



# **USAID-PAHO UMBRELLA GRANT AGREEMENT 2011-2014**

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**Pan American  
Health  
Organization**



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



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## 1. List of Acronyms and Abbreviations

|           |   |
|-----------|---|
| ABENFO    | Association of Midwives and Obstetric Nurses - Brazil                   |
| ACSM      | Advocacy, Communication, and Social Mobilization                        |
| ALAC-ITS  | Latin American and Caribbean Association for Control of STIs            |
| ALB       | Albendazole   |
| ALAPE     | Latin American Pediatrics Association                                   |
| ANMAT     | National Administration for Drugs, Food and Medical Devices – Argentina |
| ANVISA    | Health Surveillance Agency - Brazil                                     |
| APR-LAC   | A Promise Renewed for the Americas                                      |
| CACE      | Argentina Center for Classification of Diseases                         |
| CAWG      | Communications and Advocacy Working Group                               |
| CC        | Collaborating Center  |
| CCM       | Country Coordinating Mechanism  |
| CCSS      | Costa Rican Department of Social Security                               |
| CCT       | Cross-cutting theme   |
| CDC       | Centers for Disease Prevention and Control                              |
| CECMED    | Cuban Regulatory Authority for Drugs and Medical Devices                |
| CELADE    | Latin American and Caribbean Demographic Center                         |
| CEMECE    | WHO Collaborating Center from Mexico                                    |
| CENAPRECE | National Center of Disease Prevention and Control Programs – Mexico     |
| CENETEC   | National Center for Health Technology Excellence - Mexico               |
| CE-TB     | Center of Excellence in Tuberculosis                                    |
| CETEP     | Classification, Evaluation, and Treatment of Perinatal Emergencies      |
| CHA       | Communicable Diseases and Health Analysis Department                    |
| CHAI      | Clinton Health Access Initiative  |
| CIDA      | Canadian International Development Agency                               |
| CLAP/WR   | Latin American Center for Perinatology, Women and Reproductive Health   |
| COFEPRIS  | Federal Commission for the Protection against Sanitary Risk-Mexico      |
| CONITEC   | National Commission for Technology Incorporation - Brazil               |
| COPs      | Communities of Practices  |
| CRMA      | Caribbean Regional Midwives Association                                 |
| CS        | Congenital syphilis   |
| DEC       | Diethylcarbamazine  |
| DELR      | Division of Epidemiology, Laboratory and Research Haiti                 |
| DGIS      | Directorate General of Health information of Mexico                     |
| DIGEMID   | National Directorate of Medicines, Supplies and Drugs-Peru              |
| DOTS      | Directly Observed Treatment Short course                                |
| EBNI      | Evidence based neonatal interventions                                   |
| ECLAC     | Economic Commission for Latin America and the Caribbean                 |
| EMC       | Executive Management Committee  |
| EMR       | Electronic Medical Records  |
| EPHF      | Essential Public Health Functions                                       |
| EQAP      | External Quality Assurance Program                                      |
| FEPPEN    | Pan American Federation of Nursing Professionals                        |
| FGL       | Family, Gender and Life Course Department                               |
| FIC       | Family of International Classifications                                 |
| FIGO      | International Federation of Gynecology and Obstetrics                   |
| FLASOG    | Latin American Federation of Obstetrics and Gynecology Studies          |
| FLO       | Latin American Federation of University Midwives                        |
| GDF       | Global Drug Facility  |

|          |   |
|----------|---|
| GF       | Global Fund   |
| GS       | Gestational syphilis  |
| HA       | Health Analysis Unit  |
| HBB      | Helping Babies Breathe  |
| HIS      | Health Information Systems  |
| HIV      | Human immunodeficiency virus  |
| HSS      | Health Systems and Services Department  |
| HT       | HIV, Hepatitis, Tuberculosis and Sexually Transmitted Infections Unit               |
| HTA      | Health Technology Assessment  |
| HTAi     | Health Technology Assessment International  |
| INEGI    | National Institute of Statistics and Geography, Mexico                              |
| INVIMA   | National Institute for Drug and Food Surveillance – Colombia                        |
| IACO     | Inter American Conference on Onchocerciasis   |
| IC       | Infection Control   |
| ICD-10   | International Classifications for Diseases-version 10                               |
| ICM      | International Confederation of Midwives   |
| ICT      | International Certification Team  |
| IEB/UFSC | Institute of Biomedical Engineering / Federal University of Santa – Brazil          |
| INESSS   | National Institute for Excellence in Health and Social Services                     |
| INS      | National Institute of Health  |
| INSP     | National Institute of Public Health   |
| JAP      | Joint Application Package   |
| JRF      | Joint Report Form   |
| JRSM     | Joint Request for Selected PC Medicines   |
| LAC      | Latin America and the Caribbean   |
| LF       | Lymphatic Filariasis  |
| LNSP     | Laboratoire National de Santé Publique (English: National Public Health Laboratory) |
| LOA      | Letter of Agreement   |
| MCHIP    | Maternal and Child Integrated Program   |
| MDA      | Mass drug administration  |
| MDR-TB   | Multidrug-resistant tuberculosis  |
| M&E      | Monitoring and evaluation   |
| MEASURE  | Monitoring and Evaluation to Assess and Use REsults                                 |
| MMWG     | Monitoring and Metrics Working Group  |
| MOH      | Ministry of Health  |
| MOU      | Memorandum of Understanding   |
| MPR      | Malaria Program Review  |
| NICE     | National Institute for Health and Care Excellence, UK                               |
| NID      | Neglected Infectious Diseases   |
| NTP      | National Tuberculosis Program   |
| OEPA     | Onchocerciasis Elimination Program for the Americas                                 |
| OMCL     | Official Medicine Control Laboratory  |
| ONCHO    | Onchocerciasis  |
| PAHO     | Pan American Health Organization/World Health Organization                          |
| PC/PCT   | Preventative Chemotherapy   |
| PCC      | Program Coordinating Committee  |
| PIS      | Perinatal information system  |
| PNCM     | National Malaria Control Program - Haiti  |
| POA      | Plan of Action  |
| PR       | Principal Recipient   |
| PRAIS    | Regional Platform on Access and Innovation for Health Technologies                  |

|           |  |
|-----------|--|
| PSI       | Population Services International  |
| RDT       | Rapid Diagnostic Test  |
| RedETSA   | HTA Network of the Americas  |
| RELAC SIS | Red Latinoamericana para el Fortalecimiento de los Sistemas de Información de Salud<br>(English: Latin American Network for the Strengthening of Health Information Systems) |
| rGLC      | Regional Green Light Committee   |
| RPRG      | Regional Program Review Group  |
| RTI       | Research Triangle Institute  |
| SCH       | Schistosomiasis  |
| SMTK      | Strengthening Midwifery Tool Kit   |
| SNL       | Supranational Laboratory   |
| SORT IT   | Structured Operational Research and Training Initiative  |
| STH       | Soil-transmitted helminthes  |
| TA        | Technical Assistance   |
| TAG       | Technical Advisory Group   |
| TAS       | Transmission assessment survey   |
| TB        | Tuberculosis   |
| TBTEAM    | Tuberculosis Technical Assistance Mechanism  |
| TIPAC     | Tool for integrated planning and costing   |
| TOR       | Terms of reference   |
| TRA       | Trachoma   |
| VCPH      | Virtual Campus for Public Health   |
| VT        | Neglected, Tropical and Vector-borne Diseases Unit   |
| UCEETS    | National Coordination Unit of Health Technology Assessment and Implementation  |
| UCP       | Unité de Coordination des Programmes (English: Program Coordination Unit)  |
| UHC       | Universal Health Coverage  |
| UNAIDS    | Joint United Nations Programme on HIV/AIDS   |
| UNFPA     | United Nations Fund Population   |
| UNICEF    | United Nations Children's Fund   |
| UPE       | Unité de Planification et d'Évaluation (English: Planning and Evaluation Unit)   |
| UPGD      | Unidad Generadora del Dato (English: Data generating unit)   |
| USAID     | United States Agency for International Development   |
| WBMMSS    | Web-based Maternal Mortality Surveillance System   |
| WG        | Working Group  |
| WHA       | World Health Assembly  |
| WHO       | World Health Organization  |
| XDR-TB    | Extensively drug-resistant tuberculosis  |





## 2. Project Background

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

The three main focus areas of the grant are tuberculosis (TB), neonatal, and maternal health, with additional components on health systems strengthening, health information systems, international health regulations (IHR), malaria in Haiti, and onchocerciasis elimination. At the start of Year 2 of the grant (1 October 2012), additional funding was provided for the expansion of the TB program, including piloting and implementation of the framework for TB control in large cities of LAC. New funding was also provided for *A Promise Renewed*, the meeting on maternal and child health and now Secretariat of the initiative, as well as health technology assessment. Grant Year 3, starting 1 October 2013, marked expansion of the component on Neglected Infectious Diseases (NIDs), with additional funding for regional activities.

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

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

The objective of the component (2) on health workforce is to improve competencies of the health care workforce, with emphasis on first level of care, to deliver services and interventions in TB and maternal and neonatal health, with a gender and culturally sensitive approach. Outcomes center on the following areas: (2.1) strengthened

midwifery in Latin America and the Caribbean and (2.3) strengthened health systems at the national and subnational levels through capacity building for the implementation of Essential Public Health Functions (EPHF). (Outcome 2.2 related to TB was removed due to the modified structure of TB funding and outcomes as well.)

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

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

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

This Annual Technical Report covers the period October 2013 to September 2014, corresponding to Year 3 of the Grant, and is divided in three sections. The first section reviews the process achieved regarding the indicators established in the Grant Agreement while the second section reports on the implementation status of activities during Year 3 of the Grant. The final section presents success stories that have resulted from the PAHO-USAID cooperation.

## Annex I – Progress on Achievement of Grant Indicators

### CC Theme #1 – Health Services Delivery

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

| Indicator   | Progress  | Number of Countries<br>(when applicable)               | Comments<br>(including constraints)   |
|---|---|--|---|
| <b>Outcome 1.1 – Strengthened use of evidence based neonatal interventions (EBNI) in health facilities of the Region</b>  |   |  |   |
| <b>Key Personnel Responsible for Outcome 1.1: Dr. Pablo Duran (CLAP/WR)</b>   |   |  |   |
| 1.1 Number of countries that have monitored and evaluated the use of EBNI in health facilities<br><br>(Year 3 Milestone: EBNI use evaluated in 2 additional countries, for a total of 8 countries over three years) | During Year 3 three countries have implemented a tool developed in Colombia and evaluated the implementation of EBNI. | 4 countries (Colombia, El Salvador, Honduras and Peru) | <p>Initially, technical cooperation was being provided to El Salvador and Honduras, not using structured tools. Also, within TC provided to Haiti, specific EBNI were evaluated. However, a structured and tested tool was developed and tested in Colombia based on the needs of the countries of the Region. External validity of the EBNI tool has been tested in El Salvador, Honduras and Peru.</p> <p>The target of 8 countries over 3 years has not been met, as Bolivia and Ecuador were initially planned to be included. The third country, Dominican Republic, could not be included in the activities due to changes in technical focal points; however, it is expected to be completed during the next grant year.</p> <p>The document addressing the characteristics of the tool and the results obtained after its implementation is being prepared.</p> |

| Indicator   | Progress   | Number of Countries<br>(when applicable)  | Comments<br>(including constraints)  |
|---|--|---|--|
| <b>Outcome 1.2: Improved national neonatal plans and policies guided by neonatal plans of action with a continuum of care approach</b>  |  |   |  |
| <b>Key Personnel Responsible for Outcome 1.2: Dr. Pablo Duran (CLAP/WR)</b>   |  |   |  |
| <p>1.2 Number of countries that have developed neonatal plans of action</p> <p>(Year 3 Milestone: Neonatal plan of action developed in 1 additional country, for a total of 8 countries over three years)</p> | <p>Based on technical cooperation provided to <b>Haiti</b>, the design of the National Neonatal Plan of Action has been discussed and a technical meeting in order to complete the process was planned but needed to be postponed until November 2014.</p> <p><b>Uruguay</b> has developed a national plan oriented to address critical care for newborns.</p> | <p>6 total countries: Colombia, Ecuador*, Guatemala, Peru, plus Haiti and Uruguay during Year 3</p> | <p>Over the past three years of the grant, Colombia, Ecuador, Guatemala, and Peru have developed national plans of action, plus Haiti and Uruguay during the present year.</p> <p>The two remaining countries, Dominican Republic and Nicaragua, were not able to due to external factors in the country and limitation on use of USAID funding in Nicaragua.</p> <p>The meeting in Haiti has been postponed until 26 November 2014.</p> |
| <b>Outcome 1.3: Strengthened response to MDR and XDR-TB in the Americas through the implementation of national expansion MDR-TB plans</b>   |  |   |  |
| <b>Outcome 1.4: Strengthened routine systems for effective implementation of DOTS</b>   |  |   |  |
| <b>Key Personnel Responsible for Outcome 1.4: Drs. Mirtha del Granado &amp; Rafael Lopez (CHA/HT)</b>   |  |   |  |
| *Outcomes 1.3 & 1.4 not included in Year 3 of the grant. TB Funding reallocated to the additional section on Expanded TB Program Funding.   |  |   |  |

\*No USAID funding was used to support Ecuador.

## CC Theme #2 – Health Workforce

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

| Indicator  | Progress   | Number of Countries<br>(when applicable)   | Comments<br>(including constraints)   |
|--|--|--|---|
| <b>Outcome 2.1: Strengthened midwifery in Latin America and the Caribbean</b>  |  |  |   |
| <b>Key Personnel Responsible for Outcome 2.1: Dr. Bremen De Mucio (CLAP/WR)</b>  |  |  |   |
| 2.1. Number of countries that have incorporated aspects of second edition of midwifery tool kit, which includes intercultural training, in their midwifery curricula<br><br>(Year 3 Milestone: At least 6 countries)   | The planned target was reached and surpassed by 33%. Incorporation of the SMTK in other countries still continues.   | 8 countries have completely or partially incorporated aspects of the new edition of SMTK: Brazil, Chile, Costa Rica, Jamaica, Paraguay, Peru, Suriname and Trinidad and Tobago.          | In Brazil, the document was taken as a national guideline and was distributed by PAHO, Ministry of Health and ABENFO to all universities and midwifery training midwives and obstetric nurses.  |
| <b>Outcome 2.2: Strengthened capacity of human resources in health to prevent and control MDR and XDR-TB in the Americas</b>   |  |  |   |
| <b>Key Personnel Responsible for Outcome 2.2: Drs. Mirtha del Granado &amp; Rafael Lopez (CHA/HT)</b>  |  |  |   |
| *Outcome 2.2 not included in Year 3 of the grant. TB Funding reallocated to the additional section on Expanded TB Program Funding.   |  |  |   |
| <b>Outcome 2.3: Strengthened health systems at the national and subnational levels through capacity building for the implementation of Essential Public Health Function (EPHF).</b>  |  |  |   |
| <b>Key Personnel Responsible for Outcome 2.3: Dr. Charles Godue / Dr. Rosa Maria Borrell (HSS)</b>   |  |  |   |
| 2.3. Number of health managers having received training on EPHF through the Spanish version of the EPHF Virtual course<br><br>(Year 3 Milestone: 2014 version of the course implemented, with 120 health managers receiving training from EPHF over three years) | On 30 September 2014 the third year of Essential Public Health Functions (EPHF) Course was completed with the support of USAID. This latest version (3 <sup>rd</sup> edition) was adapted in April 2014 based on the preliminary Strategy for Universal Health Coverage (UHC) presented to the 154 <sup>th</sup> Executive Committee in June 2014. The Strategy was further consulted with | Participants from the following 11 countries enrolled the course: Chile, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, México, Paraguay, Peru and Uruguay. | Participants highlighted the benefits of the course in terms of their relevance, usefulness, methodology and materials. In some cases, depending of place of origin, students informed that this is the only course available that allows them to address the public health issues from a holistic perspective. |

| Indicator | Progress   | Number of Countries<br>(when applicable) | Comments<br>(including constraints)   |
|-----------|--|--|---|
|           | <p>Members States and adopted in October 2014 during the 53rd PAHO Directing Council, "<b>Strategy for Universal Access to Health and Universal Health Coverage</b>", <a href="#">CD53/R14</a>.</p> <p>The latest version of the course was completely revised, thoroughly discussed with tutors and advisors from the Health Services and Access Unit (HSS/HS), who evaluated positively the new approach to the global agenda on UHC in alignment with the proposed Strategy of UHC.</p> <p>The length of the course is 128 hours, spread over a period of 4 calendar months, requiring 8 to 10 hours per week.</p> <p>During the last 3 years 1125 applications were received of which 367 participants enrolled. Enrollment is limited based on number of tutors and funding available. Also, applicants are required to submit a letter of support to take the course from their workplace/ institution given the heavy workload related to the course.</p> <p>Of the 367 participants enrolled, 303 began the courses; 95 withdrew or did not approve the courses and <b>208 finished the course and received certificate of completion</b>. Therefore, the milestone <b>was exceeded</b> as the initial target was to provide training to 120 health managers over three years.</p> |  | <p>The study of the first two cohorts of this course (2010 and 2012 editions) confirms the relevance of PAHO's efforts aimed at developing management skills EPHF.</p> <p>91% of respondents say they have used knowledge gained in their field of work and 100% said the course was useful to think of other circumstances relating to their work.</p> <p>Two methodological elements for learning EPHFs have stood steadily by participants: reflection and discussion through the analysis of a case study. These elements allows them to explore into some of the essential functions and proposed interventions going over potential problems they might encounter in their workplace, choosing one of them and designing a proposal for intervention considering new concepts and items learned.</p> <p>Some remarks and recommendations have also been constant: to extend the offer of the course to other professionals and institutions; grant more quotas by country; to continue the course with specific short seminars; engage health authorities to support the proposed intervention and reduce the number of weekly hours (load) / course work required.</p> |

| Indicator | Progress  | Number of Countries<br>(when applicable) | Comments<br>(including constraints)   |
|-----------|---|--|---|
|           | <p>During the reporting period 2013-2014, 563 applications were received, 125 enrolled, 114 began the course, 33 withdrew, and 76 completed the course.</p> <p>The profile of the participants is heterogeneous, mostly in management positions in some essential function within the ministries of health, doctors being the highest number of graduates. More than half of the students are doctors and about 70% of them with experience on public management.</p> <p>It is worth noting that students were highly motivated by this course. Tutors provided feedback to 132 proposals uploaded in the platform by students for interventions to be further developed with health authorities from their respective countries of origin.</p> |  | <p>Given the importance the latest version of the course and the recently adopted "Strategy for Universal Access to Health and Universal Health Coverage," some Latin American countries are requesting this course nationwide, adding spaces for learning and classroom discussion to make an assessment on the status of EPFH in these countries and drawing lines of action and agreements with actors of different health institutions.</p> |

### CC Theme #3 – Health Information Systems

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

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

\*No USAID funding was used to support Argentina, Bolivia, Ecuador, Nicaragua, or Venezuela.



| Indicator   | Progress  | Number of Countries<br>(when applicable)   | Comments<br>(including constraints)   |
|---|---|--|---|
|   | <p>National Reference Centers (NRCs) for the Family of International Classifications (WHO-FIC), on 22 and 23 April in Mexico, with 23 participants;</p> <ul style="list-style-type: none"> <li>- the Meeting to expand RELAC SIS Secretariat membership (24-25 April);</li> <li>- the Discussion forum on electronic medical records (EMRs) (2-26 May); and</li> <li>- the Forum on methodology for health inequality analysis.</li> </ul>  |  |   |
| <b>Outcome 3.2: Improved surveillance for congenital syphilis (CS) diagnosis and treatment through the establishment of a Regional Network.</b>   |   |  |   |
| <b>Key Personnel Responsible for Outcome 3.2: Dra. Suzanne Serruya (CLAP/WR)</b>  |   |  |   |
| <p>3.2 Number of countries that have joined the network for CS surveillance and are sharing best practices on prevention, diagnosis and treatment</p> <p>(Year 3 Milestone: At least 10 countries participating in the network)</p> | <p>The sentinel surveillance network of gestational syphilis (GS) and congenital syphilis (CS) was created in March 2012 during the first year of the grant, with the participation of 10 countries that were able to share their databases.</p> <p>This is thanks to the availability of a single standard data and reporting model which produces a status report that identifies key problems (many of them common to all participating countries) and supports the national programs with strategic information needed to decide on the best solutions.</p> <p>Next year it is expected that new countries will be incorporated, including the English-speaking Caribbean countries, which will allow more information and greater consistency.</p> | <p>Costa Rica, Dominican Republic, El Salvador, Honduras, Panama, Paraguay, Uruguay</p> <p>*Argentina, Bolivia and Nicaragua have been supported using funds from other sources.</p> | <p>All countries that are incorporated in the network have expressed their willingness to continue this joint effort and seek solutions to the problems encountered in coordination with the MOH, as well as to know more on other related topics to GS and CS (such as treatment of pregnant women or couples, or the prevalence of diagnostic tests in newborns.)</p> <p>The MOH representatives, that are participants of this research, have authorized the publication and dissemination of the results. The document is ready for printing.</p> |

| Indicator  | Progress   | Number of Countries<br>(when applicable)   | Comments<br>(including constraints)  |
|--|--|--|--|
| <b>Outcome 3.3: Improved national planning capacity in neonatal health guided by country's neonatal and child profiles.</b>  |  |  |  |
| <b>Key Personnel Responsible for Outcome 3.3: Dr. Pablo Duran (CLAP/WR)</b>  |  |  |  |
| <p>3.3 Number of additional countries that have developed neonatal and child profiles</p> <p>(Year 3 Milestone: Neonatal and child profiles developed in 2 additional countries, for a total of 8 at the end of three years)</p> | <p>The updated profiles have been systematically evaluated and completed with additional data in order to elaborate a regional profile on neonatal health.</p> | <p>10 countries have updated national profiles during year three: Colombia, Dominican Republic, El Salvador, Guatemala, Guyana, Nicaragua*, Panama, Paraguay, Peru, Suriname</p> | <p>The regional profile document has been completed based on the information included in the profiles and complemented by information from additional sources. The information has been compiled in a technical document that will be submitted for publication before the end of the year. The document constitutes an essential document needed to present the regional situation regarding neonatal health and main challenges to be addressed.</p> |
| <b>Outcome 3.4: Strengthened epidemiological surveillance of MDR-TB.</b>   |  |  |  |
| <b>Key Personnel Responsible for Outcome 3.4: Drs. Mirtha del Granado &amp; Rafael Lopez (CHA/HT)</b>  |  |  |  |
| <p>*Outcome 3.4 not included in Year 3 of the grant. TB Funding reallocated to the additional section on Expanded TB Program Funding.</p>  |  |  |  |

\*No USAID funding was used to support Nicaragua.

### CC Theme #4 – Leadership and Governance

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

| Indicator   | Progress   | Number of Countries (when applicable)  | Comments (including constraints)  |
|---|--|--|---|
| <b>Outcome 4.1: Strengthened policy dialogue in maternal health at the regional and national level reduction of maternal morbidity and mortality</b>  |  |  |   |
| <b>Key Personnel Responsible for Outcome 4.1: Dr. Bremen De Mucio (CLAP/WR)</b>   |  |  |   |
| 4.1 Number of countries that have updated their national plans to reduce maternal mortality and morbidity<br><br>(Year 3 Milestone: Monitoring and evaluation of the first results of the implemented plan, with at least 10 countries having updated plans)  | So far, only eight countries in the region have requested support to update their national plans. Five of them have finalized the process of preparation and have published the new ones.<br><br>Three of them (Honduras, Nicaragua* and Trinidad and Tobago) have started the process but have not yet completed.   | 8 countries have updated or are updating their national plans for the reduction of maternal mortality: Belize, El Salvador, Honduras, Nicaragua*, Paraguay, Peru, Trinidad and Tobago and Uruguay.                                   | Although, member states suggested that PAHO prepare a Plan for the acceleration of the reduction of maternal mortality, and the plan was unanimously approved in September 2011, not all Ministries of Health have considered it necessary to update their national plans.  |
| <b>Outcome 4.2: Regional Neonatal Interagency Alliance strengthened to promote and support national policies and activities in newborn health in the context of continuum of care approach</b>  |  |  |   |
| <b>Key Personnel Responsible for Outcome 4.2: Dr. Pablo Duran (CLAP/WR)</b>   |  |  |   |
| 4.2 Number of additional countries that have established a functioning Neonatal Alliance<br><br>(Year 3 Milestone: National Neonatal Interagency Alliances established and functioning in 2 more countries, for a total of 6 countries at the end of 3 years) | Important progress has been made in terms of strengthening national alliances. Plans for establishing additional alliances continue.<br><br>Countries who attended the Annual Meeting of the Regional Neonatal Alliance were Belize, Colombia, Dominican Republic, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Puerto Rico, Uruguay, and USA. | 5 countries, Barbados, El Salvador, Haiti, Paraguay, and Peru, have established national neonatal alliances within the project.<br><br>* Bolivia has a previously established Neonatal Alliance but did not benefit from this grant. | The Alliances perform regular activities at the corresponding country level. Representatives from the Alliances joined the Annual Meeting in Bogota. Technical support activities have been provided jointly with the Regional Neonatal Alliance. Training on neonatal resuscitation has been provided to health professionals in Guyana, including trainees from Haiti |
| <b>Outcome 4.3: Increased capacity of national authorities to secure sustainable political commitment and resources to institutionalize core capacities for surveillance and response, including at Points of Entry</b>                                       |  |  |   |
| <b>Key Personnel Responsible for Outcome 4.3: Dr. Sylvain Aldighieri (CHA/IR)</b>   |  |  |   |
| No funding for this Outcome included in Year 3.   |  |  |   |

\*No USAID funding was used to support Bolivia or Nicaragua.

**ADDITIONAL ACTIVITIES  
NEGLECTED INFECTIOUS DISEASES**

| Indicator  | Progress  | Number of Countries<br>(when applicable)   | Comments<br>(including constraints)   |
|--|---|--|---|
| <b>Key Personnel Responsible: Dr. Steven Ault (CHA/VT)</b>   |   |  |   |
| <b>Outcome 1.1 Political and technical commitment for controlling and eliminating NIDs enhanced</b>  |   |  |   |
| <p>1.1 Number of target countries implementing strategies for control and elimination of NIDs according to PAHO/WHO recommendations</p> <p>(Year 3 Milestone: At least 12 countries)</p> | <p>12 countries met the indicator and showed significant progress on the adaptation of programs or strategies through 2014 towards NID control and elimination goals:</p> <p><b>Bolivia*</b> prepared a draft national Plan of Action (PoA) for soil-transmitted helminths (STH) and is implementing integrated subnational activities (STH and fascioliasis);</p> <p><b>Brazil</b> launched a national PoA for 6 NIDs and campaigns for integrated identification and treatment of STH, trachoma and leprosy in schoolchildren;</p> <p><b>Colombia</b> launched a national PoA including onchocerciasis (ONCHO), STH and trachoma (TRA) and received WHO verification of elimination of ONCHO;</p> <p><b>Dominican Republic</b> maintained STH deworming, surveillance for lymphatic filariasis (LF) and implemented an integrated survey for schistosomiasis (SCH) and STH;</p> <p><b>El Salvador</b> drafted a PoA for 9 NIDs;</p> | <p>12 countries: Bolivia*, Brazil, Colombia, El Salvador, Ecuador*, Guatemala, Guyana, Honduras, Paraguay, Peru, St Lucia, and Suriname</p> <p>5 countries were baseline (Belize, Dominican Republic, Haiti, Mexico and Nicaragua*) with at least integration of STH +EPI and have continued or expanded NID activities.</p> | <p>3 countries, Bolivia, Ecuador and Nicaragua, are not eligible for USAID funding but included to capture the information on the Regional level.</p> |

\*No USAID funding was used to support Bolivia, Ecuador or Nicaragua.

| Indicator | Progress   | Number of Countries<br>(when applicable) | Comments<br>(including constraints) |
|-----------|--|--|-------------------------------------|
|           | <p><b>Guatemala</b> launched a national PoA for 6 NIDs and is close to eliminate ONCHO;</p> <p><b>Guyana</b> maintained integrated control interventions for STH and LF;</p> <p><b>Haiti</b> maintained high treatment coverage for LF and STH;</p> <p><b>Honduras</b> completed eight subnational PoA and expanded STH deworming;</p> <p><b>Mexico</b> maintained national deworming campaigns for STH and is close to eliminating TRA and ONCHO;</p> <p><b>Suriname</b> has a draft PoA for 6 NID and was retired from the WHO list of LF-endemic countries in 2011.</p> <p><b>Paraguay</b> integrated deworming activities with the MoE.</p> <p><b>Nicaragua*</b> has drafted an integrated national PoA for 6 NID;</p> <p>Additionally, 7 countries drafted PoAs for STH (Belize, Ecuador*, El Salvador, Panama, Paraguay, Peru, and Venezuela*). In general, 17 countries now have multi-disease or inter-programmatic integrated programs, plans, projects or strategies for NID. Between 2009 and 2014 the number of countries with a multi-disease approach rose from 5 to 17.</p> |  |                                     |

\*No USAID funding was used to support Ecuador, Nicaragua or Venezuela.

| Indicator  | Progress   | Number of Countries<br>(when applicable)   | Comments<br>(including constraints)  |
|--|--|--|--|
| <b>Outcome 1.2 Monitoring and evaluation of the progress of priority countries towards control and elimination goals for NID secured</b>   |  |  |  |
| <p>1.2 Number of target countries monitoring and evaluating progress towards elimination of NIDs targeted for preventive chemotherapy according to PAHO/WHO recommendations</p> <p>(Year 3 Milestone: At least 12 countries)</p> | <p>Twelve countries of the region are using the Joint Application Package (JAP) (including JRF+JRSM+AW) for planning, requesting medicines for preventive chemotherapy (PC) activities and/or reporting.</p> <p>As of 30 September 2014, 11 countries (Belize, Colombia, Dominican Republic, El Salvador, Guatemala, Honduras, Haiti, Mexico, Nicaragua*, Panama, Paraguay) of the region reported the STH deworming coverage of the 2013 campaigns through the JRF; for LF a total of 2 countries (Brazil and Haiti) reported through JRF. Furthermore, 8 countries have requested drug donation for 2015 PC campaigns through JRSM (Haiti and Dominican Republic for LF and STH PC campaigns and the remaining (Colombia, El Salvador, Guatemala, Honduras, Nicaragua* and Paraguay) only for STH PC campaigns. All of these countries have sent the 2015 annual working plan.</p> <p>Additionally, <b>Haiti</b> implemented an impact evaluation of the STH program in December 2013. In 2014, Mexico drafted a protocol to implement an assessment of the impact of the STH deworming campaigns.</p> | <p>12 countries: Brazil, Belize, Colombia, Dominican Republic, El Salvador, Guatemala, Honduras, Haiti, Mexico, Nicaragua*, Panama, Paraguay</p> | <p>- The region of Loreto in Peru requested drug donation to PAHO/WHO for 2015 STH subnational deworming campaign but the national authorities at central level informed that they have the drug locally and will cover the needs of medicines of this region.</p> <p>- Guyana sent a report on a Word ® file reporting LF/STH PC coverage in region IV and is working in completing the JAP.</p> <p>*The link were JAP can be download is: <a href="http://www.who.int/neglected_diseases/preventive_chemotherapy/reporting/en/">http://www.who.int/neglected_diseases/preventive_chemotherapy/reporting/en/</a></p> <p>*The link were the reports of the countries are available are a) the PC databank <a href="http://www.who.int/neglected_diseases/preventive_chemotherapy/sth/en/">http://www.who.int/neglected_diseases/preventive_chemotherapy/sth/en/</a> ; and the Weekly epidemiological record: <a href="http://www.who.int/wer/en/">http://www.who.int/wer/en/</a></p> |

\*No USAID funding was used to support Nicaragua.

