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**World Health
Organization**

**REGIONAL OFFICE FOR THE
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1. List of Acronyms and Abbreviations

AIN-C	Community-based Comprehensive Child Care
CBE	Competency Based Education
CDC	Centers for Disease Control and Prevention
CHA	Communicable Diseases and Health Analysis Department
CHW	Community Health Workers
CLAP	Latin American Center for Perinatology
COMISCA	Council of Ministers of Health of Central America and the Dominican Republic
CRMA	Caribbean Regional Midwives Association
ERB	Ethical Review Board
ENAP	Every Newborn Action Plan
EQAP	External Quality Assurance Program
EWEC-LAC	Every Woman Every Child
FLO	Latin American Federation of Midwives
FGL	Family, Gender and Life Course Department
GTR	Regional Task Force on Maternal Mortality Reduction
HA	Health Analysis and Information Unit
HCDLPF	Family Planning Logistical Data Tool
HIS	Health Information Systems
HSS	Health System Strengthening Department
ICD	International Classification of Diseases
ICM	International Confederation of Midwives
IHSN	Integrated Health Service Networks
INCAP	Institute of Nutrition of Central America and Panama
ISAT	Indicators for Social Accountability Tool
IS4H	Information Systems for Health
LAC	Latin America and the Caribbean
LF	Lymphatic Filariasis
LMIS	Logistic Information Management System
MDA	Mass Drug Administration
MDR-TB	Multidrug-resistant Tuberculosis
MDSR	Maternal Death and Severe Maternal Morbidity and Response
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MMWG	Metrics and Monitoring Working Group
MOH	Ministry of Health
MSH	Management Sciences for Health
NHM	National Health Model
NID	Neglected Infectious Diseases
NMCN	National Maternal and Child Norms
NTP	National Tuberculosis Program
PAHO/WHO	Pan American Health Organization/World Health Organization

PARMM	Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity 2011-2017
PEVS	Regional Plan of Action for Strengthening Vital and Health Statistics
PhV	Pharmacovigilance
PIS	Perinatal Information System
RAMNI	Rapid Reduction of Maternal and Child Mortality
RELAC SIS	Latin American and Caribbean Network for Health Information Systems
RDTs	Rapid Diagnostic Tests
FAFEMP	Argentinian Forum of Public Medical Schools
RMED	Rural Medical Education
SA	Social Accountability
SCH	Schistosomiasis
SDGs	Sustainable Development Goals
SHAA	Sustainable Health Agenda for the Americas 2030
SESAL	Honduran Secretary of Health
STH	Soil-Transmitted Helminthiasis
TAG	Technical Advisory Group
TB	Tuberculosis
TES	Therapeutic Efficacy Studies
TF	Trachomatous Inflammation-Follicular
UH	Universal Health
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WBMMSS	Web-based Maternal Mortality Epidemiological Surveillance System
WCA	Women in Childbearing Age

This Annual Report for the Grant Agreement between the Pan American Health Organization/World Health Organization (PAHO) and the United States Agency for International Development (USAID) covers the period October 2017 to September 2018 and is divided in four sections. The first section highlights the main achievements, key activities, and lessons learned from the second year of the grant; the second section provides an overview of progress toward achieving the outcome indicators established in the Grant Agreement; the third section provides a list of products developed during the project period; and the final section includes a compilation of PAHO-USAID collaboration success stories.

2. Project Summaries: Achievements, Key Activities, and Lessons Learned

Topic 1: Tuberculosis

Tuberculosis (TB) continues to be an important public health problem in the Americas with 282,000 estimated cases in 2017 of which 229,000 (81%) cases were notified, leaving a gap of approximately 53,000 not detected. For the same year, 24,000 deaths were estimated. The persistence of the TB incidence and mortality in the Region is due to socio-economic factors (poverty, overcrowded living conditions in cities, and migration), coinfections and comorbidities (HIV, diabetes, malnutrition, and addictions), cultural aspects (“normal cough” and late care seeking behavior), limited access to health services, affected vulnerable populations (people living in the streets, drug users, prisoners, indigenous groups, and children) among others.

To address these issues, the global End TB strategy and PAHO’s Regional Plan of Action for the Prevention and Control of TB provide specific guidance and serve as a framework for the interventions included in the USAID grant. These interventions include increasing capacity for integrated patient-centered TB care and prevention at country level, reinforcing PAHO’s technical capacity to support countries, the initiatives of TB control in large cities and TB elimination in low burden countries, and the development of strategies/guidelines to address vulnerable groups.

The **main achievements** during Y2 of the grant include:

- Further progress on the implementation of the End TB Strategy and Regional Plan of Action in countries through increased knowledge and capacity of NTP managers and their teams through regional meetings, workshops and provision of technical support.
- Closer monitoring of the implementation of the End TB strategy and Regional Plan of Action through monitoring visits, especially to high burden countries.
- Continuous expansion of the initiative of TB control in large cities in Colombia using the methodology developed through the previous USAID Umbrella grant. Most countries are using their own funding to expand the initiative.
- Strengthened capacity on TB drug management using the Quan-TB tool in five Caribbean countries (Haiti, Guyana, Jamaica, Suriname and Bahamas), completing a series of workshops covering most countries in the Region. In several countries it has become the tool of choice for TB drug management.
- Coordination and initial implementation of TB pharmacovigilance by NTPs and national drug regulatory agencies in 10 countries.
- Increased awareness of TB prevention and care through World TB Day commemoration and advocacy for the United Nations General Assembly High Level Meeting (UNHLM) on TB in New York.

Key activities and deliverables that resulted in the main achievements described above include:

- Restructuring and meeting of the Pan American Health Organization’s TB Technical Advisory Group (TB-TAG) in December 2017 after several years of inactivity.

- Regional meetings of NTP managers, national TB lab managers and TB Working Group on Laboratories in Guadalajara, Mexico in October 2017 with participation of 25 countries, key partners, civil society and experts. The meetings meant to update participants on the latest global and regional recommendations, share experiences and identify of key aspects to be addressed.
- Translation into Spanish of a) Guidelines for treatment of drug-susceptible TB, and b) Patient care and Latent TB Infection: Updated and consolidated guidelines for programmatic management. This is instrumental guidance for Spanish-speaking countries. The *TB/HIV Co-infection Regional Clinical Guidelines* were translated from Spanish to English.
- Development and distribution of materials to commemorate World TB Day in March 2018.
- Support for participation in the Global Ministerial Conference on Ending TB in the Sustainable Development Era in Moscow (November 2017), preparatory meeting to the UNHLM on TB with UN missions from the Americas in NY (June 2018) and at the UNHLM proper in September 2018.
- Development and distribution of Regional TB Report for the UNHLM on TB (September 2018).
- Support the participation of four professionals in The Union/PAHO courses in Peru on TB epidemiology (Argentina and Costa Rica, March 2018) and MDR-TB (Brazil and Colombia, July 2018), strengthening the countries' capacity on TB prevention and control.
- Follow up on the implementation of TB control in large cities with emphasis on Asunción, Guatemala City and Montevideo through monitoring visits and providing guidance on how to move forward based on experience from other cities.
- Workshops of TB drug management using the Quan-TB tool for Caribbean countries in June 2018 in Jamaica. It has been shown very useful in strengthening country capacity on forecasting, planning and early alert for TB drugs.
- One rotation in the Center of Excellence in El Salvador (September 2018) for new NTP managers and/or NTP staff from seven countries with emphasis on inter-programmatic work, exposing them to best practices on TB prevention and control. Process for creation of a DR-TB Center of Excellence in Peru initiated.
- Developed, printed and distributed the TB/HIV clinical guidelines with the latest WHO recommendations on TB, HIV and TB/HIV both in Spanish and English.
- Workshop on MDR-TB pharmacovigilance in Honduras in May 2018.
- Monitoring missions to the National TB programs of high burden countries (Haiti and Peru), to review the implementation on End TB Strategy and preparations for similar visits to Colombia, Mexico and Brazil.
- Participation in the IV Congress of the Health Commissions of the Parliaments of the Americas in Montevideo, Uruguay (August 2018).
- Development of the regional draft guidelines for the Management of TB in prisons, and Guidelines of TB Control in Indigenous Peoples.
- Translation into Spanish of WHO TB documents.
- TB fellow (September 2017 - August 2018) involved in the development of the draft TB guidelines for indigenous populations.
- Recruitment of Tuberculosis Prevention and Control Specialist for TB regional team (P3, August 2018).
- Support 50% of the salary for Administrative assistant.

During the reporting period these were the key **lessons learned**:

- Periodic meetings on NTP and lab managers always provide an excellent opportunity for updating, exchange of experiences and networking.
- Rotations through the Center of Excellence in El Salvador allow for commitment and engagement of participants from NTPs on best practices in their countries.
- The TB in large cities initiative is well established and has served as example for cities within the same countries and in other countries not covered by the USAID grant, using their own resources.
- The Quan-TB tool for drug management has strengthened managerial capacity in countries using it.
- Pharmacovigilance has become an important topic and is starting to be implemented as a key issue with the introduction of new TB drugs.
- The fellowship program is always an opportunity for the fellow to learn from experiences in the region, and to contribute to TB prevention and control in their home country upon their return.

In addition, the following **challenges** to implementation, forced some activities to be modified or postponed to FY2019:

- Shortage of staff and time in the Regional TB team to devote to follow up of recommendations and commitments from missions and meetings and to start the timely implementation of some activities.
- Delays in the designation process for participants to attend courses, rotations or meetings. Some spaces unfortunately are lost due to these delays which originate in countries.
- Lengthy administrative processes due to competing priorities and timelines.

Topic 2: Malaria

Malaria remains as one of the top priority public health issues across the Region. Ministries of Health, supported by PAHO/WHO and other partners, are currently implementing strategies to eliminate the disease. However, the increase of malaria transmission in 2017 due to epidemics in some countries and re-establishment of transmission in other endemic areas, shows the vulnerability of the results achieved.

PAHO plays a leadership role and provides technical support to countries in the transition from malaria control to elimination currently known as a continuum process, a process which involves a comprehensive evaluation actions, reorientation of strategies from control to elimination, updating policies and technical documents, strengthening national and local capacities including trainings of epidemiologists, surveillance officers, health providers, managers, community workers and vector control staff as well as strengthening of bi-national collaboration (South-South). These efforts are supported by annual plans developed and implemented by national counterparts, in coordination with PAHO.

PAHO has continued to provide technical collaboration in the areas and activities mentioned above; the Organization also provides ongoing guidance to countries in the development and implementation of national strategic malaria plans that are aligned with the Regional Plan of Action for Malaria Elimination 2016-2020 approved by member states under resolution CD55.R9.

The **main achievements** that stand out during the second year of the grant include:

- Progress continued to operationalize the Regional Plan of Action for Malaria Elimination and the WHO Elimination Framework, including trainings for the analysis of transmission dynamics and operational gaps at local level, and the implementation of the Diagnosis-Treatment-Investigation and Response (DTI-R) strategy,

with emphasis on improving prompt access to diagnosis and treatment and its corresponding response in each malaria foci. (2.1, 2.2, and 2.3)

- An abstract detailing PAHO's micro-stratification methodology was presented at the American Society of Tropical Medicine and Hygiene (ASTMH) conference in 2017 with Honduras as an example.
- Improved capacity for malaria microscopy diagnosis. Twenty-nine people evaluated and 17 certified according with PAHO/WHO criteria at the PAHO/WHO Collaborating Center.
- Progress on expanding the use of Rapid Diagnostic Tests (RDTs). Countries including RDT as part of national policy for malaria diagnosis and also progress at local level, including RDT as part of the intervention in specific foci. (2.1)
- Support provided to member countries in emergency scenarios and to prevent stock-outs from our Regional warehouse. Antimalarial stock quarterly reports available. (2.3)
- Drug efficacy and resistance agenda in place and three Therapeutic Efficacy Studies (TES) undergoing. (2.1)
- Coordination among malaria partners to respond to regional needs. New sub-regional elimination initiative developed in coordination with the IDB: The Regional Elimination Malaria Initiative (REMI) (2.3)
- Updated Malaria National Elimination Plans in several eligible countries (2.3)
- Publishing of the PAHO Malaria Regional Report which is now accessible in PAHO's website. (2.2)
- Pharmacovigilance and treatment adherence pilot interventions developed following malaria TAG recommendations regarding glucose-6-phosphate dehydrogenase (G6PD) deficiency
- For Haiti, technical support was extended to the process of evaluating the country's 2016-2022 National Strategic Plan (NSP) and its implementation, an important activity that is intended to guide prioritization and programming activities for Haiti's malaria Global Fund grant. (2.4)

Key activities and deliverables that resulted in the main achievements described above include:

- Implementation of an External Quality Assurance Program (EQAP) to improve malaria diagnosis. Twenty-two national reference laboratories participated in the 6th round; results published on PAHO's website, in this [link](#) (2.1.1.3).
- In-country training workshops for malaria diagnosis and standardization of QA procedures implemented in: Belize, October 23-27, 2017 and April 16-20, 2018; Dominican Republic November 20-29, 2017, and July 9 to 20, 2018; Guyana March 18 to 23, 2018 and July 1-7, 2018; Panama April 15-25, 2018.
- A regional workshop for certification of microscopists was implemented by InDRE, PAHO/WHO Collaborating Center, May 14-25, 2018 in Mexico, with 17 participants. Fifteen of them received the approval and corresponding certificate (microscopist level 1 (10) and level 2 (5)). Also, to maintain the cadre of certified microscopists from the first regional round in 2014, a re-certification workshop was implemented by InDRE August 20-24, 2018, with 12 participants from different countries. Eleven of them received the corresponding certification (Level 1 (6) and level 2 (5))
- Antimalarial medicines were procured to maintain stock level at the PAHO warehouse in Panama to support emergency scenarios and prevent stock-outs.
- With support from Honduras and Peru (supranational laboratories) the 7th round EQAP panel is in process to be delivered to countries no later than January 2019.
- Implementation of the TES to evaluate first line treatment of *P. falciparum* currently undergoing in Guyana and Colombia, including training of personnel and supervisory visits to corresponding study sites (Choco, Colombia; Georgetown and Port Kaituma, Guyana); as well as for *P. vivax* in Acre, Brazil in collaboration with the Centers for Disease Control and Prevention (CDC).

