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1. List of Acronyms and Abbreviations

AMEXCID	Agencia Mexicana de Cooperación Internacional para el Desarrollo [English: Mexican Agency for International Development Cooperation]
AMI/RAVREDA	Amazon Malaria Initiative/Amazon Network for the Surveillance of Antimalarial Drug Resistance
APN	Advanced Practice Nursing
APR-LAC	A Promise Renewed for the Americas
CAWG	Communications and Advocacy Working Group
CBE	Competency based education
CC	Consultative Committee
CDC	Centers for Disease Prevention and Control
CHA	Communicable Diseases and Health Analysis Department
CHAI	Clinton Health Access Initiative
CLAP	Latin American Center for Perinatology and Human Development
COMISCA	Consejo de Ministros de Salud de Centro America (English: Council of Ministers of Health of Central America)
COP	Communities of Practice
CRMA	Caribbean Regional Midwives Association
CS	Congenital syphilis
DELR	Direction d'Épidémiologie de Laboratoire et de Recherche (English: Department of Laboratory and Research Epidemiology)
DISC	Document of Interagency Strategic Consensus
DOTS	Directly Observed Treatment Short course
DST	Drug Susceptibility Testing
EBNI	Evidence Based Neonatal Interventions
EHR	Electronic Health Records
EMC	Executive Management Committee
EMMIE	Regional Malaria Elimination Initiative in Mesoamerica and Hispaniola
EMR	Electronic Medical Records
EMTCT	Elimination of Mother to Child Transmission
ENAP	Every Newborn Action Plan
EPHF	Essential Public Health Functions
EQAP	External Quality Assurance Program
FGL	Family, Gender, and Life Course Department
FIC	Family of International Classifications
FLO	Federación Latinoamericana de Obstetras (English: Latin American Federation of Obstetricians)
GF	Global Fund
GMP	Global Malaria Programme
HA	Health Analysis
HHS	United States Department of Health and Human Services
HIS	Health Information Systems
HIV	Human immunodeficiency virus

HSS	Health Systems and Services
HT	HIV, Hepatitis, Tuberculosis and Sexually Transmitted Infections Unit
IACO	Inter American Conference on Onchocerciasis
IC	Infection Control
ICD-10	International Classification of Diseases-version 10
ICM	International Confederation of Midwives
IHR	International Health Regulations
IMCI	Integrated Management of Childhood Illnesses
INS	Instituto Nacional de Salud (English: National Institute of Health)
IR	International Health Regulations, Epidemic Alert and Response, and Water Borne Diseases Unit
JAP	Joint Application Package
LAC	Latin American and the Caribbean
LF	Lymphatic Filariasis
MCH	Maternal and Child Health
MDA	Mass Drug Administration
MDG	Millennium Development Goal
MDR-TB	Multidrug-resistant tuberculosis
MDSR	Maternal Death Surveillance and Response
M&E	Monitoring and Evaluation
MMDP	Morbidity Management and Disability Prevention
MMDS	Mortality Medical Data System
MMWG	Metrics Monitoring Working Group
MNM	Maternal Near Miss
MOF	Ministry of Finance
MOH	Ministry of Health
MSH	Management Sciences for Health
NGO	Non-Governmental Organization
NID	Neglected Infectious Diseases
NTD	Neglected Tropical Diseases (denomination used at global level)
NTP	National Tuberculosis Program
OEPA	Onchocerciasis Elimination Program of the Americas
OMCL	Official Medicine Control Laboratory
ONCHO	Onchocerciasis
PAHO/WHO	Pan American Health Organization/World Health Organization
PANMCC	Pan American Network of Nursing and Midwifery Collaborating Centers
PC	Preventative Chemotherapy
PCC	Program Coordinating Committee
PLD	Post of Limited Duration
PLOS NTD	Public Library of Science – Neglected Tropical Diseases
POA	Plan of Action
PNCM	Programme National de Contrôle de la Malaria (English: National Malaria Control Program - Haiti)
PWR-COL	PAHO/WHO Representative-Colombia

QA	Quality assurance
RELACIS	Red Latinoamericana para el Fortalecimiento de los Sistemas de Información de Salud (English: Latin American Network for the Strengthening of Health Information Systems)
RITF	Regional Interagency Task Force
rGLC	Regional Green Light Committee
RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
RTI	Research Triangle Institute
SCH	Schistosomiasis
SDG	Sustainable Development Goals
SE	Secretariado Ejecutivo (English: Executive Secretariat)
SF	Strategic Fund
SIP	Sistema Informático Perinatal (English: Perinatal Information System)
SNL	Supranational laboratory
SR	Sub-recipient
STH	Soil-Transmitted Helminths
STP	Short-term Professional
TA	Technical Assistance
TAG	Technical Advisory Group
TB	Tuberculosis
TCC	Technical Cooperation between Countries
TF/TI	Trachomatous inflammation, follicular / Trachomatous inflammation, intense
TIPAC	Tool for Integrated Planning and Costing
TOR	Terms of reference
TS	Technical Secretariat
TT	Trachomatous Trichiasis
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPE	Unité de Planification et d'Evaluation (English: Planning and Evaluation Unit)
USAID	United States Agency for International Development
USP	US Pharmacopeial Convention
VCNA	Vector Control Needs Assessment
VCPH	Virtual Campus of Public Health
VT	Neglected, Tropical and Vector Borne Diseases Unit
WBMSS	Web-based Maternal Mortality Surveillance System
WG	Working Group
WHOCC	World Health Organization Collaborating Center
WP	Work plan
XDR-TB	Extensively drug-resistant tuberculosis
YML	Young Midwife Leaders

2. Progress on Completion of Tasks

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Cross-Cutting Theme 1: Health Services Delivery				
Improved capacity of public health providers to deliver responsive, effective, and quality health services in TB and maternal and neonatal health that are gender sensitive and culturally appropriate.				
Outcome 1.1: Strengthened use of evidence based neonatal interventions (EBNI) in health facilities of the Region				
Key Personnel Responsible for Outcome 1.1: Dr. Pablo Duran (CLAP)				
Activity 1.1.1 Adapt EBNI document and clinical guidelines for Neonatal IMCI at the national level.				
1. Editing and printing of documents on improvement of quality of care of newborns	1. Final editing and dissemination to countries of the Region	The editors for finalization of the documents were selected. The request for printing is in process.	The main challenge is to disseminate the materials developed in hard copy. This process is expected to take place this year. However, documents have been already presented in electronic format both regionally and at the country level.	None.
Activity 1.1.2 Provide technical cooperation to monitor advances in the implementation of EBNI.				
1. Workshops in priority countries for presentation of the tool on evaluation of EBNI and analysis of its application in health services	1. Workshop for presentation of results of testing of the instrument and presentation of the instrument for its application	The instrument is available and has been presented in countries as well as at regional meetings. Additionally the Dominican Republic has developed, with cooperation from CLAP, an instrument which complements this tool, aimed at assessing the efficiency conditions in neonatal care units. A third instrument developed from expert consensus, aimed at assessing conditions of severe neonatal morbidity, complements the two mentioned above. Thus, the three instruments are complementary tools designed to assess the quality of care in newborns and implementation of these will be strengthened in 2016.	Achieving adoption of the tools by countries is the biggest challenge. In the second quarter of 2016, dissemination and technical cooperation in the countries for the implementation of these instruments will begin.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Outcome 1.2: Improved national neonatal plans and policies guided by neonatal plans of action with a continuum of care approach				
Key Personnel Responsible for Outcome 1.2: Dr. Pablo Duran (CLAP)				
Activity 1.2.1 Support the development of neonatal plans of action.				
1. Technical cooperation for the formulation of the National Plan of newborn health in the framework of continuum of care	1. Elaboration of the proposal for the national plan and presentation and discussion with key actors	Technical cooperation was provided to countries to progress in updating their national plans. Haiti and the Dominican Republic have advanced and PAHO has provided technical cooperation to monitor implementation. A visit to Guatemala is planned during the month of May 2016.	The main challenge involves updating the National Plan of Guatemala as well as in other priority countries. Adjustment and adaptation of goals to align with those included in the Global plan is essential.	None.
2. Final evaluation of the Regional Plan for Newborn Health and coordination with the Every Newborn Action Plan (ENAP)	1. Preparation of the evaluation design (matrix and timeline)	<p>During 2015 the final evaluation of the Strategy and Regional Plan was developed. This involved the design of the strategy evaluation methodology, implementation, consolidation, analysis and preparation of the final report. The evaluation involved data analysis and qualitative assessment of successful experiences and lessons learned. The country results were presented at a meeting held in the Dominican Republic in November 2015. The meeting was extremely important in terms of discussing the achievements and the challenges to be addressed, based on the analysis of the implementation of the Strategy and Plan of Action. Developed from the results of the meeting together with secondary data sources that complemented the approach from the regional perspective, the final evaluation report will be presented at the next PAHO Directing Council.</p> <p>The main recommendation for the future that emerged from the discussion with country representatives participating in the</p>	PAHO is working to advance in the definition of strategic goals and their implementation, aligned with global agreements and strategies. The ENAP, as well as the overall strategy "Every woman, every child" provides guidelines to implement and achieve the goals in the region. After the submission and approval of the final report of evaluation of the Regional Strategy and Plan to PAHO's Directing Council, PAHO needs to define the steps to follow moving forward. Priorities include the need to deepen and accelerate results in improvement in neonatal health in the region, with a strong emphasis on information, quality of care, and equity.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		meeting is to continue strengthening actions in neonatal health, in light of the achievements and lessons learned during implementation of the Strategy and Regional Plan. It has been specifically recommended to continue the work under the guidelines established by "Every Newborn Action Plan (ENAP), approved by the World Health Assembly in 2014.		
Activity 1.2.2 Develop tools for monitoring, evaluation, and supervision of the neonatal plans of action.				
No funding budgeted for this activity in Year Five.				
Outcome 1.3: Strengthened response to MDR and XDR-TB in the Americas through the implementation of national expansion MDR-TB plans				
Key Personnel Responsible for Outcome 1.3: Drs. Mirtha del Granado & Rafael Lopez (CHA/HT)				
Activity 1.3.1 Follow up on the implementation of the national MDR-TB plans following the Stop TB Strategy.				
Activity 1.3.2 Monitor the implementation of new diagnostic technology.				
Activity 1.3.3 Provide technical assistance to finalize and implement the MDR-TB national plans and guidelines.				
Activity 1.3.4 Support the development of regional and national MDR-TB expert committees				
Outcome 1.4: Strengthened routine systems for effective implementation of DOTS				
Key Personnel Responsible for Outcome 1.4: Drs. Mirtha del Granado & Rafael Lopez (CHA/HT)				
Activity 1.4.1 Financial support for a Regional TB expert to provide technical assistance on DOTS strengthening				
Activity 1.4.2 Technical assistance missions on DOTS strengthening to priority countries				
Activity 1.4.3 Develop a Regional TB medicine management course for priority countries				
Activity 1.4.4 Support Official Medicine Control Laboratories (OMCL) of ECU, ELS, NIC, GUT and quality assurance of TB medicines in 4 countries				
Funding for the original Outcomes 1.3 and 1.4 included in the Expanded Tuberculosis Funding for Years Two - Five.				

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Cross-Cutting Theme 2: Health Workforce				
Improved competencies of the health care workforce, with emphasis on first level of care, to deliver services and interventions in TB and maternal and neonatal health, with a gender and culturally sensitive approach.				
Outcome 2.1: Strengthened midwifery in Latin America and the Caribbean				
Key Personnel Responsible for Outcome 2.1: Dr. Bremen De Mucio (CLAP)				
Activity 2.1.1 Improve the status of midwifery educational models in the region.				
1. Contribute to improve the quality of work of midwives in LAC region	1. Meeting of midwifery experts for adaptation of ICM Regulation tool kit to the Region	This meeting will be held on May 5 and 6 in Panama City. Midwives with expertise in regulation have been identified and invited.	The meeting was originally planned for March, but was rescheduled.	The meeting also has the support of ICM, FLO, CRMA and UNFPA.
	2. Translation of adapted Regulation tool kit into Spanish	Edition of the current translated versions will take place once the adapted version is completed, following the May meeting.	Finalization of this step is dependent on reaching the adapted version of the toolkit.	Funds previously budgeted to full translation were reassigned to support other midwifery activities, in agreement with the donor.
	3. Dissemination of the adapted toolkit through meeting of key midwifery personnel in the Region	The first step towards completion of this task is the development of May's meeting. With inputs received from participants, a final version will be developed and circulated among experts before finalization.	Having a final version before June 30 will be a challenge.	The original document took more time than originally estimated, which has jeopardized the timely completion of this activity.
Activity 2.1.2 Support continuing education processes in midwifery for English-speaking Caribbean countries				
1. Continue to support the CBE training and its expansion within countries (including technical assistance)	1. Organize and support training workshops in additional countries in the Region, including scale-up of CBE training to other academic institutions in countries that have trained trainers already in place at national level	A subregional workshop is being coordinated for the first week of June 2016 in Santiago de Chile. The workshop "Developing competencies to manage obstetric emergencies" is a competency-based workshop that uses low and middle fidelity simulators with the objective to train midwifery teachers in the incorporation of certain skills to manage obstetric complications.	None.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<p>2. Support for participation of midwives in key training activities and meetings in the Region</p>	<p>1. Support capacity building of midwives through their participation in Regional trainings and meetings</p>	<p>A) The Director of the WHOCC University of Chile participated in the Pan American Network of Nursing and Midwifery Collaborating Centers (PANMCC) meeting on 1 and 2 October 2015 in Washington, DC. The objectives were:</p> <ol style="list-style-type: none"> 1. Discuss and analyze collaborative projects between centers and national and international networks based on the priorities identified by PANMCC in 2014; 2. Discuss the situation of Education in Nursing and Midwifery in the Region of the Americas and the Caribbean towards Primary Health Care and Universal Health; 3. Analyze the situation of Human Resources for Nursing and Midwifery in the post 2015 Health Agenda context; and 4. Develop plans and activities for nursing and midwifery in PAHO/WHO Collaborative Centers. <p>B) Two obstetric nurses of Costa Rica and three midwives of the University of Chile participated in the Midwifery Stakeholders Meeting organized by UNFPA and ICM, which took place in Panama City on 7 and 8 March 2016.</p> <p>The meeting objectives were</p> <ol style="list-style-type: none"> 1. Review major activities developed since 2011 in the UNFPA-LAC/ICM Initiative with a focus on Best Practices; 2. Share subregional midwifery priorities and activities identified by stakeholders for 2016 and 2017; 3. Reach consensus on 1 or 2 proposed priorities and activities within each subregion to develop for implementation in 2016 and 2017; 	<p>None.</p>	<p>The final reports of the WDC and Panama meetings are available electronically.</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		<p>4. Draft a minimum of three abstracts from UNFPA-LAC/ICM work to submit for the 2017 ICM Congress in Toronto; and</p> <p>5. Prepare midwifery leaders and technical advisors as advocacy trainers for strengthening midwifery using the World Midwifery Report 2014, the Regional Midwifery Report 2014, and the updated Advocacy Module from the Young Midwife Leaders (YML) program.</p>		
		<p>C) Support will be provided for participation of a teacher midwife from the WHOCC University of Chile in the workshop "Developing Advanced Practice Nursing (APN) Competencies to Achieve Universal Health", to take place in Ann Arbor, Michigan on 7-9 April 2016 with the objective to address the role of APN in the promotion of primary health care-based systems.</p>		<p>PAHO/WHO seeks to continue the discussion on how best to integrate/incorporate APN education and practice in Latin America and the Caribbean.</p>
<p>Activity 2.1.3 Provide continuous support for the communities of practice in nursing and midwifery in English and Spanish</p>				
<p>1. Continue to support and expand the membership of communities of practice (COPs)</p>	<p>1. Promote virtual technical meetings. Promote research in the field of public health, sexual and reproductive health from the vision of midwives</p>	<p>On 25 March 2016 a webinar on the Zika virus was held. It had the highest level of participation of all previous sessions of the COPs.</p>	<p>In general, participation in the COPs has been lower than expected, particularly in Spanish speaking countries.</p>	<p>More than 100 midwives connected to the platform for the Zika webinar, and it was necessary to open a YouTube channel to respond to the demand. Midwives and Obstetric Nurses from 20 countries of the region participated in the session (Argentina, Belize, Bolivia, Brazil, Canada, Costa Rica, Chile, Ecuador,</p>

