



# **USAID-PAHO UMBRELLA GRANT AGREEMENT**

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### **MID-YEAR PROGRESS REPORT**

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## 1. List of Acronyms and Abbreviations

ALAC-ITS	Asociación Latinoamericana y Caribeña para el control de la Infecciones de Transmisión Sexual (English: Latin American and Caribbean Association for control of Sexually Transmitted Infections)
ALAPE	Asociación Latinoamericana de Pediatría (English: Latin American Association of Pediatrics)
CAF	Corporación Andina de Fomento (English: Latin American Development Bank)
CCM	Country Coordinating Mechanism
CD	Communicable Diseases
CDC	Centers for Disease Prevention and Control
CEMECE	Centro Mexicano de Clasificación de Enfermedades (English: Mexican Center for Classification of Diseases)
CHAI	Clinton Health Access Initiative
CLAP	Latin American Center for Perinatology and Human Development
CNCE	Centro Nacional de Clasificación de Enfermedades (English: National Center for Classification of Diseases – Argentina)
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
EBNI	Evidence Based Neonatal Interventions
ELAC	Economic Commission for Latin America
EPHF	Essential Public Health Functions
EPI	Expanded Program of Immunization
FBO	Faith-Based Organization
FCH	Family and Community Health
FEPPEN	Federación Panamericana de Profesionales de Enfermería (English: Pan American Federation of Nursing Professionals)
FLASOG	Federación Latino Americana de sociedades de Ginecología y Obstetricia (English: Latin American Federation of Obstetrics and Gynecology Societies)
GANM	Global Alliance for Nursing and Midwifery
GF	Global Fund
HA	Health Analysis
HIS	Health Information Systems
HIV	Human immunodeficiency virus
HSD	Health Surveillance and Disease Prevention and Control
HSS	Health Systems based on Primary Health Care
HTAi	Health Technology Assessment International
IACO	Inter American Conference on Onchocerciasis
IC	Infection Control
ICD-10	International Classification of Diseases-version 10

ICM	International Confederation of Midwives
IDB	Inter-American Development Bank
IMCI	Integrated Management of Childhood Illnesses
ICT	International Certification Team
IHR	International Health Regulations
IR	International Health Regulations / Alert and Response and Epidemic Diseases
JRF	Joint Reporting Form
LAC	Latin American Countries
M	Malaria
MCHIP	Maternal and Child Health Integrated Program
MDG	Millennium Development Goal
MDR-TB	Multidrug-resistant tuberculosis
M&E	Monitoring and Evaluation
MEASURE	Monitoring and Evaluation to Assess and Use REsults
MCHIP	Maternal Child Health Integrated Program
MOH	Ministry of Health
MPR	Malaria Program Review
MS	Maternal syphilis
MSH	Management Sciences for Health
MTK	Midwifery Tool Kit
NELRD	National Epidemiology, Laboratory and Research Department
NGO	Non-Governmental Organization
NID	Neglected Infectious Diseases (denomination used at regional level)
NIH	National Institute of Health
NMCP	National Malaria Control Program
NTD	Neglected Tropical Diseases (denomination used at global level)
NTP	National Tuberculosis Program
OAS	Organization of American States
OEPA	Onchocerciasis Elimination Program of the Americas
OMCL	Official Medicine Control Laboratory
PAHEF	Pan American Health and Education Foundation
PAHO/WHO	Pan American Health Organization/World Health Organization
PCC	Program Coordinating Committee
POA	Plan of Action
PPM	Public-private mix
PR	Principal Recipient
PSI	Population Services International
PWR-COL	PAHO/WHO Representative-Colombia
RedETSA	Red de Evaluación de Tecnologías en Salud de las Américas (English: Health Technology Assessment Network of the Americas)
RELACSYS	Red Latinoamericana para el Fortalecimiento de los Sistemas de Información de Salud (English: Latin American Network for the Strengthening of Health Information Systems)
SIP	Sistema Informático Perinatal (English: PIS – Perinatal System of Information)
SMTK	Strengthening Midwifery Tool Kit
SNL	Supranational laboratory

SR	Sub-recipient
STH	Soil-Transmitted Helminthiases
TA	Technical Assistance
TAG	Technical Advisory Group
TB	Tuberculosis
TCC	Technical Cooperation among Countries
TORs	Terms of Reference
TRaC	Tracking Results Continuously
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPE/MSPP	Unité de Planification et d'Evaluation/Ministère de la Santé Publique et de la Population (English : Planning and Evaluation Unit/Ministry of Public Health and Population)
USAID	United States Agency for International Development
WBMMSS	Web-based Maternal Mortality Surveillance System
XDR-TB	Extensively drug-resistant tuberculosis





## 2. Progress on Completion of Tasks

<b>Cross-Cutting Theme 1: Health Services Delivery</b>				
Improved capacity of public health providers to deliver responsive, effective, and quality health services in TB and maternal and neonatal health that are gender sensitive and culturally appropriate.				
<b>Outcome 1.1: Strengthened use of evidence based neonatal interventions (EBNI) in health facilities of the Region</b>				
<b>Key Personnel Responsible for Outcome 1.1: Dr. Pablo Duran (FCH/CLAP)</b>				
<b>Tasks</b>	<b>Planned Steps</b>	<b>Current Progress</b>	<b>Challenges</b>	<b>Remarks</b>
<b>Activity 1.1.1 Adapt EBNI document and clinical guidelines for Neonatal IMCI at the national level.</b>				
1. Adaptation of the EBNI publication to national norms and guidelines in two countries	1. Norms and guidelines defined and adapted	The process of adapting EBNI to Colombia's norms has been completed and they have been presented to the MOH and Scientific Societies. It involved the adaptation and two technical meetings for discussion and agreement.	None.	The final document prepared for Colombia is expected to be printed and disseminated in May 2013. A similar process will start in Bolivia during the second semester.
	2. Final document edited and printed			
2. Review and update of new neonatal interventions to be incorporated to the publication Evidence Based Neonatal Interventions (HIV, control and prevention of infections, neonatal critical care)	1. Selection of key reviewers	Reviewers have been identified to update the evidence regarding neonatal transport and prevention of neonatal infections. The first will be performed under the coordination of Dr. Susan Niermyer (Department of Pediatrics, University of Colorado School of Medicine, PAHO/WHO Collaborative Center). The second product will be developed by Dr. Roseli Calil (University of Campinas).	None.	None.
	2. Review of evidence	Discussions have taken place in order to define criteria to perform the analysis of evidence, to be included in the TORs.		
	3. Preparation of technical documents	This will be completed between April and July 2013.		

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<b>Activity 1.1.2 Provide technical cooperation to monitor advances in the implementation of EBNI.</b>				
1. Design an evaluation tool toward assessing the implementation of EBNI in health facilities	1. Review experiences and tools	Development of this activity has been planned to start in May 2013.	None.	Initial discussions have taken place in order to identify reviewers and professionals to perform the activity.
	2. Design a comprehensive instrument			
2. Field test of the evaluation tool	1. Test the evaluation in two settings			
<b>Outcome 1.2: Improved national neonatal plans and policies guided by neonatal plans of action with a continuum of care approach</b>				
<b>Key Personnel Responsible for Outcome 1.2: Dr. Pablo Duran (FCH/CLAP)</b>				
<b>Activity 1.2.1 Support the development of neonatal plans of action.</b>				
1. Technical cooperation to update National Neonatal Plan of Action in two countries	1. Technical cooperation	Technical cooperation has been provided to Colombia in order to define a National Plan on Neonatal Health. Based on initial discussions, support has been provided in order to organize a technical-political meeting, to establish a National Plan of Action on Maternal and Neonatal Health. The meeting has been scheduled for 8-10 April 2013. During a technical visit to Haiti, initial discussions have taken place in order to start the process of developing a National Plan of action, jointly with MOH and other agencies/partners.	To continue the process in Haiti, it is essential to have a plan that will help in organizing the process.	None.
	2. Technical meetings			
	3. Consensus meetings			
	4. Presentation			
	5. Design and dissemination of Plans of Action	Technical cooperation has been provided to El Salvador and Peru in order to update neonatal profiles based on national requests.		

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<b>Activity 1.2.2 Develop tools for monitoring, evaluation, and supervision of the neonatal plans of action.</b>				
1. Design and carry out of assessment of implementation of national plans of action at national level	1. Design of the evaluation instrument	The evaluation process has been implemented, including the design and data collection, based on several data sources.	To contract a professional to compile the information and prepare a final document, which will be developed between May and August 2013.	None.
	2. Assessment			
	3. Analysis			
	4. Preparation of final report			
<b>Outcome 1.3: Strengthened response to MDR and XDR-TB in the Americas through the implementation of national expansion MDR-TB plans</b>				
<b>Key Personnel Responsible for Outcome 1.3: Drs. Mirtha del Granado &amp; Rafael Lopez (HSD/CD/T)</b>				
<b>Activity 1.3.1 Follow up on the implementation of the national MDR-TB plans following the Stop TB Strategy.</b>				
No funding budgeted for this outcome / activity for Year Two.				
<b>Activity 1.3.2 Monitor the implementation of new diagnostic technology.</b>				
<b>Activity 1.3.3 Provide technical assistance to finalize and implement the MDR-TB national plans and guidelines.</b>				
<b>Activity 1.3.4 Support the development of regional and national MDR-TB expert committees</b>				
Funding originally estimated for these activities in Year Two included in Expanded TB Funding portion of grant				
<b>Outcome 1.4: Strengthened routine systems for effective implementation of DOTS</b>				
<b>Key Personnel Responsible for Outcome 1.4: Drs. Mirtha del Granado &amp; Rafael Lopez (HSD/CD/T)</b>				
<b>Activity 1.4.1 Financial support for a Regional TB expert to provide technical assistance on DOTS strengthening</b>				
No funding budgeted for this outcome / activity for Year Two.				
<b>Activity 1.4.2 Technical assistance missions on DOTS strengthening to priority countries</b>				
1. Conduct evaluation and technical assistance missions to the National Tuberculosis Programs of priority countries in the Region	1. Carry out the postponed evaluation missions to Chile and Nicaragua during the first quarter of Year Two.	The mission to Nicaragua was carried out from 12 to 16 November, with participation of 3 consultants. The mission to Chile took place in December 2012, with participation of 4 consultants.	None.	These missions were also supported with funding from WHO for technical assistance activities.
<b>Activity 1.4.3 Develop a Regional TB medicine management course for priority countries</b>				
<b>Activity 1.4.4 Support Official Medicine Control Laboratories (OMCL) of ECU, ELS, NIC, GUT and quality assurance of TB medicines in 4 countries</b>				
No funding budgeted for this outcome / activity for Year Two.				

## Cross-Cutting Theme 2: Health Workforce

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

### Outcome 2.1: Strengthened midwifery in Latin America and the Caribbean

Key Personnel Responsible for Outcome 2.1: Dr. Bremen De Mucio (FCH/CLAP)