- Case management trainings and/or guidelines reviewed and updated in Dominican Republic, Ecuador, Belize, Haiti, Colombia, Peru and Nicaragua¹
- Malaria elimination workshops held in El Salvador in November 2017, with participants from El Salvador, Costa Rica and Belize.
- Country malaria risk stratification in Belize in February 2018 and Ecuador in April 2018.
- Data verification exercise in Suriname in October 2017 to guide the elaboration of the strategic plan.
- Development of a strategic approach and methodology to operationalize the WHO elimination framework (micro-stratification and microplanning). Validation during foci assessments in several countries and adoption as a core approach to be expanded by REMI.
- Technical missions to improve the response in key foci (DTI-R implemented and foci surveillance in Belize, Guatemala, Costa Rica, Panama, Honduras, Ecuador, Nicaragua, and Peru). For Dominican Republic, Colombia and Brazil, terms of reference developed, and support planned for FY 2019. A regional technical document on stratification and foci management is under development for general application in all countries.
- Support provided for inclusion of malaria case management into the health system in Panama and Dominican Republic. For Colombia, terms of reference were developed, and support will be implemented during FY2019.
- PAHO missions conducted and direct support provided to some of the highest burden municipalities and focus (Puerto Lempira, Honduras; Puerto Cabezas, Nicaragua; La Gomera, Guatemala; Manaus, Brazil; Andoas, Peru and Quibdó, Colombia)
- Missions to film best practices of the three finalists of the Malaria Champions in the Americas award were conducted from August to September 2018.
- A generic protocol was developed to improve pharmacovigilance and treatment adherence in various selected countries, pilot interventions discussed.
- The PAHO country office in Haiti continues to provide nationwide support for malaria case management strengthening, including supervision activities in Sud, Grand'Anse, Nord-Ouest and Ouest. An operational manual for epidemiological surveillance, designed in 2016, is now being piloted in 23 health facilities in Grand'Anse. Technical support was also provided by the Malaria Advisor and country team (February 18 to 23, 2018) in responding to an outbreak of malaria cases in the Department of Grand'Anse. (2.4)
- Information from malaria was collected from all 21 malaria endemic countries and many non-endemic member states and was published in the World Malaria Report 2017, as a PAHO Report on the Situation of Malaria 2016, and in interactive surveillance dashboards available at www.paho.org/malariastats. Information for the year 2017 was collected in 2018 and will be published in future publications.
- Nicaragua and Guatemala and the Regional Coordination Mechanism were supported in drafting of concept notes for Global Fund malaria grants.
- Based on indicators promoted by WHO in the Malaria Elimination Framework (2017) and Malaria Surveillance Monitoring & Evaluation: a Reference Manual (2018), PAHO supported the development of a performance indicator framework for REMI and the discussion of indicator frameworks in national plans. Internal review of the approved indicators was also finalized by PAHO's regional malaria program through the Regional Action Plan mid-term review.

During the reporting period these were the key **lessons learned**:

¹ For all topics, activities in Nicaragua were implemented prior to the request by USAID to stop activities that support the Ministry of Health and other government entities in country with USAID funds.

- The short duration of epidemiological achievements in malaria-eliminating countries (Costa Rica, Ecuador), reinforces the need to maintain technical capabilities taking into consideration receptivity and vulnerability.
- Technical support missions to priority malaria foci generate findings and recommendations that have not been previously identified by the central and intermediate levels of malaria programs. Carrying out multiple missions to the local level in several countries were essential to validate a methodology for addressing malaria focus in the field.
- Close coordination with PAHO country offices was critical to achieve this project's activities

In addition, the following **challenges** to implementation were encountered:

- Changes in malaria programs' structures and processes and their integration into the health systems continue to be a challenge.
- Weakness of health services' structures and primary health care model for hard-to-reach populations as well as the implementation of malaria case management at the community level with Community Health Workers (CHW). This remains a key challenge in Colombia, Haiti, Panama, Peru and Ecuador, yet the strategy is critical to achieving the goal of early diagnosis and treatment, with investigation and response, in hard-to-reach areas.
- Recruitment process for the malaria advisor in Haiti took longer than expected. With the recent resignation of the appointed malaria advisor in the country (due to urgent personal concerns in home country), the temporary appointment of the alternate candidate as an international consultant should be expedited while the selection process is re-started. Meanwhile, gaps in the provision of technical support to the country will be covered jointly by current members of the regional malaria team and country communicable disease personnel.

Topic 3: Neglected Infectious Diseases

Neglected infectious diseases (NID) impose a large burden on the lives of marginalized populations across the globe and in the Americas Region. The burden of disease is related to poverty and income inequality and disproportionately affects vulnerable communities, including certain ethnic groups. It is estimated that 24% of the population of Latin America and the Caribbean (approximately 153 million people) are at risk of NID because they live in poverty.

In September 2016, PAHO's Directing Council, through Resolution CD55.R9, approved the "Plan of Action for the Elimination of Neglected Infectious Diseases and Post-Elimination Actions 2016-2022". The mission of PAHO's NID Program is to provide technical cooperation to strengthen national capabilities to develop integrated plans of action, and implement effective integrated programs, strategies, and interventions to advance towards the elimination (where feasible), or the control of selected NIDs.

In partnership with USAID, PAHO has contributed to the progress made in reducing the burden of diseases that can be targeted through preventive chemotherapy (PC), including lymphatic filariasis (LF), onchocerciasis, schistosomiasis (SCH), soil-transmitted helminthiasis (STH) and trachoma. PAHO's Regional NID Program provides technical cooperation to national country programs for the planning, implementation, monitoring and evaluation of integrated interventions, including mass drug administration (MDA), for the diseases mentioned above.

The **main achievements** that stand out during the second year of the grant include:

- Strengthened the capacity of Guyana to plan and implement the remapping survey in six regions to collect epidemiological information needed to define a roadmap towards the elimination of LF.
- Completed a plan of action in Guyana to roll-out the triple drug therapy (IDA) starting in 2019 to accelerate efforts to achieve the elimination of LF.
- Strengthened capacities in Guyana for the implementation of MDA using effective approaches and tools such as: microplanning, combined medicine delivery strategies and social communication, daily monitoring of drug coverage and post MDA coverage assessment.
- Increased the capacity of Paraguay, Brazil, and Venezuela to assess the trachoma epidemiological situation in priority communities to compile evidence on the progress towards the elimination and to identify the needs on mapping and interventions.
- Reinforced the capacities of Honduras, Paraguay, and Belize to implement integrated actions for NIDs including integration of deworming for soil-transmitted helminths (STH) and vaccination for children under 15 years old.
- Carried out the first trichomatous trichiasis surgery campaign in the new trachoma focus of Peru, and progress made on the planning of the MDA for trachoma to be implemented in 2019.
- Supported the implementation of MDA in trachoma foci of Colombia and carried out a campaign for trichomatous trichiasis cases.
- Adjusted the methodology for schistosomiasis mapping in low endemic settings, starting with Dominican Republic, with support of several stakeholders and WHO, to be expanded and tested in other Caribbean countries.
- Develop a draft proposal of operating procedures to verify schistosomiasis elimination to be used as a working paper to be validated in the countries of the Americas.
- Initiated the planning of a national integrated survey for communicable diseases in Guatemala, including innovative tools such as serology for NID and for vaccine preventable diseases (VPDs) using multiplex bead assay (MBA).

Key activities and deliverables that resulted in the main achievements described above include:

- Support was provided to Guyana's Lymphatic Filariasis (LF) Elimination Program to develop a protocol for the remapping of LF in Regions 1, 2, 6, 7, 8 and 9 in 2018 and a proposal to implement the triple drug therapy IDA (ivermectin, diethylcarbamazine and albendazole) in 2019. Achieving elimination of LF in Guyana is key to achieve the regional elimination in the Americas.
- A training was provided to Guyana's national team, supervisors and field workers on the concepts, methods and tools to implement the remapping LF transmission survey. Thanks to this training, Guyana's LF Elimination Program can take ownership of the remapping and conduct it on their own (see Success Story).
- Ten new trachoma graders in the Region were trained, six from Brazil, two from Paraguay, and two from Venezuela². With support from WHO's Regional office for Africa, two graders from Mozambique also participated in the training. A report of the training is available in Spanish. Five out of the six graders from Brazil were certified as trainers of trainees which will expand the capacity of graders for the nine trachoma surveys that started in September 2018 in Brazil. One of the Paraguayan participants was certified as grader and is conducting rapid trachoma assessments in Paraguay.
- The first surgery campaign for trichiasis cases identified in the new trachoma focus of Peru was carried out. A summary report in Spanish of the campaign is available.
- The methodology for schistosomiasis mapping in low endemic settings was adjusted, starting with Dominican Republic, with support of several stakeholders and WHO which will be expanded and tested in other Caribbean countries.

² Venezuela participants were funded through other sources.

- A roadmap was established to complete the microplanning of the MDA for trachoma that will be carried out in 2019 in Loreto, Peru.
- A surgery campaign for trichomatous trichiasis cases in Colombia and to attend other visual health problems (cataracts, and pterygium) was implemented. A report in Spanish is available.

During the reporting period these were the key **lessons learned**:

- Maintaining a strong team with qualified and experienced staff a diversity of complementary technical and administrative skills is essential to offer continued, high quality technical cooperation to countries, given the diversity of diseases in our portfolio and the technical challenges involved in tackling them.
- Careful planning of activities and implementation of funds and close and frequent follow-up with PAHO's focal persons in the country offices contributes to the successful accomplishment of the activities approved in the workplan. However, sometimes adjustments are necessary, taking into consideration the realities in the countries and in the field.
- For the successful implementation of most of the activities, funds from other sources were made available to complement the funding from USAID. The main source of complementary funds for PAHO's Regional NID Program is WHO's Department of Neglected Tropical Diseases (NTD).
- Collaboration with partners, such as other PAHO Programs (i.e., the Immunization Program), the United States Centers for Disease Prevention and Control (CDC), the Dana Center for Preventive Ophthalmology, a WHO Collaborating Centre for Trachoma, Imperial College of London, London School of Hygiene and Tropical Medicine and RTI International is essential to achieve optimal results.
- USAID funding has allowed PAHO to leverage funding from EndFund to complement the efforts to eliminate LF in Guyana. By the end of Year 2 of programming, PAHO was in the final negotiation stages with EndFund to support the triple drug (IDA) administration in Guyana, planned for 2019.
- PAHO's NID Program also promotes collaboration between countries for the strengthening of national capabilities. An example of this is the training for trachoma graders carried out in Colombia for staff from other countries prior to conducting the surveys.

In addition, the following **challenges** to implementation were encountered:

- Timely implementation of surveys is challenging due to their inherent complexities and to the required approvals.
- Integration with other sectors, especially with Water, Sanitation and Hygiene (WASH).
- Monitoring and evaluation of preventive chemotherapy interventions need to be strengthened.
- Having adequate financial and human resources support for the implementation of activities aimed at the control and elimination of NID is always a challenge for national NID programs, given the competing priorities (i.e., other public health programs, public health emergencies) and the usually low priority given to NIDs at the country level.

Topic 4: Neonatal Health

More than half of the deaths recorded in children under 5 occur in the first 28 days of life and particularly around the time of birth. Complications due to prematurity, congenital birth defects, infections and sepsis, and asphyxia are the main causes of death. Access to quality care is essential, which implies having adequately trained human resources and quality care processes. Equally important is the availability of timely and quality information, the participation and empowerment of the population and intense intersectoral work. In addition to the importance of approaching mortality from preventable causes, the neonatal period is critical in terms of preventing or

reducing the impact that perinatal conditions can have on the burden of morbidity and disability, affecting health, development and the achievement of potentialities of the newborn, with adverse outcomes along the life course. The conclusions of the evaluation of the regional plan and strategy of newborn health, Sustainable Development Goals, Every Newborn Action Plan, and Global Strategy for women, children and adolescents sustain these as the main challenges and delineate actions to approach the problem.