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

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Cross-Cutting Theme 3: Health Information Systems Improved health information and surveillance systems at all levels of the health sector through the dissemination of best practices to produce reliable, disaggregated, and timely information under the framework of RELAC SIS with focus on MDR-TB and maternal and neonatal health.				
Outcome 3.1 Strengthened health information systems at the regional, subregional and national level, with a gender and ethnic perspective				
Key Personnel Responsible for Outcome 3.1: Drs. Patricia Ruiz / José Escamilla (CHA/HA)				
Activity 3.1.1 Provide technical cooperation to monitor the implementation of PAHO/USAID countries' HIS strategic plans.				
1. Follow-up of the Strategic Plans of the countries involved in the project	1. Missions arranged with the countries for monitoring and evaluation (M&E)	<p>PAHO and MSH provided targeted technical assistance to strengthen health information systems (HIS) in Paraguay and Peru counterparts via the online RELAC SIS forums. This has reduced costs and enabled ongoing collaboration with these and other countries.</p> <p>PAHO organized a technical mission to Honduras in late 2015 to support the country in addressing gaps with its national mortality databases (e.g. limited data quality and a need to strengthen capacities for properly completing death certificates). The technical advisors presented their findings, and future technical assistance will be required to ensure continued improvements in the quality and accuracy of mortality data in the country.</p>	Emerging priorities (e.g. Chikungunya, Zika) and limited resources can complicate the scheduling and planning for technical cooperation to the countries. Nevertheless, PAHO has built strong networks and partnerships with country counterparts, and will continue to bridge gaps in technical needs through the RELAC SIS project.	The innovative, virtual focus of the RELAC SIS project has enabled PAHO to considerably broaden the scope of targeted countries, reaching essentially all countries and territories in the Americas since the launch of this project in 2010.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Activity 3.1.2 Support the strengthening of HIS according to the RELAC SIS plan of action.				
1. Evaluate the RELAC SIS plan of action 2014-15 and define the 2015-2016 WP	1. Evaluation meeting in San José, Costa Rica. All Spanish speaking countries and Brazil, English speaking countries involved in 2014-15 RELAC SIS PoA	<p>PAHO and MSH collaborated to convene the <i>VII RELAC SIS Meeting</i> in San Jose, Costa Rica, from 26-28 October 2015. 72 participants from 27 English- and Spanish-speaking countries (33 male, 39 female) attended, and 92 posters documenting best practices and experiences from across the Americas were presented (available on the initiative's website, www.relacsis.org).</p> <p>Presenters from MSH, PAHO, the University of Utah, and UNDP participated and provided expertise on various aspects concerning the strengthening of HIS.</p> <p>The meeting allowed country participants to evaluate progress achieved from the 2014-2015 RELAC SIS work plan, and issue recommendations for the 2015-2016 RELAC SIS work plan. The final 2014-2015 RELAC SIS report is available online at the RELAC SIS portal.</p>	<p>The sustainability for face-to-face meetings remains a challenge, as the cost can be quite high and requires additional funding from other sources to complement available USAID resources. Other funding sources must consequently be identified to ensure future large-scale meetings for the RELAC SIS Network.</p>	<p>Meetings are primarily convened online to minimize logistical expenses.</p> <p>PAHO utilized non-USAID funding sources to secure the participation of representatives from Argentina, Bolivia, Cuba, Nicaragua, and Venezuela in the 2015 RELAC SIS meeting.</p> <p>PAHO has secured the participation of the health authorities from the province of Catalonia in Spain, providing RELAC SIS attendees with access to expertise from outside the Americas.</p>
2. Revision, implementation and M&E of the RELAC SIS website	1. Administration, maintenance and M&E of portal	<p>PAHO collaborates with MSH to ensure that the online portal is continuously updated with new tools and courses as they become available. MSH contractors have continued to produce monthly reports detailing the website and social mediate usage (e.g. Twitter, Facebook). This allows PAHO to track the relevance of different tools and best practices presented online, and facilitates planning. Over 5,000 individuals from the Americas and other regions have registered at the website.</p>	<p>External MSH contractors currently ensure the maintenance and updating of the RELAC SIS website.</p> <p>PAHO is working closely with relevant internal departments to complete the transition to its servers and ensure that users retain consistent, good access to the website and its tools.</p>	<p>Both organizations are coordinating efforts to complete the transition of the RELAC SIS website from a private site to PAHO's servers, to be completed by end of May 2016. The team managing the website to date has performed with excellence, and PAHO will work to</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
				ensure that the quality is guaranteed.
	2. Develop virtual forum	<p>The <i>ICD-10 Forum "Dr. Roberto A. Becker"</i> was designed and launched in 2014 as a virtual space that mortality coders and PAHO/WHO Collaborating Centres collaborators can utilize to troubleshoot challenging causes of death and use the most appropriate code from the International Statistical Classification of Diseases and Related Health Problems (ICD-10).</p> <p>The RELAC SIS Secretariat and the ICD Iberoamerican Network have developed revised terms of reference as a framework for the Forum's operations and role for the future. A new coordinating team has been designated to support countries through the forum, and assist in fielding these technical questions concerning mortality coding with the ICD-10.</p>	<p>The virtual nature of this forum and collaborative South-South engagement will contribute to ensuring its sustainability.</p> <p>PAHO and the rest of the RELAC SIS Secretariat will meet to discuss strategies to further sustain the forum during a meeting with the PAHO/WHO Iberoamerican Network of Collaborating Centres for the Family of International Classifications (FIC) in June 2016.</p>	The RELAC SIS portal includes the following sections: the permanent ICD-10 forum, an online discussion forum, and forms for other related topics (electronic health records (EHR) and Vital Statistics Coverage).
3. Implementation the 2015-2016 RELAC SIS PoA	Develop and implement the 2015-2016 RELAC SIS Plan of Action as discussed in the 2015 meeting in Costa Rica (26-29 October 2015)	<p>National health authorities have agreed upon the 2015-2016 RELAC SIS work plan; this has been a result of preliminary discussions held during the 2015 meeting in Costa Rica and continued virtual conversations among working groups through February 2016.</p> <p>The 2016 RELAC SIS WP encompasses eight Working Groups (WGs), five of which are continuations from the 2014-2015 cycle, one new WG on inequalities, and two newly-developed groups focusing on two forms for electronic medical records</p>	<p>PAHO strives to ensure the Network's long-term sustainability, and consequently minimize reliance on external resources.</p> <p>As a preliminary step, the Organization advocates for countries to allocate domestic resources for related activities, and encourages PAHO/WHO Collaborating Centers to sustain and scale up support for efforts to strengthen health information systems in the Americas.</p>	PAHO and the RELAC SIS Secretariat's role will remain crucial for coordinating a range of stakeholders and partners to identify and tailor best practices to the Region or specific countries as necessary. Continued USAID investment will contribute to ensuring the continued success

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		<p>(EMR) and local-level vital statistics coverage respectively:</p> <p>(1) ICD-10 online courses; (2) Transfer technology for coding mortality causes - Mortality Medical Data System (MMDS); (3) Online courses for medical doctors on the proper completion of death certificates; (4) Iberoamerican FIC Network; Intentional Search and Reclassification of Maternal Mortality Deaths; (5) Forum on EMR; (6) Forum on Vital Statistics Coverage; (7) Measuring health inequalities; and (8) The RELAC SIS Secretariat WG.</p> <p>The RELAC SIS Network is collaborating with the A Promised Renewed (APR) Initiative to organize a workshop on measuring and monitoring health inequalities in May 2016 (additional details included in the APR-MMWG progress report). Two forums (one on EMR and another on Vital Statistics Coverage) are scheduled for April-May 2016. Additionally, two annual meetings (1. the Iberoamerican Network for CC for the WHO FIC / National Reference Centers and 2. the RELAC SIS Secretariat) are planned for June 2016.</p>		of this initiative.
Activity 3.1.3 Metrics Monitoring Working Group				
1. Identify key health inequities in reproductive, maternal, neonatal, child, and adolescent health	1. Finalize key health indicators, including coverage, quality, outcome, and inequity stratifiers, to measure and monitor health inequalities	The MMWG concluded a final review of the proposed indicators that were selected in 2015 to assist APR-beneficiary countries in calculating Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) health inequalities.	The initial list was extensive, and would have represented a challenge for countries with weaker health information systems (HIS) and/or limited available data. This revised list will enable countries to	These indicators will be incorporated into a standardized toolkit of methods and tools that APR target countries will utilize for training