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<b>Activity 2.1.1 Update tools to improve midwifery skills in the region.</b>				
1. Editing, Printing and dissemination of the Midwifery Tool Kit (MTK)	1. Editing and Printing of the final version of the MTK	On 31 October and 1 November 2012, a regional expert meeting took place in Panama to discuss the new version of the SMTK. 46 midwives and teachers from 21 countries of the Region provided their input to improve the document (ANT, ARG*, BAH, BAR, BOL, BRA, CHI, COR, ECU, GUT, GUY, HAI, JAM, NIC, PAN, PAR, PER, PUR, STK, T&T, URU and USA). Currently the document is being edited in Spanish, English and Portuguese. Launching of the third edition of the SMTK is planned to happen on 26 April at the Regional Conference of ICM in Ecuador.	None.	Brazil has showed a great interest in the incorporation of SMTK recommendations in its national policy, so the Ministry of Health has collaborated with its translation into Portuguese, funding 50% of the cost of translation. Getting the ISBN code is a slow process, so we are preparing an "emergency" version of the SMTK on a CD to be delivered in English and Spanish. *This was a back to back meeting with UNFPA, so participation of Argentina was supported by UNFPA.
	2. Developing of plans for the dissemination	The first activity of dissemination will take place during the ICM triennial Americas regional conference (Ecuador 2013), where a symposium about SMTK and ICM standards will be developed. Next steps will be planned in May in cooperation with WHO Collaborative Centers in Midwifery and ICM.	Countries and midwifery schools incorporating recommendations from SMTK in their educational plans	We received requests from Bolivia to support dissemination plans in Tarija.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<b>Activity 2.1.2 Improve the status of midwifery educational models in the Region</b>				
1. Supporting dissemination of ICM standards in liaison with UNFPA	1. Development of a Network of Universities to disseminate ICM standards	This process is on stand by while we coordinate with our counterpart in UNFPA.	Countries and midwifery schools incorporating ICM standards in their educational plans	The process was delayed due to an unexpected problem with staff at partner organization.
<b>Activity 2.1.3 Support continuing education processes in midwifery for English-speaking Caribbean countries</b>				
1. Support the development of the Midwifery Educators Meeting	1. Contribute to the development of the Midwifery Educators meeting in the framework of the ICM triennial Americas regional conference (Ecuador, 2013)	In a joint venture with MCHIP, White Ribbon Alliance and CRMA, we are supporting the participation of 26 midwives from 11 Caribbean Countries (ANT, BAH, BAR, DOM, GRE, GUY, HAI, JAM, SKN, STL, STV, SUR and T&T) in the ICM triennial Americas regional conference (Ecuador, 2013). Prior to the ICM Conference, members of CRMA will have a teachers' workshop.	Achieving sustainability of this process has been a challenge. Each year MCHIP, USAID and PAHO are supporting the strengthening of education processes in midwifery for English-Speaking Caribbean countries, but at the moment CRMA still needs economic support. There has been much growth over the past three years but evidence of sufficient economic autonomy hasn't been shown.	None.
<b>Activity 2.1.4 Provide continuous support for the communities of practice in nursing and midwifery in English and Spanish</b>				
1. Operation of midwifery community of practices in English and Spanish	1. Development of two self-instructive courses (Spanish-English) at PAHO's virtual campus	In agreement with the University of Chile (WHO Collaborative Center), we are in the process of developing a virtual course (probably a certification program) on main obstetric emergencies.	We have had some delay in this process. The virtual course must be totally developed by May, and current progress suggests it will be ready by the end of July.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	2. Developing sessions of facilitated discussions to promote professional dialogue and exchange information	From 17 to 24 October 2012, an online symposium, "El Estado del Arte de la Humanización del Cuidado de las Mujeres durante los Periodos de Embarazo, Parto y Puerperio," was developed. The activity was developed by UNFPA, University of Michigan, University of Chile, University of Puerto Rico, GANM and PAHO. Twenty-four midwives from 8 countries participated in this meeting (ARG, CAN, CHI, ECU, GUT, PUR, URU and USA).	Achieving a more active and important participation of Spanish-speaking midwives	USAID funds were not used for the participation of Argentina in this meeting.
<b>Outcome 2.2: Strengthened capacity of human resources in health to prevent and control MDR and XDR-TB in the Americas</b>				
<b>Key Personnel Responsible for Outcome 2.2: Drs. Mirtha del Granado &amp; Rafael Lopez (HSD/CD/T)</b>				
<b>Activity 2.2.1 Support TB fellows at the Regional TB Program</b>				
<b>Activity 2.2.2 Support participation of TB staff and consultants in international MDR-TB and laboratory courses in centers of excellence and elsewhere.</b>				
<b>Activity 2.2.3 Support the MDR-TB centers of excellence in the Region.</b>				
Funding originally estimated for these activities for Year Two included in Expanded TB Funding portion of grant				
<b>Activity 2.2.4 Develop a Regional Infection Control Course according to Regional IC policy and strategy.</b>				
1. Develop a Regional Infection Control (IC) course according to Regional IC policy and strategy	1. Hiring of consultant to develop the Regional IC course (available Nov 2012)	We discovered that other partners (the International Union Against Tuberculosis and Lung Diseases, and Socios en Salud in Peru) have recently-developed infection control courses. Therefore, work is being done to adapt these courses in order to make sure regional guidelines are included.	Finding a consultant with appropriate experience and availability was at first a challenge, but after learning about other partners' courses with a similar objective, it was concluded that time would be best spent reviewing the existing material first and then ensuring the regional guidelines are included.	None.
	2. Layout and printing of Regional IC guidelines	The document is in the process of final editing and will be formatted and printed during the next semester.	None.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<b>Activity 2.2.5 Support Regional and national IC courses.</b>				
Funding originally estimated for Year Two included in Expanded TB Funding portion of grant				
<b>Outcome 2.3: Strengthened health systems at the national and subnational levels through capacity building for the implementation of EPHF.</b>				
<b>Key Personnel Responsible for Outcome 2.3: Dr. Charles Godue (HSS)</b>				
<b>Activity 2.3.1 Carry out the Spanish version of the Virtual Course on EPHF.</b>				
1. Carry out the Spanish version of the Virtual Course on EPHF (3rd version), providing training for at least 80 professionals	1. Analysis of the evaluations filled out by students and tutors of the previous year's virtual course on EPHF	The evaluation of the 2012 EPHF course was conducted at the end of the course and sent to the funding agency. The proposal was reviewed with the new general coordinator of the course and has been shared with the tutors. The new general coordinator has been trained in management of the platform, with emphasis on the selection and monitoring procedures. Several virtual meetings have been held with the academic coordinator. The first virtual meeting with the academic coordinator and ten selected tutors has been scheduled for the week of 22 May. The course is expected to start on 2 May. 276 people applied, of which 140 will be chosen to be distributed among 10 tutors. Seven tutors and the academic coordinator have been hired using the available funds. The other tutors have been funded by Bolivia, Guatemala and Costa Rica, countries in which the MOH has specific interest in this activity and asked to have 20 professionals taking the course.	With the aim of expanding the evaluations of the previous editions of this course, it has been proposed to analyze the impact of the course on participants, by detecting changes in working practices, new responsibilities within the public agency and the concrete implementation of the proposals of intervention they elaborated during the course. This research will take place this year from May to September. The remaining funds will be used for research and a work meeting to discuss and disseminate the results.	It is important to note that this year there has been a significant demand for the course. We also observed that some countries asked for additional participants. We were able to satisfy these demands by asking the MOH of each interested country to fund an additional tutor, as it was necessary to raise the number of tutors to 10. The selection process was conducted carefully and led to the selection of prepared and well-trained tutors, familiar with the virtual campus platform and with good knowledge of specific contents of this course.
	2. Design of the analysis of the "intervention proposals" submitted by the students in the last two virtual courses (2011 & 2012)			
	3. Review of the new proposed version of the course to offer in 2013, with support of the Virtual Campus of Public Health			
	4. Training of the new general coordinator			
	5. Meeting with the Academic coordinator of the course and the new PAHO general coordinator			
	5. Offering of the third course and contracts for coordinators and tutors			

### Cross-Cutting Theme 3: Health Information Systems

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

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<b>Outcome 3.1 Strengthened health information systems at the regional, subregional and national level, with a gender and ethnic perspective</b>				
<b>Key Personnel Responsible for Outcome 3.1: Dr. Alejandro Giusti (HSD/HA)</b>				
<b>Activity 3.1.1 Provide technical cooperation to monitor the implementation of PAHO/USAID countries' HIS strategic plans.</b>				
1. Follow-up of the Strategic Plans of the countries involved in the project	1. Missions arranged with the countries for monitoring and evaluation (M&E)	Missions to Paraguay, Peru and Dominican Republic are organized for the second semester in order to follow up on the strategic plans defined in the project.	Institutional changes in the three countries have delayed the follow up on the strategic plans.	None.
<b>Activity 3.1.2 Support the strengthening of HIS according to the RELAC SIS plan of action.</b>				
1. Training of "information producers" to increase awareness of managers	1. Definition of the road map for design, testing, implementation and M&E of the training course offered by Paraguay	The planned course is set to take place in Panama City from 1 to 5 April 2013, with attendance of statistics producers from the Ministries of Health and the Statistics Institutes of Ecuador, Mexico, Panama, Peru, and Paraguay.	The participants have committed to replicate the course and develop a practice in team work, but it is a challenge to make sure they fulfill this by the regional meeting. However, there is a defined road map.	None.
	2. Implementation in three selected countries			
	3. Evaluation meeting with countries involved in the practice			
2. Strengthening of coding with ICD-10 through virtual courses	1. Definition of the road map for design, testing, implementation and M&E of the virtual course offered by Mexico and Argentina*	Work among colleagues of CEMECE Mexico and CNCE of Argentina has already begun for design of the virtual course based on currently existing courses in both institutions.	In two months it is expected to have a proposal to be validated, which will have six tutors. Although the model will be applied in a pilot test, the course participants will receive a certificate at the end of the evaluation.	This test is conducted with candidates selected from the countries that applied to practice: Ecuador, Paraguay, Guatemala, Nicaragua, Dominican Republic and Uruguay.
	2. Meeting of harmonization of the course			
	3. Implementation in three selected countries			
	4. Evaluation meeting with countries involved in the practice			

\*Argentina shares its experience and virtual course materials but the Argentina government will not receive funding.



Tasks	Planned Steps	Current Progress	Challenges	Remarks
3. Implementation of an electronic system to codify mortality	1. Definition of the road map for design, testing, implementation and M&E of the electronic system offered by Mexico	The countries selected a sample of mortality data according to the characteristics of each group and Mexico applied the software to all samples. Virtual sessions are held to define a face-to-face meeting in Costa Rica in May 2013. Two groups were formed: 1) Guatemala, Paraguay, and Uruguay, 2) Argentina, Costa Rica, and Ecuador. Mexico applied the software to each sample (only Ecuador is pending) and the countries compared the assisted coding results with data obtained by manual coding.	Chile and Venezuela* have recently joined the practice and we are working with both countries to be incorporated into the roadmap of the rest of the project. The results are very promising since without updating dictionaries or data cleaning, more than 50 percent of cases, and in some cases almost 75%, were accepted and codified by the system. (*Venezuela does not receive any USAID funds in this activity)	It should be noted that the Economic Commission for Latin America (ELAC), through the project monitoring the Millennium Development Goals of the Statistics Division, has had great interest in this experience and is partnering with RELACSIS to financially support the working group with colleagues relocating to Costa Rica.
	2. Dissemination and testing of the practice			
	3. Meeting for launching of the implementation			
	4. Implementation in three selected countries			
	5. Evaluation meeting with countries involved in the practice			
4. Online course for awareness of medical doctors in the adequate registration of the causes of death	1. Revision and adaptation of the online course	Based on the experience of Uruguay, a guideline was designed that has a content model based on that of WHO to certify the cause of death. It will have a more general focus so that it can be used in a regional context.	An e-learning course was designed and will be tested in May with the countries that applied to the practice (Costa Rica, Ecuador, Panama, Paraguay, Guatemala, Nicaragua and the Dominican Republic). This activity will prove challenging due to the large number of countries that will implement this practice and the short turnaround of results.	None.
	2. Definition of the road map for design, testing, implementation and M&E of the online course			
	3. Launching of the practice in virtual forum			
	4. Implementation in three selected countries			
	5. Evaluation meeting with countries involved in the practice			

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<p>5. Develop and disseminate an electronic tool to the countries for epidemiological surveillance</p>	<p>1. Virtual forum for the presentation of the electronic tool offered by El Salvador</p>	<p>It was decided to hold a face-to-face meeting in late June for countries with experience in this practice (El Salvador, Dominican Republic and Ecuador) to show the scope and limitations and review the feasibility of its use in the countries that have applied it to practice (Peru and Colombia).</p>	<p>This activity is the most complicated from a strategic standpoint. Communication between areas of statistics and surveillance in countries is almost zero and in some cases conflicting. We have defined a strategy to address this problem.</p>	<p>None.</p>
	<p>2. Definition of the road map for design, testing, implementation and M&amp;E of the electronic tool</p>			
	<p>3. Meeting to define the plan for implementation of the practice</p>			
	<p>4. Implementation in three selected countries</p>			
	<p>5. Evaluation meeting with countries involved in the practice</p>			
<p>6. Revision and implementation of the RELAC SIS Portal</p>	<p>1. Redesign and maintenance of portal</p>	<p>The portal has been relaunched and is currently in full use. For more details visit <a href="http://www.relacsis.org">www.relacsis.org</a></p>	<p>Making RELAC SIS participants more involved in the virtual component offered by the portal (discussions, forums, and work groups)</p>	<p>We are working with other networks to achieve an alliance to promote the forums. This is a general problem as has been discussed with the other networks.</p>
	<p>2. Administration of the portal</p>			
	<p>3. Updating of the list of practices available in the network</p>			

Outcome 3.2: Improved surveillance for congenital syphilis (CS) diagnosis and treatment through the establishment of a Regional Network.				
Key Personnel Responsible for Outcome 3.2: Dr. Suzanne Serruya (FCH/CLAP)				
Tasks	Planned Steps	Current Progress	Challenges	Remarks
<b>Activity 3.2.1 Establish a regional network including main maternal hospitals and primary health care services as sentinel sites for congenital syphilis diagnosis and treatment.</b>				
1. Organize a Regional meeting to discuss strategies for the elimination of MS/CS with the results obtained with SIP basis.	1. Countries technical visits for data collection and discussion	<p>1. From 27 to 30 October a workshop took place in Costa Rica for implementation of M&amp;E of congenital syphilis, which included a visit to the Women's hospital. In April we will make a technical visit to Panama and have visits scheduled to Bolivia in May and the Dominican Republic in June.</p> <p>2. The countries have been invited to the meeting to discuss Regional Strategies for the elimination of MS/CS with the results obtained with SIP basis. This event is scheduled to take place on 4 and 5 June in Montevideo, Uruguay.</p>	Some countries had problems with the implementation of activities during the months of December to February, as these are vacation months in countries like Uruguay and Bolivia.	None.
	2. Improvements and informatics adjustments of SIP automatic outputs	We finalized the first version of the dashboard of syphilis indicators and a pilot test will be conducted in Uruguay or Honduras.		
	3. Virtual support for countries	Virtual meetings have been conducted with six countries: Costa Rica, Dominican Republic, El Salvador, Honduras, Nicaragua, and Panama.		
	4. Development of database	The first version of the SIP database with the indicator of maternal and congenital syphilis has been completed.		
2. Present the Maternal and Congenital Syphilis epidemiological situation to the professional associations	1. Presentation in FEPPEN, FLASOG, ALAC-ITS, ALAPE conferences	Research on upcoming conferences of these associations has been done by regularly consulting their web pages.	From October to March there were no offers for registration in these conferences.	None.