Three **main achievements** stand out during the second year of the grant:

- The design of a regional platform that consolidates the results of congenital defect monitoring systems in countries of the region. It was made possible due to activities developed at the regional level: diagnosis of regional situation, design of a standardized format, work with countries in the strengthening or implementation of surveillance systems, pilot test and final design.
- National training has been provided to design and implement surveillance systems in Panama and El Salvador, as well as an initial step in Trinidad and Tobago. The availability of national and consolidated regional registers congenital birth defects, the second cause of neonatal death and a condition that contributes substantively to the burden of morbidity and disability is essential for the planning, implementation and evaluation of the impact of specific actions. The availability of a regional registry of congenital birth defects will in turn allow us to monitor countries.
- The formation of a technical team made up of professionals from different disciplines and 14 English-speaking Caribbean countries, highly trained in technical cooperation to countries to organize and develop systems for auditing and analyzing neonatal deaths. This team has already provided technical cooperation to St. Vincent & the Grenadines and Grenada to develop this methodology, with the support of national authorities and national technical teams and has shown excellent results. The approach is essential in terms of improving the quality of data linked to neonatal and fetal mortality as well as improving the quality of care.

Key activities and deliverables that resulted in the main achievements described above include:

- Technical cooperation and human resource training activities were conducted to build capacity in neonatal and fetal deaths audit and analysis methodology (Grenada and St. Vincent & the Grenadines).
- Training workshops were conducted on coverage and data quality analysis of neonatal mortality, as well as analysis of inequities in Paraguay and Trinidad and Tobago. Although similar workshops were planned in the Dominican Republic, due to changes in national authorities, a delay was requested.
- National training of trainer workshops for prevention and treatment of neonatal infections were conducted in the Dominican Republic and Guatemala.
- Technical cooperation was provided to Colombia, Guyana and Paraguay for the analysis, alignment and updating of national plans, considering regional and global commitments.
- Courses and technical cooperation were planned and provided for the design and implementation of the national congenital defect monitoring system in Panama and El Salvador.
- A feasibility and relevance analysis was completed for the development of a clinical practice guide for technical staff in charge of caring of seriously ill newborns. The systematic search and review methodology was defined, the information was consolidated, and the guide is currently in development.
- The pedagogical modules for the training of human resources in infection prevention and control and the self-administered module for the facilitation of neonatal transport workshops were developed.
- To consolidate available materials for human resources dedicated to newborn care, two complementary activities were completed: a proposal on the presentation of a repository of resources for newborn care was systematized and consolidated based on evidence. A technical proposal was prepared for the presentation of the repository in e-format (web platform and/or application)

- A systematic review was completed on the use and results of the application of Information and Communication Technologies (ICTs) in neonatal health, which provides proposals for the use of this type of technology aimed at mothers and caregivers as well as the health team.
- The SOPs for a regional registry of congenital defects were developed and the field test was carried out.
- Activities of the Newborn Alliance were supported and promoted, including the annual meeting (which took place in October 2018) and the support to National Alliances' activities in Paraguay and the Dominican Republic.

During the reporting period these were the key **lessons learned**:

- The activities carried out this year have made it possible to contribute substantively to the monitoring of congenital birth defects. To achieve this the coordination between decision-makers and technical actors has been key. A cadre of expert professionals has been built (more than 200 since the beginning of process to strengthen surveillance) will be instrumental to strengthen national resources. Such is also the case of the cadre of technicians trained in the analysis and audits of neonatal and fetal deaths in the English Caribbean countries. This approach ensures sustainability of the process in the region, while contributing to strengthen cooperation processes between countries.
- The process of strengthening birth defects' surveillance is seen as a model and was recently presented in WHO with much interest from other regions. The progress and consolidation of the regional registry, to be launched towards the end of 2018, is expected to have positive implications globally.

In addition, the following **challenges** to implementation were faced during FY2018:

- Resources to maintain and expand activities and therefore the achievements so far reached will be essential over time.
- Several countries in the region have had changes in health authorities, both at the political and technical levels, which has led to delays or re-assessment of activities.

Topic 5: Maternal Health

All actions developed within the framework of this project are aimed at improving maternal health. The focus of the actions is centered on the following aspects:

1. To better know the situation of maternal health in LAC countries, through the measurement of selected indicators on maternal mortality and morbidity, according to causes and different population groups.
2. Learn about the situation of maternal health care in sentinel institutions in countries of the region.
3. Understanding that in the Region maternal mortality is concentrated in health institutions and is clearly linked to lack of quality in maternal care, attempts are made to promote strategies that contribute to improving the competencies of health teams at the time to assist pregnant women.

Recent information presented during PAHO's 56th Directing Council highlights the need to continue active work in maternal health in the region. If data from the United States of America (births and maternal deaths) are not included in the regional analysis of maternal death, an increase in the regional maternal mortality ratio (MMR) is noted, where seventeen countries increased their MMRs, of which four countries account for almost 90% of deaths (Brazil, Dominican Republic, Mexico and Peru).

The **main achievements** that stand out during the second year of the grant include:

Within the framework of strengthening the policy dialogue on maternal health to reduce maternal morbidity and mortality:

- The project allowed for information on maternal health with more disaggregation (age, ethnicity, place of residence), which should serve to develop policies that are more adjusted to the particular situation of groups with greater vulnerability conditions. However, not all countries have the requested information, which establishes a challenge for the region. It is remarkable that most of the variables collected are not available in other sources of information.
- The data obtained from countries was the basis of the regional baseline on maternal health information with a perspective on equity; and used to develop the final report of the regional plan of action for accelerating the reduction of maternal mortality and severe maternal morbidity, which was presented to PAHO Governing Bodies in September 2018.
- The interinstitutional work has allowed partners to avoid duplicity of tasks and unnecessary expenses; as well as take advantage of the synergies between different actors. Agreements have been reached to produce a virtual course on Maternal Death Surveillance and Response (MDSR) to be used globally, through the joint work of WHO, USAID's Maternal and Child Survival Program (MCSP) and PAHO. WHO's new recommendations related to maternal health have also been translated into Spanish and disseminated in regional meetings, even if those had different objectives.

Key activities and deliverables that resulted in the main achievements described above include:

- The development of a web platform to manage the information collected for the regional Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity, is delayed. Currently, data loading is only operative, but cross-variable functions are not available, nor the dashboard with pre-established indicators. First demo of the online MDSR training is available. (2)
- Since August 2018, six health facilities from four countries (2 in Colombia, 2 in Honduras, 1 in Dominican Republic and 1 in Guatemala) are implementing the protocol on severe maternal outcomes surveillance. The process has been slow, and it is expected in the next two months to incorporate more health facilities from Brazil, Peru, Panama and Paraguay.
- Dissemination of Managing Complication in Pregnancy and Childbirth 2nd edition (MCPC) guidelines has been disseminated from WHO/PAHO websites and in regional strategic meetings (August, Panama City CLAP Network; October, World congress of the International Federation of Gynecology and Obstetrics (FIGO) in Rio-Brazil; and in November 2018 at the regional Congress of the International Confederation of Midwives (ICM) that will take place in Asuncion-Paraguay.
- The first workshop in Spanish for competency assessment within the framework of Competence Based Education (CBE) was held at the University of Chile from November 13 to 16, 2017. Twenty midwives from five countries in the region participated in the workshop.
- Documents and tools for competency assessment within the framework of CBE models have been edited and translated into English. They were submitted for technical analysis by MCSP colleagues. Workshop in an English-speaking Caribbean country was delayed to 2019.
- Two researches on midwifery are delayed. The research protocols have been completed and fieldwork has recently started.
- On October 21 and 22, 2017, the Latin American Federation of Obstetricians (FLO), UNFPA and PAHO conducted the Workshop for the elaboration of advocacy plans to strengthen professional midwifery. Fourteen representatives from Peru, Uruguay, Paraguay, Chile, Argentina, Brazil and Ecuador participated, with the aim of developing advocacy plans to identify the needs in regulation and education and establish

goals against the priorities for the strengthening of Midwifery. The participation of the Ecuadorian representation was financed by UNFPA. (3)

- On August 20, 2018, the college of midwives of Peru conducted a workshop to strengthen the competencies of the Peruvian midwives in public policy, leadership, management and regulation. Thirty-five midwives from 13 departments of Peru participated.
- The WHO Collaborating Center of the University of Chile (WHOCC) began the virtual training in CBE for 15 nurse professionals from the Dominican Republic in August 2018 through the University of Chile's Faculty of Medicine MEDICHI platform.

During the reporting period these were the key **lessons learned**:

- Activities carried out in year 2 have contributed to strengthening the monitoring of maternal mortality and morbidity, resulting in 23 of 27 countries systematically collecting data to construct indicators for the regional plan to reduce maternal mortality and severe maternal morbidity. These data constitute a relevant source of information for the development of new policies and plans for the improvement of maternal health.
- The inter-programmatic work within PAHO has allowed to strengthen the capacity building in countries on the surveillance, auditing and response to maternal mortality. Also, work with other partners such as MCPS and with the WHO maternal and neonatal health team have allowed us to promote actions and use the available resources more appropriately.

In addition, the following **challenges** to implementation were faced during FY2018:

- We intended to find out the impact of the Competency Based Education (CBE) workshops that with USAID funding were developed for several years in the English Caribbean and in Latin America. The number of midwifery teachers who have acquired skills in the framework of CBE has doubled in one year. However, it has not yet been possible to determine the impact these trainings have had on midwifery training schools or on the health of women in the countries where these midwives work. Specifically, we wanted to learn about the situation of the labor force intended for maternal care in the 10 countries with the highest maternal mortality. This is particularly relevant because these 10 countries are in a process of prioritization established by the Director of PAHO, with the intention of accelerating the reduction of maternal mortality and improving the health of pregnant women. Activities for this assessment have been delayed.

Topic 6: Inequity Across the Life Course

The region of the Americas has largest health inequity within and among countries. To address the persistent health inequities in the region, an inter-agency movement *Every Women, Every Child - Latin America and the Caribbean (EWEC-LAC)* was formed with the shared leadership of eight international organizations. Specifically, the movement works towards the adaptation and implementation of the Global Strategy for Women's, Children's and Adolescents' (WCA) Health (2016-2030) in Latin America and the Caribbean, by catalyzing and supporting countries in their efforts to deliver upon the targets and goals set forth in the Global Strategy. It plans on doing this by:

- Keeping WCA health equity on top of the political and public agenda through regional, sub-regional, and national advocacy efforts towards the adaptation and implementation of the Global Strategy in the Americas
- Promoting and strengthening country capacity to analyze WCA health inequalities and multi-sectoral determinants, and monitor progress towards the Global Strategy targets
- Promoting and supporting country adoption and implementation of pro-equity health policies, strategies, and evidence-based interventions

The **main achievements** that stand out during the second year of the grant include:

Under the Policy, Strategies and Intervention Working Group (PSIWG):

- The movement successfully implemented Innov8 in the Dominican Republic's adolescent health program. This was done through a series of workshops where participants reviewed and revised the current adolescent health program to identify who was being left behind and the barriers causing them to be left behind. As a result, the national team (composed of MOH personnel and other sectors) was formed and trained using an equity-based methodology.
- The movement successfully held a *training of trainers* for the Innov8 tool, where it trained country representatives and different EWEC-LAC members on its equity-based methodology. A network of trainers now has the capacity to scale up the revision of national programs using an equity-based approach.
- The movement supported the implementation of Innov8 in Honduras to revise their current adolescent health plan using an equity-based approach. This process included a capacity building workshop with the national team, who is composed of Ministry of Health and the Ministry of Education, among others.
- The movement presented during a high-level UNDG meeting to raise visibility within LAC. As a result, the UN Regional Director sent a signed letter to all country offices in LAC informing them of EWEC-LAC's work.
- The PSIWG held their first face-to-face meeting to revise and finalize their workplan. During this meeting, new working group members were able to learn about the different tools and instruments promoted within EWEC-LAC. Members agreed on specific activities and tasks that would be implemented.

Under the Metrics and Monitoring Working Group (MMWG):

- Capacity strengthening workshops were conducted to improve skills for measuring and monitoring social inequalities in health within Ministries of Health and within EWEC-LAC agencies.
 - At national level workshops, national teams were established to ensure continuity of health inequality measurement and monitoring within countries.
 - At agency workshops, country agency representatives were trained on health inequality measurement and monitoring to support country teams.
- Technical support was provided to national teams who have been trained to measure and monitor social inequalities. As a result, three countries (Chile, Colombia and Ecuador³) developed, finalized and published country reports on women, children and adolescent health inequalities.
- A revised list of indicators was finalized and approved by the EWEC-LAC's Executive Management Committee (EMC). The purpose of this indicator list is to help countries know the data that should be collected to measure and monitor health inequalities.
- A health inequality module was designed and finalized, which will serve as a tool for measuring and monitoring health inequalities within current health information systems. This health inequality module was piloted in one country in the region and is expected to be scaled up throughout other countries.
- A draft methodology was developed for the establishment of equity-based health targets, which focuses on the reduction of current health inequalities.
- The MMWG has provided technical support to CLAP to establish neonatal health targets using an equity-based approach.
- An initial collaborative workplan has been discussed with other key regional stakeholders to avoid duplication of work and resources. Specifically, MMWG has met with Universidade Federal de Pelotas (Brazil) and [Countdown to 2030](#) to establish next steps.

