



USAID-PAHO UMBRELLA GRANT AGREEMENT 2016-2021

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MID-YEAR PROGRESS REPORT

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**Pan American
Health
Organization**



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



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**USAID-PAHO Umbrella Project
Mid-term report FY2019**

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

Tuberculosis

Tuberculosis is a preventable and curable infectious disease and yet still a major public health problem in the Region. WHO estimated 24,000 TB deaths and 282,000 cases in 2017 of which 228,000 were reported, leaving a gap of 53,000 cases without diagnosis and treatment. 11% of notified TB cases were co-infected with HIV and 4,084 out of 11,000 estimated drug resistant cases were notified that same year. Five countries (Brazil, Peru, Mexico, Haiti and Colombia) have 70% of the cases while 14 countries have low incidence of less than 10 cases per 100,000 population. TB is concentrated in urban centers and among poor and vulnerable populations.

USAID supports interventions that have been recommended under the End TB Strategy and PAHO's Regional Action Plan for TB Prevention and control. They are meant to address vulnerable populations for TB prevention, control and eventual elimination, and include innovative initiatives such as TB Control in Large Cities and the TB Elimination Initiative. During this reporting period, achievements include:

- Increased involvement from civil society in regional strategy. During the National TB Program Managers' meeting in November 2018, there was a parallel HIV/STI/Hepatitis meeting where several members of civil society were invited, and who started a movement that aims at the elimination of these diseases and tuberculosis. PAHO has been working with PAHO since then to develop a document that will guide their involvement in response to these diseases.
- Guidelines to address key vulnerable groups for TB in the region (indigenous people, prisoners) were drafted in Spanish and peer-reviewed. They are currently being finalized.
- As a result of several regional and sub-regional workshops conducted in the past couple of years (some of them with USAID funding), and the last one conducted in Argentina (October), PAHO is observing better TB drug management, forecasting, quantification, supply planning and early warning in these countries.
- The TB Center of Excellence in El Salvador has become a reference for the region in best practices for TB prevention and control. The effects of the 8th rotation, held in July 2018, can be observed in the positive effects during this semester in the new NTP managers of Mexico, Uruguay, Chile and Costa Rica, who participated in this round. Preparations started for the 9th rotation this semester.
- Epi-reviews have provided a better understanding of the epidemiological situation and information systems in Haiti, Peru, and Brazil conducted last year, and during the one conducted in Guatemala this semester. The reviews have been conducted jointly with WHO to help build this capacity in the region.

Deliverables:

[World TB Day materials](#)

[Regional TB Report 2018](#)

[Translation of TB Patient Cost Survey into Spanish](#)

Reports of TB monitoring visits and Epi reviews, are available upon request.

Malaria

Malaria remains one of the top priority public health issues across the Region. Ministries of Health, supported by PAHO/WHO and other partners, are currently implementing strategies to eliminate the disease. However, the increase of malaria transmission since 2015 due to epidemics in some countries

and re-establishment of transmission in other endemic areas shows the vulnerability of the results achieved.

During the reporting period, PAHO continued to promote the emphasis on key interventions, and National Plans for Malaria Elimination, based on the Diagnose, Treat, Investigate and Respond (DTI-R) strategy. Progress continues in the implementation of microstratification and microplanning to directly address operational problems at the local level.

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

- USAID's support was a catalyst in the incorporation of DTI-R and microstratification strategies in the Regional Malaria Elimination Initiative (RMEI) and Global Fund projects, allowing the expansion of the operational changes malaria programs require on the ground.
- PAHO, with the support of USAID, has incorporated these elements into technical cooperation with the three highest-burden countries in South America (Brazil, Peru, and Colombia)
- In vivo, TES studies are being conducted in Colombia and Guyana to evaluate the efficacy of first line treatment for *P. falciparum*, and to guide strategic policies for the Region and resistance containment initiatives in South America. A study conducted in Brazil in coordination with the CDC will contribute to the discussion on potential changes in *P. vivax* anti-relapse regimens in the Region.
- Haiti is changing policies to provide diagnosis and treatment by community agents to address gaps in diagnosis in the departments with the highest burden, complementing efforts of other initiatives (Malaria Zero and Global Fund)

The following lessons learned were observed in the reporting period:

- The short duration of epidemiological achievements in malaria-eliminating countries (Costa Rica, Ecuador) reinforces the need to maintain technical capacities accounting for receptivity and vulnerability
- Reduction in malaria transmission in Gracias a Dios (HND), Andoas (PER), and La Gomera (GTM) due to implementation of micro-stratification and improvement in access to diagnosis
- Micro-stratification and foci assessment are dynamic processes that continue to provide lessons as they are being conducted in countries
- Close coordination with PAHO country offices was critical to achieve this project's activities
- Catalytic effect of this agreement, contributing to the incorporation of key approaches in the RMEI initiative

The main challenge continues to be the changes in malaria programs' structures and processes and their integration into the health system; along with the weakness of health services' structures and primary health care model for hard-to-reach populations. The implementation of malaria case management at the community level by CHWs is a challenge as health systems' gaps prevent them from being incorporated in a sustainable way. The malaria epidemic in Venezuela overwhelms the country's capacity to respond and continues to be the main epidemiological challenge impeding the achievement of regional goals.

Deliverables

- Manual of malaria stratification and elimination of the transmission in the foci (Draft)
- Honduras patient care protocol published (Document available upon request)
- EQAP 6th round results available [here](#)
- Therapeutic Efficacy Studies results available upon request for Colombia, Guyana, and Brazil. Results will be presented during regional meeting on *P. falciparum* elimination/drug efficacy resistance updates, to be held the week of 12-16 August 2019, and at the next ASTMH 2019.

- Regional Meeting of National Malaria Programs Coordinators in Washington DC on 14-16 November 2018. Report of discussions and conclusions available upon request.
- Malaria consultants roster workshop on 11-12 November 2018. Discussion document with key questions and answers developed and available upon request.
- [World Malaria Report 2018](#) published (Americas data reviewed) and interactive Malaria Statistics
- [Malaria by municipality](#) maps.
- Excel-based case notification and analysis tool is available and can be shared upon request
- [Plan of Action for Malaria Elimination 2016-2020: Midterm Review](#).
- 2018 Malaria Champions efforts: [Suriname](#) and Brazil: [Alto Rio Solimões Amazonas](#) and [Machadinho D'Oeste, Rondonia](#)
- Consultation Meeting on Addressing Malaria in High-burden Municipalities/Regional Malaria Partners' Meeting in Washington DC on 5 November 2018. Report of discussions and conclusions available upon request.
- Partners (including USAID, IDB, CDC, UNF, MZ, CHAI, JHU, MNM, BMGF) indicated strong support for the global / regional approach to address challenges in high-burden areas; and to the proposed "Municipalities for Zero Malaria" movement. Available [here](#).

Neglected Infectious Diseases (NIDs)

Neglected infectious diseases (NID)'s burden is related to poverty and income inequality and as such disproportionately affects vulnerable communities, including certain ethnic groups. It is estimated that 24% of the population of Latin America and the Caribbean (approximately 153 million people) are at risk of NIDs because they live in poverty. The mission of PAHO's NID Program is to provide technical cooperation to strengthen national capabilities to develop integrated plans of action, and implement effective integrated programs, strategies, and interventions to advance towards the elimination (where feasible), or the control of selected NIDs. In partnership with USAID, PAHO has contributed to the progress made in reducing the burden of diseases that can be targeted through preventive chemotherapy (PC), including lymphatic filariasis (LF), onchocerciasis, schistosomiasis (SCH), soil-transmitted helminthiasis (STH) and trachoma.

During this reporting period, key achievements include the increased capacity of Guatemala to improve the S component of the SAFE strategy for the elimination of trachoma as a public health problem. The country is actively searching trachomatous trichiasis cases in its known trachoma-endemic area. Paraguay compiled supporting information to validate that the country is free from trachoma in communities of the Chaco Region. No trachoma cases have been identified in the communities where rapid trachoma assessments have been carried out. Guyana had its second consecutive mass drug administration (MDA) round reaching the minimum expected coverage of 65%. The MDA (DA) drug distribution and mop up were carried out in October-November 2018 in regions 3, 4, 5 and 10. Treatment coverage in these 4 regions varied from 68% to 90%. The overall treatment coverage was 79% (413,784/522,761). A remapping survey to assess the endemicity of Lymphatic filariasis in the six regions with unknown status (1, 2, 6, 7, 8 and 9). The implementation of the survey started in November 2018. Until March 31, 2019, 3026 children were sampled in 23 evaluation units in regions 1, 2, 6, 7 and 9.

Despite these achievements, some challenges continue to affect the success of NID programs: maintaining a strong team of qualified and experienced staff with a diversity of complementary technical and management skills is essential to offer continued, high quality technical cooperation to countries. This is especially given the diversity of diseases in our portfolio and the technical challenges involved in tackling them. At country level, Peru had some challenges in completing the administrative process to receive Zithromax (azithromycin) donation which has delayed the implementation of MDA in their endemic

trachoma area. Due to complex logistics and of financial underestimations, the LF remapping survey in Guyana was postponed in February 2019. In some of the evaluation units in the assessed regions (2, 6, 7, and 9) a mop up is required in order to complete the sample size and the remapping hasn't yet started in regions 1 and 8.

Neonatal Health

Neonatal mortality is the main component of infant and child mortality, mainly due to complications of prematurity, congenital defects, infections and sepsis and asphyxia. The availability of data for surveillance, planning and evaluation constitute a priority line of action, and one which PAHO, through the support of USAID and other donors has been able to provide technical assistance, along with strengthening the capacities and processes that favor access to quality of care with key, evidence-based interventions.

During the reporting period, USAID funding allowed PAHO to provide technical cooperation to countries based on interagency coordination. The annual meeting of the Newborn Alliance and the Conference "Improving Perinatal Care in Barbados & the Eastern Caribbean" were held successfully; and technical assistance and capacity building on auditing and analysis of neonatal and fetal deaths were provided Grenada, as already done in other Caribbean countries under the Umbrella Grant (St Lucia, St. Kitts and Nevis, St Vincent and the Grenadines, Trinidad and Tobago). This successful experience was recently presented in a virtual seminar coordinated by WHO-UNICEF.

The second area of work prioritized during this reporting period is the generation of evidence on caring for newborns, particularly, in the promotion of comprehensive and quality care of extremely small and seriously ill newborns. PAHO completed the mapping of availability and characteristics of birth defects surveillance, along with the compilation of experiences in strengthening capacities in countries: this information was consolidated in a technical document in the reporting period and is scheduled to be published during the second semester, along with the launch of the Regional platform that consolidates the results of surveillance in countries. PAHO also completed the review of evidence and development of recommendations for newborn follow-up: the final publication is scheduled for the second semester. Both products will be of great relevance for the region to advance in the prevention and treatment of conditions highly responsible for the burden of mortality, disease and disability of newborns.

The use of information and communication technologies was key in the implementation of the activities above. The initial results show the importance and potential impact of such an approach. Combined with the interagency work, partnerships with entities such as the World Pediatric Project and the adaptation of the framework of the Neonatal Alliance highlight the importance of work in partnership, identifying new ways of working, and improving the work in strengthening the capacities and alliances in countries.

Maternal Health

Maternal mortality continues to be a problem in the Americas: after a marked decrease in the maternal mortality figures during the MDG-era, some countries that had, in the past, a constant decrease in maternal mortality, started to show increases in their maternal mortality ratio (MMR). Eleven countries increased their MMR, but eight of them (Barbados, Belize, Brazil, Dominican Republic, El Salvador, Mexico, Peru and Venezuela) had significant increases. Several problems have influenced this increase in general, such as political instability and a regional financial crisis, but there are also issues related to the lack of actions focused on the most vulnerable populations that can be summarized in lack of access and poor quality of care. The actions under the USAID-PAHO Umbrella grant, focus on improving maternal health surveillance capacity, promoting the MPDSR framework, and transform the monitoring of surveillance key

indicators as routine, focused not only on measuring averages, but measuring inequities; while improving the technical capabilities of health professionals in maternal health.

Although the virtual course on MPDSR has not yet been completed, the initial impact it has had, among experts on the subject of the United Nations and other organizations, has been very significant. While it had been agreed that the course would first be available in English and then translated into Spanish, financial support has been received for French translation, with special emphasis on Francophone Africa. Technical advisors from the Clinton Health Access Initiative requested that the eight countries of Anglophone Africa where they perform work, be included for the validation test of the course.

The process of creating a regional standard for the measurement of maternal near miss, has been well received by the Ministries of Health of several countries in the Region and especially by the International Federation of Gynecology and Obstetrics, which has offered to collaborate in the process of defining the regional standard. Finally, PAHO's Evidence and Intelligence in Health department (EIH) has agreed to use the indicators in the Regional plan to accelerate the reduction of maternal mortality in regional routine monitoring. This agreement will give sustainability to the process.

Unfortunately, preliminary results of the research carried out on Competency Based Education (CBE) for midwifery teachers, show that the workshops have not had the desired impact and show low process sustainability. It has become clear that certain changes must be made if this strategy is to be successful. Preliminary results of the workforce study for maternal care, carried out in the 10 priority PAHO countries due to their high maternal mortality show the low number of qualified nursing and midwifery human resources in the 10 countries. The academic level of Latin American midwives is still low and if it is intended to improve the quality of care in maternal and perinatal health, support to this group needs to be increased. Likewise, the issue of regulation is key to improving the quality of care provided by midwives, as it has a negative effect on their working conditions and on technical training. Working with midwifery teachers is probably insufficient: we should also consider working with midwifery guilds and especially identify and concentrate our work on midwives who are recognized as leaders by their peers.

Deliverables

[Virtual course on regulation aspects Colegio de Obstetras del Peru](#)

For access, enter the following information:

Usuario: supervisor

Clave; Supervis0r!

Preliminary units of the MPDSR virtual course can be found in the following links:

<http://entregables.tercertermino.com.ar/oms/2018/maternal/clip1/v1/story.html>

<http://entregables.tercertermino.com.ar/oms/2018/maternal/mod2/v2/story.html>

<http://entregables.tercertermino.com.ar.s3-sa-east->

1.amazonaws.com/oms/2019/maternal/clip4/v1/story_html5.html?lms=1

· [Committee - Introduction](#)

· [Preparing a Committee \(Steps 1&2\)](#)

Inequities Across the Life Course

In order to address the persistent health inequities in the Americas, the inter-agency movement *Every Women, Every Child- Latin America and the Caribbean (EWEC-LAC)* has supported the adaptation and implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016- 2030) into the Latin America and the Caribbean context. It catalyzes support for countries in their efforts to deliver

on the targets and goals set in the Global Strategy. The movement focuses on keeping women, children and adolescent (WCA) health equity on top of the political and public agenda; promotes and strengthens country capacity to analyze WCA health inequalities and multi-sectoral determinants, and monitor progress; and promotes and supports country adoption and implementation of pro-equity health policies, strategies, and evidence-based interventions.