## REINFORCING MALARIA EFFORTS IN HAITI

| Indicator   | Progress  | Number of Countries<br>(when applicable) | Comments<br>(including constraints)   |
|---|---|--|---|
| <b>Key Personnel Responsible: Dr. Keith Carter (CHA/VT)</b>   |   |  |   |
| <b>Outcome A. Strengthened and optimized implementation of Global Fund Grant on malaria in Haiti</b>  |   |  |   |
| <p>A. Indicators and targets agreed in the Global Fund Project on Malaria in Haiti are achieved</p> <p>(Year 3 Milestone: Malaria global fund grant Phase 2 approval)</p> | <p>Between January 2013 and April 2014, the PAHO malaria advisor collaborated closely with the National Malaria Control Program (PNCM) and the Country Coordinating Mechanism (CCM) to improve the project's implementation. As of 30 September 2014, the grant's performance rating has remained consistently A2 (meets expectations) since July 2012, and Phase 2 of the Global Fund (GF) malaria grant has been approved until December 2015.</p> <p>Under the Global Fund's New Funding Model, PAHO is working with national stakeholders (the PNCM, the CCM, PSI, among others) to prepare for submitting a concept note for malaria elimination, expected to be submitted by 15 January 2015.</p> | Haiti                                    | <p>Haiti received PAHO support to develop a concept note for additional GF funding for Haiti's malaria program under the GF EMMIE malaria elimination framework. Submitted in 2013 and approved in May 2014, this proposal has secured \$200,000 to energize the PNCM's reorientation efforts through trainings and the development of a communications strategy. This initial investment will complement activities under Phase 2 of the country's malaria grant.</p> <p>To plan and prioritize future interventions, the PNCM has mapped out challenges in Haiti's financial, programmatic, and technical situation based on an intensive Malaria Program Review (MPR), among other evaluations. The national program's leadership role is growing, as it continues to convene periodic meetings with the departments and participates in CCM meetings. Quarterly Sub-Recipient reports are now reviewed by the PNCM prior to submission to the GF's Primary Recipient (PR), PSI.</p> |

| Indicator  | Progress   | Number of Countries<br>(when applicable) | Comments<br>(including constraints)  |
|--|--|--|--|
| <b>Outcome B. Strengthened malaria surveillance, monitoring, and evaluation</b>  |  |  |  |
| <p>B. Timely reporting of malaria surveillance and M&amp;E information from endemic areas of the country disaggregated by sex, age, and other relevant variables</p> <p>(Year 3 Milestone: Sustained and better quality malaria surveillance and M&amp;E in all affected areas in the country)</p> | <p>Continuing the progress made since the 2010 earthquake, Haiti's surveillance unit has continued to submit the World Malaria Report and PAHO reporting tables. With PAHO and partner support, a greater number of the 908 health units in Haiti are now reporting malaria data on a monthly basis for consolidation and analysis. In 2013, Haiti's malaria program received 6,221 of the 10,896 monthly reports expected from Haiti's health units. This number reflects a gradual increase from the 6,174 reports received in 2012, and has also given national authorities and PAHO a more clear vision of the status of malaria surveillance in Haiti.</p> <p>PAHO is currently working with CDC and CHAI to develop a curriculum for reorienting malaria efforts towards elimination; training is expected to commence in 2014-2015. However, much work remains, as current data is still insufficient to adequately assess national malaria trends.</p> | Haiti                                    | <p>PAHO is working with department-level M&amp;E officers to ensure that they have access to the rudimentary tools they require to perform their duties (ranging from computer equipment to stable internet connections for reporting). The limited PNCM budget remains a constraint, and PAHO is working with national counterparts to identify resources to bridge gaps.</p> |



| Indicator  | Progress   | Number of Countries<br>(when applicable) | Comments<br>(including constraints)  |
|--|--|--|--|
| <b>Outcome C. Strengthened malaria prevention and control strategies and implementation of interventions</b>   |  |  |  |
| <p>C. National Malaria Strategy updated and implemented according to WHO technical guidelines</p> <p>(Year 3 Milestone: Sustained and strengthened implementation of better quality malaria interventions in all affected areas)</p> | <p>Haiti is in the process of reviewing and updating its National Malaria Strategic Plan and M&amp;E Plan so that it becomes consistent with the country's objective of eliminating malaria transmission; PAHO is supporting the costing of this plan using the OneHealth tool. These documents will direct and focus Haiti's malaria efforts through 2022. The malaria communications plan has also been finalized and validated by national authorities.</p> <p>PAHO has supported the strengthening of malaria diagnosis capacities in Haiti in alignment with PAHO/WHO recommendations, working closely with the LNSP (National Public Health Laboratory) through PAHO's regional-level External Quality Assurance Program (EQAP) with a view to maintaining an efficient quality control system and to strengthen the monitoring of malaria diagnosis in the country.</p> | <p>Haiti</p>                             | <p>This revised National Malaria Strategic plan will guide the country to reorient its current control program into an elimination program taking into account WHO recommendations. PAHO, with WHO/Global Fund support, is participating in national dialogues to define priority interventions for the revised plan and support the plan's development (completion expected by December 2014)</p> |

## EXPANDED TUBERCULOSIS PROGRAM FUNDING

| Indicator  | Progress  | Number of Countries<br>(when applicable)                                | Comments<br>(including constraints)  |
|--|---|---|--|
| <b>Objective 1: Pilot, implement and expand an innovative approach to TB control in large cities of LAC engaging programs and sectors that can contribute to address the social determinants of health</b> |   |   |  |
| <b>Key Personnel Responsible: Drs. Mirtha del Granado / Rafael Lopez (CHA/HT)</b>  |   |   |  |
| <b>Outcome 1.1 Political commitment for the framework of TB control in large cities at national and local level secured</b>  |   |   |  |
| <p>1.1 Number of target cities with TB control framework endorsed by local authorities</p> <p>(Year 3 target: 3 additional large cities, for a total of 7 cities)</p>                                      | <p>To date, the framework for TB control in large cities has been endorsed by local authorities in <b>7 cities</b>:</p> <ul style="list-style-type: none"> <li>- the <b>3</b> cities from the previous year, Guarulhos, Brazil; Bogotá, Colombia; and Lima, Peru;</li> <li>- an additional <b>4</b> new cities: Guatemala City; Tijuana, Mexico; Asunción, Paraguay; and Montevideo, Uruguay.</li> </ul> <p>Political commitment to the framework for TB control in large cities has been remarkably high in all selected intervention sites, at national and local levels.</p> | <p>7 (Brazil, Colombia, Guatemala, Mexico, Paraguay, Peru, Uruguay)</p> | <p>The pilot countries of Brazil, Colombia, Peru are all assigning more of their own resources to TB after the introduction of this initiative.</p> <p>For example in Bogotá, Colombia, the local budget for TB in the intervention site of Uribe Uribe increased \$604,000 from 2012 to 2013 during the time the framework was first introduced.</p> <p>Brazil is using their own funding to expand the framework to 10 new cities with a budget of over \$8 million.</p> <p>Since introduction of the framework in Lima, increased funds for TB have been allocated, with the District of El Agustino increasing \$200,000 and the District of San Juan de Lurigancho increasing \$700,000 from their previous budgets.</p> <p>This is presented further in the success story attached to this report.</p> |

| Indicator  | Progress  | Number of Countries<br>(when applicable)   | Comments<br>(including constraints)  |
|--|---|--|--|
| <b>Outcome 1.2 TB control framework for large cities piloted and expanded, based on initial experience</b>   |   |  |  |
| <p>1.2 Number of target cities with the TB control framework for large cities implemented</p> <p>(Year 3 target: 3 additional large cities, for a total of 7 large cities)</p> | <p>The TB control framework has been implemented in each of the selected pilot sites in <b>Bogotá, Colombia</b> (locality Rafael Uribe Uribe); <b>Guarulhos, Brazil</b> (districts of Jurema and Pimentas), and <b>Lima, Peru</b> (municipalities El Agustino and San Juan de Lurigancho).</p> <p>Each city in all three pilot countries are working to expand the framework of TB control to additional districts in the city, as well as more cities in the country, based on the successful experiences they have had from this year.</p> <p>In Montevideo and Asuncion, the products for situation analysis have been recently completed and the implementation plan has been discussed, with implementation in these cities to take place during the next year.</p> <p>Tijuana and Guatemala City are currently in the process of finalization of the situation analysis and implementation will take place next year.</p> | <p>3 countries (Brazil, Colombia, Peru),</p> <p>2 additional countries (Paraguay, Uruguay) ready for implementation to begin</p> | <p>Colombia will expand the TB framework to 6 new cities (Medellin, Barranquilla, Cali, Cucuta, Villavicencio, and Pereira) in the country as part of their Global Fund project.</p> <p>Brazil will expand the framework for TB control in large cities to 10 new cities: Manaus, Salvador, Fortaleza, Belo Horizonte, Belem, Rio de Janeiro, Recife Sao Jaoao de Meriti, Porto Alegre, and other municipalities of Sao Paulo).</p> <p>In Lima, Peru, the local government plans to expand the framework for TB control from the initial intervention sites of El Agustino and San Juan de Lurigancho to the Districts of La Victoria, Cercado de Lima, and Rimac.</p> |

| Indicator   | Progress   | Number of Countries<br>(when applicable) | Comments<br>(including constraints)   |
|---|--|--|---|
| <b>Outcome 1.3 Innovative approaches for TB control in vulnerable populations (indigenous groups, inmates, African descendants, migrants, TB contacts, children and the poor) implemented in large cities</b> |  |  |   |
| <p>1.3 Number of innovative approaches for TB control in vulnerable populations implemented<br/><br/>(Year 3 target: 4 approaches)</p>  | <p>This year important progress has been made in approaches to TB vulnerable populations through interprogrammatic work and the development of protocols for TB and the following comorbidities or social determinants of health:<br/>           -TB and <b>diabetes</b>;<br/>           -TB and <b>mental health</b>;<br/>           -TB in <b>migrants</b><br/>           The protocol for TB and tobacco is also in discussion.</p> <p>The First Meeting on Childhood TB and MDR-TB of the Region was held in December 2013, and the Working Group on Childhood TB is being formed as a result.</p> <p>The Regional TB Advisor participated in the side-event on integrated health systems at the World Conference on Indigenous Peoples at the United Nations in September 2014, including tuberculosis in the dialogue with key indigenous leaders.</p> | <p>All PAHO member states</p>            | <p>- The II Meeting on Childhood TB and MDR-TB is scheduled for 14 November 2014 in Mexico. The product of this meeting will be the work plan for childhood TB.</p> <p>-The meeting on Afrodescendants health was postponed to take place in 2015; however PAHO's regional TB program is coordinating with PAHO's ethnic diversity program.</p> |
| <b>Outcome 1.4 Communities actively involved in TB control in large cities</b>  |  |  |   |
| <p>1.4 Number of large cities with documented community involvement<br/><br/>(Year 3 target: 3 additional large cities, for a total of 7 cities)</p>  | <p>All three pilot cities have had successful experiences in involvement of the community in the initiative for TB control in large cities, including participation in local fairs and training for community health workers.</p>  | <p>3: Brazil, Colombia, Peru</p>         | <p>The target of 7 cities with documented community involvement was not yet met, as the situation analysis in each of the 4 new cities has recently been or is being completed. This will continue into the next year of the grant.</p>   |

| Indicator   | Progress   | Number of Countries<br>(when applicable)  | Comments<br>(including constraints) |
|---|--|---|-------------------------------------|
|   | In Lima a film is being produced to document participation of the community in the context of local management, which will be ready in January 2015.   |   |                                     |
| <b>Objective 2: Contribute to complete the unfinished agenda of TB control in LAC promoting exchange of experiences between countries (south-south cooperation) visioning the way towards elimination efforts</b> |  |   |                                     |
| <b>Key Personnel Responsible: Drs. Mirtha del Granado / Rafael Lopez (CHA/HT)</b>   |  |   |                                     |
| <b>Outcome 2.1 Capacity of the National TB Programs strengthened</b>  |  |   |                                     |
| 2.1 Number of target countries that have participated in TB capacity building activities<br><br>(Year 3 target: 7 target countries)   | 7 countries participated in capacity building through rotations at the TB Center of Excellence in El Salvador. Additionally, National TB Program (NTP) managers received technical assistance including updates on guidelines, support in the new funding model of Global Fund grants, among other topics, through participation at the NTP managers meeting in Mexico in May 2014.<br><br>This year the number of countries participating in TB capacity building activities with the support of the PAHO-USAID Grant Agreement exceeded the target number. | 7 to Center of Excellence: Brazil, Colombia, Guatemala, Mexico, Paraguay, Peru, Uruguay<br><br>NTP Managers meeting:<br>All of the above + 11 additional: Belize, Chile, Costa Rica, Dominican Republic, El Salvador, Guyana, Haiti, Honduras, Jamaica, Panama, Suriname, | None.                               |

| Indicator   | Progress   | Number of Countries<br>(when applicable)   | Comments<br>(including constraints)  |
|---|--|--|--|
| <b>Outcome 2.2 Exchange of experiences on quality DOTS promoted and/or strengthened</b>   |  |  |  |
| <p>2.2 Number of target countries complying to the international standards of TB care</p> <p>(Year 3 target: 7 target countries)</p>  | <p>This year several training activities were held to promote exchange of experiences on key elements to the international standards of TB care:</p> <ul style="list-style-type: none"> <li>- The workshop on strengthening management of TB first- and second-line drugs was held in Bogotá, Colombia from 13-15 August 2014, with 11 countries supported by USAID.</li> <li>- In addition, training on TB drug quality control was continued through the Workshop on Strengthening the Official Medicine Control Laboratories (OMCL) of Caribbean countries for TB medicines held in Jamaica in August 2014, providing training for 7 chemists from 4 Caribbean countries (Guyana, Jamaica, Suriname, Trinidad and Tobago).</li> </ul> | <p>15 total countries: Brazil, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Trinidad and Tobago, Suriname</p> | <p>Unfortunately participants from Haiti and Guyana were unable to participate in the TB drug management course.</p>   |
| <b>Outcome 2.3 Exchange of experiences on implementation of TB/HIV collaborative activities supported</b>   |  |  |  |
| <p>2.3 Proportion of target countries that report updated information on implementation of TB/HIV collaborative activities to PAHO/WHO</p> <p>(Year 3 target: 9 target countries)</p> | <ul style="list-style-type: none"> <li>- All countries have reported the latest available information on TB/HIV they have.</li> <li>- The demonstration project on integration of TB and HIV service provision to optimize management of TB/HIV co-infected patients advances in both Honduras and Dominican Republic, but slower than expected.</li> <li>- The piloting of the Regional Guide for TB</li> </ul>   | <p>All 9 target countries: Dominican Republic, Guatemala, Guyana, Haiti, Honduras, Mexico, Panama, Paraguay, Peru</p>  | <ul style="list-style-type: none"> <li>- This year the quality of information is better as inconsistencies which were found by PAHO/WHO and UNAIDS were reviewed by TB and HIV programs in the countries, who then agreed on figures for both programs report.</li> <li>- The demonstrative project on TB/HIV integration has had delays due to different internal reasons in both pilot countries, but already 3 of the 5 phases are being</li> </ul> |

| Indicator   | Progress   | Number of Countries<br>(when applicable)   | Comments<br>(including constraints)   |
|---|--|--|---|
|   | infection control in El Salvador is being conducted.<br>- The VIII Regional Meeting on TB/HIV Collaborative Activities was held in Mexico City, Mexico on May 29, 2014.  |  | finalized.<br>- The pilot of the implementation of the Regional Guide for TB infection control in El Salvador will be finalized in 2015.  |
| <b>Outcome 2.4 Capacity building for expansion of programmatic management of MDR and XDR-TB conducted</b>   |  |  |   |
| 2.4 Proportion of DR-TB target countries expanding clinical and programmatic management of DR-TB in the countries<br><br>(Year 3 target: 7 countries)                     | - 16 participants from 11 countries participated in the course "Clinical and Operational Management of Drug-Resistant Tuberculosis", co-organized by the Union and PAHO, in August 2014.<br>- Using other funding sources, a country-level workshop on MDR-TB was held in Haiti (September 2014).  | 8 countries of the Region: Brazil, Colombia, El Salvador, Haiti, Honduras, Mexico, Panama, , Peru  | PAHO was advocating for the participation of a MDR-TB expert from Haiti to the MDR-TB course. However, due to the difficulty to identify a Spanish-speaking participant, they were unable to attend.            |
| <b>Outcome 2.5 TB laboratory networks' management and new diagnostic technologies implemented and experiences shared</b>  |  |  |   |
| 2.5 Proportion of countries that have received TA on TB laboratory issues and that are incorporating new diagnostic technology<br><br>(Year 3 target: 7 target countries) | 10 countries received TA on TB laboratory issues through the Workshop on New TB diagnostic technologies in Peru (April 2014).<br><br>In addition, 3 TB laboratory managers (Guatemala, Honduras, Colombia) received training through courses on TB laboratory management or mentorships through participation in Regional TB Program missions.<br><br>Countries of the region receive constant technical assistance from their supranational laboratory (SRL). The reassignment of the SRLs was recently done based on the National Reference Laboratory survey conducted by the PAHO TB Laboratory focal point. | 13 countries: Brazil, Chile, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay, Peru, Uruguay | Participants from Guatemala and Honduras were unable to participate in the course on new diagnostic techniques; therefore a mini-workshop to provide the same TA is planned for the first quarter of next year. |

| Indicator  | Progress  | Number of Countries<br>(when applicable)  | Comments<br>(including constraints)  |
|--|---|---|--|
| <b>Outcome 2.6 TB elimination efforts in countries with the potential and necessary conditions to achieve it accelerated</b>                       |   |   |  |
| 2.6 Number of countries benefited by exchange of experiences on TB control measures aimed at elimination<br><br>(Year 3 target: 6 countries)       | This year a special session on TB elimination was held during the 2014 National TB Program Managers meeting in Mexico, which provided a unique opportunity for discussion of the recently developed framework for TB elimination.   | 8 countries: Brazil, Colombia, Costa Rica, Chile, El Salvador, Jamaica, Mexico, Uruguay   | Countries with low prevalence of TB as well as other countries with medium-low incidence attended the special session in Mexico.<br><br>Uruguay will better identify their vulnerable populations in Montevideo by linking the framework for TB in large cities with their elimination strategies.   |
| <b>Outcome 2.7 Capacity building on TB operational research in the NTPs implemented</b>  |   |   |  |
| 2.7 Proportion of target countries with at least one operational research conducted<br><br>(Year 3 target: 7 countries)                            | This year 10 operational research protocols were developed at the SORT IT Course held in Panama City in September 2014. Unfortunately no research projects have yet been carried out as the protocols were recently finalized.  | 8 countries participated in the course for development of research protocols: Brazil, Colombia, Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, and Peru. | There has been delay in achieving this indicator's target as the course for development of research protocols was held at the end of the current grant year due to the request of the expert facilitators postpone.<br><br>However, the course was extremely productive and the protocols developed will be reviewed to determine which are eligible for funding in the next year. |
| <b>Outcome 2.8 Technical capacity at PAHO's Regional and sub-regional levels strengthened through greater human resources and advisory support</b> |   |   |  |
| 2.8 Number of consultants hired and fellows trained<br><br>(Year 2 & 3 target: 15 professionals)   | <ul style="list-style-type: none"> <li>- Staff contracts were extended for the P-4 and P-1 Regional Consultants, the two P4 subregional focal points, the P-3 TBTEAM focal point, and the TB national professional in Haiti.</li> <li>- The 2 TB fellows finalized their training program in Washington, DC, The new TB fellow was hired. 3 interns were hosted.</li> </ul> | Colombia, Haiti, Mexico, Paraguay<br><br>12 professionals<br><br>Technical assistance provided to all PAHO member states  | The target of 15 was not met due to the difficulty in coordinating the short-term fellowships.   |



## MATERNAL, NEONATAL AND CHILD HEALTH / A PROMISE RENEWED

| Outcome   | Progress  | Number of Countries<br>(when applicable) | Comments<br>(including constraints)  |
|---|---|--|--|
| <b>Key Personnel Responsible: Dr. Enrique Vega, FGL</b>   |   |  |  |
| 1. Develop a <i>Road-Ahead Call to Action</i> meeting to set a new vision for integrated work to end preventable childhood and maternal deaths  | <p>1. The regional meeting <i>A Promise Renewed for the Americas (APR-LAC)</i> was held on September 2013, in Panama City, Panama.</p> <p>2. As a follow up to the meeting agreements, an APR-LAC movement structure has been established:</p> <ul style="list-style-type: none"> <li>a. Executive Management Committee (EMC)</li> <li>b. Technical Secretariat</li> <li>c. Consultative Committee</li> <li>d. Monitoring and Metrics Working Group (MMWG)</li> <li>e. Communications and Advocacy Working Group (CAWG)</li> </ul> <p>3. The EMC has finalized an APR-LAC strategic plan with a new mission, goal, and guiding principles that introduce equity as the main focus of ending preventable childhood and maternal deaths in LAC countries.</p> |  | Over 280 representatives from 32 countries, international aid, faith based, individuals and civil society organizations participated in the meeting. |
| 2. Promote the PAHO integrated child health and maternal mortality Resolutions and develop country integrated operational plans of action that reflect country requirements to accelerate actions towards reaching MDG 4 and 5 within the Commission on Accountability (COIA) Framework | <p>1. The child health advisor sent surveys to all PAHO member states to follow-up on the integrated child health strategy and plan of action.</p> <p>2. 20 countries responded to the survey.</p> <p>3. A summary report of the results was finalized in addition to an updated</p>  | PAHO member states                       | None.  |

| Outcome  | Progress   | Number of Countries<br>(when applicable)   | Comments<br>(including constraints) |
|--|--|--|-------------------------------------|
|  | <p>situational analysis of the child health situation in the LAC region.</p> <p>4. APR-LAC has also been working towards this objective through:</p> <ul style="list-style-type: none"> <li>a. Developing a set of core indicators aligned with the COIA framework to measure progress of health inequalities in LAC countries</li> <li>b. Developing the methodology for creating country equity profiles to demonstrate key gaps in coverage and quality</li> <li>c. Developing plans of action for each working group and committee that promote building capacity among countries to accelerate efforts towards reaching MDGs 4 and 5</li> </ul> |  |                                     |
| <p>3. Identify new sources of country partnerships and funds for MDG 4 and 5</p> | <p>1. During the launch of the APR-LAC Regional Meeting, a <i>PANAMA DECLARATION</i> was signed by representatives from 27 countries, 8 international agencies, and numerous regional actors, who agreed upon galvanizing efforts to accelerate the achievement of MDGs 4 and 5 through regional engagement by pledging to:</p> <ul style="list-style-type: none"> <li>- Scale-up evidence-based interventions through national plans and strategies;</li> <li>- Promote Universal Health Coverage;</li> </ul>   | <p>Country signatories:</p> <ol style="list-style-type: none"> <li>1. Antigua</li> <li>2. Argentina*</li> <li>3. Barbados</li> <li>4. Belize</li> <li>5. Bolivia*</li> <li>6. Brazil</li> <li>7. Colombia</li> <li>8. Costa Rica</li> <li>9. Cuba*</li> <li>10. Dominica</li> <li>11. Dominica Republic</li> </ol> | <p>None.</p>                        |

\*No USAID funding was used to support Argentina, Bolivia or Cuba.

| Outcome | Progress  | Number of Countries<br>(when applicable)   | Comments<br>(including constraints) |
|---------|---|--|-------------------------------------|
|         | <ul style="list-style-type: none"> <li>- Build on existing cooperation and strategic alliances;</li> <li>- Mobilize political leadership; and</li> <li>- Develop a road map to coordinate future action.</li> </ul> <p>2. Through the establishment of the Consultative Committee, APR-LAC has identified several new partnerships:</p> <ul style="list-style-type: none"> <li>a. Save the Children</li> <li>b. World Vision</li> <li>c. International Planned Parenthood Federation/Western Hemisphere Region</li> <li>d. ECLAC</li> <li>e. The Ministries of Health from Peru, Mexico, and Panama</li> <li>f. RedAmérica</li> <li>g. Various civil society networks</li> </ul> <p>3. Through the work of the EMC, APR-LAC has continued to facilitate the partnership among:</p> <ul style="list-style-type: none"> <li>a. PAHO</li> <li>b. USAID</li> <li>c. Inter-American Development Bank/Salud Mesoamérica 2015</li> <li>d. World Bank</li> <li>e. UNICEF</li> </ul> | <ul style="list-style-type: none"> <li>12. Ecuador*</li> <li>13. El Salvador</li> <li>14. Guatemala</li> <li>15. Guyana</li> <li>16. Haiti</li> <li>17. Honduras</li> <li>18. Jamaica</li> <li>19. Mexico</li> <li>20. Panama</li> <li>21. Paraguay</li> <li>22. Peru</li> <li>23. St. Lucia</li> <li>24. St. Kitts and Nevis</li> <li>25. St. Vincent</li> <li>26. Suriname</li> <li>27. Uruguay</li> </ul> |                                     |

\*No USAID funding was used to support Ecuador.