<b>Outcome 3.3: Improved national planning capacity in neonatal health guided by country's neonatal and child profiles.</b>				
<b>Key Personnel Responsible for Outcome 3.3: Dr. Pablo Duran (FCH/CLAP)</b>				
<b>Tasks</b>	<b>Planned Steps</b>	<b>Current Progress</b>	<b>Challenges</b>	<b>Remarks</b>
<b>Activity 3.3.1 Consolidate and analyze data, and develop country profiles.</b>				
1. Subregional meeting to evaluate neonatal health based on consolidated country profiles	1. Hold a meeting with national focal points	The meeting with national focal points from priority countries is being organized for June 2013.	None.	None.
<b>Activity 3.3.2 Disseminate and promote profiles (CDs, electronically, etc.) to regional partners</b>				
1. Analysis of neonatal health and challenges in priority countries	1. Technical document consolidating results from priority countries	Critical aspects related to neonatal care have been defined in order to advocate in priority countries. Two activities are being planned: To create a map on neonatal screening programs and legislation, and the analysis of impacts and costs of prematurity. Both activities are planned to be developed jointly with March of Dimes.	At present the design of both products and the profiles as well as potential experts to conduct the data collection and analysis is being discussed.	None.
<b>Outcome 3.4: Strengthened epidemiological surveillance of MDR-TB.</b>				
<b>Key Personnel Responsible for Outcome 3.4: Drs. Mirtha del Granado &amp; Rafael Lopez (HSD/CD/T)</b>				
<b>Activity 3.4.1 Carry out regional meeting on MDR-TB surveillance.</b>				
<b>Activity 3.4.2 Support national MDR-TB surveys.</b>				
<b>Activity 3.4.3 Develop and implement analytic tools regarding gender, ethnicity and vulnerable populations.</b>				
<b>Activity 3.4.4 Develop an annual Regional TB and MDR-TB report.</b>				
Funding originally estimated for these activities for Year Two included in Expanded TB Funding portion of grant				

### Cross-Cutting Theme 4: Leadership and Governance

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

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<b>Outcome 4.1: Strengthened policy dialogue in maternal health at the regional and national level reduction of maternal morbidity and mortality</b>				
<b>Key Personnel Responsible for Outcome 4.1: Dr. Bremen De Mucio (FCH/CLAP)</b>				
<b>Activity 4.1.1 Update and promote the Regional strategic plan for the reduction of maternal morbidity and mortality.</b>				
1. Building Plan indicators base-line and second year.	1. Direct support to countries in the application of the monitoring and evaluation tool.	1.1 Year 1 base-line indicators of the plan completed for 23 countries. Base-line includes countries with at least 7,000 live births per year. 1.2 The Dominican Republic has received technical support for updating its national plan of reduction of maternal-infant mortality.	1.1 Getting quality information regularly from 26 selected countries. 1.2 Supporting countries in the updating of national plans of maternal mortality reduction and the inclusion of severe maternal morbidity	1.1 Base-line data for the Plan from Canada, Chile, and USA has not been available. 1.2 Launching of the Plan for the reduction of maternal and child mortality was done in a ceremony presided by the President of the Republic and the Vice-President, and the most relevant health authorities. <a href="http://vicepresidencia.gob.do/vice/lanzan-plan-nacional-para-la-reduccion-de-la-mortalidad-materna-e-infantil/">http://vicepresidencia.gob.do/vice/lanzan-plan-nacional-para-la-reduccion-de-la-mortalidad-materna-e-infantil/</a>
<b>Activity 4.1.2 Promote the effective functioning and scaling-up of the Regional Interagency Task Force for the reduction of maternal mortality.</b>				
Tasks in this line eliminated, with Year Two funds assigned to 4.1.3 instead.				

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<b>Activity 4.1.3 Enhance the dissemination of the lessons learned from the Colombia Web-based Maternal Mortality Surveillance project through focal technical assistance to requesting countries of the region.</b>				
<b>Key Personnel Responsible for Activity 4.1.3: Dr. Hernan Rodriguez (PWR-COL)</b>				
1. Complete the Document of Technical Cooperation Among Countries (TCC) in order to be reviewed by PAHO Washington for the purpose of obtaining resources and provide sustainability to the project	1. Adjust document of TCC (currently 70-80% developed) with the involved countries.	The document was adjusted.	Reconsider if this document of TCC should be sent to Washington. There are possibilities of finding technical and financial support by CLAP for this project.	None.
	2. Review of TCC by PAHO Washington			
2. Share with El Salvador or other country of the Region the WBMSS (platform, desk or components of the System) for adoption and adaptation according to its needs.	1. Workshop in El Salvador or another country to share the WBMSS, evaluate the needs, and adopt the most important components of the System.	El Salvador decided not to adopt the WBMSS. There was interest on the part of the Health Authorities of Peru in knowing the project through PWR-Peru. On several occasions the technical focal points of PAHO were contacted in order to coordinate the activities with the national counterparts but there was not a favorable response.	Identify another country with the support of CLAP. Ecuador and Guatemala are possibilities.	None.
3. Organize virtual meetings (Illuminate) and in-person with the countries (Bolivia, Honduras and El Salvador) that hosted the call for TCC with regard to the WBMSS.	1. Invite the 3 participating countries to virtual sessions for monitoring of the activities.	There have been conversations with Bolivia and Honduras (PAHO focal points).	There are not advances in the countries due to changes of Ministers of Health and in human resources. The PAHO focal points are exploring the possibility to restart activities of the WBMSS with the national counterparts of Bolivia and Honduras.	None.
	2. Virtual and in-person advisories by the Systems Engineer to the three countries that hosted the WBMSS.			

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<p>4. Technical support for Colombia in the expansion of the WBMSS in the territories.</p>	<p>1. Technical support in the expansion of the WBMSS</p>	<p>A workshop is planned for July 2013 in order to train the missing territorial entities (12) in order to complete training in the entire country. PWR-COL and the University of Antioquia will provide technical support together with the National Institute of Health (NIH). In addition, during this month visits will begin in some of the territories that have implemented the WBMSS in order to know the progress and support them in the analysis of maternal death and the formulation of the Plan of Action.</p>	<p>The National Institute of Health (NIH), responsible for surveillance of the events of interest in public health, could not contract a systems engineer in recent months in order to support in the implementation of the WBMSS in the territories.</p>	<p>Continue with the technical support in the NIH and in the territories by the engineer hired by PAHO</p>
	<p>2. Technical visits for the monitoring in the implementation of the WBMSS in 12 territories of the country</p>			
<p>5. Translate into English the modules of the platform as well as epidemiological and informational documents of the WBMSS</p>	<p>1. English translation of WBMSS modules (Web and Desktop)</p>	<p>The Systems Engineer is starting the process of translation of the different modules of the WBMSS into English. Once the adjustments of the platform are made, the missing documents will be translated.</p>	<p>None.</p>	<p>Some adjustments of the platform are being made (modules 6 and 7 and reports) as a result of the recommendations that the territories have made recently.</p>
	<p>2. English translation of missing epidemiological and informational documents</p>			
	<p>3. Recruitment of Systems Engineer (two months) for the English translation of the modules of the platform and test of the system</p>			

<b>Outcome 4.2: Regional Neonatal Interagency Alliance strengthened to promote and support national policies and activities in newborn health in the context of continuum of care approach</b>				
<b>Key Personnel Responsible for Outcome 4.2: Dr. Pablo Duran (FCH/CLAP)</b>				
<b>Tasks</b>	<b>Planned Steps</b>	<b>Current Progress</b>	<b>Challenges</b>	<b>Remarks</b>
<b>Activity 4.2.1 Support and maintain functioning of Alliance.</b>				
1. Support to activities promoted by the Neonatal Alliance	To participate in forums linked to the activities promoted by the Regional Neonatal Alliance (ALAPE meeting and annual meeting of the Neonatal Alliance), and to contribute and to provide support to the activities at the regional and country level, organized or sponsored by the alliance.	Participation as part of the Neonatal Alliance at the Regional ALAPE Meeting (Cartagena, Colombia), which involved a presentation at a regional forum with Alliance partners, advocating for neonatal health. Also, a meeting has been organized with partners (GATA Meeting).	None.	It has been planned to support participants from priority countries to the annual Neonatal Meeting in El Salvador during June 2013.
<b>Activity 4.2.2 Evaluate advances in MDG 4 in South America.</b>				
1. Assessment of the achievements and status on MDG 4 and Regional Plan of Action	To develop an analysis of data on Neonatal Mortality from the region, analyzing trends and the present situation, based on different sources. To assess the achievements on MDG 4 in the Region and by subregion, and on the achievements and challenges of neonatal health.	The consolidation and analysis of data on Neonatal Mortality in the region has been performed, analyzing trends and the present situation, based on different sources (PAHO database, Inter-agency Group for Child Mortality Estimation and the Institute for Health Metrics and Evaluation).	None.	The final report of this analysis will be part of a document on the situation of neonatal health and challenges within the region.
<b>Outcome 4.3: Increased capacity of national authorities to secure sustainable political commitment and resources to institutionalize core capacities for surveillance and response, including at Points of Entry</b>				
<b>Key Personnel Responsible for Outcome 4.3: Dr. Sylvain Aldighieri (HSD/IR)</b>				
<b>Activity 4.3.1 Organization and implementation of the Second Annual Regional Meeting of the National IHR Focal Points</b>				
No funding budgeted for this outcome / activity for Year Two.				



## ADDITIONAL ACTIVITIES

### Neglected Tropical Disease Advisor - Focus: Onchocerciasis Elimination in LAC)

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<b>Key Personnel Responsible: Dr. Steven Ault (HSD/CD/NID)</b>				
1. Contract for P.3 post, Washington DC-based	New contract effective 1 September 2012 for 1 year.	The process was completed and epidemiologist Martha Saboya has been selected for this P.3 position starting September 2012.	None.	None.
2. WHO with PAHO will implement the process for the certification of elimination of onchocerciasis transmission in Colombia	Following the WHO guidelines "Certification of elimination of human onchocerciasis: criteria and procedures" WHO and PAHO appointed an International Certification Team (ICT), a group of experts from different fields responsible for the critical review of the dossier and field visit to Colombia to interview the health authorities. Based on the results of its assessment, the ICT will issue recommendations to WHO regarding the certification of elimination of transmission of onchocerciasis and any possible surveillance activities to be carried out during the post-endemic phase. ICT mission planned for 5-9 November 2012.	<p>The mission of the International Certification Team was held in November 2012, and the report of the mission was submitted to WHO.</p> <p>WHO sent the official letter confirming the elimination of onchocerciasis, including the final report of the International Certification Team and recommendations to the Ministry of Health of Colombia on 5 April 2013.</p> <p>The official delivery ceremony for the Verification of Elimination may be held on 16 May 2013 in the framework of an advocacy meeting to increase deworming to combat STH, in which delegates from 20 countries, NGOs/FBOs and several partners will participate.</p>	None.	Colombia is the first country at global level to receive the WHO verification of onchocerciasis elimination.
	Once the ICT approves the dossier it will submit a recommendation to WHO for certification of its elimination in Colombia to WHO (via WHO Dept. of Control of NTDs).			

