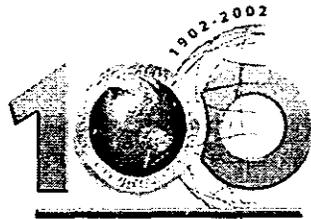


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**Pan American
Health
Organization**

Regional Office of the
World Health Organization

Celebrating 100 years of Health

**Infectious Disease Component of the
Health Priorities Strategic Objective**

USAID/PAHO Award: LAC-G-00-99-00008-00

Annual Report for the period

1 October 2001 - 30 September 2002

SECTION 1

**Latin America and the Caribbean Regional Antimicrobial
Resistance Initiative**

Annual Report for the period

1 October 2001 - 30 September 2002

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Antimicrobial Resistance Initiative

Timing

The Initiative operates on a USG fiscal year of October 1 through September 30. This annual report is for the period October 1 2001 through September 30th 2002.

Purpose

The annual report is intended to confirm progress vis-à-vis the annual work plan, to highlight both positive and negative deviations from the annual work plan, to provide a sense of the significance of activities during the year and to explain how experience gained through implementation will influence the following year's activities. It serves to call attention to issues requiring discussion and/or action by USAID, the Steering Committee or the Technical Advisory Group.

I. Basic Data

Partner	Dates of Obligations	Amounts of Obligations	Comments
PAHO (Regional activities)	7/99 (1998 carryover)	\$812,500	
	9/99	204,000	
	8/00	160,000	
	9/01	628,000	includes funds for TB
PAHO (Mission add-on)	7/99	959,600	El Salvador - TB
	9/99	381,900	El Salvador - TB
	8/00	500,000	El Salvador - TB
	9/01	182,000	Bolivia - malaria, TB
RPM Plus	8/98	200,000	
	8/00	195,000	
	9/01	101,571	92,217 carry over from previous year (postponement of activity due to September 11 events) making a total of 193,788

II. Financial Table: Financial information for this Grant is submitted in a separate report prepared by PAHO's Budget and Finance Office. (see Annex 1)

Partner	IR	Budgeted:		Spent:		Accrued/Committed:		Balance (unspent, uncommitted):	
		USAID	PAHO*	USAID	PAHO*	-USAID	-Counterpart	-USAID	-Counterpart
PAHO (Regional Activities)			194,145		194,145				
PAHO -El Salvador -Bolivia									
RPM Plus	3.5.2	193,788		193,788		0		0	

*Salaries of one 11-month consultant dedicated full-time to the project, 40% staff time of one, and 15% of another professional, and 50% of 1 secretary's staff time.

III. Introduction -

Implementation of this project began in September 1999. Two major results were expected of the project:

1) Improved surveillance in target countries to determine the magnitude and impact of antimicrobial resistance, and 2) Improved capacity in target countries to implement approaches to address antimicrobial resistance (AMR).

During the first year of implementation, emphasis was placed on strengthening the capacity for surveillance in target countries. It was felt that the generation, analysis and dissemination of national data was vital to promote actions to contain AMR. (See IV, below). During the second year of implementation, an effort began to promote policy approaches to contain antimicrobial resistance.

A steering committee with participation of USAID LAC Bureau, the RPM (and successor RPM Plus) Program of Management Sciences for Health and PAHO's Communicable Diseases Program has met regularly to discuss progress and coordinate plans of action. Each meeting included presentation of progress reports and a discussion of future activities. PAHO invited the participation of these partners to its TAG meetings and other activities. Other pertinent institutions have also been invited to collaborate with the project, such as the Alliance for the Prudent Use of Antibiotics (APUA), the American Society of Microbiology (ASM), the U.S. Centers for Disease Control and Prevention (CDC), and others.

During this reporting period, the Initiative continued to create awareness of the complex issues surrounding the emergence and control of antimicrobial resistance. PAHO collaborated in the translation of the WHO Global Strategy for Containment of Antimicrobial Resistance (funded by WHO) and gave the document broad distribution in the Americas. The protocol to determine the cost of hospital infections developed in late 1999 has been successfully implemented in Bolivia, Ecuador, El Salvador, Guatemala, Nicaragua, Paraguay, and Peru. Other non-project countries (Argentina, Chile) also applied the protocol and have provided PAHO with their results.

IV. Highlights of key results

A. PAHO

- Workshops to provide training in bacteria identification and testing for antimicrobial resistance have been attended by laboratory personnel from Bolivia, Guatemala, Ecuador, and Honduras. Preparations have been made for and concurrence obtained from the Dominican Republic to initiate training activities in the country, the first of which has been designed and planned for early December 2002. One participant from the Dominican Republic attended the Advanced Antimicrobial Resistance Course held in the Institute Malbrán, Argentina, in preparation for further national training in the DOR.
- Of the nine countries participating in the Initiative, seven have established laboratory networks for monitoring antimicrobial resistance.
- Six of the nine target countries have achieved quality control targets for antibiogram analyses (see Initiative performance tables).
- Six target countries have carried out studies of the cost of hospital infections.
- The project has served as a catalyst for actions to contain antimicrobial resistance both in target countries and other countries of the Region, which have benefited from the interest generated by the project and from information dissemination activities supported by it.
- Results of the application of a protocol for assessing the cost of hospital infections and selected antimicrobial resistance (*Staphylococcus aureus* resistance to oxacillin) are being edited for publication. The results of the studies in Argentina, Bolivia, Chile, Ecuador; Guatemala, El Salvador, Paraguay and Peru are being used to underline the need for hospital infection control measures in meetings with national health authorities. Final editing of papers from Bolivia and Paraguay is in progress, we are expecting publication of the whole set of results by the end of 2002.
- Based on a draft prepared and reported on in 2001, PAHO convened a second expert committee to review the document and update its contents. A final version of the *Modelo de guía clínica y*

formulario para el tratamiento de las enfermedades infecciosas has already been typeset and at this writing is in press.

- A first exercise to introduce the guidelines in a project country took place in September 2002 in Bolivia. A group of national experts met to review the guidelines and adapt them to the national context. The activity generated great expectations in the country and implementations should begin shortly. We are now in the process of planning an evaluation of the application of the guidelines (work plan 2002-2003).
- Plans are already ongoing for the next national adaptation and launching of the guidelines, to take place in Guatemala in early 2003. Two members of the original Guidelines expert committee are Guatemalan nationals and will participate in the national activity.
- Evaluation visits to the laboratory networks in Paraguay and Guatemala were completed. The evaluation group determined that great progress had been made in both laboratories in regard to bacteria identification and the antimicrobial susceptibility testing. These results are reflected in regional reference laboratory reports.
- A Technical Advisory Group meeting was convened to provide a formal review and revision of the Initiative's progress, to develop policy strategies further, and to give guidance for future regional initiative. Annex 1 is a summary of recommendations of the TAG.
- A TV spot was developed and tested with focal groups in three countries. The spot will be launched by CNN (*en español*) by the end of 2002.