During the reporting period, EWEC-LAC launched the Global Strategy for Women's, Children's and Adolescents' Health (2016- 2030) into the LAC context in both English and Spanish. It also held a sensitization workshop on the Accelerated Action for the Health of Adolescents tool in HND as they begin the development of a comprehensive plan for adolescent health. A collaborative two-year work plan between EWEC-LAC and PMNCH has been finalized, including funding from PMNCH. Activities under this workplan would contribute towards accountability efforts at the national level to leave no woman, child and/or adolescent behind. PMNCH invited EWEC-LAC EMC members to participate on their yearly accountability panel scheduled for September of 2019. The movement was also successfully represented by the First Lady of Belize during a high-level Partners' Forum in New Delhi to raise the visibility of EWEC-LAC's work in reducing health inequalities for WAC in the region.

The movement has continuously supported the implementation of Innov8 in Honduras to revise their current adolescent health plan using an equity-based approach. This effort included capacity building workshops with the national team, which is composed of several national agencies. The implementation of Innov8 in Dominican Republic was finalized. As a result of this process, a new national Adolescent Pregnancy Prevention Plan was launched. PAHO will support the establishment of a 2-year operational work plan, as well as an equity-based M&E framework for this plan, both of which will be based on Innov8 findings. The MMWG has developed a work plan in collaboration with Global Experts (Pelotas) in order to reduce duplication of work within the region. The MMWG finalized and approved an equity-based target setting methodology to support countries in LAC in establishing targets for improving health and reducing inequalities, within the GS framework. The MMWG also finalized an indicator list that includes social stratifiers, which will be promoted throughout the Region by EWEC-LAC.

Health Information Systems

Governments require strong information systems for health that provide the data and evidence for formulating sound policies and decisions. In this area, the region has achieved significant improvements: mortality underreporting has decreased from 5.8% in 2008 to 5.1% in 2018, and the coverage and quality of mortality and live births data have improved. Nevertheless, challenges persist to address fragmented information systems, and limited analytical capacities that hinder access to quality data. USAID support allows PAHO to obtain countries' buy-in, conduct assessments and missions, and produce guidelines, model policies, and procedures. The Latin American and Caribbean Network for Strengthening Health Information Systems (RELAC SIS) draws from regional expertise and excellence to facilitate the dissemination of practices and success stories and provides health personnel with access to trainings and forums.

In the framework of the Health Information Systems initiative, launched by PAHO in collaboration with the Caribbean countries in 2016, several partners agreed to work together to strengthen national initiatives to "leave no one behind". Country buy-in has increased following three sub-regional meetings (for the Caribbean, Central and South America) and evaluation missions to 15 countries, during which PAHO experts applied the IS4H maturity assessment tool to identify gaps and formulate recommendations. In the last six months, USAID resources allowed PAHO to continue supporting Caribbean health officials to implement adjustments to their systems and formulate strategies, policies,

plans, and tools that contribute to quality health data and information. Following PAHO dialogues with the Interamerican Development Bank (IDB), the IDB has committed to prioritizing IS4H. Moreover, countries must first complete the IS4H maturity assessment as a precondition for IDB loans for the health sector. This has resulted in the IDB investing in strengthening health information systems in Jamaica and Suriname. Continued dialogues with the IDB were instrumental in forging this partnership which is expected to contribute to greater commitment to IS4H investments in the future.

The RELACSIS network continues to facilitate PAHO's fostering of South-South and triangular technical cooperation. Argentina and Mexico are leaders in the Region in terms of quality and coverage of vital statistics, with Mexico's CEMECE (a PAHO/WHO Collaborating Center for FIC) as a key partner in sharing best practices for the intentional search and reclassification of maternal deaths (BIRMM, by its Spanish acronym) methodology. USAID support has allowed PAHO to help showcase Mexico's example through both virtual and in-person trainings, including the regional workshop in Mexico in November 2019. Several countries have adopted this methodology over the past years, resulting in more robust data on maternal mortality. Evaluation missions are scheduled for later this year to Honduras, Paraguay, and Peru to provide with additional training as they seek to ensure every maternal death is captured.

As a lesson learned, The RELACSIS network made a conscious effort to integrate its technical areas of work with the IS4H framework, in the spirit of the PAHO Plan of Action for Vital Statistics 2017-2022. This has opened new opportunities to include topics such as personal identification numbers and other recommendations that will in turn contribute to more robust vital statistics data. Moreover, the integration of IS4H experts with experts in vital statistics data and systems has enriched conversations both within the RELACSIS coordination team and among Member States. This is a positive example of the benefits from leveraging existing networks and platforms for new areas of work instead of creating parallel systems.

Deliverables:

RELACSIS Network featured in the WHO publication, "[Promoting Health through South-South and Triangular Cooperation: Selected WHO Country Case Studies](#)."

RELACSIS virtual sessions can be accessed at the [RELACSIS website](#).

Information on RELACSIS courses can be accessed [here](#).

[Videos](#) available on the RELACSIS portal

Recent discussions on the "Dr. Roberto A. Becker" forum can be found [here](#).

Sessions and webinars are available online at this [link](#)

Links to the BIRMM webinar can be found at this [link](#).

Information on the [II Regional Workshop on the Intentional Search and Reclassification of Maternal Deaths](#) in Mexico City, Mexico from 7-8 November 2019

Health Systems Strengthening

Access to Medicines and Health Technologies

The inefficient and sometimes inadequate processes for selecting cost-effective quality assured products, the misuse of medicines and limited financing impedes the access to safe, effective and quality assured medicines and hence affects Universal Health in Guyana and Paraguay. Additionally, weak national supply management systems and lack of effective programming and planning represent a hurdle to ensure continuous availability of public health supplies. USAID support aims to strengthen health information system to monitor the quality, provision, access, and use of medicines within the Guyana and Paraguay health systems and with an emphasis on the vulnerable populations. Specifically, improving the national

information systems, selection processes, demand forecasting, and the supply chain to prevent stock-outs and/or overstocks.

During this reporting period, an assessment of the availability of tracer medicines used in maternal child health care was completed at 33 primary health care facilities in Guyana. Data was collected for forecasting of medicines and medical supplies for 2020. Over 300 pharmacy staff received training in LMIS, and 13 pharmacy personnel were trained in Quantimed to facilitate the calculation of pharmaceutical needs. In Paraguay, PAHO supported the development of a supply system of medicines and essential supplies roadmap with a participatory methodology. Updating of the list of essential medicines, LME and LIME supplies started in this period, where one of the main requirements is setting up the Ministerial Pharmacotherapy Committee, responsible for this process and the review of inclusions and exclusions.

Continuous supervisory visits, after capacity building shall ensure the correct utilization of the six LMIS ledgers to improve adequate quantity and quality of priority essential medicines available at the point of service and improve accountability of medical supplies achieved with the validity of the quantity used through proper record keeping. Both Guyana and Paraguay reported that human resource limitations at all levels of health system negatively impacted logistics management. Lack of supervision by the regional authorities and shortage of pharmacists and pharmacy assistants placed burden on the prescribers who also must dispense, maintain the records and work at more than one health facility.

Health systems and Financing for Health

As countries in the region of the Americas continue health sector reforms for improving equity of access and efficiency, it is necessary to have a regional reference framework for measuring progress of policies aimed at strengthening health systems and achieving universal health. Many countries in the region are facing considerable fiscal pressures that may impact continuity and sustainability of provision of adequate health services. Several country governments in the region have undertaken health systems reforms with the explicit goals of improving access to health services and health outcomes. USAID support allows PAHO to provide technical assistance in country implementation of M&E through the use a regional reference framework for measuring progress of policies aimed at strengthening health systems and achieving universal health.

During the reporting period, PAHO worked with national authorities in Dominican Republic and Peru to apply the Monitoring Framework for Universal Health. Preparatory activities, including identification of data sources and individuals have started and PAHO missions to countries have been arranged to be completed before July 2019. PAHO continued supporting the national authorities for developing health systems profiles in the Dominican Republic, Peru, and The Bahamas. Draft health system profiles are expected to be completed by July 2019. PAHO completed a study on fiscal space for health in Suriname and presented the results to national authorities. In addition, PAHO conducted a review of conceptual frameworks and implementation modalities of National Health Insurance (NHI), to support Caribbean countries in the discussion of this type of institutional arrangements for the financing of health systems. Direct technical support was provided to countries: to The Bahamas, in the review of the NHI proposal; to Peru on payment systems to integrated health networks, in collaboration with experts from University of Berkeley; and to the Dominican Republic, with a study on rates of hospital procedures. Follow up to these initiatives is ongoing.

Monitoring universal health requires strong information systems and processes in place at the national level. Data collection and analysis consumes more time than anticipated. In addition, having a monitoring framework tool alone is not enough to address deficiencies in current national M&E systems. It is essential

to strengthen the governance of monitoring systems and make greater investments to effectively analyze and monitor universal health policies, as well as other programs and activities in the health system.

Human Resources for Health

The major challenge of Human Resources for Health in the Americas is the deployment of primary health care inter-professional teams and basic specialists serving vulnerable populations in underserved areas. Factors such as the public's high level of expectations, the increasing cost of health care, the recognition of social and environmental determinants of health and the rampant inequity and poverty are further calls to become more socially accountable. Despite a growing worldwide momentum in favor of the concept of social accountability and some outstanding achievements to implement it, there remains a large gap between good intentions and institutional transformations. USAID's support aimed to help advance the social accountability movement in the Region.

PAHO participated in the XXI Pan American Conference of Medical Education (Colombia, 23-26 March 2019) and collaborated in the development of the Cartagena Declaration on Medical Education and Social Accountability. Workshops and presentations on tracking of medical students, community health workers development, implementation of the ISAT instrument, and inter-professional education have been accepted by The Network: Towards Unity for Health (TUFH) 40th Anniversary Congress (Social Accountability: From Evidence to Action), to be held on 10th-13th September 2019 in Darwin-Australia. (<http://thenetworktufh.org/>)

TOPIC 1: TUBERCULOSIS

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
Key Personnel: Rafael Lopez Olarte (CDE/HT)					
Outcome 1.1 Increased country capacity for integrated patient centered TB care and prevention, with emphasis in populations in situations of vulnerability					
Principal intervention 1.1.1 Strengthen the capacity of national TB programs (NTPs) for integrated prevention and care of TB and MDR/XDR-TB					
1	Conduct National TB Program (NTP) monitoring missions to selected countries	Mission reports available	National TB monitoring visits to high burden countries: Colombia (1-5 Oct) and Mexico (15 - 19 Oct)	The TB monitoring visit to Brazil that was postponed from the previous FY, could not be re-programmed until the new government was in place.	The TB monitoring visit to Brazil is scheduled for 8-17 April. Reports from Colombia and Mexico monitoring visits are available.
2	Provide technical support on specific TB topics to countries upon request	Mission or activity report available	Followed up after monitoring visits to high burden countries, especially with new authorities during a regional workshop in Mexico City in mid-March		Technical support on childhood TB planned to respond to a request from Chile for April.
3	Hold Regional Meeting of NTP and TB laboratory managers to monitor implementation of the End TB Strategy and share experiences	Meeting Report	The Regional NTP and TB laboratory managers' meeting was conducted in Guatemala City (19-21 Nov) with participation of 22 countries, key partners and civil society representatives.		Meeting report available.
4	Conduct a capacity building workshop on forecasting, quantification, supply planning and early warning of TB drugs for pending countries	Training implemented	A workshop was conducted in Argentina with participation of Chile, Bolivia and Argentina (1-4 Oct).		Participants from Bolivia were funded by PAHO.

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
5	Support the participation of TB professionals from countries on the international TB courses held jointly by The Union-PAHO: TB epidemiology, and DR-TB	Courses delivered	Three participants from Mexico, Panama and Chile are supported to participate in the coming The Union-PAHO epidemiology TB course in Lima on 8-12 April		
6	Support implementation of operational guidelines on TB in indigenous peoples in selected countries	Guidelines implemented	Consultant hired to provide this support and in planning process for visits to 4 countries (BRA, COL, GTM and PGY) between May and June.	Coordination of dates with all those involved in each country can be a challenge.	
7	Support implementation of operational guidelines of TB control in prisons in selected countries	Guidelines implemented	Consultant hired to provide this support and in planning process for visits to 2 countries (COL and SLV) between and May and June.	Coordination of dates with all those involved in each country can be a challenge.	
8	Development of regional operational guidance on TB / Diabetes Mellitus, validation with experts and conduct a regional workshop.	Guidelines developed, validated and implemented	Consultant hired and started the development of guidelines.		Guidelines expected to be ready by end of June.
9	Conduct a regional meeting on TB in indigenous people and Afro-descendants	Meeting report			Planned for June
10	Document TB/HIV integration and conduct an updated situation analysis on the implementation of TB/HIV collaborative activities - publication in peer review journal	Article published	Article developed and in final review.		Expected to be published on second half of the year.