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		<p>The revised list has been reduced from 117 to 39 indicators for health coverage, quality, impact assessment, and social stratification. PAHO is finalizing the Spanish translation of these indicators, for subsequent use in Latin America.</p>	<p>obtain an overall panorama of health inequality at the national, and ideally subnational, level.</p>	<p>purposes. MMWG partners include the Interamerican Development Bank, MSH, the World Bank, UNICEF, and USAID.</p>
	<p>2. Develop a database with selected key health indicators and inequity stratifiers, with national & subnational data</p>	<p>Based on the aforementioned indicators, the MMWG is orienting APR target countries to build databases with relevant national and subnational data for analyzing RMNCAH health inequalities. PAHO is additionally constructing an Excel-based tool that will facilitate the calculation, visualization, and analysis of these inequalities.</p> <p>PAHO will request participating countries to begin consolidating their respective databases in preparation for a MMWG workshop in May 2016. Countries will continue consolidating relevant data for the remainder of the year in order to develop national health inequality profiles by 30 September 2016.</p>	<p>The primary national partners for the APR initiative, the Ministries of Health, will need to obtain data from non-health sectors in order to calculate health inequalities (e.g. Ministries of Education, Treasury, Social Services, etc.).</p>	<p>Orientations for constructing health inequality databases will be included in the aforementioned toolkit.</p> <p>The MMWG is prioritizing Central America and the Dominican Republic for FY2016. PAHO proposes to expand the scope of this support over the next five years to target the English-speaking Caribbean and South America.</p>
<p>2. Strengthen the capacity of LAC countries to measure inequalities and identify inequities in reproductive, maternal, neonatal, child, and adolescent health</p>	<p>1. Develop training materials to enable countries to analyze health inequalities and develop related reports</p>	<p>PAHO and other MMWG partners are concluding the final review of the training materials that will form a standardized toolkit for measuring, monitoring, and analyzing RMNCAH health inequalities. The editing and graphic design stage will commence in late April 2016, in order to share the toolkit with countries prior to the May 2016 workshop.</p>	<p>The MMWG encountered initial delays in identifying and adapting relevant methodologies and tools from across the Americas. This led to preliminary delays in releasing these materials.</p> <p>Nevertheless, PAHO has since concluded the pilot testing of these methodologies in Chile and Mexico in mid-2015, and the final materials</p>	<p>Support from MMWG partners has proven invaluable for the development of technically robust training materials.</p> <p>Once available, this toolkit will be utilized in subsequent years, and will be disseminated via</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		<p>Toolkit materials will include:</p> <p>(A) The revised list of 39 indicators;</p> <p>(B) A <i>Practical Guide for Health Inequalities Assessment and Monitoring</i>;</p> <p>(C) Excel-based tool for measuring, visualizing, and analyzing RMNCAH health inequalities;</p> <p>(D) A catalogue of graphic examples to visualize health inequalities;</p> <p>(E) A model / sample country health inequalities profile; and</p> <p>(F) Orientations for developing multi-year national work plans for measuring & monitoring RMNCAH health inequalities, with suggested expected results and measurable activities.</p>	<p>will be available in time for the May 2016 workshop.</p>	<p>the APR website for use by other countries and regions.</p>
	<p>2. Conduct a subregional workshop to train country participants to collect & analyze available data and construct national health inequality profiles</p>	<p>PAHO has initiated logistical arrangements to conduct two MMWG events in San José, Costa Rica in May 2016.</p> <p>The <i>Subregional Meeting on the Reduction of RMNCAH Inequalities</i> (16-17 May 2016) aims to strategically engage countries from the Council of Ministers of Health of Central America (COMISCA) and obtain high-level political buy-in for the need to assess and monitor health inequalities in the subregion.</p> <p>The <i>Data Analysis Workshop on the Measurement and Monitoring of Health Inequalities</i> (17-20 May 2016) will serve to train national teams from eleven countries to measure RMNCAH health inequalities and construct national inequality profiles.</p>	<p>PAHO is in close communication with the national authorities from invited countries to ensure that the national teams are composed of technical personnel with the required expertise to conduct the proposed analyses.</p> <p>These country profiles should feature subnational data; however, the quality of such data varies widely between countries. PAHO and MMWG partners will collaborate closely with countries to aid them in conducting subnational analyses as feasible.</p>	<p>USAID funds will support the participation of Belize, Costa Rica, Dominican Republic, El Salvador, Guatemala, and Panama.</p> <p>Funding from APR partners, including the Interamerican Development Bank, the World Bank, and UNICEF, will support the participation of Bolivia, Ecuador, Nicaragua, and Peru, thus optimizing the impact of this initiative in the Americas.</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	3. Develop and finalize country/regional health inequality profiles (based on data for identified indicators)	<p>The MMWG is finalizing the development of a model health inequality profile that countries will utilize to develop their own national health inequality profiles following the conclusion of the May 2016 workshop.</p> <p>This Working Group will support the countries to develop final national profiles, with completion anticipated by 30 September 2016.</p>	<p>The Ministries of Health will need to build national teams with members from outside the public health sector.</p> <p>The APR partnership with COMISCA and other stakeholders has leveraged high-level political buy-in. This will contribute to ensuring that governments can build cross-sectoral multidisciplinary teams to develop these profiles.</p>	<p>PAHO has contracted a consultant to provide additional targeted support for priority APR for FY2016. The Organization's technical personnel will likewise conduct missions and provide virtual support as needed to ensure that countries are able to develop these profiles.</p>
Outcome 3.2: Improved surveillance for congenital syphilis (CS) diagnosis and treatment through the establishment of a Regional Network.				
Key Personnel Responsible for Outcome 3.2: Drs. Suzanne Serruya / Rodolfo Gomez Ponce de Leon (CLAP)				
Activity 3.2.1 Establish a regional network including main maternal hospitals and primary health care services as sentinel sites for congenital syphilis diagnosis and treatment.				
1. Increase commitment of the country authorities to enforce the regional initiative for the elimination of congenital syphilis.	1. Advocacy at the highest political level	Country meetings were held to evaluate advances made in the elimination of mother to child transmission (EMTCT) of syphilis and HIV in Colombia, El Salvador, Guatemala, Jamaica, and Uruguay, involving discussions with country level authorities.	HIV data is stronger than that for syphilis, and in all countries attention to congenital syphilis must be reinvigorated. Not all countries have SIP data to support decisions and the systems are fragmented.	Even though not funded through this project, using the successful example of the 2015 validation of EMTCT of HIV and syphilis in Cuba has helped start the conversations with authorities of the Ministries of Health.
2. Advance the strengthening and continuity of the Technical Cooperation between Countries (TCC) design.	1. Support Certification and Elimination strategies in priority countries.	<p>Brazil, Jamaica, Trinidad and Tobago, and Uruguay have expressed interest in receiving and offering technical contributions to the Elimination initiative.</p> <p>In the context of the joint PAHO-UNAIDS-UNICEF work plan, a roadmap of countries for both elimination and assessment missions has been developed.</p>	Support for participation of Cuban experts in country cooperation activities must be funded by other sources. Their contribution is important considering they are the only country to certify elimination and other countries can benefit from their experience.	There is a regional plan to strengthen the relationship between countries within upcoming country visits, especially in the Caribbean.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
3. Conduct new operational research with countries that are using SIP, as well as stimulate local and multi-centric operational research and strengthen partnerships with involved institutions. Analyze and disseminate results to assist in decision-making.	1. Support strategies in priority countries implementing SIP to monitor and evaluate the Initiative specially the final report.	Operational research was developed to evaluate the use of SIP in the CLAP Network and monitor congenital syphilis and related indicators. Three publications were included in peer-reviewed journals, finalized with the help of the translations department as well as external consultants to support the process.	Currently support for implementation of SIP is not uniform across countries of the Region. This requires attention in the negotiation of technical assistance requested for countries in order to count with a valuable resource not only for the elimination initiative as well as for the Maternal Mortality monitoring system.	The SIP responds to the need for a unified system that can offer timely analysis integrating syphilis data with Maternal and Neonatal health indicators. The need to simplify registers, not duplicate them, is important to highlight.
4. Promote the use of SIP quick access (automatic report) at the level of health authorities and managers, taking extreme care about the quality of data for monitoring and evaluation of interventions.	1. Promote the use of SIP in countries to monitor and evaluate the initiative building evidence	The use of the SIP One-Click syphilis data analysis was promoted at every meeting of the CLAP Network: Brazil (October 2015), Dominican Republic (November 2015), Panama (February 2016), and El Salvador (March 2016).	Syphilis in general and congenital syphilis in particular is not always a priority for the health authorities in many countries. Also, SIP is underused as a resource to evaluate still births in the region.	When data quality is carefully monitored by country health authorities, it is a powerful tool for advocacy as well as to better define strategies to eliminate vertical transmission.
Outcome 3.3: Improved national planning capacity in neonatal health guided by country's neonatal and child profiles.				
Key Personnel Responsible for Outcome 3.3: Dr. Pablo Duran (CLAP)				
Activity 3.3.1 Consolidate and analyze data, and develop country profiles.				
1. Situation analysis of neonatal health and inequalities in LAC in relation to Regional Plan and Strategy for Newborn Health, MDGs and ENAP	1. Compile the results of the country profiles developed and identify the additional sources for validating inequalities in neonatal health and elaboration of the technical report and its dissemination	The compilation of information was done, both from country profiles available as well as additional sources. Also, technical assistance to the Dominican Republic has begun to support the update of their own national profile.	The process has been delayed but completion is expected in the remaining period.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	2. Validation of the instrument for estimation of the cost of prematurity	A systematic review of the studies published on cost of prematurity was done. Implementation of the methodology and its field testing is still pending. It is hoped that this will take place in the second trimester of the year.	None.	None.
Activity 3.3.2 Disseminate and promote profiles (CDs, electronically, etc.) to regional partners				
1. Development of an online format for presentation of the information generated in neonatal country profiles	1. Design an electronic format that organizes and presents the consolidated information	The virtual platform, structure and components have been designed. Currently computer science professionals are working on its development	None.	None.
Activity 3.3.3 Strengthening surveillance systems				
1. Technical cooperation for the establishment and maintenance of surveillance systems	1. Development of a guide/instrument ("instrumento guia") for the implementation and analysis of audits of neonatal deaths	The global framework and tools were developed in coordination with WHO and other partners, following PAHO's participation in a technical meeting and contributions to the design. The instruments were tested and have moved to final review. They will be translated into the Region's official languages, in order to be implemented.	This is a priority activity for the region. Implementation is expected as soon as the tools are available, as there is a previous successful experience supported under this grant in Caribbean countries. Implementation of the activity is pending in St Kitts and Nevis, similar to the one held in St. Lucia.	This is also a priority activity in the Newborn Alliance work plan.
	2. Technical cooperation for the establishment of surveillance of deaths at birth, including prematurity	A course on surveillance of congenital malformations was held in November 2015 in Costa Rica with distance learning and face to face components. The course was attended by 30 professionals from the region. Developed for the first time in the region, the course represented an important milestone; it provided an important training opportunity as well as a platform for a rapid response to the Zika virus outbreak registered in the region, in terms of surveillance on associated birth defects. The trained professionals as well	Given the importance of birth defects in mortality and morbidity of newborns and children, strengthening surveillance around birth defects, as well as fetal and infant deaths, is critical. Having such information is key to identify problems not yet fully characterized, as well as to plan actions to address such problems and monitor the impact of interventions. It is expected that in the coming years more attention	The activities have enabled joint actions with key partners such as CDC and the International Clearinghouse for Birth Defects. This is a central line of work both for the Neonatal Alliance as well as the coordinated work plan with the Regional Task Force on Reducing

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		as the team of facilitators contributed significantly in terms of the response to surveillance around microcephaly and other birth defects.	will be given to this issue.	Maternal Mortality.
Outcome 3.4: Strengthened epidemiological surveillance of MDR-TB.				
Key Personnel Responsible for Outcome 3.4: Drs. Mirtha del Granado & Rafael Lopez (CHA/HT)				
Activity 3.4.1 Carry out regional meeting on MDR-TB surveillance.				
Activity 3.4.2 Support national MDR-TB surveys.				
Activity 3.4.3 Develop and implement analytic tools regarding gender, ethnicity and vulnerable populations.				
Activity 3.4.4 Develop an annual Regional TB and MDR-TB report.				
Funding for the original Outcome 3.4 included in the Expanded Tuberculosis Funding for Years Two - Five.				

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Cross-Cutting Theme 4: Leadership and Governance				
Improved national health authority capacity to monitor and evaluate its functions and performance at all levels of the system and to guide national health policies and plans (cuts across all of the others).				
Outcome 4.1: Strengthened policy dialogue in maternal health at the regional and national level reduction of maternal morbidity and mortality				
Key Personnel Responsible for Outcome 4.1: Dr. Bremen De Mucio (CLAP)				
Activity 4.1.1 Update and promote the Regional strategic plan for the reduction of maternal morbidity and mortality.				
1. Update national plans for the reduction of maternal mortality and maternal morbidity	1. Mapping of countries that need upgrade national plans. Direct technical support to countries that have decided update their plans (virtual or through technical cooperation missions). Support for editing and printing as needed.	A professional was hired to develop, conduct and process results of a survey mapping countries' situation regarding national plans for the reduction of maternal mortality and maternal morbidity. The survey will be starting in April and results are expected by the end of May 2016.	None.	The survey was sent to PAHO's Assistant Director for clearance, a necessary authorization for all surveys before sending to countries.
2. Promote political commitment of National Countries authorities for the reduction of maternal mortality and severe maternal morbidity	1. Development, discussion and approval of the Document of Interagency Strategic Consensus (DISC). Regional meeting of consensus of the DISC among LAC countries and Institutions.	A technical meeting to discuss the last version of the DISC took place in Panama City, on 27 and 28 October 2015. 20 Representatives from Ministries of Health of LAC countries attended (Argentina*, Belize, Bolivia*, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador*, El Salvador, Guatemala, Guyana, Honduras, Mexico, Panama, Paraguay, Peru, Suriname, Uruguay, and Venezuela*), in addition to one bilateral agency of cooperation (USAID), five UN Agencies (UN Women, World Bank, UNICEF, UNFPA and PAHO), and ten NGOs, subregional organizations and other groups (Enlace continental de mujeres indígenas, Family Care International, Mesa de maternidad y nacimientos seguros de Bolivia,	Work is needed so that all RITF members feel that the document is aligned with their interest and strategies to improve maternal health.	The process has been delayed in part because of the need of many relevant actors to focus on the Zika epidemic in the region. USAID funding was not used to support participation of Argentina, Bolivia, Ecuador, and Venezuela.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		<p>Organismo Andino de Salud - Convenio Hipólito Unanue, Comité promotor para una maternidad segura México, Observatorio de salud reproductiva de Guatemala, Rede pela humanização do parto e nascimento, Maternal and Child Survival Project, Red Iberoamericana de Jóvenes Indígenas and Inter-American Parliamentary Group on Population and Development).</p> <p>The most important conclusion of this meeting was that the document needs adjustments. Many inputs were obtained from participants and have been included in the updated document.</p>		
<p>3. Strengthening surveillance of maternal mortality</p>	<p>1. Workshop for launching the Maternal Death Surveillance and Response (MDSR) tool for the Americas. Technical support for countries on the implementation of MDSR tool.</p>	<p>A regional meeting was held from 30 November to 2 December 2015 in Panama City. The main objectives were to share the regional adaptation of guidelines on MDSR with experts of the region, and develop a strategic plan in order to provide technical support to LAC countries regarding the implementation of these guidelines.</p> <p>27 health professionals participated in the meeting, representing 14 countries (Argentina*, Brazil, Chile, Colombia, Ecuador*, El Salvador, Guatemala, Jamaica, Mexico, Panama, Paraguay, Peru, Uruguay, and USA).</p>	<p>Changing the mindset related to why audits are done is a challenge in our region. These are often seen as bureaucratic mechanisms, or punishment procedures, but not as a tool for improving quality of care and preventing further deaths from the same causes.</p> <p>Another challenge is to incorporate the recommendations for improvement of the response following a maternal death. Currently, in LAC countries it is rare to make recommendations to prevent new maternal deaths as well as to monitor the compliance of such recommendations.</p>	<p>Participation of representatives from Argentina and Ecuador were funded by UNFPA.</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
4. Supporting Regional network of sentinel hospitals for maternal health surveillance and research	1. Workshop for launching of the first protocol of research on Maternal Near Miss (MNM) and the systematic collection of selected indicators. Implementation of surveillance and first protocol of research on MNM. Direct Technical support for Hospitals to improve collecting data	The workshop took place on 3 and 4 November 2015 in Punta Cana. 15 coordinators of the CLAP Network at national level (Argentina*, Brazil, Chile, Colombia, Cuba*, Dominican Republic, Ecuador*, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, and Uruguay) and 9 MNM experts of the region analyzed the protocol for MNM surveillance, and revised other documents, including the form to collect the information, the information system, and the operative manual (filling instructions and definitions of terms). As of April 2016, three health facilities have obtained the needed clearance of local ethics committees.	Getting the authorization from local ethics committees is an indispensable step to begin fieldwork, and is usually a lengthy process. Achieving network sustainability is an additional challenge, based exclusively on the commitment of the participants and the scientific production.	Currently the network is made of 19 countries and 54 health facilities. National coordinators of the CLAP network are committed to obtaining authorization of local ethics committees to begin gathering information. Participants from Argentina, Cuba, Ecuador and Nicaragua were funded with PAHO's Regular Budget.
	2. Direct technical support to members of the network, including epidemiological training. Development of the database on maternal and neonatal mortality and morbidity.	Terms of reference for constitution of the Data Control Unit have been elaborated, in order to monitor the quality of data that health facilities send to the Regional Base on a regular basis, answer queries, and produce a regular epidemiological report of each institution.	Sustainability of the Data Control Unit without USAID funds is needed in the future.	The Umbrella Grant will support with seed funds to develop the Data Control Unit.
Activity 4.1.2 Promote the effective functioning and scaling-up of the Regional Interagency Task Force for the reduction of maternal mortality.				
No funding budgeted for this activity for Year Five				

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Activity 4.1.3 Enhance the dissemination of the lessons learned from the Colombia Web-based Maternal Mortality Surveillance project through focal technical assistance to requesting countries of the region.				
Key Personnel Responsible for Activity 4.1.3: Dr. Sandra Rodriguez (PWR-COL)				
1. Establishment of the WBMSS system in the 36 territorial entities and the 2,000 information generation units (UPGD) in the country which report vital statistics	1. Technical assistance of an epidemiologist, in territories prioritized for support in the process of establishment and expansion of the WBMSS, for entry of cases in the platform of modules 1-5 in 10 territorial entities	1) Meetings have been held between PAHO/WHO and the Safe Maternity Team of the INS Subdirection of Public Health Prevention, Surveillance and Control to review epidemiological aspects of the new updates to the application. 2) Follow up has been done in the departments of Bogotá D.C, Valle, Córdoba, Antioquia and Cundinamarca, supporting the information on maternal mortality in the first five modules of the WBMSS.	Continued support is needed for the development of the process in each territory with the goal to advance the cases as needed to process the outputs of the application. Strengthening human resources in the units of analysis using an integrated conceptual framework of social determinants of health is needed, as well as the construction of plans for institutional and interinstitutional improvement.	None.
	2. Technical assistance, monitoring and evaluation of the roll out of the WBMSS through follow up in 10 territories defined by the country in order to strengthen capacity of health personnel in analysis of maternal mortality and follow up of improvement plans	Support was provided to the units of analysis of Bogotá D.C, Antioquia and Cundinamarca for understanding each of the system's categories established using the approach to social determinants related to aspects of women's autonomy in the full process of care. Currently the WBMSS is functioning in its productive phase at national level, with 26 territorial entities having reported maternal mortality cases to the application. Those which have made the greatest advances include are: Bogotá, Antioquia, Cundinamarca, Huila, Cesar, Guajira, Tolima, and Bolívar. This can be explained by the increase in follow up provided to the territories.		