Summary of key activities

- 1996-1999. Standardization of laboratory techniques for antimicrobial resistance surveillance of isolates of *Salmonella*, *Shigella*, and *Vibrio cholerae*, including quality assurance, in 19 countries of the Americas.
- 1997- present. Publication of annual report on antimicrobial resistance of isolates of *Salmonella*, *Shigella*, and *Vibrio cholerae* in 19 participating countries.
- 2001. Training in the use of the WHONET software for the laboratory.
- 1997-2002. Development of a data base for antimicrobial resistance information reported by participating countries. Said data constitute the base line for the analysis of trends in time. A consolidated report for 2000 is currently (June 2002) in press.
- 1997-2002. Implementation of a quality assurance program, including performance evaluation, for bacteria identification and detection of antimicrobial resistance in all participating countries.
- 1999-2000. Production of materials for training of laboratory professionals, and dissemination of scientific literature to national reference and other national laboratories participating in the network.
- 2000-2001. Expansion of the surveillance network in 12 (seven USAID funded target countries: Bolivia, Ecuador, El Salvador, Guatemala, Nicaragua, Paraguay, Peru) countries to include other community species: *Streptococcus pneumoniae* (invasive); *Haemophilus influenzae* (invasive); *Neisseria gonorrhoea*; and *Escherichia coli* (urinary infection). The system's expansion also covered some agents of hospital infections: *Staphylococcus aureus*, *Pseudomonas aeruginosa*, *Acinetobacter* spp., *Enterococcus* spp (*E. faecalis* and *E. faecium*), *Klebsiella* spp., and *Enterobacter* spp. (not all species in all countries).
- 2000-2002. Standardization of laboratory techniques for antimicrobial resistance and quality assurance for other community and hospital bacteria in six countries of the Region.
- 2000-2002. Training of staff in nine countries on bio-safety techniques and proper packing and treatment of biological samples for international transport according to IATA regulations.

- 2001-2002. Development of a protocol to determine the cost of hospital infections. The protocol has been used to implement 14 studies in 8 countries (Argentina, Chile, Bolivia, El Salvador, Ecuador, Guatemala, Paraguay and Peru).
- 2001-2002. TB drug resistance study protocols were prepared for the USAID priority countries, Dominican Republic, Ecuador, Guatemala, and Paraguay. The protocol has been used to implement studies in Ecuador, Guatemala and Paraguay.
- 2001. Development of guidelines for the evaluation of national epidemiological surveillance systems for emerging diseases, including antimicrobial resistance.
- 2002. Development of infectious diseases treatment guidelines to promote rational use of antibiotics. The guidelines *Formulario y Guía Clínica para el Tratamiento de Enfermedades Infecciosas* are currently in press (June 2002).
- Publication of Bibliography on antimicrobial resistance covering from 1995-2000.
- Publication of a collection of papers on antimicrobial resistance in the Americas in *Antimicrobial Resistance in the Americas: Magnitude and Containment of the Problem* (Pub. N° OPS/HCP/HCT/163/2000).

B. RPM Plus

- Two courses on Drug and Therapeutics Committee were conducted by RPM Plus in the LAC Region. In the first one, conducted in Bolivia with the support of the National Program on Essential Drugs and PAHO, participants included members of Drug and Therapeutic Committees (DTC) from three hospitals from Peru, six hospitals from Bolivia, and two hospitals from Paraguay. There were two participants from the national regulatory authority of the Bolivian Ministry of Health and Social Welfare (MSPS), and one participant of the Caja Nacional de Salud de Bolivia, making a total of 22 participants.
- The second course took place in Guatemala City and involved members of four Hospital DTCs from El Salvador and three major hospitals from Guatemala. The course was also attended by staff of the Unidad Técnica de Medicamentos e Insumos Médicos (UTMIM) from the Salvadorean Ministry of Health, the Pharmacotherapy Department of the Salvadorean Institute of Social Security (ISSS), the Monitoring Unit of Hospital DTCs of the Ministry of Health and Social Welfare of Guatemala (MSPAS), the Central Technical Unit for Medicines of the Guatemalan Social Security, the Program for Access to Drugs, and the Department of Farmacovigilancia of the Guatemala MOH. In total, there were 27 participants from both countries attending this workshop.
- Some participants reported having carried out activities in their workplaces after attending the course. In Peru, participants from the Instituto del Niño in Lima performed drug use evaluation of vancomycin in the Burns Unit. They also strengthened the regulations for tenders, and their hospital list of drugs. In Trujillo, members of the DTC promoted the development of standard treatment guidelines for ObGyn (Premature rupture of membrane and Hyperemesis Gravidica) and in the Pediatric unit for congenital syphilis. Both have been implemented and submitted to audit to check on adherence to the protocols that have been modified.
- In Paraguay, one participant performed a study on adherence to standard treatment guidelines on pneumonia cases and the pharmacy system is undergoing modifications. Participants from another hospital in Paraguay have established criteria to assess adverse drug reactions using information from the course materials. They are also participating in assessing cost of drugs that participate in tender bids.

- In Bolivia, members of a hospital DTC in Santa Cruz review the essential drug list in used in the hospital. A hospital in La Paz, received legal authority to perform the DTC activities and their functions received support from the hospital administration. Participants from The Caja Nacional de Salud participated in reviewing their drug formulary, and are currently promoting the development of standard treatment guidelines for specific conditions. They also performed a review of medical records to analyze use of antimicrobials in prophylaxis in cesarean section.
- In El Salvador, the Pharmacotherapy Department of the Salvadorean Institute of Social Security (ISSS) had completed the 20 training sessions for Hospital DTCs programmed for the year using the materials of the course. In two hospitals of the Ministry of Health the DTCs received administrative authorization and their role was accepted within the hospital.

V. Infectious Diseases Initiative Performance Tables: Antimicrobial Resistance

OBJECTIVE: Strategic Objective #3: More effective delivery of selected health services and policy interventions APPROVED: 6/22/99; Antimicrobial Resistance Results Package; 4/10/02 Infectious Diseases Initiative COUNTRY/ORGANIZATION: LAC/RSD-PHN			
RESULT NAME: 3.5 Infectious Diseases Results Package: Improved surveillance and response capacity in target countries.			
SO3 INDICATOR 7: Target countries that develop or revise norms regarding antimicrobial drug prescription and use.			
UNIT OF MEASURE: Number of target countries SOURCE: PAHO, RPM and RPM Plus reports INDICATOR DESCRIPTION: Policies or norms regarding antimicrobial drug use are defined as any national policy, norm or guideline that describes selection, prescribing and/or dispensing of antimicrobial drugs, including who may prescribe and dispense such drugs. This is a cumulative indicator. COMMENTS: Target countries are: Bolivia, Ecuador, Peru, Paraguay, El Salvador, Guatemala, Honduras, Nicaragua, and Dominican Republic Results are cumulative. Key: A = Policy or norm has been developed or revised B = Policy or norm has been adopted C = Resources have been allocated for implementation	YEAR	PLANNED	ACTUAL
*** Achievement of A, B and C will be dependent upon extension of this initiative for 2 additional years.	1997	na	na
Na = not applicable	1998	na	na
	1999	0	0
	2000	0	0
	2001	A - 1	A - 0
		B - 0	B - 0
		C - 0	C - 0
	2002	A - 2	A-1
		B - 1	B-0
C - 0			
2003	A - 3		
	B - 1		
	C - 1		
2004	A - 5		
	B - 3		
	C - 2		

Explanation of actual figure for FY01: Clinical guidelines for the correct use of antimicrobials were developed with the participation of key national professionals from Bolivia, Ecuador, Guatemala, Paraguay and Peru, among project countries, and other prominent clinicians from the Region, including the United States of America (American Society of Microbiology, CDC, others). The guidelines were adapted by a national expert group in Bolivia. The group endorsed the adaptation and adoption of the guidelines, which will be implemented in selected health establishments beginning in late 2002.

