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TABLE OF CONTENTS

1. LIST OF ACRONYMS AND ABBREVIATIONS 5
2. PROGRESS ON COMPLETION OF TASKS9
3. SUCCESS STORIES.....72

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1. List of Acronyms and Abbreviations

ACSM	Advocacy, Communication and Social Mobilization
ALAC-ITS	Asociación Latinoamericana y Caribeña para el control de la Infecciones de Transmisión Sexual (English: Latin American and Caribbean Association for control of Sexually Transmitted Infections)
ALAPE	Asociación Latinoamericana de Pediatría (English: Latin American Association of Pediatrics)
APR	A Promise Renewed
CBE	Competency-Based Education
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Prevention and Control
CENAPRECE	Centro Nacional de Programas Preventivos y Control de Enfermedades – Mexico (English: National Center of Preventative Programs and Disease Control)
CETEP	Clasificación, Evaluación, y Tratamiento de Emergencias Pediátricas (English: Classification, Evaluation, and Treatment of Pediatric Emergencies)
CHA	Communicable Diseases and Health Analysis Department
CLAP	Latin American Center for Perinatology and Human Development
COP	Communities of Practice
CS	Congenital syphilis
DELR	Direction d'Épidémiologie de Laboratoire et de Recherche (English: Department of Laboratory and Research Epidemiology)
DHHS	United States Department of Health and Human Services
DOTS	Directly Observed Treatment Short course
EBNI	Evidence Based Neonatal Interventions
EMMIE	Regional Malaria Elimination Initiative in Mesoamerica and Hispaniola
EPHF	Essential Public Health Functions
EPI	Expanded Program of Immunization
EQAP	External Quality Assurance Program
FEPPEN	Federación Panamericana de Profesionales de Enfermería (English: Pan American Federation of Nursing Professionals)
FGL	Family, Gender, and Life Course Department
FLASOG	Federación Latino Americana de sociedades de Ginecología y Obstetricia (English: Latin American Federation of Obstetrics and Gynecology Societies)
GANM	Global Alliance for Nursing and Midwifery
GF	Global Fund
GTR	Regional Task Force on Maternal Mortality Reduction
HA	Health Analysis
HIV	Human immunodeficiency virus
HRH	Human Resources for Health
HSS	Health Systems and Services
HT	HIV, Hepatitis, Tuberculosis and Sexually Transmitted Infections Unit
HTAi	Health Technology Assessment International
IACO	Inter American Conference on Onchocerciasis

IC	Infection Control
ICD-10	International Classification of Diseases-version 10
ICM	International Confederation of Midwives
ICT	International Certification Team
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
JCI	Junior Chamber International
LAC	Latin American and the Caribbean
LF	Lymphatic Filariasis
LNSP	Laboratoire National de Santé Publique (English: National Public Health Laboratory)
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
M&E	Monitoring and Evaluation
MEASURE	Monitoring and Evaluation to Assess and Use REsults
MMSR	Maternal Mortality Surveillance and Response
MPR	Malaria Program Review
MSPP	Ministère de la Santé Publique et de la Population (English: Ministry of Public Health and Population (Haiti))
MTK	Midwifery Tool Kit
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
PIS	Perinatal Information System (Spanish: SIP - Sistema Informático Perinatal)
POA	Plan of Action
PNCM	National Malaria Control Program (Haiti)
PPM	Public-private mix
PR	Principal Recipient
PSI	Population Services International
PWR-COL	PAHO/WHO Representative-Colombia
RDT	Rapid Diagnostic Test

RELAC SIS	Red Latinoamericana para el Fortalecimiento de los Sistemas de Información de Salud (English: Latin American Network for the Strengthening of Health Information Systems)
RTF	Regional Task Force
SCH	Schistosomiasis
SMTK	Strengthening Midwifery Tool Kit
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
TIPAC	Tool for Integrated Planning and Costing
TRA	Trachoma
UCP	Project Coordination Unit (Haiti)
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPE	Unité de Planification et d'Evaluation (English: Planning and Evaluation Unit)
UPGD	Unidad Primaria Generadora de Datos (English: Primary Data Source Unit)
USAID	United States Agency for International Development
VIEPI	Sistema Nacional de Vigilancia Epidemiológica (English: National Public Health Surveillance System)
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. Provide technical cooperation to assess the implementation of Evidence based Interventions applying the tool developed during year 2 in 4 countries B10 (El Salvador, Paraguay, Peru, Dominican Republic)	1. Three-month contracts for professionals in each country to perform data collection and analysis	The tool and project have been discussed with FGL focal points from the Dominican Republic, El Salvador, Paraguay, and Peru, and they are in the process of identifying professionals to implement the data collection and analysis.	All activities require commitment and support from country offices. CLAP is tracking the process.	None.
	2. Hiring of regional consultant to consolidate and systematize the experiences and prepare final report	To take place once the former activity is completed.		
	3. Edition and printing of the report	To take place once the former activity is completed.		
Activity 1.1.2 Provide technical cooperation to monitor advances in the implementation of EBNI.				
1. Meeting to review three technical documents on guidelines for prevention and control of neonatal infections, prevention of medial error and neonatal transport	1. Translate the documents	The documents written by the experts have been translated and disseminated among the participants of the technical meeting.	The challenge will be the dissemination and implementation of the recommendations, and the monitoring and evaluation of the results. This will be extremely important to follow up in the future.	None.
	2. Disseminate to international experts			
	3. Coordinate a technical meeting to discuss the content	A technical meeting was carried out where the documents were discussed. The experts and participants provided inputs that have been included in the final version.		

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	4. Final edition, printing and dissemination	The documents are now in the process of layout and design, in order to then be printed and disseminated.		
2. Completing training materials on CETEP	Final Edition	The edition of the document has been completed. It is currently in the process of design, prior to being sent for printing.		
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. Provide technical cooperation to update National Plans of Action in Guatemala, Haiti	1. Disseminate the technical guidelines developed during year two	The results of the evaluation of health services in Haiti have been disseminated and discussed with key national actors.	Continuing support of Haiti's national plan, within the national Neonatal Alliance, is also a great challenge.	None.
	2. Technical cooperation in order to update national guidelines and plans through contracting national professionals (three-months contract per country)	Coordination meetings have been developed with country focal points and they are in the process of coordinating the National Plans of action in the Dominican Republic, Guatemala, and Haiti.	Both activities require commitment and support from country offices. CLAP is tracking the process	
	3. Technical meetings			
	4. Edition and dissemination of updated plans in order to update national plans	This will take place once steps two and three are completed.		
Activity 1.2.2 Develop tools for monitoring, evaluation, and supervision of the neonatal plans of action.				
2. Perform the analysis of cost of prematurity in LAC as a resource for advocacy and methodology to be applied by countries	1. To contract experts on cost analyses	The experts have been contacted and the project has been discussed.	None.	None.
	2. Design methodology, apply the methodology and perform the analysis	This activity is starting in May 2014.		
	3. Prepare final report, edition and printing	This activity will be performed after the completion of the two analyses.		

Tasks	Planned Steps	Current Progress	Challenges	Remarks
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				
Funding originally estimated for this Outcome for Year Three included in Expanded TB Funding portion of grant.				
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				
No funding budgeted for this Outcome for Year Three.				

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 Update tools to improve midwifery skills in the region.				
1. Dissemination of the Midwifery Tool Kit (MTK)	1. Dissemination of MTK among interested group of midwives.	The new edition of the MTK was reprinted for its dissemination in countries. CDs in both English and Spanish were sent to Universities and Midwifery Unions across all the Americas.	Midwifery in the region has different problems. Among many, we can highlight the diversity of curriculums for education or regarding regulation and legislation of the profession. Differences are significant among countries or even inside one country. It is a challenge reaching a minimal uniformity on these issues, with the help of the dissemination of the MTK.	Back to back meetings have been planned with UNFPA, for the dissemination of specific aspects of the MTK among selected midwives. This will be held in Montevideo, Uruguay in April 2014. Many copies of the MTKs will be sent to the 30th Triennial Congress, to be held in Prague in June 2014. At the Congress, relevant midwives of the Region will present the Tool kit.
	2. Direct support to selected countries for the implementation of MTK	This activity will take place during the next semester.	Achieving progress in countries in the implementation of uniform processes of regulation and legislation in the development of the midwifery, as well as in the process of adapting and updating their curricula	After the meetings in Montevideo in April 2014, we will define which countries will need support in this issue.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Activity 2.1.2 Improve the status of midwifery educational models in the Region				
1. Supporting dissemination of ICM standards in liaison with UNFPA	1. Direct support to selected countries for the implementation of ICM standards	<p>Selected midwives from 7 English Speaking Caribbean Countries participated in back-to-back meetings (UNFPA - PAHO) that took place in Port of Spain, Trinidad from 18 to 22 October 2013. The event was hosted by the Caribbean Regional Midwives Association, with support from the local Trinidad and Tobago Association of Midwives. Technical support was provided by the team of Master Teachers from UNFPA, MCHIP and WHOCC University of Puerto Rico. The Competency-Based Education (CBE) Activity in the Caribbean Region is a component of the roll out of ICM global standards and competencies within the USAID/UNFPA/ICM/PAHO Initiative for strengthening midwifery in LAC. A one-day meeting was organized to provide a review of maternal and newborn health and midwifery in the Caribbean Region and to discuss how the ICM core documents are being used in specific countries in the region to strengthen professional midwifery.</p>	<p>The major challenge of this process is sustainability to proceed in the achievement of the established national plans of action.</p> <p>Country action plans were developed to support the implementation of CBE in each country. One requirement for each country group is that they design, implement, and evaluate a CBE workshop for 8-10 midwifery teachers and/or preceptors prior to 30 June 2014. It will be during these workshops that one of the Master Teachers will observe the trainers and make a final decision on CBE trainer status for each participant using a pre-tested instrument of CBE competencies.</p>	<p>21 participants from Bahamas, Barbados, Guyana, Jamaica, St. Lucia, Suriname and Trinidad and Tobago attended this meeting. Country action plans were developed to support the implementation of ICM standards in each country.</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Activity 2.1.3 Support continuing education processes in midwifery for English-speaking Caribbean countries				
1. Support the development of the Midwifery Educators Meeting	1. Contribute to the development of the Midwifery Educators meeting	The meeting cited in Activity 2.1.2 was followed by a four-day workshop that covered the “how to” of competency-based education, and the competencies required of a CBE trainer. The CBE activity responded to an identified need to have more effective midwifery teachers preparing fully qualified and competent midwives. Participants were the same during the whole week.	Execution of the agreed national work plans is a challenge.	Country action plans were developed to support the implementation of CBE in each country. One requirement for each country group is that they design, implement, and evaluate a CBE workshop for 8-10 midwifery teachers and/or preceptors prior to 30 June 2014. It will be during these workshops that one of the Master Teachers will observe the trainers and make a final decision on CBE trainer status for each participant using a pre-tested instrument of CBE competencies.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Activity 2.1.4 Provide continuous support for the communities of practice in nursing and midwifery in English and Spanish				
1. Operation of midwifery community of practices in English and Spanish	1. Develop and facilitate virtual discussions about professional dialogue and exchange information	<p>In November 2013 a Program for the Development of the Communities of Practice (COPs) of Latin American and Caribbean Countries 2014-2015 was developed. This program aims to increase the coverage of the different communities of practice in Spanish by increasing the number of members and the promotion of active participation of these to facilitate the interconnectivity of the network optimizing the expected outcome of the COPs.</p> <p>Main objectives are:</p> <p>1) Inclusion of new members through incorporating:</p> <ul style="list-style-type: none"> • Midwifery Associations • National and international Universities • NGOs • Other networks related to health and education. <p>2) Design strategies for promoting active participation:</p> <ul style="list-style-type: none"> • Incorporation of Midwifery School Students at the University of Chile • Explore member's needs through a survey of rising demands • Survey topics of Interest (parallel to first survey) • Development of a work plan. <p>3) Plan of Action and Monitoring of COPs</p> <ul style="list-style-type: none"> • System development and ongoing inquiry of topics of interest • System evaluation of the activities. • Recognition System (certification) 	<p>The effective functioning of LAC's COPs. A survey on situational diagnosis of the COPs and interest topics of potential participants was planned to take place between January and April 2014. The tool for the survey was adapted from a GANM survey, but to date it has not been done.</p>	<p>A work plan was developed by midwives from Emory University, University of Chile and University of Puerto Rico.</p>