³ Ecuador was supported with PAHO funds, while Chile and Colombia were supported with USAID funds

Key activities and deliverables that resulted in the main achievements described above include:

- *Training of trainers* for Innov8 at the regional level:
 - participants from LAC, as well as different EWEC-LAC agency representatives, participated to revise current national programs using an equity-based methodology.
- A series of national workshops in Dominican Republic for Innov8, producing a report of recommendations for the redesigning of their adolescent health plan so that no one is left behind. The report is pending final approval from the Ministry of Health and will be shared with USAID once it is approved.
- Developed presentations for political and technical meetings that members could use to keep the topic in the political agenda.
- Provided technical support to countries on the measuring and monitoring of health inequalities:
- Three countries developed, finalized and published country reports on women, children and adolescent health inequalities.

In addition, the following **lessons learned** to implementation were faced during FY2018:

- When implementing Innov8, it is essential that the national team can be supported throughout the whole process by trained facilitators to ensure that all steps are being completed correctly and in a timely manner.
- When establishing the national team, it is important that an official invitation and/or request is sent by national authorities to all organizations/agencies/institutions to ensure constant commitment and participation throughout the whole process.
- During the implementation of Innov8, all eight steps should be completed within a short timeframe from one another to not lose momentum or institutional memory.

Topic 7: Health Information Systems

Governments require strong information systems for health that provide the data and evidence to formulate sound policies and decisions. The Americas has achieved significant improvements: mortality underreporting has decreased from 5.8% in 2008 to 5.1% in 2018, and the coverage and quality of mortality and live births data have improved. Nevertheless, challenges persist to address fragmented information systems, limited analytical capacities, data quality challenges, among others which hinder access to quality data. PAHO Member States recognize this urgent area of work, particularly given the need to produce disaggregated, subnational-level data to measure the SDGs as the Americas shift towards reaching universal health coverage. Goal 6 of PAHO's Sustainable Health Agenda for the Americas 2018-2030 sets targets for strengthening countries' information systems for health (IS4H). IS4H serves as the framework for the 2017-2022 Plan of Action for Strengthening Vital Statistics (document CSP29/9). USAID support allows PAHO to obtain countries' buy-in, conduct assessments and missions, and produce guidelines, model policies, and procedures. The Latin American and Caribbean Network for Strengthening Health Information Systems (RELACISIS) draws from regional expertise and excellence to facilitate the dissemination of practices and success stories and provides health personnel with access to free-of-charge trainings and forums.

The **main achievements** that stand out during the second year of the grant include:

- South American and Central American countries have endorsed PAHO's IS4H Framework. This high-level commitment is the foundation for subsequent work in these sub-regions to assess their information systems and formulate concrete recommendations and next steps. Four countries (Suriname, Paraguay, Jamaica, and Guyana) have information systems assessments which resulted from technical missions to apply the IS4H maturity model. PAHO will now collaborate with the Ministries of Health to formulate recommendations tailored to each country's specific needs and levels. The result of this USAID investment will lay the foundation for future efforts in the Region.

- The RELACSIS Network continues to facilitate inter-programmatic and inter-country efforts under CSP29/9 and enables better coordination among members of the Ibero-American Network of Collaborating Centers for the International Family of Classifications. Through the Network, health professionals across the Americas are given access to cutting-edge capacity building and best practices conceived and shared by other countries within the Region to build and enhance countries' health information systems. This South-South cooperation-focused initiative has helped forge bridges between PAHO Member States through the Network's working groups. Twenty of the successful practices disseminated through RELACSIS have been adopted by countries in the Americas, over 90,000 health professionals have been trained and certified in the correct completion of death certificates, and 1,700 coders have been trained in the effective use of the ICD-10 for coding mortality and morbidity data. The RELACSIS Network is now integrating the IS4H as its framework for technical cooperation.

Key activities and deliverables that resulted in the main achievements described above include:

- PAHO conducted two sub-regional meetings this fiscal year: for Central American countries (with eligible carryover funds from Year 1), held in Washington, D.C., (11-12 December 2017), and for South American countries, held in Bogota, Colombia (16-21 July 2018). Both meetings were co-financed by PAHO and a grant from the Canadian government. This has yielded important political buy-in from participating Member States.
- These high-level meetings were followed by technical missions to five countries (including Honduras, Guyana, Suriname, Jamaica, Paraguay), four which resulted in recommendations based on the conducted IS4H maturity model assessments. In the Caribbean, PAHO has continued to engage the CARICOM-backed IS4H Technical Working Group (TWG), with an in-person meeting in Barbados (21-25 July 2018) and Jamaica (15-19 August 2018). This resulted in a commitment to use the maturity model to assess the systems in member countries of the Organization of Eastern Caribbean States (OECS), starting with Dominica, Jamaica, and Saint Vincent and the Grenadines. Counterparts from OECS will participate in these missions to build capacities in the Caribbean. Moreover, the Inter-American Development Bank has decided to use the maturity model assessment as a baseline for future public-sector loans in the Americas.
- The RELACSIS Network's activities received significant support from PAHO/WHO Collaborating Centers in Argentina and Mexico. The Network strives to ensure its activities are based on needs from the ground. Results from last year's census on International Statistical Classification of Diseases and Health Related Problems (ICD) coders are available and will guide programming in FY2019. Survey results are still being consolidated to identify where mortality data originates across the Americas. PAHO conducted another cycle of its online capacity-building programs, including the ICD-10 coding course, the virtual course on the correct completion of death certificates (90,000 trained to date), and periodic webinars that presented methodologies for the intentional search and reclassification of maternal deaths (BIRMM, by its Spanish acronym) and experiences and health-sector applications for using Personal Identification Numbers (PINs). RELACSIS' South-South and triangular cooperation model will be showcased in a joint PAHO-ECLAC publication to promote its applications within and beyond the health sector.

During the reporting period these were the key **lessons learned**:

- The IS4H framework represents an overhaul of the strategic and operational models of work for many countries in the Region. The subregional meetings held in the Caribbean, Central America, and South America have been instrumental in ensuring that high-level authorities are receptive to the implications for adopting the framework and the IS4H maturity model assessments' recommendations.
- The RELACSIS Network's South-South and triangular cooperation model has succeeded in disseminating positive experiences and best practices from across the Americas through its free-of-charge, primarily virtual

model. RELAC SIS tutors, presenters, and facilitators offer technical support and cooperation from two PAHO/WHO Collaborating Centers on the WHO Family of International Classifications (WHO-FIC) housed within the ministries of health of Argentina (CACE) and Mexico (CEMECE), among others. New regional partners, such as Argentina's Hospital Italiano de Buenos Aires, are expected to contribute given the Network's expansion to IS4H.

- PAHO is integrating the coordination of RELAC SIS into its regular program of work. Responsibilities for the Network's different areas have been assigned to more staff members, which in turn will contribute to diversifying RELAC SIS' activities and enhance deliverable turnaround. Meanwhile, the RELAC SIS portal has been completely transferred to PAHO's servers. This will ensure the website's sustainability and compliance with PAHO's security and content controls.
- Two surveys will guide future RELAC SIS activities, one focused on seeking feedback from ICD coders on challenges and lessons learned, and a second to identify sources for maternal mortality data in the Americas. This information will shape future technical cooperation to the reality on the ground.

In addition, the following **challenges** to implementation were faced during FY2018:

- The BIRMM methodology training workshop was rescheduled to FY2019 after an unsuccessful attempt to link it to a UN Maternal Mortality Estimations Inter-Agency Group (UNMMEG) meeting. PAHO will continue to seek opportunities to optimize costs through joint planning, although such efforts may not always come to fruition due to matters outside PAHO's control.

Topic 8: Health Systems Strengthening

Health Financing and Fiscal Space

As countries in the region of the Americas continue health sector reforms for improving equity of access and efficiency, it is necessary to have a regional reference framework for measuring progress of policies aimed at strengthening health systems and achieving universal health. To respond to this need, PAHO embarked in October 2014 on a plan to develop a conceptual framework for monitoring policies aimed at achieving universal health. The goal was to support analyses, evidence generation, and decision-making aimed at strengthening or transforming health systems.

Many countries in the region are facing considerable fiscal pressures that may impact continuity and sustainability of provision of adequate health services. Lack of adequate financing and inefficient use of available resources are major challenges. Several countries are adopting actions for moving toward Universal Health, in which health financing is a critical issue in at least two areas: 1) increasing public resources allocated towards health, to strengthen health systems, reduce inequities and increase financial protection, and 2) aligning payment mechanisms with health systems objectives and ensuring an adequate allocation of resources that reflect health systems priorities and foster efficiency.

The **main achievements** that stand out during the second year of the grant include:

- Two publications linked to year 1 activities were finalized in this period, providing guidance and methods for generation and analysis of data and reporting on progress towards Universal Health available across the region:
 - Data analyses were conducted to support M&E efforts in countries in the region (Colombia, Chile, Mexico, Peru, Paraguay and Uruguay). This resulted in the publication of a peer-reviewed paper titled "Types of health systems reforms in Latin America and results in health access and coverage"

- PAHO published the peer-reviewed paper titled “Construction of a monitoring framework for universal health”
- Between October 2017 and September 2018, the Dominican Republic underwent a high-level discussion on improving payment mechanisms towards Hospitals under the Basic Health Plan (PBS) that will result in an update of rates paid by the health risks administrators (ARS)
- Representatives from several countries of the Region agreed on a common framework on payment mechanisms and an agenda to move forward.
- The Ministry of Health of Peru started a commission on reforming payment mechanisms in the country, with the participation of high-level international experts that will deliver a final report with concrete proposals for reform.
- Representatives from Ministries of Health, Finance, and Social Security institutions of countries of the Caribbean sub-region agreed upon specific areas in which to advance in health financing towards Universal Health selecting specific technical issues that require technical cooperation from PAHO and other partners.

Key activities and deliverables that resulted in the main achievements described above include:

For Monitoring Framework for Universal Health:

- To better respond to new data needs within the Sustainable Development Goals Agenda, the Monitoring framework for Universal Health was reviewed and updated with support from country focal points and PAHO technical departments. PAHO published the peer-reviewed paper titled “Construction of a monitoring framework for universal health”.
- A regional progress report on universal health, focusing on quantitative indicators of the Monitoring Framework for Universal Health, was drafted and is currently under revision.
- Between October 2017 and September 2018, PAHO provided support to apply the Monitoring Framework for Universal Health in Paraguay, Dominican Republic, Guyana, and Peru. To better respond to monitoring needs for universal health, PAHO submitted a proposal for developing a monitoring dashboard for universal health to be published in Health Systems Innovation website platform, for consultation by country focal points. Comments were received in September 2018 and are currently under revision to begin development of the dashboard.

For Development of health systems profile:

- PAHO reviewed and updated the Guideline for the Development Health Systems Profiles with support from country local points.
- Technical cooperation with an interdisciplinary approach was provided to support the development of health systems profiles in Paraguay, Dominican Republic, Peru, and Bahamas. In Peru, a draft was completed, which is currently under revision by national health authorities. Conversations with national health authorities have started in Paraguay, Dominican Republic, Peru and Bahamas, and work on development of health system profiles will continue in FY2019.

For Health financing:

- High level Regional meeting organized, and regional concept note and report meeting being developed.
- Consultants contracted to generate a roadmap to improve the financing scheme of the Peruvian Health System.

- On August 28-29 the forum “Sub-regional Dialogue on Health Financing in the Caribbean” was organized by PAHO in Barbados with the support of the University of the West Indies. The meeting included participants from ministries of health, finance and social security from the sub-region as well as guest speakers from countries from outside the sub-region to present selected country cases that could be relevant (Estonia, Canada, Costa Rica, Uruguay) to this context.

During the reporting period these were the key **lessons learned**:

- During the sub-regional dialogue on health financing in the Caribbean, it was notable that some basic concepts around health financing were not totally clear among participants, that required special dedication to clarify.
- Providing technical assistance on the specific topic of payment mechanisms proved challenging in several countries, as technical expertise on such a technically complex issue is heterogenous across countries. Therefore, it required an important load of work on communicating effectively. Also, the kind of data needed to correctly assess costs and then estimate prices is hard to obtain and required more time than expected to obtain.

In addition, the following **challenges** to implementation were faced during FY2018

- PAHO’s Monitoring Framework for Universal Health represents only an initial input. Producing, analyzing, and making use of the information on universal health require robust monitoring systems at the national level, but installed capacity is limited in most countries. This is a particular challenge in PAHO’s priority countries and the Caribbean, but even in countries with better information systems, evidence-based decision making is limited. Although beyond the scope of this particular project, it is essential to strengthen the governance of monitoring systems and make greater investments to effectively analyze and monitor universal health policies, as well as other programs and activities in the health system.
- Availability of quality data and disaggregated data for equity analysis is very limited, which hinders efforts to monitor progress towards Universal Health across the Region. Countries need to strengthen national information systems so that they can integrate data from household surveys and health institutions and ensure the adequate flow of information.

