



USAID-PAHO UMBRELLA GRANT AGREEMENT 2011-2014

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**Pan American
Health
Organization**



REGIONAL OFFICE FOR THE

**World Health
Organization**

Americas



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1. List of Acronyms and Abbreviations

ACOFAEN	Asociación Colombiana de Facultades de Enfermería (English: Colombian Association of Nursing Schools)
AECID	Agencia Española de Cooperación Internacional para el Desarrollo (English: Spanish Cooperation Agency for International Development)
ALAPE	Asociación Latinoamericana de Pediatría (English: Latin American Association of Pediatrics)
ANMAT	Administración Nacional de Medicamentos, Alimentos y Tecnología Médica (English: National Administration of Drugs, Food and Medical Technology)
ANVISA	Agência Nacional de Vigilância Sanitária (English: Brazilian Health Surveillance Agency)
APR	A Promise Renewed
BCC	Behavior Change on Communication
CAF	Corporación Andina de Formento (English: Andean Development Corporation)
CDC	Centers for Disease Prevention and Control
CE-TB	Center of Excellence for Tuberculosis
CENETEC	National Center for Technological Excellence in Health – Mexico
CHA	Communicable Diseases and Health Analysis Department
CIDA	Canadian International Development Agency
CLAP	Latin American Center for Perinatology and Human Development (Spanish: Centro Latinoamericano de Perinatología)
CNCE	Centro Nacional de Clasificación de Enfermedades (English: National Center for Disease Classification)
COFEPRIS	Federal Commission for Protection against Sanitary Risk – Mexico
COMISCA	Consejo de Ministros de Salud de Centroamerica (English: Council of Ministers of Health of Central America)
COMUL	Comité Multisectorial de la Lucha contra la Tuberculosis (English: Mutisectoral Committee for the Fight against TB)
CONITEC	Brazilian National Commission for Technology Incorporation
COPPE-UFRJ	Institute “Alberto Luiz Coimbra” of Post Graduate Studies and Research in Engineering/ Federal University of Rio de Janeiro
CPD	Continuing professional development
CRMA	Caribbean Regional Midwives Association
CS	Congenital syphilis
DELR	Direction d’Épidémiologie de Laboratoire et de Recherche (English: Department of Laboratory and Research Epidemiology)
DOTS	Directly Observed Treatment Short course
DR-TB	Drug-resistant tuberculosis
EBNI	Evidence Based Neonatal Interventions
ECLAC	Economic Commission for Latin America
EMMIE	Elimination of Malaria in Mesoamerica and Hispaniola
EPHF	Essential Public Health Functions
EPI	Expanded Programme on Immunization
EQA	External Quality Assurance
FGL	Family, Gender and Life Course Department
GF	Global Fund
GLC	Green Light Committee
HA	Health Analysis
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
IACO	Inter American Conference on Onchocerciasis
IADB	Inter-American Development Bank
IC	Infection Control
ICD-10	International Classifications for Diseases-version 10
ICM	International Confederation of Midwives
ICT	International Certification Team
IETS	Colombian Institute of Health Technology Assessment
IHR	International Health Regulations
IMCI	Integrated Management of Childhood Illnesses
INESSS	Quebec Health Technology Assessment Institute
INVIMA	Instituto Nacional de Vigilancia de Medicamentos y Alimentos (English: National Institute for Food and Drug Surveillance – Colombia)
IR	International Health Regulations, Epidemic Alert and Response, and Water Borne Diseases Unit
JHPIEGO	Johns Hopkins Program for International Education Gynecology and Obstetrics
JRF	Joint reporting form
KNCV	KNCV Dutch Tuberculosis Foundation
LAC	Latin America and the Caribbean
LF	Lymphatic Filariasis
LNSP	Laboratoire Nationale de Santé Publique (English: National Public Health Laboratory)
MAF	Management Accountability Framework
MCHIP	Maternal and Child Health Integrated Program
MDG	Millennium Development Goal
MDP	Mectizan Donation Program
MDR-TB	Multidrug-resistant tuberculosis
M&E	Monitoring and Evaluation
MEASURE	Monitoring and Evaluation to Assess and Use REsults
MERCOSUR	Mercado Común del Sur (English: Southern Common Market)
MOH	Ministry of Health
MOU	Memorandum of Understanding
MPR	Malaria Program Review
MSPP	Ministère de la Santé Publique et de la Population (English: Ministry of Public Health and Population)
NGO	Non-Governmental Organization
NID	Neglected Infectious Diseases
NMCP	National Malaria Control Program
NTP	National Tuberculosis Program
OEPA	Onchocerciasis Elimination Program for the Americas
OMCL	Official Medicine Control Laboratory
PAHO/WHO	Pan American Health Organization/World Health Organization
PCC	Program Coordinating Committee
POA	Plan of Action
POS	Plan Obligatorio de Salud (English: Mandatory Health Plan)
PPM	Public-private mix
PR	Principal Recipient
PSI	Population Services International
PWR-COL	PAHO/WHO Representative-Colombia

RCM	Regional Coordination Mechanism
RDT	Rapid Diagnostic Tests
RedETSA	Red de Evaluación de Tecnologías en Salud de las Américas (English: Health Technology Assessment Network of the Americas)
RELACISIS	Red Latinoamericana para el Fortalecimiento de los Sistemas de Información de Salud (English: Latin American Network for the Strengthening of Health Information Systems)
rGLC	Regional Green Light Committee
SIP	Sistema Informático Perinatal (English: PIS – Perinatal Information System)
SMTK	Strengthening Midwifery Tool Kit
SNL	Supranational laboratory
SO	Strategic objective
SR	Sub-recipient
STH	Soil Transmitted Helminths
TA	Technical Assistance
TAG	Technical Advisory Group
TB	Tuberculosis
TCC	Technical Cooperation among Countries
TFGH	Task Force for Global Health
TRaC	Tracking results continuously survey
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPE	Unité de Planification et d'Évaluation (English: Planning and Evaluation Unit)
USAID	United States Agency for International Development
VCPH	Virtual Campus of Public Health
VT	Neglected, Tropical and Vector Borne Diseases Unit
WBMSS	Web-based Maternal Mortality Surveillance System
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.

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 expansion of the TB program, including piloting and implementation of the framework for TB control in large cities of Latin America and the Caribbean. In addition, new funding for health technology assessment and the maternal and child health meeting *A Promise Renewed* was added to the grant.

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: (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 this grant year to reflect the new structure of the 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.)

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 RELACSIS 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; (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; and (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. (No funding for outcome 4.3 was provided in Year 2 of the grant.)

The expansion of TB program funding, new to the USAID Umbrella grant as of 1 October 2012, has two objectives: (1) pilot, implement, and expand an innovative approach to TB control in large cities of LAC engaging programs and sectors that can contribute to the address social determinants of health; and (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.

The PAHO-USAID collaboration contributes to five Strategic Objectives (SOs) from the PAHO Strategic Plan:

- **SO 1:** To reduce the health, social and economic burden of communicable diseases;
- **SO 2:** To combat HIV/AIDS, tuberculosis and malaria;
- **SO 4:** To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals;
- **SO 10:** To improve the organization, management and delivery of health services; and
- **SO 11:** To strengthen leadership, governance and the evidence base.

This Annual Technical Report covers the period 1 October 2012 to 30 September 2013, corresponding to Year 2 of the Grant, and is divided in three sections. The first section reviews the progress achieved regarding the indicators established in the Grant Agreement while the second section reports on the implementation status of activities during Year 2 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 (when applicable)	Comments (including constraints)
Outcome 1.1 – Strengthened use of evidence based neonatal interventions (EBNI) in health facilities of the Region			
Key Personnel Responsible for Outcome 1.1: Dr. Pablo Duran (CLAP)			
1.1 Number of countries that have monitored and evaluated the use of EBNI in health facilities (Year 2 Milestone: EBNI use evaluated in 3 additional countries)	<ul style="list-style-type: none"> - Technical Cooperation was provided to Colombia to develop the national norms for health care during preconception, prenatal, delivery and newborn. - Also, the regional manual on Evidence Based Neonatal Interventions was adopted and adapted to Colombian norms and guidelines. - Technical cooperation was provided to Honduras in order to implement the neonatal module of the Perinatal Information System in order to evaluate implementation of EBNI. - An assessment tool is being developed in Colombia in order to evaluate the implementation of selected evidence based interventions. The tool is almost completed and will be tested in Colombia, in order to be implemented in other countries afterwards. - Three technical documents have been completed, providing updated evidence on three main issues in neonatal care: prevention and treatment of neonatal infections, prevention of medical error in neonatal units, and neonatal transport. 	2 (Colombia, Honduras)	<p>Originally, Bolivia was planned as a beneficiary country regarding this outcome. Instead, preliminary discussions have started in order to implement the assessment in Dominican Republic.</p> <p>During regional meetings (Subregional meetings on the Mid Term Evaluation of the Regional Plan of Action on Neonatal Health, Annual Meeting of the Regional Neonatal Alliance and A Promise Renewed), the document “Evidence Based Neonatal Interventions” has been disseminated.</p>

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Outcome 1.2: Improved national neonatal plans and policies guided by neonatal plans of action with a continuum of care approach			
Key Personnel Responsible for Outcome 1.2: Dr. Pablo Duran (CLAP)			
1.2 Number of countries that have developed neonatal plans of action (Year 2 Milestone: Neonatal plan of action developed in 3 additional countries)	<ul style="list-style-type: none"> - Colombia has completed the process of definition and technical consultation in order to design the national Plan of Action. - Technical cooperation has been provided to Haiti in order to design the national Plan of Action. 	Colombia and Haiti. Uruguay is starting the process.	Originally, Bolivia was planned as a beneficiary country regarding this outcome. Instead, preliminary discussions have started in order to provide technical assistance regarding the neonatal plan of action in Dominican Republic.
Outcome 1.3: Strengthened response to MDR and XDR-TB in the Americas through the implementation of national expansion MDR-TB plans			
Outcome 1.4: Strengthened routine systems for effective implementation of DOTS			
Key Personnel Responsible for Outcome 1.4: Drs. Mirtha del Granado & Rafael Lopez (CHA/HT)			
*Outcomes 1.3 & 1.4 not included in Year 2 of the grant. TB Funding reallocated to the additional 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.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Outcome 2.1: Strengthened midwifery in Latin America and the Caribbean			
Key Personnel Responsible for Outcome 2.1: Dr. Bremen De Mucio (CLAP)			
<p>2.1. Number of countries that have incorporated aspects of the third edition of midwifery tool kit, which includes intercultural training, in their midwifery curricula</p> <p>(Year 2 Milestone: Third edition of midwifery tool kit disseminated in two Subregional meetings)</p>	<p>Activity 2.1.1 Update tools to improve midwifery skills in the region.</p> <p>2.1.1. On October 31 and 1 November 2012, a regional expert meeting took place in Panamá, which with the objective to discuss the new version of Strengthening Midwifery Tool Kit (SMTK), and to prepare its final draft. 46 Midwives and teachers from 21 countries of the region provided their vision to improve the document.</p> <p>Afterwards, suggestions made by midwives were incorporated in the document. The SMTK is available in Spanish, English and will soon be in Portuguese (estimated March 2014). The launch of 3rd edition of SMTK was done on 26 April in the Regional Conference of the International Confederation of Midwives (ICM) in Ecuador, during a symposium coordinated by Judith Fullerton (as editor), ICM, and the Universities of Puerto Rico and Chile. More than 400 Midwives from the entire Region received the new version of SMTK. (Available at this link: http://www.clap.ops-</p>	<p>2.1.1.All PAHO member states are beneficiaries of this activity, but direct participation included the following 21 countries: Antigua, Argentina*, Bahamas, Barbados, Bolivia, Brazil, Chile, Costa Rica, Ecuador, Guatemala, Guyana, Haiti, Jamaica, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, St. Kitts & Nevis, Trinidad & Tobago, Uruguay and USA.</p> <p>(No USAID funds were used to support the participation of Argentina.)</p>	<p>2.1.1. Countries to be supported in the updating of their midwifery curriculum will be selected as a part of the Year 3 work plan.</p> <p>The meetings mentioned herein and below were developed and funded in partnership with the United Nations Population Fund (UNFPA).</p> <p>Participants from Argentina in both meetings were funded by UNFPA.</p>

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
	<p>oms.org/web_2005/BOLETINES Y NOVEDADES/EDICIONES DEL CLAP/ MidwiferyToolkit.pdf)</p> <p>Activity 2.1.2 Improve the status of midwifery educational models in the Region.</p> <p>2.1.2.a On 29 and 30 October 2012, the meeting “Promoting Midwifery in Latin America and the Caribbean” took place in Panama with the group of midwives previously mentioned. As a result of the following up of this meeting, we have agreed to prepare for Year 3 work plan, a document named “Regional midwifery report” to account the key necessary aspects for the strengthening of midwifery.</p> <p>2.1.2.b 22 selected teacher midwives from 15 countries of the region participated in the ICM Triennial Americas Regional Conference (Ecuador, 2013).</p> <p>Activity 2.1.3 Support continuing education processes in midwifery for English-speaking Caribbean countries.</p> <p>2.1.3. Facilitated by the Johns Hopkins Program for International Education Gynecology and Obstetrics (JHPIEGO) staff, a workshop was developed which focused on education and was aimed to introduce and practice using e-learning</p>	<p>2.1.2. All American Countries are beneficiaries of this activity, but direct participation included the following 21 countries: Antigua, Argentina*, Bahamas, Barbados, Bolivia, Brazil, Chile, Costa Rica, Ecuador, Guatemala, Guyana, Haiti, Jamaica, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, St. Kitts & Nevis, Trinidad & Tobago, Uruguay and USA.</p> <p>2.1.3 Beneficiary countries were: Antigua & Barbuda, Bahamas, Barbados, Chile, Dominica, Grenada, Guyana, Haiti, Jamaica, Puerto Rico, Saint Lucia, St. Kitts & Nevis, Suriname, Trinidad & Tobago, and USA.</p>	<p>2.1.2.a This activity was supported by USAID, the Maternal and Child Health Integrated Program (MCHIP), the Canadian International Development Agency (CIDA), and PAHO/WHO.</p> <p>2.1.2.b. Participants from USA, Chile and Puerto Rico supported as professors in the Conference.</p> <p>2.1.3. It was decided to have the Caribbean Regional Midwives Association (CRMA) annual meeting in Quito, back-to-back with the ICM Americas Regional Conference in order to facilitate participation of the CRMA midwives in</p>

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
	<p>modalities and resources. Participants were given time to practice using each resource. All participants registered for at least one Qstream course, such as Malaria during Pregnancy or Emergency Obstetric Care. Originating out of Harvard Medical School, Qstream uses the “spaced education” methodology, a scientifically proven approach that increases knowledge retention from 3 months to 2 years, and even changes on-the-job performance. Learning is personalized based on the gaps in each learner’s knowledge. At the end of workshop, participants worked in country groups to develop a simple action plan to ensure follow-up and ongoing engagement in e-learning in their respective countries. The action plans will be followed up by JHPIEGO in collaboration with the CRMA education committee.</p>		<p>both activities. Overall, the conference was successful and participants reported that they benefited from the sessions. Each country team had plans to share information with their respective associations or groups.</p> <p>The workshop’s goals and objectives included:</p> <ul style="list-style-type: none"> i) Describe potential for using Qstream courses for in-service education in own country; ii) Enroll in at least one MNH-relevant Qstream course; iii) Register on SKOOOL platform and download Pre-eclampsia module; iv) Work in small groups to complete the Pre-eclampsia/Eclampsia e-learning module; v) Describe complete range of modules planned by UNFPA/JHPIEGO/Intel/WHO and potential for CRMA in implementing e-learning; vi) Discuss use of existing online content to support continuing professional development (CPD); vii) Develop a draft operational plan that CRMA education committee can follow to implement CPD using blended learning methods; and viii) Access Medical Aid films and review range of relevant content.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
	<p>Activity 2.1.4 Provide continuous support for the communities of practice in nursing and midwifery in English and Spanish.</p> <p>2.1.4.a. Coordinated by University of Michigan and University of Chile an online symposium was held from 17-24 October. The topic of the symposium was “The state of the art on humanization care of women during pregnancy, childbirth and postpartum”. 24 midwives from 8 countries participated in the meeting</p> <p>2.1.4.b. The virtual course in Spanish for midwives, medical doctors and obstetric nurses on main obstetric emergencies is ready to be posted in the PAHO Virtual Campus. Developed by the University of Chile, the course is available in Moodle Platform and has 8 modules, with two intermediate evaluations and a final evaluation test.</p>	<p>2.1.4.a. All LAC countries, but active participation was limited only to: Argentina, Canada, Chile, Ecuador, Guatemala, Puerto Rico, Uruguay, and USA. (Argentina’s participation was funded by other sources.)</p> <p>2.1.4.b. All Spanish speaking LAC countries.</p>	<p>2.1.4.a. The second virtual symposium did not take place, due to the meeting of Ecuador and in particular the presentation of SMTK in a face to face symposium.</p> <p>2.1.4.b. There have been delays in the development of the course, but it will be available in the next month.</p>
Outcome 2.2: Strengthened capacity of human resources in health to prevent and control MDR and XDR-TB in the Americas			
Key Personnel Responsible for Outcome 2.2: Drs. Mirtha del Granado & Rafael Lopez (CHA/HT)			
*Outcome 2.2 not included in Year 2 of the grant. TB Funding reallocated to the additional section on Expanded TB Program Funding.			