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 for Year Three 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. Charles Godue (HSS)				
Activity 2.3.1 Carry out the Spanish version of the Virtual Course on EPHF.				
1. Carry out the Spanish version of the Virtual Course on EPHF (3rd version), with focus on UHC providing training for at least 80 professionals	1. Based on the results of the evaluation of the 2013 Virtual Course on EPHF and the assessment of the 2010 and 2012 editions, review the new proposed version for 2014. This revision will be carried out in an ad hoc meeting with selected experts.	An evaluation report of the 2013 edition has been elaborated, providing our team with useful knowledge and lessons learned that will enable us to introduce changes to make the course more coherent with participants' expectations.	To respond to the growing expectations of health professionals, especially those involved in human resources for health (HRH) formation and in public health services management	It could be worthwhile to evaluate the possibility of having additional funds to finance customized courses in selected countries that have a special interest in this course.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	2. Technical design of the revised version of the Virtual Course with support of the PAHO Virtual Campus.	Based on the results of the 2013 course evaluation, and on internal discussions on Universal Health Coverage (UHC), it was decided to upgrade the contents of the course by introducing basic information about UHC and related factors and conditions for health system strengthening.	This demand is growing not only in term of technical context, but also quantitatively.	
	3. Selection of the Course Coordinator and Tutors.	To this purpose, a brainstorming with experts and tutors took place in February 2014, leading to a reorganization of the structure of the course, adding relevant contents in order to show relations between EPHF and UHC.	Some countries, such as Chile, the Dominican Republic and Paraguay, showed a special interest in this course and they would like to have a customized edition of the course for a selected number of health professionals from Ministries of Health.	
	4. Offering of the fourth course and selection of the participants in member states.	This will take place during the second semester.	None.	
	5. Assess the results of the forth course and prepare a final document			

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: Dr. Alejandro Giusti (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)	A mission to Paraguay is planned to take place by the end of May 2014.	None.	None.
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 (POA) 2012-13	Evaluation meeting with countries involved in 2012-13 RELAC SIS POA	A meeting in Mexico City was carried out in November 2013. 75 participants attended. The results of the 2012-13 plan were presented and successfully evaluated by participants. The final report 2013-2014 is available both in Spanish and English at www.relacsis.org	None.	Apart from Spanish-Speaking countries of the Americas and Brazil, 7 English Speaking Caribbean countries participated in the meeting. They are planning to participate in the Network this year. More than 50 posters were presented in a poster session. An award was given for the three highest rated.
2. Define the 2013 RELAC SIS POA	Meeting with RELAC SIS coordinating group to define 2013-14 RELAC SIS POA	The main areas of work for the 2013-14 plan were defined by participants in the Mexico meeting in November 2013.	None.	The plan was defined and is now being implemented.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
3. Revision, implementation and M&E of the RELAC SIS website	Administration, maintenance and M&E of portal	The portal has been updated and migrated to another private server. A plan was defined to evaluate all activities by the end of the project in September 2013.	None.	Review and implementation of the RELAC SIS portal is under the responsibility of the network's secretariat.
	Develop virtual forum	Two virtual forums are planned. One on Electronic Health Records will be developed between 2 and 26 May under the coordination of a consultant, with PAHO and MEASURE. The other on inequities will be developed in June based on the results of a survey conducted through the RELAC SIS portal.	Development and implementation of new themes in 2013-2014 work plan.	The registration and subscription will be available at www.relacsis.org
4. Implementation the 2013-2014 RELAC SIS POA	To be determined the November 2013 meeting in Mexico	Road maps for four working groups (WG) and 2 virtual forums were defined. A meeting of regional networks (WHO and national partners) to define a work plan and outline the different responsibilities was held in Mexico from 18 to 21 April. The four WG are: WG 1: Training information producers to create awareness among managers; led by Paraguay. <u>Participants*</u> : Ecuador, Mexico, Panama, Paraguay and Peru. To add Bolivia, Nicaragua, Venezuela, Dominican Republic and Costa Rica in 2014. WG 2. Strengthening ICD-10 coding through virtual courses, led by Argentina* and Mexico. <u>Participants*</u> : Argentina, Dominican Republic, Ecuador, Guatemala, Mexico, Nicaragua, Paraguay and Uruguay. To add Chile, Colombia, Costa Rica, El Salvador, Panama, Peru, and Venezuela in 2014. Translated to English for the Caribbean.	None.	*Participation of Argentina, Bolivia, Ecuador, Nicaragua, and Venezuela is funded by other resources.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		<p>WG 3. Implementing an assisted electronic system to code mortality data, led by Mexico.</p> <p><u>Participants:</u> Argentina, Chile, Costa Rica, Ecuador, Guatemala, Mexico, Uruguay and Venezuela. To add Bolivia, Colombia, Honduras, Panama, Peru and Dominican Republic in 2014.</p> <p>WG 4. Online course led by Uruguay to create awareness among physicians, on adequately registering the cause of death.</p> <p><u>Participants:</u> Argentina, Costa Rica, Dominican Republic, Ecuador, Guatemala, Mexico, Nicaragua, Panama, Paraguay and Uruguay. To add Bolivia, Colombia, Honduras, Panama, Peru and Dominican Republic in 2014. Translated in English for the Caribbean.</p>		
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. Elaborate and disseminate a virtual module for Diagnosis and Treatment for Maternal and Congenital Syphilis	Establish a partnership with FEPPEN and Caribbean Newborn Health Alliance for elaboration and dissemination	The development of the module is in progress. The first draft is ready for discussion.	There have been some delays due to the fact that a new person has been hired to perform the activity. Nevertheless the plan is now progressing.	None.
2. Strengthening the utilization of PIS in perinatal indicators at country level	At the country level, organize a workshop for improving the use of the PIS on surveillance and discuss technical cooperation on strategies to reduce maternal and congenital syphilis	Honduras, Panama, and Uruguay have had workshops to improve the surveillance and the implementation of strategies to reduce maternal and congenital syphilis.		

Tasks	Planned Steps	Current Progress	Challenges	Remarks
3. Present the Maternal and Congenital Syphilis epidemiological situation to the professional associations	Presentation in FEPPEN, FLASOG, ALAC-ITS, ALAPE Congresses	The main results will be presented in a meeting of the Latinoamerican Federation of Obstetricians in Montevideo, Uruguay on 11 April 2014.		
4. Establish a regional network for improvement of the surveillance of congenital Syphilis	Coordinate a set of indicators for a prospective surveillance on PIS.	Work on this task is in progress. The indicators were defined and the countries are working for a prospective surveillance on PIS.		
	Organize a virtual TC for strengthening the epidemiological analysis for surveillance	Technical support has been provided to strengthen the activities for the countries.		
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. Technical cooperation to analyze national data on neonatal health in the context of the continuum of care	1. Technical meeting	This will be carried out during the next semester as part of the analysis and discussion process mentioned in task 2.1.	None.	None.
2. Provide technical cooperation to update national neonatal and child profiles	1. Contracts to a professional in each country to perform data collection and analysis	The activity was presented to country focal points, and they are in the process of identifying experts in order to begin the data collection and analysis.	There have been some delays due to difficulties faced in identifying experts to perform the data collection and analysis, but the plan is now progressing.	
	2. Edition and printing of the reports	Reports completed by countries are in the process of consolidation.		
Activity 3.3.2 Disseminate and promote profiles (CDs, electronically, etc.) to regional partners				
1. Disseminate information included in country profiles, with emphasis on inequities	1. Design, consolidate, edit and disseminate information included in national profiles	The dissemination of this information will take place after the data collection and analysis discussed in Task 2.1 and 2.2.		

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 originally estimated for this Outcome for Year Three included in Expanded TB Funding portion of grant.				

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 progress of Regional strategic plan for the reduction of maternal morbidity and mortality	1. Direct support to countries in the improvement of surveillance of maternal mortality and morbidity.	<p>Through the organization of the Regional Task Force (RTF) for the reduction of maternal mortality, a document is being prepared on maternal mortality surveillance and response (MMSR) tailored to the Region. An advanced draft of the document was discussed in a technical meeting in Punta Cana, Dominican Republic on 14 and 15 November 2013. Information available in: http://gtrvidasmaternas.org/GTR/?q=es/node/161</p> <p>From maternal death as a mandatory notification event, this system provides a continuous cyclical process that allows identification of maternal deaths in real time and increased visibility, providing data and information for action at the level of services and health system. Thus, the proposal allows for further strengthening of other systems outside the health sector, such as vital records, and the improvement the quality of health care. The proposed model has four dimensions: place of occurrence of death, system coverage level and depth of the review process, action and response.</p>	Finalization, editing, printing and distribution the document by the end of this year. Capacity building in countries for successful implementation.	Participants from seven LAC countries attended the event in Punta Cana: Argentina, Brazil, Dominican Republic, El Salvador, Jamaica, Mexico and Peru. * Representatives from Argentina were funded by UNFPA.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	2. Rising of the current status of plan's indicators.	<p>All the countries of the Region with more than 7,000 births per year were consulted regarding the current status of the indicators of the plan for the acceleration of the reduction of maternal mortality and severe maternal morbidity.</p> <p>Of a total of over 27 countries, 26 have sent full or partial information about these indicators. Data sent by countries has been the basis of the Progress Report of the Plan to be submitted, this year to PAHO's Governing Bodies. The progress report is currently under embargo of PAHO's Executive Committee.</p>	Countries should collect good quality epidemiological data in a timely manner, and share it with PAHO.	<p>The following countries received direct support from this grant for the preparation of these reports: Belize, Brazil, Colombia, Costa Rica, Chile, Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru and Uruguay.</p> <p>Other countries were also supported with funds from other donors. An additional publication to the progress report is being prepared. It will have a regional analysis of the indicators of the plan and the state of affairs in each country.</p>
Activity 4.1.2 Promote the effective functioning and scaling-up of the Regional Interagency Task Force for the reduction of maternal mortality.				
<p style="text-align: center;">No funding budgeted for this outcome / activity for Year Three.</p>				

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. Event in Washington, DC to present the WBMSS to NGOs of Asia, Africa and PAHO focal points of the Region of the Americas	1. Technical preparation of materials for the event	Several Skype sessions were held with the working group in Colombia, Peg Marshall USAID technical advisor, and Vicky Camacho, the consultant who has advanced the work in the country, in order to define the contents of the agenda to be developed in Washington, DC. The English version of the epidemiological guide for the maternal mortality surveillance system was adjusted, which summarizes the three online phases. 50 copies were made for distribution at the meeting. Copies of the video "Strengthening decision making for reducing maternal mortality in Colombia" were made as well.	A trial of the application of the English version is necessary in order to validate it, as well as test the translation. Establishing a virtual session with organizations and countries that did not participate in the 6 March session in DC is needed in order to present the system and agree on next steps. Promotion of the analysis of maternal mortality considering social determinants of health for development of intersectoral action is needed in countries of the Region.	None.
	2. Invitations to the participating entities and logistics for travel of participants	Administrative and logistical support for the letters of invitation, travel arrangements, and simultaneous translation was given to prepare for the event on 6 March in Washington, DC.		