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
11	Develop a short regional TB report 2018 for the UNHLM in NY and the TB regional annual report 2019	TB reports completed	TB regional report developed and distributed for the UNHLM in 2018.		TB report 2019 will be developed starting in May.
12	Commemoration of World TB Day	Materials developed and distributed to countries	Materials (posters, mouse pads, pins and bags) developed and distributed to countries. Infographics, fact sheets and other visual materials available in PAHO's website.		
13	Conduct a regional TOT training for architects and engineers on TB infection control	Training implemented	TOT training in planning process to be conducted in El Salvador	Delays on definition of dates with host country	
14	Develop, translate, finalize and distribute TB technical documents to support implementation of the End TB Strategy	Documents translated, edited, printed and distributed	Several WHO documents translated or in process of being translated into Spanish, among them Tuberculosis Patient Cost Surveys, Compendium of WHO Guidelines, Roadmap on Childhood TB, and new DR-TB guidelines.	Delays in final revision of translations.	
Principle Intervention 1.1.2 Reinforce PAHO's technical capacity at regional and subregional levels through greater human resources and advisory support					
1	Technical cooperation to countries through TB advisors, USAID-PAHO TB fellowship program, and administrative support	Positions hired/sustained	P3 TB advisor position sustained as well as half time of P2 administrative support. Selection process of P1 fellow underway.	Delays in hiring process for P1 fellow	

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
2	Support the participation of TB regional staff in international meetings and conferences (WHO meetings, Union conference, HIVHep, ACENCAI and others)	Travel and meeting reports	Participation in The Union Conference in The Hague (24-27 Oct) and in congress of the Pediatric Pneumological Society in Dominican Republic (8-11 Nov)		Planned participation in API, IAS and ALAT Congress in the coming months.
3	Support the meeting of the Childhood TB regional group	Meeting report	The process of membership renewal for the regional Childhood TB in discussion		The meeting is planned for August once the group has been renewed.
Outcome: 1.2 Regional innovative initiatives and research for TB prevention and control strengthened and developed					
Principle Intervention 1.2.1 Expand the initiative for TB control in large cities, focusing in hotspots, and developed or adopt new innovative initiatives					
1	Conduct monitoring visits to cities implementing the Initiative of TB control in large cities	Travel reports	Monitoring of cities implementing the TB control in large cities initiative was conducted as part of the TB monitoring visits to COL and MEX, as well as during visits to URU and PGY. It is planned also during the TB monitoring visit to BRA.		TB control in Buenos Aires has continued based on the methodology developed in the previous USAID grant, even though not supported directly by USAID.
2	Conduct visits to introduce the Initiative of TB control in large cities in new cities	Travel reports	Initial discussions ongoing in Santiago and Panama City.	Delays in coordination with CHL, CRI and PAN delayed the introduction of the initiative.	
3	Support the development of the studies required to implement the Initiative of TB control in large cities in new cities	Studies completed			Pending until introduction visits are completed

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
4	Develop a pilot a strategy that expands the Initiative of TB in large cities to other communicable diseases (HIV and Hepatitis) and pilot it in selected countries	Strategy developed			Planned for Q2 2019
5	Conduct a workshop on TB operational research with national research networks from high burden countries	Workshop delivered			Planned for Q2 2019
6	Support the TB Center of Excellence for the Implementation of the End TB Strategy in El Salvador and two rotations of TB staff from selected countries	Rotation reports	Specialized technical support to strengthen the Center of Excellence in SLV. Planning of 9th rotation underway for 6 to 10 May		A second rotation planned for Q3 2019
7	Support for the initial development of the Center of Excellence for DR-TB in Peru and support for two rotations of DR-TB focal points from priority countries	Rotation reports	Discussions with the new authorities of the Ministry of Health underway.	Approval process has been reinitiated due to change in the Ministry of Health authorities in early 2019.	
8	Develop an online course in English and Spanish on The Essentials for the implementation of the End TB Strategy	Online course available	Consultant hired to develop the materials.		
9	Conduct a workshop on TB information analysis	Workshop delivered			Planned for July 2019

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
10	Support implementation and documentation of the ENGAGE-TB approach in pilot countries	Pilots documented			A TOT workshop on ENGAGE-TB is being developed with WHO and partners to facilitate the implementation of this approach in the Region in July.
11	Conduct a meeting to develop a strategy for TB and migrants and do follow up	Meeting report			Planned for Q3 2019
12	Support a facilitator workshop for consultants leading Epi-reviews in the Region and support these studies in selected countries	Workshop delivered	Planning underway to conducted jointly with WHO in May.		
13	Support the implementation of studies on Catastrophic Cost due to TB in selected countries	Studies supported	Development of protocols underway in COL and SLV	Delays in the development of protocols by countries.	
Principle Intervention 1.2.2 Accelerate progress towards TB elimination in low incidence countries					
1	Conduct a meeting for low TB burden countries on elimination	Meeting report	Planning underway to conducted in May in CRI		
2	Conduct monitoring visits to countries implementing the TB elimination initiative	Monitoring reports available			Visit to CRI planned for May and to Chile in Q3
3	Develop materials that will facilitate the implementation of the Declaration from the UNLM on TB	Materials developed and distributed to countries	Consultant hired to review all National TB Strategic Plans according to the Declaration from the UNHLM on TB		

TOPIC2: MALARIA

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
Key Personnel: Roberto Montoya and Maria Paz Ade (CDE/VT)					
Outcome 2.1: Increased country capacity towards universal access to good quality malaria prevention, integrated vector management (IVM) interventions, malaria diagnosis and treatment.					
Principal Intervention 2.1.1. Support countries towards universal access to good quality malaria prevention, integrated vector management (IVM) interventions, malaria diagnosis and treatment.					
1	Support country capacity to strengthen malaria case management interventions. [Regional]	Workshop reports available, personnel trained and case management guidelines updated	Case management guidelines under review for updates in BRA, COL, CRI. Case management guidelines updated in HND and DOM. Case management tools for CHW updated in PAN, PER. Refreshment training for MSD (malaria service deliverers) of SUR and revision of their work plans on April 8-10, 2019	Changes in the way the MOH-HND contemplates guidelines led to delay in adoption in standard formats set by them, as well as the discussion surrounding primaquine treatment (double dose for 7 days)	HND patient care protocol published.
2	Support procurement of emergency stocks of anti-malarials for the regional warehouse [Regional]	Quick response to potential outbreaks and stocks out prevented	Support provided to member countries in emergency scenarios, with imported cases and to prevent stock-outs. Monthly reports available.		Currently procurement in process, as part of the joint procurement through PAHO Strategic Fund, for 2019-2020
3	Support countries to improve malaria diagnosis capacity with the implementation of an External Quality Assurance Program (EQAP) for malaria diagnosis [Regional, HND, PER]	Slide panels developed and shipped to participant laboratories. EQAP results published.	Panels prepared for 7th round with supranational laboratories in HND and PER. Slide panels cross-checking between the two supranational labs for quality control purposes in March. EQAP 7th panel shipped to 23 participant laboratories (Mid-April).		6th round report available here .

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
4	Conduct Regional and in-country trainings to follow up on results from EQAP for malaria diagnosis and standardize QA procedures with participant countries [Central America and South America]	Microscopists certified, country missions reports, QA country guidelines developed	Following up previous in-country trainings at the end of FY2, malaria diagnostic and QA guidelines reviewed in DOM. BRA is planning a refresher training for microscopists using WHO materials. A regional certification workshop is scheduled in May, at InDRE. A training workshop was implemented for the <i>tecnologos medicos</i> to strengthen diagnosis network at regional level and increase diagnosis capacity in the malaria foci.		WHO materials for microscopy trainings will be translated to Portuguese. In-country NCAMM (National Competency Assessments on Malaria Microscopy) will be implemented in several Central American countries using IREM funds as soon as available (expected in May). This activity will support regional trainings for PAHO/WHO certification of core microscopists and NCAMM in South American countries.
5	Support countries on standard use and expansion of diagnosis capacities using RDTs, including selection and quality control procedures [HND, BRA, NIC, PAN, COL, BUY, DOM, PER, SUR, *ECU]	Recommended selection criteria for procurement shared and trainings on RDT use implemented RDT implementation reports	Support provided for specificities in RDTs selection, implementation and QA processes (COL, DOM, GUY, PER, ECU, BRA, HND, TTO, and PAN). Reviewed materials for CHW training on use of RDTs and treatment in PAN. A short video for wide dissemination of how to use the rapid tests acquired by PNCM in BRA is planned.		WHO Malaria Rapid Diagnostic Test Performance. Summary results of WHO product testing of malaria RDTs: round 1-8 (2008–2018) shared and available here .
6	Support surveillance with molecular markers to determine the current extent of <i>P. falciparum</i> populations with deletions of the Histidine-rich protein 2 (HRP2) and Histidine-rich protein 3 (HRP3). [Central America, South America, BRA, COL]	HRP2/HRP3 deletion results from selected countries	Blood samples collected on filter paper from several CA countries through <i>P. falciparum</i> resistance routine surveillance. Finalization of the HRPR-2 protocol to be implemented in COL, (4 municipalities and 10 sites; moving to national ethical approval). Discussion with the NMCP to carry out visits to the sentinel sites to evaluate the implementation of the WHO protocol in BRA. On a study site in ECU,		Training of Brazil's malaria team in May on the WHO protocol to start activities in the second half of 2019

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
			deletion of gene found in 15% of 100 samples.		
7	Support implementation of national therapeutic efficacy studies to evaluate first line treatment for <i>P. falciparum</i> and <i>P. vivax</i> [COL, GUY, BRA, PER]	Efficacy study results shared	Attended meeting in PER on possible needs of country for drug efficacy studies for <i>P. falciparum</i> and options (February). Finalized the therapeutic efficacy study to evaluate first line treatment for <i>Pf</i> in COL. 89 patients were included in the study at baseline, 2 were lost to follow up, and 3 withdrew. Total patients per protocol and for the analysis 84, from those without PCR correction 1 LCF, and 83 ACPR. Samples are being analyzed by PCR at CDC (April - May 2019). BRA study completed in February: data will be presented during TAG. GUY TES study completed for site #1 Georgetown with 99 patients enrolled, 12 withdrew and 3 lost to follow-up. Finalizing inclusion patients in site #2 port Kaituma, also selected samples from Georgetown are currently undergoing QA at CDC and molecular analyses are conducted at the PAHO/WHO Collaborating Center Inst. Pasteur, Cayenne.		Well implemented studies in COL, GUY and BRA. Results will be presented during regional meeting on <i>P. falciparum</i> elimination/drug efficacy resistance updates (August 2019), and at ASTMH 2019.
8	Support country study to understand G6PD deficiency status. [COL]	G6PD deficiency status reported	New protocol to determine G6PD deficiency under development. Pending analyses, sample design (the sites to be included in the study) and the entity that will operationalize this study.	National Authority changed due to new government. The change of key counterparts delayed the implementation of this pilot. Technical counterpart developed a protocol oriented to establish	

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
				prevalence in large areas while the regional program promoted the objective of identifying clusters of higher prevalence.	
9	Randomized control trial to establish evidence for empiric retreatment in <i>P. vivax</i> patients (NEW) [BRA]	Epidemiological evidence on re-treatment efficacy in <i>P. vivax</i> malaria and impact	Preliminary discussion with potential implementer (Fundacao de Medicina Tropical de Manaus). The decision of performing the study was postponed based on the findings of the PQ study done in Brazil	Due to results from in vivo study in Brazil (3 arm study) PAHO will submit to TAG a proposal for increasing PQ dose in Amazon countries. With that new context the relevance of retreatment will be discussed during the TAG meeting, also as part of the discussion about the use of MDA in <i>P. vivax</i> .	
10	Pilot interventions to improve adherence to treatment and pharmacovigilance as recommended by the PAHO Malaria TAG [BRA, COL, PER]	Interventions to improve treatment adherence and pharmacovigilance developed and implemented	Finalization of the adapted protocol for COL. Pending the sites to be included in the study and the approval of national authorities in order to begin implementation. Activities in BRA on the regional pharmacovigilance project started. Trips to align activities with the municipality of Manaus, State of Amazonas and Tropical Medicine Foundation. Educational material informing the adverse effects of antimalarials in press (Portuguese).	Although standard protocol approved by the PAHO ethics committee, the project must be submitted to CONEP in Brazil for clearance.	

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
11	Improve operational aspects of use and management of LLIN (implementation of guidelines developed in 2017) [Regional]	Development of strategic approach (continued) for the implementation of LLINs within the National Malaria Plans. Reports on implementation of Regional guidelines (2017).	A meeting of experts was organized in PER and the LLIN guidance document was revised, the need for a guidance document on IRS was assessed.	Given the recent publication of WHO Guidelines on vector control, the LLIN guidance document has not been finalized. It will be finished in second semester of 2019.	
12	Support gap analysis and country strategic paths for improving coverage in IRS and LLIN [Regional, BRA, COL, PER, GUY, SUR]	Technical report and analysis with NMP and experts available	Preliminary updates from the LLIN meeting in PER were shared with Directors of National Malaria Programs at a Regional meeting in November.	The chapter on monitoring the use, durability and coverage required further discussion because most international recommendations are for countries that use large quantities of LLINs. Use of operational studies based on LQAS sampling and other strategies are being considered.	Expected to be finalized in second semester of 2019. BRA is planning a training in June-July 2019.
13	Design tailored approaches for vector control in key malaria foci [Regional]	Reports of recommendations for vector control interventions in prioritized foci.	Broad dissemination of a regional approach aimed at characterizing and organizing the response at the malaria foci level. The characterization of foci is being promoted in all countries. The initial approach prioritizes diagnosis and treatment, but the approach includes the local analysis for decision making in vector control. Bionomy studies and analysis on interventions selection already done in 14 foci in Escuintla (Guatemala)	In approaching the foci, the priority has been to organize diagnosis and treatment. Organizing the platform for approaching the foci before analyzing the aspect of vector control has taken a lot of time.	Entomological surveillance guidance will be developed in accordance with the WHO Manual for Malaria Surveillance, which promotes similar approaches to the framework developed during RAVREDA/AMI initiative (sentinel sites, longitudinal observations, foci investigation) A meeting to define the vector control component in IREM scheduled for June 2019

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
14	Improve supply chain management of health products, including anti-malarials [Regional, PER]	Antimalarials country quarterly reports developed	4th quarter of 2018 report including information from nine countries developed. Data for first quarter report of 2019 in process.		On a yearly basis calendar
15	Support malaria staff [Regional]	Staff hired	Staff in place		

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

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

1	Improving outbreak response and strengthening surveillance at local levels [Regional, NIC, DOM, COL, *ECU, PER, SUR, TTO, HND, BRA, GUY]	Travel reports and response plans available	Needs assessments of municipalities in outbreak situations in BRA, including training in clinical management of malaria in Roraima, Rondônia, Pará and São Paulo. Tools developed to assist in case management and training. TTO supported to analyze situation of imported cases and guidance on case management. Technical inputs to TTO on priorities for managing current situation based on WHO recommendations for Prevention of Reestablishment. Supported TTO in RDTs procurement process. Two TTO senior microscopists included in next certification workshop. Assessment in COL border areas with VEN to guide timely detection and case management in coordination with local actors. Support to DOM to understand transmission in main foci to contain cases increasing in La Cienaga. Support to MOH response.		Ongoing discussion with TTO to provide collaboration in micro-stratification exercises in 2nd semester 2019
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No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
2	Development of microstratification plans with tailored strategies promoting “early detection, timely investigation and prompt response”, [BRA, GTM, HND, PAN, GUY, PER, SUR, COL, NIC, BEL, *ECU]	Micro-stratification (including foci identification) plans at national and subnational level	<p>Prepared draft manual on micro-stratification. Country consultant roster trained on micro-stratification in November. Support was provided to multiple countries (BRA, COL, HND, GTM, PAN, DOM, ECU) in micro-stratification. In GTM, PAHO provided local support for implementation of micro-plans in Escuintla. In COL continuous technical cooperation from PAHO consultants in 5 high-burden malaria municipalities in the Pacific Coast (Guapi, Buenaventura, Tumaco, Quibdó) and the VEN Border (Cumaribo) working together with local health authorities, to reduce and eliminate key foci.</p> <p>Web-based training conducted for MOH-Guyana.</p> <p>Developed draft article based on the micro-stratification methodology used in HND, to be submitted to a journal by June 2019. Materials translated to Portuguese in Brazil</p>	<p>The NMCP in BRA must follow implementation strategy, with agreement of the three levels of government.</p> <p>The strategy will be presented at the national Evaluation meeting in May 2019</p>	<p>DOM activities included under 2.2.1.2 and 2.2.1.3 as a follow up from activity 2.2.1.1 for the need to micro stratify to understand foci transmission.</p>