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Outcome 2.3: Strengthened health systems at the national and subnational levels through capacity building for the implementation of Essential Public Health Function (EPHF).			
Key Personnel Responsible for Outcome 2.3: Dr. Charles Godue (HSS)			
<p>2.3. Number of health managers having received training on EPHF through the Spanish version of the EPHF Virtual course</p> <p>(Year 2 Milestone: 2013 version of the course implemented)</p>	<p>For the 2013 iteration of the virtual course on Essential Public Health Functions (EPHF), offered through the Virtual Campus of Public Health(VCPH), 264 applications from various countries in Latin America were received. Of these, 140 were selected and 115 actually began the course.</p> <p>Ten tutors and an academic coordinator supported the implementation of the course. Eighty-nine participants finished the course for a 77.4% success rate (efficiency performance) and a drop-out rate of 22.6%.</p> <p>As part of the courses methodology, all participants were asked present an intervention proposal based on an identified EPHF-related problem selected according to the needs of their countries and within their areas of work. This proposal represents an important aspect of the value of the course, as the idea is that participants can intervene in an EPHF-related problem as part of their work.</p>	<p>The students participating in the course came from 14 Latin American countries : Bolivia, Colombia, Costa Rica, Chile, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay, Peru, and Uruguay.</p>	<p>The course approval rate (77.4%) is within the normal range for online courses. The students that left the course presented personal situations, illness, business travel, leaving their place of employment, problems working in the online platform and responding to the daily course load, or simply not feeling comfortable with learning through a virtual course requiring time commitment, individual study and a great deal of group discussion. These are standard reasons for dropping out of virtual courses and fall beyond the scope of action of tutors and the academic coordinator.</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)
Outcome 3.1 Strengthened health information systems (HIS) at the regional, subregional and national level, with a gender and ethnic perspective			
Key Personnel Responsible for Outcome 3.1: Dr. Alejandro Giusti (CHA/HA)			
<p>3.1 Number of target countries that have implemented at least one HIS strengthening practice</p> <p>(Year 2 Milestone: At least one additional country has implemented one additional HIS strengthening practice)</p>	<p>5 practices have been developed thorough 5 working groups.</p> <p>Practice 1: Training of "information producers" to increase awareness of managers. This course took place in Panama City from 1 to 5 April 2013, with attendance of statistics producers from the Ministries of Health and the Statistics Institutes.</p> <p>Practice 2. Strengthening of coding with CIE-10 through virtual courses. The virtual course was designed with colleagues of CEMECE Mexico and CNCE of Argentina, based on currently existing courses in both institutions.</p> <p>Practice 3. Implementation of an electronic system to codify mortality. The countries selected a sample of mortality data according to the characteristics of each group and Mexico applied the software to all samples. A face-to-face meeting in Costa Rica defined a road map for each country. Mexico also visited Chile and Ecuador to following up the country roadmap.</p>	<p>Practice 1: Ecuador, Mexico, Panama, Peru, Paraguay.</p> <p>Practice 2. Argentina*, Dominican Republic, Ecuador, Guatemala, Mexico, Nicaragua, Paraguay and Uruguay</p> <p>Practice 3. Argentina*, Chile, Costa Rica, Ecuador, Guatemala, Paraguay, Uruguay, and Venezuela*</p>	<p>Practice 1. The participants replicated the course and developed a practice in team work.</p> <p>Practice 2. The course is already designed and uploaded in the PAHO's virtual campus and will be tested after the RELACSIS meeting being held in November 2013 in Mexico.</p> <p>Practice 3. It should be noted that the Economic Commission for Latin America (ECLAC), through the Statistics Division of the project for monitoring the Millennium Development Goals, has had great interest in this experience and is partnering with RELACSIS and will financially support the working group with colleagues relocating to Costa Rica.</p>

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
	<p>Practice 4. Online course for awareness of medical doctors in the adequate registration of the causes of death An e-learning course was designed by Argentina, Mexico and Uruguay.</p> <p>5. Develop and disseminate an electronic tool to the countries for epidemiological surveillance. A face-to-face meeting was held in Dominican Republic in August 2013. El Salvador, Dominican Republic and Ecuador presented their experiences in this practice to show the scope and limitations and review the feasibility of its use in the countries that have applied it to practice.</p> <p>Revision and implementation of the RELAC SIS Portal. The portal has been re-launched and is currently in full evaluation. For more details, visit www.relacsis.org. RELAC SIS participants have become more involved in the virtual component offered by the portal (discussions, forums, and work groups). The 5th RELAC SIS meeting will be held in Mexico on 11-13 November 2013.</p>	<p>Practice 4. Costa Rica, Dominican Republic, Ecuador, Guatemala, Nicaragua Panama, and Paraguay</p> <p>Practice 5. Cuba*, Dominican Republic, El Salvador, Ecuador, Paraguay, Uruguay</p> <p>*No USAID funds were used to support Argentina, Cuba or Venezuela.</p>	<p>Practice 4. The virtual course (video) will be uploaded to PAHO's virtual campus and launched to countries after the November RELAC SIS meeting.</p> <p>Practice 5. This activity is the most complicated from a strategic standpoint. Communication between areas of statistics and surveillance in countries is in some cases conflicting.</p> <p>Revision and implementation of the RELAC SIS Portal. We are working with other networks to achieve an alliance to promote the forums. This is a general problem that has been discussed with the other networks.</p> <p>5th RELAC SIS meeting. All Spanish speaking countries and Brazil will participate in this meeting. For the first time, 6 English speaking countries for the Caribbean were invited as well. It should be noted CIDA-Canada and ECLAC are partners in funding this meeting.</p>

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Outcome 3.2: Improved surveillance for congenital syphilis (CS) diagnosis and treatment through the establishment of a Regional Network.			
Key Personnel Responsible for Outcome 3.2: Dra. Suzanne Serruya (CLAP)			
<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 2 Milestone: Regional meeting with national coordinators for the analysis of the network's database)</p>	<p>On 4 and 5 June 2013, a Regional meeting took place in Montevideo, Uruguay to strengthen the use of information and evidence for decisions in maternal and congenital syphilis, the use of SIP (<i>Sistema de información perinatal</i>; in English, Perinatal information system) as a source of information, and best practices on prevention, diagnosis and treatment.</p> <p>9 countries participated in this meeting. A preliminary report is available.</p>	<p>7 countries: Costa Rica, Dominican Republic, El Salvador, Honduras, Nicaragua, Panama, Uruguay</p> <p>* Argentina and Bolivia were supported with CIDA funds.</p>	<p>Although the countries have different degrees of use and analysis of information, it is agreed that applying the SIP tool is useful and countries are analyzing the results.</p>
Outcome 3.3: Improved national planning capacity in neonatal health guided by country's neonatal and child profiles.			
Key Personnel Responsible for Outcome 3.3: Dr. Pablo Duran (CLAP)			
<p>3.3 Number of additional countries that have developed neonatal and child profiles</p> <p>(Year 2 Milestone: Neonatal and child profiles developed in 3 additional countries)</p>	<ul style="list-style-type: none"> - El Salvador completed the national neonatal profile. - The edition of the national profile from Peru was also completed during Year 2. - In order to evaluate the implementation of the regional Plan of Action on neonatal health, the analysis of regional data on neonatal mortality was performed to present a regional profile, evaluating trends, distribution by country, age, gender and cause of neonatal mortality. - A meeting with representatives from priority countries was organized, in order to evaluate the status of neonatal health in selected countries based on national information. 	<p>Neonatal profiles developed: El Salvador, and Peru</p>	<p>Technical assistance in the review of neonatal information has been provided to: Colombia, Dominican Republic, El Salvador, Guatemala, Guyana, Nicaragua, Panama, Paraguay, Peru, and Suriname. It is expected to complete the process in these countries during next period.</p> <p>Paraguay has completed the national profile but delays have been on editing and printing the document.</p>

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Outcome 3.4: Strengthened epidemiological surveillance of MDR-TB.			
Key Personnel Responsible for Outcome 3.4: Drs. Mirtha del Granado & Rafael Lopez (CHA/HT)			
*Outcome 3.4 not included in Year 2 of the grant. TB Funding reallocated to the additional 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).

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Outcome 4.1: Strengthened policy dialogue in maternal health at the regional and national level reduction of maternal morbidity and mortality			
Key Personnel Responsible for Outcome 4.1: Dr. Bremen De Mucio (CLAP)			
<p>4.1 Number of countries that have updated their national plans to reduce maternal mortality and morbidity</p> <p>(Year 2 Milestone: Countries have updated their national plans to reduce maternal mortality and morbidity)</p>	<p>Six countries received direct support for updating their national plans of reduction of maternal mortality.</p> <p>Nicaragua has incorporated the four strategic lines of the Regional Plan into their national plan, and has added another related to community participation. They are promoting the incorporation of best practices to strength the surveillance of maternal mortality and severe maternal morbidity, and to improve quality of care in maternal and neonatal health, focusing on teenagers, elderly women, multiparous and women at reproductive risk. The new national plan is linked to the Human Development Plan and the Short Term Institutional Plan.</p> <p>Paraguay has taken the four strategic lines of the Regional Plan and adopted the same goals in their national plan. The plan was edited, printed and disseminated. (Available at this link: http://www.clap.ops-oms.org/web_2005/BOLETINES Y NOVEDADES/EDICIONES DEL</p>	<p>6 countries: Colombia, Dominican Republic, El Salvador, Nicaragua, Paraguay, Uruguay</p>	<p>National authorities consider that the participation of communities is very important to achieve better results. Also, it is necessary to align international cooperation to cover funding gaps and ensure effective implementation of the plan.</p> <p>The main concern is related to the change of National Authorities, as this plan was developed and disseminated for the previous government. In addition, the current plan does not specify indicators for the monitoring of the plan. However, regional monitoring and evaluation strategy could be applied.</p>

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
	<p>CLAP/PlanMaternoPAROPS.pdf</p> <p>The Dominican Republic launched the new National Strategic Plan for the Reduction of Maternal and Child Mortality 2012-2016 in a high level political meeting, chaired by the President of the Republic Mr. Danilo Medina Sánchez. Other relevant figures were present, such as the Vice-president Ms. Margarita Cedeño de Fernández and representatives of the Ministry of Health. (http://www.msp.gob.do/article/plan-para-la-reduccion-de-la-mortalidad-materna-e-infantil).</p> <p>All the Directors of the main hospitals and maternities signed an agreement as a sign of commitment to the new plan.</p> <p>Colombia has received technical support for the development of the "National Strategic Framework for Maternal and Newborn Health to the first 1,000 days of life." This is an inclusive process that organizes women, mothers, newborns and children for health care up to two years.</p> <p>Main lines supported by PAHO/CLAP in this field are:</p> <p>Strategic Line 1: Preconception: Responsible and healthy Sexual and</p>		<p>The main worry regarding this plan is the ambitious targets for some of the selected indicators. Setting the targets too high can threaten the achievement of these goals.</p> <p>Colombia has had delays in this process. Currently they are in the last revision of the draft document. Multiple actors have been working in the different steps of the process including national authorities, academia, civil society, bilateral and UN agencies.</p>

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
	<p>Reproductive Health.</p> <p>Strategic line 2 – Gestation: Decreasing maternal and child morbidity and mortality during pregnancy.</p> <p>Strategic line 3 – Neonates and women: Decreasing the neonatal and maternal morbidity and mortality.</p> <p>Uruguay has focused its efforts on improving health care for pregnant women and newborns by strengthening the technical capacity of doctors, nurses and professional midwives. Their guidelines of care during pregnancy, delivery, postpartum, major obstetric emergencies, and preterm birth have been updated. In addition, guidelines for transport of pregnant women in labor or in critical condition are being developed.</p> <p>During the first trimester of 2013, El Salvador reviewed the national plan to reduce maternal mortality and morbidity. The updated national plan must be presented in November 2013 to the Chief Executive Bureau of the UN and the World Bank for financial support. The new plan includes the four strategic lines recommended by the Regional plan, and includes the incorporation of community actors, building a stronger network for the reduction of maternal and perinatal health.</p>		<p>Uruguay is a country with low maternal mortality; however this issue has high relevance for national authorities, media and people. Documents are in final revision, and the government has decided to hire 40 university teachers for the training of all health personnel inside the National System of Health (Sistema Unico Integrado de Saude-SNIS). Teachers will be hired with funds from the Project Uruguay Growths With You (Uruguay Crece Contigo).</p> <p>In order to update the national plan for the reduction of maternal mortality, the Management Accountability Framework (MAF) methodology proposed by UNDP was utilized. This process has been highly participatory, including the partnership of 4 organizations of the United Nations System since its beginning (PAHO; UNICEF, UNFPA and UNDP), as well as involvement of the World Bank's country office.</p>

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
	<p>4.1.1.b. Each country with more than 7,000 live births by year has received support to build the baseline indicators and second year of the plan, following the guidelines establish in the Monitoring and Evaluation strategy. We have collected information for the baseline from 24 countries of LAC, except Cuba, Ecuador, and Trinidad and Tobago. Information to establish the baseline from the U.S., Canada and Chile has been completed in July 2013. In August 2013, a development plan of indicators for the second year was started.</p>	<p>Argentina*, Bolivia*, Brazil, Canada, Colombia, Costa Rica, Chile, Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay, USA and Venezuela* (* No USAID funds were used to support Argentina, Bolivia, or Venezuela)</p>	<p>Countries that did not participate in data collection did not explain why they chose not to participate. In this process. Comparative data of the implementation of the plan (from 2011 to 2013) will be presented in September 2014 during PAHO Governing Bodies meeting.</p>
<p>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</p>			
<p>Key Personnel Responsible for Outcome 4.2: Dr. Pablo Duran (CLAP)</p>			
<p>4.2 Number of additional countries that have established a functioning Neonatal Alliance (Year 2 Milestone: National Neonatal Interagency Alliances established and functioning in 2 more countries)</p>	<p>- Haiti has established a new Neonatal Alliance. It will formally start on 30 October, in the context of a national meeting. - Technical and financial cooperation was provided in order to organize the "Regional Technical Meeting on Priority Interventions for Newborn Health", and the Annual Meeting of the Latin American and Caribbean (LAC) Neonatal Alliance, with participation from representatives of countries and partners from the Regional Neonatal Alliance.</p>	<p>1 new functioning Neonatal Alliance: Haiti Technical cooperation through regional meetings: Barbados, Bolivia, Brazil, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Jamaica, Mexico, Nicaragua, Panamá, Paraguay, Peru and Uruguay</p>	<p>Paraguay, Guatemala and the Dominican Republic are in the process of establishing a functioning alliance. This is expected to be completed in the coming months.</p>

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Outcome 4.3: Increased capacity of national authorities to secure sustainable political commitment and resources to institutionalize core capacities for surveillance and response, including at Points of Entry			
Key Personnel Responsible for Outcome 4.3: Dr. Sylvain Aldighieri (CHA/IR)			
No funding for this Outcome included in Year 2.			

**ADDITIONAL ACTIVITIES
REINFORCING MALARIA EFFORTS IN HAITI**

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Key Personnel Responsible: Dr. Keith Carter (CHA/VT)			
Outcome A. Strengthened and optimized implementation of Global Fund Grant on malaria in Haiti			
<p>A. Indicators and targets agreed in the Global Fund Project on Malaria in Haiti are achieved</p> <p>(Year 2 Milestone: Favorable malaria global fund grant review)</p>	<p>Phase 2 of the Global Fund (GF) malaria grant was approved and signed on 24 April 2013. This approval was a result of collaboration between Haiti's National Malaria Control Program (NMCP), the PAHO Malaria Advisor in Haiti and the PAHO Regional Malaria Program.</p>	<p>Haiti and Dominican Republic</p>	<p>On 7 September 2013, the Regional Coordination Mechanism (RCM) of the COMISCA submitted a Concept Note for the Elimination of Malaria from Mesoamerica and Hispaniola. Haiti and Dominican Republic participated in the development of this proposal. Also, startup funds were included for those two countries to accelerate activities from control to elimination phase. The current malaria grant for Haiti will be revised to align activities towards elimination.</p>
Outcome B. Strengthened malaria surveillance, monitoring, and evaluation			
<p>B. Timely reporting of malaria surveillance and M&E information from endemic areas of the country disaggregated by sex, age, and other relevant variables</p> <p>(Year 2 Milestone: Areas of the country other than Year 1 milestone areas Sud-Est, Sud, Nord-Ouest, Artibonite, Port-au-Prince)</p>	<p>Surveillance data from 107 locations from the 10 departments is reported weekly to the NMCP. Two more mobile health brigades were trained for the departments of Sud and Grand Anse. Plans are in place to expand surveillance coverage to Centre, Nord-Est, Nord-Ouest, and Ouest. PAHO organized a surveillance workshop (10-13 September 2013), during which 19 female and 27 male Ministry of Health workers from the 10 departments were trained in standardized surveillance practices and definition of cases. The workshop included partners involved in malaria efforts in Haiti (CDC, PSI/PR).</p>	<p>Haiti</p>	<p>Further work is needed to strengthen the newly developed treatment guidelines and case definitions; workshops and supervisory visits to the departments and local levels are suggested.</p>

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Outcome C. Strengthened malaria prevention and control strategies and implementation of interventions			
<p>C. National Malaria Strategy updated and implemented according to WHO technical guidelines</p> <p>(Year 2 Milestone: Strategic components and interventions in the National Malaria strategy implemented in affected areas)</p>	<p>The National Malaria Strategy was revised and finalized in October 2012, after extensive consultations with PAHO to ensure consistency with relevant PAHO/WHO technical guidelines. This document is valid through 2015; it has not yet been institutionalized in all 10 of the country's departments.</p>	<p>Haiti</p>	<p>Given the need to reorient the NMCP's activities towards elimination, the National Malaria Strategy may require revision to determine necessary next steps to attain this goal. PAHO will continue to provide technical support toward these efforts.</p>

EXPANSION OF TB PROGRAM FUNDING

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Key Personnel Responsible: Drs. Mirtha del Granado / Rafael Lopez (CHA/HT)			
Objective 1: Pilot, implement and expand an innovative approach to TB control in large cities of LAC engaging programs and sectors that can contribute to address the social determinants of health			
Outcome 1.1 Political commitment for the framework of TB control in large cities at national and local level secured			
1.1 Number of target cities with TB control framework endorsed by local authorities (Year 2 target: 4 large cities)	Local authorities have endorsed the framework for TB control in 4 target cities: Bogotá, Colombia; Guarulhos, Brazil; Guayaquil, Ecuador, and Lima, Peru. At the initiation of the project in each city, a visit by a member of the Regional TB Program was made in order to secure this political commitment, a key element to ensure success of the next steps of the project.	4: Brazil, Colombia, Ecuador and Peru	All of the local authorities involved in the projects in Brazil, Colombia and Peru have shown strong commitment. Initiation of the project was delayed in Ecuador but the TB sub-regional focal point was able to travel and meet with country authorities in mid-August 2013 and the country has chosen Guayaquil as the city where the framework will be implemented. Initial contact has been made with Mexico and Paraguay in order to expand work on TB in large cities in these countries.
Outcome 1.2 TB control framework for large cities piloted and expanded, based on initial experience			
1.2 Number of target cities with the TB control framework for large cities implemented (Year 2 target: 4 large cities)	The situation analysis, including epidemiological mapping, mapping of providers, a survey of hospitals, identification of vulnerable populations, and identification of barriers to access of health services was completed in 3 large cities during Year 2 of the grant: Bogotá, Colombia; Guarulhos, Brazil; and Lima, Peru. The framework for TB control has been initiated in each city and will continue expansion into Year 3.	3, Brazil, Colombia, and Peru	The work to complete the situation analysis in Guarulhos, Lima and Bogotá took longer than anticipated. Each of the three countries now have all necessary information for elaboration of their implementation plans.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
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			
<p>1.3 Number of innovative approaches for TB control in vulnerable populations implemented (Year 2 target: 2 approaches)</p>	<p>Two meetings were held on TB control in vulnerable populations in La Ceiba, Honduras from 18-22 February 2013. The first, "TB in Afro-descendant Populations: Challenges and Opportunities for Control" was attended by 5 countries. The VI Regional Meeting "Progress and Challenges in TB Control in Prisons" was attended by 13 countries.</p> <p>In each meeting, the incorporation of a human rights approach was discussed as an important part of working to decrease barriers to TB and other health care services that vulnerable populations face.</p> <p>In the work being done in TB control in big cities in Brazil, Colombia, and Peru, the local TB programs are being encouraged to coordinate with other sectors, such as mental health, in order to reach populations at-risk for TB such as HIV patients, drug users, homeless, etc.</p>	<p>Bolivia, Brazil, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Nicaragua, Panama, Paraguay, Peru</p>	<p>As this was the first meeting on TB control in afro-descendants, it was agreed that more work is needed to follow-up with the participating countries' governments and community leaders in order to make sure TB is considered in the health plans and activities of the communities.</p> <p>Two meetings have been scheduled for December 2013 in order to discuss approaches to TB control in 2 other important vulnerable populations: childhood TB and TB contact investigation.</p> <p>While the work on TB and mental health is just beginning, it is hoped that this collaboration between different sectors of the health departments could make a great impact in finding more TB cases in the cities and better treating TB patients with mental health problems that create a barrier to successful completion of treatment.</p> <p>Plans are being developed for TB control in the largest prisons in Colombia and Peru, which are located in the project intervention areas of Bogota and Lima.</p>

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Outcome 1.4 Communities actively involved in TB control in large cities			
<p>1.4 Number of large cities with documented community involvement</p> <p>(Year 2 target: 4 large cities)</p>	<p>Colombia has documented the work done up to this point in Bogotá with a video called “Diagnostico del Proyecto Localidad Rafael Uribe Uribe”, showing the involvement of different sectors and community organizations with their slogan “We are all part of the solution.”</p> <p>In Lima, 65 community workers have been trained and hired with resources of the mayor of Lima to support the supervision of TB treatment in the intervention area of El Agustino.</p> <p>In Guarulhos, Brazil, the involvement of civil society has occurred through participation of religious groups and schools, as well as the <i>Rede Paulista de Controle da Tuberculose</i> (the Sao Paulo TB Control Network), a well-recognized NGO who works with the community in the state of Sao Paulo. In addition, the Rede Paulista is contacting all the informal institutions in the intervention area to map potential partnerships.</p>	<p>Colombia</p> <p>Educational materials and advocacy documents are in process in Peru.</p> <p>In Brazil, materials on tuberculosis are being developed to support social mobilization. Educational materials on rights of TB patients are already in use. Printing of a new edition is planned for next year.</p>	<p>As the situation analysis of each of the cities took longer than anticipated, each city will move forward with community involvement during the implementation of the framework during Year 3.</p>