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	3. Presentation of the experience in Washington, DC	<p>In the morning of the event, the agenda consisted of 3 panels: the first on background, context, integration of the surveillance system, approaches for analysis of cases, use of the information for decision making, and lessons learned; the second on real-time functioning of the Surveillance System modules after a case of maternal death; and the last related to challenges for the roll out of the tool.</p> <p>In the afternoon a workshop for testing of the English version of the tool was carried out for engineers and technical professionals.</p> <p>Approximately 25 people participated in the event, during which the structure, results and lessons learned in the development of the WBMSS in Colombia were shared, showing the timely identification of maternal deaths, analysis of deaths with a focus on social determinants, and consequent formulation of an action plan.</p>		
2. Share the WBMSS with countries of the Region (platform, written application, or components of the system) for adoption and adaption according to their needs	1. Organize virtual meeting (Elluminate) with Honduras to advance in the development of the WBMSS according to their needs. Define a visit by the technical team to support in the development of the country's system.	This activity is pending, to take place following virtual conference with countries in the Region.	None.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	2. Invite other interested countries of the Region to socialize the WBMSS in order to be adopted and adapted. Explore the possibility of conducting a workshop in the country	A technical meeting was held with engineer Oscar Salinas of PAHO's Health Analysis (HA) Unit for revision of the structure and design of the tool and its epidemiological contents in order to generate agreements on the interoperability of the tool with VIEPI.		
3. Technical support from the Systems Engineer to validate the platform translated into English	1. Contract the engineer and validate the work plan together with the INS (Instituto Nacional de Salud)	An engineer was contracted for development of maintenance and support necessary for the startup of the WBMSS platform which is currently being implemented in the country.	Spaces for work of the INS with the office of healthy maternity need to be formed through a trial basis.	None.
	2. Call on the participating countries in virtual sessions for follow up of activities	The design and development of Modules M1 to M7 for the English version were completed which required changes in the presentation section, logic section, and database structure of the WBMSS application. The design was done based on the translated documents. Translation of the graphic user interfaces to English was completed as well as programming using Visual Basic.Net for the messages and validations presented to the user. The database was modified to enter English options for the respective variables. Two reports were developed in English, one automated report presenting the variables of M1 in the modules M2 to M5 and the other report for the M7 module. The design of a case summary was done, consisting of data entered into the modules M1 + M2 + M4a + M5 based on the translated template. The English version is currently functioning and is around 80% developed.		

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	3. Virtual technical assistance by the Systems Engineer to the three countries that adopted the WBMSS	This activity is pending.		
4. Technical support to Colombia in the implementation of the WBMSS in the territories	1. Technical visits for follow-up of the implementation of the WBMSS Modules I to IV in 15 territories of the country	A workshop was carried out for health personnel responsible for public health surveillance (<i>referentes</i>) of the District Secretary of Health, in the framework of the VIII Epidemiological campaign, during which the situation of maternal mortality in the country, background, data and epidemiological components, work environments (online and physical), the cycle of surveillance and modules of the WBMSS were shared. On the second day a workshop for practice in the use of the tool and its 7 modules was carried out. Approximately 35 health personnel of localities of the Capital District were trained.	Support the INS with technical health personnel in the implementation process of the WBMSS at the territorial level according to the work plan for 2014. Carry out four workshops in regions of the country according to the territorial entities prioritized.	None.
	2. Support to the country to strengthen the units of analysis and action plans for maternal mortality in 7 territories of the country, through the use of modules 6a, 6b and 7 of the WBMSS.	A workshop with Bogotá and Cundinamarca has been planned for May 2014 to implement the use of these modules and the registration of cases by the UPGD, who report the most cases of maternal mortality.		
5. Develop a video for the use and management of the WBMSS (help for the surveillance personnel of the municipalities)	Elaborate terms of reference of a contract for development of audiovisual piece and printed technical documents *Joint development of tutorials, audiovisual and printed pieces, as well as supporting material for initiation of the WBMSS in the country	This process will begin once PAHO's Communication department gives the necessary permission for development of the products.	None.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
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. Provide technical cooperation to establish National Alliances in priority countries	Technical support through National Meetings in order to start working on Alliances in selected countries	Technical support has been provided to strengthen the activities related to neonatal alliance in Guyana and Haiti.	Providing continuous support to these activities (in Guyana, Haiti and other countries) is an important challenge.	None.
2. Align activities with the Regional Neonatal Alliance	Activities based on the Annual Plan of the Regional Neonatal Alliance	The annual meeting is being coordinated with the other involved partners and is planned to take place next semester.		
Activity 4.2.2 Evaluate advances in MDG 4 in South America.				
1. Evaluate advances in MDG 4 and implementation of the Regional Plan of Action on Neonatal Health	Consolidate the information and elaborate the final edition of the document on mid-term evaluation of the Regional Plan of Action on Neonatal Health	This activity will take place during the next 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 / activity for Year Three.				

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: Political and technical commitment for controlling and eliminating NID enhanced				
1. Third annual regional meeting to follow up the implementation of SAFE strategy for elimination of blinding trachoma in endemic countries.	One meeting with national representatives from endemic countries for trachoma (Brazil, Colombia, Guatemala and Mexico).	The third annual regional meeting will be carried out in August 2014 in Brazil with the participation of representatives of the four endemic countries (Brazil, Colombia, Guatemala and Mexico).	None.	None.
2. 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.	One meeting with experts about post-elimination actions for NID targeted for preventive chemotherapy.	The consultation of Disease Elimination will be carried out from 9 to 11 July 2014 in Washington, DC. We are in the process of developing the agenda for this meeting.	None.	None.
	Elaboration of a draft document with main recommendations for post-eliminations phase for NID.			
	Edition and publication of a final document with a set of recommendations for post-elimination phase for NID targeted preventive chemotherapy.			
3. Support the 13th annual Lymphatic Filariasis Regional Managers Meeting and the 12th Regional Program Review Meeting to follow-up progress on LF elimination in the Americas.	One meeting with 7 countries endemic and formerly endemic for lymphatic filariasis (Brazil, Haiti, Dominican Republic, Guyana, Costa Rica, Trinidad and Tobago, Suriname).	The 13th annual Lymphatic Filariasis (LF) Regional Managers Meeting and the 12th Regional Program Review Meeting will be carried out in August 2014. We are still waiting for the final confirmation from national authorities from Haiti to develop this meeting in that country.	None.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
4. PAHO provides technical cooperation and maintains its active participation in the Program Coordinating Committee (PCC) of the Onchocerciasis Elimination Program for the Americas (OEPA) and in the Inter American Conference on Onchocerciasis (IACO).	Two delegates from NID regional team participate in two PCC meetings and one IACO meeting.	The forthcoming PCC Meeting will be held from 4 to 5 June 2014 in Guatemala. Two representatives from the NID Program will participate to follow up advances in the elimination of onchocerciasis in the Region.	None.	None.
	Discussion and analysis of current epidemiological, entomological and programmatic status and proposals for next steps by each of the six countries with onchocerciasis transmission foci will be held within the PCC and the IACO. Continued technical cooperation in development of dossiers for verification of elimination.			
5. Promote bi-national cooperation between Brazil and Colombia to intensify coordinated efforts for controlling and eliminating trachoma in the border of both countries.	Identify and coordinate bi-national actions for controlling and eliminating trachoma in Brazil and Colombia.	A tri-national meeting (Brazil, Colombia and Peru) was carried out from 5 to 7 February 2014 in Lima, Peru. One of the prioritized topics discussed was the promotion, prevention and control of trachoma actions. In addition, the three countries developed an integrated route map to develop control and prevention actions of trachoma.	None.	None.
	Development of one bi-national meeting.			
6. Support implementation of MDA and TAS for LF in priority countries.	Support local expenses related to Mass Drug Administration (MDA) and Transmission Assessment Surveillance (TAS) for LF in the Dominican Republic and Guyana.	The second round of MDA for LF/ Soil-transmitted helminths was implemented on 17 January 2014 in Georgetown, Guyana.	None.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<p>7. Support countries to develop financial gap analysis for their national and subnational plan of actions using the TIPAC (two countries).</p>	<p>Two national workshops on use of TIPAC tool: one implemented in Brazil and one in El Salvador.</p>	<p>A national training workshop on use of TIPAC (Tool for Integrated Planning and Costing) was carried out in Brasilia, Brazil from 25 to 28 March 2014. Representatives from five states (Paraíba, Tocantis, Goias, San Paulo and Pernambuco) and national authorities were trained on this tool. The TIPAC national training workshop in El Salvador will be carried out in the second semester of 2014.</p>		
<p>8. Support development of an operational plan for ONCHO elimination in the Yanomami area</p>	<p>Technical cooperation and advocacy mission to support efforts to eliminate onchocerciasis in Yanomami Area.</p>		<p>Due to the continuing difficult political situation, there are not advances in the binational agreement to strengthen efforts for the elimination actions for onchocerciasis in the Yanomami area. However, each country is working on the implementation of treatment.</p>	