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	3. Final development of the guide for units for analysis of maternal deaths from the perspective of social determinants of health	1. A preliminary technical document was developed, integrated with the protocol for maternal mortality surveillance in the country and the guide for analysis using the social determinants of health. 2. A preliminary bulletin was developed with information on the production phase, including 2015 cases of maternal death which were entered in the application by territorial entity and which field interventions were made.		
	4. Dissemination of the process and results of the establishment of the WBMSS in the country	This activity is scheduled for the second trimester of the year, with authorization to host the meeting pending from the Dominican Republic.		
2. Technical assistance of a Systems Engineer to develop and establish a project for analysis of information generated by the program for maternal mortality events (dashboard / data mart), allowing for analysis of information from WBMSS modules M1 - M7 and the administration module of the program according to INS requirements	1. Design the administration module according to the needs identified	1. Meetings have been held between PAHO/WHO and the Safe Maternity Team of the INS Subdirection of Public Health Prevention, Surveillance and Control to review epidemiological and informational aspects of the new updates to the application. 2. A meeting with technical personnel of the INS was held to review the outputs of the application, taking into consideration the variables of person, time and place, as well as the defined categories of analysis: woman, family, community, and health system; and the quantitative analysis supported in the reports generated by the system, both univariate and bivariate.	During the implementation process of the system, new actors such as insurers have become involved, implying changes to the application so that they can develop their activities in the framework of Colombia's social security system.	New departmental and municipal authorities of the country cause changes in technical personnel responsible for public health surveillance and in the maternal and infant health programs. The financial closure at the end of the year as well as the new operating system caused delays in the hiring process, resulting in updates to the work plan.
	2. Model and design the data base to support the requirements for analysis of the WBMSS information, such as extraction, transformation, etc.	2. A meeting with technical personnel of the INS was held to review the outputs of the application, taking into consideration the variables of person, time and place, as well as the defined categories of analysis: woman, family, community, and health system; and the quantitative analysis supported in the reports generated by the system, both univariate and bivariate.		
	3., Carry out training of the Maternal Mortality team on functioning of the tool for analysis of information generated by the program	3. Both in-person and virtual trainings have been held at national level to support users in management of the application and to resolve technical problems and questions related to data entry in each module.		
	4. Elaborate a user manual with functionalities of the administrator manual and dashboard / data mart.			

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		The updated version of the WBMSS application (version 3.0.2.0.2.9) was submitted to the INS on 25 March 2016.		
3. Development of the module for identification of perinatal deaths based on the WBMSS	1. Identify and revise the dictionary of vital statistic data	The document with proposal and pilot design for maternal and perinatal surveillance submitted by the INS was reviewed, to obtain a baseline of the general process. The variables included in the 2012 vital registration of perinatal and neonatal deaths are being reviewed.	None.	None.
	2. Establish the algorithm for identification of perinatal deaths from vital statistics			
	3. Create the module for integration in the WBMSS			
4. Share the WBMSS with countries of the region (platform, written application or components of the System) for adoption and adaptation according to needs / interest	1. Recruitment of interested countries in the Region	Since last year, interest of other countries has been explored (El Salvador, Honduras, Mexico). A preliminary agenda to introduce to has been elaborated. This activity is scheduled for the second trimester of the year, with authorization to host the meeting pending from the Dominican Republic and the Director of CLAP. An executive summary of the WBMSS was elaborated for presentation to the countries.	None.	Nicaragua and Ecuador have also expressed interest and other sources of funding will be explored.
	2. Agenda of the event with participation of CLAP/SRM			
	3. Demonstrative workshop for use of the tool			
	4. Virtual technical cooperation by the Systems Engineer to three countries who accept incorporation of WBMSS			
5. Animated audiovisual tutorial piece (15 minutes) for use in training on use of the WBMSS at the territory level	1. Elaboration of terms of reference and brief for the audiovisual piece	Terms of reference to develop the script, preproduction, and production of two videos were developed: a 12-minute tutorial and 8-minute institutional video to support the training in the WBMSS and to document the experience using the program in Colombia. A call for quotes was done and the company who will develop the videos was selected.	None.	None.
	2. Recruitment of firm for creation of the video			
	3. Design and development of the video according to technical and communications requirements			
	4. Distribution of the video to the 36 territories			

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Outcome 4.2: Regional Neonatal Interagency Alliance strengthened to promote and support national policies and activities in newborn health in the context of continuum of care approach				
Key Personnel Responsible for Outcome 4.2: Dr. Pablo Duran (CLAP)				
Activity 4.2.1 Support and maintain functioning of Alliance.				
1. Technical cooperation and support to the activities of the Neonatal Alliance	1. Co-organization of the annual meeting and support to activities of communication and dissemination. Support to the establishment of Alliances in countries	The annual meeting of the Neonatal Alliance was held in Panama from 15 - 17 November 2015. During the meeting a first session was held with members of the Executive Committee. Later the meeting with all members of the Regional Alliance took place, during which members of the Alliance received an update on priorities in neonatal health at regional and global level, reported on activities during the period 2014-2015, and defined the 2015-2016 Action Plan. Meetings have been held for 10 years since the establishment of the Alliance, and lessons learned and future challenges were also analyzed.	Sustaining the Neonatal Alliance for Latin America and the Caribbean is essential to strengthen actions to promote newborn health in the region. After 10 years of work, the Alliance's role in the formulation and implementation of the Strategy and Regional Action Plan has been extremely positive. The Alliance has also been valuable in the final evaluation of the regional plan. Continuing this work is essential despite pending challenges, and lessons learned from previous years should be taken into consideration.	None.
	2. Technical cooperation to strengthen national neonatal Alliances, upon request	<p>Technical cooperation was provided to the Neonatal Alliances in Haiti, Dominican Republic, and Paraguay.</p> <p>A participant from the Dominican Republic participated in the meeting of the Neonatal Alliance in November 2015.</p> <p>PAHO has worked with the Neonatal Alliance of Haiti to agree on the necessary actions in follow up to the previous June 2015 meeting with the country. Haiti has shown significant progress in strengthening their activities.</p>	Supporting national alliances can be a challenge. Work to promote the establishment of partnerships in additional countries as well as in the Caribbean is needed. In some cases, internal changes have affected the level of implementation at national level.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		As part of the annual meeting of the Neonatal Alliance in Panama, progress was analyzed and challenges to be addressed during 2015-2016 were discussed.		
Activity 4.2.2 Evaluate advances in MDG 4 in South America.				
1. Evaluation of the neonatal component in the framework of the evaluation of MDG4	1. Evaluation of the neonatal component in the framework of the evaluation of MDG4	With the end of the MDGs as well as the Regional Strategy and Plan of Action on Newborn Health, a technical report was completed and submitted for publication in the American Journal of Public Health. The report "Progress and Challenges in Neonatal Health in the Region of the Americas" has been accepted for publication and final edits are currently being made. The article presents the main results and challenges in implementation of the Regional Plan, as well as its connection with the goals proposed by the MDGs.	Completion of the final review of the document is needed to then submit it for final publication.	A new article discussing MDG achievements and their linkage with the challenges posed by SDGs is also in the process.
Outcome 4.3: Increased capacity of national authorities to secure sustainable political commitment and resources to institutionalize core capacities for surveillance and response, including at Points of Entry				
Key Personnel Responsible for Outcome 4.3: Dr. Sylvain Aldighieri (CHA/IR)				
Activity 4.3.1 Organization and implementation of the Second Annual Regional Meeting of the National IHR Focal Points				
No funding budgeted for this outcome for Year Five.				

Tasks	Planned Steps	Current Progress	Challenges	Remarks
ADDITIONAL ACTIVITIES				
Neglected Infectious Diseases				
Key Personnel Responsible: Drs. Steven Ault / Santiago Nicholls (CHA/VT)				
Outcome 1: Political and technical commitment for controlling and eliminating NID enhanced				
<p>1.1.1. Strengthening regional capacity to provide technical cooperation for control and elimination of Neglected infectious Diseases: Specialist hired to support PAHO's Regional NID Program with emphasis on strengthening capacities for the development of integrated national and subnational NID strategies and plans of action, and for the elimination of onchocerciasis and blinding trachoma.</p>	<p>One PLD P3 professional position</p>	<p>The Specialist was hired to support PAHO's Regional NID Program, and specifically provided technical support in the following topics:</p> <p>Blinding trachoma elimination:</p> <p>a) PAHO supported Mexico to prepare and complete its dossier for verification of elimination of blinding trachoma. The joint WHO and PAHO mission carried out in March 2016 reviewed the dossier and discussed it with representatives of the country program. It was recommended that the country make a rapid assessment of trachoma in three areas with rural communities with high poverty and poor access to services outside the state of Chiapas (area with recent history of trachoma) in order to rule out transmission in other areas of Mexico. The analysis of results will be included to support the dossier, to be presented in the Get2020 Meeting at the end of April 2016, in Sidney, Australia;</p> <p>b) Brazil started planning for a national survey to establish the current prevalence of TF/TI in children aged 1 to 9 years and of TT in general population, in order to assess the current status of trachoma. The survey will be carried out in 2016.</p> <p>c) A training workshop was carried out in November 2015 with delegates from Brazil,</p>	<p>a) There is a need to map in unknown endemic areas with similar environment and social conditions to verify absence and elimination of trachoma in the Region;</p> <p>b) Given the political turmoil and the Zika emergency, the progress in interruption of transmission of ONCHO in the Yanomami area from Brazil has been minimal; however, Brazil needs to scale up actions and complement Venezuela's great achievements.</p>	<p>The Regional NID Program provides technical cooperation at the regional level; however Venezuela and Nicaragua do not receive USAID funding.</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		<p>Mexico and Colombia, for the implementation of the TT active case finding protocol. The number of people needing treatment has dropped from 336,000+ (2009), to around 25,000 in 2015 (all in Yanomami area).</p> <p>Onchocerciasis: a) PAHO has planned for the International Mission for verification of elimination of onchocerciasis in Guatemala to be held from 30 May to 10 June 2016; b) Venezuela* has greatly advanced in the interruption of transmission of ONCHO in some of the Yanomami area. The country has published evidence of interruption of transmission in 75% population in the Yanomami area and the number of people needing treatment has dropped from 336,000+ (2009), to around 25,000 in 2015 (all in Yanomami area).</p> <p>Strengthening Capacities: a) An online training course on soil-transmitted helminths (STH) has been officially launched and is available through the PAHO/WHO Virtual Campus for Public Health (VCPH); b) An online training course on trachoma was finalized and will be launched in 2016; c) PAHO worked in close collaboration with RTI to adapt the TIPAC Tool to include non-PC diseases to support countries in the planning and implementation of their operational plans according to their epidemiological situation.</p>		

Tasks	Planned Steps	Current Progress	Challenges	Remarks
1.1.2. Sustain the active participation of PAHO in the Program Coordinating Committee (PCC) of the Onchocerciasis Elimination Program for the Americas (OEPA) and in the Inter American Conference on Onchocerciasis (IACO) to move forward actions for the elimination of ONCHO in the region.	Two delegates from the NID regional team to participate in two PCC meetings and one IACO meeting	PAHO's Regional Advisor for NID as well as NID focal points in Brazil and Venezuela participated in OEPA's PCC and XXV IACO meetings held in Guatemala 16-18 November 2015, and will participate in the next PCC meeting to take place at the end of June 2016 in Guatemala.	None.	None.
1.1.3. Support trachoma survey and other activities in Colombia, given that two new foci have been officially reported.	Support Colombia to carry out trachoma survey	PAHO supported the development, design and implementation (seed funds were provided to the country) of baseline surveys in Colombia in areas surrounding its known focus; as of March 2016 two more foci have been officially reported. The country will hold a round of trachiasis operations 28 May – 2 June 2016.	None.	None.
Outcome 2: Monitoring and evaluation of the progress of priority countries towards control and elimination goals for NID secured				
1.2.1. Strengthening regional capacity to provide technical cooperation for control and elimination of Neglected infectious Diseases: Specialist hired to support PAHO's Regional NID Program with emphasis on monitoring and evaluation, lymphatic filariasis and schistosomiasis elimination.	One full-time STP P3 professional position (6 months)	The Specialist was hired to support PAHO's Regional NID Program, and specifically provided technical support in the following topics: Data Analysis/M&E: a) A training workshop was carried out from 2-6 November 2015, for delegates from Colombia, Dominican Republic, Honduras, Mexico, Nicaragua* and Paraguay, where participants were trained on the use of PAHO's Toolbox for the integrated monitoring of vaccination and coverage of PC for STH and other public health interventions.	None.	* These countries were not supported by USAID funding.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		<p>b) 12 countries are using the WHO Joint Application Package (JAP) for reporting, planning and requesting donation of drugs for PC: Brazil, Colombia, Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua*, Paraguay, Venezuela.* Only MEX and VEN did not receive donations.</p> <p>Schistosomiasis (SCH): a) A systematic review on SCH was published in PLOS NTD, "Schistosomiasis Prevalence and Intensity of Infection in Latin America and the Caribbean Countries, 1942-2014: A Systematic Review in the Context of a Regional Elimination Goal" (PNTD-D-15-01286R2) (http://www.plosntds.org/article/info:doi/10.1371/journal.pntd.0004493); b) Terms of reference (TOR) and a concept note were developed to identify a professional to develop a SCH Caribbean subregional dossier, the first subregional dossier to be prepared in the world; c) SCH online course modules have been developed and are under review for design and layout for official launch in PAHO/WHO VCPH; d) PAHO supported Suriname to develop a protocol to update the epidemiological situation in the country which should be implemented in 2016.</p> <p>Lymphatic Filariasis (LF): Technical support has been provided to LF endemic countries; b) PAHO supported Guyana to develop and plan for expansion of mass drug administration (MDA) for LF to include Regions 3, 4, 5 and 10 starting</p>		