Improving Information for Selection and Availability of Essential Medicines within Health Services

One of the main factors affecting programming, acquisition and distribution of medicines is the weakness in information systems for supply management. Health Authorities from Paraguay and Guyana requested technical support to strengthen their national information systems. The focus areas are health services in the Paraguayan Chaco and rural areas of Guyana. During the first year of the project, a baseline for selected tracer medicines used in maternal health services was established. The assessment reviewed relevant supply chain processes (warehousing, distribution, and stock management) and the relation with the Regional and National Supply Chain Process (order requisition, stock reporting, etc.). The assessment led to the development of a set of recommendations specific for each country to be implemented in year 2. Public Health facilities were selected in each country to serve as a model to train personnel from other regions and health facilities outside of the scope of the project, in order to start developing a long-term sustainable solution.

The **main achievements** that stand out during the second year of the grant include:

The Ministry of Public Health Guyana has established a Logistic Management Unit (LMU) to monitor the supply chain management system, provide capacity building, conduct monitoring/supervisory activities and provide feedback to the Ministry. It comprises ten Pharmaceutical Logistic Officers to provide support to each of the ten Administrative Regions. The Logistics Management Information System (LMIS) collects and analyses quarterly data on consumption of medical supplies from all health facilities across the country which aids in the forecast of annual requirements of commodities for public health programs including family planning, maternal, neonatal and child health and contributes to procurement.

The main achievement is capacity building in the use of the different registers of the LMIS and in quantification to effectively forecast, procure, distribute and track the delivery of medical commodities to ensure a resilient pharmaceutical supply chain management. Specifically, the following have been accomplished:

- At least one pharmacy lead was trained in each region to monitor and report on the LMIS to ensure data flow to central level. Each region took ownership in implementing LMIS and printing the ledgers to manage medical supplies.
- A Pharmaceutical Supply Chain Management System Unit was established to meet monthly and discuss challenges in each region.
- A Steering Committee on Integration established to monitor stock management.

In Paraguay, the commitment of the new leaders of the Directorate General of Management of Strategic Supplies (DGGIES) of the Ministry of Health (MSPBS), participating in programmed activities and recognizing the weaknesses and strengths of the supply system, has been instrumental to advance the project with a comprehensive plan of improvement as a guiding document. This buy-in was key to continuing previous efforts to improving health information systems to monitor the quality, provision, access and use of medicines within health systems, with emphasis on vulnerable populations in this project.

Key activities and deliverables that resulted in the main achievements described above include:

Guyana:

- 212 pharmacy personnel trained in LMIS and quantification in six Regions, focused on generation, registration and reporting of logistical information such as inventory levels and consumption. As a result, there is a reduction of 30% in discrepancies from the Combined Requisition and Issue Voucher (CRIV) upon completion of the LMIS training.
- Training on best warehousing practices aimed at improving the staging conditions, resulted in implementation of FEFO (First to Expire, First Out).
- Training on best forecasting practices to relevant staff within project participating health centers. Continuous practice and weekly accountability, analysis and feedback are helping resolve rollout phase issues.

Paraguay:

- There was a change in government in July 2018 and PAHO raised awareness of the importance of the supply system management as a key strategy to continue previous efforts to improve availability and access to essential health technologies.
- A workshop with leading officials of the DGGIES, hospitals and health centers, the General Directorate of Services Network and the National HIV and TB Health Programs reviewed basic legislation and analyzed the supply processes for medicines and other supplies to construct the improvement plan. Priority governance actions were established which will positively impact supply chain system including:

- Review the national drug policy
- Update the list of essential medicines and supplies, with clear guidelines for the inclusion and development of a comprehensive country supply system model, which guarantees patient safety, access and availability of quality and safe technologies with quality pharmaceutical services.
- Officials of the DGGIES, hospitals and health centers were trained on the objective, use and scope of the tool. The tool was then applied to track availability and access to drugs and tracer technologies in the Hospital Nacional de Itagua, the biggest hospital in the country which receives a significant number of patients (maternal/neonatal) referred from the Chaco, and in other health facilities.

During the reporting period these were the key **lessons learned**:

- Limited skilled human resources, especially pharmacists, to manage the public health supply chain nationally and especially at the regional levels is a main contributing factor to the many stock outs.
- Coordination between the Ministry of Communities (MOC) and MoPH is needed in the management of the supply chain as MOC holds the budgetary allocation to finance the supply of public health commodities.

In addition, the following **challenge** to implementation was faced during FY2018:

- All activities at the pharmacies are done manually leading to delays in updating records. There is the need to implement electronic LMIS at the hospitals where the bulk of the health commodities are received to improve efficiency.
- Getting people to change from old ways of operating was a major challenge to roll out LMIS training and continuous capacity building is needed that will allow them to keep abreast of current knowledge and new modus operandi. More funding and supervisory visits from the Government is needed for implementation of changes.
- A change in government in Paraguay led to delays in implementation in year 2. It was necessary to present the project to incoming national authorities for them to take the lead.
- In a fragmented supply system, where information is also fragmented, it is a challenge to have a total picture, with involvement of all the actors for technical and sustainable integration, without duplication of efforts.

Develop Competencies for Health Professionals and Community Health Workers

The health workforce is increasingly recognized as central to delivering on the 2030 Agenda for Sustainable Development. During 2017, WHO's Plan of action for the Global Strategy on Human Resources for Health: Workforce 2030 and PAHO's Strategy on Human Resources for Universal Access to Health and Universal Health Coverage highlighted the growing mismatch between health workforce demand and supply and population needs in the Region of the Americas. Both strategies pointed out that disconnect between national health and education systems and academic institutions is producing health systems that are fragmented, inefficient and costly. More evidence is emerging that health workforce education based on social mission principles, which aims to ensure that education programs are relevant to the local context and that needs are identified in collaboration with key stakeholders and communities, can strengthen health systems and positively influence the availability, distribution and performance of health workers.

As recognized by the Tunisia Declaration (World Summit on Social Accountability, April 2017) strategies associated with social mission in health workforce education include: a) the alignment of curricula with social needs; b) targeted student selection; c) training taking place in the primary care context in which graduate are expected to serve; d) regional postgraduate training and career pathways in underserved regions; e) interprofessional education and practice; and f) meaningful partnerships with communities and other stakeholders. These

strategies are guiding the goals and products of this project to help transforming health professions education in the Region of the Americas.

The **main achievements** that stand out during the second year of the grant include:

- Consolidation of the multi-country network (Consortium) for the advancement of social mission in health professions education in Latin-America and the Caribbean, including mentoring, technical cooperation and faculty/students exchanges between participating institutions.
- Production of digital resources, educational materials and publications on social accountability in different formats and languages (English, Spanish and Portuguese) that will be available at the regional level.
- Conduct research on indicators and tools to assess the social mission of health professions education institutions, promoting their inclusion on future evaluation and accreditation models that can be applied more widely in the region.
- Sharing best practices on transformative health professions education aimed to strengthen country health systems, expand access to quality health care and improve health outcomes, particularly among the most vulnerable populations.
- The project has facilitated participation during the following global conferences outlining best practices on social mission and innovations on health profession education:
 - IV Beyond Flexner Conference, Atlanta -USA, 9th-11th April 2018. Presentation of the ISAT instrument to the North-American community for the advancement of social accountability of health professions education. Oral Presentation / Poster presentation / Panelist
 - AMEE 2018 – International Association of Medical Education. Basel-Switzerland, 25-29 August 2018. Presentation of the ISAT instrument to the global community of medical education (oral presentation)
 - The Network Towards Unity for Health -TUFH Conference 2018. Limerick – Ireland, 16th-20th August 2018. Presentation of the ISAT instrument (oral presentation and poster)

Key activities and deliverables that resulted in the main achievements described above include:

- PAHO participated in monthly virtual meetings and workshops from October 2017 to September 2018 with international expert groups to validate core indicators for social accountability included on. The purpose of this tool is helping academic institutions to monitor advances in transforming health professions education.
- PAHO participated in the Annual meeting of the Consortium for the Advancement of Social Mission of Medical Schools in the Region of the Americas (in collaboration with the IV Beyond Flexner Alliance Meeting - Atlanta- USA-April 2018) to review, monitor and evaluate the action plan 2016-2021.
- Digital resources, educational materials and publications have been produced on social accountability in different formats and languages (English, Spanish and Portuguese). A Massive Open Online Courses (MOOC) on social accountability was designed and is in construction at PAHO's Virtual Campus of Public Health.
- Key white papers on social mission principles are being developed and are due to be finalized at the end of 2018 in the themes of: pipeline and recruitment; faculty development; curriculum innovation; indicators and evaluation instruments; tracking of students; community engagement; and ethical dimensions of social mission in health professions education.
- To assess and implement social accountability for leaders from health workforce education institutions and other key stakeholders, workshops have been planned for implementation of ISAT during 2019 in the Caribbean, Brazil and Argentina to support the scale up of social accountability in health workforce education in PAHO regions.
- Technical cooperation exchanges between the Consortium member institutions and affiliated partners during 2018 have included exchanges of faculty members between Sherbrooke University-Canada and the

Argentinian Forum of Public Medical Schools, University of Illinois-Medical College at Rockford and the University of West Indies (Jamaica Campus), and University of New Mexico-USA and University of Roraima - Brazil.

Lessons learned during this period by participants in this project have helped to identify and define future programming and activities around the following areas:

- To strive for collaboration, partnership, and unity amongst the various stakeholders to improve population health and the development of innovative, efficient, and equitable healthcare and educational systems, with particular attention to interdisciplinary/ interprofessional cooperation and inter-sectoral action;
- To encourage and advise health professions institutions on strategies to move towards an efficient implementation of the principles of social accountability, through a commitment to promote the orientation of education, research and service delivery programs to meet population priority health needs linked with health system policies and actions;
- To admit and graduate a health professions student body that reflects the ethnic, geographic and socioeconomic diversity of the populations served and to develop and participate in accreditation systems that reflect these values;
- To support advocacy at the political leadership level for the adoption of health and academic policies consistent with the values and principles of social accountability, and
- To stimulate and promote international collaboration aiming to reduce disparities in health care and the health workforce.

Country Specific Projects

Topic 9: Accelerate the Reduction of Maternal and Neonatal Mortality and Severe Maternal Morbidity in Honduras

While there has been a reduction in maternal mortality in Honduras, it is still one of the highest in the LAC region (61/100,000 live births). Childhood mortality rates and infant mortality rates have diminished to 28 and 37 per 1,000 live births respectively in 2000 to 24 and 29 per 1,000 live births in 2012 (Encuesta Nacional de Demografía y Salud, ENDESA). The neonatal mortality rate, in turn, has remained since the year 2000 at 18 per 1,000 live births.

The strategies developed in the framework of this project to tackle and further reduce the rates of neonatal and maternal mortality include:

- Review of maternal, neonatal, and infant care protocols
- Strengthening of the Perinatal Information System (SIP in Spanish)
- Strengthening of staff competencies in the prevention and care of obstetric hemorrhage
- Procurement of equipment and materials for obstetric complications
- Follow up of the strategies to reduce maternal and neonatal mortality.

The **main achievements** that stand out during the second year of the grant include:

- In the last few years, the use of SIP in hospitals had decreased. With the support of the USAID project, its use was reactivated, and the process of institutionalization was stimulated in the Ministry of Health. The introduction of SIP Plus has started, and we foresee the integration of digital partograph in the system.

- Supervision and monitoring capacity was strengthened at the central and regional levels in prioritized departments
- The analysis of maternal mortality was strengthened and plans for the continuous improvement of quality in five prioritized departments were developed.
- The country developed a plan of action for the reduction of maternal mortality with the participation of cooperation agencies involved in the topic, which contributed in the resource mobilization to finance its implementation.

Key activities and deliverables that resulted in the main achievements described above include:

- National workshop for the development of the Plan of Action for the Reduction of Neonatal and Maternal Mortality along with SESAL, UNICEF, UNFPA and USAID.
- Dissemination of the Plan of Action to strategic partners
- Situation analysis of the 73 hogares maternos at national level.
- Conducted six on childbirth care and obstetric complications at the second level of care
- Conducted two coordination and follow-up meetings of the near miss network for surveillance of maternal morbidity and the MUSA network for the surveillance of women in abortion situation.
- Monitoreo del plan de reducción de la mortalidad materna en hospitales priorizados.
- Revisión de los protocolos AIEPI para incluir temas como la atención a recién nacidos, lactantes y niños con síndrome congénito de zika.
- Participación en reuniones regionales para colocar la Mortalidad Materna como prioridad en la agenda política de los países priorizados y movilización de recursos.
- Participación a reuniones regionales para fortalecer la capacidad técnica de los recursos nacionales para la vigilancia de la mortalidad materna.