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
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			
Key Personnel Responsible: Drs. Mirtha del Granado / Rafael Lopez (CHA/HT)			
Outcome 2.1 Capacity of the National TB Programs strengthened			
2.1 Number of target countries that have participated in TB capacity building activities (Year 2 target: 11 target countries)	The Center of Excellence for TB (CE-TB) was officially created in El Salvador on February 2013 and two rotation visits have already been conducted in May and September respectively. The CE-TB has also been strengthened through a managerial workshop (April) and through a training on infection control (September).	Chile, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Paraguay, St. Lucia, St. Vincent & the Grenadines	The CE-TB has been empowered and strengthened during the year through the training. Plans to expand the offer of one-week rotations with other funding independent of the project are also underway.
Outcome 2.2 Exchange of experiences on quality DOTS promoted and/or strengthened			
2.2 Number of target countries complying to the international standards of TB care (Year 2 target: 10 target countries)	<ul style="list-style-type: none"> - The workshop on analysis of TB information systems (Bogota, 18-20 September 2013) allowed participants to discuss the improvement of their information systems and to introduce electronic TB information systems at the country level. - In addition, the countries are working to further analyze TB mortality. - The workshop on best laboratory practices in TB gave countries the opportunity to update on international standards of quality control for anti-TB medications. 	Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Trinidad & Tobago, Uruguay	The workshops mentioned were very productive and allowed country participants to exchange experiences.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Outcome 2.3 Exchange of experiences on implementation of TB/HIV collaborative activities supported			
<p>2.3 Proportion of target countries that report updated information on implementation of TB/HIV collaborative activities to PAHO/WHO</p> <p>(Year 2 target: 8 target countries)</p>	<ul style="list-style-type: none"> - All countries in the Region reported information on the implementation of TB/HIV collaborative activities. - A demonstration project on integration of TB and HIV service provision to optimize management of TB/HIV co-infected patients has been developed and is starting to be implemented as pilot in two countries: Honduras and Dominican Republic. - TA has been provided to El Salvador as pilot country for the implementation of the Regional Guide for TB Infection control. 	All PAHO member states	<ul style="list-style-type: none"> - An evaluation regional meeting on TB/HIV was postponed for early 2014. - The demonstration project in the Dominican Republic is co-funded with HIV resources.
Outcome 2.4 Capacity building for expansion of programmatic management of MDR and XDR-TB conducted			
<p>2.4 Proportion of DR-TB target countries expanding clinical and programmatic management of DR-TB in the countries</p> <p>(Year 2 target: 1 expert training course + training for at least 4 professionals)</p>	<ul style="list-style-type: none"> - In May 2013, a training course for experts in MDR-TB in the Americas was held in Lima, Peru, with further training for 17 experts from 7 countries. - After the course, 6 of these experts were ranked as having high potential to support the Regional Green Light Committee (rGLC) and 3 have participated in Regional missions to continue their training. This activity has significantly added to the pool of available consultants in MDR-TB. 	7 countries: Brazil, Dominican Republic, Colombia, Ecuador, El Salvador, Mexico, Peru	None.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Outcome 2.5 TB laboratory networks' management and new diagnostic technologies implemented and experiences shared			
<p>2.5 Proportion of countries that have received TA on TB laboratory issues and that are incorporating new diagnostic technology</p> <p>(Year 2 target: 9 target countries)</p>	<ul style="list-style-type: none"> - The contract of the P-3 consultant for technical assistance to strengthen the supranational TB laboratory network was extended and the professional has provided TA to all countries of the Region. - A survey of TB laboratories of the Region was completed. - In addition, professionals from Chile and Colombia received training through short-term laboratory mentorships. -Supranational laboratories are performing quality control to culture and drug susceptibility testing for national laboratories of the Region. 	All PAHO member states	<p>Technical assistance was also provided to countries of the Region through a Letter of Agreement with the Supranational TB Laboratory of Chile and service contracts with Supranational Laboratory of Mexico.</p> <p>Other laboratory mentorships are being discussed for Year 3.</p>
Outcome 2.6 TB elimination efforts in countries with the potential and necessary conditions to achieve it accelerated			
<p>2.6 Number of countries benefited by exchange of experiences on TB control measures aimed at elimination</p> <p>(Year 2 target: 1 workshop + at least 4 south-south experience exchanges)</p>	<ul style="list-style-type: none"> - In April 2013, the <i>VI Meeting of TB Low-Prevalence Countries of the Americas</i> was held in Santiago de Chile, Chile with participation by 6 countries. - The National TB Program (NTP) Manager from Costa Rica attended the TB Intensive Workshop at the New Jersey Medical School Global TB Institute in Newark, New Jersey from 24-27 September 2013, in order to exchange experiences on TB control in elimination phase. 	Chile, Costa Rica, Uruguay	<p>Puerto Rico was unable to attend the meeting, as well as Mexico who had been invited as a country observer. Participation of Cuba and the United States at the meeting was funded by other sources.</p> <p>The NTP Managers from Chile and Uruguay were also invited to participate in the training course through the New Jersey Medical School, but were unable to attend.</p>

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Outcome 2.7 Capacity building on TB operational research in the NTPs implemented			
2.7 Proportion of target countries with at least one operational research conducted (Year 2 target: 1 course)	This course was postponed to Year 3 due to availability of professors.	n/a	None.
Outcome 2.8 Technical capacity at PAHO's Regional and sub-regional levels strengthened through greater human resources and advisory support			
2.8 Number of consultants hired and fellows trained (Year 2&3 target: 15 professionals)	<ul style="list-style-type: none"> - The contracts of the P-4 and P-1 Regional Consultants were extended. - The 2 new P-4 Subregional Focal points began work in the country offices of Peru and Panama, in February and June 2013 respectively. - Two new P-1 TB Fellows began the residency at PAHO Washington in April 2013. - A national consultant in the Haiti country office was hired to support TB activities in the country. - In addition, training was provided to 1 short term fellow from the Colombia NTP through an exchange with the Peru NTP. 	Colombia, Ecuador, Haiti, Panama, Peru Technical assistance provided to all PAHO member states	Additional short-term fellows will participate in trainings during Year 3 of the grant.

MATERNAL, NEONATAL AND CHILD HEALTH CONFERENCE

Outcome	Progress	Number of Countries (when applicable)	Comments (including constraints)
Key Personnel Responsible: Dr. Christopher Drasbek, FGL			
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	Proposed Roadmap developed and discussed at A Promise Renewed (APR) Panama Meeting (see attached success story)	All PAHO member states will be invited to participate.	-Designation of this activity as PAHO priority -APR Follow-up Focal Point requires official selection -Mobilization of funds from all sectors
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 Millennium Development Goal (MDG) 4 and 5 within the Commission on Accountability Framework	A country survey was undertaken requesting baseline indicators for the Strategy and Plan of Action for Integrated Child Health. To date, 15 countries have responded. Follow-up is required.	All PAHO member states	-Develop and implement a mechanism to integrated maternal newborn and child health plans of action using the life course approach as to not duplicate efforts and to maximize limited funding resources.
3. Identify new sources of country partnerships and funds for MDG 4 and 5	Contacts have been made with private sector groups (Kimberly Clark, etc.) and RedEAmerica for this possibility. Maximize funds for MDG 4 and 5 using new CIDA/PAHO Year 3 funds.	n/a	Limited human resources at PAHO Headquarters and in countries prioritizing this effort.

HEALTH TECHNOLOGY ASSESSMENT (HTA)

Outcome	Progress	Number of Countries (when applicable)	Comments (including constraints)
Key Personnel Responsible: Drs. James Fitzgerald / Alexandre Lemgruber (HSS)			
1. Mapping of linkages between regulatory bodies and HTA entities for assessment of medical products used in reproductive and maternal health completed	<p>Completed</p> <p>-21 initiatives were identified. From these, a framework to characterize these different initiatives was developed:</p> <ul style="list-style-type: none"> -Early dialogue -Alignment of Evidentiary Needs -Pre-market Evaluation -Parallel Licensing -Adaptive Licensing 	n/a	Some initiatives focused on harmonizing HTA and regulatory processes while others sought to harmonize content (i.e., evidentiary needs). Some initiatives were very passive, with HTA and regulators either consulting with each other, vetting or agreeing while others were more collaborative, with HTA and regulators working together towards common goals.
2. Four case studies to examine the adequacy and safety assessments and HTA for priority medical products used in maternal and reproductive health completed	<p>The four case studies were completed and presented in the workshop on interactions between HTA and Regulation.</p> <p>The case studies were an opportunity to analyze the current situation of the interactions between medical device regulatory authorities, HTA agencies and decision-making bodies on the incorporation of technologies in health systems.</p> <p>The countries chosen for the case studies and the technologies selected were:</p> <ul style="list-style-type: none"> - Argentina: Bulking prosthesis for the treatment of vesicoureteral reflux in children - Colombia: Rapid test for congenital syphilis - Mexico: Reusable surgical stapler - Uruguay: Levonorgestrel-releasing intrauterine device 	<p>Argentina*, Colombia, Mexico, Uruguay</p> <p>*As authorized by USAID</p>	- Mexico faced some difficulties during the process, one of them being the constant institutional changes within its regulatory agency (COFEPRIS), which made difficult for the local team to gather information about its processes. Also, due to the lack of information on maternal health and medical devices, the local team decided to choose a device used to treat the obesity, one of the most important health problems in the country. In Mexico, besides COFEPRIS, other institutions play essential roles in the decision making process: CENETEC (National Center for Technological Excellence in Health), government body involved with HTA activities, and the General Health Council, the decision making body.

Outcome	Progress	Number of Countries (when applicable)	Comments (including constraints)
			<p>- In Colombia, the main processes for incorporating medical devices in the Mandatory Health Plan involve the Ministry of Health, responsible for the decisions about the incorporation of health technologies, and the recently created HTA Institute, responsible for producing HTA studies. The regulatory agency INVIMA also plays an important role, being responsible for the pre-market approval and for the post-marketing monitoring. This project allowed for the interaction between the relevant institutions in Colombia for the first time.</p> <p>- In the case of Uruguay, the MOH is the one who performs the functions of regulation, vigilance and evaluation of the incorporation of new technologies into the health system. The decision to include technologies or procedures in the health system requires coordination between the Ministry of Health and the Ministry of Economy and Finance.</p> <p>- Argentina is establishing formal structures and processes that attempt to incorporate elements of HTA to inform regulatory policies and incorporation of medical products. The country created a coordinating unit for health technology assessment, but there is no explicit links between HTA and decision-making, and the health system is one of the most fragmented systems in the Region.</p>

Outcome	Progress	Number of Countries (when applicable)	Comments (including constraints)
3. Virtual course for the evaluation and incorporation of health technologies in health systems designed	Completed	n/a	- In this first stage, the general structure of the course was planned and the educational services defined. In the second stage of the project, the course will be constructed and included in the PAHO Virtual Campus.
4. Recommendations for addressing the existing gaps between regulatory and HTA bodies published	Completed	<p>The 14 countries that participated in the workshop on interactions between HTA and Regulation were: Argentina*, Bolivia*, Brazil, Canada, Colombia, Costa Rica, Chile, Cuba*, Ecuador, El Salvador, Mexico, Paraguay, Peru, and Uruguay.</p> <p>(*The participation of Argentina, Bolivia, and Cuba was funded by other sources.)</p>	<p>This project was 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 about the existing gaps and possible solutions.</p> <p>The gaps have been identified and several proposals have been made in order to increase the interaction between the institutions. In the next phase of the project, the idea is to work on some of these proposals.</p>

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.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Outcome 1.1: Strengthened use of evidence based neonatal interventions (EBNI) in health facilities of the Region					
Key Personnel Responsible for Outcome 1.1: Dr. Pablo Duran (CLAP)					
Activity 1.1.1 Adapt EBNI document and clinical guidelines for Neonatal IMCI at the national level.					
- Organization of the Annual Meeting of the Regional Advisory Group on Integrated Management of Childhood Illnesses (IMCI)	Meeting organized and notes from the meeting completed	All PAHO member states	Members of the Technical Advisory Group on Integrated Management of Childhood Illness	Members of the Advisory Group have provided valuable inputs regarding implementing and evaluating Evidence Based Interventions.	None.
- Contract of Pediatrician and Gynecologist/Obstetrician to update and adjust the manual "Evidence Based Neonatal Interventions" to national guidelines in Colombia - Meeting with experts, representatives from the MOH and Academia, in order to validate the document mentioned above - Editing and printing of the final document - National workshops for the design of the Strategic Plan on Maternal and Neonatal Health. - Design of the Colombian national plan on maternal and neonatal health based on the implementation of evidence based interventions	Document "Salud materna y neonatal: atención preconcepcional, prenatal y postnatal inmediata" (Maternal and newborn health: immediate preconception, prenatal, and postnatal care") elaborated, validated and edited. -National Plan on maternal and neonatal health up to 1000 days of life prepared and discussed.	Colombia	MOH Colombia, PAHO Colombia, Asociación Colombiana de Facultades de Enfermería (ACOFAEN), Representatives of Colombian Pediatric and Gynecological-Obstetric Societies	The process permitted Colombia to complete the design of a National Plan and national norms based on technical documents developed at the Regional level.	None.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<ul style="list-style-type: none"> - Contract with neonatologist to update the evidence on prevention and treatment of neonatal infections and sepsis. Preparation of the document and translation. - Contract with neonatologist to update the evidence on prevention of medical error in neonatal units. Preparation of the document and translation. - Translation of a systematic review on neonatal transport 	<ul style="list-style-type: none"> - "Prevention of infections related to neonatal care" document completed and translated - Guidelines on preventing and addressing medical errors in neonatal care units completed. - Document "Neonatal Transport in Developing Country Settings: A Systematic Review" translated 	All PAHO Member states	None.	Having updated evidence on three main topics, highly related to neonatal health will greatly benefit all member states in the Region. The documents will be available in the official languages of the region, in order to support the countries in using evidence in formulating national norms.	The documents were completed and translated, but the discussion among experts, initially planned during year 2, will take place in December 2013 due to the agenda of some of the participants.
Activity 1.1.2 Provide technical cooperation to monitor advances in the implementation of EBNI.					
<ul style="list-style-type: none"> - Reproduction of standardized Neonatal clinical records to be used in Honduras to evaluate the implementation of EBNI. 	Clinical records reproduced	Honduras	MOH Honduras, PAHO Honduras	This allowed the country to start implementing the information system. Based on the data collected with these records, the implementation of EBNI will be evaluated during year 3.	None.
<ul style="list-style-type: none"> - Design of a tool for assessing the implementation of evidence based interventions 	Assessment tool designed	Colombia and LAC countries	Ministry of Health Colombia, PAHO Colombia	The tool being developed will be also useful for implementation within the region in order to evaluate the implementation of EBNI based on a standardized tool.	None.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Outcome 1.2: Improved national neonatal plans and policies guided by neonatal plans of action with a continuum of care approach					
Key Personnel Responsible for Outcome 1.2: Dr. Pablo Duran (CLAP)					
Activity 1.2.1 Support the development of neonatal plans of action.					
- Contract with an expert to perform a diagnosis of resources (human, equipment and physical) in health facilities providing neonatal care in Haiti.	Diagnosis performed and final report prepared.	Haiti	MOH Haiti, PAHO Haiti	The information generated will be the basis for designing the national plan of action and to organize the network of health services focused on neonatal health.	None.
Activity 1.2.2 Develop tools for monitoring, evaluation, and supervision of the neonatal plans of action.					
In connection with the meeting discussed in Activity 3.3, the status of neonatal plans of action in priority countries in the Region was analyzed.		Colombia, Dominican Republic, El Salvador, Guatemala, Guyana, Nicaragua, Panama, Paraguay, Peru, Suriname	PAHO country offices, Country technical focal points on perinatal health	Evaluation of the status of countries in terms of availability of national plans of action. During the meeting, analysis of the implementation status at national and regional level was discussed. The report of the final version of the mid-term evaluation of the Regional Plan of Action has been reviewed and challenges and next steps have been determined.	None.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Outcome 1.3: Strengthened response to MDR and XDR-TB in the Americas through the implementation of national expansion MDR-TB plans					
Key Personnel Responsible for Outcome 1.3: Drs. Mirtha del Granado & Rafael Lopez (CHA/HT)					
Activity 1.3.1 Follow up on the implementation of the national MDR-TB plans following the Stop TB Strategy.					
Activity 1.3.2 Monitor the implementation of new diagnostic technology.					
Activity 1.3.3 Provide technical assistance to finalize and implement the MDR-TB national plans and guidelines.					
Activity 1.3.4 Support the development of regional and national MDR-TB expert committees					
No funding for Outcome 1.3 in Year 2. Funding reassigned to section on Expanded TB Program Funding.					
Outcome 1.4: Strengthened routine systems for effective implementation of DOTS					
Key Personnel Responsible for Outcome 1.4: Drs. Mirtha del Granado & Rafael Lopez (CHA/HT)					
Activity 1.4.1 Financial support for a Regional TB expert to provide technical assistance on DOTS strengthening					
No funding for activity 1.4.1 in Year 2. Funding reassigned to section on Expanded TB Program Funding.					
Activity 1.4.2 Technical assistance missions on DOTS strengthening to priority countries					
Carryover funding from this activity was used to support the monitoring and evaluation missions that took place to the National TB Programs (NTP) of Nicaragua (November 2012) and Chile (December 2012).	Mission reports	Chile, Nicaragua	n/a	The mission to Chile allowed for follow-up to a country in the Region in TB elimination phase.	The Nicaragua mission was postponed from Year 1 of the grant due to change in national authorities, but it was possible to reschedule and complete it.
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 activities 1.4.3-4 in Year 2. 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/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Outcome 2.1: Strengthened midwifery in Latin America and the Caribbean					
Key Personnel Responsible for Outcome 2.1: Dr. Bremen De Mucio (CLAP)					
Activity 2.1.1 Update tools to improve midwifery skills in the region.					
<ul style="list-style-type: none"> - Consolidation of all the recommendations made by midwives. - Final revision of the draft. - Editing and printing in English and Spanish. 	<ul style="list-style-type: none"> - SMTK printed in English and Spanish. - SMTK disseminated into the framework of ICM Triennial Regional Conference (Ecuador, April 2013) 	All countries of the region	<ul style="list-style-type: none"> - UNFPA, ICM, WHO Collaborating Centers from the University of Puerto Rico and the University of Chile 	More than 400 midwives have participated and received copies of the document in a Symposium held in Ecuador (April 2013).	Identification of selected countries to be supported in updating of their midwifery curriculum was delayed. Activities have been rescheduled for the third year of the grant.
Activity 2.1.2 Improve the status of midwifery educational models in the Region					
<ul style="list-style-type: none"> - Coordination calls conferences among UNFPA, USAID and ICM. <p>Identification of selected midwifery teachers.</p> <ul style="list-style-type: none"> - Organization of the meeting “Promoting Midwifery in Latin America and the Caribbean” (Panama, 29-30 October 2012) 	Meeting “Promoting Midwifery in Latin America and the Caribbean” done.	Antigua & Barbuda, Bahamas, Barbados, Bolivia, Brazil, Chile, Costa Rica, Ecuador, Guatemala, Guyana, Haiti, Jamaica, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, St. Kitts, Trinidad and Tobago, Uruguay, USA (Participation of Argentina was funded by other sources.)	UNFPA, ICM, WHOCC from University of Puerto Rico, and University of Chile.	46 midwives from 21 LAC countries had an active role in the discussion and the searching of new ways for the implementation of ICM standards.	Bolivia is one of the countries where more support is needed; however, progress in that country in this line of work is at a standstill since May 2013, as the main source of financial support was USAID.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Activity 2.1.3 Support continuing education processes in midwifery for English-speaking Caribbean countries					
<p>Coordination of conference calls among UNFPA, USAID, CRMA and ICM.</p> <p>Preparation of the methodology to be used.</p> <p>Identification of selected midwives teachers and ensuring participation of selected midwives.</p>	CRMA workshop on education developed.	Caribbean countries: Antigua & Barbuda, Bahamas, Barbados, Dominica, Grenada, Guyana, Haiti, Jamaica, St. Lucia, Puerto Rico, St. Kitts, Suriname, Trinidad and Tobago,	JHPIEGO, MCHIP, ICM and UNFPA	<p>22 selected midwives from 13 English-speaking Caribbean countries learned the use of Qstream courses and can use this in their own countries.</p> <p>The Qstream platform uses the innovative methodology of spaced education, found to improve knowledge acquisition; increase long-term knowledge retention, and boost learners' abilities to accurately self-assess their knowledge.</p>	N/A
Activity 2.1.4 Provide continuous support for the communities of practice in nursing and midwifery in English and Spanish					
<ul style="list-style-type: none"> - Elluminate sessions between Universities of Chile and Michigan for the preparation of the symposium. - Coordination with the speakers. - Promotion of the symposium. - Coordination meetings among, speakers, Triennial ICM regional conference organizers (Ecuador Midwives College), ICM and the University of Chile and University of Puerto Rico 	<p>Online symposium developed in October 2012</p> <p>Face to face symposium</p>	<p>All PAHO member states</p> <p>All PAHO member states</p>	<p>UNFPA, University of Michigan, University of Chile</p> <p>University of Chile, University of Puerto Rico</p>	<p>More than 400 midwives from the entire region received the updated edition of the SMTK.</p>	<p>Low participation of midwives.</p> <p>N/A</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Outcome 2.2: Strengthened capacity of human resources in health to prevent and control MDR and XDR-TB in the Americas					
Key Personnel Responsible for Outcome 2.2: Drs. Mirtha del Granado & Rafael Lopez (CHA/HT)					
Activity 2.2.1 Support TB fellows at the Regional TB Program					
Activity 2.2.2 Support participation of TB staff and consultants in international MDR-TB and laboratory courses in centers of excellence and elsewhere.					
Activity 2.2.3 Support the MDR-TB centers of excellence in the Region.					
No funding for activities 2.2.1-3 in Year 2. Funding reassigned to section on Expanded TB Program Funding.					
Activity 2.2.4 Develop a Regional Infection Control Course according to Regional IC policy and strategy.					
The Regional Guide on TB Infection Control was finalized and is being piloted in El Salvador.	Regional guide on TB infection control	-El Salvador; -All PAHO member states will benefit from the guide.	Ministry of Health and National Institute of Health of El Salvador	Beginning of the piloting of the guidelines in El Salvador	We learned that other similar courses have already been developed by partner organizations in Spanish, so we prefer to coordinate with them. Meanwhile, we are following up the piloting of the guide in El Salvador and will use the experience for the rest of the countries in the Region.
Activity 2.2.5 Support Regional and national IC courses.					
No funding for activity 2.2.5 in Year 2. Funding reassigned to section on Expanded TB Program Funding.					