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		<p>in 2016.</p> <p>Morbidity Management and Disability Prevention(MMDP): A PAHO consultation meeting on NID was held 16 October 2015, in which the NID Program Advisors, Disability and Rehabilitation Program, and experts from CDC, Emory University, American Leprosy Missions, and the United States Office of Global Affairs - HHS participated to initiate dialogue on ways to scale up and strengthen the MMDP component.</p>		
<p>1.2.2. Move forward on the verification of the elimination of schistosomiasis in the Americas: support the formerly SCH endemic countries to compile evidence to verify the elimination</p>	<p>Provide technical cooperation to SCH endemic countries</p>	<p>PAHO supported Dominican Republic in formation of a technical working group with the National SCH Program and Academia to compile and analyze the available data of the possible elimination of schistosomiasis transmission in the country. A technical working group meeting, with the support of PAHO, will take place during the first semester of 2016.</p>	<p>None.</p>	<p>None.</p>
<p>1.2.3. Support implementation of trachoma baseline survey in Peru</p>	<p>Trachoma baseline survey implementation in Peru</p>	<p>PAHO supported Peru in adapting the trachoma protocol for a baseline survey in the northern part of the country, bordering Brazil and Colombia, to be implemented in 2016.</p>	<p>None.</p>	<p>None.</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
1.2.4. Support the implementation of MDA and transmission assessment survey activities in endemic countries towards the elimination of LF	Support to the LF endemic countries (Guyana)	PAHO has supported Guyana in submission of a proposal to the Sabin Vaccine Institute, to expand the geographical coverage of MDA for LF in Guyana starting 2016. The SABIN Institute has granted \$98K for MDA in 2016. The Regional NID Program has complemented this grant with seed funds.	None.	The resource mobilization with partners and donors has been very fruitful.
1.2.5. Support trachoma survey implementation in Guatemala and Peru	Trachoma baseline survey implementation in Peru and trachoma impact survey in Guatemala	Support was provided to Guatemala to complete the protocol for implementation of a trachoma impact evaluation survey, expected to take place in the second semester of 2016. Peru will carry out a baseline survey (see 1.2.3).	Guatemala has had many political challenges over the last year but expects to put this activity as a priority in 2016.	None.
Outcome 3: National capacities for controlling and eliminating NID strengthened in priority countries				
1.3.1. Funding for the Second Regional Meeting for control of STH and elimination of SCH in the Americas	Second Regional Meeting for control of STH with Member States, partners and donors, and SCH piggy-backed to STH Meeting with endemic countries	This activity is linked with 1.3.3.	None.	None.
1.3.2. Scale up actions for integrated morbidity management and disability prevention for lymphatic filariasis: technical cooperation for burden assessment and situation analysis of LF and other NIDs.	One endemic country	The PAHO NID Program is currently developing TORs for a consultant to develop a burden assessment and situation analysis of LF and other NIDs, tentatively in Brazil, in order to replicate it in other LF endemic countries.	None.	None.
1.3.3. Follow up regional actions for controlling STH and eliminating schistosomiasis: regional meeting with priority countries and partners -	Back-to-back meetings with the priority SCH and STH endemic countries and partners (co-funding)	PAHO will hold the Second Regional STH Meeting to intensify efforts for control of STH to help build the capacities of STH control programs, and promote coordination between all partners and sectors involved in STH control, in	None.	Donors and partners will be invited to participate in this important activity for the Americas.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
includes a training workshop on the new PAHO operational manual for "Good practices in repackaging, repacking, distribution and dispensing of drugs used in mass treatment campaigns for neglected infectious diseases in the region of the Americas"		particular incorporating the WASH strategy for NTDs for the purpose of making headway on and sustaining the regional goals. The SCH meeting with endemic countries will be held back-to-back with the STH meeting in order to maximize resources and time. The meetings are scheduled to take place the first week of August 2016 in Lima, Peru.		
1.3.4. Follow up progress and identify needs and priorities towards the elimination of LF by 2020: regional meetings with priority countries for LF	One meeting with the priority endemic countries and partners (co-funding)	The PAHO Regional NID Program will hold the LF Regional Meeting with priority countries in October, held back-to-back with the Global Programme to Eliminate Lymphatic Filariasis (GPELF) Meeting in Brazil.		This activity will be funded under the new USAID Umbrella Grant, with preparations taking place as the current grant concludes.
1.3.5. Strengthening regional capacities to move forward towards the elimination of blinding trachoma in priority countries: fourth regional meeting	One meeting with countries endemic for trachoma (Brazil, Colombia, Guatemala and Mexico) and other selected countries implementing active searching of trachomatous trichiasis (TT) cases.	The PAHO Regional NID Program will hold the Fourth Trachoma Regional Meeting in Colombia in September 2016. Endemic countries for trachoma (Brazil, Colombia, Guatemala and Mexico) and other selected countries implementing active searching of TT cases will participate in the meeting.		This activity will be funded under the new USAID Umbrella Grant, with preparations taking place as the current grant concludes.
1.3.6. Strengthening capacities of national managers of NID programs in the Americas: adaptation of the PAHO/WHO training for program managers of NID to an online platform to expand its use.	Complete the adaptation to have a mixed course (a first online phase and a second part in classroom setting)	The PAHO/WHO training course for program managers of NID (in dialogue with RTI/ENVISION) has been adapted for the Americas, with country-specific epidemiology, including non-PC NIDs. Seven countries trained, and Bolivia* had a workshop for subnational managers. A new conceptual proposal for a bimodal course has been presented and under review (online part and in class room part).		Bolivia does not receive USAID funding.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Reinforcing Malaria Efforts in Haiti				
Key Personnel Responsible: Dr. Keith Carter (CHA/VT)				
Outcome A. Strengthened and optimized implementation of Global Fund Grant on malaria in Haiti				
Activity A.1 Global Fund grant coordination meetings				
A.1 Actively collaborate and provide technical inputs on the implementation of the Global Fund (GF) malaria project	1. Attend periodic meetings with the department-level Directors and Program managers to discuss the operational plan for the ongoing GF malaria project	The new Global Fund Malaria Grant for Haiti (totaling approximately to \$16.6 million) has been recently signed and is currently being implemented (through December 2017). The PAHO Advisor for Malaria in Haiti as well as the regional team supported the process of development of the concept note for this project as well as in completing the grant making process.	None.	None.
	2. Support the review of periodic reports to ensure timely submission to the GF	The PAHO advisor for Malaria in Haiti collaborated with national counterparts and other partners in this activity.	None.	None.
	3. Participate in at least one monitoring activity with the Departmental Direction of Health Services.	The development of annual department-level malaria work plans was supported for two priority departments: Artibonite and Grand'Anse.	Engagement of partners in the development of the departmental work plans has been a challenge.	Expansion to other departments is possible during the coming months.
Activity A.2 Technical cooperation in resolving implementation bottlenecks including support of diagnostic missions, mapping of country need and development of response strategy, and implementation of progress reviews				
A.2 Collaborate with stakeholders in program monitoring efforts and resolving bottlenecks / Facilitate effective implementation of the Global Fund grant by strengthening PNCM	1. Support technical & management capabilities of the PNCM (organization, tasks, responsibilities, plans, dashboard, periodic meetings, strengthen relations with SR and partners, improve operational efficiency)	This particular support is facilitated through the current joint Malaria Elimination Workshops being conducted by the PNCM with strong support from PAHO.	None.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	2. Support technical implementation of specific PNCM activities funded by the GF grant	Department-specific policy and technical recommendations, coordinated with other partners, are available and transmitted to the PNCM.	None.	None.
Activity A.3 Technical cooperation on preparation of future proposals for submission to the Global Fund and other financial institutions (including contracts and training on proposal development)				
A.3 Technical cooperation on preparation of future proposals for the submission to the Global Fund and other financial institutions	1. Collaborate with partners and stakeholders to support the development of the malaria concept note under the New Funding Model, and support its review if requested by the GF	PAHO provided technical support throughout the development process of the concept note until the submission to the Global Fund.	None.	None.
	2. Support the PNCM with exploring other resource mobilization possibilities	A resource mobilization plan was developed, which describes the advocacy strategy for external resources to support elimination.	None.	None.
Activity A.4 Advisor in Malaria Prevention and Control				
A.4 Contract an Advisor, Malaria Prevention and Control	Extend the contract of the PAHO/WHO malaria advisor for the duration of the "Reinforcing Malaria Efforts in Haiti" project	The contract of the PAHO/WHO Malaria Advisor based in Port-au-Prince has been extended through 30 September 2016 to support and coordinate department level malaria elimination workshops and join periodic PNCM department missions to resolve bottlenecks.	None.	There is close coordination with other partners at country level such as CHAI, CDC, and Malaria Zero. PAHO is hopeful that the funding for the Malaria Advisor in Haiti will continue to be available so the technical support for Haiti will also be ensured.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Outcome B. Strengthened malaria surveillance, monitoring, and evaluation (M&E), and reorient towards elimination				
Activity B.1 Technical cooperation on border malaria surveillance, and in monitoring progress and quality assurance in joint Haiti and the Dominican Republic activities (e.g. Global Fund malaria grants, the Binational Plan to Eliminate Malaria and Lymphatic Filariasis in Hispaniola, the Elimination of Malaria from Mesoamerica and Hispaniola (EMMIE) Initiative)				
No 2016 USAID funding has been allocated for this activity, as resources from the Malaria Zero grant have been earmarked for this purpose. Nevertheless, the PAHO malaria advisor based in Haiti will provide technical assistance to facilitate binational cooperation and joint malaria efforts in Hispaniola.				
Activity B.2 Support the development and consolidation of PNCM epidemiological and performance reports				
B.2. Support the PNCM to review epidemiological and performance data and indicators to improve information evaluation and reporting	1. Review and update procedures for periodic data collection	The data validation / surveillance system assessment using the PAHO methodology developed for EMMIE countries was conducted in Haiti in November 2015.	Sustained and strengthened surveillance are needed at all levels of the health system.	None.
	2. Develop and promote individual case reporting.	PAHO is currently working with National Counterparts and partners to determine where individual case reporting can be implemented in the country (based on recent assessments and studies conducted).	None.	None.
	3. Support the PNCM, UPE & DELR in reviewing data collected for periodic reports on epidemiological and performance indicators	Personnel from the DELR, PNCM, and other agencies have been trained to implement the national malaria surveillance guidelines, M&E, and related best practices through a training held in November 2015.	Sustained and strengthened surveillance are needed at all levels of the health system.	None.
	4. Produce and disseminate a periodic epidemiological surveillance bulletin	PAHO is coordinating with the PNCM and other partners to develop the program's capacity to produce and disseminate periodic epidemiological surveillance bulletins.	None.	None.
	5. Support the development of annual reports for consolidation into the WHO World Malaria Report 2015	The 2014 annual country report for Haiti was received and was incorporated in the 2015 Global report.	Further efforts are needed to reduce the level of potential under-reporting.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Activity B.3 Country capacity strengthening on malaria surveillance, monitoring, and evaluation (including trainings, workshops, etc.)				
No 2016 USAID funding has been allocated for this activity, as resources from the Malaria Zero grant have been earmarked for this purpose. Nevertheless, the PAHO malaria advisor based in Haiti will provide technical assistance to facilitate binational cooperation and joint malaria efforts in Hispaniola.				
Outcome C. Malaria strategies reoriented towards elimination, and strengthened implementation of interventions, particularly diagnosis and treatment				
Activity C.1 Technical cooperation in the implementation of the updated national malaria strategy and related strategic documents; and in aligning the implementation of the Global Fund Malaria Project				
C1. Support the implementation of the updated National Malaria Strategic Plan (2016-2022)	1. Organize a bi-annual coordination meeting with the key private-sector stakeholders involved in the fight against malaria in Haiti	National counterparts in Haiti and the Dominican Republic participated in the Regional Consultation on the Development of the Plan of Action for Malaria Elimination 2016-2020, held in the Dominican Republic from 6-8 October 2015. The meeting served as a venue for country dialogue and cross border coordination among various countries.	Implementation of innovative approaches is needed to address challenges where progress has been limited. The private sector does not do case management based on guidelines from the Ministry of Health.	None.
Activity C.2 Technical cooperation in the development of standards, guidelines, and procedures relevant to malaria prevention and control (e.g. diagnosis, treatment, vector management, etc.)				
Activity C.3 Technical cooperation for the review and updating of standards, guidelines, and procedures relevant to malaria prevention and control (e.g. diagnosis, treatment, vector management, etc.)				
Activity C.4 Technical cooperation on advocacy, communications, and health education / promotion on malaria prevention and control (including meetings, events, workshops, and documentation of best practices)				
No 2016 USAID funding has been allocated for this activity, as resources from the Malaria Zero grant have been earmarked for this purpose. Nevertheless, the PAHO malaria advisor based in Haiti will provide technical assistance to facilitate binational cooperation and joint malaria efforts in Hispaniola.				

Tasks	Planned Steps	Current Progress	Challenges	Remarks
AMI/RAVREDA COMPONENT				
Key Personnel Responsible: Drs. Keith Carter & Maria Paz Ade (CHA/VT)				
Outcome 1: Improve/sustain monitoring of efficacy of and resistance to antimalarials, and prevent emergence of resistance to antimalarials				
Objective 1: The regional network and participating countries monitor efficacy of and resistance to antimalarials, and prevent emergence of resistance to antimalarials				
1.1 Ensure countries have updated and adapted strategies and plans for monitoring efficacy of and resistance to antimalarials	<ol style="list-style-type: none"> 1. Review national plans 2. Update National Strategies as requested 	PAHO has provided ongoing support to countries for their antimalarial resistance surveillance efforts. PAHO convened a Regional consultation for the Development of the Regional Strategy for Malaria 2016-2020, held in Dominican Republic from 5 - 9 October 2015 in line with the Global Technical Strategy for Malaria 2016-2030.	None.	None.
1.2 Ensure countries have capacities for monitoring efficacy of and resistance to antimalarials taking into consideration different epidemiological scenarios	<ol style="list-style-type: none"> 1. Train personnel to compliment capacities at various level of care 2. Update protocols for surveillance of antimalarial efficacy, and resistance to anti-malarials 3. External evaluations on <i>in vivo</i> efficacy studies 	<ol style="list-style-type: none"> 1. Regional-level workshops on antimalarial resistance and surveillance will be postponed to the 2015-2016 cycle, pending final country dialogues. 2. Recognizing the ongoing challenges facing the Mekong sub-region, PAHO is preparing to disseminate a Framework for the Prevention and Containment of Artemisinin Resistance in South America, a strategic document containing policy recommendations for countries in and along the Amazon Basin. Its publication is expected for early 2016 (April/May). 3. Evaluations will be done in countries with ongoing <i>in vivo</i> efficacy studies (e.g. Brazil, Colombia) 	Addressing the sustainability of national capacities is a challenge.	Personnel will be trained from countries on the process of implementing an <i>in vivo</i> study, including the possibility to implement a multicountry study (e.g. Guatemala, Nicaragua, Honduras, and Panama) due to reduced number of cases.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Outcome 2: Improving access to quality diagnosis and treatment				
Objective 2: Improved access to quality diagnosis and treatment for malaria patients				
2.1 Support the continuous improvement of procurement and logistics systems for antimalarial drugs and other pharmaceuticals and supplies used in malaria diagnosis and treatment, both at country and regional levels	<p>1. Monitoring of the supply of antimalarial medicines</p> <p>2. Support with the procurement of antimalarial medicines through PAHO's SF</p>	<p>1. The fourth quarter report was published with information from 9 AMI countries (www.paho.org/prais).</p> <p>2. Through PAHO's Strategic Fund (SF) mechanism, AMI-supported countries, among others, pooled their annual antimalarial needs for a joint procurement. Countries thus have better access to quality drugs while achieving economies of scale and securing better prices. The SF has collaborated with UNICEF and WHO to secure long-term agreements (LTAs) for the procurement of antimalarial drugs. This is all the more critical given the increasing reluctance of suppliers to produce the relatively small orders of Chloroquine and Primaquine required for the Region. Recognizing country needs for appropriate treatment for children, PAHO has worked with its Strategic Fund to pre-qualify a 5mg dose of Primaquine for this age-group. This will improve adherence to treatment.</p>	Problems exist related to the accessibility of certain antimalarials due to low quantities needed by each country.	None.
2.2 Support improvement of logistics systems for antimalarial drugs and supplies that make quality drugs and supplies available at point of use, considering different epidemiological situations	<p>1. Updated tools for procuring, distributing, and monitoring of anti-malarial drugs and supplies</p> <p>2. Procurement of antimalarial medicines for severe cases as requested and maintenance of a regional stock of antimalarials</p>	<p>1. This is an ongoing activity. During the next AMI/RAVREDA annual meeting (Bogota, Colombia 3-5 May 2016) a specific section will be included to discuss joint procurement for the coming years.</p> <p>2. PAHO maintains a regional warehouse to support countries to avoid stock-outs and treating severe malaria cases and imported cases from areas where chloroquine resistance is known.</p>	Problems exist related to the accessibility of certain antimalarials due to low quantities needed by each country.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<p>2.3 Support development and implementation of strategies to guarantee access to early, quality malaria diagnosis and treatment, considering different epidemiological situations</p>	<ol style="list-style-type: none"> 1. Promotion and implementation of malaria treatment policies and practices 2. Production of tools for prescription, dispensation, and consumption of antimalarials 3. Preparation and shipping of panels for the External Quality Assurance Program (EQAP) for malaria diagnosis 4. Trainings to follow-up on results from EQAP for malaria diagnosis 5. Development of national plans and programs for the implementation of QA processes for malaria diagnosis 6. Dissemination and socialization of tools for improving quality of malaria diagnosis 	<ol style="list-style-type: none"> 1. This is an on-going activity based on updates received from WHO Global Malaria Programme (GMP) and based on Therapeutic Efficacy Studies (TES) results. 2. Colombia and Peru have received targeted assistance to ensure that treatments for severe cases are used appropriately. 3. Results from the fourth round of the EQAP are now available. Twenty-one laboratories participated in this round. http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&Itemid=270&gid=32908&lang=en. Compared with performance in the prior round, there has been a satisfactory improvement and achievement of cutoff value in diagnosis (95% cutoff) and parasite morphology (80% cutoff), but much less so in density estimation (80% cutoff) and species identification (95% cutoff). PAHO/WHO presented a poster on the EQAP at the American Society of Tropical Medicine and Hygiene 64th Annual Meeting in Philadelphia (26-30 October 2015). 4. A regional training is planned for late June 2016. 5. Support has been provided to Nicaragua and Ecuador in this reporting period. New plans have been developed. 6. The supranational laboratory in Honduras is continuing to build its slide bank. This will serve to aid countries in the Region during training exercises for the microscopic diagnosis of malaria. Completion is expected in early- to mid-2016. A first shipment was sent to Ecuador to support QA processes at local level. 		<ol style="list-style-type: none"> 4. This activity will follow up on the trainings done at InDRE/Mexico in collaboration with the supranational laboratories, and as needed according to the results obtained in the last round.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Outcome 3: Improving quality assurance and control of pharmaceuticals and other supplies for malaria prevention and control				
Objective 3: Improved quality assurance and control of pharmaceuticals and other supplies for malaria prevention and control				
3.1 Support implementation of strategies to assure and control quality of anti-malarial drugs and critical supplies, considering different epidemiological scenarios	1. Support the implementation of quality control and quality assurance practices	This activity will take place during the second semester.	None.	A new sampling will be coordinated during FY16. PAHO is collaborating with Guyana national counterparts to approach PAHO's Strategic Fund.
3.2 Produce or update standardized protocols and other tools for quality assurance and control of pharmaceuticals and other supplies necessary for malaria	1. Updated standardized protocols and other tools for quality assurance	PAHO has collaborated with the US Pharmacopeial Convention (USP) to dispatch reference standards to AMI countries for future testing of procured drugs.	None.	This is an on-going activity.
3.3 Improve countries' capacity to appropriately perform quality control of antimalarial drugs, diagnostic supplies, and of insecticides used in the countries and promote collaborative activities among countries	1. Trainings on antimalarial quality	This activity is ongoing.	None.	This is an on-going activity, in coordination with USP and as requested by countries.
Outcome 4: Improving vector surveillance and integrated vector management				
Objective 4: Improved vector surveillance and integrated vector management				
4.1 Promote adoption and implementation of strategies for entomological surveillance, including monitoring of susceptibility to	1. Country visits to strengthen vector surveillance and control and provide TA when needed 2. Updated annual report, which includes the implementation of	1. Specific support was provided to Ecuador, Guyana and Peru for the implementation of a Vector Control Needs Assessment (VCNA) and/or follow up prior results to adapt vector control strategies	None.	1. As requested by countries and in coordination with PAHO's Regional Entomologist