During the reporting period these were the key **lessons learned**:

- The seed funding provided by the USAID project has contributed to the mobilization of resources to reduce maternal and neonatal mortality. They have allowed to complement activities with other resources to reach the same objectives.

In addition, the following **challenge** to implementation was faced during FY2018:

- Continuity of funding to complement the activities delineated in the plan for reducing maternal and neonatal mortality.

Topic 10: Screening of anemia and micronutrient deficiencies in 6-59 month-old children and their mothers in Western Honduras

In Honduras, there is limited information available regarding the status of deficiencies of important micronutrients. Although the latest national health survey showed an overall decline in anemia rates, the rates remain high and vary significantly by geographic area. During the project period, PAHO/Honduras has worked in collaboration with USAID and the Institute of Nutrition of Central America and Panama (INCAP) to address this information gap.

The project, targeting children ages 6 to 59 months old and women of childbearing age in select communities, is designed to generate basic and credible information on anemia prevalence and the status of micronutrients. In addition to illustrating the nutritional status of the target population, project results will provide reference values for nutritional deficiency measurement, provide the needed justification to design and carry out a national

nutritional survey, and support the establishment of a reliable surveillance system to monitor nutritional deficiencies in the country.

The project includes two phases with the following specific objectives.

1. Evaluate the precision and accuracy of the portable equipment to measure hemoglobin, HemoCue® Hb 201 and HemoCue® Hb 301; previously confirmed against the automated method that will be used as the method of reference in order to measure hemoglobin. Blood samples will be obtained in children from 6 to 59 months old and women from 15 to 49 years in the University Teaching Hospital of Tegucigalpa Honduras.
2. Establish the possible differences in concentration of hemoglobin using the HemoCue® Hb 201+, HemoCue® Hb 301 and automated equipment when two different types of blood extraction are used, venous, in standardized process, and capillary blood.
3. Evaluate the relevance and effectiveness of a prototype of nutritional surveillance system that measures the nutritional status of children and women through a community survey in seven communities of the municipality and department of Intibucá and to determine biomarkers of vitamin A, iron and infectious state for children, as well as the anthropometric evaluation of women from 15 to 49 years and children from 0 to 59 months; evaluate fortified food consumption by law and the general socioeconomic status of the selected homes in small samples of convenience of child and women.
4. Determine the content of hemoglobin and the biomarkers of vitamin A, iron, inflammation, folate, and vitamin B12 (and zinc and Vitamin D when the volume of the sample allows it) in blood samples of children and mothers, and analysis of iodine urine in women.
5. Determine the content of iodine in salt, vitamin A in sugar and iron, and a vitamin (B1, B2, niacin or folic acid) in samples of bread and vitamin A and D and iron in milk that will be collected in retail stores of the selected communities.

The **main achievements** that stand out during the second year of the grant include:

- Finalized the validation of HemoCue® Hb 201+, HemoCue® Hb 301
- Validated the different types of blood extraction in the field.
- Started the implementation of the prototype surveillance system in Intibucá.

Key activities and deliverables that resulted in the main achievements described above include:

- Recruited staff from INCAP to validate the portable equipment; data analysis in progress. Final report will be available in December 2018.
- Collected blood samples in children and women that attended the University Hospital in Tegucigalpa. Final report will be available in December 2018.
- USAID staff and staff from Ministry of Health of Intibucá was trained to implement the prototype of surveillance system in Intibucá. Data collection in progress; final report will be available in February 2019.

During the reporting period these were the key **lessons learned**:

- During the last trip to one community, it became evident that dissemination meetings will have to be organized at the departmental level (Intibucá) for presentations to be conducted with local authorities and other USAID project in the department and in neighboring ones.

In addition, the following **challenge** to implementation was faced during FY2018:

- There was a long process to receive ethical approval from PAHO's ethics committee, which was received in April 2018. The project needed to re-submit the study protocol to the ethics committee at the Universidad
- Weather conditions and accessibility to chosen communities hindered for several days the achievement data collection goals.

3. Inter-programmatic Efforts

Most topics under the USAID Umbrella grant used an inter-programmatic approach to make progress on their objectives. A few examples are highlighted below:

- The Neonatal Health component worked closely with EWEC-LAC's MMWG in the technical elements of two activities: the workshop conducted in Trinidad and Tobago and the activity held in Paraguay for all neonatal health and provincial statistics referrals, to analyze inequalities in fetal mortality metrics. The agencies involved in EWEC-LAC will continue to contribute to the neonatal component, including in an upcoming workshop in Dominican Republic (October 2018)
- The Maternal Health component of the project worked closely with the Health Information Systems (HIS) and Health Systems Strengthening (HSS) component to collect and monitor maternal mortality data in the region, including the design of a survey to identify maternal mortality information sources. The preliminary results will be presented at the BIRMM workshop in November 2018. The work with the HSS component has been key in the development of tools to assess the essential conditions that health facilities must have to provide maternal and neonatal care.
- The Malaria component has coordinated two key areas of work with PAHO's HSS department: the joint planning of needs and procurement of antimalarial drugs through PAHO's Strategic Fund; and the development of a generic protocol to improve pharmacovigilance and treatment adherence with pilot interventions in selected countries.
- The Honduras study on neonatal and maternal mortality has worked closely with the HIS component and CLAP (neonatal and maternal components) to review up-to-date maternal mortality data and surveillance system development.
- Inter-agency collaboration provided by EWEC-LAC and the Neonatal Alliance for Latin America and the Caribbean has allowed the coordination and articulation of actions that promote regional and global strategies, while ensuring a more cost-effective approach to reach objectives.

4. Progress toward Grant Outcome Indicators

The table below includes the identified outcomes, related indicators, and baseline and target information established for the grant. It is important to note that following ongoing discussions between PAHO key personnel and USAID activity managers, the indicators for Topics 4 (Neonatal Health) and 5 (Maternal Health) were modified during FY2017 from what was originally included in the grant agreement.

Topic	Outcomes	Indicators				
		Proposed baseline 2016 (2014 & 2015 data)	Proposed target 2021	Proposed annual target FY2017	Results as of September 2018 and Comments	
1	Tuberculosis	1.1, 1.2	TB treatment coverage. Number of new and relapse cases that were notified and treated, divided by the estimated number of incident TB cases in the same year, expressed as a percentage. Baseline: 81%	≥90%	2% increase	81% for 2017 (latest available information)
		1.1, 1.2	Drug susceptibility testing (DST) coverage for TB patients. Number of TB patients with DST results for at least rifampicin divided by the total number of notified (new retreatment) cases in the same year, expressed as a percentage. DST coverage includes results from molecular (e.g. Xpert MTB/RIF) as well as conventional phenotypic DST results. Baseline: 40%	≥95%	11% increase	45.8% for previously treated cases and 31.7% for new cases in 2017 (latest available information)
		1.1, 1.2	Documentation of HIV status among TB patients. Number of new and relapse TB patients with documented HIV status divided by the number of new and relapse TB patients notified in the same year, expressed as a percentage. Baseline: 74%	≥95%	4% increase	81.4% for 2017 (latest available information)
	1.2	Number of international policies, guidelines, and research studies in TB diagnosis, treatment, and prevention published with support from USAID. Policies, guidelines and studies that include input from TB experts at USAID and/or for which technical assistance needed to be developed was funded by USAID. Baseline: N/A	N/A	N/A	1 (The TB/HIV Clinical Manual)	
	1.2	Number of countries introducing TB diagnosis and treatment interventions with USAID support. This can include new technologies to support TB diagnosis or new TB treatment regimens. Baseline: N/A	N/A	N/A	Five Caribbean countries through the QuanTB workshop	

Topic	Outcomes	Indicators			
		Proposed baseline 2016 (2014 & 2015 data)	Proposed target 2021	Proposed annual target FY2017	Results as of September 2018 and Comments
2 Malaria	2.1., 2.2., 2.3	Percent reduction in malaria morbidity compared with 2015 official figures	≥40%	16% reduction	71% increase with VEN; 15% increase without VEN.
	2.1	Number of malaria-endemic countries with no stock-outs of key anti-malarials at the national level in a given year Baseline: 19 countries	21 countries ⁴	21 countries	19 countries
	2.1, 2.2, 2.3	Number of countries implementing strategies to address malaria among populations in situations of vulnerability Baseline: 10 countries	18 countries ⁵	12 countries	17 countries
	2.1	Number of artemisinin-based combination therapy (ACT) treatments purchased with USG funds Baseline: N/A	N/A ⁶	N/A	N/A
	N/A	Number of malaria rapid diagnostic tests (RDTs) purchased with USG funds Baseline: N/A	N/A ³	N/A	N/A

⁴ From the 21 endemic countries, PAHO will support five countries (ARG, BOL, GUF, PRY, VEN) as these countries cannot benefit from USAID funds.

⁵ ARG, PRY and HTI are excluded from this indicator

⁶ These commodities will be purchased to prevent country stock outs, as well as for emergencies, and to treat travelers coming from areas where chloroquine resistance is known. These commodities will be managed from PAHO's regional warehouse.

Topic	Outcomes	Proposed baseline 2016 (2014 & 2015 data)	Proposed target 2021	Proposed annual target FY2017	Results as of September 2018 and Comments
3 Neglected Infectious Diseases	3.1	Number of endemic countries and territories implementing a national or subnational plan, program, or strategy to reduce the burden of priority NIDs according to their epidemiological status, in line with the WHO Roadmap to Reduce the Burden of Neglected Tropical Diseases (Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation) Baseline: 9 countries	15 countries	2 countries	Most countries in Latin America and the Caribbean are implementing plans or interventions to reduce the disease burden caused by NIDs, including LF, schistosomiasis, trachoma, onchocerciasis and soil-transmitted helminths. Guyana, Dominican Republic, Brazil and Haiti have programs for the elimination of LF. Brazil and Venezuela are intensifying their actions for the elimination of onchocerciasis. Peru has a plan for eliminating trachoma. Some of the territories in the Caribbean have done (Saint Lucia) or are planning (Antigua and Barbuda, Dominican Republic) to implement surveys to assess the current status of schistosomiasis transmission. 11 countries have deworming programs, some of them integrated into other programs (e.g., LF, immunization)
		Number of NID-endemic countries that have achieved the goals of elimination of one or more NID and have developed and put in place measures to prevent disease resurgence or reintroduction of onchocerciasis, lymphatic filariasis and blinding trachoma. <i>For onchocerciasis:</i> Baseline: 3 countries <i>For lymphatic filariasis:</i> Baseline: 3 countries <i>For blinding trachoma:</i> Baseline: 0	<i>Oncho:</i> 6 countries <i>LF:</i> 6 countries <i>Blinding trachoma:</i> 4 countries	<i>Oncho:</i> 4 countries <i>LF:</i> 1 country ⁷ <i>Trachoma:</i> 4 countries	Onchocerciasis transmission is limited to the Yanomami area around the border between Brazil and Venezuela, where efforts are being intensified. Brazil stopped treatments (MDA) for LF in its only active focus in 2017 and is carrying out post-treatment surveillance. Dominican Republic, Guyana and Haiti are implementing MDA. Guyana will carry out a remapping survey to assess the current status of LF in regions I, II, Vi, VII, VIII and IX. Colombia is implementing the SAFE strategy in its active foci. Peru started the implementation of Surgery for TT in 2018 and planned for the MDA to be implemented in 2018. Guatemala is doing surveillance and active search for cases of TT in areas outside the known endemic areas. Brazil started the implementation of a national trachoma survey in 2018. The four countries that have eliminated onchocerciasis, i.e., Colombia, Ecuador, Guatemala and Mexico, and the country that eliminated trachoma as a public health problem, i.e., Mexico, are implementing post-elimination surveillance.

⁷ BRA is expected to achieve interruption of transmission of LF in its only active transmission area in 2018

Topic	Outcomes	Indicators				
		Proposed baseline 2016 (2014 & 2015 data)	Proposed target 2021	Proposed annual target FY2017	Results as of September 2018 and Comments	
4	Neonatal Health	4.1	Number of countries with updated goals on newborn and fetal mortality in alignment with Every Woman, Every Child, Every Adolescent global strategy and ENAP. Baseline: 0	10	5	National workshops to update goals took place in Colombia, Paraguay, and Trinidad and Tobago. Dominican Republic was included in the workplan but it had to be postponed to October 2018 (4).
			Number of countries collecting quality data on fetal and newborn health Baseline: 12	17	15	Grenada and Trinidad and Tobago are collecting quality data on fetal and newborn health (reached 14 countries). Dominican Republic had to be postponed to October 2018.

Topic	Outcomes	Indicators				
		Proposed baseline 2016 (2014 & 2015 data)	Proposed target 2021	Proposed annual target FY2017	Results as of September 2018 and Comments	
5	Maternal Health	5.2	Number of lead midwifery/nursing teachers trained in CBE framework Baseline: 64	60	12	Surpassed annual target and reached 2021 target (60)
			Number of new professionals (university, midwives, MOH) trained in evaluation models Baseline: 0	100	20	Reached annual target: 20
			Number of LAC midwives/obstetric nurse associations that implement plans to adhere to regulations of midwifery practices in their countries Baseline: 1	At least 4	1	Reached annual target (1)
			Number of countries where MCPC Manual 2nd Edition is adopted as an educational instrument Baseline: 0	16	4	No progress this year.