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	At the end of 2012 or first semester of 2013, Colombia will be certified by WHO as a country which has eliminated onchocerciasis.			
3. Ecuador dossier on onchocerciasis elimination completed	At the end of 2012 Ecuador will finalize the post-treatment surveillance.	Ecuador completed the post-treatment surveillance phase in 2012. The Ministry of Health presented the epidemiological evidence to the Program Coordination Committee of OEPA in October 2012 which confirmed the interruption of transmission of onchocerciasis in the single focus of the country. This decision was presented during the XXII IACO meeting held in Chiapas-Mexico in October 2012.  A dossier compiling the evidence of the elimination of onchocerciasis in Ecuador was completed in 2012. The Ministry of Health in Ecuador formed a national committee that will review and approve the dossier during the first half of 2013. Subsequently, national health authorities will submit the dossier to WHO/PAHO requesting the verification of the elimination.	Due to the fact that the Ministry of Health in Ecuador is doing several changes in their organizational structure, the process for approval of the dossier has been delayed within the MOH. PAHO is doing advocacy to accelerate the process.	If the dossier is submitted to WHO/PAHO, and the mission of the International Certification Team takes place in 2013, Ecuador could be the second country in LAC to submit a request for verification of elimination of onchocerciasis to WHO/PAHO.
	By the end of second semester 2012, Ecuador will finalize the entomological evaluations at the end of the 3 year post treatment surveillance period.			
	Results of the entomological surveillance in Ecuador will be available by the end of the second semester of 2012. It is expected that the results confirm that onchocerciasis transmission has been eliminated.			
	Ecuador will finalize the onchocerciasis elimination dossier by the end of 2012.			
	Preparations for WHO ITC mission to Ecuador for verification of interruption of transmission, and possible Certification by WHO.			
	WHO ICT team certification mission to Ecuador, once green light is given by MOH			

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<p>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).</p>	<p>PAHO's Regional Advisor for Neglected Infectious Diseases and focal point for Onchocerciasis will participate in the PCC meeting and in the IACO.</p>	<p>PAHO's Regional Advisor for Neglected Infectious Diseases and focal point for onchocerciasis participated in the XXII IACO meeting held in Chiapas, Mexico in October 2012. A detailed analysis of the regional epidemiological situation, as well as of the progress towards the elimination goal of each country and each of the 13 foci in the Region was made.</p>	<p>None.</p>	<p>It is expected to concretize the proposal to increase coordination between OEPA and PAHO during the PCC meeting in 2013.</p>
	<p>Discussion and analysis of current epidemiological, entomological and programmatic status and proposals for next steps by each of the six countries with onchocerciasis transmission foci will be held within the PCC and the IACO.</p>	<p>The PCC confirmed the interruption of the transmission of onchocerciasis in its only focus, Esmeraldas, in Ecuador; and the interruption of transmission in the Northeast focus in Venezuela.</p> <p>The PCC meeting 2013 will be held on 4 and 5 June in Guatemala to discuss advances of onchocerciasis elimination in the Region of the Americas. PAHO's Regional Advisor for Neglected Infectious Diseases and focal point for onchocerciasis will participate.</p>		
	<p>Consolidate a joint plan of action to coordinate Onchocerciasis activities between PAHO and OEPA</p>	<p>A proposal for strengthening coordination between PAHO and OEPA was reviewed during the XXII IACO meeting.</p>		

Tasks	Planned Steps	Current Progress	Challenges	Remarks
5. Technical cooperation and advocacy missions to address Yanomami Area to eliminate onchocerciasis transmission	Technical cooperation mission to support efforts to eliminate onchocerciasis, leprosy and schistosomiasis in Yanomami Area.	Technical cooperation mission to support the Yanomami area in the elimination of onchocerciasis will be carried out during the second semester of 2013.	The activities scheduled could be delayed due to changes in government.	PAHO is completing a roadmap to identify milestones that should be reached in Yanomami area in order to accelerate interventions from both countries. This roadmap will be used for advocacy with both countries.
	Advocacy mission(s) to Yanomami Area to support binational efforts to eliminate oncho transmission, particularly in the ~30 newly identified Yanomami communities near border.	The MOH of Brazil is trying to call for a meeting with local health teams in the border area in order to complete operational plans and financial costs and gaps.		
6. Develop a proposal to request financial support to accelerate the interruption of onchocerciasis transmission in the Yanomami Area	Continue efforts to mobilize funds and resources and promote binational coordination in Yanomami Area to support implementation of actions to accelerate the interruption of onchocerciasis transmission	A proposal was finalized, and shared with the PAHO office.	Due to the continuing difficult political situation in the country, the proposal was not reviewed by national health authorities.	PAHO wants to use this proposal as a baseline for the workshop that would be held in the border of the two countries.
	Revise proposal to actualize budget and prepare to submit to the CAF Regional Bank or other potential donor recommended by appropriate MOH			
7. Support MOH Mexico to prepare the national dossier for purposes of WHO certification of elimination of onchocerciasis	Review of draft national dossier, when it is made available by MOH. (Dossier will contain data from Chiapas, Oaxaca)	Mexico finalized dossiers for onchocerciasis for Oaxaca and Chiapas States, and they are compiling both documents in one.	None.	None.
	Final national dossier, ready to be presented to WHO	The Secretary of Health of Mexico (= MOH) conformed a national committee to review and approve the dossier; subsequently, the dossier would be submitted by the Secretary of Health to WHO/PAHO requesting the verification of the elimination in 2015 when the post-treatment surveillance phase will end.		

Tasks	Planned Steps	Current Progress	Challenges	Remarks
8. Compile epidemiological, programmatic and treatment data in Mexico to support the formulation of a dossier	Support Mexico to digitize data currently on paper files in preparation for dossier, if requested by national or state authorities	Mexico already finalized the digitizing of paper files for the preparation of the dossiers.	None.	None.
9. Integration of onchocerciasis actions within plans of action for control and elimination of neglected infectious diseases in priority countries	Support formulation of integrated plans of action (POA) for control and elimination of NID in countries with Onchocerciasis foci to reach and sustain elimination goals (NB: inclusion of onchocerciasis in the integrated plan of action is the prerogative of the individual country).	A technical mission is scheduled to take place in Guatemala from 1 to 5 April 2013 to review the progress on formulation of the integrated plan of action for controlling and eliminating NIDs, review the progress on a protocol for a national survey on Soil-Transmitted Helminths (STH), to review the process to compile information for a dossier for ONCHOCERCIASIS, and follow up the azithromycin donation for trachoma treatment in Solola.	Although the country has received PAHO technical cooperation for using the tool for formulation of integrated plans of action for NID, it has been difficult to complete the plan due to political changes in the government and MOH, and the multiple tasks developed by persons responsible for the several programs in the Ministry of Health. The capacity in the country for developing integrated actions requires extra support from technical cooperation. There is a first draft of a national plan which will be reviewed by the regional program of NIDs at PAHO.	The Ministry of Health has indicated its interest to include 6 NID in the national plan of action (onchocerciasis, leprosy, trachoma, STH, leishmaniasis and Chagas' disease). This will be a good opportunity to move forward the agenda for controlling and eliminating the NIDs in the country.
	Technical cooperation mission of NID staff to Guatemala			

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<p>10. Compile, analyze and distribute data and information on progress on the elimination of onchocerciasis in LAC</p>	<p>Consolidate reports of Onchocerciasis activities in LAC</p>	<p>The NID Program is compiling data using Joint Reporting Forms (JRF) for NIDs from Latin American and Caribbean countries to update information in the Region. Although JRF includes specific forms for onchocerciasis, OEPA is compiling the specific data as a part of its mandate. This coordination OEPA-PAHO allows us to reduce or avoid duplication of data and information requested and gathered from endemic countries.</p> <p>A report on progress of the elimination of onchocerciasis in LAC was prepared by PAHO with the aim to be presented to the Executive Committee of PAHO on 17-21 June 2013. This report was prepared in coordination with OEPA and is focused on highlighting the success of elimination of onchocerciasis in LAC, as well as recommendations to accelerate the implementation of interventions in the Yanomami area to reach the elimination goals.</p>	<p>None.</p>	<p>The progress report on the elimination of onchocerciasis in LAC that will be presented to the Executive Committee of PAHO is an important milestone because it highlights not only the achievements but the challenges in the framework of the PAHO Resolution CD48.R12 of 2012 in which Member States committed for the elimination of onchocerciasis by 2012.</p>

Reinforcing Malaria Efforts in Haiti				
Tasks	Planned Steps	Current Progress	Challenges	Remarks
Key Personnel Responsible: Dr. Keith Carter (HSD/CD/M)				
Outcome A. Strengthened and optimized implementation of Global Fund Grant on malaria in Haiti				
Activity A.1 Global Fund grant coordination meetings				
A1. Actively collaborate and provide technical inputs on implementation of the Global Fund (GF) project on malaria.	1. Coordination meetings with the Departmental Directors and Program Managers to discuss the Operational Plan for the ongoing Global Fund malaria project	Through November 2012, PAHO participated and provided technical support to the Departmental coordination meetings which took place in the Departments of l'Artibonite, du Nord, du Nord Est, du Sud, de la Grand Anse, des Nippes et du Sud Est. These meetings aimed to strengthen the monitoring and evaluation (M&E) system at the Departmental level of the health system in order to improve malaria control efforts.	From December 2012, no coordination meetings were organized due to the budget constraints of the Phase 1 malaria grant. During the extension period of the Phase 1 (January-March 2013), only a limited budget was available for the National Malaria Control Program (NMCP)'s coordination activities. The delay in the approval and signature of the phase 2 Malaria grant by the Global Fund until 24 April 2013 has drastically limited NMCP activities. The significant reduction of the phase 2 budget will lead to further major limitations of the NMCP's coordination activities. No budget is approved for the coordination meetings between NMCP and the Departments Health Authorities (or M&E Officers).	The grant agreement has been signed as of 24 April 2013, but funds have yet to be disbursed. To address the funding gap for NMCP coordination meetings, PAHO will support meetings between the NMCP and Departmental Directors for the remainder of Year 2 of this PAHO project to ensure continued collaboration on the implementation of phase 2 of the GF Grant. It is proposed that future funding be included in the USAID grant to ensure continued support of these coordination meetings.
	2. Participate in the monitoring of supervision reports and evaluation of mid-year and annual reports based on the indicators submitted to the Global Fund.	To address significant weaknesses of the data collection system and epidemiological surveillance capacities in Haiti, PAHO supported a workshop in September 2012 involving the various stakeholders of the health data management (UPE/MSPP, DELR, NMCP, NGOs).	The current significant delay in the collection of reports from the health institutions will delay the development of the 2012 annual report by the NMCP (motivation issues linked to the decision by the GF grant to not provide incentive payments).	The Malaria Advisor will explore alternative mechanisms to facilitate the completion of these required reports.
*This information has been updated based on discussions that took place on 26 April 2013.				

Tasks	Planned Steps	Current Progress	Challenges	Remarks
		<p>The recommendations of the workshop were included in the Phase 2 request. As a member of the Country Coordinating Mechanism (CCM), PAHO participated regularly in all the CCM meetings, contributing to the elaboration and validation of the progress reports for the GF, and the reports requested for phase 2. PAHO recently has been supporting the 10 Departmental M&amp;E Officers for improving data collection and the transmission of reports. A close collaboration will be performed at Departmental level between the 10 EPI M&amp;E Officers (immunization) and the 10 Malaria M&amp;E Officers.</p>		<p>PAHO will support some field activities of the 10 M&amp;E officers of malaria, and strengthen the collaboration with the 10 M&amp;E Officers of the EPI program (transportation for fields visits, integration where possible).</p>
	<p>3. Participate in at least one activity of supervising the Departmental Direction of Health Services.</p>	<p>Planned after the signature of the Phase 2 grant (before September 2013).</p>	<p>During the extension period of phase 1 (January-March 2013), the NMCP has faced a limited budget for its activities.</p>	<p>None.</p>
	<p>4. Support Global Fund-proposed national program review process</p>	<p>The Malaria Program Review (MPR) is a condition for the GF grant (year 2 phase 2). PAHO, GF and other partners will support the NMCP to perform the review on time (by 15 November 2013).</p> <p>Considering the limited time, in late 2012 PAHO took the lead and developed an initial draft of the proposal, and shares it with other partners for comments. PAHO also conducted advocacy and technical support activities with the NMCP team, to provide them with a better understanding of the WHO methodology and tools for the review. Advocacy efforts are still vital to promote sustained commitment by the NMCP for the review and for accelerating the process. Other partners (CDC, PSI/PR, Carter Center) have been well informed.</p>	<p>A real leadership/ownership of the NMCP is necessary to finalize the proposal and its budget. The budget of phase 2 does not include resources for the review.</p>	<p>Efforts will be made to clarify the funding source for the MPR activity. PAHO will also explore alternative mechanisms to facilitate the MPR.</p>