OBJECTIVE: Strategic Objective #3: More effective delivery of selected health services and policy interventions			
APPROVED: 6/22/99; Antimicrobial Resistance Results Package; 4/10/02 Infectious Diseases Initiative			
COUNTRY/ORGANIZATION: LAC/RSD-PHN			
RESULT NAME: 3.5.1: Improved quality and availability of AMR resistance data.			
INDICATOR 3.5.1: Target countries with quality data on antimicrobial resistance available.			
UNIT OF MEASURE: Number of target countries SOURCE: PAHO reports INDICATOR DESCRIPTION: A target country where national reference laboratory quality control achieves 95% agreement with regional laboratory reference standards (for selected group of organisms). * This is a cumulative indicator. COMMENTS: Target countries are: Bolivia, Ecuador, Peru, Paraguay, El Salvador, Guatemala, Honduras, Nicaragua, and Dominican Republic *An expert technical committee will be convened between 10/02 – 9/03 to reach a consensus on regional laboratory reference standards. The definition of this indicator will be revised as appropriate based on the consensus of the expert committee.	YEAR	PLANNED	ACTUAL
	1997	na	na
	1998	na	na
	1999	0	0
	2000	4	6
	2001	7	6
	2002	8	6
	2003	7	
	2004	8 (T)	

Countries that achieved this target were Bolivia, Ecuador, El Salvador, Guatemala, Nicaragua, Paraguay, Peru. Renewed efforts have been made to promote surveillance in Honduras, the Dominican Republic, and a commitment has been made by both countries to initiate surveillance. Training was already conducted in Honduras, and will begin in the Dominican Republic in December 2002. Achievement of 95% agreement with regional laboratory reference standards can be verified by referring to the annual reports presented by participating countries in the Annual Meeting of the Initiative that took place in April 2002. The final report for 2000 is already available (typeset and in press). Country reports for 2002 will be presented at the Annual Meeting of the Network, to take place in April 2003.

Intermediate Result 2

(RPM Plus)

<p>OBJECTIVE: Strategic Objective #3: More effective delivery of selected health services and policy interventions APPROVED: 6/22/99; Antimicrobial Resistance Results Package COUNTRY/ORGANIZATION: LAC/RSD-PHN</p>			
<p>RESULT NAME: 3.5.2: Improved capacity in target countries to implement approaches to address antimicrobial resistance.</p>			
<p>INDICATOR 3.5.2: *Target countries with at least two facilities that have a functional drug and therapeutics committee (DTC)</p>			
<p>UNIT OF MEASURE: Number of target countries SOURCE: RPM Plus reports INDICATOR DESCRIPTION: A functional drug and therapeutics committee has the following characteristics: -defined policies and procedures that guide committee activities; -is responsible for policy and procedures governing the use of antimicrobial drugs; -defines drugs approved for procurement and use; -develops standard treatment guidelines; and -performs periodic drug use review. Facilities include major hospitals or teaching institutions. This is a cumulative indicator. COMMENTS: Target countries are: Bolivia, Ecuador, Peru, Paraguay, El Salvador, Guatemala, Honduras, Nicaragua, and Dominican Republic Results are cumulative. Key: A = DTC has been trained B = DTC is functioning</p>	YEAR	PLANNED	ACTUAL
	1997	na	na
	1998	na	na
	1999	0	0
	2000	0	0
	2001	A = 2 B = 0	A = 0 B = 0
	2002	A = 7 B = 4 (T)	A = 5 B = 4

OBJECTIVE: Strategic Objective #3: More effective delivery of selected health services and policy interventions
APPROVED: 6/22/99; Antimicrobial Resistance Results Package; 4/10/02 Infectious Diseases Initiative
COUNTRY/ORGANIZATION: LAC/RSD-PHN

RESULT NAME: 3.5.4 Infectious diseases best-practices promoted.

INDICATOR 3.5.4 a Target countries that complete TB drug resistance studies.

UNIT OF MEASURE: Number of target countries SOURCE: PAHO reports INDICATOR DESCRIPTION: A completed TB drug resistance study is defined as a study where all of the required samples have been collected, analyzed and a report of the findings completed. COMMENTS: Target countries are: Dominican Republic, Guatemala, Ecuador, Paraguay Results are cumulative. A = Sample collection completed B = Report of findings completed	YEAR	PLANNED	ACTUAL
	2002	A - 3 B - 0	4 - 0* B - 0
	2003	A - 4 B - 3	
	2004	A - 4 B - 4	

*Collection was initiated in Guatemala, Ecuador, Paraguay. Delays wer the result of a need to update the capacity of the laboratory prior the initiation of the studies.

OBJECTIVE: Strategic Objective #3: More effective delivery of selected health services and policy interventions
APPROVED: 6/22/99; Antimicrobial Resistance Results Package; 4/10/02 Infectious Diseases Initiative
COUNTRY/ORGANIZATION: LAC/RSD-PHN

RESULT NAME: 3.5.4 Infectious diseases best practices promoted.

INDICATOR 3.5.4 b Target countries that complete at least one TB operations research study.

UNIT OF MEASURE: Number of target countries

SOURCE: CDC reports

INDICATOR DESCRIPTION: A completed TB operations research study drug resistance study is defined as a study where the study has been completed and a report completed.

COMMENTS: Target countries are: Bolivia, Brazil, Dominican Republic, El Salvador, Haiti, Honduras, Peru

Results are cumulative.

YEAR	PLANNED	ACTUAL
2003	0	
2004	8	

VI. Activities table:

ANTIMICROBIAL RESISTANCE

USAID/PAHO Project for the Prevention and Control of Antimicrobial Resistance in the Americas

Report on activities of the workplan for the period October 2001 through September 2002

Intermediate Result 1.1 - Quality data available in target countries on hospital and community based antimicrobial resistance

Indicator: Number of target countries with quality (sensitive and specific) data on AMR available.

Activities (PTS No.)	Planned steps	Actual steps	Remedies	Significance
A1.1.1 In each target country, assist in the identification of sources of information on antimicrobial resistance	1. Implement adapted protocol to determine cost of hospital infections in new countries (ECU, HON, NIC) and in new hospitals in countries with completed first round of studies.	Draft reports of the studies are available for BOL, ECU, ELS, GUT, PAR and PER (for USAID funded countries). Contributions from Argentina and Chile were also received. A consultant is editing the reports and querying authors, prior to publication of document. Dr. Schmunis, consultants visited HON and DOR to determine those countries preparedness to carry out the study. There is government support to conduct surveillance in Honduras but laboratories need to agree to participate. Hospital infections cannot be studied until surveillance data are available on AMR. In DOR the situation is similar to Honduras. Nicaragua has finalized a study, and results should be available momentarily.	A consultant will work with Bolivian authors to improve data and articles for publication.	Great interest has developed for the results of these studies. There was lack of publishing experience among authors, who have needed more support than expected in order to present their results in a manner that allows publication.
	2. Analyze data, prepare final report each country, and disseminate information (see 1.5.1, 1.5.2).			
	3. Continue to work with HON and NIC to add those countries to the network.	Drs. Schmunis and Gabastou visited DOR in January and Honduras in February to stimulate national participation in the network. One participant from DOR participated in the advanced course on antimicrobial resistance (Malbrán Institute, April 2002.) A course on bacteria identification and antibiogram reading		
	4. Increase the number of microorganisms being monitored as recommended by TAG (Miami, Sept.00)	In progress. Surveillance of resistance of <i>Neisseria gonorrhoea</i> , <i>Campylobacter</i> and <i>Streptococcus betaehemoliticus</i> will begin in 2003. A visit to the National Public Health Institute of Chile helped to determine the Institute's capacity to act as reference laboratory for <i>N. gonorrhoea</i> as of 2003.		
	5. Data collection of the results of susceptibility testing (from national centers) analyzed and posted in the internet.	2000 data verified by national participants during Annual Meeting (April 2002). Final report is in typesetting and should be printed by end of October 2002. We are currently compiling data for 2001 to present at annual meeting during the first quarter of 2003.		A standardized model for data presentation has been designed and accepted by participating countries.
	6. Support the study of the relationship between antimicrobial resistance in the laboratory and patient clinical outcome.	The study has continued. Given that the expected number of samples to be collected was not achieved by September, sample collection has been extended through March 2003. So far, 190 samples have been collected from 2000 eligible cases of pneumonia. No additional funds are required.	No cost extension of activity.	