Topic	Outcomes	Indicators				
		Proposed baseline 2016 (2014 & 2015 data)	Proposed target 2021	Proposed annual target FY2017	Results as of September 2018 and Comments	
6	Inequities across the Life Course	Ratio of USAID funding to other dollars leveraged towards partnership goals (EWEC-LAC) Baseline: N/A	N/A	N/A	N/A	
		6.2	Number of countries that have received national and local sensitization trainings on the underlying concepts and principles of health equity in the context of LAC. Baseline: 7 countries	22 countries	10 countries	7 countries
			Number of countries who have developed and/or implemented national plans to incorporate equity-based approaches into existing national and local health efforts Baseline: 0 countries	15 countries	3 countries	2 countries
		6.3	Number of countries that have received national and local trainings in the analysis of data in order to measure health inequalities ⁸ Baseline: 10 countries	22 countries	7 countries	4 countries
			Number of countries that have developed informational materials related to RMNCAH inequalities and officially communicated these with national policy and decision makers Baseline: 7 countries	22 countries	8 countries	3 countries
			Number of countries who have developed and/or implemented national plans of action to incorporate health inequality measurement and monitoring into existing national and local health information systems Baseline: 0 countries	15 countries	5 countries	1 country

⁸ PAHO will provide progress reports to document the number of professionals trained through MMWG events.

Topic	Outcomes	Indicators			
		Proposed baseline 2016 (2014 & 2015 data)	Proposed target 2021	Proposed annual target FY2017	Results as of September 2018 and Comments
7 Health Information Systems	7.1	Number of countries that actively participate in the Latin American and Caribbean Network for Strengthening Health Information Systems (RELAC SIS) Baseline: 13 countries (2016)	29	+3	+ 3 countries (Chile, Haiti, Peru) PAHO facilitated three key areas of technical cooperation for FY2018: training on ICD-10 coding, dissemination of best practices for the intentional search and reclassification of maternal deaths (BIRMM, by its Spanish acronym), and the correct completion of death certificates, among other practices (e.g. data quality and mortality registry, among others). Following the introduction of simultaneous translation into English, PAHO has ensured that new countries will participate in the RELAC SIS Network's capacity-building and best-practices sharing programs and forums in FY2019.
	7.1	Number of countries that have conducted a recent national assessment of their information systems for health Baseline: 0	29	+6	+4 countries (Guyana, Paraguay, Suriname, Jamaica) PAHO supported Guyana, Paraguay, Suriname, and Jamaica to conduct assessments of their information systems for health. The assessments in Haiti and Peru are scheduled for FY2019. Discussions with the Peruvian government are still ongoing to define the date for a visit early in 2019. The mission to Haiti will be scheduled for 2019 to allow for time to translate relevant materials to French and identify an assessment team with the relevant experience in Haiti. Support for Haiti will continue, with in situ training for ICD-10 and technical cooperation to reinforce the implementation of DHIS 2 using the maturity model.
	7.1	Ratio of USAID funding to other dollars leveraged towards partnership goals Baseline: N/A	N/A	N/A	The governments of Argentina and Mexico provide routine technical assistance through the RELAC SIS Network's areas of practice. PAHO estimates that each government contributed approximately 2,472 hours of work, delivered primarily by over 100 health professionals from Argentina, Mexico, as well as other countries (exact monetary figures are unavailable on these governments' staff costs). PAHO contributed an estimated \$193,350 in staff time (primarily 1 technical advisor and 1 technical specialist, as well as other staff members) this year to ensuring this partnership meets its targets.

Topic	Outcomes	Indicators				
		Proposed baseline 2016 (2014 & 2015 data)	Proposed target 2021	Proposed annual target FY2017	Results as of September 2018 and Comments	
8	Health Systems Strengthening	8.1	Number of countries and territories that have a national health sector plan or strategy with defined equity-sensitive goals/targets revised within the last five years Baseline: 14 countries	19 countries	2 countries	According to the PAHO end of biennium assessment, 22 countries achieved the indicator, and 5 partially achieved as of end of 2017. Of the countries USAID supported in this project during year 2, Peru, Dominican Republic and Bahamas achieved this indicator.
			Number of countries and territories that have financial strategies for universal access to health and universal health coverage Baseline: 15 countries	21 countries	2 countries	According to the PAHO end of biennium assessment, 16 countries achieved this indicator and 3 partially achieved, as of end of 2017. Of the countries USAID supported in this project during year 2, Peru and Dominican Republic achieved this indicator. Bahamas was assessed as partially achieved.
			Number of countries and territories that have analyzed and reported progress toward universal access to health and universal health coverage using the framework for monitoring and evaluation Baseline: 4 countries	15 countries	2 countries	According to the PAHO end of biennium assessment, 7 countries achieved this indicator, having advanced in preparing their M&E of UH Strategy using PAHO guideline. Of the countries USAID supported in this project during year 2, Peru achieved this indicator.
	8.2	Number of countries and territories with national policies on access, quality, and use of medicines and other health technologies updated Baseline: 10 countries	15 countries	2 countries	Of the countries USAID supported in this project during year 2, Paraguay achieved this indicator, Guyana is in progress.	
	8.3	Countries enabled to develop and implement human resources for health (HRH) policies and/or plans to achieve universal access to health and universal health coverage Baseline: 11 countries	18 countries	2 countries	13 countries achieved this indicator as of end 2017. Of the countries USAID supported in this project during year 2, Trinidad and Tobago achieved this indicator. Chile and Canada, in a supporting rather than recipient role in this project, also achieved this indicator. PAHO shall revise this indicator during 2019 according to new criteria established in the Plan of Action 2018-2023 of the Strategy of Human Resources for Universal Health	

5. Products Developed during Current Project Period

The products that were developed through the support of the PAHO-USAID grant and linked to key deliverables during the reporting period are included below or are available upon request.

Tuberculosis-related products:

1. Report of Regional meetings of NTP managers and TB lab managers, Guadalajara, Mexico - October 2017 (electronic version delivered)
2. Report of the V Meeting of PAHO's TB Technical Advisor Group (TAG), Washington DC – December 2017 [electronic version delivered]
3. World TB Day 2018 materials:
https://www.paho.org/hq/index.php?option=com_content&view=article&id=12932:dia-mundial-de-la-tuberculosis&Itemid=42255&lang=en
4. Translation of the TB/HIV Regional Clinical Manual into English (Link to Spanish version below, English translation with final design in progress):
http://iris.paho.org/xmlui/bitstream/handle/123456789/34855/9789275319857_spa.pdf?sequence=5&isAllowed=y
5. Tuberculosis in the Americas 2018:
http://iris.paho.org/xmlui/bitstream/handle/123456789/49510/OPSCDE18036_spa?sequence=2&isAllowed=y (Spanish)
http://iris.paho.org/xmlui/bitstream/handle/123456789/49510/PAHOCDE18036_eng?sequence=1&isAllowed=y (English)
6. Reports of 8th rotation to the Center of Excellence – September 2018 (final report pending)

Malaria-related products: available upon request

1. Report on the situation of Malaria in the Americas 2017 (2.2):
https://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=45344&Itemid=270&lang=en
2. Diagnosis, treatment, investigation and response strategy: Conceptual document and strategic path (2.2, 2.3)
3. Border malaria case study: HAI-DOM
4. Guía práctica para la implementación de intervenciones con mosquiteros tratados con insecticidas de larga duración (in progress) (2.1)
5. Selección y uso de Pruebas de Diagnóstico Rápido (PDR) para malaria. (in progress) (2.1)
6. Strategic elements for malaria programs. Elements for operationalizing the PAHO Action Plan 2016-2020, WHO GTS and the Malaria Elimination Framework in the endemic countries in the Americas. Key elements for the technical cooperation from the country offices.
7. Document with recommendations of the PAHO Malaria TAG (2.3)
8. 10 key recommendations for malaria elimination and for prevention of reestablishment (2.3)
9. Methodology for stratification, foci characterization and micro stratification and material for workshops (2.2)
10. Technical reports of intervention plan for malaria active foci in Ecuador, Panama and DOM (2.2)
11. Microscopy certification training reports (2.1)

12. Antimalarials country quarterly reports (2.1)
13. Zambrano et al. 2017. Operationalization of the Framework for Malaria Elimination – Micro-stratification in Honduras. Presented in 66th Annual Meeting of ASTMH. (DOI: 10.13140/RG.2.2.26509.84967)
14. Fontecha, Gustavo, et al. "Deletions of pfhrp2 and pfhrp3 genes of Plasmodium falciparum from Honduras, Guatemala and Nicaragua." Malaria journal 17.1 (2018): 320. (<https://malariajournal.biomedcentral.com/articles/10.1186/s12936-018-2470-7>)

NIDs-related products:

1. Tools for monitoring the coverage of integrated public health interventions. Vaccination and deworming of soil-transmitted helminthiasis <http://iris.paho.org/xmlui/handle/123456789/34510>
2. Preventive chemotherapy for neglected infectious diseases: Manual for the design and use of record sheets <http://iris.paho.org/xmlui/handle/123456789/34495>
3. Survey protocol “Remapping Lymphatic Filariasis Transmission in Regions I, II, VI, VII, VIII and IX in Guyana” (electronic file)
4. Protocol for trachoma rapid assessments (TRA), in Spanish (electronic file)
5. Plan for implementation of triple drug therapy IDA in Guyana in 2019 (electronic file)
6. Antigua and Barbuda schistosomiasis and STH survey protocol (electronic file)
7. Draft proposal of operating procedures to verify schistosomiasis elimination aimed to be used as a working paper to be validated in the countries of the Americas (electronic file)
8. Draft manual for the implementation of Mass Drug Administration (MDA) which includes each one of the components and strategies needed to achieve effective coverage of the campaign. (Spanish).

Neonatal health-related products:

Products are currently in the process of design or final edits prior to publishing. Technical documents are available in the format provided by the technical staff that worked on it, and can be sent upon request.

Maternal health-related products:

1. Plan of action to accelerate the reduction in maternal mortality and severe maternal morbidity: final report
https://www.paho.org/hq/index.php?option=com_docman&view=download&category_slug=56-directing-council-english-9964&alias=45853-cd56-inf-14-e-poa-maternal-morbidity-853&Itemid=270&lang=en
2. Web platform for plan of action
http://entregables.tercertermino.com.ar.s3.amazonaws.com/oms/2018/maternal/demo1/story_html5.html
3. Federación Latinoamericana de Obstetras (FLO). Workshop for the elaboration of advocacy plans for the strengthening of professional midwifery
http://federaciondeobstetras.net/index.php?option=com_content&view=article&id=52:reunion-taller-de-abogacia-para-el-fortalecimiento-de-la-parteria-profesional&catid=7:noticias&Itemid=110

Inequities-related products:

Metrics and Monitoring Working Group

- Chile Iniquities in Health Profile: http://www.apromiserenewedamericas.org/wp-content/uploads/2017/10/perfil_chile_AR_vf.pdf

Health information systems-related products:

Hyperlinks to RELAC SIS courses and webinars, available also at www.paho.org/relacsis:

- Basic Course for ICD-10 Coders, available at [PAHO's Virtual Campus](#).
- Course on the Correct Completion of Death Certificates, available at [the RELAC SIS Portal](#).
- Informational video on the importance of the proper registration of causes of death, available at [the RELAC SIS Portal](#).
- Webinars on the Intentional Search and Reclassification of Maternal Deaths (BIRMM), available at [the RELAC SIS Portal](#).
- Webinars on Personal Identification Numbers (NIPs), available at [the RELAC SIS Portal](#).

Meeting reports are included as attachments to this report.

Health systems strengthening-related products:

Health Financing and Fiscal Space

- Publication: Construction of a monitoring framework for universal health, 2018. Link: <http://iris.paho.org/xmlui/bitstream/handle/123456789/49102/v42e812018-eng.pdf?sequence=5&isAllowed=y>. Publication linked to year 1 activities and countries.
- Publication: Types of health systems reforms in Latin America and results in health access and coverage, 2018. Link: <http://iris.paho.org/xmlui/handle/123456789/49472>. Publication linked to year 1 activities and countries.
- Report on fees for hospitals in Dominican Republic (attached)
- Presentation, press release and photos from sub-regional dialogue on health financing in the Caribbean: [here](#)
- Report on meeting on payment mechanisms (attached)

Improving Information for Selection and Availability of Essential Medicines within Health Services

Paraguay (all attached):

- Plan para Fortelecer el Sistema de Suministro con énfasis en la programación y cuantificación de medicamentos y reactivos de Paraguay, Agosto 2018
- Estudio de disponibilidad, acceso y uso de medicamentos y otras tecnologías sanitarias Hospital Nacional
- Estudio de disponibilidad, acceso y uso de medicamentos y otras tecnologías sanitarias Hospital Villa Hayes
- Estudio de disponibilidad, acceso y uso de medicamentos y otras tecnologías sanitarias Ambulatorio Villa Hayes

Develop Competencies for Health Professionals and Community Health Workers

The main product developed during this project period was the validation of the instrument ISAT (Indicators for Social Accountability Tool) in English. The instrument has been translated into Spanish and Portuguese and it is being validated in those languages. There is also a plan to translate it into French and Arabic and to share the product globally.