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
3	Provide trainings at local level to improve quality of case and foci investigation in countries, including plans for foci characterization and response and the implementation of microstratification plans [PER, BRA, SUR, GUY, GTM, HND, PAN, COL, BLZ, *ECU, CRI]	Training and field visit reports and guidelines available	<p>National Surveillance protocol revised and updated in PER and DOM. Malaria notification and investigations forms revised in HND.</p> <p>Training in Bogota regarding the implementation of the Diagnose-Treat-Investigate and Response (DTI-R) Strategy including foci characterization and response and the implementation of microstratification plans. The plan was started in 5 high-burden malaria municipalities in the Colombian Pacific Coast (Guapi, Buenaventura, Tumaco, Quibdó) and the Venezuelan Border (Cumaribo).</p> <p>Two trainings carried out in BRA on the DTI-R strategy: a national level one with NMP team and a second one with the municipal supporting team (apoiadores). Support provided to PAN on data analyses to understand foci characterization.</p>		DOM activities included under 2.2.1.2 and 2.2.1.3 as a follow up from activity 2.2.1.1 for the need to micro stratify to understand foci transmission.
4	Support subnational verification processes to evaluate the malaria surveillance systems beyond the EMMIE countries [BRA, *ECU, SUR, PER]	Report of progress in subnational verification processes	Brazil started the development of a document/guideline for subnational verification following WHO guidelines on malaria certification		

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
5	Update Regional and Global database to support preparation of a Regional malaria report and online dashboards [Regional]	Updated database and Regional report developed	2017 Malaria data published in the World Malaria Report 2018. PAHO surveillance website updated with latest information. Developed Regional Report for 2017 which will be published in April 2019. Geospatial information at subnational level from previous years standardized and published online.		World Malaria Report 2018 published Interactive Malaria Statistics updated Malaria by municipality
6	Support strengthening of epidemiological analysis including the use of tools like nominal and relational data bases [GUY, NIC, BRA, COL, PER, SUR]	Travel and implementation reports available	An Excel-based case notification and analysis tool was developed and implemented in several countries. BRA is planning a workshop for data analysis using Tableau. Support to COL to improve information processes in 5 municipalities including localities' codification and mapping, reporting of suspected cases, and automation of basic analysis with Tableau for decision process at local level. SUR developed ToR to update guidelines for epidemiological surveillance and started WHO and MOH collaboration to implement DHIS2		Excel-based case notification and analysis tool is available and can be shared upon request (free for public use).
7	Support Malaria Staff [Regional]	Staff hired	Staff in place		

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

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

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
1	Update / consolidate national malaria strategic/elimination plans in select countries [BRA, COL, *ECU, GTM, DOM, PER]	Country mission reports National Malaria Elimination Plan developed/updated	Provided support to update the BRA Malaria Elimination Plan and to develop the Subnational Verification process guidelines (including the national committee and protocol). National Malaria Elimination Plan developed in DOM. Support to the MOH in COL in analysis and strategic discussions for the elimination of malaria and its inclusion in the RMEI initiative. The National Operational Plan includes the approaches promoted by PAHO. Malaria included among the health policy priorities of the current government in COL.		French Guiana (the last endemic territory in the Region that still doesn't officially commit to malaria elimination) recently communicated interest to request for support / inputs in consolidating their malaria elimination plan. Regional Malaria team and corresponding focal points will be engaged accordingly.
2	Inclusion of malaria case management into the health system (Continuation of approach started in 2017) [Regional, PAN, *ECU, COL, BRA, SUR, PER, DOM]	Regional guidelines developed and disseminated. Reports on country specific processes	Surveillance protocol developed in DOM, including delivery of malaria case management through the health system. Local trainings in COL included participants from the health system to strengthen malaria case management. The approach in COL is aimed at managing solutions within the health insurance system and health service providers in five municipalities. Panama NSP for malaria elimination developed with the inclusion of malaria case management into the health system.		PAHO malaria team is engaged in the ongoing process of developing the PAHO Elimination Framework: A Policy for an Integrated Sustainable Approach to Communicable Diseases (and other conditions) in the Americas. This effort focuses on, among others, the delivery of integrated health services through stronger health systems and networking of services. Technical cooperation at the local level in COL should make it possible to identify regulatory barriers by mid-2019.

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
3	Finalization and publication of the Regional Malaria M&E Plan [Regional]	Regional Malaria M&E Plan developed and disseminated	Progress report on the Plan of Action for Malaria Elimination 2016-2020 has been prioritized and presented during the 56th PAHO Directing Council. Report contained progress on all plan impact and process indicators.	The Regional Malaria M&E Plan was regarded by the Malaria TAG as an internal PAHO document which will be primarily useful for PAHO, and may not need to be disseminated extensively	
4	Monitoring regional and national elimination plans [BLZ, CRI, SLV, *ECU, SUR, Regional]	Monitoring report	Malaria elimination subnational verification protocol under development in BRA. Planning of on-site visits in two municipalities in BRA. Alignment of the strategy to the reality and heterogeneity of transmission. Progress report on the Plan of Action for Malaria Elimination 2016-was presented at the 56th PAHO Directing Council. Report was well received by countries and contributed to reinforced commitment of countries, including those preventing malaria re-establishment. Developed methodology for consistency evaluation of zero case reporting and sub-registration of cases in countries close to elimination or in sub-national verification processes. Methodology initially adapted for the Regional Malaria Elimination Initiative (RMEI) from the EMMIE Data Verification Process, but it is intended to be used in subnational levels in South American countries		Plan of Action for Malaria Elimination 2016-2020: Midterm Review. Available here .
5	Support Malaria Staff [GUY]	Staff hired	Staff in place		

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
Principal Intervention 2.3.2 Support countries on strategic advocacy, communications, partnerships and collaborations.					
1	Support 2018 Malaria Day in the Americas [Regional]	Best practices shared from the finalists of the award	Malaria Day in the Americas was celebrated on November 5, 2018 (Consultation Meeting with High Burden Municipalities / Partners' Meeting) and November 6, 2018 (Malaria Day Forum / Champions Awarding ceremony) in WDC, during which >120 people participated from at least 12 countries, 18 partners institutions, and members of the diplomatic corps.		The 2018 Malaria Champions are: • SUR: MoH Malaria Program Suriname. Video available here • BRAZIL: (Alto Rio Solimões Amazonas): Controle da Malária em Áreas Indígenas. Video available here • BRAZIL: (Machadinho D'Oeste, Rondonia): Machadinho D'oeste a Caminho da Eliminação. Video available here .
2	Support preparation of 2019 Malaria Day in the Americas (including field visits to nominated countries) [Regional]	Field visits - videos and meeting minutes available	Brainstorming and planning session with key partners regarding Malaria Day 2019 and other advocacy / communications platforms completed as of March 2019		2019 Malaria Day activities will start after the launch and integration of the "Municipalities for Zero Malaria" to the Malaria Champions on World Malaria Day (April); filming missions for the 2019 Malaria Champions are scheduled for July and August
3	Coordination of partners meetings and workinggroups [Regional]	Meeting reports available	Consultation Meeting with High Burden Municipalities / Partners' Meeting convened on November 5, 2018 as part of the 2018 Malaria Day in the Americas activities		Partners (including USAID, IDB, CDC, UNF, MZ, CHAI, JHU, MNM, BMGF) indicated support for the global/ regional approach to address challenges in high burden areas; and to the proposed "Municipalities for Zero Malaria" movement. See here .
4	Manage TAG operations and roster of consultants, including TAG Secretariat activities and follow-up actions [Regional]	Roster of consultants and operational procedures developed	Malaria TAG composition approved by PAHO Director (3 new members; 6 continuing members); PAHO malaria focal points and roster of consultants convened in WDC (November 2018) for a training on microstratification	Malaria TAG meeting was postponed pending updates from WHO-GMP regarding several key malaria topics	Malaria TAG scheduled for May 29-31, 2019 in Washington D.C.

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
5	Promote key local actors involved in specific actions for malaria elimination in high burden municipalities and foci [DOM, COL, BRA, NIC, PER, GTM, GUY, Regional]	Meetings reports available	Consultation Meeting with High Burden Municipalities/Partners' Meeting convened in Nov 2018 as part of the 2018 Malaria Day in the Americas activities. The regional program is coordinating efforts to articulate technical cooperation delivery with advocacy efforts in municipalities with greatest burden		Seven key municipalities from Brazil, Colombia, Guatemala, Haiti, Honduras, Peru, and Venezuela indicated strong support for the global / regional approach to address challenges in high burden areas; and to the proposed "Municipalities for Zero Malaria" movement. Available here .
6	Support Malaria Staff [Regional]	Staff hired	Staff in place		
Principal Intervention 2.3.3 Support countries on focused efforts and tailored approaches to facilitate malaria elimination and prevent re-establishment in malaria-free areas.					
1	Implementation of WHO malaria elimination framework at national and subnational level [BLZ, BRA, COL, CRI, DOM, ECU, SLV, GTM, GUY, HND, NIC, PAN, PER, SUR]	Reports of progress in country implementation at national or subnational level	Technical cooperation to implement elimination strategies in 5 high-burden malaria municipalities in COL Pacific Coast (Guapi, Buenaventura, Tumaco, Quibdó) and the COL-VEN Border (Cumaribo). Technical support to develop COL National Malaria Strategic Plan 2018-2022 with elimination strategies included. Elimination subnational verification protocol under development in BRA. Development and planning of on-site visits in 2 municipalities in BRA. A National Elimination Strategic Plan was developed in DOM and PAN, where microstratification is key. Progress report on recommendations to achieve elimination developed in ECU and CRI.		Continuous presence and technical cooperation of PAHO staff in 5 high-burden malaria municipalities in the Colombian Pacific Coast (Guapi, Buenaventura, Tumaco, Quibdó) and the Venezuelan Border (Cumaribo) that work together with local health authorities. PAHO local office as a member of the malaria working group of the country.

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
2	<p>Technical support to malaria control and elimination in key foci including tailored approaches for vulnerable populations. [BRA, COL, PAN, PER, NIC, *ECU, SUR, GTM, HND, BLZ, SLV, GUY]</p>	<p>Technical mission reports developed</p>	<p>Technical cooperation through personnel at municipality level to implement strategies towards malaria elimination in 5 high-burden malaria municipalities in the Colombian Pacific Coast (Guapi, Buenaventura, Tumaco, Quibdó) and the Venezuelan Border (Cumaribo) including tailored approaches for vulnerable populations. A gap exercise implemented in PAN with participation from public, private and other institutions having malaria delivery services to understand key foci and specific needs to reach vulnerable populations.</p> <p>Training and monitoring plan for community health agents in diagnosis and treatment of malaria in the towns of Caballito and Puerto América, District of Morona (Loreto - PER). ECU updated the response to foci (Taisha, Aguarico, Orellana Loreto, Esmeraldas, Tulcan y San Lorenzo). Follow-up on two active foci (Antonio do Brinco and Benzdorp) and support in prevention activities in the gold mining population of 2 foci in the border with French Guiana (Yaw Pasi and Gaakaba).</p>	<p>Most of the foci in the Peruvian Amazon have difficulties in accessing diagnosis and treatment. The MoH agreed to revitalize the role of "agentes promotores de la salud".</p>	<p>Activity in Peru with indigenous communities had complementary support from Canada</p>

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
3	Support the implementation of the Plan of action for prevention of artemisinin resistance in the Guyana Shield [BRA, GUY, SUR]	Intercountry and border activities implemented Case detection and management strategy for mobile populations designed based on Suriname experience	<p>PAHO continues to participate in the Malakit pilot project meetings and discussions (convened by BRA, FGU, SUR); Key artemisinin resistance studies are on-going.</p> <p>GUY National Malaria Program Review in coordination with Global Fund.</p> <p>In SUR, strengthening of epidemiological surveillance as a key intervention (each case of malaria in SUR should be investigated), adjustments in new case definitions, and corrections in case management. Stratification and update of the foci map (complementary with stratification workshop supported by WHO). Creation of malaria Task Force in SUR (technical advisory committee). Production of malaria newsletter that is shared with national actors and with neighboring countries. Training in use of QGIS software. Planning of training of MSDs in elimination in April 2019.</p> <p>At the Regional Meeting with the coordinators of the National Malaria Programs in 2019, the needs and commitment of PAHO to intensify actions towards the elimination of Pf in the Guiana Shield were emphasized.</p>	Guiana Shield meeting had to be postponed due to more urgent priorities	Guiana Shield meeting will be combined with the Pf Elimination Meeting, tentatively scheduled for the week of August 12-16, 2019

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
4	Follow-up on local and national efforts towards the elimination of malaria, including national and regional initiatives towards elimination of <i>P. falciparum</i> malaria [BLZ, BRA, COL, DOM, GUY, NIC, HND, PAN, PER, *ECU, SUR, GTM, SLV, CRI]	Visits and meetings reports available	Regional meeting with National Malaria Coordinators held in WDC in November 2018. Reviewed BRA malaria elimination plan, with milestones, case monitoring based on micro-stratification strategy, and identifying priority areas for <i>P. falciparum</i> elimination. DOM's NSP focused on Pf elimination. Attended a meeting in Loreto, PER to analyze situation and advance with malaria zero plan towards elimination of Pf as intermediate goal. Deep analysis on malaria case management network focus on access and workload. The foci of Esmeralda is the last foci with <i>Pf</i> transmission in ECU, and its response plan has been updated.		A Pf Elimination Meeting, tentatively scheduled for the week of August 12-16, 2019
5	Support Malaria Staff [Regional]	Staff hired	Staff in place		
Outcome 2.4: Increased country capacity to strengthen malaria prevention and control activities towards elimination in Haiti					
Principal Intervention 2.4.1 Support country capacity to strengthen malaria prevention and control activities towards elimination in Haiti.					
1	Increase country capacity to strengthen malaria activities in Haiti (GF technical assistance for malaria in Haiti) [HTI]	Staff hired	P4 Advisor in Haiti search continues, interviews scheduled in April. The post is being covered by an international consultant who collaborates with PAHO-HQ and country team in national level support and the country's malaria Global Fund grant; support to the malaria challenge in Sud; and completion of case management assessment missions in 5 priority communes in Grand Anse.		Technical support / guidance is provided by P4 Advisor / international consultant while corresponding activities are financed primarily by Malaria Zero

No.	Activity	Products/ Deliverables	Progress during current period	Challenges	Remarks
2	Increase country capacity to strengthen malaria activities in Guyana (GF technical assistance for malaria in Guyana) [GUY]	Staff hired	<p>The search process for the P4 Advisor post in Guyana has been completed and just awaiting official notification by HR to the successful candidate. Meanwhile, the position is currently being covered by a temporary international advisor (short-term professional) who coordinates with PAHO-HQ in continuing national level support on implementation of key lines of action and the country's malaria Global Fund grant; antimalarial drug resistance surveillance activities; malaria program review, among others. Attended the technical meeting of the Transboundary Malaria Project -BRA-GUY-SUR-FRA (Malakit/Belem/Brazil)</p>		<p>Technical support to the country's Global Fund malaria proposal development process was initiated in December 2018 and is currently on-going.</p>

3. NEGLECTED TROPICAL DISEASES

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
Key Personnel: Santiago Nichols (CDE/VT)					
Outcome 3.1: Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of neglected, tropical, and zoonotic diseases					
Principle Intervention 3.1.1: Support countries in the development and implementation of integrated projects, programs, strategies and plans of action for control and elimination of NID					
1	Provide on-going technical cooperation to support the development and implementation of integrated national and/or subnational NID plans of action, strategies and interventions towards the prevention, control and elimination of NID.	Regional NID specialist hired	The professional hired from February to July 2019 contributed to strengthen the capacities of PAHO's Regional NID Program in order to provide high quality technical cooperation to countries.		
2	Implement one round of MDA for trachoma in Peru	Report of the implementation of the MDA round in the focus of trachoma in Loreto Department	PER is working on microplanning needed for the implementation of the MDA. The Ministry of Health is Working with the International Trachoma Initiative to get access to the Zithromax donation. MDA is scheduled to be implemented between August and September 2019	The MoH delayed the revision and signature of the MoU with ITI to get the Zithromax donation due to a complex internal process to review and approve de MoU. If the MoU is not signed timely, the implementation of the MDA might be delayed.	