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Outcome 2.3: Strengthened health systems at the national and subnational levels through capacity building for the implementation of Essential Public Health Function (EPHF).					
Key Personnel Responsible for Outcome 2.3: Dr. Charles Godue (HSS)					
Activity 2.3.1 Carry out the Spanish version of the Virtual Course on EPHF.					
<p>The virtual course on Essential Public Health Functions (EPHF), offered through the PAHO VCPH had a duration of four months, with 128 hours and a dedication of approximately 8 hours per week as study requirement for the students.</p> <p>The VCPH platform now offers a new 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 EPHF-related problems in their countries. This process has allowed for better targeting of the course's audience.</p>	<ul style="list-style-type: none"> - 2013 Virtual Course on EPHF carried out. - EPHF intervention proposals prepared by 89 students submitted as part of the course. 	<p>The participating students came from 14 countries of Latin America: Bolivia, Colombia, Costa Rica, Chile, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama, Peru, and Uruguay.</p>	<p>-Universidad de Antioquia, Colombia</p>	<p>Based on an evaluation of the previous version of the virtual course carried out in 2012 with the participation of tutors and coordinators, important adjustments were made in the content, methodology, evaluations and grading criteria. Based on the results of this evaluation, an adjusted version of the course was offered in 2013.</p> <p>- An online evaluation survey was designed to be sent to participants to evaluate the course.</p>	<ul style="list-style-type: none"> - Tutors have reported difficulties in synchronizing the times for sessions by Elluminate due to the time difference in the countries and the work responsibilities of the students. - The most important criticism of the course on the part of the students was precisely the low utilization of the synchronic sessions, even though they recognize that this tool for communication seems very adequate and innovative. - Some students felt overloaded with the readings and tasks in the time defined for the course. However, some expressed that all the offered educational materials they used will help them in their professional careers and daily work.

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 RELACISIS with focus on MDR-TB and maternal and neonatal health.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Outcome 3.1 Strengthened health information systems at the regional, subregional and national level, with a gender and ethnic perspective					
Key Personnel Responsible for Outcome 3.1: Dr. Alejandro Giusti (CHA/HA)					
Activity 3.1.1 Provide technical cooperation to monitor the implementation of PAHO/USAID countries' HIS strategic plans.					
Follow-up of the Strategic Plans (SP) of the countries involved in the project	Missions arranged with the countries for monitoring and evaluation (M&E)	Dominican Republic, Ecuador, Honduras, Paraguay, Peru	MEASURE-Evaluation	The participation of Dominican Republic, Ecuador, Paraguay, and Peru in the RELACISIS working groups for the PoA 2012-13 has allowed for follow-up on aspects of their SPs.	Political changes, especially in Peru and Paraguay, prevented the organization of missions to these countries. Follow-up was done through virtual sessions as part of the RELACISIS working groups.
Activity 3.1.2 Support the strengthening of HIS according to the RELACISIS plan of action.					
Evaluation meeting with countries involved in 2012-13 RELACISIS Plan of Action (PoA)	<ul style="list-style-type: none"> - 2012-13 RELACISIS PoA evaluated. - Practices disseminated monitored and evaluated. - Guidelines prepared for definition of 2013-14 RELACISIS PoA 	<p>All of the participating countries in 2012-13 RELACISIS PoA: Argentina, Colombia Chile, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Nicaragua, Panama, Paraguay, Peru, Uruguay, Venezuela</p> <p>(*No USAID funds were used in the participation of Argentina or Venezuela)</p>	MEASURE-Evaluation, CIDA-Canada, ECLAC	All RELACISIS countries will discuss the scope and limitations and review the feasibility of disseminating these practices to the other countries of the Region. All Spanish speaking countries and Brazil will participate in the 5 th RELACISIS meeting to be held in November 2013 in Mexico. For the first time 6 English speaking countries for the Caribbean were invited. CIDA-Canada and ECLAC are partners in funding this meeting.	The 5 th RELACISIS meeting planned to take place at the end of September was postponed to 11-13 November 2013 because an important group of countries were involved in the WHO-Family International Classifications (FIC) annual meeting held in Beijing in October. The meeting with the coordinating group is planned for 14-15 November.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>- Implement the 2013-14 RELAC SIS PoA defined by the coordinating group</p>	<p>5 practices have been developed through 5 working groups. 1) Training of "information producers" to increase awareness of managers; 2) Strengthening of coding with CIE-10 through virtual courses; 3) Implementation of an electronic system to codify mortality; 4) Online course for awareness of medical doctors in the adequate registration of the causes of death; 5) Develop and disseminate an electronic tool to the countries for epidemiological surveillance. (for more information see annex I) Revision and implementation of the RELAC SIS Portal (for more details visit www.relacsis.org)</p>	<p>Practice 1: Ecuador, Mexico, Panama, Peru, Paraguay Practice 2. Argentina, Mexico, Ecuador, Paraguay, Guatemala, Nicaragua, Dominican Republic and Uruguay Practice 3. Guatemala, Paraguay, Uruguay, Argentina, Costa Rica and Ecuador, Chile and Venezuela Practice 4. Costa Rica, Ecuador, Panama, Paraguay, Guatemala, Nicaragua and the Dominican Republic Practice 5. Uruguay, Cuba, Paraguay; El Salvador, Ecuador, Dominican Republic</p>	<p>MEASURE-Evaluation, CIDA-Canada, ECLAC and all RELAC SIS countries</p>	<p>The participants from Practice 1 replicated the course and developed a practice in team work at the local level. All virtual courses (practices 2 and 4) were uploaded to the virtual campus of PAHO and will be available for all countries by November 2013. It should be noted that ECLAC, through the Statistics Division of the project for monitoring the Millennium Development Goals, has had great interest in practice 3 and was partnering with RELAC SIS to financially support the working group. All practices were successfully presented in special sessions at the WHO-FIC meeting held in Beijing in October 2013.</p>	<p>RELAC SIS is working with other networks to achieve an alliance to promote the forums on the portal. The implementation of the 2013-14 RELAC SIS PoA is pending, to defined by the coordinating group in November 2013.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
- Administration, maintenance and M&E of portal	Website implemented, monitored and evaluated	All countries	MEASURE-Evaluation, Other networks to be invited	Each WG has a private forum to discuss, share and disseminate proposals, documents and the roadmap. 611 participants were registered at the website.	None.
Outcome 3.2: Improved surveillance for congenital syphilis (CS) diagnosis and treatment through the establishment of a Regional Network.					
Key Personnel Responsible for Outcome 3.2: Dra. Suzanne Serruya (CLAP)					
Activity 3.2.1 Establish a regional network including main maternal hospitals and primary health care services as sentinel sites for congenital syphilis diagnosis and treatment.					
- Technical visits to countries for data collection and discussion - Improvements and informatics adjustments of automatic outputs of the SIP (<i>sistema de información perinatal</i> ; in English: perinatal information system) - Virtual support to the countries - Development of the database - Regional meeting in Montevideo, Uruguay on 4-5 June 2013 to strengthen the use of information and evidence for decisions in maternal and congenital syphilis	The first version of the SIP database has been completed. The process of finalization of dashboard has been concluded.	Costa Rica, Dominican Republic, El Salvador, Honduras, Nicaragua, Panama, Uruguay	n/a	The number of institutions and countries that use SIP for surveillance of maternal and congenital syphilis has increased.	Changes in national authorities often cause delays, particularly in the Dominican Republic and Paraguay this year. In addition, there have been delays in the implementation of new clinical perinatal records that would include treatment variables of partners.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Outcome 3.3: Improved national planning capacity in neonatal health guided by country's neonatal and child profiles.					
Key Personnel Responsible for Outcome 3.3: Dr. Pablo Duran (CLAP)					
Activity 3.3.1 Consolidate and analyze data, and develop country profiles.					
<ul style="list-style-type: none"> - Contract with a demographer to analyze data available on neonatal mortality and to elaborate a regional profile. - Two back-to-back meetings were held with representatives from priority countries to analyze information from the national level: the Meeting on strengthening information and evidence-based decision making in maternal and congenital syphilis and the Meeting of focal points to evaluate technical cooperation in maternal and perinatal health in the Region. 	Document completed with regional profile on neonatal health	PAHO member states Colombia, Dominican Republic, El Salvador, Guatemala, Guyana, Nicaragua, Panama, Paraguay, Peru, Suriname		Having an updated profile on neonatal mortality at the regional level is a major accomplishment for Year 2. Also, the analysis allowed for the identification of differences between data sources and the need for strengthening information.	None.
Activity 3.3.2 Disseminate and promote profiles (CDs, electronically, etc.) to regional partners					
- Edition and printing of the national profiles of El Salvador and Peru to disseminate within the country	Edited national profiles	El Salvador, Peru	MOH of El Salvador and Peru	Process of updating and dissemination of national profiles in both countries completed	There have been some delays in completing the processes of editing and preparing the final versions at the country level.
Outcome 3.4: Strengthened epidemiological surveillance of MDR-TB.					
Key Personnel Responsible for Outcome 3.4: Drs. Mirtha del Granado & Rafael Lopez (CHA/HT)					
Activity 3.4.1 Carry out regional meeting on MDR-TB surveillance.					
Activity 3.4.2 Support national MDR-TB surveys.					
Activity 3.4.3 Develop and implement analytic tools regarding gender, ethnicity and vulnerable populations.					
Activity 3.4.4 Develop an annual Regional TB and MDR-TB report.					
No funding for Outcome 3.4 in Year 2. 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
Outcome 4.1: Strengthened policy dialogue in maternal health at the regional and national level reduction of maternal morbidity and mortality					
Key Personnel Responsible for Outcome 4.1: Dr. Bremen De Mucio (CLAP)					
Activity 4.1.1 Update and promote the Regional strategic plan for the reduction of maternal morbidity and mortality.					
<ul style="list-style-type: none"> - Promotion of the Plan for the acceleration of the reduction of maternal mortality and severe maternal morbidity. - Negotiation with MOH authorities to promote the updating of national plans. - Technical cooperation to evaluate past plans, and maternal health situation, in order to the preparation of the new national plans. 	<ul style="list-style-type: none"> Plans updated and printed Strategies for plan dissemination prepared 	<ul style="list-style-type: none"> Nicaragua, Paraguay, Dominican Republic, Uruguay and El Salvador 	<ul style="list-style-type: none"> UNFPA, UNICEF, USAID, ACDI, AECID, Luxemburg Cooperation 	<ul style="list-style-type: none"> High level of commitment and broad participation of stakeholders, University professors and researchers, National societies of Gynecology and Obstetrics, National professional associations of nursing and midwifery, Scientific Associations, NGOs, Community Representatives, UN agencies, and bilateral agencies. 	<ul style="list-style-type: none"> All the plans have financial gaps to be covered. There are problems with the number and technical quality of the human resources needed. Accountability in the previous plans was a problem that needs to be solved for the new ones.
<ul style="list-style-type: none"> - Contact health ministries through PAHO country offices except the United States and Canada who were contacted by PAHO's Deputy Director. - Send financial support to countries that have difficulties compiling information. 	<ul style="list-style-type: none"> Available national indicators of the Plan for the acceleration of the reduction maternal mortality and severe maternal morbidity. 	<ul style="list-style-type: none"> All countries in the Region with more than 7,000 live births per year 	<ul style="list-style-type: none"> USAID, CIDA, AECID 	<ul style="list-style-type: none"> The baseline of the indicator was built. Monitoring of indicators in the second year has started. 	<ul style="list-style-type: none"> Countries do not collect all the information required by the plan. Many countries do not have updated information. Advocacy was done to encourage countries to report this information.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Activity 4.1.2 Promote the effective functioning and scaling-up of the Regional Interagency Task Force for the reduction of maternal mortality.					
Tasks in this line were eliminated for Year Two of the grant.					
Activity 4.1.3 Enhance the dissemination of the lessons learned from the Colombia Web-based Maternal Mortality Surveillance project through focal technical assistance to requesting countries of the region.					
Key Personnel Responsible for Activity 4.1.3: Dr. Hernan Rodriguez (PWR-COL)					
Work towards finalizing the Technical Cooperation among Countries (TCC) document with involved countries and for review by the PAHO Director	TCC document	El Salvador and Honduras (Bolivia was removed from the project as of May 2013.)	Universidad de Antioquia	None.	Significant progress was made in document; nevertheless, it was not completed for 2 main reasons: uneven participation of the countries (e.g., the government of Bolivia no longer accepts USAID support) and due to limited financial resources in the Regional office to support the project.
Negotiations for a workshop to share the Web-based Maternal Mortality Surveillance System (WBMSS), evaluate the needs and adopt the most important components of the system	Report of the workshop	n/a	Universidad de Antioquia	None.	A workshop was planned to take place in El Salvador at the end of 2012, but the country's Ministry of Health did not want to apply the WBMSS. The option of workshops in Ecuador, Guatemala and Peru was explored but without success.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>Call the three participating countries (Honduras, Bolivia, and El Salvador) to virtual meetings to follow up on activities, giving technical assistance in person through the systems engineer</p>	<p>Reports of virtual sessions and activities carried out by the Systems Engineer in the three country, documenting the advances made with WBMSS</p>	<p>Honduras and El Salvador (Bolivia was removed from the project as of May 2013.)</p>	<p>National authorities of El Salvador and Honduras (including the National Institutes of Health, Ministries of Health and Social Protection), Universidad de Antioquia.</p>	<p>Several virtual sessions were held with Honduras and Bolivia, with important advances made in the maternal mortality surveillance system of each country.</p> <p>Coordination with the authorities of Bolivia for the hiring of a systems engineer to support the project was successful.</p> <p>Honduras and Bolivia adopted various variables of the WBMSS in the physical forms used for maternal mortality surveillance.</p>	<p>The government of Bolivia announced the decision to no longer accept USAID support, which resulted in cancellation of the contract of the engineer in the country.</p> <p>Honduras did not require support of the engineer during this year of the grant. It has been scheduled in activities for the next year.</p>
<p>Technical support to Colombia in the expansion of WBMSS through technical visits for follow-up on implementation of the System in 12 territories</p>	<p>Report on technical advisory and support by the WBMSS in 12 territories</p>	<p>Colombia</p>	<p>National authorities of Colombia (including the National Institutes of Health, Ministries of Health and Social Protection), Universidad de Antioquia</p>	<p>-3 accompaniment visits were made to the territories of Antioquia, Magdalena and Cauca Valley on the use of modules 6A, 6B, and 7 of the WBMSS.</p> <p>The support and follow-up provided to each institution allowed for the observation of how the tool really functions in practice and the</p>	<p>None.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
				<p>interaction that each actor should have in the process of surveillance of maternal mortality.</p> <p>The users said the tool is user-friendly and provides the necessary elements to better understand the critical path of the woman that died through consideration of social determinants of health, permitting identification of the findings and/or problems that should be approached in the action plan in an organized and complete way.</p>	
<p>A workshop was held in September 2013 on the use and management of the WBMSS with the technics and systems engineers of 18 territories still needing training. The following territories participated: Guajira, San Andrés, Cundinamarca, Choco, Arauca, Guaviare, Meta, Putumayo, Cartagena, Bolívar, Cauca, Sucre, Norte de Santander, Quindío, Risaralda, Tolima, Casanare, and Vichada.</p>				<p>The participants interacted with the tool and had the opportunity to explore all the modules and work with the data entry and analysis process through entry of cases of maternal mortality. A calendar for follow-up after the workshop was developed.</p> <p>It is hoped that WBMSS will be implemented in all territories of the country as of January 2014.</p>	

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>The English translations of the WBMSS modules (online and published) as well as other epidemiological and informational documents are in progress.</p>	<p>Draft English translation of the WBMSS Platform</p> <p>Report of the systems engineer</p>	<p>Colombia</p>	<p>PAHO, National Institute of Health, Ministry of Health and Social Protection, University of Antioquia</p>	<p>Significant advances were made in the English translation of the WBMSS modules</p> <p>An event has been planned for January 2014 in Washington, DC to present the WBMSS to NGOs (Asia and Africa) as well as other countries in the Region.</p> <p>Adjustments were made to the WBMSS according to recommendations made by the territories</p> <p>Presentation of the WBMSS in Panama at the Promise Renewed Meeting (September 2013) by the National Institute of Health</p> <p>Validation of the modules on analysis and action plans</p>	<p>More time is needed to complete the English translation of the WBMSS as well as its validation.</p> <p>The translation of the epidemiological and informational documents will take place after the platform is modified.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Outcome 4.2: Regional Neonatal Interagency Alliance strengthened to promote and support national policies and activities in newborn health in the context of continuum of care approach					
Key Personnel Responsible for Outcome 4.2: Dr. Pablo Duran (CLAP)					
Activity 4.2.1 Support and maintain functioning of Alliance.					
<ul style="list-style-type: none"> - Organization of the Annual Meeting of the Regional Advisory Group on Integrated Management of Childhood Illnesses (IMCI) - Participation in the executive meeting of the Regional Neonatal Alliance - Participate in a session at the ALAPE Meeting, representing the Regional Neonatal Alliance - Organization of the <i>Regional Technical Meeting on Priority Interventions for Newborn Health</i>, and the <i>Annual Meeting Latin American and Caribbean (LAC) Neonatal Alliance</i> (March 2013) 	<ul style="list-style-type: none"> Meeting organized Participation in the meeting Participated in the session 	<p>All PAHO member states</p> <p>Barbados, Bolivia, Brazil, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru and Uruguay</p>	<p>Regional Advisory Group on IMCI members, Neonatal Alliance</p>	<p>The meeting was an excellent forum to share with countries representatives, evidence, lessons learned, positive experiences, and to advocate the establishments of new national alliances. In fact, based on the results of the meeting Haiti could advance in establishing the national Alliance, which will be formally established on 30 October 2013.</p>	
Activity 4.2.2 Evaluate advances in MDG 4 in South America.					
<ul style="list-style-type: none"> - Preparation of the report of the Mid-Term Evaluation of the Regional Plan of Action on Neonatal health - Submission to the Executive Committee from Pan American Sanitary Bureau - Participation as member of the Neonatal Alliance in the meeting "A Promise Renewed" 	<p>Report of the Mid-Term Evaluation of the Regional Plan of Action on Neonatal health</p>	<p>All PAHO Member States</p>	<p>Country representatives and Neonatal Alliance</p>	<p>The analysis was completed and the report was submitted to the Executive Committee and the Directing Council of the Pan American Sanitary Bureau. The results achieved in neonatal health were presented as well as next steps to continue improving in the Region.</p>	<p>Even though important improvements have been observed, neonatal health still needs to be strengthened in the region. Improvement of information systems is greatly needed in order to plan evidence-based interventions and evaluate results.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Outcome 4.3: Increased capacity of national authorities to secure sustainable political commitment and resources to institutionalize core capacities for surveillance and response, including at Points of Entry					
Key Personnel Responsible for Outcome 4.3: Dr. Sylvain Aldighieri (CHA/IR)					
Activity 4.3.1 Organization and implementation of the Second Annual Regional Meeting of the National IHR Focal Points					
No funding for Outcome 4.3 included in Year 2.					