## HEALTH TECHNOLOGY ASSESSMENT

| Outcome   | Progress  | Number of Countries<br>(when applicable) | Comments<br>(including constraints)   |
|---|---|--|---|
| <b>Key Personnel Responsible: Drs. James Fitzgerald / Alexandre Lemgruber (HSS)</b> |   |  |   |
| 1. Report on the pilot project “HTA-Regulatory Interactions”                        | <p>Completed</p> <p>The report based on the pilot project “HTA-Regulatory Interactions” has been completed and will be disseminated through the Communities of Practice in PRAIS: (1) HTA Network of the Americas-RedETSA; and (2) Regulation of medical devices.</p> | n/a                                      | <p>The most important achievements of the pilot project were the case studies on HTA-Regulatory Interaction and the opportunity for an innovative exchange between the regulatory agencies and the HTA bodies.</p> <p>The case studies were an opportunity to analyze the current situation of the interaction between medical device regulatory authorities, HTA agencies and decision-making bodies on the incorporation of technologies in health systems.</p> <p>This project was also a unique opportunity for interaction between regulatory authorities, HTA bodies and decision makers. Representatives of these institutions, from 14 countries, participated in a workshop about the HTA-regulatory interaction, discussing the existing gaps and possible solutions.</p> <p>Initiatives at the Regional and Global level on the HTA-Regulatory interaction were identified. Several proposals have been made in order to increase the interaction between the institutions.</p> <p>PAHO is working to implement the recommendations of the Project Report.</p> |

| Outcome  | Progress   | Number of Countries<br>(when applicable)   | Comments<br>(including constraints)   |
|--|--|--|---|
| 2. Mapping of regulatory framework and capacity regarding medical devices                                | <p>Completed</p> <ul style="list-style-type: none"> <li>- An update of the Regional Mapping on the Regulation of medical devices was carried out.</li> <li>- The assessment tool was developed based on the WHO's National Regulatory Authority assessment tool for medical devices and the Manual for the Evaluation of National Regulatory Authorities of Regional Reference for Drugs and Biological Products. It is divided into 4 main categories: (1) National Regulatory System, (2) Marketing Authorization, (3) Licensing of manufacturers, importers, distributors and retailers and (4) Post-Marketing Surveillance. Each indicator is graded according to the following rating scale: Critical, Recommended and For information.</li> <li>The assessment tool was distributed among the working group and feedback was received. The tool was also discussed during the 3<sup>rd</sup> annual meeting of Regulatory Authorities of medical devices.</li> </ul> | <p>Working group of medical devices: Argentina*, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba**, Ecuador*, Honduras, Mexico, Panama, Paraguay, Peru, Dominican Republic and Uruguay.</p> <p>** As a PAHO/WHO Collaborating Centre for the Regulation of Health Technologies</p>   | <ul style="list-style-type: none"> <li>- There was a delay in the developing process of the assessment tool due to a lack of consensus over the indicators.</li> <li>- Virtual sessions were organized to enhance the communication.</li> <li>- A workshop to discuss the assessment tool was held during the 3<sup>rd</sup> annual meeting of Regulatory Authorities of medical devices. The recommendations made by the participants were considered in the new version of the assessment tool.</li> <li>- The advanced indicators that were built as part of this activity will contribute for the Regional Regulatory Profile.</li> </ul> |
| 3. Virtual course for the evaluation and incorporation of health technologies in health systems designed | <p>In progress</p> <p>Setup and start of course on HTA and Medical Devices on Virtual Campus was finished. Tutors for both courses were contracted.</p> <p>Course participants were selected through the Virtual Campus Public Health</p>  | <p>The students participating in the HTA and the Spanish version of Medical Devices course come from 20 Latin American countries: Argentina*, Bolivia*, Brazil, Chile, Colombia, Costa Rica, Cuba*, Ecuador*, El Salvador, Guatemala, Honduras, Mexico, Nicaragua*, Panamá, Paraguay, Peru, Dominican Republic, Uruguay, and Venezuela*.</p> | <p>There was a great interest in both courses: there were 352 applications for the HTA course, 252 applications for the Medical Devices course in Spanish and 47 applications for the Medical Devices course in English.</p> <p>The course generated great interest in many countries that couldn't be fully</p>  |

\*No USAID funding was used to support Argentina, Bolivia, Cuba, Ecuador, Nicaragua or Venezuela. This course was co-funded with PAHO RB funding.

| Outcome | Progress   | Number of Countries<br>(when applicable)   | Comments<br>(including constraints)   |
|---------|--|--|---|
|         | <p>Platform, which offers an open system of online application for those interested in virtual courses. The selection process requests that the Health Systems focal points of the Country Offices of PAHO carry out a review of the requests jointly with the regional office, and prioritize the spaces taking into account the profiles of nominees, their professional positions, and their capacity to intervene on Medical Devices and HTA-related problems in their countries. This process has allowed for better targeting of the course's audience. Special emphasis was made on priority countries.</p> <p>Both courses started on 22 September 2014. The virtual course on HTA will have duration of three months, with 104 hours and a dedication of approximately 8 hours per week as study requirement for the students. The virtual course on Medical Devices will have duration of six months, with a break during January, with 208 hours and a dedication of approximately 8 hours per week as study requirement for the students.</p> <p>The content of the virtual course on Economic Evaluations was developed. It will be setup and launched on the Virtual Campus in 2015.</p> | <p>The students participating in the English version of Medical Devices course come from 9 Caribbean countries: Anguilla, Antigua y Barbuda, Barbados, Bahamas, Belize, Dominica, Guyana, Saint Vincent &amp; the Grenadines, Trinidad &amp; Tobago.</p> | <p>fulfilled. It is expected that each tutor have between 10 and 15 students, so the maximum number of students allowed was limited.</p> <p>Since courses materials came from multiple institutions, adaptation to the Virtual Campus was at times complicated and took longer than expected.</p> |

| Outcome  | Progress   | Number of Countries<br>(when applicable)  | Comments<br>(including constraints)  |
|--|--|---|--|
| 4. High Level Panel on HTA and Universal Health Coverage (UHC) | Completed<br>The High level panel on HTA and Universal Health Coverage was held in Washington, DC, USA on 13 June 2014 at PAHO headquarters. | The 13 countries representatives that attended the High level panel on HTA and Universal Health Coverage were from Argentina*, Brazil, Canada, Chile, Colombia, Cuba* Costa Rica, Ecuador*, El Salvador, Mexico, Paraguay, Peru, USA and Uruguay. | The Panel, which had 8 speakers and 38 participants, was a very important achievement since, for the very first time on the Region, high level members of the academia, along with regulatory authorities, HTA bodies, and also those responsible for the decision-making, had the opportunity to dialogue, exchange views and experiences, and identify gaps on the role of HTA towards the achievement of Universal Health Coverage.   |
| 5. Report with recommendations                                 | Completed<br>Final report with recommendations written and disseminated.   | The report was already distributed to all attendants to the panel and their institutions, and it is available on the RedETSA Community of Practice in PRAIS, which has around 65 members from more than 15 countries in the Region.               | The report provides an accurate outlook on the current situation of the participating countries regarding the role of HTA and Priority Setting for UHC.<br>The important conclusions and proposals made by the participants during the discussions regarding countries' needs to improve coverage decision-making processes, gaps and obstacles in HTA as a tool for coverage decision-making and priority actions to ensure that HTA and technology incorporation contribute to advance towards UHC are reflected on the report.<br>The draft report was circulated among the assistants and new suggestions and comments were made. The final report was circulated with all participants and with all RedETSA members through the RedETSA community on PRAIS. |

\*The participation of Argentina, Ecuador and Cuba was funded by other sources.

**Annex II – Progress on Completion of Activities**

**CC Theme #1 – Health Services Delivery**

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

| <b>Steps</b>  | <b>Deliverables/ Products</b>   | <b>Beneficiary Countries</b>                 | <b>Partner Institutions</b>       | <b>Major Accomplishments</b>   | <b>Problems and Solutions</b>   |
|---|---|--|-----------------------------------|--|---|
| <b>Outcome 1.1: Strengthened use of evidence based neonatal interventions (EBNI) in health facilities of the Region</b>   |   |  |                                   |  |   |
| <b>Key Personnel Responsible for Outcomes 1.1: Dr. Pablo Duran (CLAP)</b>   |   |  |                                   |  |   |
| <b>Activity 1.1.1 Adapt EBNI document and clinical guidelines for Neonatal IMCI at the national level.</b>  |   |  |                                   |  |   |
| <p>Three-month contracts were prepared for professionals in each country to perform data collection and analysis.</p> <p>A regional consultant was hired to consolidate and systematize the experiences and prepare final report, including edition and printing.</p> | <p>EBNI tool assessed in each country</p> <p>Experience consolidated and systematized in a final report</p> | <p>Colombia, El Salvador, Honduras, Peru</p> | <p>Regional Neonatal Alliance</p> | <p>A tool to assess the use and implementation of EBNI within the continuum of care toward improving neonatal health has been developed and tested.</p> <p>The availability of a tested and harmonized tool will greatly benefit countries of the Region.</p> <p>As it has been tested in different countries and health facilities from a variety of level of complexity, it is expected to be applicable and adequate for the different settings.</p> <p>The tool was presented during the Annual Meeting of the Regional Neonatal Alliance.</p> | <p>These activities require commitment and support from the country offices. The process is being tracked by CLAP/WR.</p> <p>The final document including the methodology for the design and testing the tool, results of the testing process and final proposed tool will be available on November 2014.</p> |



| Steps  | Deliverables/ Products   | Beneficiary Countries                | Partner Institutions  | Major Accomplishments   | Problems and Solutions  |
|--|--|--------------------------------------|---|---|---|
| <b>Activity 1.1.2 Provide technical cooperation to monitor advances in the implementation of EBNI.</b>   |  |                                      |   |   |   |
| <p>Three technical documents on EBNI were translated, disseminated to international experts and discussed during a technical meeting.</p> <p>The documents are focused on prevention and treatment of neonatal infections, preventing medical errors in neonatal care, and on neonatal transport. The documents have been reviewed and discussed during a technical meeting and currently being edited.</p> <p>The edition of training materials on CETEP was completed.</p> | <p>Three technical documents updating evidence on improving quality of care for newborns</p> <p>CETEP training materials</p> | All PAHO member states               | Neonatal Alliance, Texas Children's Hospital                | Three key technical documents providing evidence-based guidelines on improving neonatal quality of care are now available to countries of the Region.   | The process of edition and printing has been delayed for all three technical documents and for CETEP materials, due to the embargo on PAHO publications. Once the approval is granted, the process will be completed  |
| <b>Outcome 1.2: Improved national neonatal plans and policies guided by neonatal plans of action with a continuum of care approach</b>   |  |                                      |   |   |   |
| <b>Key Personnel Responsible for Outcome 1.2: Dr. Pablo Duran (CLAP)</b>   |  |                                      |   |   |   |
| <b>Activity 1.2.1 Support the development of neonatal plans of action.</b>   |  |                                      |   |   |   |
| <p>The technical guidelines on neonatal plans of action have been disseminated.</p> <p>Technical cooperation was provided to update national guidelines and plans through contracting national professionals.</p> <p>Also, technical meetings in the countries have been promoted. In December 2013 a meeting in Uruguay was coordinated in order to discuss the neonatal guidelines developed</p>   | Guides and plans updated, discussed with key technical references.   | Dominican Republic, Guatemala, Haiti | PAHO, Regional Neonatal Alliance, Haitian Neonatal Alliance | Based on technical cooperation provided to <b>Haiti</b> , the design of the National Neonatal Plan of Action has been discussed and a technical meeting in order to complete the process was planned but had be postponed to November 2014. | <p>The activities require commitment and support from country offices and CLAP is tracking the process. However, in the cases of Guatemala and the Dominican Republic it has not been possible to complete the process due to delays at the country level.</p> <p>The meeting in Haiti was to November 2014 due to the agenda proposed by the</p> |

| Steps   | Deliverables/<br>Products   | Beneficiary<br>Countries      | Partner<br>Institutions                  | Major<br>Accomplishments  | Problems and Solutions   |
|---|---|-------------------------------|--|---|--|
| <p>with representatives from MOH and professional partners.<br/>Also, a technical meeting has been planned in Haiti, with technical, professional and MOH representatives in order to complete the National Plan of Action.</p>   |   |                               |  | <p><b>Uruguay</b> has developed a national plan to address newborn critical care.</p>   | <p>National authorities.<br/><br/>Based on these delays, the completion of the final edition of the national plans has been postponed.</p>   |
| <p><b>Activity 1.2.2 Develop tools for monitoring, evaluation, and supervision of the neonatal plans of action.</b></p>   |   |                               |  |   |  |
| <p>The analysis of cost of prematurity in LAC was prepared as a resource for advocacy and methodology to be applied by countries of the region.</p> <p>Experts on cost analysis were contracted.<br/>The initial estimation of costs was performed based on external estimates and applied to the prevalence of prematurity estimated from two sources (PIS/CLAP and estimations from “Born Too Soon” coauthored by March of Dimes). Subsequently, an initial methodology was developed in order to estimate the cost based on regional data.</p> <p>The results have been discussed with colleagues from March of Dimes.</p> | <p>Analysis of cost of prematurity in LAC</p> <p>*Final products will be a methodology to be applied at country level to estimate the national situation, as well as the cost analysis at the regional level that enables consistent information for advocacy on the issue.</p> | <p>All PAHO member states</p> | <p>Neonatal Alliance, March of Dimes</p> | <p>Initial estimates and methodology have been performed. Validation and a final report will be developed during the next grant year.</p> | <p>There have been delays in completing this process, as validation of the methodology is still pending.</p> <p>The selection of the economist to validate it relies on March of Dimes. Once the economist is identified, the process will be completed.</p> |

| Steps   | Deliverables/<br>Products | Beneficiary<br>Countries | Partner<br>Institutions | Major<br>Accomplishments | Problems and Solutions |
|---|---------------------------|--------------------------|-------------------------|--------------------------|------------------------|
| <b>Key Personnel Responsible for Outcomes 1.3 and 1.4 : Drs. Mirtha del Granado &amp; Rafael Lopez (CHA/HT)</b>                                 |                           |                          |                         |                          |                        |
| <b>Outcome 1.3: Strengthened response to MDR and XDR-TB in the Americas through the implementation of national expansion MDR-TB plans</b>       |                           |                          |                         |                          |                        |
| Activity 1.3.1 Follow up on the implementation of the national MDR-TB plans following the Stop TB Strategy.                                     |                           |                          |                         |                          |                        |
| Activity 1.3.2 Monitor the implementation of new diagnostic technology.   |                           |                          |                         |                          |                        |
| Activity 1.3.3 Provide technical assistance to finalize and implement the MDR-TB national plans and guidelines.                                 |                           |                          |                         |                          |                        |
| Activity 1.3.4 Support the development of regional and national MDR-TB expert committees  |                           |                          |                         |                          |                        |
| <b>Outcome 1.4: Strengthened routine systems for effective implementation of DOTS</b>   |                           |                          |                         |                          |                        |
| Activity 1.4.1 Financial support for a Regional TB expert to provide technical assistance on DOTS strengthening                                 |                           |                          |                         |                          |                        |
| Activity 1.4.2 Technical assistance missions on DOTS strengthening to priority countries  |                           |                          |                         |                          |                        |
| Activity 1.4.3 Develop a Regional TB medicine management course for priority countries  |                           |                          |                         |                          |                        |
| Activity 1.4.4 Support Official Medicine Control Laboratories (OMCL) of ECU, ELS, NIC, GUT and quality assurance of TB medicines in 4 countries |                           |                          |                         |                          |                        |
| No funding for Outcomes 1.3 and 1.4 in Year 3. Funding reassigned to section on Expanded TB Program Funding.                                    |                           |                          |                         |                          |                        |

## CC Theme #2 – Health Workforce

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

| Steps   | Deliverables/<br>Products  | Beneficiary<br>Countries  | Partner<br>Institutions  | Major<br>Accomplishments   | Problems and Solutions |
|---|--|---|--|--|------------------------|
| <b>Outcome 2.1: Strengthened midwifery in Latin America and the Caribbean</b>   |  |   |  |  |                        |
| <b>Key Personnel Responsible for Outcome 2.1: Dr. Bremen De Mucio (CLAP)</b>  |  |   |  |  |                        |
| <b>Activity 2.1.1 Update tools to improve midwifery skills in the region.</b>   |  |   |  |  |                        |
| Adaptation of the Global Midwifery Tool Kit for the Regional context.<br><br>Revision of the document by regional experts.<br><br>Translation into Spanish and Portuguese | Strengthening Midwifery Tool Kit for the Americas updated and delivered. | All PAHO member states  | ICM, CRMA FLO, UNFPA, University of Michigan, Emory University, University Chile and University Puerto Rico. | More than 10 thousand copies in English, Spanish and Portuguese were delivered into the region. Many countries have incorporated main concepts of the SMTK in their national plans for midwifery education | None                   |
| <b>Activity 2.1.2 Improve the status of midwifery educational models in the Region</b>  |  |   |  |  |                        |
| Selection of the contents to be discussed<br><br>Definition of methodologies to be used.<br><br>Selection of participants.  | Workshops delivered  | All PAHO member states, but only the following have received support from this grant: Bahamas, Barbados, Brazil, Costa Rica, Chile, Guyana, Jamaica, Paraguay, Peru, St. Lucia, Suriname, Trinidad and Tobago and Uruguay | ICM, CRMA, FLO, UNFPA  | Participants recognized the need to create regional standards of professional midwifery regulation and continue on updating the curriculum in degree courses.  | None                   |

| Steps   | Deliverables/ Products  | Beneficiary Countries   | Partner Institutions   | Major Accomplishments   | Problems and Solutions   |
|---|---|---|--|---|--|
| <b>Activity 2.1.3 Support continuing education processes in midwifery for English-speaking Caribbean countries</b>  |   |   |  |   |  |
| Selection of the coaching group by MCHIP<br><br>Content and training methodologies prepared<br><br>Coordination of workshops and selection of participants. | Two courses for teaching midwives in Midwifery<br><br>Competency-Based Education Models, one of them for English-speaking Midwives and other for Spanish-speaking Midwives. | 7 English-speaking Caribbean countries: Bahamas, Barbados, Guyana, Jamaica, St. Lucia, Suriname and Trinidad and Tobago<br><br>9 Spanish and Portuguese-speaking countries: Argentina*, Bolivia*, Brazil, Costa Rica, Chile, Ecuador*, Paraguay, Peru and Uruguay | ICM, MCHIP, UNFPA, University Puerto Rico, University Chile, FLO and CRMA  | Courses have been qualified as excellent by participants.   | Participation of representatives from Argentina, Bolivia and Ecuador has not been supported with this grant. |
| <b>Activity 2.1.4 Provide continuous support for the communities of practice in nursing and midwifery in English and Spanish</b>                            |   |   |  |   |  |
| Development of a new work plan<br><br>Election of relevant topics to be discussed<br><br>Coordination of virtual sessions                                   | Biannual work plan approved<br><br>Virtual sessions developed   | All LAC countries   | ICM, CRMA FLO, UNFPA, Johns Hopkins University, University of Michigan, Emory University, University Chile and University Puerto Rico. | It has been shown a marked increase in countries and professionals participating in virtual sessions. | None   |
| <b>Outcome 2.2: Strengthened capacity of human resources in health to prevent and control MDR and XDR-TB in the Americas</b>                                |   |   |  |   |  |
| <b>Key Personnel Responsible for Outcome 2.2: Drs. Mirtha del Granado &amp; Rafael Lopez (CHA/HT)</b>   |   |   |  |   |  |
| <b>Activity 2.2.1 Support TB fellows at the Regional TB Program</b>   |   |   |  |   |  |
| <b>Activity 2.2.2 Support participation of TB staff and consultants in international MDR-TB and laboratory courses in centers of excellence.</b>            |   |   |  |   |  |
| <b>Activity 2.2.3 Support the MDR-TB centers of excellence in the Region.</b>   |   |   |  |   |  |
| <b>Activity 2.2.4 Develop a Regional Infection Control Course according to Regional IC policy and strategy.</b>   |   |   |  |   |  |
| <b>Activity 2.2.5 Support Regional and national IC courses.</b>   |   |   |  |   |  |
| No funding for Outcome 2.2 in Year 3. Funding reassigned to section on Expanded TB Program Funding.   |   |   |  |   |  |

\*The participants from Argentina, Bolivia and Ecuador were funded by other sources.

| Steps  | Deliverables/<br>Products  | Beneficiary<br>Countries  | Partner<br>Institutions | Major<br>Accomplishments   | Problems and Solutions  |
|--|--|---|-------------------------|--|---|
| <b>Outcome 2.3: Strengthened health systems at the national and subnational levels through capacity building for the implementation of Essential Public Health Functions (EPHF).</b> |  |   |                         |  |   |
| <b>Key Personnel Responsible for Outcome 2.3: Dr. Charles Godue / Dr. Rosa Maria Borrell (HSS)</b>   |  |   |                         |  |   |
| <b>Activity 2.3.1 Carry out the Spanish version of the Virtual Course on EPHF.</b>   |  |   |                         |  |   |
| <p>1. Carry out the Spanish version of the Virtual Course on EPHF (3<sup>rd</sup> version) with a focus on UHC for at least 80 professionals</p>                                     | <p>The 3<sup>rd</sup> edition of the course was completed in April 2014.</p> <p>The course was offered from 22 May to 30 September 2014.</p> | <p>Chile, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Paraguay, Peru and Uruguay.</p> | <p>n/a</p>              | <p>During the reporting period 2013-2014, 563 applications were received, 125 students enrolled, 114 began the course, 33 withdrew, and 76 completed the course.</p> | <p>The number of applications surpassed the number of tutors available for the course. Initially, the maximum number of students was estimated at 80 participants. PAHO then identified an additional tutor for the course and supported the additional cost.</p> <p>The final document to assess the results of the course will be completed in December 2014.</p> <p>PAHO would like to continue to be able to offer this important course despite USAID not having funding to support it in the next fiscal year. Internal discussions are taking place about how to identify alternative funding.</p> |

### CC Theme #3 – Health Information Systems

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

| Steps   | Deliverables/ Products  | Beneficiary Countries  | Partner Institutions   | Major Accomplishments  | Problems and Solutions   |
|---|---|--|--|--|--|
| <b>Outcome 3.1 Strengthened health information systems at the regional, subregional and national level, with a gender and ethnic perspective</b>  |   |  |  |  |  |
| <b>Key Personnel Responsible for Outcome 3.1: Dr. Alejandro Giusti (CHA/HA)</b>   |   |  |  |  |  |
| <b>Activity 3.1.1 Provide technical cooperation to monitor the implementation of PAHO/USAID countries' HIS strategic plans.</b>   |   |  |  |  |  |
| Follow-up was done on the 2013-2014 Strategic Plan activities in Dominican Republic, Honduras, and Paraguay.  | Virtual sessions to monitor the Strategic Plan in Dominican Republic, Honduras, and Paraguay. | Dominican Republic, Honduras, and Paraguay   | MEASURE, CIDA, CEMECE (WHO Collaborating Center from Mexico) | Strengthening of the Inter-institutional Commission in selected countries  | Changes of authorities at the national level delayed the implementation of the road map of Ecuador*.<br><br>Nevertheless parts of the planned activities were developed (WG2 and WG3 of RELAC SIS WP). |
| <b>Activity 3.1.2 Support the strengthening of HIS according to the RELAC SIS plan of action.</b>   |   |  |  |  |  |
| The 2013-2014 RELAC SIS Work plan was developed through the implementation of four practices, two forums and two special meetings.<br><br><b>Working Group (WG) 1: Training for information producers to raise manager awareness, (led by Paraguay)</b><br>Two courses were given in Panama since 2013. Colleagues from Panama who learned the practice in 2013 participated as collaborators in the second course. | Countries replicating the practice at the subnational level                                   | Ecuador*, Mexico, Panama, Paraguay, and Peru (first round);<br><br>Bolivia*, Costa Rica, Dominican Republic, Nicaragua*, and Venezuela* (second round) | MEASURE<br>ECLAC-CELADE<br>CIDA<br>Paraguay                  | The strengthening of the community of practices as a regional network to develop and disseminate best practices to strengthen HIS has been an achievement.<br><br>The latest WG1 course given in Panama was filmed, providing material that will be useful for the use of multimedia in future courses. An English translation is being done for use in the Caribbean. | None.  |

\*No USAID funding was used to support Bolivia, Ecuador, Nicaragua or Venezuela.

| Steps  | Deliverables/<br>Products  | Beneficiary<br>Countries   | Partner<br>Institutions | Major<br>Accomplishments  | Problems and Solutions   |
|--|--|--|-------------------------|---|--|
| <p><b>WG2: Two online courses to strengthen ICD-10 coding (led by Argentina CACE- and Mexico – CEMECE)</b></p> <p>The <u>first course</u> was given from March to June 2014 through PAHO's virtual campus with participation of ten technical staff members from each first round country. Representatives from the Mexican and Argentine centers served as tutors.</p> <p>At an on-site meeting, results of the course were reviewed and several aspects were redesigned, making it possible to convene the <u>second course</u>, being held from 1 September to 15 December this year.</p> <p>The second course will be also supervised by the Argentine and Mexican centers. Two coders from the first course were selected to participate as tutors in the second course that is currently taking place.</p> | <p>The course is available through the PAHO virtual campus. All materials are included. Countries have materials for implementing future virtual courses at the local level.</p> | <p>Argentina*, Dominican Republic Ecuador*, Guatemala, Mexico, Nicaragua*, Paraguay, and Uruguay (first round);</p> <p>Chile, Colombia, Costa Rica, El Salvador, Panama, and Peru, (second round).</p> | <p>CEMECE, CACE</p>     | <p>The first course was very successful.</p> <p>Twenty technical staff members per country were invited to participate in the second course currently taking place, with two tutors in each country supporting the participants.</p> <p>Tutors were selected from among those who completed the first course and performed very well.</p> | <p>Arranging product protection mechanisms through PAHO, including ISBN and copyright, is still pending.</p> <p>The course is expected to be translated into English and ultimately into Portuguese to make it available to the Caribbean subregion.</p> |

\*No USAID funding was used to support Argentina, Ecuador, or Nicaragua.



| Steps   | Deliverables/<br>Products                               | Beneficiary<br>Countries  | Partner<br>Institutions                | Major<br>Accomplishments   | Problems and Solutions   |
|---|---|---|--|--|--|
| <p><b>WG3: Implementation of a computer-assisted mortality coding system (led by Mexico).</b></p> <p>The software for this system was developed by Mexico and is known as MMDS (a Spanish-language version of the system used by the United States).</p> <p>Professionals from INEGI and CEMECE made technical cooperation visits to Chile, Colombia, Costa Rica, Guatemala, Paraguay, and Uruguay in order to make final adjustments for use of the software, in line with each country's realities and needs, and a road map was drafted, to be followed during the current year.</p> |   | <p>Argentina*, Chile, Colombia, Costa Rica, Ecuador*, Guatemala, Mexico, Paraguay, Uruguay (first round)</p> <p>Dominican Republic, Panama, and Peru (second round).</p>  | <p>Mexico: INEGI and CEMECE, ECLAC</p> | <p>During this grant year a group from INEGI and CEMECE was created to meet country demand, and authorities from both institutions have given their agreement, which stood out as an example of the solidarity and horizontal cooperation that RELACSIS emphasizes in all the forums.</p> <p>Thanks to that arrangement, visits were made last September and October to Costa Rica, Colombia, and Guatemala to draft road maps with the same objective as the previous ones.</p> | <p>It was also decided that Mexico will draft a proposal to evaluate conditions for the longer-term migration from MMDS to IRIS in Spanish, coding software that will be used by a good number of non-English-speaking countries.</p> <p>It is expected that an agreement among PAHO, DGIS, and INEGI will be reached to formalize this cooperation in the future.</p> |
| <p><b>WG4. Online course to raise physician awareness about proper recording of cause of death (led by Uruguay with collaboration from Argentina and Mexico).</b></p> <p>The course has proven successful with 10 physicians from selected first-round countries and minimal changes have been planned in aspects related to access to the virtual campus.</p> <p>Once these changes have been</p>  | <p>Course available through the PAHO virtual campus</p> | <p>Argentina*, Costa Rica, Dominican Republic, Ecuador*, Guatemala, Mexico, Nicaragua*, Panama, Paraguay, and Uruguay (first round);</p> <p>Bolivia*, Colombia, El Salvador, Honduras, Peru, and Venezuela* (second round).</p> | <p>CEMECE, CACE</p>                    | <p>The course will be available in October 2014 to all Spanish Speaking countries. There is an English version testing in eight Caribbean countries.</p>   | <p>It remains pending to draft a strategy to propose to authorities that the course should be compulsory, following the experience of Uruguay, Mexico, and other countries.</p>  |

\*No USAID funding was used to support Argentina, Bolivia, Ecuador, Nicaragua or Venezuela.

| Steps  | Deliverables/ Products                    | Beneficiary Countries   | Partner Institutions  | Major Accomplishments  | Problems and Solutions |
|--|---|---|---|--|------------------------|
| made, the course will be made available to all Spanish-speaking countries. This is expected to happen in September.  |   |   |   |  |                        |
| <p><b>The Meeting of the Regional Network of WHO Collaborating Centers (CCs) and National Reference Centers (NRCs) for the Family of International Classifications (WHO-FIC)</b> was held on 22-23 April in Mexico City with 23 participants.</p> <p>During the event participants identified priority activities and a proposal of centers that will be in charge, making it possible to develop the plan for the 2014-2015 biennium.</p> <p>Virtual sessions are implemented periodically through the network's website to revise the synthesis of the meeting, the terms of reference of the network Secretariat, and the work plan before disseminating among network members.</p> | ToR and PoA defined for 2014-2015         | WHO-FIC Network<br>Regional WHO-FIC CCs<br>NRCs of the Region | <p>All WHO-FIC CCs of the Americas and Spain,<br/>All NRCs of the Region</p> <p>Chile and Barcelona Center included in the network as of April.</p> | <p>The network developed a regional work plan that defines responsibilities and coordinating activities between members of the network.</p> <p>It was agreed that this would be an Ibero-American network with inclusion of the Barcelona center, and that technical cooperation would promote creation and monitoring of NRCs, particularly with regard to FIC.</p> | None.                  |
| <b>The Meeting to expand RELAC SIS Secretariat membership</b> was held on 24 and 25 April in Mexico City, as part of a strategy to ensure and democratize the network's future   | Expanded RELAC SIS Secretariat membership | Argentina*, Costa Rica, Mexico<br>Paraguay                    | Population Division of ECLAC, CELADE, MEASURE-Evaluation,   | The following institutions were invited to join the Secretariat and accepted:<br>- the Latin American and Caribbean Demographic  | None.                  |