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
3	Expand SAFE strategy in the Amazon foci of Colombia	Report of the progress of Colombia on the implementation of the SAFE strategy	COL is planning to carry out MDA in at least one foci of trachoma in which these funds will be used.		
4	Support Honduras for the implementation of the integrated vaccination and deworming campaign	Results of integrated campaigns available	HND is planning its annual integrated vaccination and deworming campaign, which will be implemented in the second or third quarter of 2019.		
5	Support Belize for the implementation of the integrated vaccination and deworming campaign	Results of integrated campaigns available	The deworming campaign will be carried out in the second quarter of 2019.		
6	Support Honduras in the implementation of integrated operational NID plan	Results of implementation of NID plans available	HND developed the first integrated plan in the region and it will implement actions to control and eliminate NIDs based on this plan.		
7	Support Paraguay in the implementation of integrated operational NID plan	Results of implementation of NID plans available	PGY developed a plan to use these funds and is implementing activities based on the plan.		
Principle Intervention 3.1.2: Strengthen regional and national capacities to improve and sustain efforts towards control and elimination of NID					
1	Support Guatemala to collect information to support the elimination of trachoma in areas not	Report on the progress of the elimination in GTM in areas	GTM is planning to carry out trachoma rapid assessments in areas outside of Solola between July and August 2019.		

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
	known to have trachoma as part of the elimination process	different from the focus in Solola			
2	Regional Meeting to boost efforts for the control of soil-transmitted Helminth infections (STH) in the Americas	Report of the meeting	This meeting was cancelled. It will be carried out in 2020		We request authorization to use these funds to carry out a meeting with countries of the Amazon basin to establish a roadmap to tackle trachoma.
3	Implement a survey (household and school based) to assess the current status of schistosomiasis transmission in Dominican Republic and Antigua and Barbuda (school-based)	Report on the results and lessons learned of the schistosomiasis survey in Dominican Republic and Antigua & Barbuda	Schistosomiasis survey protocol in DOM will be submitted for approval by the National Ethics Committee and by PAHO's Ethics Review Committee (PAHOERC). Field work is expected in August to September 2019. The protocol for the survey in Antigua and Barbuda was approved by the National Ethics Committee and reviewed by PAHOERC. Observations were made to the protocol to which the researchers have not yet responded.	The timely approval of the protocol is crucial for the timely implementation of the study.	
Principle Intervention 3.1.3: Scale up and maintain high coverage of integrated preventive chemotherapy through the implementation of surveillance, monitoring and evaluation actions for NID, including the compilation of dossiers for verification of elimination of NID					
1	Provide technical cooperation in the area of NID related epidemiology	Regional NID epidemiologist hired	The epidemiologist hired from January to May 2019 contributed to strengthen the capacities of PAHO's Regional NID Program to provide high quality technical cooperation to countries for data analysis and M&E.		

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
2	Training of health workers to strengthen capacities on trachoma to carry out trachoma rapid assessments and trachoma surveys in Peru, Paraguay, Colombia, Guatemala, El Salvador, Guyana using new technologies such as photographs and 3D goggles	Report of the regional training of graders of trachoma		Trachoma rapid assessment protocol has been updated by the Regional NID program. The updated version included the use of Tropical Data platform. The updated version will be used in a refresher training for trachoma field teams in PGY. The training workshop for several countries will need to be rescheduled.	We request authorization to reprogram these funds: PGY needs additional funding to complete trachoma rapid assessments (~\$20,000). GTM may need additional funding to support active search of TT cases and start working in the protocol for the validation survey in two known endemic districts (~\$15,000)

LYMPHATIC FILARIASIS ELIMINATION IN GUYANA

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
1. Re-mapping of LF transmission in Guyana (Prevalence survey in Regions I, II, VI, VII, VIII and IX)					
1.2	Appoint a survey coordinator, Field Supervisors and field work teams per region.	Survey coordinator and field work teams formed	Completed. Survey coordinator started in August 2018		
1.7	Implementation of the survey including data analysis	Data collected and analyzed	The implementation of the survey started in November 2018. Until March 31, 2019, 3026 children were sampled in 23 Evaluation Units (EUs) in regions 2, 6, 7 and 9.	The sample size was not reached in most of EUs in regions 2, 6, 7 and 9. Mop up required. Costs for the field work were higher than expected. Mapping needs to be finalized in regions 1 and 8.	The field work should resume in May and is expected to be completed by the end of June 2019.
1.8	Preparation of the report and discussion of results	Survey report	This will be prepared once the survey is finalized.		
2. Implementation of MDA-2018 in Regions III, IV, V and X					
2.8	Mop up / Monitoring Coverage exercise/Data Quality Assessment	Mop up and MDA reports	The MDA (DA) drug distribution and mop up were carried out in October-November 2018 in regions 3, 4, 5 and 10. Treatment coverage in these 4 regions varied from 68% to 90%. The overall treatment coverage was 79% (413,784/522,761).		
2.9	Data analysis, preparation of the country report and evaluation meeting	MDA report	A draft report of the MDA 2018 is available.		

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
3. Implementation of MDA 2019 using IDA in all endemic units: (Regions I, II, VI, VIII and IX) + Interventions Units identified in re-mapping survey implemented in 2018					
3.1	Preparation of the LF elimination plan using IDA in GUY	Plan of LF elimination using IDA	Developed in the second half of 2018. The plan was reviewed and approved by Guyana's Ministry of Health.		
3.2	Provide technical support for the implementation of IDA in GUY	Progress Reports	This is an ongoing activity which started in the FY2019 Q2 and will continue at least until the end of the FY2019 Q4.		
3.3	Review and adjust the planning guidelines for the MDA-2019 campaign	Planning guides IDA	In progress; will continue during FY2019 Q3. An acceptability assessment protocol is being developed.		
3.4	Review and adjust the training materials for personnel at all levels	Training materials	In progress; will continue during FY2019 Q3.		
3.5	Recording and reporting forms adapted for data to be collected using mobile technology	Data collecting forms and Apps	In progress; will continue during FY2019 Q3.		
3.6	Elaborate the plan for drug storage and distribution	Plan of storage and distribution	Planned for FY2019 Q3		
3.7	Adjustments to the advertising campaign in TV, radio and news papers	Communication materials	In progress. Will continue in FY2019 Q3 and Q4.		

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
3.8	Review the social mobilization plan	Social mobilization plan	In progress. Will continue in FY2019 Q3 and Q4		
3.9	Request of Ivermectin/Dec/ALB donation.	Request documents	Completed. Procurement of donated drugs in progress		
3.10.	Provide planning, logistic and supervision support	Supervision reports	To start in FY2019 Q3		
3.11	Strategic microplanning at national regional and local level	One microplan in each HC and Regional microplans	To start in FY2019 Q3		
3.12	Social mobilization campaign	Social mobilization materials	Planned for FY2019 Q4		
3.13	Training of the national, regional and local teams	Teams trained in all IU	Planned for FY2019 Q4		
3.14	MDA distribution strategies according to microplanning	MDA distribution plan	Planned for FY2019 Q4		
4. Establishment of the Post-MDA Evaluation Strategy in Guyana					
4.1	Training on assessment of impact of MDA (spot checks/ sentinel sites/TAS)	Trained teams	This activity will be postponed prioritize the finalization of the remapping survey.		
4.2	Develop a protocol for pos MDA evaluation and identify sites to be included as sentinel sites	Protocol for Pos-MDA evaluation	This activity will be postponed prioritize the finalization of the remapping survey.		
4.3	Request donation of FTS cards for surveillance	FTS cards	This activity will be postponed prioritize the finalization of the remapping survey.		

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
4.4	Spotcheck/sentinel site evaluation in regions 3,4,5 and 10	Spot check and sentinel site functioning	This activity will be postponed prioritize the finalization of the remapping survey.		
4.5	PRE TAS evaluations	PreTAS report			
5. Strengthening of the LF Morbidity Management and Disability Prevention Program					
5.1	Training workshops for health care providers on managing morbidity and disability in endemic Regions	HW trained	Health workers at the central level (Georgetown) are trained on MMDP		
5.2	Estimation of the burden of chronic Lymphoedema and Hydrocele across all endemic regions	Burden of LF estimates	This activity will be postponed prioritize the finalization of the remapping survey.		
5.3	Situation analysis of the health care provision of services for LF chronic patients.	Situation analysis report	This activity will be postponed prioritize the finalization of the remapping survey.		
5.4	Provision of MMDP services to affected populations in the endemic Regions	Number of facilities providing services	This activity will be postponed prioritize the finalization of the remapping survey.		
5.5	Training workshops and follow up of health care providers on managing morbidity and disability in endemic Regions	HW trained	This activity will be postponed prioritize the finalization of the remapping survey.		
6. Technical cooperation support					

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
6.1	Provision of technical support to the implementation of the overall national strategy for LF elimination and to design the monitoring a evaluation plan post - MDA	Technical reports	PAHO will continue to provide technical cooperation to Guyana's LF elimination program.		

4. NEONATAL HEALTH

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
Key Personnel: Pablo Duran (CLAP)					
Outcome: 4.1 Increased access to interventions to improve the health of women, newborns, children, adolescents, and adults.					
<i>Strengthening Neonatal Health Plans and Implementation of Evidence-based Interventions</i>					
Principle Intervention 4.1.1: Update and strengthen national operational plans for neonatal health in countries within the framework of global and regional strategies					
1	National workshops for the estimation of goals and trends in neonatal mortality and analysis and auditing of neonatal deaths with a focus on measuring inequalities	The workshops will be conducted in coordination and according to methodology agreed with HA, EWEC-LAC	A national workshop has been conducted in Grenada. Experts from Caribbean countries already trained (St. Lucia and Barbados) joined the technical group as facilitators. The methodology was presented to national authorities and the review process of neonatal deaths and stillbirths was implemented. Expected results were achieved, national experts received training; recommendations on improving results on neonatal mortality and stillbirths were discussed with national authorities.	The workshops in the remaining two countries will be coordinated during the second semester.	
Principle Intervention 4.1.2: Strengthening implementation, as well as monitoring and evaluation, of specific evidence based interventions					
1	Completion of repository of technical materials in newborn health	Virtual Platform with repository of information on newborn care available.	The final design and content were completed	Need to identify the platform to be used.	The process is estimated to be completed by the end of the year.

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
2	Edition, design and publication of a Clinical Practice Guideline for monitoring newborns in critical conditions	Final document edited and disseminated	Completed the systematic review. Held two virtual meetings with methodological and technical members of the expert group. The guide is in final preparation stage, expected to be ready by early May.		Once the first draft is ready, a survey and virtual meeting will be organized in order to validate and finalize the guide. Editing, design, printing and dissemination will follow.
3	Coordination and facilitation of Neonatal Conference in Barbados	Training provided	The conference was delivered. It has been a very important technical activity, contributing to improving quality of care to newborns in the Caribbean countries.		Activity completed with the highest quality.
Strengthening Perinatal Health Surveillance					
Principle Intervention 4.1.3: Strengthen clinical information systems, neonatal and fetal death audits and surveillance on specific components (birth defects) and strengthen the use of information generated through neonatal information systems					
1	Edition and publication of the technical document on lessons learned, current situation and challenges related to birth defects	Document edited and disseminated	Completed and translated the final document, which was presented and discussed in December in Washington DC and was the main information presented to LAC countries (English and Spanish) during the webinar commemorating World Birth Defects Day 2019.	Legal and administrative (ISBN number) issues are pending. Once granted, design and printing will be completed.	This document has been well received by countries, stakeholders and managers as a key document in the design and implementation of birth defects surveillance in countries.
2	Consolidation of the regional platform for birth defects	Available platform with data reported by countries with a congenital defect surveillance system	Completed platform design. The mapping of the availability and characteristics of the birth defects surveillance systems has been the main source of information for the design. Completion of field testing provided final inputs. The tool is ready for the implementation.	The main challenge is expanding the number of countries having national surveillance systems. The next step will be to launch data collection corresponding to 2018.	The activity will be completed once the remaining Y3 tranche is received.

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
Principle Intervention: 4.1.4 Strengthen the use of information generated through neonatal information systems					
2	Support logistics for annual meeting of the Regional Neonatal Alliance and post-meeting actions	1. Meeting delivered 2. Key activities to be determined post-meeting supported	The meeting was conducted, and it was critical in strengthening the work on alliances. Evidence has been presented and discussed on improving quality of care for newborns. Global and regional strategies were presented and discussed	How to continue to support to a functioning Regional Alliance. Based on the availability of resources, it may be useful to relay on virtual activities rather than face to face activities.	