Tasks	Planned Steps	Current Progress	Challenges	Remarks
<b>Activity A.2 Technical cooperation in resolving implementation bottlenecks including support of diagnostic missions, mapping of country need and development of response strategy, and implementation of progress reviews</b>				
A.2 Collaborate with stakeholders in program monitoring efforts and resolving bottlenecks.	1. Hold monthly meetings with the Principal Recipient (PR) and Sub-recipients (SRs) to identify and resolve gaps in the implementation of the Global Fund (GF) Malaria Project	<p>The PR (PSI) organizes a monthly meeting with the SR, including the NMCP</p> <p>PAHO has supported the leadership of the NMCP by successfully advocating for periodic meetings between the NMCP and the SR, so that the NMCP can provide sound orientation and updated malaria policy information to all the SR of the malaria grant. Such meetings complement the monthly meetings that are organized between the PR (PSI) and the SR, which focus on the administrative aspects of the malaria grant.</p> <p>The NMCP performs the initial review of all progress reports sent from the SR for eventual PR approval. This demonstrates strengthening of the NMCP's capacity to assume and perform its leadership role.</p>	<p>Irregularity of the meetings since the extension period of the grant (January -March 2013 )</p> <p>There are few ongoing activities of the SR until the beginning of phase 2</p>	PAHO is supporting these meetings under the current grant. As this is not covered in the Phase 2 GF grant, this activity should continue to be funded in the next cycle.
	2. Hold a weekly meeting with the National Malaria Control Program (NMCP) to monitor the activities realized in line with the indicators submitted to the GF project	<p>Since April 2012, PAHO has been attending the weekly meetings of NMCP staff. These meetings have facilitated the training of their staff (most newly recruited), providing them with a better understanding of their duties, and therefore improve the NCMP's performance.</p> <p>These meetings should promote improved organization and management of the NMCP, and strengthen its capacity, in view of facing the challenges of malaria control and ultimately pre-elimination in Haiti and in Hispaniola</p>	<p>NMCP remains a weak program, and much of its staff is demoralized, following the decision of the GF to not provide incentive payments.</p> <p>The weekly meetings are rather irregular. However, many ad hoc meetings were held with the NMCP staff for the preparation and negotiations of the phase 2 request and for specific activities of partners.</p>	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	3. Technical meeting of Malaria Advisor in Haiti with Regional PAHO and USAID team in Washington DC	After an extensive selection process, the Malaria Advisor has been selected and has assumed office in mid-January 2013. His introduction to the program was made at the PAHO Haiti Country Office. A conference call took place with Regional PAHO personnel. A technical meeting with Regional PAHO and USAID personnel took place from 22-26 April 2013.	None.	None.
	4. Technical and Program Monitoring Visit by PAHO Regional Malaria Team member(s) in Haiti	This activity is planned to take place during the second semester.	None.	The PAHO CD Coordinator and Senior Malaria Advisor are proposed to visit Haiti in the second semester.
<b>Activity A.3 Technical cooperation on preparation of future proposals for submission to the Global Fund and other financial institutions (including contracts and training on proposal development)</b>				
A.3 Technical cooperation on preparation of future proposals for submission to the Global Fund and other financial institutions	1. Collaborate with the involved partners in consolidating the proposal for Phase 2 of current Malaria Global Fund Grant	PAHO contributed to the preparation and successful negotiation of the Phase 2 GF malaria grant, playing a pivotal role by providing: - technical support to the NMCP in the preparation of technical reports and templates requested for the phase 2 - collaboration with the PR/PSI - contribution as a member of the CCM in the analysis, preparation and validation of technical documents for the GF - collaboration with the GF on the review of the malaria program.  Phase 2 of the GF Grant was signed 24 April 2013. Activities will commence upon disbursement of the funds, possibly in May.	Delay in the approval of the phase 2 by the GF (extension period has been set up to 31 Mar 2013).  The GF has made important reductions to the budget of the phase 2 malaria grant, including the decision to not provide incentive payments to the national staff.  The budget of the Malaria Program Review is not included in the budget of phase 2, though the report of the review is a condition of the budget of year 2 of phase 2.	None.
	2. Support in the negotiation and eventual implementation of the Phase 2 proposal	PAHO has continued to strengthen its collaboration with the other malaria control partners (CDC, PSI, Carter Center, CHAI).		

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<b>Activity A.4 Advisor in Malaria Prevention and Control</b>				
A.4.a Contract and Installation of Advisor in Malaria Prevention and Control in Haiti.	1. After the interviews held 20 September 2012, complete the hiring process for the selected candidate.	After an extensive selection process, the Malaria Advisor has been selected and has assumed office in mid-January 2013. His introduction to the program was made at the PAHO Haiti Country Office. A conference call took place with Regional PAHO personnel. A technical meeting with Regional PAHO and USAID personnel took place from 22-26 April 2013 in Washington DC.	None.	None.
	2. Orientation of new Advisor on current situation and work plans			
A.4.b Contract for National Professional for Malaria Prevention and Control and Lymphatic Filariasis in Haiti.	1. Extend contract of current national professional working in Haiti and modify TORs to cover bi-national activities related to Malaria and LF prevention and control	The contract of the national professional was extended until 30 November 2012, focusing on bi-national activities related to Malaria and LF prevention and control.	None.	The internationally recruited malaria advisor has assumed this responsibility.
<b>Outcome B. Strengthened malaria surveillance, monitoring, and evaluation</b>				
<b>Activity B.1 Technical cooperation on malaria surveillance, and in monitoring progress and quality assurance in activities of Global Fund Malaria Projects in Haiti and the Dominican Republic (including in joint meetings and activities)</b>				
B.1 Collaborate with stakeholders involved in malaria surveillance and quality assurance efforts	1. Collaborate on the survey regarding malaria prevalence in the country and develop a risk map.	PAHO is a partner in the development of the survey on malaria prevalence in Haiti, jointly performed by the NCMP, PSI/PR, CDC, and the Laboratoire National de Santé Publique (TRaC survey). PAHO attended the workshop held in January 2013 for the validation of the survey results. The final report of the survey will be issued by PSI and NMCP. The next step will be the development of a risk map for malaria.  PAHO is also a partner with CHAI in performing a "feasibility study of malaria elimination in Haiti," which includes the development of a risk map.	None.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	2. Participate in the bi-national meetings between Haiti and the Dominican Republic (HAI-DOR)	Since April 2012, PAHO has been participating in all the binational meetings held successively in Montrouis, Anses, Pitres/Pedersnales, and Saint Domingue, for the joint elaboration of the "Plan binational d'Elimination de la malaria et de la Filariose Lymphatique," and for the preparation of joint work plans in border areas.	None.	In response to increasing interest in the bi-national elimination of malaria and LF, stakeholders were convened by PAHO in Washington, D.C. on 22-23 April 2013. Participants reinforced their commitment and resolved to finalize the work plan in the coming months.
	3. Support malaria surveillance and implementation of relevant interventions in the HAI-DOR bi-national effort	The "Plan binational d'Elimination de la malaria et de la Filariose Lymphatique" is to be finalized by the malaria advisor in consultation with the Dominican Republic.		
	4. Visit to follow-up on implementation of integrated malaria and NTD activities relevant to their subsequent elimination in the HAI-DOR border			
<b>Activity B.2 Development and consolidation of mid-term and annual performance progress reports</b>				
B.2 Development and consolidation of mid-term and annual performance progress reports	1. Participate in at least one of the quarterly departmental meetings with the heads of health facilities on monitoring and evaluation (M&E) strengthening.	Through November 2012, PAHO participated and provided technical support to the Departmental coordination meetings which took place in the Departments of l'Artibonite, du Nord, du Nord Est, du Sud, de la Grand Anse, des Nippes et du Sud Est.	Delay of phase 2 and the reduced budget approved by the Global Fund (budget for the central M&E to conduct field visits is limited)  Limitation of performance of the M&E Officers at the Departmental level due to lack of appropriate equipment (computers, internet, logistics for the 10 M&E Officers )	PAHO will support the 10 M&E officers of malaria, and strengthen the collaboration with the 10 M&E Officers of EPI program (transportation for field visits, integration where possible). In 2013, PAHO will support supervisory visits of 2 staff from the central NMCP, as a complement to the budget of phase 2.
	2. Field visits to departments to discuss with managers to increase involvement in M&E (Already done 3 visits - will continue efforts in year 2)	These meetings aimed at strengthening the monitoring and evaluation (M&E) system at the Departmental level of the health system in order to improve malaria control efforts.		

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<b>Activity B.3 Country capacity strengthening on malaria surveillance, monitoring, and evaluation (including trainings, workshops, etc.)</b>				
B.3 Support capacity-building activities in malaria surveillance, monitoring, and evaluation	1. Collaborate in workshops with the NMCP to validate and finalize the M&E Plan	Following the revision of the "Plan stratégique national malaria" (supported by Regional PAHO Team), the M&E Plan of this revised strategic plan has been developed, with the support of a consultant, involving PAHO (including technical orientation from Regional PAHO) and other partners (CDC, PSI). The M&E plan has been finalized, and a workshop is expected for its validation.	No budget is available for the workshop for validation of the M&E plan.	PAHO will support quarterly NCMP visits to priority Departments to reinforce capacities for malaria surveillance. Additionally, PAHO has been requested to support the following: - Workshop for validation of the revised M&E Plan - Printing of the M&E support tools (complement to UPE budget) - Training of the 10 M&E Officers (in epidemiological surveillance of malaria in the context of control/pre-elimination in Haiti). These other items will be among the bases for requested additional funding for the next cycle of this project None.
	2. Prepare, review and finalize Evaluation Forms to be used in the field, for both M&E and vector control staff (called brigadiers)	Following the validation of the M&E Plan, several M&E support tools (for data collection and reporting) will be updated, jointly by NMCP and UPE; then these support tools should be printed and distributed.	Additional resources are to be mobilized both by UPE and by NMCP for the production and the distribution of the M&E support tools.	
	3. Workshop on Analysis of Information Collection, with the Planning and Evaluation Unit, the National Epidemiology, Laboratory and Research Department (NELRD), the NPMC and local agents	This activity is planned after the validation of the M&E Plan.	None.	
	4. Hold a technical workshop / training program on malaria surveillance, monitoring and evaluation for relevant MOH staff and stakeholders (in conjunction with C2 &3).	This activity is still a priority for PAHO and the NMCP, but other stakeholders have not identified resources to contribute to this	This workshop, originally planned to include two other topics, was planned assuming there would be counter funding from the GF and other stakeholders. Unfortunately, counterpart funding is only available for the training on communications. Therefore, workshops for this topic will be rediscussed.	