ADDITIONAL ACTIVITIES

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Neglected Tropical Disease Advisor - Focus: Onchocerciasis Elimination in LAC					
Key Personnel Responsible: Dr. Steven Ault (CHA/VT)					
1. Contract for P.3 post, Washington DC-based.	Post limited duration – P3 level contract covered to 30 September 2013	Guatemala, Mexico, Brazil, Colombia, Ecuador, and Yanomami focus	The Carter Center, OEPA, Ministries of health of endemic countries, CDC, Mectizan Donation Program (MDP)/ Task Force for Global Health (TFGH), Lions Club International	<p>Countries endemic for onchocerciasis in the Region of the Americas have received technical cooperation for the coordination and integration of the onchocerciasis elimination activities in the national and subnational plans of action for neglected infectious diseases-NID. Thus, Brazil, Colombia and Guatemala already included onchocerciasis as part of their national plans for Neglected Infectious Diseases (NID). (Colombia and Guatemala launched their plans in 2013, and Brazil in 2012).</p> <p>Guatemala and Mexico have nearly completed the compilation of historical and epidemiological data and information as part of the dossiers to support the verification of elimination of onchocerciasis by WHO, which may occur in 2016. These draft dossiers have been thoroughly reviewed by the regional program of NID at PAHO.</p> <p>A progress report on onchocerciasis was prepared by the regional program of NID at PAHO and presented to the Executive Committee and the 52 Directing Council of PAHO. This progress report was</p>	

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
				<p>approved by these two instances. The report includes a call to implement actions in the Yanomami area where resides the last 20,000 people in need of treatment for Onchocerciasis in the Americas.</p> <p>A memorandum of understanding is on track to be signed by both countries to focus actions to accelerate elimination of onchocerciasis in the Yanomami area. In this same Yanomami area, national authorities have begun to reach some newly discovered Yanomami communities and started detailed mapping of the locations, and delivering the first round of Mectizan (ivermectin) treatment, as major steps forward.</p>	
2. WHO with PAHO will implement the process for the certification of elimination of onchocerciasis transmission in Colombia	Verification of onchocerciasis elimination of Colombia approved by WHO	Colombia	Ministry of Health and Social Protection, National Health Institution, The Carter Center, OEPA, Merck, Lions Club International	<p>The mission of the International Certification Team for elimination of onchocerciasis was held in November 2012 and a report with main results from this mission was submitted to WHO.</p> <p>The MOH of Colombia received the official letter of verification of the elimination of onchocerciasis on 5 April 2013 from WHO including the final report of the International Certification Team and recommendations.</p> <p>The official ceremony was held on 29 July 2013 in Bogota, Colombia with the participation of delegates of Ministry of Health and Social Protection, Ministry of</p>	

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
				<p>Education, Ministry of Housing, City and Territory of Colombia, National Institute of Health, delegates of international organizations including The Carter Center, OEPA, IADB, Gates Foundation, Merck, Global Network NTDs/SABIN, among others. Furthermore, Dr. Juan Manuel Santos, President of Colombia and Hon. Jimmy Carter, Former President of United States and Director of The Carter Center participated in this important event.</p> <p>Colombia is the first country worldwide receiving verification of elimination of onchocerciasis by PAHO/WHO. This main achievement will serve as a lesson learned for other countries to move forward NID elimination actions in the Region of the Americas.</p> <p>Press release available at: http://www.paho.org/hq/index.php?option=com_content&view=article&id=6199%3Acolombia%2C-el-primer-pauns-de-las-americas-que-elimina-la-oncocercosis&catid=740%3Anews-press-releases&Itemid=1926&lang=en</p>	

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
3. Ecuador dossier on onchocerciasis elimination completed.	Ecuador dossier on onchocerciasis completed and submitted to PAHO/WHO to start the verification process of elimination.	Ecuador	MOH Ecuador, Central University, OEPA, The Carter Center, CDC	<p>Ecuador finalized the post-treatment surveillance phase in 2012. Then, the Ministry of Health presented the epidemiological evidence of interruption of onchocerciasis' transmission in its single focus to the Program Coordination Committee of OEPA, which was validated.</p> <p>A dossier of onchocerciasis elimination was finished by 2012 and the MOH of Ecuador established a national committee to review it. In July 2013, Ecuador finalized its revision and approved the dossier for submission to PAHO/WHO.</p> <p>Therefore, an International Certification Team (ICT), a group of experts from different fields will be appointed for an exhaustive review of the dossier, and will plan to visit Ecuador to interview health authorities in early 2014. According to the results of this assessment, the ICT will recommend to PAHO/WHO to grant the verification of elimination of onchocerciasis in Ecuador.</p> <p>Ecuador is the second country in the Region of the Americas requesting the verification of elimination of onchocerciasis to PAHO/WHO and we expect to receive from WHO HQ their final decision about elimination status in 2014.</p>	After several delays in obtaining the final approval of Ministry of Health to submit the dossier, PAHO made advocacy on the importance to submit this information to move forward the elimination of this disease in the Region of the Americas.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
4. PAHO 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)	Continue PAHO participation in the Program Coordinating Committee (PCC) and in the IACO	Brazil, Colombia, Ecuador, Guatemala, México and Yanomami Area	OEPA, CDC, The Carter Center, Ministries of Health from Brazil, Colombia, Ecuador, Guatemala, Mexico and Yanomami Area.	<p>The Regional NID Program of PAHO participated in the XXII IACO Meeting held in Chiapas, Mexico in October 2012 where a detailed analysis of the regional epidemiological situation of each of the 13 foci in the Region was made.</p> <p>The PCC/OEPA meeting was held in Guatemala City, Guatemala in June 2013 with the participation of the NID Regional Advisor and the Epidemiologist in NID from PAHO. During this meeting, a current status on onchocerciasis in endemic countries was presented as well as further actions discussed to eliminate this disease in the Region.</p> <p>One of the main recommendations from this meeting was to maintain a permanent communication with delegates of the Yanomami area in order to facilitate efforts and move forward and accelerate elimination actions in this area. In addition, it was recommend that all countries which have achieve elimination criteria, publish a success story to highlight these achievements, in a peer-reviewed scientific journal. One such article was published in October 2013 in the journal Parasites and Vectors; see http://www.parasitesandvectors.com/content/6/1/289.</p>	

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
5. Technical cooperation and advocacy missions to address Yanomami Area to eliminate onchocerciasis transmission	Draft agreement on onchocerciasis actions between Brazil and Yanomami Area.	Brazil and Yanomami Area	OEPA, Ministries of Health in Brazil and Yanomami Area	<p>A technical cooperation mission was held during February 2013 to support the elimination of onchocerciasis in the entire Yanomami Area.</p> <p>After several attempts to move forward actions to eliminate onchocerciasis in the Yanomami Area, Brazil national authorities have elaborated a bi-national draft agreement (MOU) on onchocerciasis to be reviewed by the Yanomami Area authorities. If both national authorities agree on this draft document, a formal agreement could be signed during a MERCOSUR meeting to be held on 22 November 2013.</p>	There were several delays by national authorities to carry out actions for onchocerciasis elimination in the part of the Yanomami area due to the fact that the political constraints and changes in the national government overseeing that part of the Yanomami Area.
6. Develop a proposal to request financial support to accelerate the interruption of onchocerciasis transmission in the Yanomami Area	Proposal finalized and shared with PAHO offices	Brazil and Yanomami Area	OEPA, Ministries of Health in Brazil and Yanomami Area	<p>A proposal to request financial support to the CAF Regional Development Bank or other potential donors was completed and shared with the PAHO Office and later with CAF.</p> <p>Due to the continuing difficult political situation in the national government overseeing part of the Yanomami area, the proposal was not reviewed by national health authorities.</p> <p>PAHO expects that after the signature of a bilateral agreement between the two national authorities, this project will be revised to update any relevant information including budget, identifying costs and financial gaps.</p>	There were several delays to carry out actions for onchocerciasis elimination in the Yanomami area due to the fact that the political constraints and changes in government of part of the Yanomami Area

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
7. Support MOH Mexico to prepare the national dossier for purposes of WHO certification of elimination of onchocerciasis	Oaxaca and Chiapas dossiers ready to be compiled.	Mexico	OEPA, Federal Secretary of Health in Mexico, State Secretary of Health of Chiapas and of Oaxaca.	Mexico has completed onchocerciasis dossiers for each of Oaxaca and Chiapas States and the next step will be the compilation of both documents. Once a final national document is produced, a national committee appointed by the Federal Secretary of Health will review and approved the national onchocerciasis dossier. Therefore, a final national dossier will be submitted to PAHO/WHO requesting the verification of elimination of onchocerciasis after the post-treatment surveillance period is successfully completed by 2015.	
8. Compile epidemiological, programmatic and treatment data in Mexico to support the formulation of a dossier	Epidemiological, programmatic and treatment data compiled.	Mexico	OEPA, Federal Secretary of Health in Mexico, Secretary of Health in Chiapas and Oaxaca.	Mexico finalized the compilation and digitizing of data required for the preparation of two dossiers for the endemic States.	
9. Integration of onchocerciasis actions within plans of action for control and elimination of neglected infectious diseases in priority countries	Integrated plans of action for NID which contain oncho elimination goals in endemic countries.	Guatemala	Ministry of Health of Guatemala, OEPA, CDC, Universidad del Valle	A technical mission to Guatemala was carried out from 1 to 5 April 2013 to analyze the progress on formulation of the integrated plan of action of NID as well as the protocol for a national survey of Soil-Transmitted Helminths (STH) and the compilation of information needed for an onchocerciasis dossier. Guatemala completed a first version of a dossier of onchocerciasis. After	

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				<p>recommendations from the regional program of NID at PAHO, the Ministry of Health is expected to include a chapter that describes the progress and current status on indicators related to determinants of health and sustainability, as well as a description of the next steps to implement after the post-treatment surveillance phase. The MOH will form a national committee to review, complete and approve the final dossier to be submitted to PAHO/WHO by 2015 once the country has successfully completed the post-treatment surveillance phase.</p> <p>Furthermore, in August 2013 Guatemala launched its national integrated plan of NID which includes control and elimination actions for diseases such as onchocerciasis, soil-transmitted helminths, Chagas, Leishmaniasis, Leprosy and Trachoma.</p>	
10. Compile, analyze and distribute data and information on progress on the elimination of onchocerciasis in LAC	Consolidated reports of onchocerciasis in LAC	Brazil, Colombia, Ecuador, Guatemala, Mexico and Yanomami Area	OEPA, Ministries of Health in Brazil, Colombia, Ecuador, Guatemala, Mexico and Yanomami Area, MDP/TFGH, CDC.	Although the Regional NID Program compiles data using Joint Reporting Forms (JRF) for neglected infectious diseases from Latin American and Caribbean countries, OEPA is compiling the specific data related to onchocerciasis as a part of its mandate. PAHO, as a Member of the Executive Committee of OEPA's Program Coordinating Committee, receives this information for PAHO/WHO use.	

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				<p>In addition, the NID regional program of has contributed to the publication of reports on the progress on the elimination of onchocerciasis in the Region. One of the most recent, is a report on “<i>Progress towards eliminating onchocerciasis in the WHO Region of the Americas: verification by WHO of elimination of transmission in Colombia</i>”, published on the Weekly Epidemiological Record, No. 36, 2013, 88, 381–388 on 6 Sept 2013. (Copy available separately.)</p> <p>Additionally, a report on the status of onchocerciasis elimination to end of 2012 was published (24 May 2013) by OEPA, PAHO and CDC staff in the CDC Morbidity and Mortality Weekly Report, entitled <i>Progress toward elimination of onchocerciasis in the Americas – 1993-2012</i>, in MMWR vol. 62, no. 20. (Copy available separately)</p> <p>Furthermore, a progress report CD52/INF/4 (Eng.) titled <i>Towards the elimination of onchocerciasis (river blindness) in the Americas</i>, was presented to the Governing Bodies of PAHO/WHO by the Regional Program of NID. This report was approved, and the recommendations were endorsed by Member States at the 52 Directing Council held in DC from 30 September to 3 October 2013. (Copy available separately.)</p>	

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Reinforcing Malaria Efforts in Haiti					
Key Personnel Responsible: Dr. Keith Carter (CHA/VT)					
Outcome A. Strengthened and optimized implementation of Global Fund Grant on malaria in Haiti					
Activity A.1 Global Fund grant coordination meetings					
PAHO participated in coordination meetings with the Departmental Directors and Program Managers to discuss the Operational Plan for the on-going Global Fund (GF) malaria grant.	Meeting reports on identified bottlenecks and progress developed	Haiti	National Malaria Control Program (NMCP), PSI/PR	With PAHO support, Haiti's NMCP has identified bottlenecks that have hindered efforts to reduce malaria cases in Haiti, and partners in the country have discussed and found solutions to ensure that malaria activities stay on track. Current collaboration with national authorities, the principal recipient of the malaria Global Fund Grant (Population Services International) and other stakeholders in the Malaria Program Review is of great added value in terms providing guidance in enabling the country in achieving its malaria targets.	None.
Haiti reported on Global Fund indicators by the established timeline.	Required Global Fund reports submitted on time	Haiti	NMCP, PSI/PR		
Planning for the Malaria Program Review (MPR) began in May 2013, and will continue through November 2013. PAHO supported the development of the MPR proposal and helped identify key areas in the NMCP that require evaluation.	Malaria Program Review plan and timeline developed and currently underway; field visits to departments are set for early October 2013.	Haiti	NMCP, PSI/PR		

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
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					
PAHO Haiti Malaria Advisor participated in monthly meetings with the Principal Recipient (PR) and Sub-recipients (SRs); gaps in the implementation of the GF malaria grant were identified and solutions proposed	Meeting reports	Haiti	NMCP, PSI/PR		None.
PAHO Haiti Malaria Advisor participated in weekly meetings with the NPMC to monitor activities carried out in line with indicators submitted to the GF	Meeting reports	Haiti	NMCP, PSI/PR, UPE (Planning and Evaluation Unit)		
PAHO Haiti Malaria Advisor visited PAHO WDC to meet with the PAHO Regional Malaria Team and USAID from 22-26 April 2013.	Trip Report	Haiti	PAHO		
Members of the PAHO Regional Malaria Program visited Haiti to provide technical assistance to strengthen malaria prevention, control, and elimination activities, including fostering the participation of Haiti's national reference laboratory (LNSP) in the regional program to evaluate quality assurance of microscopy	Trip reports	Haiti	NMCP, PSI/PR, LNSP	Haiti now participates in the regional External Quality Assurance (EQA) Program for malaria microscopy, coordinated by the Supranational Laboratory of Honduras (National Reference Laboratory of Honduras)	

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
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)					
PAHO provided technical support to the NMCP and PSI/PR to review and develop the proposal for Phase 2 of the GF malaria grant.	Proposal for Phase 2 of the GF malaria grant submitted and approved on 24 April 2013	Haiti	NMCP, PSI/PR	Phase 2 of the Malaria Global Fund Grant for Haiti was approved after negotiations and extensive reviewing to ensure its technical integrity	
Members of the PAHO Regional Malaria Program visited Haiti to develop the Concept Note and plan next steps to reorient the NMCP towards malaria elimination and identify strategies to improve surveillance in Haiti.	Concept Note for the Elimination of Mesoamerica and Hispaniola developed and submitted		NMCP, PSI/PR, RCM of COMISCA	A new proposal for early applicants was submitted as an initiative for malaria elimination from Mesoamerica and Hispaniola (EMMIE), under the new GF model. A Concept Note was presented through COMISCA to the GF on 7 September 2013.	
Activity A.4 Advisor in Malaria Prevention and Control					
On 3 January 2013, PAHO finalized the hiring process of a Malaria Advisor, based in Port-au-Prince, Haiti. He has since provided technical assistance to the NMCP and other stakeholders, which has fostered greater collaboration on malaria efforts. He has assumed the responsibilities related to the prevention and control of lymphatic filariasis (LF) and malaria along the HAI-DOR border.	PAHO Malaria advisor hired and technical support provided to the NMCP	Haiti and Dominican Republic	n/a	Since the arrival of the PAHO Malaria Advisor, the NMCP has received technical support in identifying and addressing bottlenecks in the programmatic and technical implementation of their activities.	Current funding is sufficient to extend his contract through 30 September 2014, but not enough to fund his salary for the agreed-upon two year period, through 6 January 2015.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Outcome B. Strengthened malaria surveillance, monitoring, and evaluation					
Activity B.1 Technical cooperation on malaria surveillance, and in monitoring progress and quality assurance in activities of Global Fund Malaria Projects in Haiti and the Dominican Republic (including in joint meetings and activities)					
PAHO assisted the NMCP in the implementation of the TRaC (Tracking results continuously) 2011 survey (developed with LNSP/DELR, CDC, and PSI/PR) on malaria prevalence, for use in developing a malaria risk map for Haiti. The survey results have been validated, and the other partner institutions will take charge in finalizing this survey.	Results from TRaC 2011 survey on malaria prevalence in Haiti validated. TRaC 2012 survey is underway.	Haiti	NMCP, CDC, PSI/PR, LNSP/DELR (Department of Epidemiology, Laboratories, and Research)		None.
PAHO and NMCP personnel, in close collaboration with DOR counterparts, have developed a Binational Plan to Eliminate Malaria and LF.	Binational Plan to Eliminate Malaria and LF developed	Haiti and Dominican Republic	Dominican Republic counterparts		Funding to carry out this binational plan has not yet been identified; potential donors have been contacted.
Activity B.2 Development and consolidation of mid-term and annual performance progress reports					
PAHO has participated in quarterly departmental meetings with the PSI/PR, the SR, NMCP, and the heads of health facilities to strengthen surveillance capacities.	Meeting reports	Haiti	NMCP, PSI/PR, SR		None.
Activity B.3 Country capacity strengthening on malaria surveillance, monitoring, and evaluation (including trainings, workshops, etc.)					
With PAHO, CDC, and PSI/PR collaboration, the M&E Plan was developed based on the Malaria Strategic Plan; it has been validated and will be disseminated by the NMCP.	M&E Plan for the Haiti NMCP developed and disseminated prior to implementation	Haiti	PAHO, CDC, PSI/PR	Malaria surveillance workers from across the country met in Port-au-Prince from 10-13 September 2013, and, with PAHO's support, identified crucial issues	None.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
PAHO organized a surveillance workshop for health workers from the 10 departments (10-13 September 2013); UPE and NMCP participated. Issues which prevent quality diagnosis were identified (such as treatment of suspected cases, inconsistent use of microscopy by diagnosis); other gaps in malaria surveillance and routine reporting were detected.	Surveillance workshop held with 46 participants from the Ministry of Health, 19 female and 27 male Gaps in surveillance and routine case reporting identified and solutions proposed	Haiti	DELR, NMCP, LNSP, and UPE	that are preventing the country from being able to accurately diagnose and track the number of malaria patients in the country. Equipped with this information, Haiti will work to carry out these recommendations in the coming years as the country accelerates its efforts to eliminate malaria from Hispaniola.	
Outcome C. Strengthened malaria prevention and control strategies and implementation of interventions					
Activity C.1 Technical cooperation in reviewing, updating, and strengthening the national malaria strategy and operational plan; and in aligning the implementation of the Global Fund Malaria (including stakeholders' consultation meetings, etc.)					
PAHO provided technical assistance for the revision of the National Malaria Strategic Plan, ensuring its consistency with PAHO/WHO guidelines. It was updated and adopted in October 2012.	Updated National Malaria Strategic Plan developed and valid through 2015	Haiti	NMCP		
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.)					
The Guide for Care and Management of Malaria Patients has been reviewed by PAHO and has been printed for dissemination throughout the 10 departments in Year 3 of this grant.	Guide for Care and Management of Malaria Patients validated and printed; to be disseminated in Year 3 of this grant	Haiti	NMCP	Haiti has developed a consistent treatment guideline in alignment with PAHO/WHO protocols, designed to encourage quality diagnosis and treatment and prevent misuse of medicines.	

