and Ecuador (prior to restrictions related to these countries that are in the current grant). The selected Fellows have had a variety of backgrounds, including medical doctors, nurses, pharmacists, bacteriologists, and laboratory scientists. Of these 17, 13 are currently still working in tuberculosis, with three others working in their country's Ministry of Health or PAHO/WHO country office on other health topics. Two previous fellows are working for PAHO's TB program at the Regional/Sub-regional level.

Major benefits of the program cited by past fellows include the opportunity to remove oneself from their local or national context and learn about many aspects of TB control from the Regional perspective, the experience gained observing or participating in international-level technical cooperation in TB, including field work during M&E missions, as well as an increased understanding of diplomacy and the work of PAHO and USAID.

The most recent Fellow, Dr. José Antonio Sulca Vera from Mexico, completed his rotation at the end of February 2015 and provided the following reflection upon his return:

"Working with the regional TB team [at PAHO] and learning from the experiences of each country of the Region provided me with a more global and strategic vision.

"Now that I have returned to the National TB Program (NTP) of Mexico, my goal is to replicate what I have learned during my time as the TB fellow and support my supervisors in the processes of prioritization and approaching the

principal gaps, taking into account the... new global strategy 'End TB'. We are working to develop the initiative for TB control in large cities (pilot site in Tijuana with expansion to other municipalities considered priority for TB), TB elimination at the sub-national level, and the universalization of drug susceptibility testing.

This program ... provides a unique opportunity to professionals of the Region, while also strengthening the capacity within the NTPs after the rotation. It has been a chance for both professional and personal growth. Truly incredible.”

Four rotations of the USAID/PAHO-Supported Training Program in Tuberculosis have occurred under the current USAID Umbrella Grant 2011-2016, and the selection process for the 2015 candidate is currently underway. In addition, other Communicable Diseases programs at PAHO are looking to replicate this training opportunity based on the successful experiences of the TB program. PAHO looks forward to many more years of partnership with USAID in the promotion of human resources capacity building in the Region.

A Promise Renewed for the Americas: A Meeting Point for Equity

"If you want to go fast, walk alone; but if you want to go far, walk together." This African proverb represents very well the philosophy of the regional movement *A Promise Renewed for the Americas* in their efforts to unite various strategic actors in Latin America and the Caribbean (LAC) to reduce the profound inequalities in access to reproductive, maternal, neonatal, children and adolescents health (RMNCAH) in the region.



APR-LAC is a movement to unite efforts in the reduction of inequalities to access RMNCAH services.

The movement is aware that achieving equality in access to health, both between countries in the region and within them, is everyone's business. For this reason it has invited and is bringing together governments, civil society, international agencies, academia, the private sector and NGOs to renew this promise in a permanent and sustainable way which ultimately aims to end preventable child, adolescents and maternal deaths.

Behind this strong regional movement is the commitment of five international organizations that came together and launched the movement in September 2013, as a follow up to the Panama Declaration. A representative of each of these international organizations, the IDB, PAHO / WHO, UNICEF, USAID and the World Bank, makes up the Executive Management Committee of the movement, which is the driving force behind this initiative.

This year's priority for *A Promise Renewed for the Americas (APR-LAC)* is focused on gathering evidence – national and subnational data, best practices and lessons learned – to develop a roadmap for countries to help them measure and monitor current inequities.

Keeping in mind that achieving the APR-LAC goal is not possible without the participation of different regional and national actors, the movement will hold its first face-to-face consultative committee meeting in Managua, Nicaragua during the month of April 2015. The consultative committee is composed of representatives from civil society organizations, private sector, NGOs, governments, regional alliances and academia. During the two day meeting, the members of the consultative committee, together with the executive management committee, will work to agree on their roles and responsibilities in order to support and achieve the set goals together.

The meeting will include presentations from members of both the executive and consultative committee, question-answer sessions, working groups and other forms of exchange. The first day of the meeting will focus on global processes that are currently taking place in the area of maternal and child health. The second day of the meeting will focus specifically on regional efforts that are under way and to identify areas of collaboration.

The experience of some countries confirm that the joint work of stakeholders has been positive with encouraging results. National Mobilization to Reduce Maternal and Neonatal Mortality in Paraguay, launched in 2013, has joined efforts of the government, international cooperation agencies, the media, communities, scientific societies, as well as private and public industry. Preliminary data from 2014 indicate that the number of maternal deaths has decreased by 30%. Initiatives like this make us confident that the joint effort is worthwhile; it is sustainable and contributes to generate results that have a real impact on the lives of people. *A Promise Renewed for the Americas* will continue in its efforts to reduce inequities in the region with the active participation of the entire region.