\*No USAID funding was used to support participation of Argentina.

| Steps   | Deliverables/<br>Products   | Beneficiary<br>Countries      | Partner<br>Institutions  | Major<br>Accomplishments  | Problems and Solutions  |
|---|---|-------------------------------|--|---|---|
| <p>sustainability as well as to bring visibility to institutions and people who have been collaborating with the project from the start.</p>  |   |                               | <p>Mexico's National Institute of Public Health</p> <p>New RELAC SIS Secretariat members</p> | <p>Center (CELADE), Population Division of the ECLAC;</p> <ul style="list-style-type: none"> <li>- the Mexican Directorate General of Health information (DGIS);</li> <li>- the National Institute of Public Health of Mexico (INSP);</li> <li>- the Center for the Study of Culture and Society (CECYS) at the University of Córdoba (Argentina);</li> <li>-colleagues who have supported the network from its beginning: Olga Araya, of the National Statistics Institute of Costa Rica (INEC); and Nimia Torres, of the Directorate General of Statistics, Surveys, and Censes of Paraguay.</li> </ul> |   |
| <p><b>The discussion forum on electronic medical records (EMRs)</b> was held from 2-26 May to discuss the benefits of EMRs and on the current situation in the network's member countries.</p> <p>The forum included webinars on the RELAC SIS website, which presented select subjects that promoted interaction among participants. Participants had access to electronic</p> | <p>A list of recommendations was drafted and a position paper on the subject is currently being prepared, to be disseminated through the website shortly.</p> | <p>All PAHO member states</p> | <p>Hospital Italiano, Argentina, PAHO e-Health Unit</p>                                      | <p>More than 100 participants were registered in the forum, 76 of which gave comments and suggestions and offered access to different links and documents.</p> <p>To enrich the discussion and subsequent drafting of the final document,</p>   | <p>Although the forum was held in Spanish, the last week was opened to English-speaking colleagues.</p> |

| Steps   | Deliverables/<br>Products   | Beneficiary<br>Countries | Partner<br>Institutions                  | Major<br>Accomplishments   | Problems and Solutions   |
|---|---|--------------------------|--|--|--|
| documents related to each discussion topic.   |   |                          |  | experts on EMRs have been contacted and are going to participate in a special session at the 6 <sup>th</sup> RELAC SIS meeting (November 2014).  |  |
| <p><b>The Forum on methodology for health inequality analysis</b> was held from 1-12 September 2014.</p> <p>This forum was organized in response to a consultation on the RELAC SIS website regarding the availability of methodologies and studies on the subject.</p> | A list of recommendations was drafted and a position paper on the subject is currently being prepared, to be disseminated through the website shortly | All PAHO Member states   | Tulane University, RELAC SIS Secretariat | <p>More than 70 participants were registered in the forum, 46 of them giving comments and suggestions, and offered access to different links and documents</p> <p>The results of this Forum will contribute to the discussion on inequality measurement, an essential requirement of numerous initiatives covering a broad spectrum, related to monitoring the Millennium Development Goals and the post-2015 goals.</p> | None.  |
| <p><b>Review and implementation of the RELAC SIS website</b> is the responsibility of the Network Secretariat and has taken place constantly through the grant year.</p> <p>The website has migrated to a private server and the Joomla platform has</p>                | RELAC SIS website functioning and updated by the Secretariat  | All PAHO Member states   | RELAC SIS Administrator                  | <p>The website's design is dynamic and will continue to be reviewed according to network members' needs.</p> <p>The Forums section now includes more functions,</p>  | The user platform is being updated and users are invited to visit the website and edit their profile if needed. There are currently 450 active members registered. However, the full list contains 800 names, so users are |

| Steps   | Deliverables/ Products   | Beneficiary Countries         | Partner Institutions  | Major Accomplishments   | Problems and Solutions  |
|---|--|-------------------------------|---|---|---|
| <p>been updated with the most recent version. This does not affect network members' access to the website.</p> <p>The permanent name is now <a href="http://www.relacsis.org">www.relacsis.org</a>.</p>   |  |                               |   | <p>to permit better exchanges among members. Recently this enabled the Electronic Medical Records (EMRs) forum, which had 200 registrants and 70 active participants during the month it took place.</p>  | <p>asked to reactivate their account.</p>   |
| <b>Outcome 3.2: Improved surveillance for congenital syphilis (CS) diagnosis and treatment through the establishment of a Regional Network.</b>   |  |                               |   |   |   |
| <b>Key Personnel Responsible for Outcome 3.2: Dra. Suzanne Serruya (CLAP/WR)</b>  |  |                               |   |   |   |
| <b>Activity 3.2.1 Establish a regional network including main maternal hospitals and primary health care services as sentinel sites for congenital syphilis diagnosis and treatment.</b>  |  |                               |   |   |   |
| <p><b>Task 1: Elaborate and disseminate a virtual module for Diagnosis and Treatment for Maternal and Congenital Syphilis</b></p> <p>A partnership with FEPPEN and the Caribbean Newborn Health Alliance was established for the elaboration and dissemination of the virtual module.</p> <p>The module will be disseminated during the next year of the grant.</p> | <p>A video with a virtual module for Diagnosis and Treatment for Maternal and Congenital Syphilis.</p> | <p>All PAHO member states</p> | <p>FEPPEN, Latin American and Caribbean Newborn Health Alliance</p> | <p>The network for sentinel surveillance of gestational syphilis (GS) and congenital syphilis (CS) was created with participation of 10 countries that were able to share their databases, thanks to the availability of the PIS, a single standard data and quick access reporting model.</p> <p>The network will continue</p> | <p>The activities require commitment and support from country offices and CLAP. We are working together to maintain and strengthen coordination among all stakeholders.</p> |

| Steps   | Deliverables/<br>Products  | Beneficiary<br>Countries   | Partner<br>Institutions  | Major<br>Accomplishments   | Problems and Solutions |
|---|--|--|--|--|------------------------|
| <p><b>Task 2: Strengthen the utilization of PIS in perinatal indicators at country level</b></p> <p>Virtual meetings and seminars were held to follow up on the workshops held in June and September 2012 for the regional network for sentinel surveillance of gestational syphilis (GS) and congenital syphilis (CS).</p>         | Virtual meetings in follow up to regional network workshop   | Argentina*, Bolivia*, Costa Rica, Dominican Republic, El Salvador, Honduras, Nicaragua*, Panama, Paraguay, Uruguay                                       | Ministries of Health, FEPPEN, Latin American and Caribbean Newborn Health Alliance | to grow in year 4 of the grant, including expansion to English-speaking Caribbean countries. |                        |
| <p><b>3. Present the Maternal and Congenital Syphilis epidemiological situation to the professional associations</b></p> <p>The epidemiological situation of congenital syphilis was presented during the meeting of the Latin American Federation of Obstetricians, in Montevideo on 11 April 2014.</p>                            | Epidemiological situation disseminated to the mentioned professional associations  | All PAHO member states   | FEPPEN, FLASOG, ALAC-ITS, ALAPE  |  |                        |
| <p><b>Task 4: Establish a regional network for improvement of the surveillance of congenital Syphilis</b></p> <p>This year a set of indicators for prospective surveillance on PIS were defined.</p> <p>In addition, virtual conferences were organized in order to strengthen the epidemiological analysis of CS surveillance.</p> | <p>Process and impact indicators defined and incorporated into the PIS programs in order to have quick access to the results from PIS databases</p> <p>Establishment of regional network for improvement of the surveillance of CS</p> | <p>All SIP countries users</p> <p>Argentina*, Bolivia*, Costa Rica, Dominican Republic, El Salvador, Honduras, Nicaragua*, Panama, Paraguay, Uruguay</p> | Ministries of Health, Latin America and Caribbean Newborn Health Alliance.         |  |                        |

\*No USAID funding was used to support Argentina, Bolivia, or Nicaragua.

| Steps   | Deliverables/<br>Products  | Beneficiary<br>Countries   | Partner<br>Institutions     | Major<br>Accomplishments   | Problems and Solutions   |
|---|--|--|-----------------------------|--|--|
| <b>Outcome 3.3: Improved national planning capacity in neonatal health guided by country's neonatal and child profiles.</b>   |  |  |                             |  |  |
| <b>Key Personnel Responsible for Outcome 3.3: Dr. Pablo Duran (CLAP/WR)</b>   |  |  |                             |  |  |
| <b>Activity 3.3.1 Consolidate and analyze data, and develop country profiles.</b>   |  |  |                             |  |  |
| <p>The information generated in selected countries in terms of updating national profiles has been organized and compared in order to update the information at regional level, with a focus on equity.</p> <p>The information was analyzed during a technical meeting on measuring inequities, held in Washington DC on from 8-13 June 2014.</p> | <p>Neonatal data and information analyzed and discussed at a technical meeting</p> | <p>The analysis involved information included in national profiles from Dominican Republic, El Salvador, and Peru, plus information from additional sources.</p> | <p>Ministries of Health</p> | <p>The methodology for analyzing inequities on neonatal and infant health has been updated.</p> <p>A preliminary document has been developed to consolidate the regional situation on neonatal health and inequities, from national and regional profiles.</p> | <p>There have been delays due to difficulties identifying experts responsible for performing the activity but the plan is now progressing.</p> <p>Development of the final document has experienced delays due to the availability of information. It is expected to be completed early in 2015.</p> |
| <b>Activity 3.3.2 Disseminate and promote profiles (CDs, electronically, etc.) to regional partners</b>   |  |  |                             |  |  |
| <p>Information included in national profiles was consolidated.</p>  | <p>A first consolidation has been performed and the design has been completed.</p> | <p>All PAHO member states</p>  | <p>n/a</p>                  | <p>The design of a web based report on the regional situation has been delineated.</p>   | <p>As with activity 3.3.1, there have been delays due to difficulties identifying experts responsible for performing the activity.</p>   |
| <b>Outcome 3.4: Strengthened epidemiological surveillance of MDR-TB.</b>  |  |  |                             |  |  |
| <b>Key Personnel Responsible for Outcome 3.4: Drs. Mirtha del Granado &amp; Rafael Lopez (CHA/HT)</b>   |  |  |                             |  |  |
| <b>Activity 3.4.1 Carry out regional meeting on MDR-TB surveillance.</b>  |  |  |                             |  |  |
| <b>Activity 3.4.2 Support national MDR-TB surveys.</b>  |  |  |                             |  |  |
| <b>Activity 3.4.3 Develop and implement analytic tools regarding gender, ethnicity and vulnerable populations.</b>  |  |  |                             |  |  |
| <b>Activity 3.4.4 Develop an annual Regional TB and MDR-TB report.</b>  |  |  |                             |  |  |
| No funding for Outcome 3.4 in Year 3. Funding reassigned to section on Expanded TB Program Funding.   |  |  |                             |  |  |

### CC Theme #4 – Leadership and Governance

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

| Steps   | Deliverables/ Products   | Beneficiary Countries  | Partner Institutions                         | Major Accomplishments  | Problems and Solutions  |
|---|--|--|--|--|---|
| <b>Outcome 4.1: Strengthened policy dialogue in maternal health at the regional and national level reduction of maternal morbidity and mortality</b>  |  |  |  |  |   |
| <b>Key Personnel Responsible for Outcome 4.1: Dr. Bremen De Mucio (CLAP/WR)</b>   |  |  |  |  |   |
| <b>Activity 4.1.1 Update and promote the Regional strategic plan for the reduction of maternal morbidity and mortality.</b>   |  |  |  |  |   |
| Identify countries that require updating processes for their national guidelines, plans or protocols, to accelerate the reduction of maternal mortality and severe maternal morbidity.<br><br>Discussion and analysis of updated documents  | National plan or guidelines to reduce maternal mortality are updated and approved by national authorities. | All PAHO Member states that have needed support: Belize, El Salvador, Honduras, Nicaragua*, Paraguay, Peru, Trinidad and Tobago and Uruguay. | UNFPA, FIGO/FLASOG, ICM, MoHs, Universities. | Five countries have updated their national plans.<br><br>Three countries are in process of updating national plans.  | Although some countries should update their plans, the current political climate has not allowed them to include these processes in their agenda.<br><br>Nicaragua has not been supported with funds from this grant.   |
| Official communication was sent to all countries, with more than 7000 deliveries per year, for their enrollment in the measurement of indicators of the plan for the acceleration of the reduction of maternal mortality<br><br>The focal point for lifting the required information was identified.<br><br>National reports were incorporated into the regional data base. | Progress report submitted to PAHO's Governing Bodies.<br><br>Supplementary report of indicators done.      | All LAC countries with more than 7000 deliveries per year  | UNFPA, CDC, MoH                              | Having updated regional maternal mortality and maternal morbidity data, differentiated by age, residence and causes. | The quality of data collected, is not homogeneous. Some countries do not collect information discriminated by some epidemiological variables defined by Governing Bodies and required by the plan. Another serious problem is not having recent data of the maternal mortality ratio from Bolivia, Canada, Haiti, and the United States of America. |
| <b>Activity 4.1.2 Promote the effective functioning and scaling-up of the Regional Interagency Task Force for the reduction of maternal mortality.</b>  |  |  |  |  |   |
| This activity was excluded from the work plan based on the donor's request.   |  |  |  |  |   |

\*No USAID funding was used to support Nicaragua.



| Steps  | Deliverables/<br>Products   | Beneficiary<br>Countries | Partner<br>Institutions                             | Major<br>Accomplishments  | Problems and Solutions  |
|--|---|--------------------------|---|---|---|
| <b>Activity 4.1.3 Enhance the dissemination of the lessons learned from the Colombia Web-based Maternal Mortality Surveillance project through focal technical assistance to requesting countries of the region.</b>   |   |                          |   |   |   |
| <b>Key Personnel Responsible for Activity 4.1.3: Dr. Sandra Rodriguez (PWR-COL)</b>  |   |                          |   |   |   |
| <p><b>Task 1.</b><br/>The event to present the WBMSS to NGOs of Asia, Africa and PAHO/WHO focal points was held 6 March 2014 in Washington, DC.<br/>- Skype sessions between PAHO and the USAID Focal point were held prior to define the agenda.</p> <p>The English version of the epidemiological guide of the surveillance system of maternal mortality was revised, and copies of the document and video were distributed at the DC event.</p> <p>The agenda consisted of 3 panels:<br/>- 1) to present the context, integration of the surveillance system, approaches for case analysis, use of strategic information for decision making, and lessons learned;<br/>- 2) the real-time use of modules in the Surveillance System, through the case of a maternal death; and<br/>- 3) challenges for the tool's roll out.</p> <p>In the afternoon, the workshop to test the English version of the tool was held for engineers and technical professionals.</p> | <p>English version of the epidemiological guide of the surveillance system of maternal mortality</p> <p>Video "Fortaleciendo la toma de decisiones para reducir la mortalidad materna en Colombia" (Strengthening decision making to reduce maternal mortality in Colombia)</p> <p>Plan of Action developed</p> | <p>Colombia, Mexico</p>  | <p>USAID, Universidad de Antioquia Centro Nacer</p> | <p>25 participants attended the event, where the structure, the results and the lessons learned from the development of the WBMSS project in Colombia were presented, and a Plan of Action was developed.</p> <p>The WBMSS provides timely identification of maternal deaths and analysis of the deaths through an approach to the social determinants of health, in order to provide strategic information for better decision making.</p> | <p>It is necessary for another country to test the English version of the application in order to validate it as well as its translation.</p> <p>A virtual session is needed with organizations and countries that were unable to attend on 6 March in Washington, DC in order to present the system and decide on next steps.</p> <p>Further promotion of analysis of maternal mortality through social determinants to carry out intersectoral activities</p> |

| Steps  | Deliverables/<br>Products  | Beneficiary<br>Countries   | Partner<br>Institutions   | Major<br>Accomplishments   | Problems and Solutions  |
|--|--|--|---|--|---|
| <p><b>Task 2.</b><br/>Share the WBMSS with countries of the Region (platform, written application, or components of the system) for adoption and adaptation according to their needs</p> <p>A consultation of experts for Surveillance of Neonatal Mortality took place in Bogotá, Colombia in September 2014, with the objective to identify surveillance methods of maternal and neonatal mortality applied in the Region, and to provide recommendations and next steps to improve neonatal mortality surveillance. In this context the WBMSS was presented to the meeting participants.</p> <p>Dissemination of information on the WBMSS took place during the meetings in both Washington, DC and Bogota. Participating countries received the WBMSS video, documents related to the user manual, administration manual, as well as documents for the design and epidemiological components.</p> <p>In addition a meeting with PAHO Health Analysis (HA) unit to review the data platform of the tool and its epidemiological contents in order to incorporate the tool into ViEpi.</p> | <p>Presentation of the WBMSS tool to participating countries, as well as lessons learned in perinatal mortality surveillance</p> | <p>Bolivia, Brazil, Ecuador, El Salvador, Panama, Paraguay, Peru, Uruguay, USA</p> | <p>USAID<br/>Universidad de Antioquia, National Institute of Health of Colombia (INS), CLAP</p> | <p>During the Bogotá meeting, many key topics on maternal mortality were addressed.<br/>The need to promote the exchange of experiences in the surveillance modules of neonatal and maternal mortality in Latin America and the Caribbean was emphasized, given the diversity in advances made in each country.</p> <p>It is also necessary to reach several conceptual agreements in order to standardize the processes; add to current information through mapping the situation of the surveillance systems of neonatal mortality; increase visibility the importance of surveillance for timely decision making; and finally a pilot project was proposed to review alternative tools for neonatal mortality surveillance.</p> | <p>It is necessary to review the possible implementation of the application with other countries, taking into consideration the surveillance needs of each.</p> |

\*No USAID funding was used to support Bolivia or Ecuador.

| Steps  | Deliverables/<br>Products   | Beneficiary<br>Countries | Partner<br>Institutions                           | Major<br>Accomplishments  | Problems and Solutions  |
|--|---|--------------------------|---|---|---|
| <p><b>Task 3:</b><br/>Technical support from the Systems Engineer to validate the platform translated into English</p> <p>The engineer was hired to provide the support and maintenance necessary for the roll out of the WBMSS platform which is currently being implemented in the country.</p> <p>The design and development of modules M1-M7 of the English version were completed, which required changes in the presentation section, logic section, and database structure of the WBMSS application. The design was done based on the translated documents. Translation of the graphic user interfaces to English was completed as well as programming using Visual Basic.Net for the messages and validations presented to the user. The database was modified to enter English options for the respective variables. Two reports were developed in English, one automated report presenting the variables of M1 in the modules M2 to M5 and the other report for the M7 module.</p> | <p>The English version of the course is currently functioning and is 80% developed.</p> | <p>Colombia</p>          | <p>USAID<br/>INS<br/>Universidad de Antioquia</p> | <p>The WBMSS was adjusted according to user needs.</p> <p>Three case summaries were done in English, according to the three templates of the component on care of deceased pregnant women.</p> <p>The dictionary of both English and Spanish versions of the WBMSS database was updated, including the description of each variable and the response options of the reference tables.</p> | <p>The INS needs support in the creation phase of the tool.</p> |

| Steps   | Deliverables/<br>Products   | Beneficiary<br>Countries            | Partner<br>Institutions   | Major<br>Accomplishments   | Problems and Solutions   |
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| <p><b>Task 4.</b> Technical support for Colombia in the expansion of the WBMSS in the territories.</p> <p>Coordination with the INS was done for the development and understanding of new requirements from the guidelines of the Sub Director of Prevention and Control Surveillance of the INS public health and safe motherhood group, with the aim to harmonize various web-based systems and their interaction with the ICT office.</p> <p>The epidemiological documents of forms 1-7 were updated as well as their support documents on information requirements which contain the architecture, general information, administrative manual, user manual, installation manual, M&amp;E manual, and requirements for functioning.</p> <p>Two workshops were held to provide technical capacity building on the use of the WBMSS to support the INS and the Ministry of Health and Social Protection. The second workshop focused on the software aspects of WBMSS (system architecture, application management, problem solving) and practical exercises. 50 people including engineers,</p> | <p>Formal presentation of the updates made to the WBMSS to the INS and MSPS (version 3.0.0.3 from 12 March and version 3.0.1.2 of 16 June 16; both in Visual Studio)</p> <p>Training for 50 professionals to support the roll out of WBMSS in the territories</p> | <p>Colombia and its Departments</p> | <p>INS<br/>Universidad de Antioquia,<br/>Territorial entities</p> | <p>The engineer developed virtual and in-person trainings in the different workshops for training in use of the tool. Visits were made to Ibagué and Popayán to resolve doubts on the use of the application.</p> <p>Revisions and adjustments to the modules were made through testing and according to observations of the trainings and by the safe maternity team.</p> <p>The module on follow up to negative notification was redesigned to present confirmed maternal deaths, for both institutions that have and have not done active case finding.</p> <p>At the same time, this module was implemented in the local application and the synchronization module was introduced to both applications.</p> | <p>Continue technical support to the INS in the implementation of WBMSS at the territorial level according to the 2014 work plan</p> |

| Steps   | Deliverables/<br>Products   | Beneficiary<br>Countries | Partner<br>Institutions | Major<br>Accomplishments  | Problems and Solutions |
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| <p>technicians, and public health surveillance professionals were trained to facilitate the start-up and spatial resolution of the computing needs at the regional level.</p> <p><b>Technical visits for monitoring of the implementation of the WBMSS in 12 territories of the country</b></p> <p>INS and PAHO established a work plan for the implementation of the WBMSS. Data generating units (UPGD) were prioritized, taking into consideration the notification trends of maternal deaths during the past two years (2012- 2013).</p> <p><b>Training on WBMSS</b></p> <ul style="list-style-type: none"> <li>4 regional workshops were conducted: 2 in Bogotá for the central region and Orinoquia; one in the Atlantic region hosted in Cartagena and one in the department of Antioquia, in order to cover the 36 territories of the country with the goal of developing practical exercises with the local authorities and prioritized UPGDs. During the workshop, participants reviewed entry and analysis of the information of cases of maternal deaths in the 7 modules of the tool of the WBMSS according to the roles established in the</li> </ul> | <p>The work plan was completed.</p> <p>6 workshops, where approximately 300 professionals were trained in the use of the WBMSS tool</p> <p>The environment for production of the application was formalized, for the country with information from real cases presented during the month of November.</p> |                          |                         | <p>The UPGD which reports the highest maternal mortality in the country was able to participate.</p> <p>In the training the users generally identified the application as a user-friendly tool which brings necessary elements for a better understanding of the critical route of the pregnant woman who died, considering social determinants of health. The need for this strategy to determine immediate actions and respond to the emergency was identified as a key element to accelerate the reduction of maternal and perinatal mortality in the country.</p> |                        |

| Steps  | Deliverables/<br>Products  | Beneficiary<br>Countries | Partner<br>Institutions                             | Major<br>Accomplishments  | Problems and Solutions   |
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| <p>process of public health surveillance as well as IT aspects of the system. These workshops emphasized understanding the module on analysis of maternal mortality based on social determinants of health and the categories established in the action plans.</p> <ul style="list-style-type: none"> <li>For the Capitol District, the informational and epidemiological components were presented through a workshop of the District Secretary of Health. A practical workshop was also held for the use of the tool and its 7 modules. Another workshop was held in the roles and in the practical exercises of the WBMMS for priority UPGDs in charge of care of pregnant women. This workshop had the most participants.</li> </ul> |  |                          |   |   |  |
| <p><b>5. Develop a video for the use and management of the WBMSS (help for the surveillance personnel of the municipalities)</b></p> <p>The guidelines for development of the communication materials were established.</p>  | <p>Guidelines for the development of the communication materials</p> | <p>Colombia</p>          | <p>INS, Universidad de Antioquia, Centro Nacer.</p> | <p>A bulletin was developed with tracking questions, which will be used as this product is developed.</p> | <p>This process was postponed for the next term. This will be very useful in the trainings given the frequent rotation of human resources and the need to systematize of the experience in Colombia for the roll out of its implementation in the country.</p> |

| Steps  | Deliverables/<br>Products   | Beneficiary<br>Countries  | Partner<br>Institutions                 | Major<br>Accomplishments  | Problems and Solutions   |
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| <b>Outcome 4.2: Regional Neonatal Interagency Alliance strengthened to promote and support national policies and activities in newborn health in the context of continuum of care approach</b>   |   |   |   |   |  |
| <b>Key Personnel Responsible for Outcome 4.2: Dr. Pablo Duran (CLAP/WR)</b>  |   |   |   |   |  |
| <b>Activity 4.2.1 Support and maintain functioning of Alliance.</b>  |   |   |   |   |  |
| <p>Technical support has been provided through National Meetings in order to start working on Alliances in selected countries, including Haiti and Guyana.</p> <p>The "Helping Babies Breathe (HBB) Training of Master Trainers Workshop," a training activity on neonatal resuscitation, was held on 11-14 March 2014 through coordination with the Regional Neonatal Alliance in Guyana.</p>   | <p>Activities related to Neonatal Alliance strengthened in two priority countries</p> | <p>Haiti, Guyana</p>  | <p>Regional Neonatal Alliance, MoHs</p> | <p>70 participants were trained in neonatal resuscitation. 6 were Haitians midwives who received the training in French. The remaining 63 were nurses-midwives, medexes and medical doctors from the 10 regions in Guyana and 1 from the Guyana Nursing School.</p> | <p>Further effort is needed to strengthen the existent national alliances in the Region and to establish new ones.</p> <p>The responsibility of coordinating the Regional Neonatal Alliance will require reassigning resources in order to perform this role during the coming period.</p> |
| <p>Activities in the Annual Plan of the Regional Neonatal Alliance were carried out.</p> <p>The Annual Meeting of the Regional Neonatal Alliance was held in Bogota, Colombia from 22-26 September 2014. The event included 3 main activities: a) the technical meeting of the Regional Neonatal Alliance executive committee; b) the technical Meeting of the LAC Neonatal Alliance; and c) the expert consultation on neonatal mortality surveillance systems.</p> | <p>Country activities aligned with the Regional Neonatal Alliance</p>                 | <p>All PAHO member states</p> <p>Belize, Colombia, Dominican Republic, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Puerto Rico, Uruguay, USA</p> | <p>Regional Neonatal Alliance</p>       | <p>As of the meeting in Colombia, the coordination of the Regional Neonatal Alliance is responsibility of PAHO.</p> <p>The Alliance's new Annual Plan has been discussed.</p>   | <p>None.</p>   |

| Steps   | Deliverables/<br>Products  | Beneficiary<br>Countries | Partner<br>Institutions    | Major<br>Accomplishments  | Problems and Solutions |
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| <b>Activity 4.2.2 Evaluate advances in MDG 4 in South America.</b>  |  |                          |                            |   |                        |
| Information was consolidated for the elaboration of the final edition of the document on the mid-term evaluation of the Regional Plan of Action on Neonatal Health.   | Mid-term evaluation of the Regional Action Plan on Neonatal health and its documentation | All PAHO member states   | Regional Neonatal Alliance | The document "Progress and Challenges in Achieving the Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn and Child Care" has been completed and is under final edition in order to be submitted for publication. | None.                  |
| <b>Outcome 4.3: Increased capacity of national authorities to secure sustainable political commitment and resources to institutionalize core capacities for surveillance and response, including at Points of Entry</b> |  |                          |                            |   |                        |
| <b>Key Personnel Responsible for Outcome 4.3: Dr. Sylvain Aldighieri (CHA/IR)</b>   |  |                          |                            |   |                        |
| <b>Activity 4.3.1 Organization and implementation of the Second Annual Regional Meeting of the National IHR Focal Points</b>  |  |                          |                            |   |                        |
| No funding for Outcome 4.3 included in Year 3.  |  |                          |                            |   |                        |