Intermediate Result 1.2: Trained laboratory personnel for bacteria identification, antibiotic susceptibility testing, reporting mechanisms and data management. Indicators: (1) Number of subregional workshops on laboratory technology for target countries. (2) Total number of laboratory personnel trained in each participating country.				
A 1.2.1 Produce and disseminate training materials (bacteria identification, microbial susceptibility, quality control).	1. Produce and disseminate training materials, manuals, norms and guidelines in support of antimicrobial resistance monitoring	Training materials translated and distributed.	N/R	Ongoing.
1.2.2 Provide training for national laboratory staff (N workshops per selected country to strengthen bacteria identification and microbial susceptibility testing in a context of time, place and populations affected).	1. Provide customized training to HON and NIC for national laboratory staff to incorporate those two countries in the network. Support other training for newly selected sentinel sites.	Workshops held in Santa Cruz, Bolivia; Guatemala, Guatemala; Quito, Ecuador, and Tegucigalpa, Honduras		
	2. Two workshops on basic epidemiology and data analysis related to AMR (1 for Central America, 1 for Andean Area), 2 participants per country (see also 1.4.3, 1.4.4).	Postponed.		
	3. Participation of selected candidates, as required, in selected laboratory training for strengthening quality control and performance of the laboratory (in conjunction with other PAHO sponsored training).	1 Participant from DOR attended Advanced Antimicrobial Resistance Course held in the Institute Malbrán, Argentina.		
A 1.2.3 Provide training on the use of laboratory software for AMR data.	1. Workshop on the use of WHONET software for countries in Central America.	A course has been designed and programmed for Nicaragua to be held in October 2002.		

<p>Intermediate Result 1.3: Quality control system established in each target country for permanent antibiotic susceptibility testing. Number of countries with quality control in place for AMR susceptibility testing and isolate identification. (2) Number of countries with a permanent system for performance evaluation of participating laboratories.</p>		<p>Indicators: (1)</p>	
<p>A 1.3.1 Provide training to improve quality control of laboratory testing and data management in the laboratory</p>	<p>1. In conjunction with 1.2.2 and 1.2.3, above.</p>		N/R
<p>A 1.3.2 Assist in the development and implementation of permanent systems for performance evaluation of participating laboratories (sample production, distribution and analysis).</p>	<p>1. Prepare panels of strains for identification and antimicrobial susceptibility testing for performance evaluation of national reference labs. Distribute panels twice a year</p>	<p>Ongoing activity carried out by the Instituto Malbran. Results shared at the Annual Meeting held in April 2002.</p>	
	<p>2. Monitor performance of regional laboratory as head of international network, and its own performance evaluation of national laboratories (Site visits).</p>	<p>A site visit has been planned and arrangements made. The actual visit will take place in October 2002.</p>	
	<p>3. Four external evaluation visits, four persons each (PAR, BOL, PER, ECU, ELS,GUT)</p>	<p>An evaluation exercise was completed in Paraguay in November 2001 and in Guatemala in March 2002. A monitoring visit to Peru took place on 5-8 February 2002. Terms of reference have been established for a follow up evaluation in Paraguay in November 2002.</p>	
<p>Intermediate Result 1.4: Improved country capacity to analyze, interpret and use data for implementation of effective response. Number of countries with established surveillance systems for AMR used for action. (2) Number of target countries with established reporting system for AMR resistance monitoring</p>		<p>Indicators: (1)</p>	
<p>Intermediate Result 1.5: Drug resistance information analyzed and disseminated among all target countries and other countries of the Region of the Americas. Indicators: (1) Number of target countries reporting data on AMR to PAHO on a regular basis. (2) Biannual regional surveillance reports distributed to all target countries and other countries in the Americas.</p>			

Intermediate Result 2.1 - Data available collated and analyzed on current policies, regulations and guidelines in target countries which address prescription practices by health personnel and use by the public at large. Indicators: (1) Number of countries with data available on policies and guidelines in force and on whether and how they are implemented or enforced. (2) Materials available and disseminated on current policies and guidelines.				
A2.1.1 Create a data base on current policies and guidelines in force in each country, and on whether and how they are enforced or implemented.	1. Prepare guidelines for national research on current policies and norms and their implementation	Written guidelines and specifications for data collection	A consultant was hired and initiated research activity in August 2002. Deadline for completion was postponed to 31 December 2002, due to complications in accessing international data.	
A2.1.2 Analyze and disseminate data on current policies and guidelines and promote their enforcement or revision, as required, in each country.	1. Support national studies of prescription practices and disseminate results and success stories to promote antimicrobial resistance containment.	Studies to be conducted after launching of Clinical Guidelines in each country.		
Intermediate Result 2.2: Policies, regulations and guidelines developed and implemented in target countries, based on accurate knowledge of antimicrobial resistance, for proper prescription and use of antibiotic drugs. Indicators (1) Documents available on policies and norms for proper prescription practices and use of antibiotic drugs. (2) Number of advocacy visits to national authorities to build support for new policies and guidelines (3) Number of countries with operational plans and strategies defined for introducing and implementing new policies/guidelines.				
Intermediate Result 2.3: Increased knowledge and awareness among health professionals, policy makers and the general public on the risks of antimicrobial resistance and on related preventive practices. Indicators: (1) Number of workshops for public and private health sectors to promote policies for the prevention and control of AMR in target countries. (2) Number of visits/sessions to discuss risks of AMR and preventive practices with policy makers, academics, health care personnel and public.				
A 2.3.1 Provide training for representatives of public and private health sectors to promote policies and guidelines for the prevention and control of antibiotic resistance in target countries	See 2.2.1 and 2.2.2 above.			
A 2.3.2 Provide adequate detailed information on the risks of antimicrobial resistance and preventive practices to policy makers, academics (school of medicine, and others) health care personnel and the general public	1. Continue distribution of information materials for use in advocacy visits and distribute through media and training activities of AIEPI, API, APUA, USAID (visits to 8 countries)	Ongoing. Materials distributed		

<p>Intermediate Result 2.4: and tested in target countries, including design of a national plan to address antimicrobial resistance. Indicators: (1) number of consultant/staff days in technical assistance for the development of national plans for the containment of AMR. (2) Number of consultant/staff days in technical assistance for mass communications campaigns and continuing education programs for health care staff.</p>			
A 2.4.1 Develop and/or strengthen institutional pharmaceutical/therapeutical committees			
A 2.4.2 Provide technical assistance for the development of national plans for the containment of antimicrobial resistance			
2.4.3 Provide technical assistance for the development of mass communications campaigns and health staff continuing education programs.			
A 2.4.4 Identify a list of reserve antibiotics			
<p>Intermediate Result 2.5: Best policies, guidelines and practices available, identified and disseminated among target countries and other countries of the Americas. Indicators: (1) Data available on best policies, guidelines and practices shared among target countries and the rest of the Region. (2) Documents disseminated on best policies and guidelines and on the impact of implementation to contain AMR in the Americas.</p>			
A 2.5.1 Create a data base on best policies, guidelines and practices available to be shared among countries of the Region	See 2.1.1		
A 2.5.2 Disseminate data on policies and guidelines and on the impact of their implementation to prevent and control antimicrobial resistance.	See 2.1.1, above		