Tasks	Planned Steps	Current Progress	Challenges	Remarks
9. 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.	One full time STP P3 professional position (8 months).	Laura Catala has been selected to cover this STP P3 position.		
	Support the formulation and implementation of national or local integrated action plans related to NID in priority areas of selected countries: Haiti, Dominican Republic, Peru, Suriname, St. Lucia	The Regional NID Program is working on the formulation and implementation of national or local integrated actions plans. Haiti, Dominican Republic, Guyana, and El Salvador with the technical cooperation from PAHO are planning massive drug campaigns integrated with health promotion activities to combat LF and/or Soil transmitted Helminths in 2014. PAHO is supporting the drug donation process for these campaigns and the monitoring and evaluation actions for these interventions. A technical cooperation mission to El Salvador was carried out in March to support the development of a deworming campaign plan and a NID integrated plan of action, including the design of an integrated surveillance for several NIDs based on sentinel sites in order to monitor and evaluate the interventions implemented.	Dengue outbreaks, Chikungunya alert in the Caribbean and flooding in Saint Lucia difficult the technical cooperation that PAHO can provide to this country regarding NID elimination and control actions. More commitment from national authorities in PER and SUR is needed in order to launch an integrated plan of action.	None.
	Provide technical cooperation related to activities toward the elimination of Schistosomiasis (SCH) and LF.	One workshop on TAS for LF was facilitated in March in Recife, Brazil. The material recommended by WHO to facilitate the TAS training has been translated into Portuguese, including the tool "Survey Sample building". Two regional meetings on LF and SCH with the endemic countries and experts will be held in the second semester. The agenda and methodology for these meetings is being developed. A systematic review on SCH prevalence an intensity of infection will be developed with the support of a consultant and the selection process is ongoing.	None.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Outcome: Monitoring and evaluation of the progress of priority countries towards control and elimination goals for NID secured				
1. Neglected infectious Diseases Specialist hired to support PAHO's Regional NID Program.	One Post of Limited Duration (PLD) P3 professional position. Contract effective from 1 October 2013 to September 2014. (9 months of salary)	Martha Saboya is continuing performing the responsibilities under this PLD P3 position.	None.	None.
	Support the formulation and implementation of national or local integrated action plans related to NID in priority areas of selected countries: Brazil, Colombia, Honduras, Mexico, Paraguay	<p>Brazil is implementing integrated actions for STH, trachoma (TRA) and leprosy through integrated campaigns for school age children in more than 250 municipalities prioritized. Additionally, the country is adjusting its plan of action for SCH, and planning TAS for LF.</p> <p>Colombia is implementing operational plans for STH and TRA in priority areas; the country is implementing elimination efforts for TRA.</p> <p>Honduras is compiling TAS for 8 prioritized departments, and implementing deworming for STH in an integrated manner with EPI and healthy schools.</p> <p>Paraguay is working in the integration of deworming for STH in schools, and it is planning the formulation of a national plan for NIDs.</p> <p>Mexico is compiling the information to request the verification of the elimination of TRA, and it is planning a survey to evaluate the impact of its large deworming program.</p>	There is not clear information regarding the binational agreement to strengthen efforts in the Yanomami area. This is a major challenge in the Region.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	<p>Provide technical cooperation related to activities toward the elimination of ONCHO and Trachoma.</p>	<p>Mexico and Guatemala are implementing post-treatment surveillance activities.</p> <p>Brazil and Venezuela are doing treatment for ONCHO in its endemic area. A first proposal for sentinel surveillances of blinding trachoma was reviewed with experts of the Wilmer Eye Institute at the Johns Hopkins University.</p> <p>Colombia is planning a third round of surgery for trachoma which will be held in June 2014.</p> <p>Mexico received an international technical mission to review the process towards the elimination of blinding trachoma in December 2013; the country will implement a survey to compile information about prevalence for TRA in non-known endemics municipalities in Chiapas State.</p> <p>Guyana will formulate a protocol for the implementation of a survey to evaluate the impact of a round of treatment for TRA that was implemented in 2013.</p> <p>Brazil will host the third regional meeting of national programs of TRA and one day will be dedicated to analyze the current situation of its national program.</p>		<p>*No USAID funds will be used for support to Venezuela.</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<p>2. WHO with PAHO will implement the process for the certification of elimination of Onchocerciasis transmission in Ecuador.</p>	<p>WHO and PAHO will appoint an International Certification Team (ICT) to review the dossier and develop a possible field visit to Ecuador to interview the health authorities. According to the results of its assessment, the ICT will issue recommendations to WHO regarding the verification of eliminations of transmission of onchocerciasis.</p> <p>Once the ICT approves the dossier, and draws its conclusions; it will submit a recommendation to WHO for verification of its elimination in Ecuador to WHO (via WHO Dept. of Control of NTDs).</p> <p>By September of 2014 or before, Ecuador should be verified by WHO as a country which has eliminated onchocerciasis.</p>	<p>WHO and PAHO have appointed an International Verification Team to review the dossier and participate in a field visit to Esmeraldas, Ecuador in order to verify the elimination of transmission of onchocerciasis.</p> <p>The mission will be held from 4 to 10 May 2014 with the participation of PAHO and WHO representatives and other experts' members.</p> <p>A report with the final results of the mission will be submitted to WHO in order to confirm the elimination of onchocerciasis.</p>	<p>None.</p>	<p>After the completion of the international verification mission and the submission of the final report to WHO/PAHO, Ecuador could be the second country in LAC achieving the elimination of onchocerciasis.</p> <p>*No USAID funds were used in support of Ecuador.</p>
<p>3. Complete dossiers for validation of elimination of ONCHO in Mexico and Guatemala</p>	<p>Revision of dossiers by national committees in Mexico and Guatemala.</p>	<p>The Regional Program of NIDs has reviewed and provided suggestions and recommendations for the dossiers for the elimination of ONCHO of Guatemala and Mexico. Both countries accepted the suggestions and are in the process to adjust the documents.</p>	<p>None.</p>	<p>None.</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	Provide technical cooperation to Mexico and Guatemala for completion of dossiers after final 3-year post treatment surveillance.	Mexico is compiling the ONCHO dossier in order to submit it to WHO/PAHO for requesting the verification of the elimination in 2015, after the end of the post-treatment surveillance phase. Guatemala has already completed a first draft of the ONCHO dossier and it has been adjusted in order to have all necessary information to request the verification of elimination to WHO/PAHO in 2015.		
4. Develop TAS (Transmission Assessment Survey) training to evaluate the progress towards LF elimination goal in Brazil.	TAS training in Brazil with the participation of main actors to move forward LF elimination actions.	A TAS training Workshop was developed from 11 to 13 March 2014 in Recife, Pernambuco - Brazil. A total of 25 national professionals were trained in the methodology including 19 participants of the Pernambuco State Program for the Elimination of LF and 6 participants from the National Program for the Elimination of LF.	None.	None.
5. Support sentinel surveillance for STH in countries implementing mass drug administration.	At least three countries start sentinel surveillance for STH (Dominican Republic, Mexico, and Colombia)	El Salvador is working on the development of guidelines for sentinel surveillance of STH by eco-epidemiological zones and they will adapt these guidelines to other NIDs such as Chagas, malaria and leishmaniasis). The Regional NID Program will carry out a technical cooperation mission to review the results of the STH+LF survey and then, to support them to develop guidelines for integrated sentinel surveillance for both diseases. Colombia completed a protocol for the implementation of sentinel surveillance and it is expected that the implementation starts in the second half of 2014.	None.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
6. Support baseline survey for STH+SCH in one country.	Analysis and publication of results of STH+SCH survey in the Dominican Republic	The Regional NID Program has transferred the funds to the Dominican Republic to start the process of analysis and publication of results of STH+SCH survey. The SCH serological samples are being analyzed by the CDC and the outcomes will be available for the analysis by May.	None.	None.
7. Support regional workshop for the inclusion of M&E component within the national or subnational projects, programs, strategies or plans of action for NID.	Regional workshop related to the M&E component to be included in national or subnational projects, programs, strategies or plan of actions for NID in LAC.	The Regional Workshop related to the M&E component will be carried out in June 2014 together with the NID Program Managers' Regional Training Workshop.	None.	None.
8. Update mapping of SCH in LAC based on secondary sources of information	Contract services with a professional to develop a systematic review of SCH presence, distribution and burden in LAC.	The Regional NID Program is in the selection process phase of the professional to develop the systematic review of SCH in LAC.	None.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
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				
A1. Actively collaborate and provide technical inputs on implementation of the Global Fund (GF) project on malaria.	1. Periodic coordination meetings with the department-level Directors and Program Managers to discuss the Operational Plan for the ongoing GF malaria project	PAHO supported the development of Haiti's 2014 Malaria Operational Plan, which was designed to take into account all available funding sources (Global Fund, CDC, PAHO), and to maximize execution of the country's 2013 Global Fund (GF) grant. Periodic coordination meetings have been planned for the next semester of this work plan, April - September 2014.	Delays in the mobilization of the GF 2014 budget and the PAHO-USAID project have led to the postponement of some of the PNCM's activities for the first semester of 2014.	None.
	2. Support the monitoring of supervision reports and evaluation of semester and annual reports based on indicators submitted to the GF	Reports presented by PSI (the Principal Recipient of the country's GF grant), the SR (Sub-Recipient), and the PNCM have demonstrated good performance in regards to the GF grant, having thus earned an A2 ("meets expectations") rating from the GF. PAHO continues to provide input in regards to improving performance and meeting established milestones and goals.	None.	None.
	3. Participate in at least one activity of supervising the Departmental Direction of Health Services.	The PNCM teams mobilized multiple field visits to the departments to supervise ongoing malaria activities, train staff in the implementation of the Clinical Management for Malaria Patients Guidelines, distribute medical supplies (such as RDTs) in coordination with PSI, and to carry out entomological activities focused on vector control, primarily in locations supported by CDC.	None.	During the 2014 Carnival (early March 2014), the PNCM's vector control team supported the mobile brigades of the Artibonite department to carry out vector control measures before and during the 2014 Carnival in Gonaives (the capital city of Artibonite).