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<b>Outcome C. Strengthened malaria prevention and control strategies and implementation of interventions</b>				
<b>Activity C.1 Technical cooperation in reviewing, updating, and strengthening the national malaria strategy and operational plan; and in aligning the implementation of the Global Fund Malaria (including stakeholders' consultation meetings, etc.)</b>				
C.1 Support the Ministry of Health and collaborate with other stakeholders in reviewing, updating, and strengthening the national malaria strategy and operational plan; and in aligning the implementation of the Global Fund Malaria	1. Facilitate consolidation of the Malaria Strategic Plan based on results of consultation process conducted in Year 1.	PAHO supported the revision of the "Plan stratégique national malaria," with support from PAHO Regional in October 2012. After a workshop involving the main stakeholders of the malaria program, the revised strategic plan (extended to 2015) has been finalized and adopted. This revised plan was considered for the negotiations of phase 2 malaria GF grant.	None.	None.
<b>Activity C.2 Technical cooperation in the development of standards, guidelines, and procedures relevant to malaria prevention and control (e.g. diagnosis, treatment, vector management, etc.)</b>				
C.2 Technical cooperation in the development of standards, guidelines, and procedures relevant to malaria prevention and control	1. Validate, Edit, and Print the updated Guide for Care and Management of Malaria patients.	From May 2012 PAHO successfully supported the development of an updated Guide for Care and Management of Malaria patients. The document's review process is complete. The final version has been submitted to PAHO HQ prior to the editing, printing and dissemination of this important manual. NMCP has also requested support for the printing of two additional training documents: "Algorithmes ", and "Fiches techniques"	None.	PAHO will support the NMCP with: - the editing, printing and distribution of the Manual ("Guide for Care and Management of Malaria patients"), and its translation into Haitian Creole - the printing of the "Algorithmes" - the printing of the "Fiches techniques"
	2. Collaborate with partner institutions in research on parasite resistance to chloroquine and vectors to insecticides.	This activity will take place upon commencement of phase 2. It has been budgeted for by NMCP	None.	.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
	3. Participate in workshops on curriculum development and training of Malaria cadres, Project Officers and providers.	The GF work plan did not include these workshops.	None.	PAHO recommends that this activity is considered for funding for the following cycle of this project.
	4. Support malaria control and prevention activities in the HAI-DOR bi-national effort not currently funded by other partners	The "Plan binational d'Elimination de la malaria et de la Filariose Lymphatique" is to be finalized by the malaria advisor in consultation with the Dominican Republic partners	None.	In response to increasing interest in the bi-national elimination of malaria and LF, stakeholders were convened by PAHO in Washington, D.C. on 22-23 April 2013. Participants reinforced their commitment and resolved to finalize the work plan in the coming months.
	5. Hold a technical workshop / training program on malaria prevention and control for relevant MOH staff and stakeholders (in conjunction with B & C3)	This activity is still a priority for PAHO and the NMCP, but other stakeholders have not identified resources to contribute to this.	This workshop, originally planned to include two other topics, was planned assuming there would be counter funding from the GF and other stakeholders. Unfortunately, counterpart funding is only available for the training on communications. Therefore, workshops for this topic will be rediscussed.	A specific training on malaria prevention and control and elimination is planned for stakeholders in Haiti. Possible options for this workshop are to conduct it in Haiti or as a subregional workshop in another Caribbean country.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<b>Activity C.3 Technical cooperation on advocacy, communications, and health education/ promotion on malaria prevention and control (including meetings, events, workshops, and documentation of best practices)</b>				
C.3 Technical cooperation on advocacy, communications, and health education/ promotion on malaria prevention and control (including meetings, events, workshops, and documentation of best practices)	1. Meeting with the different actors involved in malaria control to form planning committees working on each topic (M&E, Care Management, Behavior Change based on Communication (BCC), vector control)	Activities of phase 2 have been budgeted for and will take place upon the hiring of a consultant to prepare and support the workshop (approved budget for the workshop by NMCP).	Request of NMCP to PAHO for a local consultant to be hired for 1 month to prepare and support the workshop; currently there is no budget for this consultant.	Upon request by the NMCP, PAHO will contract two consultants who will support these workshops. They will facilitate the development, revision, and harmonizing of communication materials (CCC) for malaria prevention and control.
	2. Participate in workshops at central and departmental level for curriculum revision and the development of materials for training in BCC on Malaria.	This activity was postponed from phase 1 of the GF malaria grant to phase 2; activity will resume upon signature of the grant	Meeting have taken place irregularly since the end of the grant's extension period from January - March 2013  The SR will plan for few activities prior to the start of phase 2	
	3. Support development, production and dissemination of communication materials relevant to malaria	This activity is pending to take place during the second semester.	Development and dissemination of materials depends on the workshop for curriculum revision & BCC training, date to be determined.	The two consultants hired for activity C.3.2 will also be requested to facilitate this activity in collaboration with the Malaria Advisor.
	4. Technical workshop / training program on malaria advocacy, communications, and health education for relevant MOH staff and stakeholders (in conjunction with B3 and C2)	Instead of an integrated malaria workshop that covers various topics, a specific advocacy and communications workshop will be held as counterpart funding is also available through the signed GF grant.	This activity, including the workshop on two other topics, was planned assuming there would be counter funding from the GF and other stakeholders. Out of the three topics, there is only funding for the training on communications. Therefore, this is prioritized and will take place by September 2013.	



Maternal, Neonatal and Child Health Conference - A Call to Action				
Tasks	Planned Steps	Current Progress	Challenges	Remarks
<b>Key Personnel Responsible: Dr. Christopher Drasbek, FCH/HL</b>				
1. Identify potential partners	Form an Interagency Partner Planning Committee	Partner Planning Committee established - composed of USAID/LAC, Meso America 2015 Health Initiative, UNFPA, UNICEF/TACRO, World Bank, UNAIDS, PAHO, the Government of Panama, and Country Representatives from PAHO, UNICEF and UNFPA (The Government of Brazil pending national approval as co-sponsor). PAHO has been asked to act as the overall Coordinating Secretariat in active coordination with these agencies and countries.	PAHO is making every effort to maintain an ongoing and constructive dialogue with the countries and partners. Sporadic participation from some agencies and the preparation and sending of vital information before deadline dates has been challenging. Conference calls are held every two weeks.	None.

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<p>2. Hold an Interagency Partner Planning Meeting in Panama with agency representatives.</p>	<p>Determine objectives, work plan, agenda, other co-sponsors, meeting products and follow-up activities.</p>	<p>First meeting held 17-18 October 2012 in Panama. Second meeting in PAHO/HQ 28-28 January 2013.</p> <p>Six Subcommittees formed to assist in planning: Logistics, Partnership Engagement, Communication, Neonatal Health, Reproductive Health, and Child Health.</p> <p>Draft agenda developed: Purpose - To provide a regional forum for learning about country successes and requirements in reducing inequities in reproductive and maternal child health, and to galvanize a multi-sectorial approach to mobilize resources towards the important goal of working towards the MDGs 4 and 5 and post-MDGs.</p> <p>Objectives</p> <ol style="list-style-type: none"> <li>1. Identify advances and disparities in reproductive and maternal child health in the Region.</li> <li>2. Share evidenced-based interventions and best practices.</li> <li>3. Strengthen regional cooperation and strategic alliances and partnerships to accelerate reducing inequities.</li> </ol> <p>Expected results</p> <ol style="list-style-type: none"> <li>1. Regional draft plan to identify key actions necessary to reduce inequities in reproductive and maternal child health and to confirm how the stakeholders will respond to reach MDG 4 &amp; 5 and the post-MDGs.</li> <li>2. Signing of the Panama Declaration</li> </ol> <p>Product - A vision for integrated work to end preventable childhood and maternal deaths and strengthened coordination and resource mobilization to support regional and country initiatives.</p>	<p>Challenges developing a broad-based integrated agenda to accommodate all agencies priorities and requirements. Holding periodic Illuminate sessions to review agenda.</p>	<p>None.</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<p>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.</p>	<p>Present proposal at PAHEF 30 November Board Meeting. Meet with External Relations and Legal Departments to develop a strategy to mobilize resources with the private sector.</p>	<p>To date a grand total of US\$ 352,000 has been mobilized (including the US\$ 200,000 AID grant funds) from Mesoamerica, UNICEF/TACRO and UNAIDS. Waiting pledges from UNFPA (US\$ 60,000) and World Bank (TBD). Good progress achieved in possible private sector funding and partnerships with GBHealth, IAF (sponsor of RedAmerica), Central America Leadership Initiative based in Panama, Joe Sellwood in Sao Paulo Business for Social Responsibility, Forum Empresa based in Santiago de Chile, and OAS. The Government of Brazil considering using national funds to finance their meeting participation and possible 1-2 other countries.</p>	<p>In contrast to other similar follow-up regional meetings held in the world, the limited definition of a specifically defined budget in the Americas creates an additional fund-raising burden for planning purposes. It does provide the participating countries and agencies the opportunity to go outside the box and explore alternative private sector resources.</p>	<p>None.</p>
<p>4. Develop terms of reference (TOR) and hire a consultant to assist in meeting arrangements and other technical and logistical issues.</p>	<p>First draft TOR developed November 2012 and candidates interviewed.</p>	<p>A technical consultant based in PAHO/HQ began work March 2013 for 6 months and is coordinating with the PWR-Panama Administrator all local logistical arrangements.</p>	<p>None.</p>	<p>None.</p>
<p>5. Develop social media, publications, virtual platforms, technical documents, and print materials, etc.</p>	<p>Assign specific tasks to an array of working groups for development and final approval by PAHO Secretariat and USAID. Send SAVE THE DATE message in January 2013.</p>	<p>Save the date message sent in February 2013 to PAHO/WHO Country Offices. Another was sent early April to agencies and organizations. Communication subcommittee formed to develop branding, website and other print, social media and press materials.</p>	<p>None.</p>	<p>None.</p>

Tasks	Planned Steps	Current Progress	Challenges	Remarks
6. Hold the <i>Maternal, Neonatal and Child Health Call to Action Meeting</i> .	See above.	<b>A Promise Renewed for the Americas: Reducing inequities in reproductive and maternal child health</b> , scheduled for 10-12 September, in Panama City, Panama. Senior level officials from the Ministries of Health, the First Lady of Panama, IDB, USAID, Regional Directors from PAHO, UNAIDS, UNFPA, UNICEF and world renowned technical speakers and celebrities have been confirmed. We expect the participation of 20 countries and approximately 250 participants composed of senior-level officials from governments, multilateral and bilateral organizations, civil society, NGOs, foundations, universities, faith-based organizations, private sector, and others.	None.	None.
7. Establish committees to carry out meeting follow-up, monitoring and evaluations, country plans developed	To be determined.	A follow-up plan is under development with the participating agencies, PAHO, PAHEF and private sector foundations to develop and implement a private-public partnership. Middle and high-income countries in the Americas (Brazil, Mexico, Chile) are in a unique position to provide more assistance and assume this responsibility. Country meeting follow-up templates and a <i>Panama Declaration</i> to guide and support country follow-up activities under development.	Redefine our way of doing business with the private-public partnerships providing technical cooperation and mobilizing financial resources in a region with rapidly diminishing funding from aid agencies and other donors.	None.
8. Develop, print and distribute Final Meeting Report in 4 languages.	To be determined.	To be completed in October 2013 and widely distributed in hardcopy and on our website.	None.	None.

Health Technology Assessment and Regulation of Medical Devices				
Tasks	Planned Steps	Current Progress	Challenges	Remarks
<b>Key Personnel Responsible: Drs. James Fitzgerald and Alexandre Lemgrumber, HSS</b>				
<b>Activity 1. Meeting with advisory committee to determine case studies, institutions to be involved, methodologies and products.</b>				
1. Organize the meeting of the Advisory Committee for the activities related to HTA and regulation of medical devices	1. Selection of the participants of the advisory committee	Virtual meeting on 7 February to present the work plan, discuss the case studies and the institutions to be involved.	None.	Funds previously allocated for this activity will be distributed for other activities, including an additional case study.
	2. Definition of the meeting agenda and methodology for the prioritization			
	3. Organization of the meeting			
	4. Report of the results of the meeting			
<b>Activity 2. Mapping of linkages between regulation and HTA for medical devices.</b>				
2. Map the linkages between regulation and HTA for medical devices	1. Contract the consultant/institution responsible for the mapping	Terms of reference were elaborated for a consultancy assignment for "Mapping of the existing global and regional initiatives on interactions between Health Technology Assessment (HTA) and regulation of health technologies (including medicines and medical devices)".	None.	None.
	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	Consultant with relevant academic background and experience in the field identified and contracted.		
	4. Report on the linkages between HTA and regulation for selected countries			

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<b>Activity 3. Case studies selected for 4 health technologies in maternal and reproductive health.</b>				
3. Carry out 4 case studies related to HTA and regulation of health technologies	1. Contract the consultant/institutions responsible for the case studies	Case studies selected for four health technologies.	None.	None.
	2. Virtual meetings to agree methodology	Several virtual meetings held to identify & select the consultants for the case studies. Methodologies discussed, and potential case studies with each of the five countries selected.		
	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	Four consultants contracted.		
<b>Activity 4. Virtual course on HTA and regulation of medical devices</b>				
4. Design a virtual course on HTA and Regulation of Medical Devices	1. Contract the institution responsible for designing the course	Institution for designing the course identified; contract in process.	None.	None.
	2. Review existing initiatives on the same subject			
	3. Approve the content of the course			
	4. Approve the proposed design of the course			
<b>Activity 5. Panel session at the HTAi 2013 meeting to present the objectives and the activities of the project</b>				
5. To present the objectives and activities related to regulation and HTA at the HTAi 2013 meeting	1. Send the proposal for the panel	Proposal sent to the congress and already accepted.	None.	None.
	2. Participation in the HTAi 2013 to present the objectives and activities (depending on the approval by the scientific committee)	Panel to to be held in June 2013		

Tasks	Planned Steps	Current Progress	Challenges	Remarks
<b>Activity 6. Workshop on Regulation and HTA</b>				
6. To organize a workshop on regulation and HTA	1. Definition of the agenda, organizing committee and participants	Agreement with HTA Network of the Americas (RedETSA) to have a joint meeting between the regulatory authorities and HTA bodies at the RedETSA annual meeting, scheduled for September 25-26 2013	None.	None.
	2. To send the invitations			
	3. To conduct the workshop			
<b>Activity 7. Final Report</b>				
7. To write and disseminate the final report of the results of the activities 1-6	1. Approve draft report	To be presented at the end of September.	None.	None.
	2. Approve final report			

## EXPANDED TUBERCULOSIS ACTIVITES

**Key Personnel Responsible: Drs. Mirtha del Granado and Rafael Lopez, HSD/CD/T**

### 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	Activity	Current Progress	Challenges	Remarks
1.1 Political commitment for the framework of TB control in large cities at national and local level	1.1.1 Visits to the selected cities to present the framework to national and local authorities and gather support for its implementation	The Regional Advisor visited Lima, Peru in October 2012, Bogotá, Colombia in January 2013, and Guarulhos, Brazil in February 2013, and during each visit presented the framework of TB control in large cities and elaborated the work plan with the National Tuberculosis Programs (NTPs) and local authorities. The sub-regional TB advisor currently in PAHO-PER will continue following up on implementation of the work plans developed for Bogotá and Lima. The Regional Advisor will work in the follow-up the work plan of Guarulhos.	None.	Work in Guayaquil, Ecuador will begin during the next semester. The political commitment of all the cities (national and local authorities) exists and will contribute greatly to moving forward.
	1.1.2 Develop and implement an advocacy plan to introduce TB in existing social protection programs	A consultant was hired to perform an analysis of social protection programs in the Region, in particular with respect to their components related to health and treatment and detection of tuberculosis. The consultant analyzed the programs of 14 countries, and was asked to suggest ways to include TB patients and their families into several of these programs. The final report of the consultant concluded that we have opportunities in introducing TB in 14 countries of the Americas.	None.	With these findings, an advocacy plan will be developed during the next semester. Participation of Peru, Ecuador, Colombia and Mexico in the meeting <i>Eliminating the Catastrophic Economic Burden of TB: Universal Health Coverage and Social Protection Opportunities</i> , organized by WHO HQ in Brazil in late April 2013, will be covered by PAHO.