See report from RPM PLUS

ANTIMICROBIAL RESISTANCE INITIATIVE RPM PLUS
Annual Report for the period October 2001 through September 2002

Intermediate Result 2 - Improved capacity in target countries to implement approaches to address antimicrobial resistance.				
Activities	Planned Steps	Actual Steps	Remedies	Significance
Conduct Drug and Therapeutics Course in Bolivia for 4 countries	Course to involve participants from hospital DTCs from Peru, Bolivia, Ecuador and Paraguay	Twenty two participants from Peru, Paraguay and Bolivia attended the course. PNBOL and PAHO Bolivia contributed with some local participants cost. Contact at PAHO EDM Ecuador considered that country hospitals have already received training and did not provide names for invitation	Participants from Ecuador will be invited to attend a DTC course in Central America	Eleven hospital DTCs were trained on the role of DTCs and skills strengthened to perform their function. Follow-up has shown that 7 hospital DTCs are involved applying concepts and skills learned during the course (3 in Bolivia, 2 in Peru and 2 in Paraguay)
Conduct Drug and Therapeutics Course in Guatemala for 2 countries	Members of Hospital DTCs from El Salvador and Guatemala, were to be invited to participate	Twenty seven participants from El Salvador and Guatemala attended the course held in February 2002. Besides members of 7 Hospital DTCs from El Salvador and Guatemala, managers from the Salvadorean and Guatemalan MOH and Social Security, and from the Army Health system of Guatemala participated in the activity.	not needed	Managers for both countries MOH and managers for the Social security Systems were committed to use the knowledge and skills gained in the course to introduce norms for the promotion of DTCs in 11 hospitals of both countries. We have heard reports that the Salvadorean Social Security Unit has performed 20 training sessions around the country using the course materials and techniques. Two other hospitals in El Salvador sent information about formal administrative procedures to institutionalized their DTCs, developed functions and were approved their plan of activities.
Provide technical assistance and follow-up to the DTCs trained	Participants' workplans followed-up through electronic mail or visits to countries if necessary	Workplans posted in DTC website. Participants received periodic information about relevant issues. A questionnaire was sent to them to assess the level of progress on the DTC activities since their attendance to the workshop		Two hospitals in Peru have reviewed medical records to assess antimicrobial management of specific conditions. Standard treatment guidelines have been reviewed and are being implemented in at least 6 hospitals of the 5 participant countries.
Coordinate activities with PAHO	Participation in Steering Committee Meetings and participation on meeting on Emergence of Infectious Diseases	RPM Plus participated in Steering Committee meetings but funds were not enough to allow participation in meeting on Emergence of Infectious Diseases	Learn earlier about potential meetings and allocate funds for this purpose in next year's workplan	

TB DRUG RESISTANCE

USAID/PAHO Project for the TB component of Antimicrobial Resistance Initiative - Monitoring and containment of primary drug resistant tuberculosis (Workplan 10/01 - 9/02)

PROGRESS REPORT FOR THE PERIOD OCTOBER 2001 THROUGH SEPTEMBER 2002

Intermediate Result 1- Improved surveillance capacity in Dominican Republic to determine the magnitude and impact of antimicrobial resistance.

Sub Intermediate Result 1.1 Quality data available in target countries on hospital and community based antimicrobial resistance of infectious agents.

Activities (PTS No.)	Planned steps	Actual steps	Remedies	Significance
A1.1.1 Prepare a TB drug resistance study protocol in DOR with WHO/IUATLD recommendations.	Identify a consultant with experience in organizing studies of resistance to anti TB drugs to prepare the protocol for the country.	A decision was made in collaboration with USAID, PAHO and PAHO - DOR to reallocate funding to remodel the laboratory in DOR as it was determined after an assessment that the laboratory did not have the adequate capacity to undertake the study.	An agreement has been made with the USAID mission in DOR to finance the implementation of the study.	The laboratory has been strengthened and has the capacity to undertake the TB drug resistance study. It is expected the study will commence in Jan. 03.
A1.1.2 Conduct the national anti TB drug resistance survey to determine the prevalence of primary drug resistance	Guarantee the procurement of supplies requested for the study; laboratory equipment special reagents etc. Train the personnel of the TB Program involved in the execution of the study (central level, intermediate and local)			
A 1.1.3 Prepare reports of the study findings	Organize and carry out the collection of samples from the health units, in accordance with protocol			
	Analyze data, prepare final report and disseminate information.			

<i>Sub Intermediate Result 1.2 Trained laboratory personnel for bacterial identification, antibiotic susceptibility testing, reporting mechanisms and data management</i>				
Activities (PTS No.)	Planned steps	Actual steps	Remedies	Significance
A1.2.1 Provide laboratory training for TB drug susceptibility test.	Train professional and technical personnel of central, intermediate and local levels	Technical officer responsible for culture and susceptibility test (ST) was trained in Chile (NIH) in April 02.	By agreement between USAID, Secretary of Health and PAHO, the reconstruction of the National Central Laboratory was approved.	
A 1.2.2 Review existing national laboratory capacity in TB drug resistance testing.	Visits to identify the technical capability of the central Lab by the supranational laboratory.	Dr. Pedro Valenzuela, adviser on TB labs, visited the Central Reference Laboratory and some peripheral labs.	Funds from local office of USAID will guarantee the work plan for the year 2003.	
	Coordinate activities of quality control of samples with the supranational lab. (NIH, Chile)	Dr. Luna (from INH of Chile) is coordinating the activities of quality control.		
A 1.2.3 Provide assistance for the printing and distribution of appropriate recording and reporting instruments	Carry out periodic monitoring of the study according to phases of implementation	January - March of 2004		
Intermediate Result 2- Improved capacity of target country to implement approaches that address antimicrobial resistance (Dominican Republic)				
Activities (PTS No.)	Planned steps	Actual steps	Remedies	Significance
A 2.1 Participate in sub regional workshops on TB drug resistance and interventions to address the problem.	Attend subregional TB training for Central America and the Caribbean and Mexico: Head of NTP, TB lab and clinical director.	The workshop for central teams of Sub Region (Central America and the Caribbean) was coordinated by IUATLD/WHO, and held in Mexico (May 6-10).		
A 2.2 Support LAC regional STOP TB meeting at which MDR TB will be part of the agenda.	Attend the III meeting of STOP TB for the Region of the Americas in 2002	The III STOP TB meeting was held on 21-24 April in Santa Cruz, Bolivia. The Head of TB Programme participated in this meeting.		
	Reproduction of report on II STOP TB meeting in Brasilia, March, 2001	Prepared, edited and distributed.		