Accelerate the Reduction of Maternal and Neonatal Mortality and Severe Maternal Morbidity in Honduras

- Plan de Reducción de la Mortalidad Materna y Neonatal (attached)
- Borrador Diagnóstico Hogares Maternos (attached)
- Borrador Protocolos y Algoritmos para la Atención Integral de las Niñas y Niños en el Primer Nivel de Atención (attached)

Screening of anemia and micronutrient deficiencies (Honduras)-related products:

The products under this topic will be ready to be shared in FY2019.

6. PAHO-USAID Collaboration Success Stories

The success stories included below attempt to illustrate how the collaboration between PAHO and USAID strives to improve people's lives and make a difference in the beneficiary country.

Active pharmacovigilance on DR-TB in the Americas (FAVIA-TB)

Following up and detecting drug toxicity in drug-resistant TB patients timely

Drug-resistant TB (DR-TB) continues to be a public health concern in the Americas. In 2017, 11,000 new MDR/RR-TB cases were estimated of which 4,084 were confirmed by laboratory and 3,831 of them started treatment. Three countries accounted for almost 70% of the MDR/RR-TB notified cases in the Region: Peru (37%), Brazil (27%) and Colombia (5%). Successful TB treatment for DR-TB requires the use of multiple active medicines with adverse drug reactions that need to be monitored, especially those related to new drugs such as bedaquiline and delamanid. WHO recommends active pharmacovigilance as one of the five conditions that must be met for the use of these new drugs. However, it should be considered for all drugs that are part of a DR-TB regimen.

Active drug-safety monitoring and management (ADSM), known as “Farmacovigilancia Activa” (FAVIA-TB) in the Region, aims to provide active and systematic clinical and laboratory assessment of patients on treatment for DR-TB to detect, manage and report on real time suspected or confirmed drug toxicities. In 2017, PAHO established a protocol for the development and implementation of an electronic DR-TB card based on a REDCap software, which was approved by PAHO’s ethics committee. This was followed by discussions between the National TB Programs and the National Drug Regulatory Authorities (or pharmacovigilance Departments) of ten selected countries where active pharmacovigilance will begin: Brazil, Colombia, Chile, Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Paraguay and Peru. Guatemala and Honduras have already had specific training workshops in May and September 2018 respectively, to start its implementation. So far, drug toxicities have been promptly identified in these countries.

FAVIA-TB with its electronic treatment card and associated dashboard, not only allows for early detection of drug toxicity but also facilitates an organized method to follow up diagnostic, treatment and contact tracing procedures of DR-TB cases. It also allows for treatment cohort analysis. At national level it strengthens the managerial capacity of NTPs and helps identify problems with patient management at local levels. With these advantages, countries are showing increasing commitment to use it and are developing the necessary capacity to further implement it.

Numero de registro TB-MDR	DATOS ADMINISTRATIVOS	DIAGNOSTICO Y TRATAMIENTO									
		CONTACTOS INICIAL	MES 1	MES 2	MES 3	CONTACTOS MES 3	MES 4	MES 5	MES 6		
001-2018	●	●	●	●	●	●	●	●	●	●	●
004-2017	●	●	●	●	●	●	●	●	●	●	●
005-2018	●	●	●	●	●	●	●	●	●	●	●
007-2018	●	●	●	●	●	●	●	●	●	●	●
009-2018	●	●	●	●	●	●	●	●	●	●	●
010-2018	●	●	●	●	●	●	●	●	●	●	●
013-2017	●	●	●	●	●	●	●	●	●	●	●
013-2018	●	●	●	●	●	●	●	●	●	●	●
014-2018	●	●	●	●	●	●	●	●	●	●	●
016-2018	●	●	●	●	●	●	●	●	●	●	●
017-2017	●	●	●	●	●	●	●	●	●	●	●
018-2018	●	●	●	●	●	●	●	●	●	●	●
019-2017	●	●	●	●	●	●	●	●	●	●	●
020-2018	●	●	●	●	●	●	●	●	●	●	●
021-2018	●	●	●	●	●	●	●	●	●	●	●
024-2018	●	●	●	●	●	●	●	●	●	●	●

FAVIA’s dashboard indicating progress in data collection related to treatment follow up of DR-TB cases.

“FAVIA-TB is a user-friendly tool that allows us to better follow DR-TB patients and quickly identify drug toxicity, thus preventing loss of follow-up cases” **NTP manager from a beneficiary country**

Improving surveillance to make decisions in the fight against malaria

In Guatemala, Escuintla is the state with most cases of malaria. In 2017, a workshop was held partly to update of the National Strategic Plan for Malaria. Case-based data was routinely collected by the Ministry of Health (MOH) and it was being used at the municipality level for stratification and for guiding interventions.

To eliminate malaria by the year 2020, discussions were held between the MOH and the Pan American Health Organization (PAHO) to operationalize the new World Health Organization's (WHO) Framework for Malaria Elimination. Case-based data along with other information was used to identify groups of localities (micro-areas or foci) with similar transmission dynamics and micro-plans were developed with PAHO's Diagnosis-Treatment-Investigation and Response (DTI-R) framework. As a result, many needs were identified. Although there were around 300 voluntary collaborators providing diagnostic and treatment services in the whole of Escuintla, this micro-analysis helped identify that many localities with malaria did not have any or had less than required.

The health authorities of Escuintla were provided direct support by a PAHO consultant based in the state capital who worked extensively with the two most affected districts (La Gomera and Masagua) in implementing the micro-plan for each focus identified. An Excel-based tool was developed to help local authorities analyze data, which proved useful in monitoring the impact of the interventions and in constantly updating of the interventions by foci. Improvement in timely and quality diagnosis and treatment has been seen since with over 44% of malaria cases treated within 3 days of start of symptoms in 2018 compared to around 30% in 2016 in Foci 11 of Masagua. Indoor residual spraying (IRS) was re-introduced in Las Cruces to demonstrate operational feasibility and will be used as an essential intervention along with bednets in an exclusive manner.

Malaria cases have been reduced by half (480 in 2018 vs 905 in week 36 of 2017,) in the most malarious district of the country, La Gomera, belonging to this department. Much of this can be attributed to the continued work of the MOH-Escuintla based on sound technical advice provided with the support of USAID.

Lymphatic Filariasis Elimination in Guyana

Strengthening national capacity to map the disease as a first step in the elimination journey

Lymphatic filariasis (LF) affects some 120 million people across the world. Although LF rarely causes death, it is a major cause of suffering and disability. Guyana is one of four countries in the Americas where the disease is endemic and considered a public health problem. In 2001, a national LF survey was conducted which indicated that nine out of the ten Guyana Administrative Regions were endemic to filaria and needed public health intervention.

A key component of the LF elimination strategy is a detailed understanding of the geographical distribution of the parasite, as all the endemic areas must be targeted for multi-round treatment through mass drug administration (MDA). Given the limited availability of current data on the prevalence of filariasis in Guyana, possible evolution of the socio-demographic situation and LF circulation patterns, a remapping survey is scheduled for late 2018. This survey seeks to estimate LF prevalence in primary school population of Regions I, II, VI, VII, VIII and IX to determine whether MDA is required. This survey will characterize the epidemiological scenarios of malaria and other infectious diseases, using Multiplex Bead Assay (MBA) antigens to measure the immunity profile where these diseases have active and low transmission or are thought to be absent.

The Guyana Ministry of Public Health in collaboration with the Pan American Health Organization/World Health Organization (PAHO/WHO), USAID, Centres for Disease Control and Prevention (CDC) and Tropical Data successfully conducted a training session for the national team, supervisors and team members. The weeklong session trained participants on the concepts, methods and tools to implement the LF remapping survey in Guyana. A pilot test was conducted at the Westfield Primary School, in Georgetown, Region IV as a means of validating the sampling procedures, laboratory testing and data entry as well as estimating the duration of the data collection and ensuring that survey instructions were easily understood and detection of potential problems that may arise during fieldwork. Having satisfactorily met the selection criteria, 40 team members (supervisors and collectors) were identified to carry out the survey.

The elimination of LF is of paramount priority to Guyana's Ministry of Public Health. The training will empower Guyana's LF program to undertake the survey successfully and obtain data that will allow the Ministry to make decisions regarding MDA. The integration of MBA to measure immunity profiles strengthens the national capacity of laboratory teams to collect information on other diseases and will be useful in the formulation of training manuals for other countries wishing to engage in similar surveys.



Students at Westfield Primary School, in Georgetown, Guyana, waiting for their turn to be tested for LF and other diseases

“The elimination of Filariasis will be a major achievement for every household, every community, every region and the country as a whole.”

**Hon. Dr. Karen Cummings,
Minister of Public Health
Guyana**

More countries in the Americas produce quality data for birth defects' surveillance

El Salvador established a national birth defects' surveillance system to improve neonatal outcomes

Congenital birth defects are the second cause of neonatal and infant mortality. In the Americas, one in every ten deaths of children under 5 years of age is due to congenital birth defects. However, there is limited information about the occurrence of birth defects in the Region. In 2016, eleven countries in Latin America and the Caribbean had a National Birth Defects' Monitoring System. Professionals from El Salvador have participated in training offered by PAHO, with the support from USAID, leading El Salvador to become one of the first countries to move towards the establishment of a National Registry of Birth Defects.

The Ministry of Health of El Salvador (MINSAL) required technical assistance to carry out a course to train professionals in the country's maternity hospitals. More than 60 health professionals (Gynecologists, Pediatricians and Epidemiologists) participated in the course. Coordination between MINSAL and the Instituto Salvadoreño del Seguro Social (ISSS) has resulted in specific agreements and a roadmap for specific actions in the short and medium term, the preparation of an operative technical manual of the Congenital Anomalies Surveillance System and the commitment to publish of the annual report of Congenital Anomalies for the country.

The national registry has made it possible to identify and characterize births and deaths with congenital defects, thus being able to establish for the first time the frequency of the different types of anomalies, allow the development of strategies to reduce risk factors, and emphasize patient education regarding nutrition. The national registry is an expression of the commitment of national authorities and technical teams, with important implications in strengthening institutions, capacities, and decision-making to ultimately reduce preventable mortality and improving the quality of life of children and families in El Salvador.

“We are currently working on a baseline for congenital defects in the country, which will allow us to develop strategies to reduce their risk factors”

**Marcela Hernández,
Coordinadora, Unidad de
Atención integral de la mujer,
niñez y adolescencia del
Ministerio de Salud de El
Salvador**

Transforming Health Professions Education

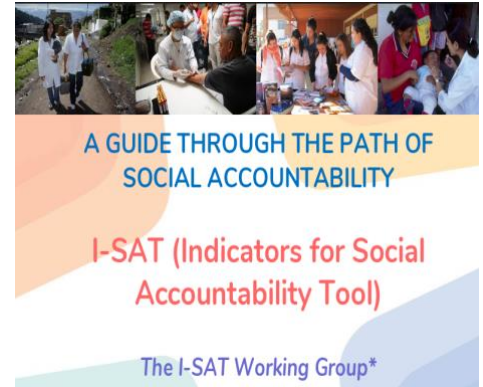
Social accountability as a driver for change

The shortage and geographic maldistribution of health workers and mismatch between needs and competencies remains a barrier resulting in millions of people worldwide not receiving the essential health care and services they need.

In response, global frameworks are embracing strategies to improve the quantity, quality and relevance of health workforce education to ensure countries have interprofessional teams ready and willing to work with communities to address their health needs, wherever they live. Applying social accountability (SA) principles provides a mechanism for institutions to increase equity in education, conduct research relevant to population health needs and improve access and quality of health care delivery services.

Through the PAHO-USAID collaboration and the support of leading experts around the world, the Indicators for Social Accountability Tool (ISAT) was developed. The ISAT includes seven core components: student recruitment, selection and support; faculty recruitment and development; what, how and where students learn; research activities; governance and stakeholder engagement; school outcomes; and societal impact. Each core component is divided into four developmental phases and includes milestones, standards and indicators.

The ISAT is a diagnostic instrument that is already helping numerous health academic institutions and their stakeholders across the region of the Americas to regularly assess their progress towards greater SA by reflecting on who/where where they are, identifying gaps and proposing areas for improvement. The ISAT has the potential to contribute to sustainable changes and self-reliance in the transformation of health professions education in many countries of the Region of the Americas.



What is Social Accountability of Health Workforce Education?

“the obligation to direct their education, research, and service of activities towards addressing the priority health concerns of the community, region and/or nation that they have a mandate to serve. The priority health concerns are to be identified jointly by governments, healthcare organizations, health professionals and public.”

World Health Organization, 1995