Outcome	Activity	Current Progress	Challenges	Remarks
	1.1.3 Support meetings between health authorities and authorities of other sectors to identify areas of joint work on TB control	This activity is in preparation phase. Analysis of operational plans of local health and other sectors authorities is being done in order to determine the areas of joint work.	None.	These meetings will take place in Guarulhos, Lima, and Bogotá during the next semester.
	1.1.4 Yearly meeting of local authorities to assess progress and sensitize new selected cities (World TB Day)	Co-hosted by USAID, the Commemoration of World TB Day 2013 at PAHO took place on 19 March, with the theme of "Stop TB in our lifetime: A Shared Commitment" ("Terminemos con la TB durante nuestra generación: Es un compromiso de todos). The event consisted of two dialogues and a presentation by the Minister of Health of Guyana on the integration of tuberculosis prevention and control in primary health care. The first dialogue was held with the Vice Minister of Health of Peru on intersectoral approaches and health in the global era, discussing tuberculosis in the framework of inequalities. The second dialogue was held between the Vice mayor and Secretary of Health of Guarulhos and the Chief of Health Interventions of Bogotá, and provided an exchange of experiences regarding the approach of social determinants of health in local government policies and TB control. In addition to commemorating World TB Day, the event was an opportunity to increase awareness of the PAHO-USAID partnership in the work on TB in large cities in the Region and to reinforce the political commitment needed for this project to succeed.	The Ministers of Health of Brazil, Colombia and Peru were invited, as well as the mayors of Guarulhos, Bogota and Lima, but were not appointed to participate in the event. We recognize the administrative challenges of inviting high-level participants and for next year's event will request attendance of such participants even earlier. In addition, for political reasons in the structure of the Ministry of Health of Colombia and the Mayor's office of Lima, no participants were named to attend in representation. In a way, this provided for closer dialogue among the guests and facilitators who were present, but ideally one representative from each of the three invited countries would have been able to engage in the dialogue.	The event was attended by many partners outside of PAHO (CDC, KNCV, MSH, Results, FHI 360, TB Proof, Stop TB Partnership, among others), and was available virtually in English, Spanish, and Portuguese. In addition, the international participants attended a breakfast/round table hosted at Global Health and Diplomacy (GHD) on women's health and TB control, congressional briefings at the House of Representatives and Senate and an event honoring TB champions at the Newseum.

Outcome	Activity	Current Progress	Challenges	Remarks
1.2 TB control framework for large cities piloted and expanded, based on initial experience	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	PAHO elaborated the map of the epidemiological situation of Lima and Bogota. For the identification of vulnerable populations, Peru and Colombia are signing letters of agreement with local Universities to identify the vulnerable and at-risk populations as well as the health providers in each large city. This work in Brazil is in the beginning stage.	The primary challenge has been identifying and contracting the partners to set up the study of situation analysis in the districts selected in these cities.	There were important discussions held with the NTPs and local authorities in order to select the districts where work will be focused.
	1.2.2 Development of an implementation plan of the framework according to the needs of each vulnerable population with an inter-programmatic approach	Initiated during the visits of the Regional Advisor and followed up by the PAHO focal points in Brazil, Colombia, and Peru, the plan for implementation of the framework is in its beginning phase, during which specific needs of vulnerable populations will be taken into consideration with the results of the situation analysis that it is in process in each city.	None.	The framework for TB control in big cities was widely share with the National and local TB programs
	1.2.3 Provide technical assistance for the implementation of the plan with an inter-programmatic approach	This technical assistance will take place during the next semester.	None.	The Regional TB Program is developing operational protocols for inter-programmatic approaches (TB/Diabetes and TB/HIV).
	1.2.4 Strengthen PPM in the large cities using the PPM tools	This activity will take place during the second semester, after having the health providers mapping in each city.	The primary challenge has been identifying and contracting the partners to set up the study of situation analysis in the districts selected in these cities.	The Regional TB Program developed a methodology for mapping of providers.
	1.2.5 Technical support for implementation of the plan, including the different components of the Stop TB strategy	This activity will take place during the second semester.	None.	None.

Outcome	Activity	Current Progress	Challenges	Remarks
	1.2.6 Support for capacity building for health personnel on TB control in large cities	Training has been provided to professionals from Guarulhos, Bogotá, and Lima, through participation of 2 participants from each of the 3 countries to the International TB course organized by the Union, in San Salvador, El Salvador from 4 to 12 March 2013. In addition, administrative arrangements were being done for 2 participants from each of the three cities to also attend the Workshop on Improvement of Management of a TB control program, taking place from 16 to 18 April, also in San Salvador, in conjunction with activities developed in connection with the TB Center of Excellence.	None.	The professionals from each city who participated in the international trainings will be able to build capacity in their teams.
	1.2.7 Visits to exchange experience between large cities implementing the framework	World TB Day was an opportunity to share experiences between cities (local authorities from Bogota and Guarulhos), as well as experiences from Peru and Guyana.	None.	A meeting is scheduled for August 2013 that will bring together professionals from Guarulhos, Bogotá and Lima in order to exchange experiences during this first year of work implementing the framework of TB control in large cities.
	1.2.8 Support for evaluation of the implementation of the framework and planning for expansion within the city and other cities	Evaluation of the implementation of the framework will take place at the end of the first year of the project.	None.	The indicators of evaluation were developed at regional level

Outcome	Activity	Current Progress	Challenges	Remarks
<p>1.3 Innovative approaches for TB control in vulnerable populations (indigenous groups, inmates, African descendants, migrants, TB contacts, children and the poor) implemented in large cities</p>	<p>1.3.1 Meetings on TB control on vulnerable populations</p>	<p>In February 2013, two meetings were held in La Ceiba, Honduras: "Tuberculosis in Afrodescendent Populations: Challenges and Opportunities for Control" on 18 and 19 February, and the VI Regional Meeting "Progress and Challenges in TB Control in Prisons", from 20 to 22 February. The meeting on TB in Afrodescendants was attended by 5 countries: Colombia, Ecuador, Honduras, Nicaragua, and Panama. While this was the first meeting held on this topic, it was acknowledged that there is great need for work in this area and the meeting allowed for exchange between the community leaders and National TB programs.</p> <p>The meeting on TB in prisons was attended by 13 countries: those already present plus Brazil, Bolivia, Dominican Republic, El Salvador, Guatemala, Guyana, Paraguay, Peru, and Venezuela. This meeting allowed for the countries to demonstrate the great progress made in approaching TB in prisons since the last meeting held in Panama in 2010. Key presentations and discussions were held on incorporating a human rights approach to the work on TB in prisons.</p>	<p>None.</p>	<p>This meeting was also funded with resources from the Spanish Cooperation. No USAID funds were used for the participation of Venezuela in this event.</p>
	<p>1.3.2 Develop an approach on childhood TB and pilot it in large cities</p>	<p>A meeting of experts on TB in children will take place during the second semester, tentatively scheduled for August.</p>	<p>None.</p>	<p>None.</p>

Outcome	Activity	Current Progress	Challenges	Remarks
	1.3.3 Document the experience of TB control in vulnerable populations in large cities and develop/adapt tools for TB control in these populations	This document will be developed during the second semester.	None.	None.
1.4 Communities actively involved in TB control in large cities	1.4.1 Support development of educational materials for community involvement in TB control in large cities	This activity will take place in all the cities during the second semester.	None.	None.
	1.4.2 Support for activities to foster community involvement (workshops, patient groups and others)	These activities will take place during the second semester as well. Members of civil society in Brazil and Peru were invited to attend the World TB Day commemoration at PAHO, in order to assure that the voice of the community is included in the discussions that take place among the decision makers.	Unfortunately the activist from Peru was unable to travel to Washington due to delays with the US visa; however, he is committed to supporting in the activities for community involvement connected with the TB control framework in the coming months.	The community in Lima and Guarulhos is already involved in some activities taking place in these cities.

### Objective 2:

Contribute to complete the unfinished agenda of TB control in LAC promoting exchange of experiences between countries (south-south cooperation), visioning the way towards elimination efforts.

Outcome	Activity	Current Progress	Challenges	Remarks
2.1 Capacity of the National TB programs strengthened	2.1.1 Develop and support Centers of Excellence for capacity building on the different components of the Stop TB strategy	<p>In February 2013, Regional TB staff traveled to San Salvador for a meeting negotiating the terms of reference of the Center of Excellence with the PAHO country office and National TB Program of El Salvador. At the end of the visit an agreement was signed between the Minister of Health and the PAHO Representative, agreeing on the TORs and the joint commitment to the center of excellence.</p> <p>Staff members from the El Salvador NTP who will help facilitate the trainings through the Center of Excellence attended capacity building activities, such as PAHO's regional meeting on TB control in prisons in Honduras and an infection control meeting in Guatemala.</p> <p>In addition, to support the Center of Excellence a training workshop on diagnosis and managerial improvement of a TB control program is scheduled to take place in San Salvador from 15 to 17 April, which 15 NTP staff members will attend, along with professionals from TB programs of Guarulhos, Bogota, and Lima.</p>	None.	<p>Great commitment from the country has helped this initiative.</p> <p>A progress report was submitted by the Center of Excellence describing work done up to April 2013.</p>
	2.1.2 Support NTP capacity building through visits to the Center of Excellence, exchange of experiences and lessons learned	<p>The first group to visit the Center of Excellence is scheduled for the end of May. It will include new NTP managers of the Region.</p>	None.	<p>The Center of Excellence already has developed TORs and agenda for the training.</p>

Outcome	Activity	Current Progress	Challenges	Remarks
	2.1.3 Technical assistance (TA) and M&E missions to NTPs	<p>Monitoring and evaluation missions were carried out in Chile in December 2012 and in Ecuador in February 2013.</p> <p>A consultant traveled to Honduras in February to provide TA to the country in the revision and finalization of the proposal for the second phase of the country's Global Fund grant.</p> <p>Permanent TA is provided to Dominican Republic through the TB focal point in the PAHO country office.</p> <p>In addition, TA was provided to national TB programs of 8 English-speaking Caribbean countries through a sub-regional meeting in Trinidad and Tobago in March. The TB control situation was analyzed, latest guidelines provided and draft operational plans for 2013 developed. Currently plans are being finalized and endorsed officially.</p> <p>A special mission to Saint Lucia was held in March for investigation of a TB outbreak.</p>	None.	A monitoring and evaluation mission to Bolivia has been scheduled for July 2013.
	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.	None.	None.
	2.1.5 Develop, edit and print reports, guidelines, plans and training materials on the different aspects of TB control	<p>Two consultants were hired for development of the 2013 Regional Report "TB in the Americas" and the document was completed and reviewed by the Regional TB Program. It is now in translation from English to Spanish, and the document will be formatted and printed.</p> <p>Reports were elaborated on the two meetings on TB in Afrodescendants and TB in prisons held in La Ceiba, Honduras in February.</p>	None.	The document elaborated on social protection and TB (Activity 1.1.2) will be printed during the second semester.