## ADDITIONAL ACTIVITIES

| Steps   | Deliverables/<br>Products | Beneficiary<br>Countries               | Partner Institutions   | Major Accomplishments   | Problems and<br>Solutions |
|---|---------------------------|--|--|---|---------------------------|
| <b>NEGLECTED INFECTIOUS DISEASES</b>  |                           |  |  |   |                           |
| <b>Key Personnel Responsible: Dr. Steven Ault (CHA/VT)</b>  |                           |  |  |   |                           |
| <b>Outcome 1: Political and technical commitment for controlling and eliminating NID enhanced</b>                       |                           |  |  |   |                           |
| <b>1. Third Regional Meeting of Managers of National Programs for Elimination of Blinding Trachoma in the Americas.</b> | Regional Meeting Report   | Brazil, Colombia, Guatemala and Mexico | The Task Force for Global Health, Wilmer Eye Institute – Johns Hopkins University, International Agency for the Prevention of Blindness, Organization for the Prevention of Blindness. | The Third Regional Trachoma Meeting was held in Tocantins, Brazil from 12 to 14 August 2014 with the participation of delegates of the four trachoma endemic countries: Brazil, Colombia, Guatemala and Mexico. In addition, international experts from the Task Force for Global Health, Wilmer Eye Institute – Johns Hopkins University, International Agency for the Prevention of Blindness and the Organization for the Prevention of Blindness participated in this meeting. This meeting served as an opportunity to continue strengthening control actions in countries with foci of blinding trachoma as well as to reinforce actions towards the elimination goal in the Americas. In addition, a side meeting was carried out with Brazilian delegates on August 15, 2014 to analyze the progress on the elimination of blinding trachoma and to establish a roadmap to strengthen actions towards the elimination goal in Brazil. | None.                     |

| Steps   | Deliverables/<br>Products      | Beneficiary<br>Countries   | Partner Institutions   | Major Accomplishments   | Problems and<br>Solutions   |
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| <p><b>2. <i>Regional consensus with experts and key stakeholders to identify the best practices to be implemented in the post-elimination phase for NID targeted for preventive chemotherapy.</i></b></p> | <p>Regional Meeting Report</p> | <p>Countries endemic for PCT diseases</p>  | <p>WHO NID Dept., USAID, academic and technical experts and public health professionals</p>  | <p>The agenda, objectives and list of participants is being developed, along with a set of key questions on post-elimination phase actions including best practices which are needed in the interim while awaiting the development and publication of WHO guidelines for verification of elimination of selected PCT diseases and others. A small group of international experts will meet at PAHO Headquarters in early 2015 to tackle the questions and provide expert opinion and perspective to the NID regional program and VT Unit of CHA. This information, in turn, will contribute to the development of the next regional plan of action 2016-2020 for PCT diseases and other NIDs targeted for elimination and control, to be developed, in consultation with partners and donors in 2015.</p> | <p>Constraints arose to hold this meeting during this semester, including the evolution of related WHO guidelines for PCT diseases and other NIDs (e.g., new draft WHO guidelines for verification of elimination of schistosomiasis were shared for internal review in September, with a goal to finalize the Guidelines by end of 2015 and the large burden of tasks, (trainings, regional meetings, management tasks; re-thinking the LF RPRG to broaden to other NIDs and articulation with a proposed regional Technical Advisory Group for NIDs) faced by the NID team and its coordinator.</p> |
| <p><b>3. <i>15th annual Lymphatic Filariasis Regional Managers Meeting and the 14th Regional Program Review Meeting to follow-up progress on LF elimination in the</i></b></p>                            | <p>Regional Meeting Report</p> | <p>Brazil, Haiti, Dominican Republic, Guyana, Costa Rica, Trinidad and Tobago and Suriname</p> | <p>Children Without Worms, Foundation Oswaldo Cruz, RTI International, USAID/ENVISION, IMA World Health, U.S.CDC, Notre Dame University, Johnson &amp;</p> | <p>The 15th Regional Lymphatic Filariasis Elimination Program Managers' Meeting and the 14th Regional Lymphatic Filariasis Regional Program Review Group (RPRG) Meeting were carried out from 6 to 7 August 2014 in San Jose, Costa Rica with the participation of delegates from the following endemic countries: Brazil,</p>  | <p>None.</p>  |

| Steps            | Deliverables/<br>Products | Beneficiary<br>Countries | Partner Institutions   | Major Accomplishments   | Problems and<br>Solutions |
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| <i>Americas.</i> |                           |                          | Johnson, University of Florida, Inter-American Development Bank, Task Force for Global Health and the University of Connecticut Health Center. | <p>Dominican Republic, Haiti and Guyana, and delegates of two countries removed from the list of endemic countries: Costa Rica, and Suriname. In addition, PAHO focal points from Brazil, Costa Rica, and Trinidad and Tobago also participated in both meetings. Moreover, the presence of partners such as Children Without Worms, Foundation Oswaldo Cruz, RTI International, U.S. CDC, GlaxoSmithKline, USAID, IMA World Health, Notre Dame University, Johnson &amp; Johnson, University of Florida, Inter-American Development Bank, Task Force for Global Health and the University of Connecticut Health Center, complemented the meetings.</p> <p>Both meetings had the purpose to establish a dialogue and consensus among partners, stakeholders and ministries of health to coordinate Lymphatic Filariasis elimination efforts, scale-up coverage, implement monitoring and evaluation and other integrated efforts in order to reach the goals stated in CD49.R19 PAHO Resolution.</p> <p>On 5 August 2014, piggy-backed to the meetings mentioned above, a one-day workshop with the endemic and formerly endemic countries was held in order to identify national and regional areas of improvement of the programs to sustain and reach the LF elimination goal.</p> |                           |

| Steps  | Deliverables/ Products   | Beneficiary Countries                   | Partner Institutions  | Major Accomplishments  | Problems and Solutions |
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| <p><b>4. PAHO provides technical cooperation and maintains its active participation in the Program Coordinating Committee (PCC) of the Onchocerciasis Elimination Program for the Americas (OEPA) and in the Inter American Conference on Onchocerciasis (IACO).</b></p> | <p>PAHO continues supporting the Program Coordinating Committee (PCC) and the IACO</p> | <p>Onchocerciasis endemic countries</p> | <p>OEPA, USAID, US CDC, The Carter Center, Ministries of Health from onchocerciasis-endemic countries, Lions Club International Foundation.</p> | <p>The PCC-OEPA Meeting was carried out from 4 to 5 June 2014 in Guatemala City, Guatemala where endemic countries reported advances towards onchocerciasis elimination,</p> <p>As highlights, during the June 2014 PCC meeting the committee was informed by PAHO, TCC and OEPA that the WHO International Verification Team had visited Ecuador in May 2014 and had presented their report and recommendations to the office of the Director-General of WHO for consideration of granting the verification of elimination. The PCC was informed that an agreement between the two countries sharing the Yanomami Area at the 2014 WHA, facilitated by the Director of PAHO, was signed by the Ministers of Health of both countries to coordinate a joint effort to eliminate onchocerciasis transmission in the shared Yanomami area, the last area of transmission in the Americas; the agreement involves among other actions the development of a joint operational plan of action by both parties [as soon as possible]. The PAHO Director and CHA technical department give continual follow-up to encourage both parties to set a date for binational meeting to develop the operational plan. The PCC also recommended that both GUT and MEX be informed that PTS has been successfully completed with no infected vectors found, that MDA need not be resumed, that the</p> | <p>None.</p>           |

| Steps   | Deliverables/<br>Products  | Beneficiary<br>Countries   | Partner Institutions                                 | Major Accomplishments  | Problems and<br>Solutions |
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|   |  |                            |  | <p>national dossier of evidence of disease elimination can be prepared, and once prepared, solicit PAHO/WHO to review the dossier and start the formal process of verification of elimination.</p> <p>In addition, PAHO's Regional NID Program will participate in the 2nd PCC meeting of 2014 and the annual IACO Meeting to be held in Mexico City from 12 to 14 November.</p>   |                           |
| <p><b>5. Promote bi-national cooperation between Brazil and Colombia to intensify coordinated efforts for controlling and eliminating trachoma in the border of both countries.</b></p> | <p>Draft route-map of bi-national control and elimination activities between Brazil and Colombia</p> | <p>Brazil and Colombia</p> | <p>Ministries of Health from Brazil and Colombia</p> | <p>Promotion, prevention and control actions for trachoma was one of the main topics discussed in the tri-national meeting among Brazil, Colombia and Peru from 5 to 7 February 2014 in Lima, Peru. Moreover, an integrated roadmap was developed to include control and prevention actions of trachoma. In addition, an active and intensive search for trachomatous trichiasis cases in the indigenous communities of Tu-Jupda Macu (in the border between Colombia and Brazil) was carried out in September 2014. This activity was one of the commitments from the tri-national meeting held in February 2014.</p> | <p>None.</p>              |

| Steps  | Deliverables/<br>Products  | Beneficiary<br>Countries             | Partner Institutions   | Major Accomplishments   | Problems and<br>Solutions   |
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| <p><b>6. Support implementation of MDA and TAS for LF in priority countries.</b></p> | <p>Results from the implementation of MDA and TAS in Dominican Republic and Guyana</p> | <p>Dominican Republic and Guyana</p> | <p>Ministries of Health from Dominican Republic and Guyana; Inter-American Development Bank (for Guyana), Guyana Water Authority</p> | <p>The second round of MDA for Lymphatic Filariasis / Soil-transmitted helminths was implemented in January 2014 in region IV, Guyana. The reached coverage in region IV was for the first time above the recommended (&gt;65%). The country has prepared a report with the final results of this round and is completing the WHO Joint Report Form (JRF).</p> <p>The health national authorities in Dominican Republic rolled out the first campaign (since 2007) in East Bateyes in September 2014. This information will be reported in the 2014 JRF and analyzed during the technical cooperation mission that will take from 6 to 10 October 2014.</p> | <p>Guyana is receiving albendazole (ALB) and diethylcarbamazine (DEC) donated by PAHO/WHO for the mass drug administration (MDA) in region IV in order to interrupt the transmission of LF and reduce the burden of STH. Nevertheless, there is not a clear plan of action to maintain this activity each year in region IV. Furthermore scale up of interventions to tackle STH and LF in the remaining regions of the country is needed. Therefore, the MoH needs to elaborate a national LF/STH plan including costs and funding gap in order to identify donors and partners to support.</p> <p>Dominican Republic is receiving ALB and DEC donated by PAHO. The country needs to sustain the MDA in East Bateyes the next years in order to reach the interruption of transmission in this foci.</p> |

| Steps  | Deliverables/<br>Products  | Beneficiary<br>Countries                     | Partner Institutions  | Major Accomplishments  | Problems and<br>Solutions   |
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| <p><b>7. Support countries to develop financial gap analysis for their national and subnational plan of actions using the TIPAC (two countries).</b></p> | <p>Report with main conclusions and recommendations from training workshop in Brazil and El Salvador</p> | <p>Brazil, El Salvador</p>                   | <p>Ministry of Health of Brazil and El Salvador and 5 Brazilian states; USAID/ENVISION Program – RTI.</p> | <p>The PAHO Regional NID Program held the first national TIPAC training workshop in Brazil with the participation of 5 representatives of five States and 9 representatives of the national NID Program with the support of a facilitator from RTI. This training served as a first step towards the elaboration of integrated operational plans for NID in the Brazilian states. Pernambuco will be the first state to use the TIPAC tool to cost its operational program and, according to its results, the MOH will analyze how to implement this tool through a roadmap in other states during 2015. The national TIPAC training workshop in El Salvador will be held in the first semester of 2015.</p> | <p>None.</p>  |
| <p><b>8. Support development of an operational plan for ONCHO elimination in the Yanomami area.</b></p>  | <p>Agreement between countries bordering the Yanomami area</p>   | <p>Countries bordering the Yanomami area</p> | <p>Ministries of health of the two oncho-endemic countries bordering the Yanomami area.</p>               | <p>An MoU to strengthen joint action to eliminate onchocerciasis in the Yanomami area was signed between the Ministers of Health of the countries bordering this area during the 67th WHA that took place in Geneva from 19 to 24 May of 2014. A binational operational plan should be defined to cover the next five years, and ivermectin treatment combined with comprehensive primary care should be provided to the Yanomami in order to eliminate onchocerciasis by 2019.</p>  | <p>The major constraint identified, one not under the control of PAHO, is the political will (political decision and direction) that must come from the highest level of government of one of the two countries working to eliminate onchocerciasis in the shared Yanomami area; the other country shows full political commitment.</p> |

| Steps   | Deliverables/<br>Products   | Beneficiary<br>Countries  | Partner Institutions   | Major Accomplishments   | Problems and<br>Solutions  |
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|   |   |   |  |   | Despite the fact that the MoU was signed, there are still other aspects that must be agreed (e.g. flight permissions across the border...etc.) between the two involved countries in order to develop a joint operational plan to move forward ONCHO elimination in the Yanomami area. |
| <p><b>9. <i>Neglected Infectious Diseases Specialist hired to Support PAHO's Regional NID Program with emphasis in the development of integrated national and subnational NID strategies and plans of action.</i></b></p> | <p>Contract of a full time STP P3 professional for five months (co-financed with other donor funds)</p> | <p>Dominican Republic, El Salvador, Guyana, Haiti, Peru, Saint Lucia, Suriname and Trinidad and Tobago.</p> | <p><u>Lymphatic Filariasis:</u><br/>Children Without Worms, Foundation Oswaldo Cruz- Centro de Pesquisa Aggeu Magalhaes, RTI International, U.S. CDC, GlaxoSmithKline, USAID, ENVISION, IMA World Health, Notre Dame University, Johnson &amp; Johnson, Inter-American Development Bank, Task Force for Global Health and the NTD Support Center, EISAI.</p> | <p><b>2014 Lymphatic Filariasis and other NIDs</b></p> <p>a) PAHO coordinated and facilitated the first national training workshop for trainers on studies for the transmission assessment survey (TAS) of lymphatic filariasis which took place from 11 to 13 March 2014 in the city of Recife, Pernambuco, Brazil. A total of 24 national professional were trained: 19 health professionals, who support the actions of the state program of elimination of lymphatic filariasis in the country (PEEFL, Pernambuco), under the coordination of the State Secretary of Health of Pernambuco (SES) and six professionals from the states of Pará, Bahia, Alagoas and the National Program for the Elimination of FL (PNEFL, Brasilia).</p> |  |



| Steps | Deliverables/<br>Products | Beneficiary<br>Countries | Partner Institutions | Major Accomplishments   | Problems and<br>Solutions |
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|       |                           |                          |                      | <ul style="list-style-type: none"> <li>b) Supported the translation and proofreading of the guideline and modules on Transmission Assessment Survey (TAS) into Portuguese, develop by WHO in order to evaluate the interruption of transmission of LF.</li> <li>c) Coordinated, lead and facilitated the 15<sup>th</sup> LF PMM and 14<sup>th</sup> RPRG and the Workshop on lessons learned and next steps towards the elimination of LF.</li> <li>d) With experts from Foundation Oswaldo Cruz /CPq Aggeu Magalhaes, PAHO has organized and supported a training on LF morbidity management and disability prevention that will take place in Georgetown, Guyana in November 2014.</li> <li>e) Signed a Materials Transfer Agreement with Smith College, USA in order to make available ICT standard for the TAS in the countries</li> <li>f) Supported the publication of the WHO Weekly Epidemiological Record regarding the progress of the GPELF.</li> <li>g) Supported technically and with the acquisition of required in kinds to Trinidad and Tobago national authorities in order to tackle Mansonella ozzardi cases, a filarial parasite sometimes confused with LF.</li> </ul> |                           |

| Steps | Deliverables/<br>Products | Beneficiary<br>Countries | Partner Institutions  | Major Accomplishments  | Problems and<br>Solutions |
|-------|---------------------------|--------------------------|---|--|---------------------------|
|       |                           |                          | <p><u>Schistosomiasis:</u><br/>U. S. Centers for Diseases Control, University of Georgia, University of North Carolina, Case Western Reserve University, Fundación Oswaldo Cruz, Universidad Federal do Ceará, Instituto Pedro Kourí, Ross University, St George University, University of the West Indies, University of Puerto Rico, University of Santo Domingo, Central University of Venezuela</p> | <p><b>2014 SCH</b></p> <ul style="list-style-type: none"> <li>a) Supported the survey on SCH and STH implemented in Dominican Republic in order to update the epidemiological status and address the public health interventions.</li> <li>b) Supported a training workshop on STH and SCH clinical management and lab diagnosis that took place in Saint Lucia in August 2013.</li> <li>c) Supported and reviewed the criteria and procedures towards the verification of the elimination of SCH from WHO and the progress report of the resolution WHA65.21.</li> <li>d) Organized and lead a regional meeting with the endemic and formerly endemic SCH countries to define the roadmap towards the verification of the elimination of SCH in the Americas. This meeting will take place in Puerto Rico on 21-22 October 2014.</li> <li>e) Supported the development of a systematic review on prevalence and intensity of infection of SCH in the region of the Americas, 1942-2014.</li> </ul> <p><b>General:</b></p> <ul style="list-style-type: none"> <li>a) Monitored and evaluated the progress of the countries towards the elimination of NID, review and support the countries to complete the WHO-Joint Application packages and facilitate the donation of NID</li> </ul> |                           |

| Steps   | Deliverables/<br>Products   | Beneficiary<br>Countries   | Partner Institutions  | Major Accomplishments   | Problems and<br>Solutions |
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|   |   |  |   | medicines donated by PAHO/WHO.<br>b) Technical cooperation missions undertaken to support LF, STH and SCH programs/strategies/ plans/actions and/or interventions, accordingly to the epidemiological situation in El Salvador (March 2014) and Haiti (May 2014).   |                           |
| <b>Outcome 2: Monitoring and evaluation of the progress of priority countries towards control and elimination goals for NID secured</b> |   |  |   |   |                           |
| <b>1. Neglected infectious Diseases Specialist hired to support PAHO's Regional NID Program.</b>  | Post limited duration – P3 level contract covered to 30 September 2014. | Brazil, Colombia, El Salvador, Guatemala, Mexico and Yanomami focus. | <u>Trachoma:</u><br>The Task Force for Global Health, Wilmer Eye Institute – Johns Hopkins, International Agency for the Prevention of Blindness, Organization for the Prevention of Blindness and Ministries of health of trachoma endemic countries | <u>Blinding trachoma:</u><br>- Technical cooperation provided to the four countries known as endemic, to move forward the agenda according to each country's epidemiological situation:<br><b>a. Mexico:</b> A technical mission was held in December 2013 with two experts of ITI and Johns Hopkins University to review the preliminary version of the dossier that compiles the historical and epidemiological information that led the country towards the elimination. As part of the recommendations given to the country, a protocol is being developed for the implementation of a survey to confirm the absence of blinding trachoma in municipalities known as non-endemic in Chiapas State. The results of this survey, which will be implemented in 2015, will contribute evidence needed to complete the dossier before submitting it to PAHO/WHO. |                           |

| Steps | Deliverables/<br>Products | Beneficiary<br>Countries | Partner Institutions | Major Accomplishments   | Problems and<br>Solutions |
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|       |                           |                          |                      | <p><b>b. Brazil:</b> The MoH implemented an innovative integrated campaign for STH, leprosy and trachoma in 2013 targeting school-age children of 852 municipalities. As result, 293 new cases of leprosy were detected, 2.8 million children were dewormed for STH, and 2307 cases of active trachoma were identified and treated. The second campaign was launched in August 2014, and the preliminary results are: 84 new leprosy cases detected, 1.6 million children dewormed and 6,000 cases of active trachoma detected. During the third regional meeting of national managers of blinding trachoma programs in LAC, a meeting with experts and with the NID national program team at the MoH of Brazil was held. Several recommendations were made including the adjustment of the estimation of number of municipalities known as endemic for blinding trachoma, the certification of the national graders to guarantee that their skills for grading trachoma are in optimal levels of quality, the compilation of information regarding trachomatous trichiasis cases in the country to confirm that all of them have been detected and operated; additionally, it was recommended the revision and compilation of information regarding the possible</p> |                           |

| Steps | Deliverables/<br>Products | Beneficiary<br>Countries | Partner Institutions | Major Accomplishments  | Problems and<br>Solutions |
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|       |                           |                          |                      | <p>elimination of blinding due to trachoma taking into account that apparently Brazil has not reported new cases of blindness in recent years.</p> <p><b>c. Colombia:</b> The MoH completed the baseline mapping in its only focus of blinding trachoma and the implementation of two rounds of mass drug administration for 17,000 people. Additionally, the second round of trichiasis surgery was rolled out in July 2014 in which a total of 49 people were operated. Colombia is implementing the co-administration of albendazole for STH and azithromycin for trachoma for all the population in the focus without severe adverse events registered. This experience could contribute to support the recommendation of this co-administration in other countries. The MoH will publish these findings in 2015. The MoH is implementing active search of trachoma in communities bordering its focus, as well as in communities bordering Brazil as part of the binational cooperation for NIDs.</p> <p><b>d. Guatemala:</b> The MoH rolled out a mass drug administration campaign targeting 75,000 people (94.8% coverage reached). The MoH is designing a protocol to evaluate the impact of this round of treatment,</p> |                           |

| Steps | Deliverables/<br>Products | Beneficiary<br>Countries | Partner Institutions  | Major Accomplishments  | Problems and<br>Solutions |
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|       |                           |                          | <p><u>Onchocerciasis:</u><br/>The Carter Center, OEPA, USAID, Ministries of health of onchocerciasis endemic countries, U.S. CDC, Mectizan Donation Program (MDP)/Task for Global Health (TFGH), Lions Club International Foundation.</p> | <p>and to have evidence to define the actions to be implemented in the upcoming years in the municipalities targeted, due to the fact that the baseline prevalence of active trachoma in children was between 5 and 10%.</p> <ul style="list-style-type: none"> <li>- The third regional meeting of managers of blinding trachoma national programs was held in Brazil in August 2014, where Guatemala participated. Specific recommendations were given to each of the four endemic countries.</li> <li>- A first version of the protocol for active search of TT cases was developed and discussed with endemic countries and experts in the Third Regional Meeting. An adjusted version will be circulated to them before the end of 2014 in order to start the validation process in 2015.</li> </ul> <p><b><u>Onchocerciasis:</u></b></p> <ul style="list-style-type: none"> <li>- Yanomani Area: Close follow up by PAHO country offices and central office has been given to the agreement signed in May 2014 by the two MoHs responsible for onchocerciasis elimination in the Yanomami area. As a first practical step PAHO has been insisting on the development of a consensus for a meeting date to define an operational plan to reach communities in the Yanomami area.</li> <li>a. <b>Mexico</b> is compiling the dossier for the verification of the elimination in Oaxaca and Chiapas foci. An updated version</li> </ul> |                           |

| Steps | Deliverables/<br>Products | Beneficiary<br>Countries | Partner Institutions | Major Accomplishments   | Problems and<br>Solutions |
|-------|---------------------------|--------------------------|----------------------|---|---------------------------|
|       |                           |                          |                      | <p>was revised in September 2014. The MoH will submit the dossier to PAHO/WHO in 2015.</p> <p>b. <b>Guatemala</b> created a national committee to review and approve the dossier. Several recommendations were made to the dossier available by the committee. PAHO will support the adjustment of the dossier in order to complete the document and get the approval from the committee. The dossier will be submitted to PAHO/WHO in 2015.</p> <p><b><u>Technical cooperation for NIDs plans, programs, projects and strategies</u></b></p> <p>A close follow up has been given to each of the priority countries in order to support and strengthen their capacities to move forward on the agenda for control and elimination of NIDs, including:</p> <ul style="list-style-type: none"> <li>- Report of data for the PCT databank, update of the epidemiological information to make decisions regarding STH (e.g. results of surveys for STH of Honduras and El Salvador will be published in peer-review journals).</li> <li>- Support the development of protocols for surveys of blinding trachoma in Guatemala and Mexico.</li> <li>- Support the development of the protocol for a survey for STH in 10 states of Mexico. The survey will be carried out in 2015.</li> </ul> |                           |

| Steps   | Deliverables/ Products  | Beneficiary Countries       | Partner Institutions   | Major Accomplishments  | Problems and Solutions |
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|   |   |                             |  | <ul style="list-style-type: none"> <li>- Support the request of PCT donated medicines from countries to increase coverage.</li> <li>- Adjustment and adaptation of the training for course for national program managers of NIDs based on the course developed by WHO. The course adapted for LAC includes an expanded module for monitoring and evaluation based on the additional course developed by WHO for this component. The first training course for facilitators was held in July 2014, and the first regional course for 10 countries will take place in Ecuador in December 2014.</li> </ul> |                        |
| <p><b>2. Complete dossiers for validation of elimination of ONCHO in Mexico and Guatemala</b></p> | <p>Mexico and Guatemala dossiers on onchocerciasis completed.</p> | <p>Mexico and Guatemala</p> | <p>Ministry of Health of Mexico and Guatemala, OEPA, The Carter Center, USAID, PAHO/WHO, US CDC, Lions Club International Foundation, Mectizan Donation Programme and Merck Inc.</p> | <p>By end of September 2014, Guatemala and Mexico were notified by OEPA's PCC that they have successfully completed the post-treatment surveillance phase and according to the results, both countries can prepare their dossier to accompany the submittal of a request of verification of onchocerciasis elimination to PAHO/WHO in 2015. PAHO supported the development of the first draft of Guatemala dossier and helped support the development of the first draft of the Mexico dossier.</p>  |                        |



| Steps  | Deliverables/<br>Products                                     | Beneficiary<br>Countries | Partner Institutions                 | Major Accomplishments  | Problems and<br>Solutions |
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| <p><b>3. Develop TAS (Transmission Assessment Survey) training to evaluate the progress towards LF elimination goal in Brazil.</b></p> | <p>Report with results of TAS training workshop in Brazil</p> | <p>Brazil</p>            | <p>Ministry of Health of Brazil.</p> | <p>PAHO conducted a national training workshop for trainers on Transmission Assessment Surveys (TAS) of lymphatic filariasis, which took place from 11 to 13 March 2014 in the city of Recife, Pernambuco, Brazil with the participation of 25 national professionals. Brazil will implement TAS in 23 implementation units out of a total of 27 in order to decide if MDA can be stopped and the post MDA surveillance can be started in the Recife metropolitan area, which includes Olinda, Jabaotao, and Paulista.</p> |                           |

| Steps  | Deliverables/<br>Products  | Beneficiary<br>Countries                       | Partner Institutions  | Major Accomplishments  | Problems and<br>Solutions |
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| <p><b>4. Support sentinel surveillance for STH in countries implementing mass drug administration.</b></p> | <p>Three countries with sentinel surveillance plans for STH.</p> | <p>Dominican Republic, Mexico and Colombia</p> | <p>Ministry of Health of Dominican Republic, Mexico and Colombia.</p> | <p>Dominican Republic is interested in developing and implementing sentinel site surveillance system to monitor the STH program. The country with the support of the NID program is developing a protocol for this surveillance and has requested Kato Katz kits to the NID program.</p> <p>Colombia is interested in implementing sentinel surveillance in some specific areas of the country. This activity could be implemented in 2015.</p> <p>Mexico has decided to implement a survey for STH in 10 states classified as the poorest in order to evaluate the impact of their largest national program of deworming that has been implemented for more than 20 years. The protocol is under development, and the survey will be implemented in 2015. Based on the results, decisions will be made regarding the need of the implementation of sentinel surveillance.</p> |                           |

| Steps  | Deliverables/<br>Products                                   | Beneficiary<br>Countries  | Partner Institutions                                  | Major Accomplishments   | Problems and<br>Solutions |
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| <p><b>5. Support baseline survey for STH+SCH in one country.</b></p> | <p>Publication of results of survey for STH+SCH in DOR.</p> | <p>Dominican Republic</p> | <p>Ministry of Health of Dominican Republic, CDC.</p> | <p>A national survey to update the epidemiological status of prevalence and intensity of infection of SCH and STH was implemented by Dominican Republic in 2013. The country is currently analyzing the data with support from a biostatistician and writing its report, which may be published by the end of 2014. A technical mission to the DR is being conducted in October to continue PAHO support to finalize this report, and plan for its publication in a scientific journal.</p> <p>Initial results of the survey show that the SCH transmission might be interrupted, as no positive cases were found among children, but additional information may be needed depending on WHO verification of elimination guidelines under development. The STH results indicate that the MDA campaign should be sustained at least once a year until prevalence drops below 20%.</p> |                           |

| Steps   | Deliverables/<br>Products  | Beneficiary<br>Countries   | Partner Institutions   | Major Accomplishments  | Problems and<br>Solutions |
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| <p><b>6. Support regional workshop for the inclusion of M&amp;E component within the national or subnational projects, programs, strategies or plans of action for NID.</b></p> | <p>Report of the workshop with main conclusions and recommendations.</p> | <p>Brazil, Colombia, Dominican Republic, El Salvador, Guatemala, Honduras, Peru and Paraguay</p> | <p>Ministry of Health of Brazil, Colombia, Dominican Republic, El Salvador, Guatemala, Honduras, Peru and Paraguay , RTI</p> | <p>The regional program for NIDs of PAHO is finalizing the adaptation of the Program Managers Training Course for NIDs developed by WHO in alliance with several partners including the USAID ENVISION project. The first training of facilitators took place in July 2014 with the participation of the NID team and regional advisors for, Leishmaniasis, Leprosy, Chagas' disease and Integrated Vector Management.</p> <p>The first regional training for Program Managers will take place in December 2014 with the participation of national representatives from ten countries and their PAHO focal points.</p> <p>Moreover, the Ministry of Health of Brazil has requested to schedule a national training for Program Managers of NID for its 27 States in the first half of 2015.</p> <p>The PAHO regional training course incorporates an adjustment of the monitoring and evaluation module in order to integrate the contents of the adapted training workshop that was also developed by WHO with support of several partners.</p> |                           |