Tasks	Planned Steps	Current Progress	Challenges	Remarks
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)	<p>PAHO support has aimed to improve the PNCM's performance and capacities by: providing input and guidance on its institutional reorganization, participating in weekly team meetings, encouraging PNCM service coordinators to improve internal communication and foster team spirit, and supporting the PNCM's M&E Unit by helping to organize and monitor its activities using an Excel dashboard. Despite considerable progress, challenges in human resources remain a constant challenge.</p> <p>Regarding the coordination plan and leadership, the PNCM has improved coordination efforts with the SR, by validating their reports prior to submission to the country's PR at the end of each quarter. Communication between the SR and the departments requires further improvement.</p> <p>At the department-level, the timeliness of the submission of quarterly reports has improved as a result of the computers and internet connection that has been provided by PAHO for Haiti's M&E officers. There is still room for improvement with the quarterly reports in terms of their timeliness and level of detail (65% of health units submitted complete reports in 2013).</p>	<p>The previous Technical Advisor for the PNCM has been appointed Coordinator, leaving the Technical Advisor position vacant as of March 2014. The recruitment process for the PNCM's epidemiologist has not taken place yet.</p>	<p>Filling up of local malaria vacancies within the PNCM has been a recurrent challenge.</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	2. Support technical implementation of specific PNCM activities funded by the GF grant	PAHO continues to collaborate with the PSI focal point for the PNCM. This collaboration has given PAHO the opportunity to provide input on the most efficient strategies to implement certain PR activities and their programming.	None.	An office has been provided by the PNCM for PAHO and PSI to facilitate their work supporting and collaborating with the PNCM.
	3. Provide continued support to finalize and disseminate the GF-proposed Malaria Program Review (MPR) of the PNCM	<p>PAHO provided pivotal support for the development of the Malaria Program Review (MPR) of the PNCM between October and March 2014:</p> <ul style="list-style-type: none"> - Contracted the external evaluators for the data collection phase - Support provided to the organization of thematic groups and the consensus-building workshop to review the situation of malaria in Haiti - Participation in the training of field surveyors to carry out data collection for the MPR - Field visits to the central institutions in Port-au-Prince and to the following departments: Nord-Ouest, Artibonite (22 - 26 October 2013), Grand Anse, and Sud (28-31 October 2013). - PAHO provided guidance on the analysis of the collected data, supported the development of the preliminary MPR report, and helped facilitate meetings with the Country Coordinating Mechanism (CCM) regarding the report. - Dissemination of the preliminary report and draft action plan with its recommendations; its aide-mémoire has been validated by partner representatives - Submission of the aide-mémoire to the MSPP for official validation (pending as of 31 March 2014) 	None.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	4. Support the national implementation of MPR recommendations	This activity will be carried out upon the completion of a national workshop to validate the MPR's results.	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 submission to the Global Fund and other financial institutions	Collaborate with partners and stakeholders in consolidating the proposal for the malaria elimination Global Fund Grant for Mesoamerica and Hispaniola	Within the EMMIE framework, support was given to the UCP (Haiti's Project Coordination Unit) and the PNMC team to identify their programmatic and funding gaps. PAHO also supported the participation of national counterparts in an international GF meeting in El Salvador concerning the EMMIE initiative.	None.	EMMIE is the acronym for a GF-funded Regional Malaria Elimination Initiative in Mesoamerica and Hispaniola.
Activity A.4 Advisor in Malaria Prevention and Control				
A.4 Extension of contract and continued support from Advisor, Malaria Prevention and Control in Haiti	Facilitate contract renewal through 30 September 2014	The contract for the Advisor in Malaria Prevention and Control is currently valid through the end of 30 September 2014.	None.	None.
Outcome B. Strengthened malaria surveillance, monitoring, and evaluation				
Activity B.1 Technical cooperation on malaria surveillance, and in monitoring progress and quality assurance in activities of Global Fund Malaria Projects in Haiti and the Dominican Republic (including in joint meetings and activities)				
B.1 Collaborate with stakeholders involved in malaria surveillance and quality assurance efforts	1. Continued participation in bi-national meetings between Haiti and the Dominican Republic (HAI-DOR), and support coordination between DELR, UPE, and other partners	PAHO participated in the binational Haiti-Dominican Republic meeting convened by the Carter Center in Port-au-Prince on 27 March 2014.	Funding for the biannual plan for the elimination of malaria and lymphatic filariasis continues to be a challenge.	PAHO and the NMCP are working to identify potential sources of resources and funding to carry out this initiative.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	2. Support malaria surveillance and implementation of relevant interventions in HAI-DOR bi-national efforts	PAHO and CDC continue to collaborate to support PNCM activities in the 4 border areas, specifically regarding active malaria case detection in coordination with the community health workers (<i>agents communautaires polyvalents</i>)	None.	None.
	3. Visit to follow-up on implementation of integrated malaria and NID activities relevant to their subsequent elimination along the HAI-DOR border	This activity has been rescheduled for the April-September 2014 period.	None.	None.
	4. Provide technical support to the PNCM in the development of periodic national malaria reports (quarterly and annual basis for PAHO/WHO reports)	The technical report based on the malaria surveillance workshop that took place in Haiti from 10 to 13 September 2013 has been finalized. The final report has been disseminated to participants and other key partners. PAHO is following up with the PNCM to foster the implementation of the report's recommendations, particularly at the department level.	The NMCP is reviewing the budgetary implications of the conclusions of the September 2013 malaria surveillance workshop, so as to plan activities accordingly to improve the country's malaria surveillance system.	None.
Activity B.2 Development and consolidation of mid-term and annual performance progress reports				
B.2 Development and consolidation of mid-term and annual performance progress reports	1. Continued participation in at least one of the quarterly departmental meetings with the heads of health facilities on monitoring and evaluation (M&E) strengthening	PAHO will participate in quarterly departmental meetings during the April - September 2014.	The delay in the arrival of USAID funding for the third year of the PAHO-USAID grant has led to the postponement of this activity.	None.
	2. Field visits with department managers to strengthen M&E efforts, particularly in departments lacking in this area	This activity will be reviewed and re-programmed between April and September 2014 so as to best target the 10 departments.		None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
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, monitoring, and evaluation / (epidemiological surveillance for malaria elimination)	1. Support malaria M&E officers from 4 high-risk departments to strengthen active data collection from health institutions and to develop reliable reports of confirmed malaria cases, through the dissemination of surveillance / communications tools, visits to health institutions, and collaboration with relevant stakeholders	PAHO has provided the PNCM with French editions of the WHO Malaria Surveillance guidelines, for training and dissemination among relevant personnel and surveillance / M&E officers. Follow up efforts will continue during the April-September 2014 period to coordinate training activities in the 4 high-risk departments, and to provide the relevant technical guidance.	The timeline for this activity will be reviewed for the April - September 2014 period.	None.
	2. Organization, jointly with PSI, DELR, and LNSP, of a workshop to strengthen capacities of department laboratory technicians to: perform malaria diagnosis by microscopy and RDT, promote notification of confirmed malaria cases, and foster participation in malaria diagnosis quality assurance procedures	This workshop will be coordinated with PSI and LNSP (Haiti's National Public Health Laboratory), with the date to be defined during the April - September 2014 period.	Given that other trainings have been carried out during the October 2013 - March 2014 period with resources from other donors, this workshop may be reconfigured so as to maximize benefits from available funding and thus achieve an improvement of diagnosis capacities in the 10 departments.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Outcome C. Strengthened malaria prevention and control strategies and implementation of interventions				
Activity C.1 Technical cooperation in reviewing, updating, and strengthening the national malaria strategy and operational plan; and in aligning the implementation of the Global Fund Malaria (including stakeholders' consultation meetings, etc.)				
C.1 Support the Ministry of Health and collaborate with other stakeholders in reviewing, updating, and strengthening the national malaria strategy and operational plan; and in aligning the implementation of the national Global Fund Malaria Grant	Facilitate further implementation of the Malaria Strategic Plan and strengthening synergy with Global Fund efforts on malaria	<p>PAHO has participated in CCM meetings within the framework of the country's GF project, and has provided PSI with technical expertise regarding its RDT deployment strategy in Haiti.</p> <p>Technical expertise has been provided to the country to promote the alignment of their policies with the country's existing National Malaria Strategic Plan and PAHO/WHO guidelines.</p> <p>Haiti has indicated interest to submit a malaria concept note under the new Global Fund funding model by January 2015.</p>	There have been significant delays in the distribution of RDTs by PSI. During this first year, RDTs are being distributed to 30% of the country's health facilities.	<p>PSI has conducted several participative meetings with health stakeholders to further develop an adequate and relevant strategy for RDT distribution for the 3 years of the GF grant.</p> <p>PAHO reiterates the need for sustained technical assistance for Haiti to help guide the country's malaria efforts, including concept note development for the GF's new funding mechanism.</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	<p>Monitor and support the participation of the LNSP on quality control of diagnosis</p>	<p>Follow up has been provided to the LNSP to support the country's participation in the EQAP (External Quality Assurance Program for malaria microscopy), particularly in regards to instructions on the preparation of slides for assessment and evaluation of malaria diagnosis capacities at the local levels.</p> <p>PAHO supported the participation of a national microscopist in PAHO's Regional Workshop for Training and Certification of Microscopists of Mesoamerican and Caribbean Countries, which took place in Mexico City, Mexico, from 27 January - 7 February 2014.</p> <p>150 volumes of the WHO malaria diagnosis tool, <i>Bench Aids for Malaria Microscopy</i>, have been procured and will arrive in Haiti in late April 2014, for use in in-country trainings to improve quality-assured malaria diagnosis.</p>	<p>None.</p>	<p>The microscopist trained in the regional microscopy workshop in Mexico has been trained to transfer the acquired skills to additional colleagues in Haiti, thus further promoting quality-assured malaria diagnosis in Haiti.</p>

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.)				
C.2 Technical cooperation in the development of standards, guidelines, and procedures relevant to malaria prevention and control	Technical support for the development / dissemination of a consolidated manual for transitioning from control to elimination phase according to national guidelines	<p>In anticipation of efforts to eventually transition from control to elimination, PAHO has supported Haiti with the development of a malaria project to expand national capacities for malaria diagnosis during the 2014-2015 period.</p> <p>The PNCM has received guidance on the finalization of the Site Supervision Guidelines for Malaria Treatment, jointly developed with PSI, the PR of the GF grant.</p> <p>On 27 November 2013, PAHO and the MSPP met to discuss priorities for the 2014-2015 biennium, including malaria. Consensus was reached regarding areas that will require additional efforts.</p>	Within the framework for reorienting malaria programs towards elimination, Haiti still faces challenges in mobilizing resources to meet the needs required to strengthen national capacities for malaria diagnosis (by RDT and microscopy) throughout the 10 departments.	None.
Activity 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)				
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
	<p>2. Technical support for the production / dissemination of periodic communication media and support for related activities</p>	<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.
	<p>3. Support for communication activities for National Malaria Day</p>	<p>PAHO supported the PNCM's malaria prevention activities in Port-au-Prince and Gonaives during Haiti's Carnival (2-4 March 2014).</p> <p>For World Health Day on 7 April 2014, PAHO is coordinating with the event's multisectoral planning committee to promote its "Small Bites, Big Threats: Protect yourself and your environment from vector-borne diseases" campaign.</p> <p>For World Malaria Day on 25 April 2014, collaboration is ongoing with the event's Malaria Communications Cluster to advocate for malaria prevention and control efforts, and to ensure that disseminated information is technically sound and culturally appropriate.</p>	None.	None.

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. Luis Gutierrez Alberoni (FGL)				
1. Definition of functions and structure for the follow-up of A Promise Renewed (APR)	1. Development of an organizational structure that includes an Executive Management Committee, an Consultative Committee and technical subcommittees	The Terms of References for the Executive Management, Consultative Committee, and Secretariat have been finalized. Two technical subcommittees have been formed on Communications & Advocacy, and Metrics & Monitoring. The Executive Management Committee is formed by: USAID, UNICEF, IDB, PAHO/WHO, and the World Bank. The Consultative Committee will include: 4-5 representatives from different LAC countries, 2 representatives from academic institutions, 2 representatives from the private sector, 2 representatives from international agencies/financial institutions, 2 professional associations, 2 representatives from international NGOs, 5 representatives from local civil society networks or organizations, and 2 representatives of existing MCH-related networks (Neonatal Alliance, GTR for Maternal Mortality).	Consolidating the participation of countries within the Consultative Committee	None.
	2. Define the APR mission, goal, values, principles, and objectives	The APR mission, goal, values, principles, and main objectives have been finalized.	None.	None.
	3. Development of the APR's action plan	PAHO has proposed an action plan.	Executive Management Committee members must now incorporate all of their opinions.	None.
	4. Gathering of initiatives, projects and events as a basis for the coordination and harmonization of the efforts among international cooperation agencies	A number of initiatives related to APR have been gathered and will be placed on the APR website.	None.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	5. Development of a monitoring and evaluation plan to track the progress of APR objectives	Monthly meetings are being held to finalize a monitoring and evaluation plan.	Establish a work plan that incorporates monitoring and evaluation process	None.
2. Advocacy and positioning efforts of A Promise Renewed	1. Establishment of relations with various regional and subregional bodies (systems of Pan-American integration, alliances and initiatives, NGOs, academia, private sector)	A pledge has been finalized. It was presented at a meeting in Argentina where six presidents from the Society of Pediatrics have signed: Argentina, Bolivia, Brazil, Chile, Paraguay, and Uruguay.	Identifying the actors	None.
	2. Establishment of a line of communication with alliances at the regional level (reproductive, maternal, newborn, children, adolescents health and nutrition, etc.	This activity is pending.	Involve and establish different alliances with accurate information	None.
	3. Involvement of different sectors of the civil society with APR advocacy efforts	Letters are being sent out to all civil society participants at the Panama meeting to identify representatives to join the Consultative Committee. Criteria and the selection process have been established to maintain transparency.	It is necessary to count on the participation of Civil Society in the Consultative Committee.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	4. Raise awareness about the inequities in the Region among governments, agencies, media and the general public	In January 2014, during the JCI Regional meeting in Mexico City, the PWR-Mexico gave a presentation on APR where all their regional presidents were present. They have invited the PWR from Colombia to give a similar presentation on APR in the upcoming meeting in April 2014 where there will be over 800 participants. A subcommittee of communications has been formed and is currently working on a strategic plan for advocacy at regional and national levels. An APR webpage has also been created that will allow for raising awareness within the governments and the general public.	None.	None.
3. Keeping key stakeholders accurately informed	1. Collection and analysis of metric data about inequities in the Region	The subcommittee is establishing profiles of inequities by countries.	Coordinating with the International Center for Equity in Health- Pelotas is necessary in order to avoid duplication of work and efforts.	None.
	2. Preparation and implementation of a communication plan	The Communication and Advocacy subcommittee is preparing a strategic plan to present to the executive management committee.	None.	None.
	3. Promotion and dissemination of evidence-based intervention, successful experiences, and lessons learned	This activity is pending.	None.	None.
	4. Provision of technical support to countries	The methodology is being established to support countries.	Analyze the work of at least 4 countries in one semester	None.