Tasks	Planned Steps	Current Progress	Challenges	Remarks
insecticides, and integrated vector management in distinct epidemiological settings	strategies for entomological surveillance 3. Development of a document on insecticide resistance surveillance	according to current epidemiological situation in each country. 2. Training exercises were implemented in Guyana in November 2015, and will serve to identify gaps in capacities of the country's personnel, as well as to provide policy recommendations as the country aims to achieve the elimination of <i>P. falciparum</i> from the country in the next years, as presented in its updated strategic plan. 3. PAHO has collected data from AMI-supported countries on their current efforts to monitor for insecticide resistance in order to ensure their vector control interventions remain effective. This and other relevant data are available in the WHO World Malaria Report 2015, published in November 2015.		
4.2 Produce or update standardized protocols and other tools for vector surveillance and control interventions including monitoring of vector susceptibility to insecticides	1. Updated standardized protocols and other tools for vector surveillance and control	This activity is ongoing.	None.	Work related to this activity is done in coordination with vector control programs.
4.3 Produce and update an entomological map and taxonomic keys for the Amazon and Central American countries with information of actual and potential malaria vectors.	1. Entomological data analyzed 2. Production and dissemination maps for Amazon and Central America 3. Edition of the taxonomic keys for use at local level	Steps 1 and 2 are ongoing. Consolidated entomological data from Central and South America is available in the WHO World Malaria Report 2015. 3. The product has been finalized	None	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
Outcome 5: Improving epidemiological surveillance				
Objective 5: Improve epidemiological surveillance				
5.1 Support countries to improve malaria epidemiological surveillance systems and their integration or articulation with vector surveillance and control and monitoring and evaluation of other malaria control activities in a sustained manner	<ol style="list-style-type: none"> Disaggregated malaria epidemiological data collection Development and dissemination of PAHO Regional Malaria Report 2009-2013 Strengthened surveillance systems at country level 	<ol style="list-style-type: none"> The WHO Global Malaria Report 2015 was published with information from the Region and country chapters included. The report is under development and expected to be finalized by May 2016. The tool for data validation was shared with AMI countries. It has been implemented already in Costa Rica, Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Panama, Belize, Ecuador and Mexico (with Global Fund support) among other countries with interest in the implementation of this tool. 	None.	3. PAHO has developed a tool to validate country malaria data for the Global Fund, primarily to be used in Central America and Hispaniola. Within the AMI partnership, this methodology will be expanded to other countries, and will significantly aid in the subsequent development of interventions that can improve the countries' surveillance systems.
5.2 Promote improvement of data collection and analysis based on individual records (data disaggregated by sex, age, ethnicity, and other variables) as defined by PAHO	<ol style="list-style-type: none"> Countries using individual records to collect malaria epidemiological data 	This activity is ongoing.	None.	PAHO/WHO tools are promoted for data collection of individual records.
5.3 Promote strategies and tools for malaria epidemiological surveillance that adequately address different epidemiological conditions; to promptly and effectively detect and respond to changes in epidemiological situations (e.g., outbreaks, re-introduction of malaria)	<ol style="list-style-type: none"> Updated national guidelines to include mechanisms to address different epidemiological contexts Updated tools to respond to changes in epidemiological situations Trained personnel based on updated tools to respond to different epidemiological 	<ol style="list-style-type: none"> Assessments to national malaria surveillance systems have been completed, and policy recommendations have been provided to the national authorities of Costa Rica, Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Panama, Belize, Ecuador and Mexico. Additional support has been provided to Belize and Nicaragua to update their 		2. WHO/GMP tools will be used as guidelines for the development and/or update of national ones.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
transmission)	situations	national malaria guidelines, particularly towards elimination. 3. A regional training will be programmed for Quarter 3 of 2016, in coordination with EMMIE-supported countries (webinars starting April 2016).		
Outcome 6: Improving networking and strengthening systems				
Objective 6: Improved, sustained networking at the regional level and system strengthening at country level				
6.1 Strengthen networking among countries in the Amazon Region and Central America for the exchange, dissemination and/or discussion of information, experiences, etc., relevant to malaria surveillance, prevention and control at subregional and country levels; and for promoting and facilitating South-South cooperation	1. Annual Evaluation Meeting (AMI/RAVREDA) 2. Technical Malaria meetings 3. AMI quarterly technical and financial reports 4. Personnel contracted to provide technical assistance	1. The next AMI/RAVREDA meeting will be held in Bogota, Colombia from 3-6 May 2016. 2. A Malaria partners meeting will be held in Bogota, Colombia on 2 May 2016. 3. The Quarter 1 report was developed and disseminated, as well as the final report under grant 002141 with USAID/Peru (2012-2016) and this Mid Year report for grant 002140. 4. All positions are filled	None.	None.
6.2 Support strengthening of RAVREDA to consolidate a network for supporting malaria prevention and control in the Amazon Region and Central America	1. RAVREDA work promotion among other endemic and non-endemic malaria countries 2. Promotion of AMI/RAVREDA tools among other endemic and non-endemic malaria countries	1. A new agreement with USAID/LAC was approved and will support regional efforts towards FY16. 2. This is an on-going activity conducted through meetings and workshops.	None.	The establishment of a Malaria Technical Advisory Group for malaria in the Americas, composed of nine experts from across the Region, will provide the Americas with specialized technical advice that help orient regional malaria efforts as well promote the use of regional networks.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<p>6.3 Promote collaboration of RAVREDA and individual countries networking with other major stakeholders in malaria control in the region (e.g., implementers of projects financed by the Global Fund to Fight AIDS Tuberculosis and Malaria, Salud Mesoamerica 2015)</p>	<p>1. Coordination in place among RAVREDA countries and major stakeholders on malaria activities</p>	<p>With the launch of several new initiatives funded by AMEXCID, the Bill and Melinda Gates Foundation, and the Global Fund, PAHO has aimed to ensure that all new activities do not duplicate already-existing efforts, and that they benefit from the successes and lessons learned under AMI/RAVREDA. This has been achieved by inviting an array of new partners, researchers, and stakeholders to participate in a Malaria Partners Meeting, held prior to the annual AMI/RAVREDA meeting in March 2015, and by continuing to engage these same partners during the development process for PAHO's upcoming Plan of Action for Malaria 2016-2020.</p>	<p>None.</p>	<p>None.</p>
<p>6.4 Promote the sustainability of malaria surveillance, prevention, and control at country level in the Amazon Region and Central America.</p>	<p>1. AMI/RAVREDA strategic documents updated, translated, and shared with countries to promote sustainability of malaria surveillance, prevention and control activities based on different epidemiological situations 2. Country and partner feedback obtained and incorporated as necessary into the strategic plan 3. PAHO's Regional Strategy and Plan of Action for Malaria 2016-2020 developed and disseminated</p>	<p>1. The three AMI/RAVREDA Strategic Documents are available on PAHO's website in Spanish, English and Portuguese. 2. A technical consultation was held in Punta Cana, Dominican Republic (6-7 October 2015) with participation from all endemic and non-endemic countries in the Region as well as key partners working in malaria. Feedback was obtained on the draft PAHO Plan of Action for Malaria 2016-2020 and will be submitted to PAHO's Directing Council in September 2016 for corresponding approval 3. The development of the Plan is currently in progress.</p>	<p>None.</p>	<p>None.</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
A Promise Renewed for the Americas (APR-LAC)				
Key Personnel Responsible: Dr. Enrique Vega / Isabel Espinosa (FGL)				
Outcome A.1 Regional Ministerial Meeting held to raise profile of MCH health inequalities in LAC (part of global APR movement launched by USAID/UNICEF in 2012)				
Outcome A.1 Completed in Year 2 of Grant (September 2013)				
Outcome A.2 Secretariat supports regional coordination of MCH activities under APR, its working groups and outreach programs				
1. Provide APR-LAC committees and working groups with technical and logistical support for the successful implementation, monitoring and evaluation of APR-LAC work plan activities.	1) Support the coordination of regular APR-LAC committee and working group meetings/teleconferences to discuss advances, challenges, opportunities, and next steps.	<p>Over the last six months, the Technical Secretariat (TS) has been working in close collaboration with the coordinator of each working group in order to ensure the successful implementation of work plan activities.</p> <p>The TS has also been organizing and programming the monthly Executive Management Committee (EMC) meetings in order to discuss the movement's progress, next steps, challenges, etc. In November, the EMC members held their annual face-to-face meeting in Washington, DC. During this meeting it was decided that another area of work be added to the APR-LAC biennial work plan.</p> <p>In December, the Consultative Committee (CC) had their final teleconference of the year where they reviewed the activities and plan of action of the movement. The CC also agreed with their role and responsibility within the movement. Lastly, the CC decided that they would not be having a teleconference every month but instead on a need basis, or every 3 to 6 months.</p>	<p>The Communications and Advocacy Working Group (CAWG) coordinator experienced some difficulty in getting his working group members to participate in the meetings. The different agency representatives seem to have higher priorities within their organizations, leaving APR-LAC behind. Additionally, the CAWG has been without a coordinator for the past 3 months, making it very difficult to program any working group meetings/ teleconferences.</p>	<p>None.</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	2) Support the development of methodologies and accompanying materials that allow for the successful implementation, monitoring and evaluation of APR-LAC work plan activities.	In collaboration with the MMWG and PAHO, a measuring and monitoring health inequalities methodology has been developed and finalized. Other products of this year included: - a brochure defining the key concepts of health inequalities; - a revised list of 39 indicators; - a Practical Guide for Health Inequalities Assessment and Monitoring; an Excel-based tool for measuring, visualizing, and analyzing RMNCAH health inequalities; - a catalogue of graphic examples to visualize health inequalities; and - a model / sample country health inequalities profile.	None.	None.
	3) Facilitate and participate in the implementation of APR-LAC regional, sub-regional and national level activities.	The Technical Secretariat has successfully facilitated and participated in multiple regional and national level meetings during the last 6 months. Moreover, APR-LAC has been facilitating the organization of two sub-regional events which will take place at the end of May 2016 (linked with the MMWG work plan).	None.	None.
	4) Document and disseminate the progress, challenges and lessons learned obtained through the implementation of APR-LAC work plan activities	Using the APR-LAC bi-annual bulletin, the movement has successfully been able to document and disseminate the progress, challenges and lessons learned.	Since there has not been a consistent APR-LAC communication and advocacy coordinator, it has become the responsibility of the TS to develop the bi-annual bulletin.	After disseminating the bulletin, a lot of positive feedback has been received from members.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	5) Identify opportunities (through participation in strategic events for example) for increased collaboration between APR-LAC member institutions and with other and potential partners.	After the participation of APR-LAC in a regional meeting held in October/November 2015, the movement is currently collaborating with <i>new</i> key stakeholders, including SE-COMISCA and RELAC SIS.	None.	None.
	6) Develop and disseminate a set of APR-LAC key communications deliverables that are aligned with movement objectives, expected results and ultimate goal.	An APR-LAC video has been developed and posted on the movement website, which highlights the importance of reducing inequities. Other communications deliverables include: movement banner, standardized PowerPoint presentations, meeting banners, etc.	None.	None.
	7) Organize a regional meeting to sensitize national stakeholders regarding RMNCAH inequities, and to generate national commitment towards the measurement and monitoring of current RMNCAH inequalities.	APR-LAC is currently in the process of organizing and launching a sub-regional meeting for the countries of Central America and the Dominican Republic, where delegates from these countries will be sensitized on the topic of RMNCAH inequities.	None.	None.
2. Technical staff of Secretariat	1) Extend contracts of APR-LAC Secretariat technical consultants (Coordinator and Program Officer)	A Coordinator and a Program Officer currently have contracts under the APR-LAC grant.	None.	None.
Outcome A.3 Program Activities are co-funded with partner agencies, including country roadmaps for addressing health				
1. Provide APR-LAC member institutions with logistical and technical support towards the aggregation and development of tools, instruments and evidence that can be used for the prioritization of equity into the design of national	1) In collaboration with selected countries, compile and synthesize information regarding effective pro-RMNCAH equity strategies that have been implemented in Latin America and the Caribbean.	Currently, the TS is in the process of developing a scoping review on innovative, community-based health interventions and approaches that have proven effective in reaching vulnerable populations with maternal, child and adolescent health.	None.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
evidence based RMNCAH interventions, programs and delivery strategies.		Additionally, the TS is currently doing a virtual search to find available tools and instruments that identify barriers and bottlenecks to access health services and programs targeting women, children and adolescents.		
2. Building APR-LAC presence at the country-level	1) In all APR pilot and priority countries: create country-level APR-LAC Committee with representatives from partner agencies and other key actors (MOH, MOF, civil society, etc...)	APR-LAC in collaboration with RELACSYS and SE-COMISCA is in the process of forming and training national teams in seven countries*, that will be responsible for creating country inequity profiles. *Belize, Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Panama	The selection of South American and Caribbean countries has taken longer than expected.	The selected countries were strategically chosen in collaboration with key stakeholders (SE-COMISCA and RELACSYS).
	2) Develop country-level plan of action describing agreed upon areas of work following measurement workshop (see MMWG work plan).	The activity is in progress. Based on the feedback from national dialogue, PAHO will develop and start implementing a plan of action, with a specific M&E component.	None.	An additional activity will be added in order to conduct a systematic review of "what works in reducing MCH inequities".
	3) Implement plan, while documenting progress, outcomes, challenges, and lessons learned.	Based on data attained through the M&E component of the previous step, a report will be developed highlighting the methodology used, results attained and challenges encountered.	None.	None.
	4) Disseminate workshop methodology (lessons learned, success stories)	This activity is in progress, pending completion of the previous step.	None.	The report developed will be disseminated, highlighting the methodology used, results attained and challenges encountered.