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
PAHO collaborated with CDC and the NMCP on a sensibility study of vectors to insecticides in two sites (Arcahaie, Ouest, and Cayes Jacmel, Sud-Est). The study showed full sensibility to the used insecticides.	Results from the two sites on sensibility of vectors to insecticide available	Haiti	CDC, NMCP, Public Health Laboratory		
PAHO collaborated with CDC and the NMCP on an in vivo study on the efficacy of Chloroquine in the country	Results of in vivo study presented	Haiti	CDC, NMCP, LNSP		Results of in vivo study presented an inadequate sample size and high dropout rate. A new protocol following PAHO/WHO guidelines is suggested for a future study (date pending).
PAHO organized a forum with relevant partners and counterparts from Dominican Republic and Haiti in Washington, D.C. on 22 April 2013 to discuss the elimination of malaria and LF from Hispaniola.	Partners and HAI-DOR counterparts have identified key issues to address in eliminating malaria and LF from Hispaniola	Haiti and Dominican Republic	USAID, CDC, BGMF, PAHO Regional Neglected Infectious Diseases Program		

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
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).					
<p>PAHO collaborated with other technical partners to develop a national strategy for malaria education using Behavior Change on Communication (BCC)</p> <p>PAHO provided technical support in the reviewing of BCC materials to be discussed during a consensus workshop.</p> <p>Communication materials were developed and disseminated on Malaria Day, which was held in Cayes (Sud Department) on 28 June 2013</p>	<p>A proposal for a three-step strategy was adopted and will be completed with support by a consultant (funding is not from USAID grant).</p> <p>BCC materials available for review during the consensus workshop</p> <p>Educational materials disseminated to raise awareness of malaria</p>	<p>Haiti</p> <p>Haiti</p>	<p>NMCP, PSI/PR</p> <p>NMCP, PSI/PR, SRs</p>		

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Expansion of TB Program Funding					
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					
Key Personnel Responsible: Drs. Mirtha del Granado and Rafael Lopez (CHA/HT)					
Outcome 1.1 Political commitment for the framework of TB control in large cities at national and local level secured					
Activity 1.1.1 Visits to the selected cities to present the framework to national and local authorities and gather support for its implementation					
<p>Initial visits were conducted to the first three countries chosen for implementation of the project by Regional TB Program staff: to Lima, Peru in October 2012, Bogota, Colombia in January 2013, and Guarulhos, Brazil in February 2013.</p> <p>In addition, the initial visit to Ecuador was conducted in August 2013, and the country determined that Guayaquil is the city chosen for implementation of the pilot project.</p> <p>In each country, these visits served to introduce the framework of TB control in large cities, obtain the political commitment of local and national authorities, and begin elaboration of the work plan and determination of the best localities in each city for the site of initiation of activities.</p>	<p>Commitment from each country's government and local authorities to the implementation of the framework of TB control in large cities</p>	<p>Brazil, Colombia, Ecuador, Peru</p>	<p>MOH of Brazil, Colombia, Ecuador, and Peru; Local governments and departments of health</p>	<p>The strong level of political commitment that all countries have demonstrated is a major accomplishment. This is crucial to the success of the work in the pilot cities, as well as to the eventual expansion to other cities which the countries are already interested in doing, complementing with their own resources and showing country ownership of the project.</p>	<p>Beginning work in Ecuador began later than expected due to the country's delay in accepting the visit.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Activity 1.1.2 Develop and implement an advocacy plan to introduce TB in existing social protection programs					
<p>A consultant performed an analysis of social protection programs of countries in the Region, concluding that there is an opportunity to introduce TB into these programs and separating scenarios of intervention based on the level of potential for integrating TB.</p> <p>Participants from Ecuador, Mexico and Peru attended the meeting <i>Eliminating the Catastrophic Economic Burden of TB: Universal Health Coverage and Social Protection Opportunities</i>, hosted by WHO HQ in Brazil in April 2013.</p>	<p>Report on the analysis of social protection programs and TB in the Region of the Americas</p>	<p>Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Trinidad and Tobago, Uruguay</p> <p>Ecuador, Mexico, Peru</p>	<p>PAHO Social Protection unit (HSS), WHO HQ</p>	<p>This analysis is a key achievement as social protection becomes a public health priority in the Region and PAHO can support the member states on how to advocate for the inclusion of TB.</p>	<p>An advocacy document for the incorporation of TB in social protection programs will be developed in Year 3.</p>
Activity 1.1.3 Support meetings between health authorities and authorities of other sectors to identify areas of joint work on TB control					
<p>In Guarulhos, Lima, and Bogotá, the TB programs are working to identify the ideal sectors for joint work on TB control.</p> <p>In Colombia, an analysis of health offices of other government sectors in Bogotá and specifically the intervention area of Rafael Uribe Uribe was done, in order to develop proposals for how to incorporate TB activities and funding in strategic plans at the national, city and local level in public health and other health sectors.</p>	<p>In Colombia, introduction of TB control into strategic plans of other branches of health</p>	<p>Brazil, Colombia, Peru</p>	<p>Ministries of Health of Brazil, Colombia, and Peru; Authorities from relevant health offices of other government sectors</p>	<p>Colombia's analysis of action plans of various sectors highlighted that an approach to social determinants of health is a common theme but that TB is not specifically discussed as a public health priority. In addition, prisoners are often not included as a vulnerable population and more planning of human resources for health is crucial.</p>	<p>Brazil and Peru are currently working on this analysis.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>In Peru the TB Group of the Roundtable for Poverty Reduction, made up of 25 public and non-governmental institutions, was identified as one of the entities with greatest potential for intersectoral work.</p>					
Activity 1.1.4 Yearly meeting of local authorities to assess progress and sensitize new selected cities (World TB Day)					
<p>This year's World TB Day commemoration was held at PAHO Headquarters on 19 March 2013 and co-hosted by USAID, with the theme of "Stop TB in our lifetime: A Shared Commitment" ("Terminemos con la TB durante nuestra generación: Es un compromiso de todos").</p> <p>The Vice Minister of Health of Peru, the Vice mayor and Secretary of Health of Guarulhos, and the Chief of Health Interventions of Bogotá were able to present regarding the TB situation in their countries and discuss tuberculosis and social determinants of health. In addition, the Minister of Health of Guyana discussed the country's experience with integration of TB in primary health care.</p> <p>Posters were disseminated to all PAHO member states.</p>	<p>World TB Day posters and video, including information on the initiative for a new approach to TB in large cities</p>	<p>Brazil, Colombia, Guyana, Peru</p> <p>All PAHO member states</p>	<p>USAID as co-host of the meeting, Global Health and Diplomacy</p>	<p>The attendance of the high level participants in this Regional event has helped maintain commitment in the country and city governments as the project has progressed in each location.</p>	<p>The confirmation of attendance of high level authorities from the country and city governments was very difficult to obtain. Ministers of Health and mayors of the three countries and cities were invited; however, each country only designated one participant each to travel.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Outcome 1.2 TB control framework for large cities piloted and expanded, based on initial experience					
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					
<p>In Colombia, the epidemiological analysis of Bogota concluded that the locality of Rafael Uribe Uribe was the area of the city with the highest concentration of TB and thus would be the first intervention area. A mapping of all health providers as well as the distribution of drugstores was done. 57 health institutions were identified in the locality and separated by type of service(s) provided and TB services were included.</p> <p>In addition, a survey of the hospital network of Bogotá was conducted to better evaluate the role of these institutions in TB control in Bogota and identify strengths and weaknesses. The survey was carried out in 63 level II-IV hospitals, only 2 of which are located in Rafael Uribe Uribe.</p> <p>Lastly, a characterization of at-risk populations was done through a review of records and indicators including social determinants of health, identification and contact with social and institutional networks, and organization of 4 workshops called</p>	<p>Colombia: - Epidemiological situation analysis of Bogota and the locality of Rafael Uribe Uribe - Mapping and categorization of providers and drugstores - Survey of hospitals - 4 workshops <i>“Reconozcamos nuestra localidad, espacios sociales y amigos más cercanos”</i> <i>(Recognizing our locality, social spaces and closer friends)</i></p>	<p>Brazil, Colombia, Peru</p>	<p>Colombia: Bogota Secretary of Health, Hospital Rafael Uribe Uribe, MOH Colombia, PAHO-Colombia</p>	<p>The situation analysis of Bogotá, selection of the locality of Rafael Uribe Uribe, mapping of health providers and drug stores and survey of hospitals has provided important information to the city and the local government. They now have key data to inform their decisions on where and how to strengthen TB control in the city.</p> <p>In addition, the workshops for stakeholders in the intervention area brought together different groups that were not coordinating before and will now be committed to a joint effort in the city. With the methodology of characterization of the community, done by the community themselves, this fosters much more commitment in the project.</p>	<p>In all locations, the analysis of barriers to health care revealed gaps in provision of services for vulnerable populations. However, better understanding of these problems is the first step towards a solution.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p><i>“Reconozcamos nuestra localidad, espacios sociales y amigos más cercanos”</i>. These brought together stakeholders in the locality to identify existing support networks and barriers to access of health services for vulnerable populations.</p> <p>In Peru, a Letter of Agreement was done with the <i>Pontificia Universidad Católica del Perú</i> to collaborate in the situation analysis and mapping of Lima.</p> <p>It was concluded that San Juan de Lurigancho and El Agustino, two districts in Lima Este, would be the intervention areas and a characterization of the population of both districts was done, reflecting a large population of migrants from outside Lima and high rates of poverty and unemployment. TB incidence was linked to poverty, education level and lifestyle (such as use of drugs or alcohol). The Amazonian and indigenous communities as well as prisoners were identified as vulnerable populations.</p> <p>A mapping of health providers was done in the San Juan de Lurigancho and El Agustino, with 523 providers</p>	<p>Peru:</p> <ul style="list-style-type: none"> - Situation analysis of San Juan de Lurigancho and El Agustino, Lima Este - Mapping of health care providers - Survey of public hospitals 		<p>Peru: Pontificia Universidad Católica del Perú, MOH Peru, the municipalities of El Agustino and San Juan de Lurigancho (Lima Este), PAHO-Peru</p>	<p>With the situation analysis done, the Ministry of Health and Lima Este will be able to introduce more data and evidence that TB continues to be a problem in their districts and strengthen advocacy efforts to promote introduction of TB control in their intersectoral plans.</p>	<p>Peru needs to continue the work on mapping of health providers in Lima in order to include private hospitals and health centers in the intervention areas as well, as their current mapping has only included public providers.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>identified, including hospitals, pharmacies, “boticas” (drug stores), alternative medicine providers, private clinics, churches, and traditional medicine. They inquired regarding their availability to collaborate with the NTP, and many sites agreed.</p> <p>17 hospitals were surveyed to better characterize diagnosis and treatment of TB patients they provide as well as laboratory services, systems of referral and follow-up of patients.</p> <p>In Brazil, the epidemiological situation analysis and characterization of the population was done in Guarulhos, a municipality in the State of Sao Paulo. Region 4 of the city was chosen as the specific intervention area, specifically the Districts of Jurema and Pimentas.</p> <p>A mapping and categorization of health providers was done in Guarulhos, as well as the survey of municipal, state and private hospitals.</p> <p>Risk factors for limited access to treatment that were identified included homelessness, poverty, drug use, unemployment, and scheduling that doesn't correspond to patients' needs.</p>	<p>Brazil</p> <ul style="list-style-type: none"> -Epidemiological situation analysis and characterization of population of Guarulhos - Mapping of health providers - Survey of hospitals - Focus groups to analyze barriers to health care access 		<p>Brazil: Prefeitura de Guarulhos, TB Program of Sao Paulo, MOH Brazil, PAHO-Brazil</p>	<p>The TB programs and health departments of Guarulhos and Sao Paulo, as well as the National TB Program, are strongly committed to this initiative and have demonstrated an impressive level of teamwork and determination.</p>	

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
<p>In the Jurema and Pimentas districts, 2 focus groups were done on barriers to treatment access, 1 with TB patients and 1 with the general population, and many expressed difficulty with scheduling appointments and long waitlists.</p>					
<p>Activity 1.2.2 Development of an implementation plan of the framework according to the needs of each vulnerable population with an interprogrammatic approach</p>					
<p>Using the information from the situation analysis, survey of hospitals and characterization of vulnerable populations in the intervention areas, the TB programs of the intervention areas in Bogotá, Guarulhos and Lima are developing the implementation plans, with support from each PAHO country office and commitment from the different levels of health authorities in the country and districts.</p> <p>In Lima, an Intersectoral Alliance “Lima Respira Vida, Juntos contra la Tuberculosis” was formed in 2011 between the Ministries of Health, Housing, Education, Women and Social Development, Labor, and Municipalities of Lima. Also, both districts of El Agustino and San Juan de Lurigancho have a Multisectoral Committee for the Fight against TB (COMUL) to promote the work on a multisectoral approach to TB.</p>	<p>Drafts of the implementation plans – expected to be completed for the three cities by end of November 2013</p>	<p>Brazil, Colombia, Peru</p>	<p>NTPs of Brazil, Colombia, and Peru; Local governments and departments of health of Guarulhos, Lima and Bogota</p>	<p>All three cities have already opened discussions with other sectors. Lima and Guarulhos are already introducing intersectoral activities. The three cities have identified economic resources for implementation of the plan.</p>	<p>In Guarulhos, the TB program has few human resources to cover the workload. Nevertheless, they are very committed.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Activity 1.2.3 Provide technical assistance for the implementation of the plan with an interprogrammatic approach					
<p>Technical assistance has been provided by the PAHO country office focal points and the Regional Program staff for development of the plans and incorporation of an interprogrammatic approach. Support will also be provided at the meeting to exchange experiences on TB control in large cities in October 2013.</p> <p>Further technical assistance will be provided in Guarulhos, Bogotá and Lima during Year 3.</p>	First drafts of the implementation plans	Brazil, Colombia, Peru	NTPs of Brazil, Colombia, and Peru; Local governments and departments of health of Guarulhos, Lima and Bogota	In the process of development of this project, the PAHO TB Program staff have also learned how to approach TB control in cities.	The plans are still in draft format and will be implemented in Year 3.
Activity 1.2.4 Strengthen Public-Private Mix (PPM) in the large cities using the PPM tools					
The three cities have completed the mapping and identified public, private and informal providers, including identification of those that are committed to working with the TB programs.	Mapping of health care providers and identification of those willing to work with the TB programs	Brazil, Colombia, Peru	National TB Programs of Brazil, Colombia, and Peru; Local governments and departments of health of Guarulhos, Lima and Bogota; Public and other health care providers	The three cities have the information from the mapping of providers to develop their PPM plans in the intervention areas.	None.
Activity 1.2.5 Technical support for implementation of the plan, including the different components of the Stop TB strategy					
The implementation of the plans in Guarulhos, Bogotá and Lima will take place during Year 3.		Brazil, Colombia, Peru			