| Steps   | Deliverables/<br>Products  | Beneficiary<br>Countries | Partner Institutions | Major Accomplishments  | Problems and<br>Solutions |
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| 7. Update mapping of SCH in LAC based on secondary sources of information | Report of the updated epidemiological situation of SCH in LAC developed. |                          |                      | The report of the systematic review on prevalence and intensity of infection of SCH in the region of the Americas 1942-2014 was completed on 30 September 2014. The outcomes of this study will be shared with the SCH endemic and formerly endemic countries during the forthcoming SCH regional meeting to be held in Puerto Rico in October (see details above) in order to get their feedback to this study (afterwards, additional virtual sessions with the countries might be scheduled to adjust the report, if required). |                           |

| Steps   | Deliverables/<br>Products   | Beneficiary<br>Countries | Partner<br>Institutions  | Major<br>Accomplishments   | Problems and Solutions |
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| <b>Reinforcing Malaria Efforts in Haiti</b>   |   |                          |  |  |                        |
| <b>Key Personnel Responsible: Dr. Keith Carter (CHA/VT)</b>   |   |                          |  |  |                        |
| <b>Outcome A. Strengthened and optimized implementation of Global Fund Grant on malaria in Haiti</b>  |   |                          |  |  |                        |
| <b>Activity A.1 Global Fund grant coordination meetings</b>   |   |                          |  |  |                        |
| <p>Periodic coordination meetings with the department-level Directors and Program Managers to discuss the Operational Plan for the on-going GF malaria project</p> <p>Support the monitoring of supervision reports and evaluation of semester and annual reports based on indicators submitted to the GF</p> <p>Participate in at least one activity of supervising the Departmental Direction of Health Services.</p> | <p>Haiti's 2014 Malaria Operational Plan developed; periodic meetings held with stakeholders in the malaria GF grant.</p> <p>Reports submitted to the GF, achieving an A2 rating ("meets expectations") for the GF malaria Haiti grant.</p> <p>The PNCM mobilized multiple supervisory visits to monitor malaria-related interventions for vector control, adherence to the national treatment guidelines deployment, among others.</p> | <p>Haiti</p>             | <p>CDC, PAHO/WHO, National Malaria Control Program (PNCM), Population Services International (PSI)</p> | <p>PAHO and the PNCM have worked closely together to strengthen the leadership role of the national malaria program. Although the GF grant's Principal Recipient remains PSI, the PNCM now reviews and consolidates progress reports from the other Sub-Recipients prior to submission to PSI.</p> | <p>None.</p>           |

| Steps  | Deliverables/<br>Products  | Beneficiary<br>Countries | Partner<br>Institutions   | Major<br>Accomplishments   | Problems and Solutions |
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| <b>Activity A.2 Technical cooperation in resolving implementation bottlenecks including support of diagnostic missions, mapping of country need and development of response strategy, and implementation of progress reviews</b> |  |                          |   |  |                        |
| Support technical & management capabilities of the PNCM (organization, tasks, responsibilities, plans, dashboard, periodic meetings, strengthen relations with SR and partners, improve operational efficiency)                  | Support provided to the PNCM; meeting reports available  | Haiti                    | PAHO/WHO, PNCM, PSI, Unité de Coordination des Programmes (UCP) | The 2013 Malaria Program Review is an invaluable document for prioritizing future interventions, and identifying programmatic and logistical gaps in Haiti's national response to malaria. This tool has been pivotal in the updating of the country's malaria strategic plan, and PAHO and the PNCM will continue to use this document as a baseline for the programmatic situation in the country. | None.                  |
| Support technical implementation of specific PNCM activities funded by the GF grant  | Technical support provided regarding the deployment of RDTs, and other relevant areas  |                          |   |  |                        |
| Provide continued support to finalize and disseminate the GF-proposed Malaria Program Review (MPR) of the PNCM   | The 2013 Malaria Program Review finalized and validated by the PNCM.   |                          |   |  |                        |
| Provide continued support to finalize and disseminate the GF-proposed MPR of the PNCM  | PAHO/WHO and national stakeholders are using the MPR recommendations to prioritize and update the country's National Malaria Strategic Plan. |                          |   |  |                        |

| Steps  | Deliverables/<br>Products  | Beneficiary<br>Countries  | Partner<br>Institutions  | Major<br>Accomplishments  | Problems and Solutions   |
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| <b>Activity A.3 Technical cooperation on preparation of future proposals for submission to the Global Fund and other financial institutions (including contracts and training on proposal development)</b> |  |   |  |   |  |
| Collaborate with partners and stakeholders in consolidating the proposal for the malaria elimination Global Fund Grant for Mesoamerica and Hispaniola  | Concept note for malaria elimination in Mesoamerica and Hispaniola (under the EMMIE initiative) submitted and approved   | Central American countries and Hispaniola Island (Haiti and Dominican Republic) | National Malaria Program, PAHO/WHO, PSI, CCM, Regional Coordinating Mechanism (RCM), UCP | Haiti has committed to achieving malaria elimination by 2020. While this task may be daunting, this initiative has the full commitment of national authorities and other stakeholders involved in fighting malaria in Hispaniola. | None.  |
| <b>Activity A.4 Advisor in Malaria Prevention and Control</b>  |  |   |  |   |  |
| Facilitate contract renewal through 30 September 2014<br><br>Identify and contract a new Advisor in Malaria Prevention and Control   | Contract renewed until incumbent accepted a new position elsewhere.<br><br>A new candidate has been identified and selected; the new contract start date is set for 14 October 2014. | Haiti   | PAHO/WHO   |   | The previous PAHO Advisor in Malaria Prevention and Control was offered and accepted a new position in April 2014. While this position was being filled, PAHO took measures optimize the project's execution, combining efforts from the regional team, the national PAHO focal point, partners on the ground (CDC & CHAI) and an international consultant hired to support the development of a malaria concept note for Haiti. |



| Steps  | Deliverables/ Products   | Beneficiary Countries        | Partner Institutions   | Major Accomplishments | Problems and Solutions  |
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| <b>Outcome B. Strengthened malaria surveillance, monitoring, and evaluation</b>  |  |                              |  |                       |   |
| <b>Activity B.1 Technical cooperation on malaria surveillance, and in monitoring progress and quality assurance in activities of Global Fund Malaria Projects in Haiti and the Dominican Republic (including in joint meetings and activities)</b> |  |                              |  |                       |   |
| Continued participation in bi-national meetings between Haiti and the Dominican Republic (HAI-DOR), and support coordination between DELR, UPE, and other partners   | Binational coordination discussions are ongoing (participation at a Carter Center meeting on 27 March 2014), and multi-sectoral coordination fostered through periodic stakeholder meetings. | Haiti and Dominican Republic | Carter Center, CDC, DELR, Dominican Republic counterparts, GF, PNCM, PAHO/WHO, PSI and NGO sub-recipients, UPE | n/a                   | Financing for interventions in the Dominican Republic has become limited with donor interest focused primarily on Haiti. PAHO will explore possibilities through the EMMIE initiative and national resources. |
| Support malaria surveillance and implementation of relevant interventions in HAI-DOR bi-national efforts   | HAI-DOR bi-national surveillance is ongoing, and plans are underway for joint activities in 2014-2015.   |                              |  |                       |   |
| Visit to follow-up on implementation of integrated malaria and NID activities relevant to their subsequent elimination along the HAI-DOR border  | This joint activity has been postponed to early 2015.  |                              |  |                       |   |
| Provide technical support to the PNCM in the development of periodic national malaria reports (quarterly and annual basis for PAHO reports)  | Periodic national malaria reports developed, analyzed, and gaps identified.  |                              |  |                       |   |

| Steps   | Deliverables/<br>Products  | Beneficiary<br>Countries | Partner<br>Institutions                        | Major<br>Accomplishments   | Problems and Solutions |
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| <b>Activity B.2 Development and consolidation of mid-term and annual performance progress reports</b>   |  |                          |  |  |                        |
| Continued participation in at least one of the quarterly departmental meetings with the heads of health facilities on monitoring and evaluation (M&E) strengthening   | PAHO participated in a quarterly departmental meeting for discussions on updating the strategic plan's M&E component.  | Haiti                    | PAHO/WHO, PNCM, UCP                            | n/a  | None.                  |
| Field visits with department managers to strengthen M&E efforts, particularly in departments lacking in this area   | Field visits postponed until the arrival of the new Malaria Prevention and Control Advisor in October 2015.  |                          |  |  |                        |
| <b>Activity B.3 Country capacity strengthening on malaria surveillance, monitoring, and evaluation (including trainings, workshops, etc.)</b>   |  |                          |  |  |                        |
| Support malaria M&E officers from 4 high-risk departments to strengthen active data collection from health institutions and to develop reliable reports of confirmed malaria cases, through the dissemination of surveillance / communications tools, visits to health institutions, and collaboration with relevant stakeholders | French editions of the WHO Malaria Surveillance guidelines distributed to Haiti; Training curriculum for reorienting malaria surveillance and M&E towards elimination under development in coordination with CDC & CHAI. | Haiti                    | CDC, DELR, LNSP, PAHO/WHO, PNCM, PSI, UCP, UPE |  |                        |
| Organization, jointly with PSI, DELR, and LNSP, of a workshop to strengthen capacities of department laboratory technicians to: perform   | This workshop was held in coordination with PSI and the LNSP prior to the  |                          |  | The participant from Haiti obtained the best results in the pre-test and in the final evaluation, thus |                        |

| Steps   | Deliverables/<br>Products   | Beneficiary<br>Countries | Partner<br>Institutions  | Major<br>Accomplishments  | Problems and Solutions |
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| malaria diagnosis by microscopy and RDT, promote notification of confirmed malaria cases, and foster participation in malaria diagnosis quality assurance procedures  | arrival of the 2013-2014 USAID funds; As part of the Regional efforts, one laboratory technician trained at the PAHO EQAP <sup>1</sup> workshop for training / certification in malaria microscopy in Mexico (27 January - 28 February 2014), specifically on quality assurance processes, and the use of Rapid Diagnostic Tests (RDTs) where microscopy is unavailable |                          |  | receiving regional certification. National-level capacities are expected to be replicated at the sub-national levels to improve access to timely diagnosis.   |                        |
| <b>Outcome C. Strengthened malaria prevention and control strategies and implementation of interventions</b>  |   |                          |  |   |                        |
| <b>Activity C.1 Technical cooperation in reviewing, updating, and strengthening the national malaria strategy and operational plan; and in aligning the implementation of the Global Fund Malaria (including stakeholders' consultation meetings, etc.)</b> |   |                          |  |   |                        |
| Facilitate further implementation of the Malaria Strategic Plan and strengthening synergy with Global Fund efforts on malaria   | PAHO has advised partners (PSI, among others) in Haiti on adapting their strategies to formulate interventions in alignment with the Malaria Strategic Plan; under the New  | Haiti                    | National Malaria Program/ Ministry of Health, PAHO/WHO, PSI, CDC | PAHO has supported the PNCM to finalize the review and updating of its existing national malaria strategic plan, with the involvement of a wide array of stakeholders. The final document is expected to be finalized by December 2014. |                        |

<sup>1</sup>PAHO External Quality Assurance Programme for malaria microscopy. [http://www.paho.org/hq/index.php?option=com\\_docman&task=doc\\_download&gid=14951&Itemid=](http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=14951&Itemid=)

| Steps   | Deliverables/<br>Products   | Beneficiary<br>Countries | Partner<br>Institutions        | Major<br>Accomplishments  | Problems and Solutions |
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| Monitor and support the participation of Haiti's National Reference Laboratory (the LNSP) in quality control of diagnosis   | <p>Funding Model mechanism GF concept notes, PAHO is supporting Haiti in updating its strategic plan for reorienting the country's efforts with a view towards elimination.</p> <p>The LNSP participated in the 3<sup>rd</sup> round (2014) PAHO External Quality Assurance Program (EQAP) for Malaria Microscopy</p> |                          |                                | This regional initiative is contributing to the strengthening of the LNSP's capacities with a view to maintaining an efficient quality control system and to strengthen the monitoring of malaria diagnosis in the country. |                        |
| <b>Activity C.2 Technical cooperation in the development of standards, guidelines, and procedures relevant to malaria prevention and control (e.g. diagnosis, treatment, vector management, etc.)</b> |   |                          |                                |   |                        |
| Technical support for the development / dissemination of a consolidated manual for transitioning from control to elimination phase according to national guidelines                                   | Site Supervision Guidelines for Malaria Treatment developed and available, in coordination with PSI; Manual for transitioning from control to elimination phase developed and available (implementation pending)  | Haiti                    | PAHO/WHO, PNCM, DELR, UCP, UPE |   |                        |

| Steps   | Deliverables/<br>Products   | Beneficiary<br>Countries | Partner<br>Institutions  | Major<br>Accomplishments | Problems and Solutions |
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| <b>Activity C.3 Technical cooperation on advocacy, communications, and health education/ promotion on malaria prevention and control (including meetings, events, workshops, and documentation of best practices).</b>  |   |                          |                          |                          |                        |
| <p>Continued support for the development / update of training curriculum on treatment of malaria patients, for use by community health workers (<i>agents communautaires polyvalents</i>)</p> <p>Technical support for the production / dissemination of periodic communication media and support for related activities</p> <p>Support for communication activities for National Malaria Day</p> | <p>Curriculum for community health workers (<i>agents communautaires polyvalents</i>) developed and available.</p> <p>National Malaria Communications Plan aiming towards Malaria Elimination developed, validated, and available.</p> <p>Materials focusing on malaria elimination developed and disseminated on World Health Day on 7 April 2014.</p> | Haiti                    | CDC, PAHO/WHO, PNCM, PSI |                          |                        |

| Steps   | Deliverables/<br>Products                                       | Beneficiary<br>Countries                    | Partner<br>Institutions   | Major Accomplishments  | Problems and Solutions   |
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| <b>Expansion of TB Program Funding</b>  |   |   |   |  |  |
| <b>Objective 1: Pilot, implement and expand an innovative approach to TB control in large cities of LAC engaging programs and sectors that can contribute to address the social determinants of health</b>  |   |   |   |  |  |
| <b>Key Personnel Responsible: Drs. Mirtha del Granado and Rafael Lopez</b>  |   |   |   |  |  |
| <b>Outcome 1.1 Political commitment for the framework of TB control in large cities at national and local level secured</b>   |   |   |   |  |  |
| <b>Activity 1.1.1 Visits to the selected cities to present the framework to national and local authorities and gather support for its implementation</b>  |   |   |   |  |  |
| <p>In the second year of expanded TB program funding, visits took place to 4 new cities to introduce the framework for TB control in large cities and gain political commitment for the initiative:</p> <ul style="list-style-type: none"> <li>- Guatemala City, Guatemala from 15-22 January 2014;</li> <li>- Tijuana, Mexico from 3-8 February 2014;</li> <li>- Asuncion, Paraguay from 2-7 March 2014; and</li> <li>- Montevideo, Uruguay from 22-27 March 2014.</li> </ul> <p>Additional follow up and visits were made by the PAHO focal points in each country office as well as the Regional staff at PAHO Headquarters and the two sub-regional TB advisors for Central America and the Andean Region + Paraguay.</p> <p>The next visit to Paraguay has been schedule for the week of 17 November 2014.</p> | <p>Political commitment secured in each of the 4 new cities</p> | <p>Guatemala, Mexico, Paraguay, Uruguay</p> | <p>Ministries of Health and local governments of each country</p> | <p>The political commitment in each of the new countries is strong and has been a key element for the continued success of the initiative. For example, at the initial visit to Montevideo, several ministers of the social sector of Uruguay (Health, Human Development) as well as the mayor of Montevideo were present and enthusiastic about the project from day one.</p> <p>In addition, TB in large cities was featured in the PAHO Director's annual report distributed to all authorities of PAHO member states attending the Governing Bodies meetings, creating visibility for the initiative with authorities of the Region.</p> <p>This year additional donors such as the Global Fund have been introduced to the framework on TB control in large cities, and are interested in promoting the incorporation of this strategy into</p> | <p>Despite the need to halt progress made in Ecuador during the last year of the grant due to restrictions on use of the funding to benefit this country, the Ministry of Health of this country plans to implement the framework using their own resources.</p> |

| Steps  | Deliverables/ Products | Beneficiary Countries  | Partner Institutions   | Major Accomplishments  | Problems and Solutions   |
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|  |                        |  |  | <p>other cooperation grants, which would increase sustainability of the initiative in the region and diversify funding, adding to the impact the USAID funding has made by initiating it in the Region.</p> <p>In particular, in the process of expansion of the project in Lima with national funds, there is interest from other donors considering a proposal for TB and comorbidities which would expand the framework for TB in large cities to additional districts of Lima.</p> |  |
| <b>Activity 1.1.2 Develop and implement an advocacy plan to introduce TB in existing social protection programs</b>  |                        |  |  |  |  |
| Work has continued internally through coordination with PAHO's Health Systems (HSS) team to promote the inclusion of TB in the Region's social protection programs.  |                        | PAHO member states   | PAHO HSS department  | n/a  | It was not possible to identify a consultant for the further development of an advocacy plan after the social protection analysis was completed last year.   |
| <b>Activity 1.1.3 Support meetings between health authorities and authorities of other sectors to identify areas of joint work on TB control</b>   |                        |  |  |  |  |
| <p>In <b>Brazil</b>, Guarulhos created the intra- and inter-sectoral committee for TB that plans to meet every three months.</p> <p>In <b>Colombia</b>, a meeting was held in Bogotá regarding the project of TB in large cities with participation of the</p> | Progress reports       | Brazil, Colombia, Peru, Guatemala, Mexico, Paraguay, Uruguay | Ministries of Health and local governments of the intervention sites | The Guarulhos Secretary of Health signed a letter of political commitment to the project on TB in big cities on 10 February 2014, which reaffirmed the intention to maintain TB in the political agenda.   | <p>In practice, intersectoral work has posed a challenge in Guarulhos, Brazil, as it has been difficult to secure participation from other sectors at the meetings.</p> <p>In Bogotá the change of the</p> |

| Steps  | Deliverables/<br>Products  | Beneficiary<br>Countries   | Partner<br>Institutions                        | Major Accomplishments  | Problems and Solutions  |
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| <p>Secretary of Health and Secretaries of the Mayor of Bogotá.</p> <p>In <b>Lima</b>, two high-level meetings between the Ministry of Health and the Ministry of Justice were held to implement a plan for TB Control in prisons.</p> <p>Intersectoral monthly meetings have also taken place in the districts where the project on TB in large cities is being implemented. The other participating sectors are labor, education, justice and social inclusion.</p> <p>In the countries recently introducing the framework, initial meetings to involve authorities of other sectors have taken place, with work to follow up during the next grant year.</p> | <p>Plan for TB control in prisons in Lima</p>  |  | <p>National Penitentiary Institute of Peru</p> |  | <p>mayor caused delays in some progress of activities but is now back on track.</p> |
| <b>Activity 1.1.4 Yearly meeting of local authorities to assess progress and sensitize new selected cities (World TB Day)</b>  |  |  |  |  |   |
| <p>This year's World TB Day event was held at PAHO Headquarters in Washington, DC on 21 March 2014, with the theme "Diagnosis and treatment for all" and a special focus on TB in large cities.</p> <p>The first part of the session consisted of three videos produced for the event showcasing best practices in TB case detection in the Region (El Salvador, Haiti, Peru).</p>   | <p>-Three videos on best practices in TB in the Region, with English subtitles<br/>-Updated TB fact sheets<br/>-Posters distributed to countries of the Region</p> | <p>Brazil, Colombia, El Salvador, Haiti, Mexico, Peru,</p> <p>All PAHO member states</p> | <p>USAID</p>                                   | <p>Positive feedback was received from participants in the meeting, especially regarding the variety of voices present in the dialogue, the documentation of successful experiences in TB case detection, and the TB communication and advocacy materials.</p> | <p>Unfortunately the invited participant from Haiti was unable to attend.</p>       |



| Steps   | Deliverables/<br>Products  | Beneficiary<br>Countries  | Partner<br>Institutions                           | Major Accomplishments   | Problems and Solutions   |
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| <p>The second half of the event featured presentations on TB and social determinants of health in the Region from a variety of perspectives: the Secretary for Health Surveillance of Brazil, the Assistant Director General of Preventative Programs of the Secretary of Health of Mexico, and the Mayor of El Agustino, Lima, Peru. The event concluded with a moving address from an advocate and ex-patient from Colombia, and was closed by PAHO's Director Dr. Carissa Etienne.</p> |  |   |   |   |  |
| <b>Outcome 1.2 TB control framework for large cities piloted and expanded, based on initial experience</b>  |  |   |   |   |  |
| <b>Activity 1.2.1 Develop an inventory and map the epidemiological situation to identify the vulnerable and at risk populations as well as the health providers in each large city</b>  |  |   |   |   |  |
| <p>The work completed during the last year for the pilot cities of Bogotá, Lima and Guarulhos was initiated this year in the new cities of Asunción, Guatemala, Tijuana and Montevideo.</p> <p>In <b>Asunción</b>, an epidemiological map was developed and two locations with the highest burden of TB were identified to implement the initiative: Barrio Obrero in the metropolitan area of Asunción and San Lorenzo municipality in Central Department.</p>                           | <p>Products of the situation analysis for Asunción, Guatemala City, Montevideo, and Tijuana:</p> <ul style="list-style-type: none"> <li>- Mapping of the epidemiological situation of the selected city;</li> <li>- Mapping of health providers (formal and informal, public and private)</li> </ul> | <p>Brazil, Colombia, Guatemala, Mexico, Paraguay, Peru, Uruguay</p> | <p>Ministries of Health, PAHO country offices</p> | <p>Finalization of the epidemiological mapping has allowed each new city to further identify factors associated with the incidence of TB and to define the districts/localities which will be intervention areas for the project.</p> | <p>Each city is faced with their own reality of changes in city or national government, and therefore progress has moved forward at a different pace in each location.</p> |

| Steps   | Deliverables/<br>Products  | Beneficiary<br>Countries      | Partner<br>Institutions     | Major Accomplishments  | Problems and Solutions   |
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| <p>In <b>Guatemala City</b>, the epidemiological mapping of the region and mapping of health providers was completed and the intervention area was defined. A consultant was selected to support in the remaining products. Currently the survey of hospitals is being conducted.</p> <p>In <b>Tijuana</b>, the Geospatial Analysis Unit finalized the epidemiological mapping, and the intervention sites were defined. A consultant is being selected for the remaining products.</p> <p>In <b>Uruguay</b>, a work plan for Montevideo was developed, with mapping that joins the framework for TB control in large cities with their TB elimination strategies. The analysis of barriers to access health services as well as the mapping of health providers and their types was completed. The survey of hospitals is now being finalized.</p> | <p>-Survey of hospitals</p> <p>- Identification of vulnerable populations</p> <p>-Inventory of social actors</p>           |                               |                             |  |  |
| <p><b>Activity 1.2.2 Development of an implementation plan of the framework according to the needs of each vulnerable population with an interprogrammatic approach</b></p>   |  |                               |                             |  |  |
| <p>In Guarulhos, Bogotá and Lima, the work plans for implementation of the framework were developed and are being carried out</p> <p>The Uruguay implementation plan was done as well.</p>  | <p>Plans for implementation of the framework of TB control in large cities, informed by products of situation analysis</p> | <p>Brazil, Colombia, Peru</p> | <p>Ministries of Health</p> | <p>Following the meeting to exchange experiences among the three pilot cities, the implementation plan of each was finalized and this year each has made great progress in implementation.</p> | <p>Securing permanent human resources to cover the work in Guarulhos has been a challenge.</p> |

| Steps  | Deliverables/ Products                           | Beneficiary Countries  | Partner Institutions  | Major Accomplishments  | Problems and Solutions   |
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| <b>Activity 1.2.3 Provide technical assistance for the implementation of the plan with an interprogrammatic approach</b>   |  |                        |   |  |  |
| Technical assistance has been provided to support the interprogrammatic work between TB and Diabetes, both in Guarulhos, Brazil and Tijuana, Mexico.   | Increased exchange between TB and other programs | Mexico, Brazil         | Diabetes and Tobacco programs of Guarulhos and Tijuana                                  | In Guarulhos, diabetes screening for all TB patients is working very well. In addition, the tobacco control program was expanded and is collaborating well with the TB program.                  | None.  |
| <b>Activity 1.2.4 Strengthen PPM in the large cities using the PPM tools</b>   |  |                        |   |  |  |
| <p>In <b>Colombia</b>, round table meetings of administrators of health benefits plans (EPS - <i>Empresas Promotoras de Salud</i>) have been held in the Secretary of Health, in order to explore PPM alliances that can improve access to services and treatment follow-up.</p> <p>In <b>Peru</b>, the local health plans in the El Agustino and San Juan de Lurigancho Districts include the participation of all health service providers (Ministry of Health, Sistema de Solidaridad, ESSalud, Police Hospitals) as part of the technical and interprogrammatic support.</p> | Progress reports                                 | Brazil, Colombia, Peru |   | In Peru, informal providers or “boticas” are also included in the mapping of health providers. The <i>Hospitales de la Solidaridad</i> will be included in TB prevention and control activities. | Guarulhos has faced problems with the establishment of public-private partnerships, but it working to improve. |
| <b>Activity 1.2.5 Technical support for implementation of the plan, including the different components of the Stop TB strategy</b>   |  |                        |   |  |  |
| The PAHO TB focal points in each country office, as well as the Regional TB program staff and 2 sub-regional TB advisors have provided continuous technical assistance to the implementation of the work plans in each city.   | Progress reports                                 | Brazil, Colombia, Peru | PAHO country offices, Ministries of Health, Local governments and departments of health |  | None.  |

| Steps   | Deliverables/<br>Products   | Beneficiary<br>Countries                                     | Partner<br>Institutions           | Major Accomplishments  | Problems and Solutions  |
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| <b>Activity 1.2.6 Support for capacity building for health personnel on TB control in large cities</b>  |   |  |                                   |  |   |
| 7 professionals from the cities currently introducing or implementing the framework participated in a rotation to the Center of Excellence in El Salvador (5-9 May 2014), providing training in the Stop TB strategy.   | Training in the Stop TB strategy for 7 city-level TB program managers | Brazil, Colombia, Guatemala, Mexico, Paraguay, Peru, Uruguay | MOH El Salvador, PAHO El Salvador |  |   |
| <b>Activity 1.2.7 Visits to exchange experience between large cities implementing the framework</b>   |   |  |                                   |  |   |
| The meeting for Exchange of experiences in TB control in large cities was held 10 and 11 October 2013, with participation of Brazil, Colombia and Peru<br><br>In addition the National TB Program Managers from Brazil, Colombia, and Peru, as well as the Director General of CENAPRECE of Mexico, attended the 44 <sup>th</sup> Union World Conference on Lung Health in Paris, France in October 2013 and were able to speak on the pilot projects of TB in large cities to a global audience. | Meeting report  | Brazil, Colombia, Peru                                       | The Union                         | The Framework for TB Control in large cities was presented at the Union Conference. This was a great opportunity to present the work being done in big cities at the global level. |   |
| <b>Activity 1.2.8 Support for evaluation of the implementation of the framework and planning for expansion within the city and other cities</b>   |   |  |                                   |  |   |
| In August 2014 the Regional TB Advisor visited USAID to present the current findings and successes of the initiative for TB control in large cities<br><br>Consultants are being hired in Brazil, Colombia and Peru in order to   | Presentation on TB in large cities of Latin America                   | Brazil, Colombia, Peru                                       |                                   |  | Due to the extension of the USAID grant, several countries had limitations on the initiation of contracts that would pass the 30 September expiration date of these products. However, this was |

| Steps   | Deliverables/ Products  | Beneficiary Countries   | Partner Institutions  | Major Accomplishments  | Problems and Solutions  |
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| document the experiences in each of the pilot cities of Guarulhos, Bogotá and Lima, and these will be developed into publications for the following year.   |   |   |   |  | resolved with the finalization of the extension.  |
| <b>Outcome 1.3 Innovative approaches for TB control in vulnerable populations (indigenous groups, inmates, African descendants, migrants, TB contacts, children and the poor) implemented in large cities</b>   |   |   |   |  |   |
| <b>Activity 1.3.1 Meetings on TB control on vulnerable populations</b>  |   |   |   |  |   |
| <p>The Workshop on TB Contact Investigation took place in Panama City on 11 and 12 December 2013 with participation of 11 countries.</p> <p>The Regional TB Advisor participated in a session integrated health systems at the World Conference on Indigenous Peoples in September 2014, a side-event to the General Assembly meetings at the United Nations. A presentation on tuberculosis was included and the disease was included in the dialogue with key indigenous leaders.</p> | Meeting reports   | <p>Brazil, Colombia, Dominican Republic, El Salvador, Guatemala, Mexico, Panama, Paraguay, Peru</p> <p>Participation of Bolivia* and Ecuador* was supported by other funds.</p> | <p>WHO HQ</p> <p>UNFPA, Inter-American Development Bank, Fondo Indígena</p> | <p>During the workshop countries were able to exchange experiences in TB contact investigation and show the achievements made thus far. The workshop facilitators noted that the Region is very far advanced in incorporating actions for TB contact investigation. The importance of standardizing case definitions to have better control over data was emphasized as well as the need to focus on higher-risk patients (under 5 years of age and HIV patients).</p> | <p>The participant from Honduras was unable to attend.</p> <p>It was not possible to confirm dates for the follow-up meeting on TB in afrodescendants; therefore, this meeting is planned for the next fiscal year.</p> |
| <b>Activity 1.3.2 Develop an approach on childhood TB and pilot it in large cities</b>  |   |   |   |  |   |
| In December 2013, the First Meeting on childhood TB and MDR-TB for Pediatricians was held in Panama City, with participation of experts from 10 countries with the heaviest burden of TB.   | <p>Meeting report</p> <p>Establishment of the Working Group on Childhood TB</p> | Brazil, Colombia, Dominican Republic, El Salvador, Honduras, USA, Mexico, Panama, Peru, Swaziland,  | n/a   | The meeting concluded with the establishment of the working group on childhood TB for the Latin America and Caribbean Region, a key achievement in the advocacy efforts for childhood TB.  | <p>The invited experts from Guatemala were unable to attend.</p> <p>The Second meeting of the working group is planned for November 2014.</p>   |