Outcome	Activity	Current Progress	Challenges	Remarks
2.2 Exchange of experiences on quality DOTS promoted and/or strengthened	2.2.1 Assess the TB information and vital registration systems, provide technical assistance and facilitate exchange of experiences to improve them	A consultant was hired to perform an analysis of the data on TB and mortality rates and their tendencies with relation to sex and age. After the data analysis, he developed a report and based on this is drafting an article on TB mortality. Also, the TB sub-regional focal point is giving technical assistance to the NTP of Peru in TB information system.	None.	This is a starting point and during the second semester technical assistance will be expanded to other countries.
	2.2.2 Support workshops on TB drug's management	The funding for this activity is in year 3 of the grant.	None.	None.
	2.2.3 Develop technical capacity for drug quality control in the drug laboratories of the countries through south-south cooperation with the laboratories of BRA, CHI and URU	A meeting on best laboratory practices in TB was held in Lima, Peru on 21 and 22 November 2012 with attendance by professionals from medicine quality control laboratories from 23 countries.	This year we do not have funding to visit the countries trained to see how they are working in the field. This is a challenge as there is much potential for follow up on this activity.	None.
2.3 Exchange of experiences on implementation of TB/HIV collaborative activities supported	2.3.1 Pilot and implement a model of TB and HIV services integration in selected countries	After discussions with HIV colleagues, 4 countries were pre-selected for beginning the project on integration of TB and HIV services. After holding discussions with the PAHO country offices, it was decided that the work will begin in Honduras and the Dominican Republic. A virtual meeting with HQ and country office staff has been scheduled for April to kick off the project at country level. Meanwhile, a concept paper was finalized and tools started to be developed.	It is possible that in the second semester further work on negotiation with the country office and national authorities will be needed in order to ensure success of the pilot projects.	None.
	2.3.2 Prepare and conduct an evaluation meeting on the implementation of TB/HIV collaborative activities	This meeting is scheduled to be held in September 2013.	Originally this meeting was scheduled to take place in May, but in order to better coordinate with HIV and TB partners it was decided to reschedule and allow more time for development of the event.	None.



Outcome	Activity	Current Progress	Challenges	Remarks
	2.3.3 Provide TA for the implementation of the Regional guidelines on infection control	This activity is scheduled to take place during the second semester.	There have been delays in the finalization of the Regional guidelines as some tools that are attachments were being discussed with experts and revised.	None.
2.4 Capacity building for expansion of programmatic management of MDR and XDR-TB conducted	2.4.1 Develop and conduct a training course for experts on clinical and programmatic management of DR-TB	This course will be held from 6 to 10 May in Lima, Peru, and administrative arrangements as well as development of course materials and communication with course instructors are underway.	None.	None.
	2.4.2 Support capacity building in DR-TB in the Region through rotation of professionals on clinical management within south - south cooperation	These rotations are planned to take place during the second semester.	None.	None.
2.5 TB laboratory networks' management and new diagnostic technologies implemented and experiences shared	2.5.1 Support for the implementation of technical assistance plans by the supranational laboratories (SNLs) including the introduction of new diagnostic methods	A letter of agreement with the <i>Instituto de Salud Publica de Chile</i> was recently sent for final signature and soon will go into effect, to assist in quality control studies. During the monitoring and evaluation missions of Nicaragua, Chile and Ecuador, technical assistance specific to laboratories was provided by an expert accompanying these missions.	None.	None.
	2.5.2 Support workshops on new diagnostic technologies for TB laboratories	The funding for this activity is in year 3 of the grant.	None.	None.
	2.5.3 Mentorship program for junior laboratory consultants through visits to SNLs and participation in TA missions with experienced consultants	These mentorships are planned to take place during the second semester.	None.	Two candidates have been identified from Colombia and Chile, and other potential candidates have been proposed from El Salvador, Guatemala, and Paraguay.

Outcome	Activity	Current Progress	Challenges	Remarks
	2.5.4 Technical assistance to strengthen the supranational TB laboratory network	The part-time regional staff member is currently providing technical assistance to TB laboratories and the supranational TB laboratory network, through participation in missions, as well as development of a survey to update the situation of national TB laboratory networks.	None.	None.
2.6 TB elimination efforts in countries with the potential and necessary conditions to achieve it accelerated	2.6.1 South - south experience exchange on successful implementation of TB control towards elimination	This activity will take place during the second semester, as follow up to the meeting taking place in Chile in April.	None.	None.
	2.6.2 Evaluation workshop of countries on TB elimination phase to share experiences and update plans to accelerate actions	This meeting will be held 16 to 18 April 2013 in Santiago de Chile, and administrative arrangements for the event are in process.	None.	The countries attending are Chile, Costa Rica, Cuba (not using USAID Funds), Puerto Rico, Uruguay, USA, Canada, and the Netherlands. Mexico was invited as a country observer but will not be able to attend.
2.7 Capacity building on TB operational research in the NTPs implemented	2.7.1 Prepare and conduct a course for development of research protocols in different aspects of TB control	A special meeting is planned for the next semester to develop toolkits to assess the TB mortality, where Colombia, Peru, Brazil will be invited with other partners.	None.	None.
	2.7.2 Support development of operational research	The funding for this activity is in year 3 of the grant.	None.	None.

Outcome	Activity	Current Progress	Challenges	Remarks
2.8 Technical capacity at PAHO's Regional and sub-regional levels strengthened through greater human resources and advisory support	2.8.1 Provide technical support to countries through Regional long-term consultants based in WDC	The contracts of both the P4 and P1 consultants in the Regional TB Program at PAHO HQ were extended, allowing for continuous technical support to the countries as well as support to the planning, coordination implementation and monitoring of activities in this grant.	None.	None.
	2.8.2 Provide technical support to countries through 2 Sub-regional long-term consultants based in Central and South America respectively	One of the sub-regional P4 consultants was hired and is currently working in the PAHO Peru country office, with a focus on the TB project in Lima as well as Bogotá and maintaining a sub-regional focus on the Andean countries and Paraguay. The selection process was completed for the second sub-regional P4 position to be located in the PAHO Panama office, and this professional will be starting work in the Panama office in June.	As the candidate selected for the Panama position is currently located in another PAHO country office, negotiations for his transfer have delayed his start date.	None.
	2.8.3 Provide technical support to HAI through a national consultant	Participation of four NTP Staff members from Haiti was supported in the bi-national meeting with the Dominican Republic in January 2013.	It was not possible to contract the expert selected due to administrative problems with the candidate's visa. Therefore, the funding will be used to support technical assistance activities to the Haiti National TB Program.	A plan is being developed with help of the PAHO Haiti country office for the TA needed to accomplish the recommendations made during the last PAHO-WHO-CDC mission.
	2.8.4 Support long term TB fellows to the Regional Program in WDC (11 months)	The 2012 TB fellow completed her contract at PAHO Washington, and gave a presentation at USAID on her project analyzing TB drug supply management in countries of the Region. The selection process for the 2013 fellows was carried out and two professionals were selected, from Colombia and Ecuador. The hiring process was completed and one fellow began work at PAHO on 1 April. The second fellow will begin 16 April 2013.	None.	The Regional Program will work with both fellows to establish their objectives for the training program based on their professional backgrounds and needs of the Region.

Outcome	Activity	Current Progress	Challenges	Remarks
	2.8.5 Support short term fellows based in countries (1 month)	These short term fellowships will take place during the second semester.	None.	Potential candidates for the short-term fellowships have been identified and discussions are taking place with the PAHO country office focal points and national authorities to coordinate training activities and logistics.
	2.8.6 Prepare and conduct a meeting of the Technical Advisory Group (TAG) to the Regional TB Program	This activity will take place during the third year of the grant.	None.	None.
	2.8.7 Conduct annual planning and evaluation meetings of Regional, sub-regional and national PAHO's TB staff	The Tuberculosis team held a planning meeting in October 2012 at the initiation of the second year of the grant with expanded funding for tuberculosis, which allowed for planning of the activities for the year.		A second planning and evaluation meeting is scheduled for 13 and 14 May 2013.
	2.8.8 Support participation of TB staff and consultants in international courses/meetings in centers of excellence and elsewhere	The MDR-TB advisor and a TB consultant participated as instructors in the Union's International TB Course in El Salvador in March 2013.		The MDR-TB advisor will also participate in the Global Laboratory Initiative (GLI) and Global Green Light Committee (gGLC) meetings taking place in Geneva in April 2013, and will support as an instructor in the Union MDR course in June 2013 in Santo Domingo, along with the new P4 subregional focal point in the PAHO-Panama office.

### 3. Success Story

#### **“A Shared Commitment” to combatting TB in vulnerable populations of Latin America**

*World TB Day event co-hosted by PAHO and USAID stimulates political commitment in large cities*

On 19 March 2013, PAHO and USAID co-hosted an event to commemorate World Tuberculosis Day at PAHO Headquarters in Washington DC, bringing together officials from the countries and cities where the USAID-funded project aimed at TB control in large cities is currently present: Guarulhos, Brazil; Bogotá, Colombia; and Lima, Peru. This year’s theme, *Stop TB in our lifetime: A shared commitment* (in Spanish: *Terminemos con la TB durante nuestra generación: Es un compromiso de todos*) mirrored the global campaign slogan while emphasizing the importance of an intersectoral approach to move forward and increase diagnosis and treatment in populations vulnerable to TB. These populations are still not accessing services as they should, especially in large cities of Latin America.



In opening remarks, PAHO’s Director Dr. Carissa Etienne described the shared commitment, stating that the innovative initiative in cities “calls for working in coordination with all existing political and social actors in the cities, promoting the creation of partnerships with all health providers, coordinating all health programs so as to provide comprehensive care for TB patients, and bringing civil society and the communities as a whole into the process in order to truly, as our slogan proclaims, ‘Stop TB in our Lifetime.’” The complete speech can be downloaded here:

[http://new.paho.org/hq/index.php?option=com\\_docman&task=doc\\_download&gid=20898&Itemid=270&lang=en](http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=20898&Itemid=270&lang=en).

Sharing experiences from a national level perspective, the Vice Minister of Health of Peru, Dr. José Del Carmen Sara presented his country’s work in controlling TB in urban areas and the Honorable Minister of Health of Guyana, Dr. Bheri Ramsaran described his country’s approach to primary health care and expanding the reach of TB care around the country. In a dialogue on experiences at the municipal level, Vice-Mayor Carlos Derman of Guarulhos, and Ana Zulema Jimenez Soto, a top official from Bogotá’s Health Secretary, described interventions taking place in their cities and emphasized work being done to improve access to minorities and vulnerable populations.

In addition to the international guests and PAHO and USAID staff, the event was also attended by colleagues and activists from partner organizations such as the CDC, KNCV, MSH, Results, FHI 360, TB Proof, the Stop TB Partnership of Brazil, among others, and was available online in Spanish, English and Portuguese through Blackboard Collaborate virtual sessions, disseminated to all the PAHO country offices and international partners.





In combination with the event hosted by PAHO, the international participants from the countries attended a round table discussion on women's health and tuberculosis organized by Global Health and Diplomacy, as well as two Congressional briefings at the House of Representatives and the Senate and an event honoring TB champions organized by USAID and other partners at the Newseum.

At the end of the week, the invited country and city health officials expressed how useful their participation had been in making them more aware of the need to combat TB in general and specifically on vulnerable populations in

their cities. They also expressed their sincere commitment to moving the project forward in Bogotá, Lima and Guarulhos. Ms. Jimenez Soto from Colombia later wrote that the opportunity to represent Bogotá in the events in Washington, DC was a chance for the municipality to show their political commitment at an international level and reinforced their pledge to ensure the satisfactory development of the PAHO project in Colombia's capital.

The impact of World TB Day communications was measured by PAHO staff, who reported a significant increase in access to PAHO's World TB Day and Regional TB Program webpages, with a total of 2,289 visits to both pages during the week and a half leading up to World TB Day, 24 March. During the same time frame in 2012, the TB page only received 545 visits, representing an increase of 400%. A press release was developed for the event:



[http://new.paho.org/hq/index.php?option=com\\_content&view=article&id=8389&Itemid=39645&lang=en](http://new.paho.org/hq/index.php?option=com_content&view=article&id=8389&Itemid=39645&lang=en). In addition, a brief video on World TB Day was created in Spanish and can be viewed on youtube:

[http://www.youtube.com/watch?feature=player\\_embedded&v=ZxI5EHOsIXo](http://www.youtube.com/watch?feature=player_embedded&v=ZxI5EHOsIXo). Recordings of the event, as well as additional communication materials used for the event can be accessed through the event's page at:

[http://new.paho.org/hq/index.php?option=com\\_content&view=article&id=8358&Itemid=39894&lang=en](http://new.paho.org/hq/index.php?option=com_content&view=article&id=8358&Itemid=39894&lang=en).