Intermediate Result 1 - Improved surveillance capacity in Ecuador to determine the magnitude and impact of antimicrobial resistance.				
<i>Sub Intermediate Result 1.1 Quality data available in target countries on hospital and community based antimicrobial resistance of infectious agents.</i>				
Activities (PTS No)	Planned steps	Actual steps	Remedies	Significance
A1.1.1 Prepare a TB drug resistance study protocol in Ecuador with WHO/IUATLD recommendations.	Identify a consultant with experience in organizing studies of resistance to anti TB drugs to prepare the protocol for the country.	The protocol to conduct the national survey on resistance to TB drugs was prepared according to WHO and IUATLD recommendations.	During the last visit to the Lab it was recommended that the sample size be corrected.	
	Guarantee the procurement of supplies requested for the study; laboratory equipment special reagents etc.	The PAHO Representative in Ecuador is facilitating the requisition of supplies for the National Central Lab of Reference, intermediate and peripheral labs.		
A1.1.2 Conduct the national anti TB drug resistance survey to determine the prevalence of primary drug resistance	Train the personnel of the TB Program involved in the execution of the study (central level, intermediate and local)	Dr. Rodolfo Rodriguez (PAHO) visited the National Central Lab in Quito and Reference Lab of Guayaquil and met the teams of Labs and head of NTP in order to organize the survey.		
A 1.1.3 Prepare reports of the study findings	Organize and carry out the collection of samples from the health units, in accordance with protocol	In Progress		
	Analyze data, prepare final report and disseminate information.			

Intermediate Result 1- Improved surveillance capacity in Ecuador to determine the magnitude and impact of antimicrobial resistance.				
<i>Sub Intermediate Result 1.2 Trained laboratory personnel for bacterial identification, antibiotic susceptibility testing, reporting mechanisms and data management</i>				
Activities (PTS No.)	Planned steps	Actual steps		Significance
A1.2.1 Provide laboratory training for TB drug susceptibility test.	Train professional and technical personnel of central, intermediate and local levels	A national workshop for personnel of the NTP and laboratories was conducted.		
A 1.2.2 Review existing national laboratory capacity in TB drug resistance testing.	Visits to identify the technical capability of the central Lab by the supranational laboratory.	The National Institute of Health (Chile) is functioning as Supranational Lab (responsible: Dra Andrea Luna).		
	Coordinate activities of quality control of samples with the supranational lab. (NIH, Chile)	Dr. Luna visited Ecuador in April of 2002		
A 1.2.3 Provide assistance for the printing and distribution of appropriate recording and reporting instruments	Carry out periodic monitory of the study according to phases of implementation			
Intermediate Result 2- Improved capacity of target country to implement approaches that address antimicrobial resistance (Ecuador)				
Activities (PTS No.)	Planned steps	Actual steps		Significance
A 2.1 Participate in sub regional workshops on TB drug resistance and interventions to address the problem.	Attend subregional TB training for South America: Head of NTP, TB Lab and Clinical director	An IUATLD/WHO/PAHO workshop for personnel of central teams in South America (Labs and NTP) was held in Santa Cruz, Bolivia in July.		
A 2.2 Support LAC regional STOP TB meeting at which MDR TB will be part of the agenda.	Attend the III meeting of STOP TB for the Region of the Americas in 2002	The national head of NTP participated in the III Stop TB meeting in Santa Cruz.		

Intermediate Result 1- Improved surveillance capacity in Paraguay to determine the magnitude and impact of antimicrobial resistance.

Sub Intermediate Result 1.1 Quality data available in target countries on hospital and community based antimicrobial resistance of infectious agents.

Activities (PTS No.)	Planned steps	Actual steps	Remedies	Significance
A1.1.1 Prepare a TB drug resistance study protocol in Paraguay with WHO/IUATLD recommendations.	Identify a consultant with experience in organizing studies of resistance to anti TB drugs to prepare the protocol for the country.	The protocol for national survey on resistance to TB drugs was prepared according to IUATLD/ WHO recommendations.		
	Guarantee the procurement of supplies requested for the study; laboratory equipment special reagents etc.	PAHO Representative in Paraguay facilitated the acquisition of supplies for Central Reference Lab and peripheral labs		
A1.1.2 Conduct the national anti TB drug resistance survey to determine the prevalence of primary drug resistance	Train the personnel of the TB Programme involved in the execution of the study (central level, intermediate and local)	Dr. Pedro Valenzuela, adviser on TB labs visited the country to participate in training of personnel		
A 1.1.3 Prepare reports of the study findings	Organize and carry out the collection of samples from the health units, in accordance with protocol	January- April of 2004		
	Analyze data, prepare final report and disseminate information.			

Intermediate Result 1- Improved surveillance capacity in Paraguay to determine the magnitude and impact of antimicrobial resistance.				
<i>Sub Intermediate Result 1.2 Trained laboratory personnel for bacterial identification, antibiotic susceptibility testing, reporting mechanisms and data management</i>				
Activities (PTS No.)	Planned steps	Actual steps	Remedies	Significance
A1.2.1 Provide laboratory training for TB drug susceptibility test.	Train professional and technical personnel of central, intermediate and local levels.	Personnel involved in the survey (intermediate and local levels) needs to be trained.	Contract a Short Term Professional in order to carry out this activity.	
A 1.2.2 Review existing laboratory capacity in TB drug resistance testing and identify supranational reference laboratory.	Visits to identify the technical capability of the central Lab by the supranational laboratory.	Dr. Luna from Supranational Laboratory in Chile (NIH) is coordinating the quality control of National Central Lab		
	Coordinate activities of quality control of samples with the supranational lab. (NIH, Chile)	January-December of 2003		
A 1.2.3 Provide assistance for the printing and distribution of appropriate recording and reporting instruments	Carry out periodic monitory of the study according to phases of implementation	From January 2003 to April 2004		
Intermediate Result 2- Improved capacity of target country to implement approaches that address antimicrobial resistance (Paraguay)				
Activities (PTS No.)	Planned steps	Actual steps	Remedies	Significance
A 2.1 Participate in sub regional workshops on TB drug resistance and interventions to address the problem.	Attend subregional TB training for South America: Head of NTP, TB Lab and Clinical director	An IUATLD/PAHO workshop for personnel of central teams in South America (Labs and NTP) was held in Santa Cruz, Bolivia in July of 2002.		
A 2.2 Support LAC regional STOP TB meeting at which MDR TB will be part of the agenda.	Attend the III meeting of STOP TB for the Region of the Americas in 2002	Dr. Rodolfo Rodriguez (PAHO) visited the National Central Lab in Asunción and met the professionals responsible for the survey.		

Intermediate Result 1 - Improved surveillance capacity in Guatemala to determine the magnitude and impact of antimicrobial resistance.

Sub Intermediate Result 1.1 Quality data available in target countries on hospital and community based antimicrobial resistance of infectious agents.

Activities (PTS No.)	Planned steps	Actual steps	Remedies	Significance
A1.1.1 Prepare a TB drug resistance study protocol in Guatemala with WHO/IUATLD recommendations.	Identify a consultant with experience in organizing studies of resistance to anti TB drugs to prepare the protocol for the country.	The protocol for national survey on resistance to TB drugs was prepared according to IUATLD/ WHO recommendations.		
	Guarantee the procurement of supplies requested for the study; laboratory equipment special reagents etc.	PAHO Representative in Guatemala facilitated the acquisition of the main supplies for central and peripheral labs.		
A1.1.2 Conduct the national anti TB drug resistance survey to determine the prevalence of primary drug resistance	Train the personnel of the TB Programme involved in the execution of the study (central level, intermediate and local)	Personnel of NTP/MOH is trained on main activities to conduct the survey; a nurse was contracted to strengthen the supervisions of health units.		
A 1.1.3 Prepare reports of the study findings	Organize and carry out the collection of samples from the health units, in accordance with protocol	Patients' sputum samples collected in health units of public and private sectors (approximately 60% of sample).		
	Analyze data, prepare final report and disseminate information.			