Outcome	Activity	Current Progress	Challenges	Remarks
EXPANDED TUBERCULOSIS ACTIVITIES				
Key Personnel Responsible: Drs. Mirtha del Granado and Rafael Lopez, CHA/HT				
Objective 1:				
Expand the innovative approach to TB control in large cities of LAC, strengthening engagement of programs and sectors that can contribute to address the social determinants of health and other health programs to assure integrated care				
1.1 Political commitment for the framework of TB control in large cities at national and local level	1.1.1 Visits to the selected new cities to present the framework to national and local authorities and gather support for its implementation	In October 2015, the framework for TB control in large cities was presented to the authorities of the Ministry of Health of the Dominican Republic as well as policy and health authorities of the City of Santo Domingo. The epidemiological mapping of TB and social determinants of health was performed in the National District (Area 4, Barrios Dominic Savio and Gualey), and a computer program on TB control was also developed to lead this process. Following the epidemiological mapping, a work plan was developed with a roadmap for the next steps of the project.	Meetings with Chile and Costa Rica have been postponed for July and will continue into the new Umbrella grant. Dominican Republic has the support of the Ministry of Health and the current city authorities; however, there will be elections for the Mayor of the National District in May 2016.	It is expected that the new civilian authorities will support the initiative. Through its country office in the Dominican Republic as well as the subregional advisor, PAHO will continue supporting to the process.
	1.1.2 Support meetings between health authorities and authorities of other sectors to identify areas of joint work on TB control	In Mexico , a workshop was held in Tijuana with an expert in Strategic Planning, with participants from Baja California as well as the federal level. During the workshop the 6 diagnostic studies developed through PAHO support were used, in addition to the Global TB Strategy. An intersectoral plan was developed as an outcome of this workshop. In November 2015 the progress made in the TB in large cities initiative in the Dominican Republic was presented in a meeting between PAHO's Subregional Office and the National Tuberculosis Program (NTP) with the Deputy Minister of Health of the country. The MOH supports	Tijuana, Mexico's intersectoral plan has elements whose responsibility fall under sectors different from health. The challenge is to mobilize these sectors and to develop their commitment. Achieving discussion related to homelessness within multisectoral committees has been a challenge in Peru. With regard to the country's Law on Prevention and Control of TB, it is necessary to streamline the regulatory process of the law before the change of the entire Congress on 28 July 2016. Increased promotion of the	The Dominican Republic is moving forward in the implementation of the initiative and is starting to make a deeper diagnosis of the selected area, which will provide the basis for formulation of a plan of intersectoral action and interventions to improve elements of the TB Program. Strengthening multisectoral committees will be key to ensure social support

Outcome	Activity	Current Progress	Challenges	Remarks
		<p>the initiative and expressed commitment to present the initiative to other sectors.</p> <p>A meeting with Peruvian congresswoman Luz Salgado was held in March 2016 to discuss the implementation of the Law N° 30287 on Prevention and Control of Tuberculosis which involved 11 Ministries of States across Peru.</p> <p>Also in Peru, a meeting was held in November 2015 with all members of the TB Intersectoral table of San Juan de Lurigancho in Lima to document the multisectoral experience in controlling TB. A document and video were developed to document this experience.</p> <p>Additional meetings took place in October and November 2015 with national and local authorities to discuss the development and approval of the Law on Prevention and Control of TB in Peru. In March 2016 the documentation was completed and its publication will be carried out shortly.</p>	<p>adoption of intersectoral tables in the districts with the highest burden of TB is also needed.</p>	<p>for people with TB and their families.</p> <p>The implementation of the TB Law in Peru ensures the participation of all sectors related to TB control and will be key to achieving the objectives of the TB in Large Cities Initiative. Intersectoral work is an important part of the inclusion of those affected by TB and their families in governmental and non-governmental social support programs. Documenting the process of adoption of the TB Law is in process in order to support other countries in the Americas that are interested in developing such initiatives in Congress.</p>
	<p>1.1.3 Yearly meeting of local authorities to assess progress and sensitize new selected cities (World TB Day)</p>	<p>The Americas TB Caucus was launched in Brazil on 15 March 2016 as part of the global commemoration of World TB Day. Delegates from Brazil, Mexico, Peru, Uruguay, Nicaragua* and Bolivia* were present and formed the Caucus by signing the <i>Road Map to End Tuberculosis in the Americas</i>.</p>	<p>The Region needs to call on other parliamentarians to become involved in the fight against TB. Work with all involved partners and the Secretariat of the Global TB Caucus is needed to monitor its progress in the Region.</p>	<p>The experiences of parliamentary work discussed serve as an example and a call to other parliamentarians in the region to become involved in the fight against tuberculosis.</p>

Outcome	Activity	Current Progress	Challenges	Remarks
		<p>A video of the ceremony can be found at this link: https://www.youtube.com/watch?v=cUG10b0Gr6s</p> <p>As part of this event, a panel discussion was held in the National Congress of Brazil, moderated by Dr. Francisco Becerra, PAHO's Assistant Director. An executive summary is available on PAHO's TB page, with audio of the full session available through the following link: http://imagem.camara.gov.br/internet/audio/Resultado.asp?txtCodigo=55747</p> <p>Communication materials to support national World TB Day activities in Member States were developed and disseminated by the Regional office, including images for social media, factsheets, photo galleries and a special feature on a successful experience of TB in prisons from Colombia, <i>Faces of Tuberculosis</i> (http://www.paho.org/hq/index.php?option=com_content&view=article&id=11804&Itemid=41771&lang=en).</p> <p>At country level, a meeting was held in March 2016 in Peru to discuss the progress in implementation of the Plan for TB Reduction in 16 districts of Lima and Callao, applying elements of TB control in large cities and intersectoral collaboration.</p>		<p>Participation of Nicaragua and Bolivia were funded by PAHO Regular Budget resources as well through support of the Brazil Ministry of Health.</p> <p>Additional parliamentarians from Argentina, Chile, Colombia, Honduras, and Peru have joined the Caucus and signed in absentia.</p> <p>More information on the Global Caucus can be found here: www.globaltbcaucus.org</p>

Outcome	Activity	Current Progress	Challenges	Remarks
1.2 TB control framework for large cities implemented in selected countries	1.2.1 Develop an inventory and map the epidemiological situation to identify the vulnerable and at risk populations as well as the health providers in each large city	Currently both the Dominican Republic and El Salvador have initiated the process of conducting a survey and mapping the health system and existing health providers, as well as identification of barriers/problems related to access TB care in the areas of intervention in the National District of Santo Domingo and San Salvador. This process will continue in during the second semester.	El Salvador has had delays in selection of the intervention area due to difficulties getting all necessary information for the prioritization exercise. Once the intervention area is defined, mapping of the health system and existing health providers will be developed.	This exercise will help identify key elements for improvement and inform formulation of the work plan as well as how to address intersectoral interventions.
	1.2.2 Development of an implementation plan of the framework according to the needs of each vulnerable population with an interprogrammatic approach	Guatemala, Mexico, Paraguay, and Uruguay have implementation plans developed. The Dominican Republic and El Salvador situation analysis has been done. Once the other products in the diagnostic phase are completed, the implementation plans will be developed in the second semester.	The inputs from 1.2.1 are needed to proceed with this step in El Salvador and Dominican Republic.	PAHO's subregional advisor for Central America is following this process.
	1.2.3 Technical support for implementation of the plan, including the different components of the TB strategy	Constant technical assistance is provided by the regional and subregional TB advisors, virtually as well as in person during country missions, where the TB in large cities component is addressed. Countries have continued to take ownership of the initiative. Specific technical assistance has been provided to Mexico and Paraguay following requests from the country. In March 2016 in Peru, a meeting was held for discussion of progress in the implementation of the Plan for TB Reduction in 16 districts of Lima and Callao, applying elements of TB control in Large Cities (linked with the country's World TB Day commemoration).	In Peru, ensuring the inclusion of the Initiative TB Control in Large Cities in the Transfer Plan for the new government to start in July 2016 will be crucial. The mission to provide TA and follow up to the initiative in Tijuana, Mexico was initially scheduled for October 2015 but rescheduled due to the declaration of national emergency due to Hurricane Patricia.	Sustainability and expansion of the initiative to the rest of Peru depends on the smooth transition of new authorities, to begin in July 2016.

Outcome	Activity	Current Progress	Challenges	Remarks
	1.2.4 Support for capacity building for health personnel on TB control in large cities	<p>During this period, Uruguay developed a training for health service professionals on the process of TB decentralization.</p> <p>In Mexico, the Tijuana TB team has received training through a workshop on Strategic planning (linked with 1.1.2).</p>	None.	None.
	1.2.5 Meeting to exchange experiences between large cities implementing the framework and new cities in initiation phase	<p>The report on the recent II Meeting for Exchange of Experiences in TB in Large Cities (Paraguay, August 2015) was finalized and is available on the PAHO webpage.</p> <p>The experience of the initiative for TB in large cities in Medellin was shared in the <i>III Regional Forum on Urban Health in the Americas</i>, held in Medellin, Colombia in December 2015.</p>	None.	Participants from El Salvador and the Dominican Republic have given feedback that their participation as observers in the August meeting had a very positive impact on their ability to jump start the process in their own countries upon return.
	1.2.6 Support for evaluation of the implementation of the framework and planning for expansion within the city and other cities	<p>Edition of the report documenting the experiences of implementation of the initiative in the three initial pilot cities developed by PAHO Consultant Dr. Luis Suarez in 2015 is in progress. A report specific to Bogota's experience is also being developed.</p> <p>A guide for implementation of the framework has been drafted with the support of a Colombian consultant, and was finalized with inputs from the PAHO Regional Program. This guide is currently being validated before publication. The goal of this document is to serve as a tool for new cities who want to implement the framework, based on the documentation of experiences from the pilot cities.</p>	Finalizing both the documentation of experiences in the three pilot cities, as well as the guide for new cities, has taken longer than expected.	None.

Outcome	Activity	Current Progress	Challenges	Remarks
<p>1.3 Innovative approaches for TB control in vulnerable populations (indigenous groups, inmates, African descendants, migrants, TB contacts, children and the poor) implemented in large cities</p>	<p>1.3.1 Meetings on TB control on vulnerable populations</p>	<p>The document on TB control in migrants was finalized and is being edited.</p> <p>In coordination with Mental Health colleagues, a systemic review on TB in association with mental health, substance abuse, and alcohol abuse was completed by the WHOCC Center for Addiction and Mental Health (Toronto, Canada), with recommendations and research priorities.</p> <p>The Regional TB Program has been continuously working with PAHO Gender and Ethnicity colleagues for inclusion of tuberculosis in upcoming meetings.</p>	<p>None.</p>	<p>None.</p>
	<p>1.3.2 Technical assistance on childhood TB and participation of Regional experts in pediatric meetings</p>	<p>The III Regional Meeting on Childhood TB was held on 21 and 22 October 2015 in Brasilia, Brazil. This was organized jointly with WHO Headquarters, TB Alliance and the Ministry of Health of Brazil and included participation of all members of the TB working group. Following the meeting, the Regional focal point on childhood TB has followed up with the working group members who continue promoting childhood TB in their national scientific societies and through advocacy with national programs.</p>	<p>None.</p>	<p>The introduction of new child-friendly TB drug combinations has been a huge advance during this period.</p>
<p>1.4 Communities actively involved in TB control in large cities</p>	<p>1.4.1 Support development of educational materials for community involvement in TB control in large cities</p>	<p>In Asuncion, Paraguay as well as San Juan de Lurigancho in Lima, Peru, educational materials for promotion of community health have been developed, printed and disseminated during this period.</p>	<p>None.</p>	<p>Each intervention site has recognized that the involvement of the community is key to the successful implementation of the initiative.</p>

Outcome	Activity	Current Progress	Challenges	Remarks
	1.4.2 Support for activities to foster community involvement (workshops, patient groups and others)	In November 2015, community health promoters of the district of San Juan de Lurigancho in Lima were included in the program "Vaso de Leche" (Glass of Milk in English), and have begun to strengthen detection activities and adherence to treatment. This project has included workshops with participants that benefit from the program.	Expansion of TB control actions to all districts of Lima is needed due to the continued high burden of TB; support of the community health promoters in the Vaso de Leche program is needed to move this forward.	The governmental program Vaso de Leche has community health promoters in all districts of Lima over 10 years. There is great potential here for further development of TB control activities.
Objective 2:				
Contribute to complete the unfinished agenda of TB control in LAC promoting exchange of experiences between countries (south-south cooperation), visioning the way towards elimination efforts.				
2.1 Regional Guidelines for implementation of the TB control strategy 2016-2025 finalized, endorsed by NTP Managers, and launched in the Region	2.1.1 Prepare and conduct a meeting of the Technical Advisory Group (TAG) to the Regional TB Program	The TAG meeting will be held during the second semester (July-August 2016) due to other commitments in the year's agenda and the need to have a finalized Plan of Action, approved by PAHO's Directing Council in October 2015.	This meeting has been postponed several times due to a packed yearly calendar and finalization of needed documents before calling the meeting.	None.
	2.1.2 Development of tools for adoption and implementation of End TB strategy in the region	The tool for implementation of the End TB Strategy provided by WHO Headquarters will be translated to Spanish and disseminated to Member States during the next period.	None.	None.
2.2 Capacity of the National TB programs strengthened	2.2.1 Support the Centers of Excellence for capacity building on the different components of TB control	Support for capacity building of the NTP in El Salvador has continued, including support for additional participation of country staff at regional meetings and trainings. An evaluation mission to the country is planned for April 2016 where the next stages of the Center of Excellence will be discussed.	Creating another center of excellence should be considered in the new Umbrella Grant, as well as updating of the training provided through the El Salvador rotations, given the new End TB Strategy. This will be discussed during the April mission.	None.