5. MATERNAL HEALTH

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
Key Personnel: Bremen De Mucio (CLAP)					
<i>Maternal Morbidity and Mortality</i>					
Outcome 5.1: Strengthened policy dialogue in maternal health at the regional and national level to reduce maternal morbidity and mortality					
Principle Intervention: 5.1.1 Monitor the Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity (2011-2017) to accelerate reduction of maternal mortality and severe maternal morbidity and support development and implementation of the new plan					
1	Support the collection of information on maternal health indicators on the platform	Annual report of selected maternal health indicators	Started technical conversations with colleagues from PAHO's Evidence and Intelligence for Action in Health (EIH) department, to agree on which indicators will be routinely collected, and included in the Regional Plan to accelerate the reduction of maternal mortality.	The work plan is evolving slower than expected, due to the work overload of the EIH department. However, we are not yet planning on re-scheduling this activity.	
Principle Intervention 5.1.2: Support development and implementation of best practices and innovations in maternal mortality monitoring and response					
1	Develop online training course to promote actions of response to maternal death in the framework of MDSR implementation	Online course available in English	The course is expected to be completed by the end of May. During the first half of June it will be submitted for validation in English-speaking countries and launched in July 2019.		PAHO virtual campus agreed to upload the course once it is finished. In March, PAHO was invited to present the course at the meeting of the global working group on MPDSR. PAHO has also been invited to present the course in Women Deliver, in a satellite meeting on MPDSR

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
2	Dissemination of the online course on MDSR in English Speaking Countries. Translation into Spanish and dissemination in Spanish Speaking Countries.	Online course available in Spanish	The course in English will be launched in July and once the course is launched in English, the Spanish translation will begin and will be available in September 2019		
Principle Intervention 5.1.3: Support the regional network of sentinel hospitals for maternal health surveillance and research.					
1	Implement protocol on severe maternal outcomes surveillance	Report of one year protocol implementation	The protocol is being implemented in health institutions of reference in the CLAP Network. The results will be available in August 2019.	Incorporating institutions in the CLAP Network for monitoring maternal near miss has been complicated. 2 hospitals from HND, 1 from the DOM, 1 from COL and 1 from GTM are participating. Another challenge is to improve the quality of the information collected, especially in GTM and DOM:	
2	Creating a regional consensus for the monitoring of the maternal near miss.	Design a proposal and validate it with ministries of health, partners and experts.	A survey on maternal near miss monitoring situation was sent to all countries and territories in April. The draft of the first consensus document proposal is being prepared and will be discussed with the Working Core Group on maternal near miss, which will meet in July in PAN.		

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
3	Capacity building to improve maternal quality of care by providing feedback to trained CLAP network hospital coordinators related to data records and selected regional indicators	Monitoring Reports to measure quality performance	The main maternal health problems presented by the institutions of the CLAP Network have been analyzed. The baseline of maternal health indicators that are intended to be improved has already been established. The contents for the webinar are designed. The virtual trainings will take place FY2019 Q3 and Q4	There are challenges to get a high participation of health professionals from the institutions invited to participate in the courses and to improve the process of care of pregnant women.	
Principal Intervention 5.1.4: Extend regional and countries awareness and use of updated maternal health recommendations and guidelines					
1	Disseminate Managing Complications in Pregnancy and Childbirth (MCPC) guidelines at regional level among key health professionals	MCPC guidelines translated into Spanish. One regional key stakeholder meeting to communicate main updates of the guideline.	MCPC 2 nd edition manual presented at the FIGO World Congress in October, BRA; and at the ICM regional congress in November, PGY. Together with other WHO recommendations for the care of pregnant women, it will be presented at a GTR activity in Panama in the first week of July.		
2	Adaptation, translation (when required), and dissemination of WHO guidelines and recommendations at regional level through regional existing meetings and in health facilities of the CLAP Network.	Recommendations on ANC, Intrapartum Care, Obstetric emergencies, etc., disseminated	With funds from other partners, WHO recommendations on antenatal care for a positive pregnancy experience and WHO recommendations for intrapartum care for a positive childbirth experience were translated and edited in Spanish. They will be presented in July (PAN).		

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
Midwifery					
Outcome 5.2: Strengthened midwifery in Latin America and the Caribbean					
Principle Intervention 5.2.1: Support Competency Based Education (CBE) and its expansion within countries					
1	Translation and adaptation for English speaking Caribbean Countries (methodologies and tools to prepare a workshop on evaluation processes)	Methodologies and tools available in English	After the evaluation workshop in Spanish, PAHO realized the materials needed adjustments, which have taken more time than initially planned. We expect to finalize the preparation of all materials in May.		
2	Conduct a regional capacity development workshop on the application of evaluation processes for lead midwife teachers (from previous activity)	Workshop implemented and report available	Workshop with midwifery teachers in TTO was initially planned for May, but had to be delayed to July.		
3	Follow up of CBE new processes in the region through an online survey related data for document preparation	Survey report completed	WHOCC of Midwifery from Chile is developing the survey, which will be sent to countries in July.		
Principle Intervention 5.2.2: Contribute to the implementation of the ICM Midwifery Regulation Toolkit in selected countries					

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
1	Promoting country actions to change Midwifery regulations	Situation analysis and status report	Only PER requested support in this area. The Peru's Obstetricians College received technical and financial support to develop virtual training courses in regulation which are available on their site .	It has been extremely complex to get midwives to understand the scope of regulatory processes. We will continue to attempt to accelerate cooperation processes, but progress may not be achieved.	We will likely reschedule activities or discuss with USAID whether we should maintain this activity.
Principle Intervention 5.2.3: Support collaboration between national and regional midwifery associations from the region and globally					
1	Facilitate participation in regional and/or global meetings of key midwives from selected organizations (WHOCCs, FLO, etc.)	Trips report available	Only partial support was provided for the participation of the Director of WHOCC of Midwifery from Chile at the FIGO world congress in Rio de Janeiro-Brazil in October 2018		

6. INEQUITIES ACROSS THE LIFE COURSE

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
EWEC-LAC					
Key Personnel: Isabel Espinosa (FPL)					
Outcome 6.1: EWEC-LAC Technical Secretariat supported to ensure a successful implementation, monitoring and evaluation of EWEC-LAC work plan activities					
Principle Intervention 6.1.1: EWEC-LAC Technical Secretariat supported to ensure a successful implementation, monitoring and evaluation of EWEC-LAC activity					
1	Support the staff of the Technical Secretariat (EWEC-LAC Coordinator and Program Officer) to implement, monitor, and evaluate work plan.	2 regional positions hired, and retained through life of project	The 2 positions have been filled. Contracts have been obligated with funds until July		
Outcome 6.2: Increased number of countries applying an institutional approach to reducing inequities in RMNCAH					
Principle Intervention 6.2.1: Support countries in applying an institutional approach to reduce inequities in RMNCAH					
1	Compile a list of evidence based multi-sectorial and health specific interventions to improve women's, children's and adolescents' health in the context of LAC.	1) Final report of multi-sectorial and health specific interventions in health services, national programs and in the community to address adolesc. pregnancy and MH; 2) summary document; 3) final executive summary; 4) presentation on key findings	1. CHILD HEALTH: This consultancy is being led and financed by PAHO. TORs are being finalized. 2. ADOLESCENT HEALTH: This consultancy is being co-led by UNFPA, GTR and this grant. The TORs were divided into two phases, where phase 1 will be fully financed by UNFPA and GTR. Phase 2 will be fully financed by this grant. We are now in the process of starting phase 2 of this consultancy. 3. NEONATAL HEALTH: This consultancy is led and financed by UNICEF and IDB. Document in final stages to be shared for revision.		

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
2	Making an investment case for narrowing the equity gap in WCAH in LAC	<p>1. A review of cost-effectiveness analysis that have been carried out at the global level</p> <p>2. A developed model that would work for our region to make the investment case for child, adolescent and/or women's health.</p>	UNICEF and the World Bank are co-leading this activity. They are developing the ToR and identify the consultant. The TS is working with activity leads to provide them with relevant studies and to identify funding for this activity and the consultant.		
3	Conduct a regional and national gap analysis of multisectoral, equity and evidence based policies to promote women, children and adolescent health in selected countries in LAC.	1) A document describing and identifying equity and evidence based policies to promote women, children and adolescent health	PAHO leads this work. The consultant has been hired and is working on the TOR which includes developing draft work plan and methodology. This product should be finalized by FY2019 Q4.		
4	Conduct a mapping exercise and analysis of tools, instruments and methods that can be used by countries to address social inequities in women's, children's and adolescents' health in LAC.	1. A compendium of tools, instruments and methods that can be used by countries to address social inequities in women's, children's and	PAHO leads this activity. The consultant has been hired and is currently working on completing the first phase of the TOR (which includes developing draft work plan and methodology). This product should be finalized by FY2019 Q4.		

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
		adolescents' health in LAC.			
5	Identify and document good practices that could be replicated and/or scaled up to address social inequities in women's, children's and adolescents' health in LAC.	1. A compendium of good practices that could be replicated and/or scaled up to address social inequities in women's, children's and adolescents' health in LAC.	PAHO leads this activity. The consultant has been hired and is working on the development of the first phase (which includes developing draft work plan and methodology). This product should be finalized by FY2019 Q4.		
6	Conduct a mapping exercise of regional and national initiatives/actors/groups that are working towards women, children and adolescent health equity	1. A report identifying regional and national initiatives/actors/groups that are working towards women, children and adolescent health equity	PAHO leads this activity. The idea is for this work to be completed by an intern to be hired by the Secretariat. This mapping exercise will complement the activities above (#1-5). This product should be finalized by the FY2019 Q4		
7	Develop a final report to promote multi-sectoral equity and evidence-based policies, strategies and interventions and the regional, national and local levels.	1. A final report combining all the above information to have an overview of recommendations to address equity gaps in WCAH	Leading agency has not been decided yet. This consultancy is expected to start when the activities above (#1-6) have been completed.		

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
		policies, strategies and interventions finalized and shared			
8	Disseminate a package of selected tools , instruments and methods to countries to be adapted for the reduction of WCAH inequities	Selected countries supported to implement and scale-up evidence- based interventions to reduce WCAH inequities	<p>The Secretariat, in collaboration with PSIWG and MMWG co-chairs, presented on INNOV8, AHSBA and MEET (Methodology to Establish Equity-based Targets) to:</p> <ul style="list-style-type: none"> - PMNCH Global Secretariat; - PAHO offices in > 15 countries in LAC; SE-COMISCA requested a webinar on these tools to elevate this work to a political level 	It has been a challenge to find funding for the restricted countries in LAC, as many of them are the ones that have reached out to the Secretariat to receive support to implement equity instruments in their countries. The TS has continued to mobilize resources and we have had member agencies step up to finance these activities.	
9	Support countries in the implementation and scaling up of selected tools, instruments and methods to reach populations living in vulnerable conditions		<p>1. Innov8 has been implemented in DOM and the process was finalized. As a result of this process, a new national Adolescent Pregnancy Prevention Plan was launched. PAHO is currently working to support the establishment of a 2-year operational work plan, as well as an equity-based M&E framework for this plan, both of which will be based on Innov8 findings.</p> <p>2. Innov8 is currently being implemented in HND with the</p>		

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
			financial support of the other agencies.		
10	Facilitate regional and country policy dialogue amongst key stakeholders on addressing women's, children's and adolescent's health inequities	Dialogue with key national stakeholders regarding next steps to address WCAH inequity established	Country policy dialogues among inter-sectoral stakeholders have been held in both DOM and HND, through the implementation of Innov8.		
11	Articulate an integrated comprehensive monitoring framework to assess progress in addressing social inequities in WCA health in LAC	An integrated comprehensive accountability mechanism developed, disseminated, and operationalized	This work is led by MMWG through their list of indicators; through their virtual modules to monitor health inequalities; and through their equity-based target setting methodology. PSIWG will complement this work with qualitative measures. A discussion is still pending regarding the specifics of this activity.		
12	Coordinate accountability approaches/structure with PMNCH		A collaborative work plan between EWEC-LAC and PMNCH is under discussion. Activities would contribute to the accountability efforts at the national level to leave no woman, child and/or adolescent behind. In addition, PMNCH have invited EWEC-LAC EMC members to participate on their yearly accountability panel scheduled for September.		

Metrics and Monitoring Working Group (MMWG)

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
Key Personnel: Antonio Sanhueza (EIH)					
Outcome: 6.3 Increased number of countries applying an institutional approach to the measuring and monitoring of inequalities in reproductive, maternal, neonatal, child and/or adolescent health					
Principle Intervention 6.3.1 Provide technical cooperation to countries to enable and empower them to analyze data using health inequality measures at the national and local level					
1	Technical cooperation (missions and sub regional, national workshops) to 7 Caribbean and 2 South American countries to support the development of national health inequality reports	7 National health inequality extended reports completed 7 MOH participants from the Caribbean trained 7 national MMWG groups established in targeted countries	PAHO will convene a sub-regional meeting for the Caribbean between June and July 2019. Coordination is underway with collaborators from the University of Pelotas and CLAP to prepare for this meeting. Technical missions and virtual meetings will be scheduled following the meeting to support 7 national teams (BAH, BRB, GUY, HTI, JAM, SUR, and TTO) to develop relevant inequality reports and establish targets for the coming years.	This workshop was tentatively planned for the first semester of FY3, but had to be rescheduled to ensure participation from collaborating partners which are contributing facilitators.	
2	Technical cooperation (missions and sub regional, national workshops) to 2 South American countries to support the development of national health inequality reports	2 National health inequality extended reports completed 2 national MMWG groups established in targeted countries	Planning is underway for a workshop that will target Argentina, Peru, and Uruguay. It is scheduled for early July 2019.	Funding for these countries has been a challenge as some need to be paid by other agencies.	

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
Principle Intervention 6.3.2 Support target countries to incorporate health inequality measurement and monitoring into existing national and local health information systems					
1	Support 4 countries to select indicators and establish goals for improving health and reducing inequalities, within the GS framework	<p>1. Finalized methodology to establish equity-focused indicator targets</p> <p>2. Four lists of country-specific health indicators & equity stratifiers developed for Chile, Colombia, Ecuador, and Guatemala</p>	<p>A finalized and approved equity-based target setting methodology has been developed.</p> <p>A bibliographic review to identify and review other existing equity-based methodologies, instruments and tools is expected to be finalized by August 2019.</p> <p>PAHO and MMWG partners have agreed upon a finalized and recommended list of indicators and stratifiers that can be adapted by each country's situation. The final version will be launched at the South American meeting in Argentina in July 2019.</p>	The bibliographic review process is taking longer than initially planned to guarantee a thorough process.	
2	Support four countries to adapt & adopt the interactive health inequality module into their existing health information systems	Health inequality modules integrated into four national health information systems	The modules were designed, including graphs and tables with formulas for calculating inequalities using national data. Discussions are ongoing with the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA), which are expected to result in SLV and GTM integrating the modules by June.		The COMISCA has been a pivotal partner in encouraging countries to adopt the module as an effective, low-cost mechanism for measuring and monitoring health inequalities.