Intermediate Result 1- Improved surveillance capacity in Guatemala to determine the magnitude and impact of antimicrobial resistance.				
<i>Sub Intermediate Result 1.2 Trained laboratory personnel for bacterial identification, antibiotic susceptibility testing, reporting mechanisms and data management</i>				
Activities (PTS No.)	Planned steps	Actual steps	Remedies	Significance
A1.2.1 Provide laboratory training for TB drug susceptibility test	Train professional and technical personnel of central, intermediate and local levels	Personnel of laboratories participating in the survey has been trained		
A 1.2.2 Review existing national laboratory capacity in TB drug resistance testing	Visits to identify the technical capability of the central Lab by the supranational laboratory.	Dr. Ramón Cruz (PAHO) participated in the meeting coordinating activities between NTP and Central Lab		
	Coordinate activities of quality control of samples with the supranational lab (NIH, Chile).	Dr. Luna from the National Institute of Health (Chile) is coordinating activities concerning quality control (sending and receiving samples of culture and sensitivity test)		
A 1.2.3 Provide assistance for the printing and distribution of appropriate recording and reporting instruments	Carry out periodic monitoring of the study according to phases of implementation.	Planned for October 2002 to September 2003.		
Intermediate Result 2- Improved capacity of target country to implement approaches that address antimicrobial resistance (Guatemala)				
Activities (PTS No.)	Planned steps	Actual steps	Remedies	Significance
A 2.1 Participate in sub regional workshops on TB drug resistance and interventions to address the problem.	Attend subregional TB training for Central America and the Caribbean in Mexico: Head of NTP, TB Lab, Clinical director	A Workshop for personnel working in central level (Labs and NTP)was carried out in Mexico in the 2nd week of May 02.		
A 2.2 Support LAC regional STOP TB meeting at which MDR TB will be part of the agenda.	Attend the III meeting of STOP TB for the Region of the Americas in 2002	The head of TB Programme participated in the Regional Meeting of National TB Program Managers (September 02).		

MALARIA AND TUBERCULOSIS - USAID/PAHO BOLIVIA

Objective: Support the National Malaria Program as part of the Amazon Malaria Initiative

I. Expected result 1: Support for National Malaria Program with funds for a contract for an international malariologist post.

Indicator: Malariologist hired malariologist and assigned to the National Malaria Program .

ACTIVITY	TASK	RESPONSIBLE	PRODUCT	MONTH/YEAR	FULFILLMENT
1.1 Hire malariologist	1. Selection of candidate from international pool of applicants	Dr. Enrique Gil Dr. José Luis Alfaro Dr. Charles Oliver	Malariologist selected	Dec 01/Jan 02	100%
	2. Preparation 11 month short term contract	Dr. Enrique Gil PAHO Personnel offices in BOL and HQ.	Contract prepared	Feb02	100% Contract ends in February 03
	3. Preparation and review of quarterly work plan of the malariologist.	Dr. Enrique Gil Dr. José Luis Alfaro Dr. Charles Oliver and new malariologist.	Prepared and reviewed and approved work plan	Feb 02	100%
	4. Procurement of office equipment and supplies for malariologist.	Dr. Enrique Gil PAHO procurement offices in BOI. and Washington	Equipment and supplies delivered to malariologist.	Feb02/Mar02.	100%
	5. Support for AMI and to set up the CAMETROP in Guayaramerín			Jul 02 May03	This activity will begin as soon as USAID Bolivia allocates and executes the funds.

Objective: Support the National Tuberculosis Program in the area of epidemiological research.

II. Expected result 2:

A study of mortality from tuberculosis in Bolivia has been conducted.

Indicator:

Study of mortality from tuberculosis conducted in Bolivia, and results presented to national authorities

ACTIVITY	TASK	RESPONSIBLE	PRODUCT	MONTH/YEAR	FULFILLMENT
2.1 Conduct study of mortality from tuberculosis in Bolivia.	1. Prepare and review of terms of reference of the study	Dr. Enrique Gil, Dr. Mirtha de Granado, Dr. Stanley Blanco	Prepared and approved terms of Reference.	Feb 02.	100%
	2. Publish call for bids in newspapers for application by companies to conduct the study.	Dr. Enrique Gil PAHO's Procurement Office in Bolivia	Call for bids published	Feb02/Mar02	100%
	3. Collect and review technical and financial aspects of proposals and select and approve the best bidder.	Dr. Enrique Gil Dr. Mirtha de Granado Ms. Norah Espinoza Mr. Diddie Schaaf Dr. Alfredo Calvo	Proposals collected, reviewed, and endorsed. Minutes of proceedings	Mar02/Abr02	100%
	4. Prepare contract for selected company.	Dr. Enrique Gil, Mr. Norah Espinoza, Administrative Office Washington.	Prepared contract.	Jun 02	100%
	5. Implementation and publication of mortality study.	Mother Care Institution	Prepared and presented study to national authorities.	Jul02/Dic02	Research is in progress. It is expected that it will be completed by December 2002.

SECTION 2

AMAZON MALARIA INICIATIVE

Amazon Malaria Initiative (AMI)

Timing

The Initiative operates on a USG fiscal year of October 1 through September 30. This annual report is for the period October 1st 2001 through September 30th 2002.

Purpose

The annual report is intended to confirm progress vis-à-vis the annual work plan, to highlight both positive and negative deviations from the annual work plan, to provide a sense of the significance of activities during the year and to explain how experience gained through implementation will influence the following year's activities. It serves to call attention to issues requiring discussion and/or action by USAID and the Steering Committee.

I. Basic Data

Partner	Dates of Obligations	Amounts of Obligations
PAHO	September 2002	\$1,382,000
CDC	September 2002	90,000
USAID/Bolivia	September 2002	200,000
USAID/Peru	September 2002	200,000

II. Financial Table

See attached PAHO's financial report. With the exception of Suriname, which was allotted the full amount, the regional budget (ICP-MAL-060/PG) includes 50% of national budgets, which have not yet been distributed. The decision to make partial disbursements to countries (BRA, COL, ECU, GUY and VEN) was meant to ensure closer monitoring of implementation of activities.

III. Introduction

The project was initiated in October 2001, as part of the US Agency for International Development's (USAID) Latin America and Caribbean Bureau's (LAC) infectious diseases grant to PAHO and CDC to support the USAID Amazon Malaria Initiative (AMI). The PAHO and CDC programs were designed to support AMI's objective of having "Malaria control programs in target countries in the Amazon Basin subregion substantially incorporate selected best practices," and to contribute to the USAID Latin America and Caribbean Regional Strategic Objective "More effective delivery of selected health services and policy interventions." The project also contributes to the worldwide goal of the Roll Back Malaria Initiative to significantly reduce the global burden of malaria through interventions adapted to local needs. In addition, within the framework of WHO's Roll Back Malaria Initiative, the AMI project contributes to establishing a surveillance network for monitoring anti-malarial drug resistance in the Amazon (Spanish acronym, RAVREDA) supported by PAHO in the Amazon countries.

PAHO/HQs has provided technical cooperation, coordinated activities, and through PAHO country offices, overseen implementation of country level activities in six of the eight Amazon Basin target countries (Brazil, Colombia, Ecuador, Guyana, Suriname and Venezuela). Support

to Peru and Bolivia was provided through USAID field mission programs in those countries, in coordination with PAHO. CDC has provided technical assistance to support implementation of regional and country level activities. At the end of first year, new partners, RPM Plus (MSH) and USPDQI (United States Pharmacopeia) have been invited to assist AMI with issues related to drug access and management, and drug quality.