Outcome	Activity	Current Progress	Challenges	Remarks
	2.2.2 Support NTP capacity building through visits to the Center of Excellence, exchange of experiences and lessons learned	A rotation of the Center of Excellence was held from 16-20 November 2015, specifically for architects and engineers on infection control methods. Participants from 6 countries (El Salvador, Colombia, Honduras, Panama, Paraguay, and Peru) attended. PAHO colleagues in Health Systems Strengthening and Infection Control participated as instructors in the rotation as well.	This rotation was initially planned for the previous year of the grant but was successfully held during the first semester of Year 5.	None.
	2.2.3 Technical assistance (TA) and M&E missions to NTPs	<p>The M&E mission to the NTP of Peru was held from 12-16 October 2015. As a result of the mission, the Regional TB Program is developing an initiative of TB control in hot spots that complements the current framework on TB control in large cities.</p> <p>Preparations have taken place for the M&E mission to El Salvador (25-29 April 2016) and results will be included in the next report.</p> <p>Following a request from the country, the Regional TB Advisor and an expert in TB laboratory traveled to provide technical assistance to Jamaica from 5 to 9 October 2015.</p>	None.	<p>Following the M&E mission to Peru, it is necessary to further evaluate TB control activities currently implemented in Lima.</p> <p>Follow up in Jamaica is also needed as they have to develop a plan following last year's TA mission.</p>
	2.2.4 Meeting to analyze TB estimates with WHO and selected NTP managers	This meeting will be held in May 2015 in Peru together with the meeting on analysis of TB mortality. Preparations for the meeting are underway.	None.	None.

Outcome	Activity	Current Progress	Challenges	Remarks
	2.2.5 Develop, edit and print reports, guidelines, plans and training materials on the different aspects of TB control	<p>The 2015 TB Regional Report 2015 was developed and is currently being translated and edited.</p> <p>Two scientific articles on TB control in large cities were also developed with the support of a PAHO consultant. A request for publication of the article on hospitals was submitted in PAHO's Public Health journal and the other is in final review.</p>	None.	The internal process for approval of publications is very lengthy.
2.3 Exchange of experiences on quality DOTS promoted and/or strengthened	2.3.1 Strengthen technical capacity for drug quality control in the drug laboratories of the countries	This activity is ongoing and follow up is coordinated with PAHO HSS colleagues.	None.	None.
2.4 Exchange of experiences on implementation of TB/HIV collaborative activities supported	2.4.1 Support for integration of TB and HIV based on the pilot projects with an approach of integrated care	The demonstrative projects are ongoing in Dominican Republic and Honduras. Final meetings to present results of each project are being discussed for second semester.	Implementation of the project in both sites has progressed slowly.	The TB/HIV clinical guidelines are in finalization and will be presented during the Infectology Conference of Central American and the Caribbean in June 2016.
	2.4.2 Provide TA in infection control for selected countries	Follow-up on infection control (IC) was done during the missions to Peru and Jamaica. During the mission planned to El Salvador, the piloting of the regional IC guidelines will be discussed, as well as the country's experience hosting a rotation in the CE-TB specific to IC.	None.	None.
2.5 Capacity building for expansion of programmatic management of MDR and XDR-TB conducted	2.5.1 Support capacity building in DR-TB in the Region through rotation of professionals on clinical management within south - south cooperation	PAHO, in coordination with the International Union Against Tuberculosis and Lung Diseases (the Union) is preparing the yearly MDR-TB course in Lima, Peru in June 2016. As of the report date, participation of Honduras as well as	None.	None.

Outcome	Activity	Current Progress	Challenges	Remarks
		the TB Fellow from the Dominican Republic will be supported.		
	2.5.2 Regional-level technical assistance in MDR-TB	<p>Technical support on MDR-TB related topics has been provided at Regional level by the MDR-TB Advisor.</p> <p>This includes coordination of all MDR-TB rGLC country missions, follow up and submission of reports, follow up on country progress in the effective implementation of global MDR-TB guidance, review of MDR-TB procurement requests in coordination with colleagues from Procurement and the Strategic Fund, follow up on country progress to implement new TB diagnostic methods, and the TB laboratory network.</p>	Considering the changes in the Global Fund's funding mechanism related to grants with an MDR-TB component, funding for this position needs to be secured to further guarantee the position.	None.
2.6 TB laboratory networks' management and new diagnostic technologies implemented and experiences shared	2.6.1 Support for the implementation of technical assistance plans by the supranational laboratories (SNLs) including the introduction of new diagnostic methods	The Supranational Laboratories (SNL) of Chile and Mexico received technical support through letters of agreement and service contracts for laboratory activities, procurement of supplies, and quality control in drug susceptibility testing (DST).	Transportation of samples for DST between countries is very complicated due to the sensitive nature of the shipment and each country's different customs regulations.	A regional concept note for strengthening of the TB laboratory network in the Americas was submitted in late 2015 to the GF. The Regional Program will receive confirmation shortly if it was officially approved. This proposal development was funded with PAHO regular budget; however, it will complement the support USAID has given to TB lab strengthening and allow for increased emphasis on this component.

Outcome	Activity	Current Progress	Challenges	Remarks
	2.6.2 Support workshops on new diagnostic technologies for TB laboratories	PAHO's regional team has worked to promote the adoption of new diagnostic technologies for TB laboratory, following up on the training received by 9 countries in the Guatemala workshop in August 2015.	Countries are implementing new rapid diagnostic technologies such as GeneXpert; however, often times the bureaucratic process involved can cause important delays.	None.
2.7 TB elimination efforts in countries with the potential and necessary conditions to achieve it accelerated	2.7.1 Meeting for south - south experience exchange on successful implementation of TB control towards elimination	The next on meeting on TB elimination will be held in July 2015.	None.	None.
	2.7.2 Technical assistance for countries with low TB incidence towards TB elimination	Additional technical assistance needs related to TB elimination will be defined in the July meeting, and included in the next grant agreement.	TA to Uruguay and Costa Rica was originally scheduled but has been postponed for the next semester.	Following the July meeting, the next TA visits will be discussed and scheduled.
2.8 Capacity building on TB operational research in the NTPs implemented	2.8.1 Support development of operational research	The Peru Network for TB Research was formed this year, with participation of the Subregional TB Advisor, the MOH, the Ministry of Technology, INS, academic institutions, and other involved partners.	Although initially planned for November-December 2015, the meetings on Implementation of the End TB Strategy Pillar 3 on TB research were postponed in Colombia and Mexico due to the busy end-of-the-year agenda.	None.
2.9 Technical capacity at PAHO's Regional and sub-regional levels strengthened through greater human resources and advisory support	2.9.1 Provide technical support to countries through Regional long-term consultants based in WDC	The contracts of the P4 Tuberculosis Advisor and the P2 Project Support Specialist were extended, continuing technical support in TB to Member States and management of the PAHO-USAID Umbrella Grant.	Due to the lengthy process for approval of a new position, it has not been possible to recruit the P3 level TB Specialist; this should be considered for inclusion in the next grant agreement.	None.
	2.9.2 Provide technical support to countries through 2 Sub-regional long-term consultants based in Central and South America respectively	Continuous TA has been provided by the two P4 Subregional Advisors based in Central and South America. Inclusion of the two Subregional Advisor positions in the Expanded TB funding	None.	None.

Outcome	Activity	Current Progress	Challenges	Remarks
		component has been crucial to the success of the TB program, including the introduction, implementation, and follow up of the TB in large cities initiative; provision of regular TA to member states of their corresponding subregion; and maintaining country focus through connection with TB program staff at Headquarters.		
	2.9.3 Provide technical support to HAI through a national consultant	The contract of the national consultant in Haiti has been extended through the end of the grant period, continuing technical support specific to TB in the country office.	None.	None.
	2.9.4 Support long term TB fellows to the Regional Program in WDC (10 months)	The recruitment process of the new TB fellow was completed and the professional began at PAHO/WHO Headquarters in February 2016. Since beginning, the fellow has worked with the TB Advisor to determine her area of focus and will participate in the MDR-TB GLC mission to Panama (11-15 April 2016), as well as attend the workshop on exchange of experiences in introduction of new drugs for DR-TB treatment (18-19 April 2016).	The selection process of the 2015 fellow faced significant delays. It is recommended that recruitment of the next 2016 fellow begin under the new agreement.	The TB Fellow was scheduled to participate in the Union's TB-HIV course in March in Panama; however this course was postponed due to low registration. She will participate in all upcoming Union courses, including on TB epidemiology (May 2016) and MDR-TB (June 2016) in Peru.
	2.9.5 Support participation of TB staff and consultants in international courses/meetings in centers of excellence and elsewhere	The Regional TB Advisor and MDR-TB Advisor/ Childhood TB focal point participated in the 46th Union World Conference on Lung Health held in Cape Town, South Africa in December 2016. During this conference the Regional TB Advisor was chair of a session on TB in indigenous populations and was able to present the experiences of the Americas as the global level.	None.	None.

Outcome	Activity	Current Progress	Challenges	Remarks
		<p>In addition, the Regional TB Advisor participated in the Union's North America Regional Conference in Denver, Colorado in February 2016 where she presented on PAHO's experience promoting TB control in large cities through the initiative funded under the USAID Umbrella Grant Agreement.</p>		

3. Success Stories

Towards elimination of ocular trachoma in Mexico

A new generation free of blindness due to the disease

Mexico is very close to being the first country in the Americas to confirm achievement of the elimination of trachoma as a public health problem. The disease has been known as a cause of blindness since the end of the 19th century in the country. In the recent past, transmission was confirmed in five municipalities of Chiapas State, comprising 246 communities with approximately 150,000 inhabitants, mainly indigenous people.

Since 2004, health authorities of Chiapas State have organized groups of health workers (doctors, nurses, and technicians) dedicated to work full time in the known endemic area to carry out active case finding of trachoma. These groups, called *the trachoma brigades*, are responsible for visiting each household in the 246 communities once a year to examine the eyes of children and adults looking for follicles of ocular trachoma and for sequelae of the disease, respectively.

The members of the brigades take advantage of the house-to-house activities to treat ocular trachoma cases in children and their domiciliary contacts, refer adults with sequelae of trachoma to be operated on in order to reduce the risk of progression to visual impairment or blindness, follow up on the progress of previously-operated cases, promote adequate personal hygiene practices to reduce the risk of infection, and work with teachers and children in schools promoting healthy practices such as facial cleanliness through a program called "*I clean my face*".



**Member of the trachoma brigade in Chiapas State, Mexico, looking for ocular trachoma in school children
Photo: PAHO/WHO and Secretary of Health Chiapas**

The work of the brigades, jointly with investments to promote access to safe water and basic sanitation in the five municipalities, has brought the country close to the elimination of trachoma. As part of the process to request the validation of the elimination to PAHO/WHO, Mexico's and Chiapas's Secretaries of Health have been compiling the historical and epidemiological evidence in a dossier document since 2012.

In 2013, a PAHO/WHO international technical mission recommended that Mexico implement a trachoma survey in the remaining municipalities of Chiapas to demonstrate that there were no more foci in that State. The survey was carried out from August to December 2015 with technical and financial support from the national and local health authorities, PAHO, USAID through the current Umbrella Grant agreement, and Sightsavers through the Global Trachoma Mapping Project (GTMP). Six members of the brigades were retrained in Colombia, and for the first time they used mobile phones, provided by the GTMP, to register data and results during the field work of the survey. The prevalence of trachoma in children was found to be below 5% and no cases of trachomatous trichiasis or ocular opacity were found in adults. These findings confirm that trachoma is not a public health problem in areas outside the known trachoma endemic area in Chiapas State.

Mexico expects to submit the dossier to PAHO/WHO to request the validation of the elimination of trachoma this year and eventually declare that future generations in Mexico are free of the risk of blindness due to trachoma.

Americas TB Caucus Launched to Mark World Tuberculosis Day 2016

Parliamentarians from 11 Countries of the Region Sign, Confirming Commitment to TB

In the context of the commemoration of World TB Day 2016, PAHO/WHO, together with Brazil's Ministry of Public Health and the country's National TB Caucus, called on parliamentarians of the Region of the Americas to form the Americas TB Caucus (*Frente Parlamentario de las Américas contra la TB* in Spanish). As a result, representatives from 11 countries (Argentina, Bolivia, Brazil, Chile, Colombia, Honduras, Mexico, Nicaragua, Panama, Peru and Uruguay) have joined the Caucus, creating a regional network to promote political commitment as a crucial element in the fight against the disease.

To officially form the Americas TB Caucus, a panel discussion took place in the National Congress of Brazil, in Brasilia on 15 March 2016. Moderated by Dr. Francisco Becerra, PAHO's Assistant Director, the event titled "*United to End Tuberculosis*" featured participation of congressmen and women from Brazil, Mexico, Peru and Uruguay. All discussed their experiences in TB control in their countries and noted the impact that increased involvement of a country's Parliament and/or Congress can have in making an integrated and intersectoral approach to TB a reality. During the panel, Congresswoman Ms. Luz Salgado discussed the experience of Peru in introduction of the country's Law N° 30287 on Prevention and Control of Tuberculosis, recently passed in December 2014.

Following the panel, Brazilian Congressman Mr. Antonio Brito publically invited the international parliamentarians present, Dr. Elías Octavio Iñiguez of México, Ms. Luz Salgado of Peru, Dr. Luis Enrique Gallo of Uruguay, Ms. Argentina Parajon of Nicaragua and Mr. Armando Murillo of Bolivia, to officially form the Americas TB Caucus and sign the *Road Map to End Tuberculosis in the Americas*. Representatives from five additional countries who were unable to attend in person have also joined the Caucus.



Launch of the Americas TB Caucus, 15 March 2016
Photo: <https://www.youtube.com/watch?v=cUG1Ob0Gr6s>

In signing this document, they committed to advocate for the implementation of their country's National TB Strategic Plan in line with the WHO End TB Strategy and PAHO's Plan of Action for TB Prevention and Control, as well as to call for governments to fully fund the fight against TB in the Americas, ensuring that countries with ambitious targets for eliminating the disease are fully supported in doing so. In addition, they have committed to support the right of every TB patient to be included in social protection schemes and to form National TB Caucuses in their countries to strengthen political will, hold governments accountable, and engage civil society and all other key stakeholders.

In addition, Dr. Becerra and Dr. Lucica Ditiu, Executive Director of the Stop TB Partnership (in absentia) were invited to sign as well, confirming their commitment to support National TB Programs to develop or update National TB Strategic Plans in line with global and regional targets; support briefings on TB control in Parliaments of the region; and facilitate the development of national platforms for civil society to engage with parliamentarians.

Through the USAID Umbrella Grant Agreement and its component emphasizing advocacy and promotion of political commitment to TB control, the launch of the Americas TB Caucus has linked the region to the Global TB Caucus initiative. PAHO's aim is for all countries to have representation in this regional Caucus and for this to be a mechanism promoting active participation in TB control and prioritization of the disease in Parliaments of the Region.