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Activity 1.2.6 Support for capacity building for health personnel on TB control in large cities					
<p>Participants from the TB programs of Bogota, Lima, and Guarulhos participated in the <i>XXII International Course on TB Epidemiology and Control</i>, hosted by PAHO and the Union in San Salvador in March 2013, as well as the Workshops on Analysis of TB mortality and Analysis of TB information systems in Bogota, Colombia from 16-20 October (described further in activity 2.2.1).</p> <p>Participants from Bogotá also participated in the <i>Workshop on Diagnosis and Improved Management of a TB Control Program</i>, hosted at the Center of Excellence in San Salvador from 15-17 April 2013.</p>	<p>International-level training for 12 professionals from the local level</p>	<p>Brazil, Colombia, Peru</p>	<p>The International Union Against TB and Lung Disease (the Union); the TB Center of Excellence (CE-TB)</p>	<p>The health personnel in each of the intervention areas is extremely committed to the project and have been able to return to the cities and apply the information learned to their local TB programs.</p>	<p>Participants from Brazil and Peru were unable to attend the training at the Center of Excellence in April 2013.</p>
Activity 1.2.7 Visits to exchange experience between large cities implementing the framework					
<p>The meeting to exchange experiences between countries with pilot projects on TB control in large cities is scheduled for 10-11 October 2013.</p>	<p>A report of the meeting will be developed.</p>	<p>Brazil, Colombia, Peru</p>	<p>NTPs of Brazil, Colombia, and Peru; Local governments and departments of health of Guarulhos, Lima and Bogota</p>	<p>This meeting will be an important moment for participants from the national and local levels of each of the three pilot sites to exchange information. Also, mental health and TB will be discussed.</p>	<p>None.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Activity 1.2.8 Support for evaluation of the implementation of the framework and planning for expansion within the city and other cities					
A consultant was recently identified to elaborate the report summarizing the epidemiological situation analysis of TB in Bogotá, Lima, and Guarulhos. This consultant will also carry out an analysis of the survey conducted in hospitals of these cities and will do a condensed report to summarize the work done in the three cities.	These reports are expected by the end of December 2013.	Brazil, Colombia, Peru	n/a	Each city has confirmed the desire to expand implementation of the framework for TB in large cities to other cities in the country, a huge achievement which reflects country ownership of the new multisectoral approach introduced in the pilot projects.	None.
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					
Activity 1.3.1 Meetings on TB control on vulnerable populations					
In February 2013, two meetings were held in La Ceiba, Honduras: "TB in Afrodescendent Populations: Challenges and Opportunities for Control" (18-19 February) and the VI Regional Meeting "Progress and Challenges in TB Control in Prisons (20-22 February). Participants from Peru attended the meeting on TB control in Aymara populations, held in Chile in April 2013.	Meeting reports - TB in Afrodescendent Populations: http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=22259&Itemid= -TB in Prisons: http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=21918&Itemid=	Bolivia, Brazil, Colombia, Ecuador, Dominican Republic, El Salvador, Guatemala, Guyana, Honduras, Nicaragua, Panama, Paraguay, Peru	USAID, AECID, MOH Honduras,	This was the first meeting held on TB control in afrodescendants in the Region of the Americas, and it was agreed that attention to this topic is greatly needed. The meeting on TB control in prisons allowed for exchange of experiences among countries and a chance to note the significant advances made since the last meeting on this topic in March 2010.	None.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Activity 1.3.2 Develop an approach on childhood TB and pilot it in large cities					
The meeting of experts in childhood TB was postponed to Year 3 of the grant and is scheduled to take place in December 2013	n/a	Experts from Brazil, Colombia, Dominican Republic, El Salvador, Guatemala, Honduras, Mexico and Peru will be invited to this meeting.	USAID, CLAP, ALAPE, Expanded Programme on Immunization (EPI), Obstetric Societies, PAHO HIV colleagues	n/a	This meeting was postponed due to scheduling conflicts, but the date is now confirmed and participants are confirming their availability.
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					
This activity will take place during year 3.	n/a	n/a	n/a	n/a	It has not been possible to identify a consultant for this product yet, so it will take place in Year 3.
Outcome 1.4 Communities actively involved in TB control in large cities					
Activity 1.4.1 Support development of educational materials for community involvement in TB control in large cities					
In Colombia and Brazil, videos were produced to document the work done so far in Bogota and Guarulhos. More materials for the community will be developed during Year 3.	Videos -The Bogotá video is available at this link: http://www.youtube.com/watch?v=gsy3mh-zBhw	Brazil, Colombia, Peru	NTPs of Brazil, Colombia, and Peru; Local governments and departments of health of Guarulhos, Lima and Bogota, Civil society organizations	Both videos were disseminated and will help encourage community involvement as the project for TB control in big cities progresses.	Peru will need to better coordinate with civil society organizations in Year 3.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Activity 1.4.2 Support for activities to foster community involvement (workshops, patient groups and others)					
<p>In Bogotá, Colombia, the community workshops organized in Rafael Uribe Uribe helped to identify key stakeholders and make contact with social and institutional networks in the locality.</p> <p>Also, an analysis of community and civil society organizations was done.</p> <p>In Lima, there are currently organizations in the community that offer social support to the patients and their families. It In November the Center for Prevention and Promotion of El Agustino will be launched and will work to offer job opportunities and business development.</p>	Community meetings at the local level	Brazil, Colombia, Peru	NTPs of Brazil, Colombia, and Peru; Local governments and departments of health of Guarulhos, Lima and Bogota, Civil society organizations	Involvement of the community	Each of the three cities will work to develop a plan to coordinate the activities with the community.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
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					
Key Personnel Responsible: Drs. Mirtha del Granado and Rafael Lopez (CHA/HT)					
Outcome 2.1 Capacity of the National TB programs strengthened					
Activity 2.1.1 Develop and support Centers of Excellence for capacity building on the different components of the Stop TB strategy					
The Center of Excellence in TB (CE-TB) was officially created in San Salvador in February 2013.	Progress Reports of the CE-TB development and report of the first rotation	El Salvador	MOH, NTP and National Institute of Health of El Salvador, PAHO El Salvador	- Creation and consolidation of the Center of Excellence (see attached success story)	None
Activity 2.1.2 Support NTP capacity building through visits to the Center of Excellence, exchange of experiences and lessons learned					
Two one-week rotation visits were organized and conducted for new TB Program managers, in April and September 2013.	13 professionals from the Region trained	Chile, Colombia, Dominican Republic, Ecuador, Guatemala, Honduras, Paraguay, St. Lucia, St. Vincent & the Grenadines	MOH, NTP and National Institute of Health of El Salvador, PAHO El Salvador	- 13 professionals from the Region trained	None.
Activity 2.1.3 Technical assistance and M&E missions to NTPs					
Monitoring and evaluation missions took place to the NTPs of Chile (December 2012), Ecuador (February 2013) and Mexico (August 2013). Technical assistance (TA) missions were carried out in Honduras, Guatemala, and Ecuador for revision and finalization of the countries' Global Fund Grants. In addition, a meeting of the national TB programs of Caribbean countries was held in March 2013, providing TA in development of operational plans.	Mission reports Report of the meeting of NTPs of selected Caribbean countries	Chile, Guatemala, Ecuador, Honduras, Mexico; Bahamas, Barbados, Dominica, Grenada, Jamaica, St. Lucia, St. Vincent & the Grenadines	CDC, The Union, Supranational Laboratories	Challenges were identified during the missions and recommendations for each were given to the national authorities.	None.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
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					
The funding for this activity is in year 3 of the grant.					
Activity 2.1.5 Develop, edit and print reports, guidelines, plans and training materials on the different aspects of TB control					
The 2012 Regional Report "TB in the Americas" was elaborated, translated, designed, and disseminated electronically. Reports of the two meetings on TB in vulnerable populations, "TB in Afro-descendant Populations: Challenges and Opportunities for Control" and the VI Regional Meeting "Progress and Challenges in TB Control in Prisons" were elaborated and disseminated.	- 2012 Regional Report "TB in the Americas", in English and Spanish -Meeting reports	All PAHO member states	WHO Geneva	Publication of the reports	The translation of technical terminology and the publication approval process caused delays in the finalization of the Regional report.
Outcome 2.2 Exchange of experiences on quality DOTS promoted and/or strengthened					
Activity 2.2.1 Assess the TB information and vital registration systems, provide technical assistance and facilitate exchange of experiences to improve them					
The workshop on analysis of TB information systems took place in Bogotá, Colombia from 18-20 October 2013, back-to-back with the workshop on analysis of TB mortality (further discussed in Activity 2.7.1). 8 countries participated.	Meeting report	Brazil, Colombia, Dominican Republic, El Salvador, Guatemala, Mexico, Panama, Peru	PAHO Health Analysis unit	This workshop allowed the countries to exchange experiences and introduce the new TB definitions and electronic information systems in their countries.	Participants from Ecuador and Honduras were invited but unable to attend.
Activity 2.2.2 Support workshops on TB drug's management					
No funding for this activity in Year 2					

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
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					
<p>A meeting on best laboratory practices in TB was held in Lima, Peru on 21 and 22 November. Professionals from medicine quality control laboratories from 23 countries attended.</p> <p>In addition, the second stage of the evaluation of TB quality control laboratories was conducted, with visits from a professional of the Laboratory of Uruguay to follow up with the countries that attended last year's training: Ecuador, El Salvador, Guatemala, and Paraguay. During each visit, a workshop on determining the quality of anti-TB medications was led by the consultant for country participants.</p>	Meeting report	Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Suriname, Trinidad & Tobago, Uruguay	Laboratory of Uruguay, PAHO HSS department, Strategic Fund	Capacity building in quality control for anti-TB drugs	None.
Outcome 2.3 Exchange of experiences on implementation of TB/HIV collaborative activities supported					
Activity 2.3.1 Pilot and implement a model of TB and HIV services integration in selected countries					
A demonstration project for TB/HIV collaborative activities was developed and its implementation is beginning in two countries: Honduras and Dominican Republic.	Demonstration project and instruments	Dominican Republic, Honduras	Ministries of health , CDC, PAHO HIV colleagues	- The plan of action was developed and is underway in Honduras.	It took longer than anticipated to receive both countries' concurrence to conduct this project but it was finally achieved.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Activity 2.3.2 Prepare and conduct an evaluation meeting on the implementation of TB/HIV collaborative activities					
This activity has been postponed for early 2014.	n/a	To be defined	HIV colleagues and partners	Due to the recent changes in the PAHO Organizational Structure, the TB and HIV programs are part of the same unit which will foster collaboration in the organization of this event and other TB/HIV collaborative activities.	This meeting had to be postponed due to conflicts in the year's agenda.
Activity 2.3.3 Provide TA for the implementation of the Regional guidelines on infection control					
The <i>Guide for Implementation of Infection Control in TB in the Americas</i> was finalized. The design of the document is currently being finalized and then will be printed. Technical assistance was provided to El Salvador, the piloting country of these guidelines, in September 2013.	Implementation of the regional guidelines is underway.	El Salvador	Different sections of the Ministry of Health and Prison authorities	Country commitment to pilot the guidelines with the different actors involved is present.	None
Outcome 2.4 Capacity building for expansion of programmatic management of MDR and XDR-TB conducted					
Activity 2.4.1 Develop and conduct a training course for experts on clinical and programmatic management of DR-TB					
The course for MDR-TB experts in the Americas was held in Lima, Peru from 6-10 May 2013, with participation of 17 professionals from 7 different Spanish-speaking countries.	Advanced training in MDR-TB provided to 17 professionals	Brazil, Colombia, Dominican Republic, Ecuador, El Salvador, Mexico, Peru	Regional Green Light Committee (rGLC), The Union	After the MDR-TB course, the pool of international experts in the topic has greatly expanded.	

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Activity 2.4.2 Support capacity building in DR-TB in the Region through rotation of professionals on clinical management within south - south cooperation					
<p>Following the course, 6 of the MDR-TB experts were ranked as having the highest potential to support the rGLC, and 3 new experts have participated in rGLC/MDR-TB missions.</p> <p>Additionally, two participants from Honduras attended the <i>X International Course on Clinical and Operational Management of Drug-Resistant TB</i>, in Santo Domingo in June 2013.</p>	<p>Further training for selected MDR-TB experts and an increased pool of consultants</p>	<p>Ecuador, Honduras, Peru</p>	<p>rGLC, The Union, Supranational Laboratories</p>	<p>This has resulted in an increased number of MDR-TB consultants in the Region.</p>	<p>More professionals will rotate in rGLC monitoring missions during Year 3.</p>
Outcome 2.5 TB laboratory networks' management and new diagnostic technologies implemented and experiences shared					
Activity 2.5.1 Support for the implementation of technical assistance plans by the supranational laboratories (SNLs) including the introduction of new diagnostic methods					
<p>Financial support was provided to the Supranational Laboratories of Chile and Mexico.</p>	<p>Continued technical assistance to countries of the Region</p>	<p>Chile, Mexico</p>	<p>Supranational laboratories (SNL) of Chile and Mexico</p>	<p>Quality control and drug susceptibility testing provided to national TB laboratories of the Region</p>	<p>None.</p>
Activity 2.5.2 Support workshops on new diagnostic technologies for TB laboratories					
<p style="text-align: center;">No funding for this activity in Year 2</p>					

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Activity 2.5.3 Mentorship program for junior laboratory consultants through visits to SNLs and participation in TA missions with experienced consultants					
Professionals from the National TB Laboratories of Chile (August 2013) and Colombia (September 2013) participated in a mentorship program at the Supranational Laboratory of Argentina. The two professionals received further training on testing for resistance to first and second-line anti-TB medications, drug resistance surveillance and molecular epidemiology of TB.	Training for 2 laboratory consultants	Chile, Colombia	SNL of Argentina (No funds were used to support the country.)	Capacity building for two key laboratory professionals	The third mentorship will take place during Year 3.
Activity 2.5.4 Technical assistance to strengthen the supranational TB laboratory network					
The contract of the P-3 consultant for technical assistance to strengthen the supranational TB laboratory network was extended and the professional has provided TA to all countries of the Region.	Technical assistance to strengthen the laboratory network in the Region	All PAHO member states	SNLs of the Region	The survey of TB laboratories was completed.	None.
Outcome 2.6 TB elimination efforts in countries with the potential and necessary conditions to achieve it accelerated					
Activity 2.6.1 South - south experience exchange on successful implementation of TB control towards elimination					
The NTP Manager from Costa Rica attended the TB Intensive Workshop at the New Jersey Medical School Global TB Institute in Newark, New Jersey from 24-27 September 2013, in order to exchange experiences on TB control in elimination phase.	Experience exchange for 1 NTP manager from a country in elimination phase	Costa Rica	New Jersey Medical School Global TB Institute	The NTP manager was able to note differences in teaching methodology and new approaches to topics such as radiology and practical aspects of TB infection control. She suggested future training activities could take the form of visits to health	The NTP managers from Chile and Uruguay were unable to attend the course. Activities for exchange of experiences for other countries in TB elimination will be organized for Year 3.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
				facilities where vulnerable populations are treated in other countries in elimination.	
Activity 2.6.2 Evaluation workshop of countries on TB elimination phase to share experiences and update plans to accelerate actions					
The VI Meeting of Low-Prevalence Countries in the Americas was held in Santiago de Chile, Chile from 16-18 April 2013, with the participation of x countries.	Meeting report	Chile, Costa Rica, Uruguay	CDC, USAID, KNCV	The countries at the meeting updated their TB elimination plans.	Puerto Rico was unable to attend, as well as Mexico who had been invited as a country observer. The participation of Cuba was not supported by USAID funding.
Outcome 2.7 Capacity building on TB operational research in the NTPs implemented					
Activity 2.7.1 Prepare and conduct a course for development of research protocols in different aspects of TB control					
A small workshop on analysis of TB mortality was held in Bogotá, Colombia on 16-17 September 2013 with participation from 6 countries. Prior to this workshop, an analysis of the multi-causality of TB mortality was done and the results were presented at the workshop to enrich the country's discussions. The course on development of research protocols was postponed to Year 3.	Report on multi-causality of TB mortality	Brazil, Colombia, Dominican Republic, El Salvador, Mexico, Peru	PAHO Health Analysis unit	Knowing more about TB mortality in the Region is an important topic that has not be analyzed in depth before this consultancy and workshop.	The course on TB research protocols had to be postponed to next year due to scheduling conflicts.
Activity 2.7.2 Support development of operational research					
No funding for this activity until Year 3.					

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Outcome 2.8 Technical capacity at PAHO's Regional and sub-regional levels strengthened through greater human resources and advisory support					
Activity 2.8.1 Provide technical support to countries through Regional long-term consultants based in WDC					
<p>The contract of the P4 consultant was extended and the professional is currently providing technical support at the Regional level to all PAHO member states.</p> <p>The P1 consultant has continued work to provide technical support to all PAHO member states as well as support to the management of the USAID Umbrella grant.</p>	Technical support to countries of the Region	All PAHO member states	USAID	The job descriptions of the Regional Program staff were recently reviewed and modified to complement the work plan of the expanded TB program funding and the work on the innovative approach of TB in large cities.	None.
Activity 2.8.2 Provide technical support to countries through 2 Sub-regional long-term consultants based in Central and South America respectively					
The P4 sub-regional focal points were hired and began work in the Peru and Panama country offices. The sub-regional focal point for the Andean region and Paraguay began in February 2013 and the focal point for the region of Central America and Mexico began in June 2013.	Continuous technical assistance to the countries in the respective Regions, including support to Global Fund grant performance	All PAHO member states	USAID, Global Fund	The focal point for the Andean region has been crucial to the success of the project on TB in large cities in Colombia, Peru, and Brazil and will support initiation of the project in Paraguay. The Central America focal point will be able to support the initiation of the project in Mexico.	The hiring process of the Central America regional focal point was delayed due to administrative procedures.
Activity 2.8.3 Provide technical support to Haiti through a national consultant					
<p>- A national professional was hired to support TB control activities in the Haiti country office.</p> <p>- In addition, the funds were used to support the bi-national TB meeting between Haiti and the Dominican Republic in January 2013.</p>	Progress reports from the national professional in Haiti	Haiti	NTP Haiti, PAHO-Haiti, CDC, Local NGOs	Due to the heavy workload in the Haiti country office, the presence of the national professional is critical to the progress of TB control activities in the country.	None.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Activity 2.8.4 Support long term TB fellows to the Regional Program in WDC (10 months)					
The two TB fellows were hired and began at the PAHO regional office in April 2013. Both professionals have participated in the evaluation missions to the National TB program of Mexico, international courses on TB epidemiology, clinical and operational management of MDR-TB, the workshops on TB information systems and mortality analysis, and the TB course hosted at the Center of Excellence in San Salvador.	Two international long-term fellows	Colombia, Ecuador	USAID, The Union	The two fellows are focusing their work on different key TB topics, including TB information systems, TB and prisons, TB and gender, and social protection and the analysis of catastrophic costs of TB. The two fellows will work to prepare presentations at USAID before their contracts end in February 2014.	None.
Activity 2.8.5 Support short term fellows based in countries (1 month)					
A professional from the National TB program of Colombia completed a fellowship in Peru in July 2013.	Training in TB Program Management for 1 professional	Colombia	PAHO-PER, National TB Program of Peru (ESN PCT)	This fellow is currently working at the management level of the National TB Program of Colombia.	The other two fellowships will take place during year 3. The professional from Colombia was only able to complete a 2-week fellowship.
Activity 2.8.6 Prepare and conduct a meeting of the Technical Advisory Group (TAG) to the Regional TB Program					
No funding for this activity in Year 2					
Activity 2.8.7 Conduct annual planning and evaluation meetings of Regional, sub-regional and national PAHO's TB staff					
The TB regional program conducted two planning meetings: in November 2012 and May 2013.	Operational planning documents for Year 2 activities	n/a	USAID, PAHO colleagues in other departments including HIV, HA Social Protection, , Social Determinants of Health, Human Rights, Diabetes	These meetings allowed the Regional Program to organize and plan for the coming year to achieve completion of the work plan, progress towards targets and timely execution of funding.	None.

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Activity 2.8.8 Support participation of TB staff and consultants in international courses/meetings in centers of excellence and elsewhere					
<p>Staff of the Regional TB program participated in the following international events:</p> <ul style="list-style-type: none"> - The Regional MDR-TB advisor participated as a professor in the two of the Union's international courses: on TB epidemiology in El Salvador in March 2013 and on TB-MDR in the Dominican Republic in June 2013; - Two Regional TB Program Advisors participated in the Stop TB Advisor meetings in Geneva, Switzerland in June 2013. - The Regional MDR-TB Advisor participated in the GLC Partners meeting in Geneva in April 2013. - In addition, the Regional TB and Regional MDR-TB Advisors participated as facilitators in the course for MDR-TB experts in the Americas, in Peru in May 2013. 	<p>Participation for 7 professionals in courses and meetings</p>	<p>PAHO member states</p>	<p>The Union, WHO, rGLC</p>	<p>Participation of Regional staff in international meetings and courses is important to keep the Regional program informed with the most up-to-date TB information and guidelines. This goes hand in hand with Regional staff supporting as professors or facilitators in the mentioned courses.</p>	<p>None.</p>

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Maternal, Neonatal and Child Health Conference – A Promise Renewed					
Key Personnel Responsible: Dr. Christopher Drasbek, FGL					
1. Identify potential partners	-Signing of the Declaration of Panama (Available at: http://www.apromiserenewedamericas.org/apr/wp-content/uploads/2013/09/Panama-Declaration-final.pdf)	Antigua, Barbados Belize, Brazil Colombia, Costa Rica, Dominica Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, St. Lucia, St. Kits and Nevis St. Vincent, Suriname, Uruguay	USAID UNAIDS UNICEF World Bank IDB Meso American 2015 UNFPA	-27 countries signed the Declaration of Panama.	n/a
2. Hold an interagency Partner Planning Meeting in Panama with agency representatives					
3. Meet with potential private-sector partners, PAHEF and other agencies, institutions, countries, foundations, etc. to mobilize additional funds for the meeting and country follow-up.					
4. Develop terms of reference and hire a consultant to assist in meeting arrangements and other technical and logistical issues.					
5. Develop social media, publications, virtual platforms, technical documents, and print materials, etc.					
6. Hold A Promise Renewed Conference					
7. Establish a committee to carry out meeting follow-up, monitoring and evaluations, country plans developed.					
8. Develop, print and distribute Final Meeting report in 4 languages.					
				-39 International Organizations, Civil Society members, Private sector Organizations, Faith Based Organizations, and Individuals signed the Declaration as well.	