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”				
1. To write the final report on the pilot project “HTA-Regulatory Interactions”	1.Contract the consultant/institution responsible for the report	The consultant has been already contracted. Discussions have taken place in order to define the criteria to perform the report. The consolidation of all products of the pilot project, including the case studies and the recommendations from the workshop, is currently under development.	None	None
	2. Approve final report			
Activity 2. Mapping of regulatory framework and capacity regarding medical devices				
2. Map the situation of regulation of medical devices in the Region: framework and regulatory capacity	1.Contract the consultant responsible for the mapping	The consultant has been already contracted. The first version of the assessment tool was developed and sent to 14 countries. The responses were received, analyzed and used to develop critical indicators. The first version is currently being revised and updated based on information received. Additional countries are being considered to answer the second version of the assessment tool.	None	None
	2. Develop the assessment tool			
	3. Apply the assessment tool for the selected countries			
	4.Report on the current situation regarding the regulation of medical devices in the Region			
Activity 3. Development of course on HTA and regulation of medical devices.				
3. Develop a virtual course on HTA and Regulation of Medical Devices	1.Contract the institution responsible for developing the course	A consultant was contracted and proposals are currently being evaluated.	The main challenge is to find an institution with experience in both areas (HTA and Regulation), in order to have an integrated course.	A possible solution is to change the focus of the course. The idea is to develop a module on HTA and Decision-Making, instead of HTA and Regulation.
	2. Approve the content and methodology for the course			
	3. Develop the course according to the platform of the virtual campus			
	4. Test and approval			

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Activity 4. High Level Panel on HTA and Universal Health Coverage				
4. To organize a high level panel on HTA and Universal Health Coverage: HTA as an integrating force	1. Definition of the agenda and participants Methodology to make sure countries really participate	A preliminary meeting agenda was developed and the participants were defined. The invitations have been sent to the countries. The panel is scheduled to be held 13 June 2014.	None	None
	2. Send the invitations			
	3. Conduct the workshop			
Activity 5. Panel session at the HTAi 2013 meeting to present the objectives and the activities of the project				
5. To write and disseminate a report with the recommendations from the meeting and concrete steps for improving decision-making processes informed by HTA, in the context of the UHC	1. Approve draft report	The report will be written and presented after the High Level Panel on HTA and Universal Health Coverage, which will be held in June 2014.	None	None
	2. Approve final report			

Outcome	Activity	Current Progress	Challenges	Remarks
EXPANDED TUBERCULOSIS ACTIVITES				
Key Personnel Responsible: Drs. Mirtha del Granado and Rafael Lopez, CHA/HT				
Objective 1:				
Pilot, implement, and expand an innovative approach to TB control in large cities of LAC engaging programs and sectors that can contribute to address the social determinants of health				
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 cities to present the framework to national and local authorities and gather support for its implementation	<p>During the first half of the year, visits to expand the project into new large cities were conducted to Guatemala City, Guatemala (January 2014); Tijuana, Mexico (February 2014); Asunción, Paraguay (March 2014); and Montevideo, Uruguay (March 2014). During these visits, the framework was presented to local and national authorities, and strong political commitment is present in each of the new intervention sites.</p> <p>In Guatemala, a team was formed by the Minister of Health to work on the project, made up of the National TB Program as well as HIV, Diabetes, Nutrition, Health Promotion, Planning, Information, and Epidemiology.</p> <p>In Mexico, Tijuana was chosen as the site of the project due to the high burden of TB. The National TB Program and Ministry of Health, as well as the Health authorities of the state of Baja California and the city of Tijuana, are all committed to the project.</p>	Due to the new restrictions on the use of funding in Ecuador, work to begin a project in Guayaquil was halted. However, the country plans to use their own funds to support this initiative.	None.
	1.1.2 Develop and implement an advocacy plan to introduce TB in existing social protection programs	The contract for development of the advocacy document for incorporation of TB in social protection programs is pending and will be developed during the second semester.	It has been difficult to identify a consultant for this job, but the development of the plan will move forward in the coming months.	None.

Outcome	Activity	Current Progress	Challenges	Remarks
	<p>1.1.3 Support meetings between health authorities and authorities of other sectors to identify areas of joint work on TB control</p>	<p>In Brazil, Guarulhos created the intra- and inter-sectoral committee for TB that plans to meet every three months. The Guarulhos Secretary of Health signed a letter of political commitment to the project on TB in big cities on 10 February 2014, which reaffirmed the intention to maintain TB in the political agenda.</p> <p>In Colombia, a meeting was held in Bogotá regarding the project of TB in large cities with participation of the Secretary of Health and Secretaries of the Mayor of Bogotá.</p> <p>In Lima, two high-level meetings between the Ministry of Health and the Ministry of Justice were held to implement a plan for TB Control in prisons.</p> <p>Intersectoral monthly meetings have taken place in the districts where the project on TB in large cities is being implemented. The other participating sectors are labor, education, justice and social inclusion.</p>	<p>In Colombia, the mayor was recently changed for political reasons. Therefore, the strategy is being re-introduced to the new government.</p>	<p>None.</p>

Outcome	Activity	Current Progress	Challenges	Remarks
	<p>1.1.4 Yearly meeting of local authorities to assess progress and sensitize new selected cities (World TB Day)</p>	<p>This year's World TB Day regional event was held on Friday 21 March at PAHO Headquarters in Washington, DC. The theme, "TB is still undiagnosed in many places, especially in large cities: Diagnosis and Treatment for All", was selected in order to highlight the current gap in case finding and the need to scale up efforts to diagnose and treat missing cases in the Region.</p> <p>During the first part of the event, three videos produced on best practices in TB case detection were shown: Community work and increased TB surveillance in Peru; the introduction of new diagnostic technologies and TB detection strategies in prisons in El Salvador; and TB/HIV case detection and integrated management in Haiti.</p> <p>The second half of the event featured presentations on TB and social determinants of health, given by the Secretary for Health Surveillance of Brazil, the Assistant Director General of Preventative Programs of the Secretary of Health of Mexico, and the Mayor of El Agustino, Lima, Peru.</p> <p>The final part of the event was an address by an advocate and ex-patient from Colombia who spoke about her experiences with MDR-TB and gave her call to action and commitment to advocate for TB diagnosis and treatment.</p> <p>The event was closed with remarks from PAHO's Director Dr. Carissa Etienne.</p>	<p>The NTP manager of Haiti was invited to attend the event but never received the needed authorization.</p>	<p>Positive feedback was received on the variety of speakers and perspectives present at the event, showing many faces of the fight against TB in the Region.</p> <p>Also, the videos produced included English subtitles, allowing for increased dissemination. Having documentation of successful practices in TB and updated photos of TB care practices in key countries in the Region will benefit many future advocacy activities.</p>

Outcome	Activity	Current Progress	Challenges	Remarks
<p>1.2 TB control framework for large cities piloted and expanded, based on initial experience</p>	<p>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</p>	<p>This work was completed in Bogotá, Lima and Guarulhos, and is beginning in Asunción, Guatemala City, Montevideo, and Tijuana.</p> <p>In Asunción, an epidemiological map was developed and two locations to implement the initiative were identified: Barrio Obrero in the metropolitan area of Asunción and San Lorenzo municipality in Central Department. These two locations have the highest burden of TB in the country, good political commitment and high grade of social vulnerability.</p> <p>In Guatemala City, the epidemiological mapping is already done, and the selection process is underway for hiring of a consultant to support in the remaining products.</p> <p>In Tijuana, the Geospatial Analysis Unit is finalizing the epidemiological mapping, and a consultant will be hired for the remaining products.</p> <p>In Uruguay, a work plan for Montevideo has already been developed. Their mapping will be different, as they will join the framework for TB control in large cities with their TB elimination strategies.</p>	<p>None.</p>	<p>All cities will have products similar to those which the first three cities have already produced: the mapping of the epidemiological situation of the city, the mapping of health providers (formal and informal, public and private), the survey of hospitals; identification of vulnerable populations, and an inventory of social actors with a role in TB control work to identify opportunities for collaboration.</p>

Outcome	Activity	Current Progress	Challenges	Remarks
	1.2.2 Development of an implementation plan of the framework according to the needs of each vulnerable population with an interprogrammatic approach	<p>In Brazil, Guarulhos developed a work plan for implementation of the framework in 2014, which is integrated with actions for the whole municipality.</p> <p>In Colombia, the work plan was developed considering the main problems of low detection and late diagnosis. Work has begun to strengthen the DOTS strategy at the community level, including improving detection in first-level health care providers and advocacy, communication and social mobilization (ACSM) activities, according to the country's current TB control strategy.</p> <p>In Lima the project includes activities to support vulnerable populations, especially prisoners of the country's largest jail and the poor.</p>	One of the obstacles to the implementation of the project in Guarulhos has been the lack of human resources that are working directly on the project. The financial resources available must follow the legal procedures for local hiring, which can take several months.	The project in Asuncion will cover the area with the highest population of the capital and the Central Department.
	1.2.3 Provide technical assistance for the implementation of the plan with an interprogrammatic approach	<p>PAHO-Brazil has supported in all stages of the Guarulhos work plan, from planning to selection of indicators and monitoring.</p> <p>In Colombia, technical assistance visits to the district secretary of health have been made, with emphasis in interprogrammatic actions with TB/HIV, MDR-TB and recommendations to work with non-communicable diseases (diabetes and hypertension) in order to intensify detection activities in the locality.</p> <p>In Peru, three meetings were held to provide TA to improve interprogrammatic activities in the national and local TB Control plans, with emphasis on Diabetes-TB and TB/HIV. Work is also being done at the local level to support the participation of drug stores and pharmacies.</p>		

Outcome	Activity	Current Progress	Challenges	Remarks
	1.2.4 Strengthen PPM in the large cities using the PPM tools	<p>In Colombia, round table meetings of administrators of health benefits plans (EPS - <i>Empresas Promotoras de Salud</i>) have been held in the Secretary of Health, in order to explore PPM alliances that can improve access to services and treatment follow-up.</p> <p>In Peru, the local health plans in the El Agustino and San Juan de Lurigancho Districts include the participation of all health service providers (Ministry of Health, Sistema de Solidaridad, ESSalud, Police Hospitals) as part of the technical and interprogrammatic support.</p>	In Guarulhos there was little progress in the establishment of public-private partnerships, but work will continue in the next semester.	None.
	1.2.5 Technical support for implementation of the plan, including the different components of the Stop TB strategy	<p>PAHO has supported in all stages of the Guarulhos, Bogotá, and Lima work plans, and have been successful in incorporating components of the STOP TB strategy, including TB/HIV, MDR-TB, ACSM, and DOTS.</p> <p>In Peru, the main commitment in meeting for exchange of experiences in Guarulhos (mentioned in activity 1.2.7) was to include the activities of the TB control in Large Cities Initiative in the local TB plans. This decision was key to the process in order to avoid parallel plans and guarantee the sustainability of the Initiative. This process demanded several technical and political meetings at national and local level.</p>	None.	As a result of this decision and technical support, the local TB plan 2014-2019 of San Juan de Lurigancho in Lima include all the strategic lines of the Initiative for TB Control in Large Cities. The local TB Plan in the El Agustino District will be launched in May including all the strategic lines as well.

Outcome	Activity	Current Progress	Challenges	Remarks
	1.2.6 Support for capacity building for health personnel on TB control in large cities	<p>The heads of the TB programs of Asunción, Bogotá, Guatemala City, Guarulhos, Lima, Montevideo, and Tijuana have been invited to attend a training at the Regional Center of Excellence in TB, to take place from 5 to 9 May 2014 in El Salvador. They will receive training in all components of the Stop TB Strategy.</p> <p>In Colombia, professionals working on the project have periodically participated in meetings with National TB coordinators and received updated TB information.</p>	None.	None.
	1.2.7 Visits to exchange experience between large cities implementing the framework	<p>The Meeting to Exchange Experiences in TB Control in large cities was held in Guarulhos, Brazil on 10 and 11 October 2013, with participants from the city and national governments of Guarulhos; Bogotá, Colombia; and Lima, Peru, as well as PAHO Regional, Sub-Regional and Country office staff. Presentations were given by each city and county on the situation analysis and selection of intervention areas; mapping of health care providers; analysis of barriers to access health services; survey of hospitals; and analysis of opportunities to enter TB control activities in other health sectors. Also, a presentation and group work session took place on the introduction of mental health to TB control in large cities.</p> <p>In addition, the participants present reviewed the Framework for TB control in large cities and gave their comments and suggestions, which were then incorporated into the document. This meeting launched the development of each city's work plan for implementation of the framework.</p>	Not all professionals invited from Colombia and Peru were able to attend due to not receiving the needed authorization.	Participants had the chance to see progress achieved, discuss the challenges faced, and plan the work moving forward. This was a great experience for people from the three cities with pilot projects to discuss their experiences, findings, challenges and solutions.