\*USAID funding was not used to support the participation of Bolivia and Ecuador.

| Steps  | Deliverables/ Products  | Beneficiary Countries                               | Partner Institutions  | Major Accomplishments   | Problems and Solutions   |
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| <b>Activity 1.3.3 Document the experience of TB control in vulnerable populations in large cities and develop/adapt tools for TB control in these populations</b>  |   |   |   |   |  |
| <p>The tool for TB and diabetes is in the process of finalization.</p> <p>The tool for mental health and TB is currently in development through a consultant hired in Panama.</p>  | Tools for TB control in vulnerable populations  | <p>Brazil, Panama</p> <p>All PAHO Member States</p> | PAHO Diabetes program   | There is great potential for interprogrammatic collaboration with TB and other diseases in order to improve health services provided to vulnerable populations of the Region.   | There were delays in contracting the professional for the tool on TB and mental health, but the work is now progressing.   |
| <b>Outcome 1.4 Communities actively involved in TB control in large cities</b>   |   |   |   |   |  |
| <b>Activity 1.4.1 Support development of educational materials for community involvement in TB control in large cities</b>   |   |   |   |   |  |
| <p>Educational materials have been developed in each of the three initial cities.</p> <p>- In particular, in Bogota work has been done to support the ACSM strategy in Rafael Uribe Uribe, including development of flipcharts, educational puppet shows, and materials for health professionals.</p>  | Educational materials including flipcharts and information of distribution to the community | Brazil, Colombia, Peru                              | Local governments and community organizations of each intervention area |   | In Guarulhos a partner NGO will be selected in the coming year in order to expand the work being done with the community. This will be supported with funds from the Brazil MOH. |
| <b>Activity 1.4.2 Support for activities to foster community involvement (workshops, patient groups and others)</b>  |   |   |   |   |  |
| <p>Activities to foster involvement of the community in the three pilot cities have been supported throughout the year, including the presence of the TB programs at health fairs in Bogota and Lima as well as fairs for immigrants in Guarulhos.</p> <p>Training activities for community health workers have been successful as well, particularly in Lima.</p> | Increased involvement of community health workers   | Brazil, Colombia, Peru                              | Local governments and community organizations of each intervention area | <p>In the El Agustino district of Lima 45 community health workers graduated from a training on support of at-home MDR-TB treatment in December 2013.</p> <p>In Bogota a meeting of all social actors involved in the initiative was held in March 2014.</p> <p>A training for community health workers in Guarulhos is planned for October 2014.</p> | None.  |

| Steps   | Deliverables/ Products  | Beneficiary Countries  | Partner Institutions                              | Major Accomplishments  | Problems and Solutions   |
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| <b>Objective 2: Contribute to complete the unfinished agenda of TB control in LAC promoting exchange of experiences between countries (south – south cooperation) visioning the way towards elimination efforts</b>   |   |  |   |  |  |
| <b>Key Personnel Responsible: Drs. Mirtha del Granado and Rafael Lopez</b>  |   |  |   |  |  |
| <b>Outcome 2.1 Capacity of the National TB programs strengthened</b>  |   |  |   |  |  |
| <b>Activity 2.1.1 Develop and support Centers of Excellence for capacity building on the different components of the Stop TB strategy</b>   |   |  |   |  |  |
| The development of the Center of Excellence has been supported through several capacity building activities this year, including:<br>-participation of additional staff at the NTP Manager meeting in Mexico in May 2014;<br>- participation of a staff member to the Union's International Course on MDR-TB in Peru in August 2014; and<br>- a visit to Bogotá, Colombia to exchange experiences in the implementation of the framework of TB in large cities. | Progress reports of the CE-TB   | El Salvador  | MOH of El Salvador and Colombia, PAHO El Salvador | The commitment of the country to the Center of Excellence has remained strong through its second year. The CE-TB provides training in the Stop TB Strategy to other countries in the Region, as well as additional capacity building opportunities for professionals of the El Salvador NTP. | None. (?)  |
| <b>Activity 2.1.2 Support NTP capacity building through visits to the Center of Excellence, exchange of experiences and lessons learned</b>   |   |  |   |  |  |
| One rotation to the CE-TB in El Salvador took place this year (5-9 May 2014), providing training for 7 professionals from the cities currently introducing or implementing the framework for TB control in large cities.  | Training in the Stop TB strategy for 7 city-level TB program managers | Brazil, Colombia, Guatemala, Mexico, Paraguay, Peru, Uruguay | MOH El Salvador, PAHO El Salvador                 | The rotation of TB program managers from the large cities implementing or introducing the TB framework was an opportunity to link two successful aspects of the TB USAID grant activities, and to provide training in the Stop TB Strategy to managers beyond the national level.            | A fourth rotation to the TB center of excellence is planned for November 2014. |

| Steps  | Deliverables/<br>Products                             | Beneficiary<br>Countries   | Partner<br>Institutions   | Major Accomplishments  | Problems and Solutions   |
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| <b>Activity 2.1.3 Technical assistance and M&amp;E missions to NTPs</b>  |   |  |   |  |  |
| <p>- The monitoring and evaluation (M&amp;E) mission to the NTP of <b>Panama</b> was held from 26 January to 2 February, with participation of 3 temporary advisors, PAHO's MDR-TB Advisor and Sub-regional TB Advisor in the country.</p> <p>- The M&amp;E mission to <b>Guatemala</b> was held in May 2014, with participation of two temporary advisors, PAHO's MDR-TB Advisor and Sub-regional TB Advisor for Central America.</p> <p>- The M&amp;E Mission to the <b>Dominican Republic</b> was held 13-19 July 2014, with participation of the Regional TB and MDR-TB Advisors, the TB fellow and one temporary advisor.</p> <p>- In addition, technical assistance was provided through the MDR-TB missions for M&amp;E and technical assistance to <b>El Salvador</b> and <b>Honduras</b> through a Letter of Agreement with the Union, including online TA.</p> <p>- The Regional TB Advisor participated in the joint TB and HIV mission to <b>Jamaica</b>, from 14-20 September 2014.</p> | <p>Official mission reports</p> <p>Travel reports</p> | <p>Dominican Republic<br/>El Salvador,<br/>Guatemala,<br/>Honduras, Jamaica<br/>Panama</p> | <p>Ministries of Health, Supranational TB Laboratories, Regional Green Light Committee (rGLC)</p> | <p>This year TA was provided through M&amp;E missions to several of the Region's most priority countries, and important observations / recommendations were made.</p> <p>The principal recommendations common to the M&amp;E missions are:</p> <ul style="list-style-type: none"> <li>- increase focus on actions to target vulnerable populations;</li> <li>- implement Xpert more aggressively;</li> <li>- strengthen TB/HIV and MDR-TB activities; and strengthen the national laboratory network.</li> </ul> | <p>It was not possible for TB staff to participate in the recent Global Fund mission to Suriname; however, this country is a priority for next year.</p> |



| Steps  | Deliverables/<br>Products  | Beneficiary<br>Countries   | Partner<br>Institutions                                     | Major Accomplishments   | Problems and Solutions  |
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| <b>Activity 2.1.4 Prepare and conduct an evaluation and exchange of experiences meeting on the implementation of the Stop TB Strategy including the laboratory network</b>   |  |  |   |   |   |
| <p>The TB Regional meetings were held in May 2014 in Mexico City, Mexico, including the following events:</p> <ul style="list-style-type: none"> <li>- Meeting of the TB Laboratories Working Group (23 May);</li> <li>- Meeting of the National TB Laboratories of the Americas (24 May) 2014, with participation of 10 countries;</li> <li>- National TB Program (NTP) Managers Meeting, with participation of 24 countries (26-28 May).</li> </ul> <p>The Regional Meeting on TB/HIV Collaborative Activities will be further discussed under activity 2.3.2.</p> | <p>Meeting reports, including conclusions and agreements made by the countries present</p> | <p>Belize, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Suriname, Uruguay</p> <p>Participants from Argentina*, Bolivia*, Cuba*, Ecuador*, Nicaragua*, and Venezuela* were funded with other resources.</p> | <p>USAID, CENAPRECE, Supranational Laboratory of Mexico</p> | <p>During the National TB Laboratories meeting, the regional situation was assessed and discussed and recommendations were made on how to improve TB laboratory in each country. In addition, upcoming activities were to address the challenges faced.</p> <p>The NTP Managers meeting provided for interaction among countries and exchange of experiences.</p> | <p>The participants from Guatemala and Haiti were unable to attend the Laboratory meeting.</p> <p>Invited participants from the Bahamas were unable to attend either event.</p> |

\*USAID funding was not used to support the participation of Argentina, Bolivia, Cuba, Ecuador, Nicaragua, and Venezuela.

| Steps   | Deliverables/ Products   | Beneficiary Countries  | Partner Institutions      | Major Accomplishments   | Problems and Solutions  |
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| <b>Activity 2.1.5 Develop, edit and print reports, guidelines, plans and training materials on the different aspects of TB control</b>  |  |                        |                           |   |   |
| <ul style="list-style-type: none"> <li>- The TB Regional Report "TB in the Americas 2013" was produced, including editing and graphic design.</li> <li>-The document "Lineamientos para la Implementación del Control de Infecciones de TB" was finalized.</li> <li>- An article was produced on social determinants of health, to be submitted to scientific journals.</li> <li>- The development of the Regional TB Strategy 2016-2025 was launched.</li> </ul>             | <p>Regional Report "TB in the Americas 2013"</p> <p>Guide for implementation of Infection Control</p> <p>Article on social determinants of health and TB</p> | All PAHO Member States | WHO HQ                    | The development of the post-2015 Regional TB strategy has begun and is on track to be introduced during the Governing Bodies session next year.     | Due to the PAHO-wide embargo on publications, it was not possible to print this year's Regional Report. However, it has been disseminated electronically. |
| <b>Outcome 2.2 Exchange of experiences on quality DOTS promoted and/or strengthened</b>   |  |                        |                           |   |   |
| <b>Activity 2.2.1 Assess the TB information and vital registration systems, provide technical assistance and facilitate exchange of experiences to improve them</b>   |  |                        |                           |   |   |
| <p>The TB sub-regional advisor located in Panama traveled to the Regional office to collaborate with the PAHO Health Analysis team on the incorporation of tuberculosis in the ViEpi surveillance system being implemented in many countries.</p> <p>This module was presented to the TB program managers during a session of the Mexico meetings in May 2014.</p> <p>Technical assistance is also being given to countries for introduction of the new case definitions.</p> | TB module included in the ViEpi surveillance systems   | All PAHO member states | PAHO Health Analysis Unit | This will allow for TB to be included in an easy-to-use system of surveillance, providing better strategic information for countries of the Region. | It is expected that more direct technical assistance on information systems will be planned for the following year.                                       |

| Steps  | Deliverables/ Products   | Beneficiary Countries   | Partner Institutions                 | Major Accomplishments   | Problems and Solutions  |
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| <b>Activity 2.2.2 Support workshops on TB drug's management</b>  |  |   |                                      |   |   |
| The workshop on strengthening management of TB first- and second-line drugs was held in Bogotá, Colombia from 13-15 August 2014 with participation of 14 countries.  | Travel and workshop reports<br><br>Draft country plans for drug management | Brazil, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Mexico, Panama, Paraguay, Peru<br><br>Participants from Bolivia* and Ecuador* were funded using other resources. | Strategic Fund, Global Drug Facility | Through this course, countries received training on:<br>-the use of the TB drug management tool (for better planning and purchasing in order to prevent drug stock out or oversupply);<br>- updated information on new TB drugs like bedequiline;<br>- discussion of the new definitions for reporting, and<br>- GenXpert algorithms. | The invited participants from Belize, Guatemala and Haiti were unable to participate. |
| <b>Activity 2.2.3 Develop technical capacity for drug quality control in the drug laboratories of the countries through south-south cooperation with the laboratories of BRA, CHI and URU</b>  |  |   |                                      |   |   |
| - The PAHO Advisor on Quality Assurance of Pharmaceuticals, Medicines and Health Technologies supported the TB program by providing technical assistance to Colombia in August 2014 through the review of ethambutol tablets, as part of the Program for Quality Control of Official Laboratories. The Advisor currently provides technical assistance to 23 countries through this program. | Meeting reports and travel reports of participants                         | Colombia, PAHO member states  | PAHO Health Systems Department,      | The support of the PAHO Advisor on Quality Assurance of Pharmaceuticals, Medicines and Health Technologies has been key to the achievements of the activity through the three years of the Umbrella Grant.  | None.   |

\*No USAID funding was used to support participants of Bolivia and Ecuador.

| Steps   | Deliverables/<br>Products                                    | Beneficiary<br>Countries   | Partner<br>Institutions   | Major Accomplishments  | Problems and Solutions   |
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| <p>- The Workshop on Strengthening the Official Medicine Control Laboratories (OMCL) of Caribbean countries for TB medicines was held in Jamaica from 18 to 22 August 2014, providing training for 7 chemists from 4 Caribbean countries.</p> <p>- Additionally, the Workshop on Residual Solvents and Headspace Gas-Chromatography was held in Mexico from 3 to 4 September 2014 providing training on this technique for TB medicine quality control for participants from 7 countries.</p> |  | <p>Guyana, Jamaica, Suriname, Trinidad &amp; Tobago</p> <p>Brazil, Colombia, Chile, El Salvador, Mexico, Paraguay, Peru, Uruguay</p> | <p>CARPHA</p> <p>OMCL Mexico</p>  |  |  |
| <b>Outcome 2.3 Exchange of experiences on implementation of TB/HIV collaborative activities supported</b>   |  |  |   |  |  |
| <b>Activity 2.3.1 Pilot and implement a model of TB and HIV services integration in selected countries</b>  |  |  |   |  |  |
| <p>This year, 2 Regional TB and HIV Advisors traveled from PAHO HQ to Honduras on 6-7 May 2014, and to the Dominican Republic in 6-8 August 2014 to facilitate in the analysis of the information collected during the phase of formative assessment as well as the development of integration models with all stakeholders involved.</p>   | <p>Travel reports with main conclusions of both meetings</p> | <p>Dominican Republic, Honduras</p>  | <p>MOH, regional and local health authorities, health institutions from pilot sites, CDC (DOR), Global Fund (HON)</p> | <p>- The formative assessment phase has been completed in both countries.</p> <p>- Sites of implementation were selected, as well as the package of integrated services.</p> <p>- Development of details of integration models by national coordination groups is underway to soon be implemented.</p> | <p>- Delays were faced in the progress of the initial set timelines in both countries due to internal situations (change of government and officials in Honduras and preparation of HIV Global Fund concept note in the Dominican Republic. Now both are moving forward.</p> |

| Steps  | Deliverables/ Products   | Beneficiary Countries   | Partner Institutions  | Major Accomplishments   | Problems and Solutions  |
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| <b>Activity 2.3.2 Prepare and conduct an evaluation meeting on the implementation of TB/HIV collaborative activities</b>   |  |   |   |   |   |
| <p>The Meeting on TB/HIV Collaborative activities was held in Mexico on 29 May 2014, with participation of TB and HIV national program managers (or their representatives) of 27 countries.</p> <p>Prior to the meeting a consultant was hired for the development of the document on TB/HIV integrated services in Latin America and the Caribbean considering the different models and levels of care, to be presented at the event.</p> | <p>Meeting report</p> <p>Document on TB/HIV integrated services in LAC</p> | <p>Bahamas, Belize, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Saint Lucia, Suriname, Uruguay</p> <p>Participants from Argentina*, Bolivia*, Cuba*, Ecuador* and Nicaragua* were funded with other resources.</p> | <p>MOH Mexico</p>   | <p>Feedback from the meeting was very positive, creating the opportunity for the two programs to interact and reach agreements, as well as dialogue and share experiences with other countries.</p> <p>This was especially possible in the poster session, as participants had the chance to present their own collaborative activities and compare the actions of many countries.</p> <p>Countries have requested additional TA regarding TB/HIV collaborative activities.</p> | <p>Logistics of the event were a bit complicated due to the back-to-back timing of the NTP Managers meeting at the same time as the HIV Forum; however, it allowed for the participation of many more countries and provided the opportunity for many TB and HIV country participants to exchange in side meetings.</p> <p>Unfortunately the participants from Trinidad and Tobago were not able to attend.</p> |
| <b>Activity 2.3.3 Provide TA for the implementation of the Regional guidelines on infection control</b>  |  |   |   |   |   |
| <p>TA in Infection control (IC) was provided to several countries during the M&amp;E, joint PAHO-GF and rGLC MDR-TB missions conducted during this year (specified in activity 2.1.3).</p> <p>El Salvador has provided 2 progress reports on the piloting of the Regional Guide on IC that has been reviewed by PAHO, with advice provided</p>   | <p>Recommendations on infection control included in mission reports</p>    | <p>Dominican Republic, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Peru, Uruguay,</p>  | <p>MOH, regional and local health authorities, the Global Fund, UNAIDS, CDC, local NGOS</p> | <p>Concrete recommendations on infection control are provided in each of these missions.</p> <p>The current TB fellow's specialty is in IC, an area that needs more focus in the Region.</p>  | <p>The TB Program hopes to schedule more missions specific to technical assistance in infection control in the next fiscal year</p>   |

\*USAID funding was not used to support the participation of Argentina, Bolivia, Cuba, Ecuador and Nicaragua.

| Steps   | Deliverables/<br>Products                                 | Beneficiary<br>Countries                    | Partner<br>Institutions                 | Major Accomplishments  | Problems and Solutions   |
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| <b>Outcome 2.4 Capacity building for expansion of programmatic management of MDR and XDR-TB conducted</b>   |   |   |   |  |  |
| <b>Activity 2.4.1 Develop and conduct a training course for experts on clinical and programmatic management of DR-TB</b>  |   |   |   |  |  |
| This activity took place during Year 2 of the grant.  |   |   |   |  |  |
| <b>Activity 2.4.2 Support capacity building in DR-TB in the Region through rotation of professionals on clinical management within south - south cooperation</b>  |   |   |   |  |  |
| <p>4 professionals who participated in the 2013 MDR-TB course for experts have continued to support at the country level, through support to the NTPs, as well as at the Regional level through participation in M&amp;E missions, also an opportunity for further capacity building.</p> <p>In addition, 16 participants from 11 countries participated in the course "Clinical and Operational Management of Drug-Resistant Tuberculosis", co-organized by the Union and PAHO, in Peru in August 2014.</p> <p>The current USAID-PAHO TB fellow has received training in MDR-TB by participating in the course mentioned above, as well as participation in rGLC M&amp;E missions.</p> | <p>Increased pool of MDR-TB consultants in the Region</p> | <p>Colombia, Dominican Republic, Mexico</p> | <p>rGLC, Supranational Laboratories</p> | <p>The 2013 course for MDR-TB experts has proved to be a successful source of new consultants in MDR-TB in the Region.</p> | <p>Experts from Ecuador who participated in last year's course can no longer be funded through this grant, but other resources have been used.</p> |

| Steps  | Deliverables/<br>Products  | Beneficiary<br>Countries   | Partner<br>Institutions   | Major Accomplishments   | Problems and Solutions   |
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| <b>Outcome 2.5 TB laboratory networks' management and new diagnostic technologies implemented and experiences shared</b>   |  |  |   |   |  |
| <b>Activity 2.5.1 Support for the implementation of technical assistance plans by the supranational laboratories (SNLs) including the introduction of new diagnostic methods</b>   |  |  |   |   |  |
| <p>Support to the supranational laboratory in Mexico was provided through service contracts to support the provision of technical assistance to countries of the Region.</p> <p>Support to the Supranational Laboratory of Chile was provided through the Letter of Agreement (LOA) with concluded in December 2013, and meetings between the PAHO focal point in Chile and the laboratory personnel regarding the ISP's needs have taken place in order to plan the next Letter of Agreement.</p> | <p>The Mexico SNL is supporting the following:</p> <ul style="list-style-type: none"> <li>- Quality control of bacilloscopy and culture media (Guatemala and El Salvador)</li> <li>- EQA DST (Guatemala, El Salvador, Honduras, Costa Rica and Panama).</li> <li>- Training in SNL (El Salvador, Honduras)</li> <li>- Virtual TA: (Guatemala, El Salvador, Honduras, Costa Rica and Panama)</li> </ul> <p>The Chile SNL is currently supporting:</p> <ul style="list-style-type: none"> <li>- EQA DST: Colombia, Dominican Republic</li> <li>- Training in SNL: Dominican Republic.</li> <li>- Virtual TA: Colombia, and Dominican Republic</li> </ul> | <p>Mexico, Chile</p> <p>Colombia, Costa Rica, Dominican Republic, Guatemala, El Salvador, Honduras, Panama</p> | <p>Instituto de Salud Pública (ISP) Chile, Mexico</p> <p>Supranational TB Laboratory in the Institute of epidemiologic diagnostic and reference (INDRE)</p> | <p>Key accomplishments this year include:</p> <ul style="list-style-type: none"> <li>- Maintenance of the quality of procedures in National Reference Laboratories.</li> <li>- Standardization of laboratory procedures</li> <li>- Improvement of the capacity of the National Reference Laboratories.</li> </ul> | <p>Initiation of the new letter of agreement with the ISP Chile was pending due to the expiration of the grant.</p> <p>However, thanks to its recent extension the LOA is planned to begin in November 2014.</p> |

| Steps   | Deliverables/ Products   | Beneficiary Countries   | Partner Institutions               | Major Accomplishments   | Problems and Solutions  |
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| <b>Activity 2.5.2 Support workshops on new diagnostic technologies for TB laboratories</b>  |  |   |                                    |   |   |
| The workshop on new diagnostic technologies for TB laboratories was held in Lima, Peru from 30 March to 4 April, with the participation of participants from 13 countries. Key topics such as new technologies, surveillance, quality control, networking and information systems were covered.   | 1. 13 Countries establishing national plan to strengthen their capacities.<br>2. Countries discussed and standardized procedures, and quality control programs.<br>3. Countries working on development of laboratory information system. | Brazil, Chile, Costa Rica, Dominican Republic, El Salvador, Mexico, Panama, Paraguay, Peru, Uruguay<br><br>Participants from Argentina*, Bolivia* and Ecuador* were funded using other resources. | National of Health Institute, Peru | - Standardization of Procedures<br>- Training for Implementation of new technologies<br>- Improve internal and external quality control | Unfortunately participants from priority countries of Guatemala and Honduras were unable to participate; therefore, with the carryover funding from this line of work a small follow-up workshop is being planned for November 2014 in Guatemala in order to provide this training to key Central American countries as well. |
| <b>Activity 2.5.3 Mentorship program for junior laboratory consultants through visits to SNLs and participation in TA missions with experienced consultants</b>   |  |   |                                    |   |   |
| The National TB laboratory managers from Guatemala and Honduras participated in a training course on management of TB laboratory networks from 12-14 August 2014.<br><br>In addition, junior laboratory experts received training through participation in M&E missions to countries of the region, specifically the TB laboratory managers of Colombia and Chile | Capacity building in TB laboratory management and monitoring/evaluation  | Colombia, Chile Guatemala, Honduras   | TB Supranational Laboratories      | Improved capacity in the country to manage the laboratory network   | It was difficult to receive the authorization of the participants from Guatemala and Honduras to participate in the training; fortunately both were able to participate at the last minute however.   |

\*No USAID funding was used to support Argentina, Bolivia and Ecuador.



| Steps  | Deliverables/<br>Products   | Beneficiary<br>Countries   | Partner<br>Institutions  | Major Accomplishments   | Problems and Solutions   |
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| <b>Activity 2.5.4 Technical assistance to strengthen the supranational TB laboratory network</b>   |   |  |  |   |  |
| The contract of the P3 specialist in laboratory was extended through 30 September, with partial support for salary provided by the Antimicrobial resistance program. | Continued technical assistance in laboratory  | PAHO Member States   | Supranational TB Laboratories of Chile, Argentina, Mexico, and Massachusetts;<br><br>National Reference Laboratories | <ul style="list-style-type: none"> <li>- Completion of the Laboratory survey</li> <li>- Conclusions of the Mexico Laboratory meeting</li> <li>- Redistribution of the Region's supranational laboratories;</li> <li>- Coordination of Regional meetings and trainings;</li> <li>- National Reference Lab and National Network assessment</li> <li>- Supporting the Laboratory component of the rGLC;</li> <li>- Analysis and preparation for the new TB regional strategic plan 2016-2025; and</li> <li>- Regional Laboratory Information System coordination and support.</li> </ul> | <p>Some delays were faced in finishing the survey due late responses sent by several countries.</p> <p>It is necessary to strengthen capacity building of the Mexico Supranational Laboratory.</p> |
| <b>Outcome 2.6 TB elimination efforts in countries with the potential and necessary conditions to achieve it accelerated</b>   |   |  |  |   |  |
| <b>Activity 2.6.1 South - south experience exchange on successful implementation of TB control towards elimination</b>   |   |  |  |   |  |
| This year a special session on TB elimination was held during the NTP Manager's meeting in Mexico in May 2014, with participation of 12 countries.                   | Draft framework for TB elimination at the subnational level in the Americas, to be revised in the next grant year | Colombia, Costa Rica, Chile, Brazil, El Salvador, Jamaica, Mexico, Uruguay | WHO HQ   | The framework for TB elimination at the global level is being introduced in countries and they will update their plans according to this.   | None.  |

| Steps   | Deliverables/ Products  | Beneficiary Countries   | Partner Institutions  | Major Accomplishments   | Problems and Solutions   |
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| <b>Activity 2.6.2 Evaluation workshop of countries on TB elimination phase to share experiences and update plans to accelerate actions</b>  |   |   |   |   |  |
| <p>The TB Regional Advisor participated in the Rome consultation on TB elimination hosted by WHO HQ in July 2014.</p> <p>During this event the new framework to eliminate TB in countries with low levels of the disease was developed. This will help inform the meeting on elimination in the Region next year.</p>   | <p>Travel report</p> <p>Framework for elimination of TB</p>   | <p>Chile, Costa Rica, El Salvador, Mexico, Uruguay</p>                                      | <p>WHO HQ, European Respiratory Society</p>   | <p>After the meeting the new framework to eliminate TB was launched. This included an initial “pre-elimination” phase, and has informed the development of the framework on TB elimination in the Region.</p>   | <p>A meeting for exchange of experiences for countries in elimination is planned for the next year of the grant. In this meeting the countries’ elimination plans will be updated considering the new framework.</p>   |
| <b>Outcome 2.7 Capacity building on TB operational research in the NTPs implemented</b>   |   |   |   |   |  |
| <b>Activity 2.7.1 Prepare and conduct a course for development of research protocols in different aspects of TB control</b>   |   |   |   |   |  |
| <p>The course for development of research protocols, officially called the SORT IT Workshop (Structured Operational Research and Training Initiative) was carried out in Panama in September 2014 with 10 participants from 8 countries.</p> <p>During the first week of the course the participants worked in the design of research protocols, and the second week focused on methodology and tools for analysis of information. The participants were supported by a total of 12 facilitators/observers from different backgrounds during the 2 modules of the course.</p> | <p>10 TB research protocols ready for development</p> <p>A report on the course is currently being finalized.</p> | <p>Brazil, Colombia, Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Peru</p> | <p>- WHO TDR Department,<br/>- The Union (Paris, France)<br/>- Doctors without Borders (MSF-Luxembourg)</p> | <p>The course resulted in the development of 10 protocols for operational research ready for implementation. This is a key step in the promotion of more TB research in the Region. There is also discussion of publication of results of this initiative. The third and final module of the training is expected to take place in July 2015.</p> | <p>The course was originally scheduled for May 2014, but had to be rescheduled due to complications in the host country.</p> <p>It is pending which of the protocols developed in the course will receive funding.</p> |

| Steps   | Deliverables/ Products   | Beneficiary Countries  | Partner Institutions   | Major Accomplishments  | Problems and Solutions  |
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| <b>Activity 2.7.2 Support development of operational research</b>   |  |  |  |  |   |
| 10 protocols were developed as a result of the September course, and will be reviewed to prepare for further implementation of the research in the coming year.   | 10 TB research protocols   | Brazil, Colombia, Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Peru | - WHO TDR Department,<br>- The Union (Paris, France)<br>- Doctors without Borders (MSF-Luxembourg) | n/a  | The further development of the protocols and research will take place during Year 4 of the grant. |
| <b>Outcome 2.8 Technical capacity at PAHO's Regional and sub-regional levels strengthened through greater human resources and advisory support</b>  |  |  |  |  |   |
| <b>Activity 2.8.1 Provide technical support to countries through Regional long-term consultants based in WDC</b>  |  |  |  |  |   |
| The contract of the P4 TB Regional Advisor was extended, to provide continuous TA to all PAHO member states Region, especially in preparation of Global Fund (GF) concept notes to respond to the new funding model.<br><br>The contract of the Project Support Specialist was extended and support to the USAID grant management and TB component has continued. | Travel and meeting reports<br><br>Mid-term Progress and Annual reports<br><br>Two-year Grant extension | All PAHO member states   | USAID, Global Fund   | - PAHO has been a key partner in the technical assistance provided to countries in response to the GF's new funding model and the concept note development, and coordination or provision of the needed TA to countries.<br><br>- The USAID Umbrella Grant was extended for an additional two years, modified the end date to 30 September 2016. | None.   |
| <b>Activity 2.8.2 Provide technical support to countries through 2 Sub-regional long-term consultants based in Central and South America respectively</b>   |  |  |  |  |   |
| The contracts of two P4 sub-regional TB advisors located in Panama and Peru were extended.  | Travel and mission reports<br><br>Continuous technical assistance                                      | All PAHO member states<br><br>Specifically: Panama, Peru                             | MOH of Panama and Peru   | Both have provided extensive TA to the countries in their respective sub-regions as well as the Regional level.  | None.   |

| Steps  | Deliverables/ Products   | Beneficiary Countries      | Partner Institutions           | Major Accomplishments  | Problems and Solutions  |
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| <b>Activity 2.8.3 Provide technical support to Haiti through a national consultant</b>   |  |                            |                                |  |   |
| The contract of the national professional in the PAHO Haiti country office was extended, and the professional has provided key support to the NTP, particularly after the request for resubmission of the country's Global Fund joint TB and HIV concept note.   | Progress reports<br><br>Revised Global Fund concept note, with expected re-submission in November 2014 | Haiti                      | PAHO Haiti, USAID, GHESKIO, GF | The continued support of a specific TB staff member in the Haiti country office has been key for maintaining the necessary attention to the topic in the country and providing the needed TA to the country's NTP. | The PAHO office in this priority country faces a very heavy workload and extensive coordination with various TB partners is an important part of the job. |
| <b>Activity 2.8.4 Support long term TB fellows to the Regional Program in WDC (10 months)</b>  |  |                            |                                |  |   |
| <p>The contracts of the 2 TB fellows were finalized and the USAID TB focal point attended their final presentations.</p> <p>The selection process for the new TB fellow was carried out and the candidate from Mexico was selected. His specialization is in infection control.</p> <p>To date, the new fellow has participated in capacity building activities including the M&amp;E mission to the Dominican Republic (June 2014); the Union TB epidemiology course in El Salvador (June 2014) as well as the MDR-TB course in Lima, Peru (August 2014); and the Workshop on TB Drug Management and meeting of the rGLC (August 2014).</p> | Final fellowship presentations and reports   | Colombia, Ecuador*, Mexico | USAID                          | Both of the 2013-2014 TB fellows continue to support TB Programs of their country, returning with a Regional perspective on TB after their experience.   | The onboarding process for the new TB fellow was delayed, but he was able to begin in April 2014.   |