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
3	Update and expand the scope of the Health Inequalities Dashboard to additionally monitor prioritized regional-level health and inequality indicators	Expanded Regional Health Inequalities Dashboard available on the EWEC-LAC website, housed within PAHO's regional health information platform (PLISA)	Technical discussions are ongoing to integrate the Dashboard into PAHO's PLISA platform.	PAHO is conducting an overarching review of PLISA and its corresponding modules. The integration of this dashboard is part of this broader discussion.	
4	Develop a regional report with baseline information on social inequalities between countries	Report available	PAHO is collaborating with the University of Pelotas to finalize this report. It is expected to be completed by July 2019.	The collection of data sources has taken longer than anticipated.	
5	Identify the metadata for the list of indicators	Metadata identified	PAHO is currently finalizing the metadata for the indicators included in the recommended and finalized list of indicators and stratifiers. These are expected early in FY2019 Q3		
6	Develop a practical guide to aid countries in selecting, measuring, and analyzing indicators from the identified list	Guide available, with technical specifications for each indicator and recommended information systems	This guide is expected to be finalized by August 2019.	This guide requires the completion of the identification of the indicators' metadata. Most of the guide's contents is otherwise nearing completion.	

7. HEALTH INFORMATION SYSTEMS

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
Key Personnel: Patricia Ruiz and Marcelo D'Agostino (CHA/HA) (EIH)					
Outcome 7.1: All countries have functioning health information and health research systems					
Principle Intervention 7.1.1: Support the development and implementation of PAHO's Plan of Action for Strengthening Vital and Health Statistics and Health Information Systems					
1	Conduct a diagnostic of the information systems for health situation in the Americas, including available technologies, methodologies, and recommendations, for integration into the IS4H Plan of Action	Diagnostic available	PAHO developed a preliminary situation analysis that will be part of the upcoming <i>Plan of Action for Strengthening Information Systems for Health</i> , to be presented at PAHO's 57th Directing Council in September 2019. A more detailed diagnostic of the Americas will be developed by September 2019 considering available maturity model assessments conducted in 15 countries and territories to date and technical reports resulting from three subregional consultations.	This diagnostic was tentatively scheduled for completion earlier. However, PAHO opted to complete more maturity model assessments across the Region. The resulting diagnostic is expected to be more representative and robust.	The maturity model assessments have been conducted primarily in the Caribbean and to a limited degree in Central and South America. Information for the diagnostic will rely on other sources of information and meeting reports to present a panorama of all subregions in the Americas. PAHO resources supported IS4H maturity assessment missions and technical cooperation for territories and countries ineligible for USAID support.
2	Apply the IS4H maturity level assessment tool with specific countries and support the implementation of relevant national plans and strategies	Recommendations provided to visited countries	PAHO has convened evaluation missions to JAM and SUR. Mission reports and evaluations are available.	The mission to GTM was postponed until after elections are held in June 2019. Discussions are ongoing with the government of PER to identify dates for a mission.	Plans are underway to conduct evaluation missions to ECU, HND, and PGY.

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
3	Convene technical consultations with partners and countries to obtain consensus for the upcoming Plan of Action for IS4H	1. Feedback obtained from Member States; 2. Strategy and Plan of Action for Strengthening IS4H and a corresponding roadmap	PAHO is organizing an upcoming consultation meeting with Caribbean Member States to seek additional feedback on the <i>Plan of Action for Strengthening Information Systems for Health</i> . Virtual conferences have been convened to obtain feedback to build political buy-in for this critical aspect of health systems.		
Principle Intervention 7.1.2: Strengthen country capacities related to HIS					
1	Conduct an assessment of countries' capacities for measuring health-related SDGs with existing data sources (censuses, surveys and administrative records from HIS, for vital and health statistics)	1. Assessment on country capacities for producing and monitoring vital and health statistics	PAHO conducted a survey to prepare a diagnostic on the production of information on maternal mortality for all countries in Latin America and the Caribbean.	The survey's results are still being analyzed given the late timeline for English-speaking countries.	A report and database on maternal mortality information systems will be available in June 2019, reflecting information from 22 countries in the Region.
		2. Regional-level recommendations for measuring and monitoring all SDG3 indicators	A proposal has been developed to work with countries at the local level. This line of technical cooperation will focus on identifying administrative information that will contribute to monitoring the health-related SDGs, particularly those under SDG 3.	PAHO is preparing a plan to monitor the SDGs to optimize coordination with partners and Member States. PAHO will present a proposal to adjust this activity within the framework of the RELACIS Network to prevent delays in implementation while this process takes place.	PAHO will consult with the USAID activity manager to revise this activity.

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
2	Assess 5 countries' vital statistics systems, with a subnational focus, using the adapted maturity model tool	1. M&E plan to strengthen vital statistics in the Region	Two tools to conduct a diagnostic of the situation of vital statistics in the Region have been reviewed and/or updated. PAHO has made modifications to a WHO and a PAHO tool to develop the Rapid Assessment (RA) and APLICA. These tools will form the basis for an M&E plan.	The deployment of these tools has been delayed given that WHO has simultaneously launched a global effort to conduct assessments of health information systems using the SCORE methodology. Additional time was needed to clarify the use of these tools compared to SCORE.	A diagnostic of vital statistics in the Region will use data collected with the SCORE methodology. The RA and APLICA tools will be used to collect more detailed information if necessary. PAHO will initially work with Paraguay, followed by Peru.
		2. 5 country assessment reports with recommendations	PAHO is analyzing data collected from Member States using existing data complemented by data collected using the SCORE methodology and other sources to update reports and develop country-specific recommendations for vital statistics.	This activity was initially postponed to not over-burden countries while they were completing the SCORE assessments.	PAHO continues to work with 5 countries: COL, SLV, HND, PGY, and PER. The RELAC SIS web portal has updated information on countries. PAHO expects this information to provide new insights and contribute value to strengthening the quality of vital statistics data. This information will be available in late May 2019.
3	Develop a work plan for regional and country use, to strengthen vital and health statistics by reinforcing capacities for producing and monitoring health indicators at the subnational level	Road map to produce and monitor valid and reliable health indicators at the national and subnational level, for regional and national levels	PAHO developed the work plan and its implementation is underway.	The Information Systems for Health (IS4H) initiative includes vital statistics. This allows for integrated technical cooperation that will contribute to greater interoperability and interconnectivity between information systems for health.	PAHO will present the Plan of Action for Strengthening Information Systems for Health at PAHO's 57th Directing Council in September 2019. It is expected to contribute to greater visibility for vital statistics efforts at the subnational level, as well as greater harmonization of efforts.

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
4	Develop one training module on self-learning associated with the IS4H on open data (including interoperability aspects)	Training module on open data, including interoperability aspects, available on PAHO's Virtual Campus	PAHO identified a partner from academia to develop these training modules. Discussions are ongoing to sign the agreement.	Contractual mechanism discussions are underway. These have taken longer than anticipated.	
Principle Intervention 7.1.3: Strengthen the Network's different mechanisms from the intercountry component of PAHO's strategy for strengthening HIS					
1	Implement the 2018-2019 RELAC SIS work plan	1. Two new practices within the IS4H framework	A series of webinars on personal identification numbers (PINs) were disseminated in late 2018 via the RELAC SIS network. Work is ongoing on additional webinars and constructing a master persons index. PAHO will use the RELAC SIS network to share field experiences from implementing telemedicine initiatives. Another area of work is the incorporation of questions on vital statistics into the IS4H maturity model assessment tool.		These webinars will culminate in a technical report that will be available in May 2019. This report will also include an analysis on experiences adopting PINs in the Americas.
		2. Eight virtual forums	Ten virtual sessions have been held to date, covering topics including PINs, master patient indexes, the intentional search and reclassification of maternal deaths (BIRMM, by its Spanish acronym), and updates to the ICD-10.		These virtual sessions can be accessed at the RELAC SIS website

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
		3. At least four online courses implemented, piloted and disseminated, monitored and evaluated through WG	Four online courses are available. PAHO continues to see positive result from the online course for the correct completion of death certificates (available in English, Spanish, and French), which has resulted in over 160,000 medical professionals trained and having received a certificate issued from PAHO's Virtual Campus.	Information on this course can be accessed in this link .	A training plan is available for May through December 2019. The following online courses were developed with support from PAHO/WHO Family of International Classifications (FIC) Collaborating Centers (Argentina's CACE and Mexico's CEMECE): 1) intermediate-level course on ICD-10 mortality codes and updates; 2) intermediate-level course on ICD-10 morbidity; 3) Basic course on ICD-10; 4) A new course on functioning and disability; 5) Course for ICD-10 tutors
		4. Mobile app version of the <i>Correct Completion of Death Certificates</i> (SPA only for FY2019)	This app is in the final development stages.	This activity is jointly under development by the RELACSIS team and PAHO's Virtual Public Health Campus. It is expected to be available in June 2019.	Starting June 2019, the public will be able to download apps on the correct completion of death certificates in all three languages (English, Spanish, and French).

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
		5. Technical materials prepared and disseminated	PAHO developed technical materials for the <i>1st Meeting for Coders and for the II Regional Workshop on the Intentional Search and Reclassification of Maternal Deaths</i> (BIRMM). Additional materials were distributed on the RELAC SIS networks and upcoming international events. Short videos were also disseminated via the RELAC SIS network on two key areas of practice (BIRMM and the correct completion of death certificates for causes of death).	New materials are needed to ensure continuous availability. PAHO will ensure that they are available in at least English and Spanish.	Videos are available in this link .
		6. Coordination mechanisms created and adopted for the new RELAC SIS Coordination Group	The RELAC SIS network formed a Coordinating Group and has a technical team that supports the network's activities and its web portal. PAHO ensures that it seeks technical inputs from its networks of experts and Collaborating Centers to better suit the needs of Member States in areas including IS4H and telemedicine. Weekly coordination and technical virtual meetings are held for these purposes.	PAHO has strengthened cooperation with ECLAC/CEPAL to ensure alignment with other UN efforts contributing towards vital statistics and data.	The network of experts has been expanded to address topics related to IS4H specifically. A detailed monitoring and assessment plan for RELAC SIS activities is available. This plan serves as a log to optimize the network's efforts.

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
2	Maintain the RELAC SIS website / portal, and update as new materials become available	1. RELAC SIS/ PAHO Portal monitored and updated	The web portal has been migrated in its entirety to PAHO servers. PAHO has since adjusted its layout and conducts routine monitoring and evaluation exercises to adapt it to needs and priorities as they arise.	By June 2019 PAHO will launch a section with country reports focused on vital statistics; these will be available on the RELAC SIS portal. It will include dashboards, maps, information, and data on vital and health statistics by country.	PAHO meets monthly with the RELAC SIS coordination team to analyze and discuss reports on usage and other statistics related to the RELAC SIS web portal.
		2. WGs and Forums documents and reports disseminated	All information has been disseminated as planned. The ICD form has undergone substantial improvements and is a recognized reference point for ICD coders.		Prior discussions from the "Dr. Roberto A. Becker" forum can be consulted at this link
		3. The portal and included material translated into English	All virtual sessions have been held with simultaneous English-Spanish translation. Published materials are also disseminated in both languages.	PAHO will expand the range of topics translated into English. Additional time is needed to ensure all content on the web portal is available in English. While this continues, PAHO ensures that all virtual sessions and relevant reports are available in both languages.	Sessions and webinars are available online at this link
3	Convene periodic and in-person virtual RELAC SIS Coordination Group	RELAC SIS 2018-2019 work plan evaluated	PAHO convened a special week-long session with the Coordinating Group to evaluate the RELAC SIS workplan. Mechanisms exist to ensure continuous follow up on planned activities, and evaluations are conducted routinely.		The RELAC SIS work plan is linked to PAHO's Plan of Action for Strengthening Vital Statistics 2017-2022. PAHO developed a matrix with workplan indicators and how RELAC SIS contributes to achieving these indicators.

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
4	Disseminate best practices and the RELAC SIS initiative experience within the Americas and in other regions	Selected materials, courses and the systematization of experience and share with other Regions	PAHO continues to disseminate good practices, some of which have been shared with other regions. RELAC SIS was recently showcased in a recent WHO publication, " <i>Promoting Health through South-South and Triangular Cooperation: Selected WHO Country Case Studies.</i> " PAHO convened the <i>Meeting for International Statistical Classification of Diseases and Related Health Problems (ICD) Coders</i> in Mexico City, Mexico, in November 2018. Facilitators included experts from PAHO and PAHO/WHO Collaborating Centers from Argentina and Mexico. Twenty-seven participants from fifteen countries attended.	PAHO is continuing to explore possibilities to further expand the reach of the RELAC SIS Network's efforts.	The cited article can be found on page 23 of the publication located at the below link . The ICD Coders' Meeting in Mexico City was attended by participants from Argentina, Bolivia, Chile, Colombia, Costa Rica, Cuba, Ecuador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Paraguay, Peru, and Venezuela. PAHO funding financed expenses for participants from countries ineligible for USAID funding (i.e., Bolivia, Cuba, Nicaragua, and Venezuela).
Principle Intervention 7.1.4: Foster collaboration between RELAC SIS, regional initiatives (e.g. APR), partners, and specialized PAHO programs that support improvements in maternal and newborn morbidity and mortality surveillance					
1	Implement permanent forums to disseminate methodologies and strategies to measure inequities among PAHO SP indicators, pertaining primarily to maternal and newborn health	Forum deliverables and reports implemented and disseminated through the RELAC SIS portal	These forums are planned to launch in June 2019.	PAHO is coordinating with its other technical programs to identify new relevant areas of work (including strategies and methodologies) that could be disseminated through the RELAC SIS portal.	

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
2	Conduct a regional workshop to train countries to implement a methodology for intentional search and reclassification of maternal deaths	Forum deliverables and reports implemented and disseminated through the RELACSYS portal	PAHO convened the <i>II Regional Workshop on the Intentional Search and Reclassification of Maternal Deaths</i> in Mexico City, November 2019. The Mexican Center for Disease Classification and WHO Collaborating Center for the Family of International Classifications (FIC) was a key partner in sharing best practices and recommendations. 28 participants from ten LAC countries attended. This area of work remains one of the RELACSYS network's most requested by Member States in the Americas. PAHO has organized six virtual sessions on the BIRMM methodology, with participants from across the Americas.		Links to the BIRMM webinar can be found at this link . Information on this regional workshop can be found at this link . PAHO is preparing to conduct missions to monitor the methodology's implementation in Peru and Paraguay.
3	Conduct missions and capacity-building activities in 9 countries to strengthen the analytical capacity of health personnel for maternal and newborn morbidity and mortality surveillance at the national and sub-national level	Personnel trained in surveillance methods	PAHO, in coordination with the World Bank, conducted a subregional workshop for 22 participants from 5 Central American countries (CRI, GTM, HND, NIC, SLV) in October 2019 to build analytical capacities with a focus on maternal mortality data.		PAHO resources supported the participation of NIC at this workshop.

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
4	Conduct a subnational-level inequality study using data from the Latin American Perinatology Center's (CLAP) perinatal information system (SIP, by its Spanish acronym)	Subnational-level inequality study conducted	PAHO and its CLAP center will complete this inequality study by July 2019, with a focus on neonatal data.	Discussions were required to determine the level of the study (i.e., regional or country-specific).	