Outcome	Activity	Current Progress	Challenges	Remarks
	<p>1.2.8 Support for evaluation of the implementation of the framework and planning for expansion within the city and other cities</p>	<p>A contract was done with a consultant to summarize the situation analysis of TB in the first three pilot cities of Bogotá, Guarulhos, and Lima, as well as an analysis of the results of the survey of hospitals carried out in these 3 cities. Additional evaluation documents will be elaborated during the next semester.</p> <p>In Bogotá, the Framework for TB control in large cities and the experience of the city was presented as part of the World TB Day 2014 commemoration. Also, a meeting with stakeholders of the Global Fund (GF) grant was held to show the results and replicate in other cities through introduction of the strategy in Phase 2 of the GF project in 8 cities (where 60% of the country's population is concentrated).</p> <p>In Brazil, progress was made in the discussion to expand the Guarulhos project and the framework for TB control to additional cities. The Brazilian government's work plan for this is pending.</p> <p>In Lima two meetings were held to evaluate the implementation of the framework and a document will be produced in May to document and improve the process.</p> <p>Expansion was started in two other districts of Lima (La Victoria and Lima Cercado), with funding provided by Peruvian government.</p>	<p>Due to incomplete results from some of the surveys of hospitals, it wasn't possible for the consultant to complete the second document.</p>	<p>None.</p>

Outcome	Activity	Current Progress	Challenges	Remarks
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	1.3.1 Meetings on TB control on vulnerable populations	<p>The Workshop on TB Contact Investigation in the Americas took place on 11 and 12 December 2013 in Panama City, with participation of 10 countries: Brazil, Colombia, Dominican Republic, El Salvador, Guatemala, Mexico, Panama, Paraguay, and Peru.</p> <p>During this workshop how to improve TB contact investigation through better approaches to vulnerable populations was discussed.</p>	Unfortunately, authorization of the participant from Honduras was never confirmed.	The participant from Ecuador was funded with other sources.
	1.3.2 Develop an approach on childhood TB and pilot it in large cities	<p>The First Meeting on childhood TB and MDR-TB for Pediatricians was held on 9-10 December 2013 in Panama City, Panama with attendance of experts from 10 different countries: Brazil, Colombia, the Dominican Republic, El Salvador, Honduras, Mexico, Panama, Peru, Swaziland, and the U.S.A.</p>	Invited experts from Guatemala were unable to attend.	<p>This meeting was the first meeting in the Americas for experts in childhood TB, and will help inform the development of a Regional-level strategy to confront this vulnerable population. In Colombia, meetings with pediatricians are being planned in May and November 2014.</p>

Outcome	Activity	Current Progress	Challenges	Remarks
	1.3.3 Document the experience of TB control in vulnerable populations in large cities and develop/adapt tools for TB control in these populations	<p>In November 2013, the National TB Program Managers from Brazil, Colombia, and Peru, as well as the Director General of CENAPRECE of Mexico, attended the 44th Union World Conference on Lung Health and were featured in a symposium on <i>Prevention and Control of TB in large cities and Vulnerable populations</i>. This was a great opportunity to present the work being done in big cities at the global level in a setting with many experts present.</p> <p>The tool for TB and diabetes is in the process of finalization. Also, the tool for mental health and TB is in development.</p> <p>In Guarulhos, a call for applications for an institution to work the community and vulnerable populations has been launched and the candidate should be hired by end of May 2014.</p> <p>In Bogotá a video was made to document the work done in the initial phase of the project, as well as videos on the work of the community in the locality selected for the project.</p> <p>For the World TB Day commemoration, a video on the community work and TB control in Lima, Peru was produced.</p>		The Brazil participant was self-funded to the Union Conference.
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 educational materials are in process of development.</p> <p>In Bogotá, work has been done to support the ACSM strategy in the locality of Uribe Uribe, including work with the community in the development of puppet shows, flipcharts, and materials for health professionals.</p>	None.	None.

Outcome	Activity	Current Progress	Challenges	Remarks
	1.4.2 Support for activities to foster community involvement (workshops, patient groups and others)	<p>In Guarulhos two fairs were conducted for immigrants which included information on public health services. TB was prioritized at the events, and taking advantage of this opportunity, TB case finding was carried out.</p> <p>In Bogotá, following the ACSM and DOTS strategies in the community, work has been done through workshops of social actors, during which groups have been formed to carry out case detection activities and provide support and information to patients and the community in order to confront stigma and discrimination.</p> <p>A meeting was held with the social actors in March 2014 on the progress made in Bogotá.</p>	None.	None.
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 Capacity of the National TB programs strengthened	2.1.1 Develop and support Centers of Excellence for capacity building on the different components of the Stop TB strategy	<p>The development of the Center of Excellence has continually been supported, through discussion and coordination between the PAHO regional and country offices and the NTP of El Salvador. A plan for 2014 capacity building activities was done, including topics such as MDR-TB, TB elimination, nursing, and the strategy for TB control in large cities. Also included under this plan is the attendance of an additional participant from El Salvador to the Regional TB meetings to take place in Mexico in May 2014.</p>	None.	None.

Outcome	Activity	Current Progress	Challenges	Remarks
	2.1.2 Support NTP capacity building through visits to the Center of Excellence, exchange of experiences and lessons learned	The first rotation of the Center of Excellence is 2014 is planned for 5-9 May 2014 and will be attended by the heads of TB programs in the cities currently involved in implementation of the framework for TB control in large cities: Asunción, Bogotá, Guarulhos, Guatemala City, Lima, Montevideo, and Tijuana (linked with activity 1.2.6). They will receive training in all components of the Stop TB Strategy.	None.	None.
	2.1.3 Technical assistance (TA) and M&E missions to NTPs	The M&E mission to Panama was conducted from 27-31 January 2014 with participation of 4 consultants, including experts on TB laboratory and MDR-TB.	None.	During the second semester, two M&E missions are currently scheduled: Guatemala from 28 April to 3 May 2014, and the Dominican Republic from 9 to 13 June 2014.
	2.1.4 Prepare and conduct an evaluation and exchange of experiences meeting on the implementation of the Stop TB Strategy including the laboratory network	The following Regional TB Meetings are scheduled to take place from 23-28 May 2014 in Mexico City: the <i>Meeting of the TB Laboratory Working Group</i> on 23 May, the <i>Meeting of National and Supranational TB Laboratories</i> on 24 May, and the <i>Regional Meeting of National TB Program (NTP) Managers</i> from 26-28 May 2014. (This is in combination with the meeting on TB/HIV Collaborative Activities (activity 2.3.2), to take place 29 May 2014).	It is a challenge to identify resources to cover the participation of priority countries that cannot be funded under this grant.	The NTP Managers meeting is being held during the same dates as the First Forum on HIV Continuum of Care.

Outcome	Activity	Current Progress	Challenges	Remarks
	2.1.5 Develop, edit and print reports, guidelines, plans and training materials on the different aspects of TB control	<p>The 2013 Regional Report "TB in the Americas: Epidemiology, Control and Financing" was elaborated during this period. Two consultants were hired for epidemiological data analysis as well as elaboration of the financial chapter.</p> <p>The document was translated from English into Spanish and the layout and design of the document is being finalized.</p> <p>A scientific article was developed on TB and social determinants of health and is in the process of publication in a scientific journal.</p>	A moratorium was recently placed on publications at PAHO, which will cause delays in its clearance at the organizational level and its printing.	
2.2 Exchange of experiences on quality DOTS promoted and/or strengthened	2.2.1 Assess the TB information and vital registration systems, provide technical assistance and facilitate exchange of experiences to improve them	<p>The sub-regional TB advisor for Central America has been working to incorporate TB in the VIEPI system being developed by the PAHO HA team, which will be rolled out in many countries in the Region in order to improve information systems.</p> <p>In addition, a consultant was hired to elaborate an operational guide for analysis of TB and mortality.</p>	The support of a consultant engineer is needed to finalize the incorporation of TB in the VIEPI system.	It is hoped that including TB in the VIEPI system will greatly help countries in strengthening their information systems and therefore providing accurate data for decision making.
	2.2.2 Support workshops on TB drug's management	<p>A course on anti-TB drug management has been tentatively planned for July 2014 in Colombia and will include the participation of priority countries in the Region. PAHO's Procurement and Strategic Fund colleagues will be involved.</p>	This is an area where countries in the Region continue to struggle; therefore, there is much need for this type of course.	None.
	2.2.3 Develop technical capacity for drug quality control in the drug laboratories of the countries through south-south cooperation with the laboratories of BRA, CHI and URU	<p>Follow-up capacity building activities in TB drug quality control are being coordinated with PAHO's HSS and Strategic Fund colleagues and will take place during the second semester.</p>	None.	None.

Outcome	Activity	Current Progress	Challenges	Remarks
2.3 Exchange of experiences on implementation of TB/HIV collaborative activities supported	2.3.1 Pilot and implement a model of TB and HIV services integration in selected countries	The first two phases of the demonstrative project "Integration of TB and HIV Service Provision to Optimize Management of TB/HIV Co-Infected Patients" in Honduras have been completed with a formative assessment concluded. The integration model(s) design is being developed. Based on the Honduras experience a similar project is underway in Dominican Republic funded with resources from DHSS.	Delays were faced due to logistic difficulties during the data collection phase, the need to revise the consolidation of the data collected by a consultant, and the change of national government in Honduras.	Once the integration model(s) are developed they will be piloted in the coming months. A follow-up visit to Honduras will take place on 6 and 7 May 2014.
	2.3.2 Prepare and conduct an evaluation meeting on the implementation of TB/HIV collaborative activities	The VII Regional Meeting on TB/HIV Collaborative Activities is scheduled to take place on 29 May 2014 in Mexico City, Mexico.	None.	This meeting will be preceded by the Regional Meeting of National TB Program Managers as well as the First Forum on HIV Continuum of Care, both taking place 26-28 May 2014. It will be a great opportunity to have TB and HIV program managers together in one event.
	2.3.3 Provide TA for the implementation of the Regional guidelines on infection control	A pilot implementation of the Regional Infection Control guidelines is underway in El Salvador.	Delays were faced in the piloting due to the need to coordinate with several actors outside of the NTP, limited funding, other priorities in the Ministry and changes of government in El Salvador.	A progress report of the piloting is being developed.
2.4 Capacity building for expansion of programmatic management of MDR and XDR-TB conducted	2.4.1 Develop and conduct a training course for experts on clinical and programmatic management of DR-TB	This course was carried out during Fiscal Year 2 and there is no additional funding for this activity during Year 3.	None.	Several participants in this course have already supported the Regional TB Program in monitoring and evaluation missions.