\*The previous TB fellow was selected when funding to benefit Ecuador was not limited.

| Steps   | Deliverables/ Products  | Beneficiary Countries  | Partner Institutions  | Major Accomplishments | Problems and Solutions  |
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| <b>Activity 2.8.5 Support short term fellows based in countries (1 month)</b>   |   |                        |   |                       |   |
| <p>This year the PAHO Regional TB program hosted two interns at Headquarters</p> <p>In addition, the Peru country office is currently hosting an intern.</p>  | Internship presentations                                      | Paraguay, Cape Verde   |   |                       | It was not possible to arrange short-term fellowships this year despite attempted coordination between interested NTP programs and exploring potential host NTP programs or PAHO country offices. |
| <b>Activity 2.8.6 Prepare and conduct a meeting of the Technical Advisory Group (TAG) to the Regional TB Program</b>  |   |                        |   |                       |   |
| This activity will be carried out in grant Year 4   |   |                        |   |                       |   |
| <b>Activity 2.8.7 Conduct annual planning and evaluation meetings of Regional, sub-regional and national PAHO's TB staff</b>  |   |                        |   |                       |   |
| <p>The Tuberculosis program participated in a retreat with the HIV, TB, Hepatitis, and STIs Unit in December 2013, in order to discuss strategies from the coming calendar year.</p> <p>In addition, weekly virtual meeting are held with the team, including participation of the sub-regional focal points as well.</p> | Internal semester work plans and financial planning documents | All PAHO Member states |   |                       | None.   |
| <b>Activity 2.8.8 Support participation of TB staff and consultants in international courses/meetings in centers of excellence and elsewhere</b>  |   |                        |   |                       |   |
| The subregional TB advisor in Panama and Regional MDR-TB advisor participated as professors in the TB epidemiology course co-hosted by the Union in El Salvador, 15-22 June 2014. The MDR-TB advisor supported the MDR-TB   | Travel reports  | PAHO member states     | The Union, WHO HQ, Johns Hopkins Mid-Atlantic Public Health Training Center |                       | None.   |

| Steps  | Deliverables/<br>Products   | Beneficiary<br>Countries         | Partner<br>Institutions                                   | Major Accomplishments | Problems and Solutions |
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| <p>course in Lima, Peru as professor as well.</p> <p>The Regional TB Advisor participated in the Strategic Technical Advisory Group (STAG) meeting at WHO HQ 16-18 June 2014, and the Regional MDR-TB advisor participated in the meeting on PPM for MDR-TB (with partial funding from WHO HQ), from 21-25 June 2014.</p> <p>The TB Project support specialist participated in a project management course for public health professionals, hosted by the Johns Hopkins Mid-Atlantic Public Health Training Center in August 2014.</p> |   |                                  |   |                       |                        |
| <b>Activity 2.8.9 Provide technical support to countries through TBTEAM focal point in Santo Domingo</b>   |   |                                  |   |                       |                        |
| <p>The contract of the P3 specialist was extended and the professional has continued to provide technical assistance to the country as well as to Haiti in TB border issues.</p>   | <p>Travel reports</p> <p>Updated information on technical assistance provided in the Region through the TBTEAM portal</p> | <p>Dominican Republic, Haiti</p> | <p>MOH Dominican Republic, WHO HQ TBTEAM, Global Fund</p> | <p>n/a</p>            | <p>None.</p>           |

| Steps   | Deliverables/ Products   | Beneficiary Countries  | Partner Institutions   | Major Accomplishments   | Problems and Solutions  |
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| <b>A Promise Renewed – Follow up to Maternal, Neonatal and Child Health Conference</b>  |  |                        |  |   |   |
| <b>Key Personnel Responsible: Dr. Enrique Vega, FGL</b>   |  |                        |  |   |   |
| <p>1. Establish structure of APR-LAC follow-up movement</p> <p>The structure has been established and is composed of the following committees/ working groups:</p> <p><b>a.</b> Executive Management Committee (EMC)<br/> <b>b.</b> Technical Secretariat<br/> <b>c.</b> Consultative Committee (CC)<br/> <b>d.</b> Monitoring and Metrics Working Group (MMWG)<br/> <b>e.</b> Communications and Advocacy Working Group (CAWG)</p> | APR-LAC structure established  | All PAHO member states | USAID, UNICEF, IDB, World Bank<br>USAID, UNICEF, IDB, World Bank | The structure and membership of all APR-LAC committees and working groups has been finalized.             | N/A   |
| 2. Develop terms of reference (TORs) for each committee and working group   | TORs have been finalized and included in the Scope of Work document.   |                        |  |   |   |
| 3. Hire appropriate consultants/coordinators  | The APR-LAC Coordinator has been hired, as well as a consultant, for a one year contract.                                |                        |  | The needed staff has been hired for the coordination and implementation of APR-LAC activities.            | The hiring process of the APR-LAC Coordinator was delayed due to external reasons, but as of October 2014 a new Coordinator has joined the APR-LAC Technical Secretariat. |
| 4. Develop plans of action (POA) for each committee and working group   | A template for the POA has been created and each committee/ working group is in the process of finalizing their own POA. |                        |  | Committees and Working Groups have begun discussion and filling out the templates for their specific POA. | The finalization of members has prolonged the development of these POAs.  |

| <b>Steps</b>  | <b>Deliverables/<br/>Products</b>        | <b>Beneficiary<br/>Countries</b> | <b>Partner<br/>Institutions</b> | <b>Major<br/>Accomplishments</b> | <b>Problems and Solutions</b>  |
|---|--|----------------------------------|---------------------------------|----------------------------------|--|
| 5. Implement key activities in plans of action for each committee and working group | Implementation of the POA is in process. |                                  |                                 | n/a                              | Committees and Working Groups are still in the process of finalizing the activities in their POAs. |



| Steps  | Deliverables/ Products   | Beneficiary Countries   | Partner Institutions   | Major Accomplishments  | Problems and Solutions  |
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| <b>Health Technology Assessment</b>  |  |   |  |  |   |
| <b>Key Personnel Responsible: Drs. James Fitzgerald and Alexandre Lemgruber, HSS</b>   |  |   |  |  |   |
| <b>Activity 1. Report on the pilot project “HTA-Regulatory Interactions”</b>   |  |   |  |  |   |
| 1. Contract the consultant / institution responsible for the report.<br><br>2. Approve final report.   | Report with the consolidation of all products of the pilot project, including the case studies and the recommendations from the workshop | All PAHO member states  | n/a  | The report provides valuable information about the pilot project “HTA-Regulatory Interactions” and consolidates all of the products, including the case studies and the recommendations from the workshop.   | None.   |
| <b>Activity 2. Mapping of regulatory framework and capacity regarding medical devices</b>  |  |   |  |  |   |
| 1. Contract the consultant responsible for the mapping<br><br>2. Develop the assessment tool<br><br>3. Apply the assessment tool for the selected countries.<br><br>4. Report on the current situation regarding the regulation of medical devices in the Region | Report with the mapping of institutional framework and regulatory capacity in the Region of the Americas.                                | Working group of medical devices: Brazil, Canada, Chile, Colombia, Costa Rica, Cuba*, Honduras, Mexico, Panama, Paraguay, Peru, Dominican Republic and Uruguay, with Argentina* and Ecuador* as a PAHO/WHO Collaborating Centre for the Regulation of Health Technologies | ANMAT, ANVISA, Health Canada, INVIMA, CECMED*, COFEPRIS, DIGEMID; Ministries of Health of Chile, Costa Rica, Ecuador, Honduras, Panama, Paraguay, Dominican Republic and Uruguay | - An update of the Regional Mapping on the Regulation of medical devices was carried out. The assessment tool was developed and sent to 15 countries for feedback. The responses were received, analyzed and used to develop critical indicators.<br>- The most important achievement of this activity was the development of advanced indicators that will allow the building of the Regional Regulatory Profile. | - There was a delay in the developing process due to a lack of consensus over the indicators.<br><br>- Virtual sessions were held to accelerate the communication and the agreement was achieved.<br><br>- The assessment tool was revised and updated based on information received. A report of the assessment tool for the Regulatory Authorities in the Americas Region was prepared and shared within the working group. |

\*No USAID funding was used to support Argentina, Cuba and Ecuador.

| Steps   | Deliverables/ Products  | Beneficiary Countries  | Partner Institutions  | Major Accomplishments  | Problems and Solutions  |
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| <b>Activity 3. Development of course on HTA and regulation of medical devices</b>   |   |  |   |  |   |
| <p>1. Finalize development of virtual course on Economic Evaluation. Setup and start of course on HTA and Medical Devices on Virtual Campus for Public Health (VCPH).</p> <p>2. Contract tutors for Virtual Course on HTA and Virtual Course on Medical Devices</p> <p>3. The VCPH platform offers an open system of online application for those interested in virtual courses. The selection process requests that the Health Systems focal points of the Country Offices of PAHO carry out a review of the requests jointly with the regional office, and prioritize the spaces taking into account the profiles of nominees, their professional positions, and their capacity to intervene on Medical Devices and HTA-related problems in their countries. This process has allowed for better targeting of the course's audience. Special emphasis was made on priority countries.</p> | <p>Virtual courses on HTA and Medical Devices launched on PAHO VCPH</p> <p>Virtual course on Economic Evaluation developed.</p> | <p>The students participating in the HTA course and the Spanish version of Medical Devices course come from 20 Latin American countries: Argentina*, Bolivia*, Brazil, Chile, Colombia, Costa Rica, Cuba*, Ecuador*, El Salvador, Guatemala, Honduras, Mexico, Nicaragua*, Panama, Paraguay, Peru, Dominican Republic, Uruguay, Venezuela*.</p> <p>The students participating in the English version of Medical Devices course come from 9 LAC countries: Anguilla, Antigua y Barbuda, Barbados, Bahamas, Belize, Dominica, Guyana, Saint Vincent &amp; the Grenadines, and Trinidad &amp; Tobago.</p> | <p>-University of Vermont</p> <p>-Institute of Clinical Effectiveness and Health Policy</p> | <p>The course on Medical Devices was offered both in English and Spanish, one the first courses on the VCPH available simultaneously on both languages. It is available for all countries in the Region and tackles the need for capacity building on Medical Devices in the Region.</p> <p>There was a great interest in both courses, with 352 applications for the HTA course, 252 applications for the Medical Devices course in Spanish and 47 applications for the Medical Devices course in English.</p> <p>99 key people in the region will be taking the courses. They were chosen through a very careful selection process mainly focused on their capacity to intervene on course-related areas in their countries, more specifically within the public sector.</p> | <p>The course generated great interest in many countries that couldn't be fully fulfilled. It is expected that each tutor has between 10 and 15 students, so the maximum number of students allowed was limited. Since courses materials came from multiple institutions, adaptation to the Virtual Campus was at times complicated and took longer than expected.</p> <p>47 people will be taking the HTA course, 34 the Medical Devices course in Spanish and 18 the Medical Devices course in English.</p> |

\*Participation of Argentina, Bolivia, Cuba, Ecuador, Nicaragua, and Venezuela in this course has been supported through co-funding with PAHO Regular Budget funds.

| Steps  | Deliverables/<br>Products  | Beneficiary<br>Countries   | Partner<br>Institutions   | Major<br>Accomplishments  | Problems and Solutions  |
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| <b>Activity 4. High Level Panel on HTA and Universal Health Coverage</b>   |  |  |   |   |   |
| <p>1. Definition of the agenda, organizing panel and participants</p> <p>2. Send the invitations</p> <p>3. Conduction of the High level panel on HTA and Universal Health Coverage</p> | <p>The High level panel on HTA and Universal Health Coverage was held in Washington, DC, USA on 13 June 2014 at PAHO headquarters</p> <p>- Panel report with recommendations</p> | <p>The 13 countries that attended the High level panel on HTA and Universal Health Coverage were: Argentina*, Brazil, Canada, Chile, Colombia, Cuba* Costa Rica, Ecuador*, El Salvador, Mexico, Paraguay, Peru, USA and Uruguay.</p> | <p>ANVISA (Brazil)<br/>CCSS (Costa Rica),<br/>CENETEC (Mexico),<br/>CONITEC (Brazil),<br/>HTA Coordination of MOH Brazil,<br/>MOH Chile<br/>Department of Health Economics,<br/>MOH Colombia<br/>Benefits Regulation Department,<br/>Cuba National School of Public Health,<br/>Resources Fund of MOH Uruguay,<br/>Institute for HTA Colombia,<br/>National Institute of Cardiology Brazil,<br/>INS Peru,<br/>UCEETS Argentina<br/>MOH Costa Rica,<br/>Ecuador, El Salvador, Paraguay, Perú, Uruguay<br/>MOH Paraguay<br/>EuroScan, Institute of Clinical Effectiveness and Public Health</p> | <p>The Panel, which had 8 speakers and 38 participants, was a very important achievement, since for the very first time in the Region high level members of the academia, along with regulatory authorities, HTA bodies, and also those responsible for the decision-making, had the opportunity to dialogue, exchange views and experiences, and identify gaps on the role of HTA towards the UHC.</p> | <p>The participation of Argentina, Ecuador and Cuba professionals was not supported by USAID funding.</p> |

\*Participation of Argentina, Cuba and Ecuador was funded by other sources.

| Steps  | Deliverables/<br>Products                                  | Beneficiary<br>Countries  | Partner<br>Institutions   | Major<br>Accomplishments  | Problems and Solutions |
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|  |  |   | (Argentina),<br>Royal Australasian<br>College of<br>Surgeons,<br>IEB / UFSC Brasil,<br>INESSS (Canada),<br>Institute of<br>Population<br>Health/University of<br>Ottawa, HTAi,<br>ISP Chile,<br>Center of Global<br>Development,<br>Andalusian School<br>of Public Health,<br>Maastricht<br>University, NICE<br>UK, WHO |   |                        |
| <b>Activity 5. Report with recommendations</b>   |  |   |   |   |                        |
| <p>1. Draft report elaboration and circulation for comments and suggestions among Panel participants</p> <p>2. Final report elaboration after reception of comments and suggestions.</p> | Final report with recommendations written and disseminated | The report was already distributed to all attendants to the panel and their institutions, and it is available on the RedETSA Community of Practice in PRAIS, which has around 65 members from more than 15 countries in the Region. | n/a   | The report provides an accurate outlook on the current situation of participating countries regarding the role of HTA and Priority Setting for UHC.<br>The important conclusions and proposals made by the participants during the discussions regarding countries' needs to improve processes, gaps and obstacles in HTA as a tool for decision-making | None.                  |

| Steps | Deliverables/<br>Products | Beneficiary<br>Countries | Partner<br>Institutions | Major<br>Accomplishments  | Problems and Solutions |
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|       |                           |                          |                         | <p>and priority actions to ensure that HTA and technology incorporation contribute to advance towards UHC are reflected on the report.</p> <p>The draft report was circulated among the assistants and new suggestions and comments were made, making a more complete document. The final report was circulated with all participants and with all RedETSA members through the RedETSA community on PRAIS platform.</p> |                        |

### 3. Success Stories

#### USAID funding for TB control in large cities leads to increased political commitment in pilot countries

*Brazil, Colombia and Peru expanding the initiative for TB control in large cities to additional locations*

TB remains one of the most important public health problems in the Latin American and Caribbean (LAC) Region, primarily affecting the countries' poorest and most vulnerable populations. National TB data shows a gap of 60,700 TB cases undetected in the Region in 2012<sup>2</sup>, with a concentration of TB in large cities. The accelerated urbanization of countries in the Americas has led to the formation of urban slums where approximately 27%, or 117 million people, in the Region live, as well as an increase in population living in poverty with a high degree of marginalization, and therefore high vulnerability to TB<sup>3</sup>.

To confront this challenge and respond to the call for an innovative regional approach to TB by USAID, PAHO/WHO's Regional TB Program developed the "Framework for TB control in Large Cities of LAC" in 2012, which aims to adapt TB control activities to this context and involves various social and political actors in the fight against the disease. This includes securing the political commitment of national and local authorities involved in social development of the population, incorporating intersectoral and interprogrammatic approaches, attention to social determinants of health, and social protection for TB patients and their families.

The pilot phase of the project was launched between October 2012 and February 2013 in three cities: Guarulhos, Brazil (in Sao Paulo State); Bogotá, Colombia; and Lima, Peru, all selected based on the burden of TB in each city and the potential for political commitment to the initiative. Each completed an epidemiological situation analysis of the city (including identification of vulnerable and at-risk populations, mapping of health providers, analysis of barriers to access health services, and a survey of hospitals), in order to develop the work plan for initiation of the initiative in the selected intervention areas.

With almost two years since the initial introduction of the framework for TB control in large cities, each pilot location has been supported by an impressive level of political commitment from both local and national level governments, as demonstrated by the desire of each country to expand implementation of the framework to additional sites. With approximately \$60,000 of seed funding given to each pilot country from the Umbrella Grant, all three countries have increased their financial commitment to TB through support and expansion of the framework:



Photo: PAHO-Colombia  
Workshop for Local Intervention Plan following the Framework for TB in Large Cities - Bogotá,

- In **Guarulhos, Brazil**, the districts of Jurema and Pimentas were selected as initial intervention areas in 2013. After the successful experience in Guarulhos, the Brazil National TB Program will scale-up the implementation of this initiative with their own funding through introduction of the framework for TB control in large cities to **10 new cities**: Manaus, Salvador, Fortaleza, Belo Horizonte, Belem, Rio de Janeiro, Recife, Sao Jaoao de Meriti, Porto Alegre, and other

<sup>2</sup> Global Tuberculosis Report 2013 ([http://apps.who.int/iris/bitstream/10665/91355/1/9789241564656\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/91355/1/9789241564656_eng.pdf))

<sup>3</sup> United Nations. *World Urbanization Prospects: The 2014 Revision* (<http://esa.un.org/unpd/wup/>), 2012 and Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC, population estimates and projections, 2013 revision.

municipalities of Sao Paulo state, including additional regions of Guarulhos, with an allocated budget of **over US \$8 million**.

- In **Bogotá, Colombia**, the TB program of the initial intervention area, locality Rafael Uribe-Urbe, saw improvements in data quality, human resources and TB control activities after implementation of the framework. The local budget for TB increased **from US \$547,000 in 2012 to over US \$1.1 million in 2013**, an increase of US\$604,000 with only US\$60,000 seed funding from the USAID project. Local authorities have plans to expand the initiative to **three additional municipalities**: Centro Oriente, Antonio Nariño and San Cristobal. In addition, the Colombia National TB Program will expand the framework to **6 new cities** with funding through the second phase of the country's Global Fund project. This will include initiation in Medellin, Barranquilla, Cali, Cucuta, Villavicencio, and Pereira.
- In **Lima, Peru**, each of the municipalities involved in the pilot project allocated new funding to TB in 2013 (with US \$200,000 in San Juan de Lurigancho and US\$700,000 in El Agustino). The initiative will be expanded to **additional districts in Lima** with local funding: La Victoria, Cercado de Lima, and Rimac. The country has developed an Expansion Plan for the initiative **using national funds**, through the Plan for Tuberculosis Control in Lima and Callao 2014-2016, **with a budget of over US \$20.7 million (\$6.9 million per year)**. This plan covers 16 districts with 80% of the MDR-TB cases in Lima (46% of all MDR-TB cases in the country).



(Photo: PAHO Peru)  
The initiative for TB control in large cities in Lima, Peru will be expanded to additional districts with local funding, thanks to the high level of political commitment.

In 2014, the framework was introduced in 4 additional cities: Guatemala City, Guatemala; Tijuana, Mexico; Asunción, Paraguay; and Montevideo, Uruguay. An event to exchange experiences among all countries involved in the project is planned for 2015.

As demonstrated in the progress made to date, this project has proved to be a strong example of a small investment going extremely far, with sustainability for the initiative in the Region growing through the increased local and national funding to expand the implementation of the framework and to continue to target key populations in order to close the gaps in tuberculosis case finding in the Americas.



## From elimination of onchocerciasis to elimination of blinding trachoma in Colombia

*Tackling blinding trachoma in the country's indigenous communities in remote areas*

Ocular trachoma is one of the oldest infectious diseases known to mankind. It is caused by *Chlamydia trachomatis* – a microorganism which spreads through contact with eye discharge from the infected person (on towels, handkerchiefs, fingers, etc.) and through transmission by eye-seeking flies. After years of repeated infection, the inside of the eyelid may be scarred so severely that the eyelid turns inward and the lashes rub on the eyeball, scarring the cornea (the front of the eye). If untreated, this condition leads to the formation of irreversible corneal opacities and blindness. It is one of the main causes of preventable blindness (responsible for 3% of blindness world-wide)



(Photo: PAHO Colombia)  
5 Indigenous patients after receiving eye surgery, Colombia, 2014

In the Region of the Americas there is evidence of trachoma, including blinding trachoma, in four countries (Brazil, Colombia, Guatemala and Mexico), with up to 11 million people estimated to live in high-risk areas. Active foci exist in Brazil, Colombia and Guatemala. Mexico could be the first country to obtain verification of elimination of blinding trachoma, whose main focus is in the state of Chiapas.

Interventions for elimination of blinding trachoma are primarily focused on improving sanitation and access to safe water, and improving facial hygiene for at-risk children. Infection can be addressed through annual mass administration of antibiotics in high-prevalence areas (those with >10% of follicular trachoma in children). The chronic disease (trachomatous trichiasis) leading to loss of vision can be corrected with surgery.

Colombia published evidence of blinding trachoma cases in 2010 in indigenous populations in the Department of Vaupes which borders Brazil. Having received the verification of the elimination of onchocerciasis in 2013, the Ministry of Health and Social Protection (MHSP) took the ceremony of delivery of the verification by WHO to launch a national plan of action to tackle blinding trachoma and soil-transmitted helminths together with the implementation of post-elimination surveillance activities in its only focus of onchocerciasis. (The slogan of the plan is “we eliminated onchocerciasis, we now go for blinding trachoma.”) By October 2014, Colombia has made tremendous progress toward control and elimination of Neglected Infectious Diseases (NIDs), turning its experience into an example to be emulated by other countries.

- In 2013, the MHSP and the Secretary of Health of Vaupes (SHV) began the implementation of a baseline survey to establish the prevalence of active trachoma in children and trichiasis in adults. Due to the fact that the communities are located in remote, hard-to-reach rural areas (some of them can be reached only by boat or walking); that the indigenous population are semi-nomads; and that the cost of transport and all the logistics needed to go to every community to do a survey is very expensive, they made the decision to visit each one of the 237 known communities in the department to implement an integrated package of interventions. In every community they examined every child and every adult looking for cases and simultaneously distributed antibiotic for trachoma (azithromycin and tetracycline) as well as treatment for soil-transmitted helminths. Thus,



the health authorities reduced costs and maximized the unique opportunity to reach neglected population with an integrated intervention.

- Two rounds of surgery for trichiasis have been rolled out in Vaupes in which a total of 49 people have been operated, improving their vision and quality of life. The operations have been performed by Colombian oculo-plastic surgeons that have donated their time to provide the best surgery procedures to the most in need. These surgeons have been trained and certificated by Dr. Shannath Merbs who is an expert on trichiasis surgery and that has also donated her time to go from her duty station at Johns Hopkins University to one of the more remote areas of Colombia.
- Based on this experience, the MHSP has decided to expand the benefits of the rounds of surgery, moving from a campaign targeting only trichiasis to an integrated campaign that include surgical procedures for other high prevalence ocular problems as pterigion, cataracts, among others. Thus, the surgery campaign scheduled for 2015 will be an integrated visual health campaign.
- The clinical activities have been complemented with a qualitative approach to establish an intercultural dialogue to understand the cosmovision of the indigenous communities regarding the process of health and illness specific for trachoma, as well as regarding the practices related to personal hygiene and face cleanliness that are important to reduce the transmission of the disease. Based on the results of these qualitative studies, the MHSP will adapt health education strategies which will be agreed upon and implemented with the communities affected.
- The MHSP has committed to continue supporting the actions of elimination of blinding trachoma not only in its known endemic focus, but also expanding the search for trachoma cases to other geographical areas neighboring the focus of Vaupes as part of their national plan for NIDs. The MHSP has recently committed 1 million dollars for 2015 to maintain and reinforce actions for STH, blinding trachoma and other NIDs through technical cooperation with PAHO/WHO.
- The close, coordinated and collaborative work developed between the MHSP, the SHV, PAHO/WHO and the WHO Collaborating Center on trachoma at Johns Hopkins University have been important for strengthening the capacities of the country to tackle blinding trachoma. The binational coordination with Brazil in terms of training and joint work in the shared border is an example of how working together brings benefits for those most in need. Additionally, another collaborator, the Global Trachoma Mapping Project of the NGO Sightsavers (UK) supported the country through training and certification of graders of the MHSP supporting thus the efforts of the country to implement actions with the best quality for those most in need.

This progress in Colombia and its commitment to tackle NIDs, based on its success story of elimination of onchocerciasis, demonstrates that the leadership of the national health authorities in conjunction with the local authorities and the communities is the key to reach the control and elimination goals, but more importantly to reduce suffering of neglected populations. Continuing technical support is important for countries like Colombia that are strongly committed.