8. HEALTH SYSTEMS STRENGTHENING

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
Key Personnel: Amalia del Riego (HSS)					
Outcome 8.1: Increased national capacity for achieving universal access to health and universal health coverage					
Principle Intervention 8.1.1: Develop policy options for increasing investment in health through increasing the priority level and fiscal space for health					
1	High-level political advocacy for higher fiscal priority for health in the Caribbean	Implementation of the recommendations from the health financing meeting in August 2018 in Barbados.	Following the Subregional Dialogue on Health Financing in the Caribbean in August 2018, PAHO worked on the documented conclusions and next steps in fiscal space and financing arrangements. During the reporting period, a fiscal space study for health in SUR was completed, and a review started of the theoretical framework and implementation of National Health Insurance to support Caribbean countries in the discussion on this type of institutional arrangements in health sector financing. Specific technical cooperation was provided to BHS	The workplan is on schedule. There is a need to combine more efforts to moving forward in the elaboration of plan of action for technical support and high level advocacy considering the Barbados meeting recommendations	
Principle Intervention 8.1.2: Provide policy options, tools and technical cooperation for the development, improvement and regulation of health financing					
1	Direct support to countries for reforming payment mechanisms in the health sector	Technical missions to countries implemented	Payment systems for integrated health networks in PER in collaboration with experts from University of Berkeley advanced. A study of rates of hospital procedures in DOM was carried	In PER the change of authorities has delayed the project, with two months required to re-engage. In DOM, we are working to continue the analysis toward	We had missions to both countries and specific products such as the report of rates of the Dominican Republic and the activities of the mission to Peru.

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
			out. Follow up to these initiatives is ongoing.	DRG type of systems for financing hospitals.	
Principle Intervention 8.1.3: Monitor and track progress towards Universal Health					
1	Technical support to countries for implementing and monitoring PAHO M&E frameworks	County reports developed and updated annually	Preparatory work to apply the monitoring framework for universal health was carried out: identifying data sources, stakeholders, data collection and defining a multi-stakeholders meeting to discuss findings.	Availability of data and the state of information systems, combined with limited capacity for monitoring health policies and reform processes in countries is an ongoing challenge, hence, the technical cooperation approach is to build capacities, so that countries will be able to carry out this function on their own. Changes of authorities in Peru delayed processes. Delays in scheduling technical missions on the PAHO side due to competing priorities.	Activities of the workplan have been conducted as planned. No reprogramming or inclusion of other countries took place.
2	Technical support to countries for updating health systems profiles	Country profiles updated annually	Preparatory work to develop health systems profiles was carried out with the four countries. This activity is linked to the previous activity (monitoring for universal health). There are PAHO missions scheduled to take place before July 2019 to complete drafting of health profiles, after multi-stakeholder meetings.	As mentioned above, availability of data and processes in place to analyze data and produce a health system profile (and update) is an ongoing challenge, therefore, the technical cooperation approach needs to include capacity building. There were delays in the	Activities of the workplan have been conducted as planned. No reprogramming or inclusion of other countries took place.

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
				PAHO side to conduct country missions during the first quarter of this semester due to competing priorities.	
PAHO SP PROGRAM AREA 4.3 Access to Medical Products and Strengthening of Regulatory Capacity					
<i>Improving Information for Selection and Availability of Essential Medicines within Health Services</i>					
Key Personnel: Analia Porras (HSS)					
Outcome 8.2: Improved access to and rational use of safe, effective and quality medicines, medical products and health technologies					
Principle Intervention 8.2.1: Strengthen health information systems to monitor the quality, provision, access, and use of medicines within health systems, with an emphasis on vulnerable populations					
1	Training and training of human talent responsible for Pharmacy Services	3 practical workshops in the management of the supply system with training in tools that contribute to effective decision making. Involve other actors such as the university, as a continuity strategy for the monitoring and implementation of efficient pharmacy services.	PAHO held a workshop on good practices in Medicines and essential supplies system with the technical and logistic team of the DGGIES, to understand the processes and identify the actors currently involved in the supply. It resulted in a roadmap to create the model of the supply system of medicines and essential supplies for PGY, in a participatory way. In March, PAHO started the development of the system, under the leadership of the Minister of Public Health and Social Welfare, the Directorate of DGGIES, the Directorate of Networks of Health, the Directorate of Health	The technical capacity staff in Supply Systems of the DGGIES and in the hospital and ambulatory pharmacies is a challenge. The reduced working time of the pharmacist (regulatory contracts of 3 hours a day) is insufficient for the implementation of required processes.	Products: Workshops for updating the lists of medicines and essential supplies. Roadmap for the design and development of the Medicines and Essential Supplies System in PGY.

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
			<p>Surveillance, and the participation of the National University faculty of medicine, pharmacy and logistics. The Minister of Health prioritized support to form a multidisciplinary team and the execution of the road map with a deadline of September 2019.</p> <p>In early 2019, two workshops were held to update the list of essential medicines and supplies.</p>		
2	Implementation of a pilot hospital pharmacy service, including the development of standards and procedures, intervention plan for the implementation of procedures, implementation of indicators, reorganization of services and training of human resources	Pilot project report	The Barrio Obrero General Hospital was designated as a pilot test hospital, reviewing 137 conditions of good practices, for compliance with 23 conditions. There was 17% compliance with good practices of the Supply System and the processes of the Pharmaceutical Services.	Difficulties with the leadership of the hospital pharmacist, with weaknesses in knowledge about the processes of the Supply System and the Pharmaceutical Service. Support was required from a pharmaceutical company, from DGGIES, and the National University faculty of Pharmaceutical Chemistry.	Products: Results of the process verification of the Supply System Training attendance list
3	Review the level of availability of medicines and tracer health technologies	Follow-up report on availability levels before and after the implementation of corrective actions	An evaluation using the availability and access tool in pharmacy services showed a result of availability of tracer health technologies in hospital maternal and child care of 62% and 92%	Human resource limitations at all levels of health system negatively impacted logistics management	Products: Results from assessment

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
			<p>respectively. No expired products were found, the reliability of the data was 90% in the deposit and 78% in the pharmacy, and in good storage practices, 41% in the warehouse, and 36% in the Pharmacy.</p> <p>In mid-March, all hospital health personnel were trained on good practices of the Supply System processes. Setting up the Pharmacotherapy Committee is a future commitment of the hospital management.</p>		
4	Carry out monitoring and evaluation missions to follow up on the planned activities and review the level of implementation	Travel reports which include results and recommendations	Two visits to Paraguay to follow up on the work plan built in 2018 and to support specific commitments of the plan such as the construction of the Supply System model for Paraguay and the implementation of the pilot test.		
5	Technical specialist in logistics management information systems which provides supports and lessons learned hired by the regional office to target countries and documents the lessons learned and the impact	Annual report of the impact on the lessons learned and the opportunity for improvement.	PAHO hires consultants to continue support the implementation of the project in Paraguay and Guyana		

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
	achieved in the project countries.				
6	Conduct availability assessment on essential medicines with emphasis on maternal medicines in Region 10, Regional Hospital	Assessment report	In November 2018, one supervision visit took place in Region 10 to follow up on LMIS activities, conduct assessment on tracer medicines and to support specific commitments of the plan such as identifying GAPS in the logistics system and provide on-the-job training	Delayed, inaccurate, and incomplete pharmaceutical consumption data from the health facilities within the region to the pharmaceutical warehouse. Inadequate training, incentives, and feedback resulted in poor data collection quality and inadequate use throughout the supply chain system. Lack of supervision by the Regional Authorities and MMU was the greatest weakness in the Supply Chain Management System. The shortage of Pharmacists and Pharmacy Assistants in the Regions placed a burden on the prescribers, who must also dispense, maintain the records and work at more than one health facility.	This activity was done in collaboration with MoPH/MMU/LMU and the Regions

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
7	<p>A. Conduct availability assessment on essential medicines with emphasis on maternal medicines in Region 1, Hospital</p> <p>B. Supervisory Visits: Supervisory Visits Mabaruma: 2 day Port Kaituma: 2 day Baramita: 1 day Matthews Ridge: 1 day</p>	Results/report from assessment	In February 2019, supervisory visits were conducted in Region 1 using the LMIS checklist tool to validate that the theory and practices presented in capacity building activities were reflected in the daily work of the pharmacy personnel. On-the-job LMIS training, quantification of medicines for procurement and availability of maternal tracer medicines were conducted during the visit at 22 health facilities.	Some pharmacy personnel had difficulty using the reorder formula. On the Job training was done to correct this action during the supervisory visits.	This activity was done in collaboration with MoPH/MMU/LMU and the Regions
8	<p>Technical support/NPC to:</p> <p>A. Develop database and input data from Regions 1, 2, 3, 4, 5, 6, 7, 9 & 10 Regional Hospitals</p> <p>B. Develop Report on MCH Assessment and disseminate to the respective regions</p> <p>C. Conduct Management and evaluation follow up</p> <p>D. Develop reports, documenting impact and proposes plan of action to move forward.</p> <p>E. Follows up expenses</p>	Database Report on MCH Assessment	Report to be finalized by May 2019		

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
9	<p>A. Conduct Management and Evaluation follow up for the following regions:</p> <p>Region 6: Regional Hospitals, Health Centers and Health Posts (11-16 Feb 2019)</p> <p>Region 2: Regional Hospitals, Health Centers and Health Posts (25 Feb to 1 March)</p> <p>Region 4: Referral Hospital, Georgetown Public Hospital Cooperation (11-15 March)</p> <p>Region 3: Regional Hospitals, Health Centers and Health Posts (25-29 March 2019)</p> <p>Supervisory visit to provide corrective actions to improve gaps within the logistics system. Emphasis will be placed on: Forecasting and programming needs, stock management, distribution, storage of medicines and inventory control</p>	Evaluation report	LMIS Training, MCH assessment and data collection were done in Regions 2,3,4,5,6,7,8,9 and 10 during June 2018 to March 2019. Supervisory visits and on-the-job training will be conducted April-December 2019		

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
10	<p>A. Conduct Management and Evaluation follow up for the following regions: Region 5: Regional Hospitals, Health Centers and Health Posts (8-12 April 2019) Region 7: Regional Hospitals, Health Centers and Health Posts (29 April to 3 May 2019)</p> <p>Supervisory visit to provide corrective actions to improve gaps within the logistics system. Emphasis will be placed on: Forecasting and programming needs, stock management, distribution, storage of medicines and inventory control</p>	Evaluation report	To be completed in May-July 2019	All GLIAT questionnaires are filled in with the availability of maternal tracer medicines from the regions, as identified in the workplan. Data analysis and a report will be completed by end May 2019.	This activity was done in collaboration with MoPH/MMU/LMU and the Regions

PAHO SP PROGRAM AREA 4.5: Human Resources for Health

Develop Competencies for Health Professionals and Community Health Workers

Key Personnel: Jose Garcia Gutierrez (HSS)

Outcome 8.3: Adequate availability of a competent, culturally appropriate, well regulated, well distributed, and fairly treated health workforce

Principle Intervention 8.3.1: Strengthen effective and equitable coverage of health services by qualified health workers

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
1	Conduct annual meeting Consortium for the Advancement of Social Mission of Medical Schools in the Region of the Americas	Review, monitoring and evaluation of action plan 2016-2021 (plus technical workshops)	Plan of action revised and updated in December 2018 with strategic partners. Consortium annual meeting planned for May-June 2019 in Port-of-Spain (Trinidad and Tobago)		Product: Plan of action on Social Accountability of Medical Schools 2019-2021 in the Region of the Americas ISAT Instrument (Indicators for Social Accountability Tool)
2	Production of digital resources, educational materials and publications on social accountability in different formats and languages (English, Spanish, French and Portuguese)	MOOC on social accountability developed and piloted. Key white papers on social mission for health professions education principles published: pipeline and recruitment of students; faculty development; indicators and evaluation instruments; tracking of students; community engagement; ethical dimensions.	MOOC on social accountability currently under development / White papers on pipeline, recruitment, selection and tracking of students finalized and under editorial revision for translation from English into Spanish and Portuguese		

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
3	Conduct research and produce publication on indicators and tools that can be used to assess the Social Mission of Medical Schools [Consultancies / Research / Publications]	ISAT instrument (Indicators for Social Accountability Tool) to be published in different languages (English, Spanish, Portuguese) under Creative Commons (CC) license	During this period, the ISAT instrument was made available in English, Spanish and Portuguese/ Publication of the article: Menezes da Silva F, Garcia Gutierrez JF. Transforming health professions education to advance toward universal health. Interamerican Journal of Medicine and Health 2018;1:e201801006		Product: ISAT instrument available in English, Spanish and Portuguese/Publication of the article: Menezes da Silva F, Garcia Gutierrez JF. Transforming health professions education to advance toward universal health. Interamerican Journal of Medicine and Health 2018;1:e201801006. Menezes da Silva F, Garcia Gutierrez JF. Transforming health professions education to advance toward universal health. Interamerican Journal of Medicine and Health 2018;1:e201801006
4	Support the scale up of social accountability in health workforce education in PAHO regions by developing and planning a series of workshops on assessing and implementing social accountability for leaders from health workforce education institutions and other key stakeholders. [Technical workshops]	Subregional workshops for implementation of ISAT (Indicators for Social Accountability Tool)	Subregional workshop for implementation of ISAT (Indicators for Social Accountability Tool) for the English Caribbean programmed for May-June 2019 in Port-of-Spain (Trinidad and Tobago -TTO) with participation of educational representatives from Barbados, Guyana, Jamaica, Suriname and TTO		

No.	ACTIVITY	Products/ Deliverables	Progress during current period	Challenges	Remarks
5	Provide expert advice, training and resources in the development of health professions school initiatives, including faculty exchange programs, faculty development training programs and recruitment and retention models	Technical cooperation exchanges between Consortium's member institutions and affiliated partners	Tentative activities for year 3 still under development and planning stages, mainly due to changes on the management teams of some of our medical school strategic partners	Changes on the management teams of some of our medical school strategic partners	
6	Participate in presentations and workshops at global conferences outlining best practices on social mission and innovations on health professions education.	To be defined (AMEE meeting 2019; TUFH -The Network Towards Unity for Health 2019; Beyond Flexner Alliance 2019; Canadian Conference on Medical Education 2019 and/or others)	Participation at the XXI Pan American Conference of Medical Education (Colombia, March 2019) and collaboration in the development of the Cartagena Declaration on Medical Education and Social Accountability. Workshops and presentations derived from this project on tracking of medical students, CHW development, implementation of the ISAT instrument, and interprofessional education have been accepted by Towards Unity for Health (TUFH) 40th Anniversary Congress (Social Accountability: From Evidence to Action), to be held in September 2019 in Australia.		Product: Cartagena Declaration on Medical Education and Social Accountability