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Health Technology Assessment					
Key Personnel Responsible: Drs. James Fitzgerald and Alexandre Lemgruber, HSS					
Activity 1. Meeting with advisory committee to determine case studies, institutions to be involved, methodologies and products					
1. Selection of the participants of the advisory committee	Advice on the mapping; methodology for the case studies; definition of institutions to be involved in each of the activities	Argentina*, Brazil, Canada, Colombia, Mexico Uruguay *As authorized by USAID	MOH Argentina, ANVISA, COPPE/UFRJ/Brasil, INVIMA, COFEPRIS, CENETEC, Ministry of Public Health of Uruguay, University of Ottawa.	-The group reached an agreement on their methodology of work.	Due to lack of time for the appropriate organization, a face-to-face meeting with the partner institutions was not carried out; instead, a virtual meeting was held in February, 2013.
2. Definition of the meeting agenda and methodology for the prioritization					
3. Organization of the meeting				-Case studies were discussed and recommendations about key objectives and activities were made.	
4. Report of the results of the meeting				-Institutions defined their involvement in each of the activities.	
Activity 2. Mapping of linkages between regulation and HTA for medical devices					
1. Contract the consultant/institution responsible for the mapping	Report on the mapping of linkages between regulation and HTA for medical devices	-	Institute of Health Economics, Edmonton, Alberta; University of Ottawa.	-The report provides valuable information about the global initiatives which are being held to improve the interactions between regulatory, HTA and decision-making bodies.	-Only four of the 21 initiatives that were identified were focused partially or wholly on non-drug technologies. Two of these were early dialogue initiatives occurring in Europe. It has therefore been decided to expand the scope for Health Technologies in general, not only focusing on medical devices. -Interactions between regulators and payers do not appear to be commonplace and are in early days, but are definitely gaining momentum.
2. Review of the initiatives related to the relationship between HTA and regulation					
3. Review of the selected countries' experience on HTA and regulation of medical devices, based on the mapping tools developed for RedETSA and the regulatory authorities					
4. Report on the linkages between HTA and regulation for selected countries					

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Activity 3. Case studies selected for 4 health technologies in maternal and reproductive health					
1. Contract the consultant/institutions responsible for the case studies	Four case studies reports Dissemination of the reports	Argentina*, Colombia, Mexico, Uruguay *As authorized by USAID	MOH Argentina, ANMAT, INVIMA, IETS CENETEC, MOH Colombia, Ministry of Public Health of Uruguay.	-Four case studies were presented in the workshop on Regulation and HTA. Each one described the process since the entry of a health technology into the national market until its incorporation into the national coverage. -A discussion was held and the existing gaps between regulatory and HTA bodies were identified. -Participants agreed to work together in order to improve the topic in the Region.	-Due to the requirements of the project, it wasn't possible for Mexico to work with a maternal health technology. Mexico worked with a technology which helps enhance a significant health problem in the country: obesity. -Mexico faced institutional changes within its regulatory agency (COFEPRIS) which made it difficult to learn about its processes and to identify opportunities for improving the communication among agencies. A literature review was made in order to explain the regulatory process. -Most of the countries have segmentation within their processes which makes more difficult the communication between agencies.
2. Virtual meetings to agree methodology					
3. Draft of the report with preliminary results					
4. Four reports presented on the case studies on the linkages between HTA and regulation for selected countries					

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Activity 4. Virtual course on HTA and regulation of medical devices					
1. Contract the institution responsible for designing the course	Virtual course on HTA and regulation of medical devices designed	-	COPPE/UFRJ/Brazil	-It is an innovative initiative that was designed to familiarize the professionals with three areas (regulation, HTA and decision-making), their particularities and similarities. -The course increases understanding of the relationships between the areas in order to promote greater integration between the actors involved in each one.	None.
2. Review existing initiatives on the same subject					
3. Approve the content of the course					
4. Approve the proposed design of the course					
Activity 5. Panel session at the HTAi 2013 meeting to present the objectives and the activities of the project					
1. Send the proposal for the panel	Objectives and activities of the project presented	-	Health Technology Assessment International (HTAi)	The panel proposal was accepted and the activity took place during the annual HTA meeting in Seoul, June 2013. The innovative PAHO-USAID project on the HTA-Regulatory interactions was presented and discussed with the session participants. Other presentations made in the panel were the experience of Canada, the initiative in Europe and the industry's approach to this subject.	None.
2. Participation in the HTAi 2013 to present the objectives and activities (depending on the approval by the scientific committee)					

Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Activity 6. Workshop on Regulation and HTA					
1. Definition of the agenda, organizing committee and participants	Workshop conducted Case studies presented	The 14 countries that participated in the workshop on interactions between HTA and Regulation were: Argentina*, Bolivia*, Brazil, Canada, Chile, Cuba* Colombia, Costa Rica, Ecuador, El Salvador, Mexico, Paraguay, Peru and Uruguay. (*The participation of Argentina, Bolivia, and Cuba was funded by other sources.)	ANVISA (Brazilian Regulatory Authority), Brazilian National Commission for Technology Incorporation (CONITEC), Ministries of Health and regulatory authorities of the participating countries, COPPE/UFRJ/Brazil, IETS (HTA Institute in Colombia), CENETEC, INESSS (HTA Institute in Quebec, Canada) University of Ottawa, Institute of Health Economics (Canada)	The workshop, which had around 80 participants, was a very important achievement, since for the very first time in the Region the regulatory authorities, HTA bodies, and also those responsible for the decision-making, had the opportunity to have a dialogue, exchange experiences, identify gaps and propose solutions to increase the interaction between these institutions. Some of the proposals will be implemented as part of the working plan for the second year.	None.
2. Send the invitations					
3. Conduct the workshop					
Activity 7. Final Report					
1. Approve draft report	Final report written and disseminated			- The final report is being adapted, in an appropriate form, according to the guidelines for publication.	- More time was needed to complete the final report due to the large amount of information that was collected during this project. -It is necessary to work on the dissemination of the final report.
2. Approve final report					

Annex III –Success Stories

26 Governments Sign 'Declaration of Panama' to Eliminate Health Inequalities in Latin America & Caribbean on September 10, 2013

Ending preventable child and maternal deaths priority at High-level Regional Conference

The Promise Renewed for the Americas conference hosted over 280 participants (Member States, international and national organizations, civil society, NHOs, private sector, etc.) from 30 countries and 18 Ministers and Vice-ministers of Health from Latin America and the Caribbean and seven international partners who signed the Declaration of Panama pledge to end all preventable child and maternal deaths by 2035. The Declaration of Panama is a call-to-action for the region since no mother or child's health should be determined by their ethnic group or economic status, and is part of the global Promise Renewed commitment to child survival. This is one of the most important agreements by governments in the Americas and international agencies in the fight to end preventable maternal and infant child deaths in the region, which is directly aligned with the Millennium Development Goals on this issue. "It is now critical to galvanize the region's efforts and mobilize resources to accelerate achievement of the Millennium Development Goals (MDGs) and the anticipated post-2015 agenda." -The Declaration of Panama



Photo: PAHO
Opening ceremonies of The Promise Renewed for the Americas conference, September 2013

Latin America and the Caribbean have made great progress in reducing infant and child mortality, better than any other developing region in the world. However, there remain huge inequalities in maternal and child health for poor, indigenous, rural, and other disadvantaged groups. In this region, 48% of under age 5 deaths are neonatal deaths, 31% are due to infections, and 29% due to birth asphyxia — and almost all are preventable. On average, up to 95% of indigenous children are malnourished; stunting is 20% more prevalent among them; and their life expectancy is 7 to 13 years shorter than the national average.

With this commitment, each country and international partner has agreed to work toward ending socio-economic and ethnic inequities in health outcomes, with the following actions: Establish National Plans and Strategies Using Evidence-based Health Research, Promote Universal Health Coverage, Expand Regional Cooperation and Increase Strategic Alliances, Mobilize Political Leadership, Develop a Country Roadmap to Mark and Report Progress Over the next several years.

The meeting was hosted by the Government of Panama and sponsored by the following partners: The Inter-American Development Bank (IDB), the Pan American Health Organization/World Health Organization (PAHO/WHO), the Salud Mesoamérica 2015 Initiative (SM2015), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA), the United Nations Children's Fund Regional Office for Latin America and the Caribbean (UNICEF/TACRO), the United States Agency for International Development (USAID), and the World Bank.

Establishment of the Center of Excellence for TB provides Capacity Building Opportunities

Hands-on Training in TB Program Management for the Region of the Americas in San Salvador, El Salvador

Thanks to the support of USAID and through the collaboration of the National Tuberculosis Program (NTP) of the Ministry of Health of El Salvador, the PAHO El Salvador Country office, and the National Institute of Health, the *Regional Center of Excellence for Operational Implementation of the Stop TB Strategy (CE-TB)* was established in February 2013. El Salvador was chosen as the site for the Center of Excellence due to the success of the country's National Program in the implementation of innovative strategies to provide a high level of care to all TB patients, as well as their demonstrated commitment to exchanging experiences to benefit other countries in the Region. With the CE-TB, the NTP of El Salvador is collaborating with PAHO in a prime example of south-south cooperation, sharing best practices in TB control and facilitating on-site visits for an interactive, hands-on experience.

Since its creation, a total of 13 international professionals have participated in the CE-TB, through two one-week rotation visits held in May and September 2013. The participants selected were new national and local TB program managers from Chile, the Dominican Republic, Ecuador, Guatemala, Honduras, Nicaragua, Paraguay, Saint Lucia, and Saint Vincent & the Grenadines as well as the two Regional TB Fellows from Colombia and Ecuador.



(Photo: PAHO)

Participants and facilitators in the first rotation of the Center of Excellence for TB, San Salvador, May 2013

The topics discussed and complemented with site visits include TB program management at the central, intermediate and local levels, as well as important aspects of clinical and programmatic management, such as TB diagnostics, information systems, monitoring and evaluation; TB/HIV; TB in prisons; drug management; social mobilization; and research.

During the rotations hosted this year, participants visited the headquarters of the El Salvador National TB Program in the Ministry of Health; the Universidad José Matías Delgado, which hosts the National Committee for TB Control Education; the National Hospital "José Antonio Saldaña" for treatment of patients with TB/HIV and MDR-TB coinfection; hospitals and health institutions at various levels (national, regional and local); the central TB drug management warehouse; the health unit of the prison system; and the National TB Reference laboratory. In each setting the participants were accompanied by members of the technical team from the National TB Program of El Salvador serving as facilitators of the discussion of the aspects of the Stop TB Strategy being successfully implemented at each site.

When evaluating the CE-TB, participants reflected that the opportunity to remove oneself from the everyday reality in their country and exchange experiences in TB prevention and control was extremely beneficial to their growth as program managers and provided concrete examples of effective ways to implement the Stop TB Strategy that they could replicate in their countries. A web portal for the center of excellence was created, available at www.gestiondelconocimientoels.org/centroexcelencia/. The CE-TB has had a promising first year and will continue to grow and contribute to TB capacity building in the Region.

Malaria patients in Haiti benefit from new consistent and reliable treatment guidelines

Hispaniola Island is the only remaining Caribbean area where malaria is still a significant public health problem. This is a particularly challenging issue in Haiti. In 2012, approximately 25,000 Haitians were unable to go to school or to work to provide for their families because they were sick from malaria. In the past, this had been complicated by a health system with a myriad of different providers, all offering inconsistent treatment and not relying on proper diagnosis. To avoid this, Haiti's National Malaria Program adopted new guidelines for malaria diagnosis and treatment in 2012 to tackle this problem and accelerate the decrease in malaria cases.



Photo: PAHO

Renette, 20 months old, is malaria-free after receiving treatment at the Health Center of Bassin Bleu, Haiti.

PAHO acknowledges the generous funding and support of USAID, which has supported Haiti's National Malaria Program to develop, print, and disseminate these treatment guidelines and instructional materials to over 900 health centers throughout Haiti. Reaching the different sorts of health units was critical, from small health clinics to hospitals. With these valuable tools, carefully aligned to meet PAHO/WHO's technical standards, health workers are now equipped to provide quality care and guidance to patients suspected of having malaria.

These guidelines have set a new standard treatment scheme for malaria: a combination of chloroquine and primaquine. The most important step to stop malaria transmission in its tracks is by ensuring that both health workers and patients strictly follow these guidelines. First, rapid and accurate diagnosis of malaria is performed through microscopy or affordable Rapid Diagnosis Tests. Once confirmed, two antimalarial drugs are given to the patient without cost, and administered under supervision of the health worker, who then gives the patient practical advice to follow over the following two days.

One such patient, Renette, only 20 months old, had been feverish for two days before her mother was able to take her to the Health Center of Bassin Bleu in the Nord-Ouest department. The doctor and his laboratory and pharmacy team provided her this new standard treatment, free of charge. One week later, Renette (pictured above) was free of malaria, as the microscopist verified that the parasite has been eliminated from her body. Armed with these new guidelines and trained in best practices for malaria, the doctor will follow-up with the family through a home visit to help Renette's mother keep malaria away from her family. Thanks to USAID support, families in Haiti will now have a better chance at getting the right malaria treatment that will allow them to get back to their lives.

Collaborating to train more professional midwives in the Americas

Updating the Strengthening Midwifery Tool Kit

Challenge

Increasing the number of trained health care workers is crucial to reducing maternal and neonatal mortality in the Americas. For more than 10 years, the International Confederation of Midwives (ICM) and WHO have been working together to address the need for about 300,000 more midwives and obstetric nurses in the world, in order to achieve the goal of all women and children having access to these services even in the most remote areas or hard-to-access urban settings. Despite efforts to reach this goal, the number of midwives is still too low and does not cover the needs of the countries, especially in rural areas. In other cases, new health care workers are available but need the necessary training to safely provide health care services.



Initiative

USAID, UNFPA and PAHO are combining efforts and resources to strengthen midwifery in the Region by strengthening their professional associations, encouraging networking and promoting the updating of midwifery curricula. One of the first steps was to adapt the Strengthening Midwifery Tool Kit (SMTK) publication to the context in the Americas. For this project, 46 midwives and nurse-midwives from 21 countries in the Region came together in October 2012 in Panama City, Panama to revise the new version of SMTK. These health care workers from across the Americas discussed laws and regulations on midwifery practices, standards and required skills to improve the quality of midwifery, and worked to update midwifery education programs, and more.

Results

Thanks to this collaboration and the inclusion of midwives in the document's review process, the updated version of SMTK is now available in English and Spanish and will soon be available in Portuguese as well. In addition, highly qualified midwifery teachers were identified to form a network and begin leading the improvement process in their own countries.

Comments from participants after the Panama workshop demonstrated how instrumental the revised SMTK will be to their day to day work. "This tool recognizes the unique positioning of midwives at the forefront of nursing care and their influence as excellent and knowledgeable care providers for our patients. The Midwifery Toolkit will be used as a resource to support the education and regulation of our midwifery program, and contributes to the introduction of a revised midwifery curriculum that will be standardized throughout CARICOM", said one participant from Saint Kitts and Nevis. Iris Vassell-Murray, a participant from Jamaica, reflected that she "had the opportunity to meet participants from different countries who speak the same language of midwifery. I was strengthened and did not feel alone knowing that the struggles I face are not unique to my country, but happen across the globe. The knowledge gained has helped me in my daily practice. I am a better caregiver, leader, supervisor and preceptor. The contributions I have received from PAHO and USAID, both in sponsorship and human resources, are exceptionally great and deeply appreciated.

Big Steps towards Elimination of River Blindness and other Neglected Infectious Diseases in Guatemala

Guatemala: Tackling River Blindness and other Neglected Infectious Diseases in the Mayan Heartland

Onchocerciasis (River Blindness) is the second-leading infectious cause of blindness worldwide and disproportionately affects people and communities living in poverty. It is caused by the parasitic worm *Onchocerca volvulus* and it is transmitted to humans through the bites of *Simulium* flies. The disease was introduced into the Americas through slave trafficking in the early 18th century. Onchocerciasis is also known as Robles' diseases, for the Guatemalan physician Dr. Rodolfo Robles who in 1915 first noted its existence. It is estimated that over half a million people live or have lived in the 13 foci in Brazil, Colombia, Ecuador, Guatemala, Mexico and Venezuela where transmission of onchocerciasis occurs or has been documented in the recent past, though 11 of these 13 foci have now eliminated or interrupted disease transmission by 2013.



(Photo: Guatemala Ministry of Public Health and Social Protection)

Children and health workers from the communities of Las Ilusiones and Santa Barbara participated in a festival to promote the post-treatment epidemiological surveillance of River Blindness

Mass drug administration of ivermectin (Mectizan®) twice a year to at least 85% of all people eligible is the basic strategy for achieving onchocerciasis elimination. This action should be supported by health education and promotion of community participation for at least 10 consecutive years to guarantee its effectiveness. In 2002, the minimum coverage was reached in all the 13 foci in the region and it has been maintained since. Efforts starting in 1995, have been permanently sustained so all new cases of onchocerciasis detected have been properly diagnosed and cured; however, some ocular morbidity cases (not blindness) still appear in a few foci in the Yanomami area located in the Amazon region of Southern Venezuela and Northern Brazil.

By October 2013, Guatemala has completed three major milestones on its accelerating efforts to eliminate and control River Blindness and other Neglected Infectious Diseases (NID) afflicting its people.

- In August, the Ministry of Public Health and Social Protection (MSPAS) and PAHO/WHO together launched the first national *Strategic Plan for the Prevention, Treatment, Control and Elimination of Neglected Infectious Diseases in Guatemala*, in a major public event in the country. This **integrated plan for NID** tackles 6 diseases (onchocerciasis, soil-transmitted helminths, Chagas disease, leishmaniasis, leprosy (Hansen's disease), and blindness caused by trachoma) which affect many poor people especially women, children and agricultural workers. This Strategic Plan will improve health promotion, prevention and elimination of these diseases closely linked with poverty. It will also seek the promotion of basic integration of services from the lowest levels of health care, inter-sectorial health and community empowerment.
- The MSPAS (supported by PAHO), as part of the work under its NID Strategic Plan, prepared a **dossier of evidence of the elimination of River Blindness**. The document gathered evidence to support that three of four foci (i.e., Santa Rosa, Escuintla, Huehuetenango) have *eliminated* disease transmission (thus having permitted the MSPAS to interrupt distribution of curative medicines in a collective fashion because people are no longer at risk of getting the disease). As well, the dossier also collected evidence to show that the fourth focus (the Central focus, located in Suchitepéquez, Chimaltenango and Sololá departments) also *interrupted* transmission there since end of 2011; this focus is more than half-way through the end of a 3-

year post-treatment surveillance period heading towards elimination, though it must complete the on-going post-treatment surveillance which began in 2012 and is expected to finish by end of 2014. Once the Central focus has successfully completed its full three years of post-treatment surveillance with no evidence of infected flies or transmission, then this information and supporting data would be added to the national dossier at end of 2014, updating it. Therefore, Guatemala, like Colombia and Ecuador before it, could request in 2015 the verification by PAHO/WHO of river blindness elimination, being proud to say that the country where the disease was discovered and named has eliminated it!

- The MSPAS, working very closely with PAHO/WHO and another partner, the International Trachoma Initiative (part of the Task Force for Global Health) has provided approximately 75,000 people (children and adults) with antibiotic **treatment of trachoma as a cause of blindness** in a specific endemic location in the department of Sololá in June 2013. This community intervention presupposes that a single round of mass treatment with the antibiotic azithromycin is going to be sufficient to reduce trachoma prevalence to less than 5%. If this is accomplished and all people at risk in Sololá department are treated, then Sololá in a short time can enter a period of post-treatment surveillance for three years. During this time if the prevalence continues below 5%, the department could then meet the definition of elimination of trachoma as a cause of blindness in Guatemala, leading the way for eventual verification of elimination in the entire country. The key factors for Guatemala's success has been a **new political commitment and the development of close collaborative relations** with other parts of government and various international partners, to achieve success in combating these terrible diseases of poverty and deprivation.

This substantial progress of Guatemala in the elimination and control of NID demonstrates that once again (like Colombia with river blindness in 2013), it really IS possible to achieve elimination goals. The final push is underway for getting rid of these diseases in Guatemala. It is important to continue technical and economic support to the countries in the Region to achieve and provide health care access, promote equity and justice to these forgotten people, end the neglect, and eliminate the NID.