Outcome	Activity	Current Progress	Challenges	Remarks
	2.4.2 Support capacity building in DR-TB in the Region through rotation of professionals on clinical management within south - south cooperation	Participation of professionals from priority countries will be supported to the Union's International MDR-TB course to take place in the Dominican Republic during the second semester.	None.	None.
2.5 TB laboratory networks' management and new diagnostic technologies implemented and experiences shared	2.5.1 Support for the implementation of technical assistance plans by the supranational laboratories (SNLs) including the introduction of new diagnostic methods	Letters of Agreement and service contracts with the Supranational TB Laboratories of Chile and Mexico will be developed during the second semester. Both laboratories were supported through the end of 2013 through carryover of Year 2 contracts.	The strengthening of the TB laboratory network is key to the progress the Region will make in improved diagnosis and treatment. It continues to be a challenge to support the Supranational Laboratory in Argentina.	The Meeting of the TB Laboratory Working Group of the Americas and the Meeting of the National and Supranational TB Laboratories of selected countries are scheduled to take place on 23 and 24 May 2014 in Mexico City.
	2.5.2 Support workshops on new diagnostic technologies for TB laboratories	Arrangements were done for the Workshop on new TB diagnostic technologies, conducted in Lima, Peru from 31 March - 3 April 2014. Participants from laboratories of Brazil, Chile, Costa Rica, Dominican Republic, El Salvador, Mexico, Panama, Paraguay, Peru, and Uruguay attended and received updated information on TB diagnostics.	Several key countries in the Region were not able to be funded with USAID funds. However, other resources were used to support the participation of Argentina and Ecuador. Participants from Colombia, Guatemala and Honduras were invited but did not receive the authorization to attend.	Results of the workshop will be reported in the annual report covering April 2014 activities.
	2.5.3 Mentorship program for junior laboratory consultants through visits to SNLs and participation in TA missions with experienced consultants	The professional responsible for the national TB laboratory of Colombia did a 3-week exchange with the TB laboratory of Chile from 23 September - 11 October 2013.	None.	Additional mentorships for laboratory professionals will be scheduled for the second semester.
	2.5.4 Technical assistance to strengthen the supranational TB laboratory network	The contract of the P3 professional was extended and continues to work on strengthening the TB laboratory network in the Region.	None.	None.

Outcome	Activity	Current Progress	Challenges	Remarks
2.6 TB elimination efforts in countries with the potential and necessary conditions to achieve it accelerated	2.6.1 South - south experience exchange on successful implementation of TB control towards elimination	There will be a special session on TB and elimination during the NTP managers meeting in Mexico, which will be an opportunity for exchange of experiences among countries in this phase.	As participants from Chile and Uruguay were unable to attend the course at Rutgers University last year, coordination of an exchange experience in TB elimination for these countries is still pending.	Other south-south exchanges will be planned for the second semester. In Montevideo, Uruguay, TB elimination strategies are being incorporated in their plan for the project of TB control in large cities.
	2.6.2 Evaluation workshop of countries on TB elimination phase to share experiences and update plans to accelerate actions	This workshop was carried out during Fiscal Year 2 and there is no additional funding for this activity during Year 3.	None.	None.
2.7 Capacity building on TB operational research in the NTPs implemented	2.7.1 Prepare and conduct a course for development of research protocols in different aspects of TB control	The course for development of operational research protocols is scheduled to take place during the second semester.	The course was scheduled for the first week of May, but will be rescheduled due to a conflict with key WHO staff involved.	None.
	2.7.2 Support development of operational research	Further development of operational research will take place during the second semester.	None.	None.
2.8 Technical capacity at PAHO's Regional and sub-regional levels strengthened through greater human resources and advisory support	2.8.1 Provide technical support to countries through Regional long-term consultants based in WDC	The contracts of the two consultants were extended through the end of the grant period (30 September 2014). Both continue to provide support to the countries via the Regional office.	None.	None.

Outcome	Activity	Current Progress	Challenges	Remarks
	2.8.2 Provide technical support to countries through 2 Sub-regional long-term consultants based in Central and South America respectively	The 2 Sub-regional focal points continue to work in the country offices of Peru and Panama, supporting the South American and Central American sub-regions respectively. Both have been involved in all Regional and country level activities and are supporting extensively with technical assistance to member states, including the projects of TB control in large cities.	None.	None.
	2.8.3 Provide technical support to HAI through a national consultant	The contract of the national professional for TB in the Haiti country office was extended and has continued supporting the National TB Program of the country.		
	2.8.4 Support long term TB fellows to the Regional Program in WDC (11 months)	The two 2013-2014 TB fellows completed their 10-month contracts in January and February 2014. Both have returned to their home countries and are working in the National TB Programs. The selection process for the 2014 TB fellowship was carried out and the new candidate was selected. It is expected that he will begin at PAHO in late April - May 2014.	There were delays in the onboarding process of the 2014 resident, but this has been resolved and he will begin work at PAHO shortly.	None.
	2.8.5 Support short term fellows based in countries (1 month)	These fellowships, funded with carryover from Year 2, will take place during the second semester. Currently candidates are being considered from Paraguay and Suriname.	None.	None.
	2.8.6 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, date to be confirmed.	It has been difficult to schedule this event due to conflicting agendas of the TB TAG experts.	None.

Outcome	Activity	Current Progress	Challenges	Remarks
	2.8.7 Conduct annual planning and evaluation meetings of Regional, sub-regional and national PAHO's TB staff	This meeting was carried out during Fiscal Year 2 and there is no additional funding for this activity during Year 3.	None.	None.
	2.8.8 Support participation of TB staff and consultants in international courses/meetings in centers of excellence and elsewhere	The Regional TB Advisor attended the 44th Union World Lung Conference in November 2013 and was able to present on TB in large cities of LAC, as well as the situation of MDR-TB in the Region.	None.	Airfare was covered by WHO Headquarters.
	2.8.9 Provide technical support to countries through TBTEAM focal point in Santo Domingo	The contract of the P3 professional was extended and he continues to work to support the Region on TBTEAM and Global Fund issues.	None.	None.

3. Success Stories

Strengthening local management in Lima, Peru for tuberculosis control

TB remains one of the most important public health problems in the region of the Americas, with Peru ranking fifth among countries for the highest incidence of TB in the Region, and second only to Brazil for absolute number of cases

It is well documented that the greatest burden of TB in countries is focused in the most vulnerable populations of large cities. In the case of Peru, more than 50% of TB cases, over 60% of the MDR-TB cases, and over 90% of cases of XDR-TB in the country are reported in Lima. The increasing growth rate of urban areas has been attributed to the fact that industrialization attracts the migration of people from rural areas in search of a better quality of life, increased work opportunities and access to improved public services. This leads to accelerated slum formation and an increase of populations living in often extreme poverty, as well as a high degree of marginalization, factors that make them more vulnerable to TB.

In response to the high concentration of TB in large cities, and the epidemiological and programmatic challenges involved, the Regional Tuberculosis Program of PAHO / WHO, with the support of USAID under this Umbrella Grant, has launched the Initiative for Tuberculosis Control in Large Cities. This initiative is in the process of implementation in selected countries in the Region in order to support the strengthening of the TB programs and the attention to social determinants of health through inter-programmatic and intersectoral approaches. In

Lima the implementation has started in the districts of El Agustino and San Juan de Lurigancho, areas with high social vulnerability, a significant burden of tuberculosis and a high level of political commitment to TB control.



Photo: PAHO Peru
Approval by the Municipal Council of El Agustino of the Resolution creating GODISA, establishing priority actions for TB control through interprogrammatic and intersectoral approaches, February 2014

In the district of El Agustino, under the supervision of the National TB Program, this initiative is led directly by the Mayor, economist Victor Rios Salcedo, and Dr. Luis Fuentes Tafur of the Health Department of Lima Este. Together they have achieved a full call to action among all actors involved in TB control in the health sector and related areas. As a product of this call to action and the high level of government commitment to the health of their community the *Gobierno Distrital de Salud*, or GODISA (District Government of Health) was established in February 2014, to strengthen the development of social capital to make El Agustino a healthy, safe, affectionate, and proactive community, all within the context of health reform. This program consists of seven strategic lines: tuberculosis and HIV, growth and development, mental health, cancer and non-communicable diseases, environmental health, human capacities in health, and inclusive pharmacies. The line related to TB and TB / HIV co-infection is considered the main district priority and incorporates all recommendations suggested in the Initiative for Tuberculosis Control in Large Cities.

Civil society has played an important role in this process, specifically the participation of a group of health promotion volunteers called el Grupo de Agentes Comunitarias de Salud de El Agustino. Among other tasks, this group supports the at-home treatment of multidrug-resistant tuberculosis (MDR-TB) in order to reduce the possibility of withdrawal from treatment in some of the most vulnerable zones in the district. They also coordinate social support activities for these patients and their families. In recognition of their work, in March this group received a visit and acknowledgement from the PAHO Director, Dr. Carissa Etienne; the Director of WHO, Dr. Margaret Chan; the Minister of Health of Peru, Dr. Midori de Habich; and the First Lady of Peru, Ms. Nadine Heredia.



Photo: PAHO Peru
Graduation of the health promoters of El Agustino after the training to support at-home MDR-TB treatment, with Vice Minister of Public Health of Peru, Dr. José del Carmen; PWR-Peru, Dr. Luis Fernando Leanes; Mayor of El Agustino Víctor Salcedo; and Director of DISA Lima Este, Dr. Luis Tafur



Photo: Municipal Council El Agustino & DISA Lima Este
Acknowledgement of health promoters of El Agustino with PAHO Director, Dr. Carissa Etienne; WHO Director Dr. Margaret Chan; the Minister of Health of Peru, Dr. Midori de Habich, and the First Lady of Peru, Ms. Nadine Heredia.

As a result of these local-level efforts, TB control indicators in the district of El Agustino have improved significantly, including a reduction of TB incidence, improved treatment adherence, a decrease in mortality, and an improvement in cure rate. To share this successful experience in local management for TB control and the social determinants of health, the mayor of El Agustino was invited to participate with other international authorities in the commemoration of World TB Day held at PAHO/WHO Headquarters in Washington DC on March 21, 2014. The presentation given that day reaffirmed the importance of implementing national guidelines and priorities through innovative local management, with local resources, effectively adapted to local social and political realities.

PAHO / WHO recognizes the support of USAID funding for the implementation of the Initiative for TB Control in Large Cities, which has already started expanding into other districts of Lima, as well as other cities and countries of the Region with funding from their own governments, thereby ensuring the continued efficacy of the initiative.

Moving towards Elimination: Better diagnosis and treatment for malaria patients in Haiti

Haiti and the Dominican Republic are the only countries in the Caribbean where malaria remains endemic. Both countries have taken the decision to embark on the path towards eliminating this disease from Hispaniola. Haiti is now working to ensure that its ongoing projects and collaborations contribute towards that goal.

With USAID support, PAHO has been able to provide Haiti with pivotal technical guidance and expertise to help orient these efforts and maximize resources to accelerate the country towards malaria elimination. As a result of joint assessments and evaluations, PAHO and Haiti's malaria program have targeted malaria diagnosis, treatment, and surveillance (i.e. the Test, Treat, Track, T3 Strategy) as areas that will need focused attention in the coming years to attain malaria elimination.



Photo: PAHO-Haiti
Training of laboratory technicians is key to improvement of diagnosis and treatment for malaria patients in Haiti.

The 46 Haitian surveillance workers trained in the PAHO surveillance workshop which took place 10-13 September 2013 have continued to use their skills to ensure that Haiti's malaria program collects more detailed information than in the past. The Guide for Care and Management of Malaria Patients continues to be the standard by which malaria patients are treated in Haiti, although work remains in terms of expanding its compliance to all health institutions in the country. Regarding diagnosis, PAHO has worked closely with Haiti to improve diagnosis capacities in the country. Currently, less than half of the country's 900 health institutions have functioning laboratories capable of performing microscopy, and that laboratory technicians need improved training in order to move towards eventual elimination.

PAHO has engaged Haiti in participating in the Regional External Quality Assurance Program for malaria microscopy, with the intention of ensuring that malaria microscopy skills trickle down to the department and local level. One such laboratory technician, Ms. Sophia (in photograph), was trained at the Bassin Bleu Health Center in Haiti's Nord-Ouest department in late 2013. She and the rest of her cohort have received intensive training in malaria diagnosis, and are now applying their skills to ensure that malaria patients in her community receive an accurate diagnosis in order to receive free prompt and appropriate treatment. Although available resources are limited, she and others will continue to train others, thus further moving Haiti towards malaria elimination from Hispaniola.