Three major results were expected of the project: 1) Availability of reliable and standardized malaria drug efficacy information; 2) Tools and approaches developed and/or adapted, tested and disseminated, and 3) Enhanced partnerships to improve malaria control in the subregion.

During the first year of implementation, emphasis was placed to the development and strengthening of a regional network for surveillance of antimalarial drug resistance. National surveillance networks were established in each target country to assess the efficacy of antimalarial drugs. Efficacy studies of malarial drugs for *P. falciparum* were initiated and the feasibility of studies of *P. vivax* drug resistance is under consideration.

A virtual steering committee with participation of USAID LAC Bureau, CDC, Roll Back Malaria and PAHO's Communicable Diseases Program exchanged information electronically to coordinate activities and plans of action. Two steering committee meetings were held to discuss partner roles and responsibilities, and the activities of PAHO and CDC regional work-plans. Other subjects discussed included performance monitoring plans and reporting requirements, and information dissemination activities. PAHO's Communicable Diseases Program invited PAHO's Essential Drugs and Technology Program to collaborate with the project.

The WHO/PAHO protocol was successfully implemented in several countries and preliminary results of studies undertaken in Suriname and Peru are available.

In general, implementation of regional and national activities was delayed because the funds became available at the end of January 2002, that is four months later than programmed. Additionally, there were delays in initiating studies and making sites operational while equipment and supplies were being acquired and personnel was being trained.

IV. AMI Highlights of key results

Intermediate Result 1- Availability of reliable and standardized malaria drug efficacy information;

PAHO

- A technical meeting with participation of representatives of all participating countries, USAID, CDC and PAHO was held to present the first year work plans for all project partners. All participating countries agreed to use the PAHO/WHO protocol for efficacy evaluation of antimalarial drugs. In an effort to facilitate planning and implementation of efficacy studies, a generic protocol was prepared and agreed upon by implementing partners and target countries. The report of this meeting may be found in PAHO's web site: <http://newweb.www.paho.org/English/HCP/HCT/MAL/reunion2002.htm> and

<http://newweb.www.paho.org/Spanish/HCP/HCT/MAL/reunion2002.htm>

- All countries identified and selected the sentinel sites where malarial drug efficacy studies will be conducted. A registry of the sentinel sites selected by all participating countries was generated. Table 1 shows the sites selected in each country, and the drugs being tested.
- Ethics committees in Colombia, Ecuador, Guyana, Suriname and Venezuela have approved the protocols for in vivo studies. In Venezuela, approval is in progress at the National Institute of Health.
- Surveillance sentinel site staff has been trained in the application of standardized protocols in Brazil, Colombia, Ecuador, Guyana, Suriname, and Venezuela, and malaria microscopy and parasite density determination in Ecuador and Suriname.
- Preliminary results are available in Suriname, and in Ecuador, where studies initiated prior to the AMI project. The protocols are being implemented in all the countries except Brazil, where the teams are ready to start but administrative problems have hindered progress. To resolve those issues PAHO is drafting a letter of agreement with the MOH to accelerate disbursement of funds.
- With the exception of Guyana, most countries either have technical competence or experience having recently undertaken in vivo studies. Regional technical support was provided to Guyana to assist in initiating project activities.
- National reference laboratories have been identified in Brazil, Colombia, Ecuador and Venezuela. The National Institute of Health of Peru provides international quality control to Ecuador.
- An operational manual, based on the PAHO/WHO protocols, including patient registration form, guidelines for taking smear samples, laboratory diagnosis, transport and conservation of samples were developed by the working group in Colombia, and will be shared with other participants.
- Technical information, such as geographical setting of the sentinel sites and anti-malarial drugs to be tested, as well as the First Technical Coordinating Committee Report were posted on PAHO's web site. Maps have been developed to identify sites where studies have been undertaken as well as proposed surveillance sites.
- The call for proposals for Small Grants Program of Operational Research on Tropical Diseases, including malaria priority lines of research, was posted on PAHO's web site.
- Three documents (attached) were published
 - a) III Reunión de la Red para la Vigilancia de las Enfermedades Infecciosas Emergentes en los países Amazónicos. Monitoreo de Resistencia a las Drogas Antimaláricas. Políticas de Tratamiento. San Salvador Bahía, Brasil, 9 al 11 de marzo de 2001. PAHO- HCP/HCT/205/02.
 - b) First Technical Meeting. Amazon Malaria Initiative. Project Proposal and Works Plans. Santa Cruz, Bolivia. 18-20 March 2002.
 - c) I Reunión Técnica de Coordinación de la Red Amazónica de Vigilancia de la Resistencia de los Antimaláricos y de la Iniciativa de Malaria en la Amazonia (AMI). Santa Cruz, Bolivia. 19-20 de marzo 2002. OPS/HCP/HCT/219/2002.

Intermediate Result 2 – Tools and approaches developed and/or adapted, tested and disseminated

PAHO

PAHO specific activities focused on the evaluation of rapid tests for malaria diagnosis. For this purpose, sites were identified in Suriname and Brazil, where studies were initiated. Implementation of rapid tests may be appropriate especially where health facilities do not exist or establishing laboratory facilities is not feasible. Preliminary results for study undertaken in Suriname are available.

Intermediate Result 3 – Enhanced partnerships to improve malaria control in the subregion

PAHO

The third IR of the project aims to facilitate the dialogue and joint efforts among target countries and their institutions. In this context:

- The first Technical Coordination Meeting was held. At that time, preliminary commitments were established among expert institutions identified in South America and the national representatives of project target countries in regard to requirements and needs for training and technical assistance of participating countries. In addition, sentinel sites or possible areas were proposed to conduct border studies for the prevention and control of anti-malarial drug resistance.
- AMI partners participated in the International Seminar on Malaria Prevention and Control conducted in Lima.
- A course for microscopists was conducted in Guayaquil, Ecuador by trainers from the Health National Institute, Ministry of Health, Peru.
- Ecuadorian professionals trained in molecular biology in Lima, Peru.

TABLE 1 - RAVREDA/AMI PROJECT - PAHO - PARTICIPATING COUNTRIES, DRUGS TESTED, AND SENTINEL SITES SELECTED BY COUNTRY

DRUG TESTED								
Bolivia	Brazil	Colombia	Ecuador	Guyana	Peru	Suriname	Venezuela	
Mefloquine + Artesunate	Quinine	Cloroquine (Pvivax) 4 SS*	Chloroquine	Sulfadoxine/Pyrimethamine*	Chloroquina Sulfadoxine/Pyrimethamine	Mefloquine vs. Mefloquine + Artesunate	Chloroquina + Primaquina (P vivax) *	
	Doxycycline	Amodiaquine in 1 SS*	Sulfadixine/pyrimethamine (SP)	Mefloquine + artesunate	Quinine+clindamycin (short course)	Doxycycline + Artesunate	Cloroquina 40 mg *	
	Primaquine	Sulfadoxine/Pyrimethamine 1 SS *		Mefloquine	SP+Artesunate (Adverse reactions)	Artesunate + Lapdap	Combination derived from Artemisinin	
	Chloroquine	Amodiaquine + Sulfadoxine/pyrimethamine in 3 SS*		Mefloquine+Artesunate (adverse reactions)			Artemether + lumefantrine	
Chloroquine-Primaquine (short course) (P.vivax)					Mefloquine + artesunate			
	Mefloquine in 3 SS *					Sulfadoxine / pyrimethamine		
SENTINEL SITES SELECTED								
Bolivia	Brazil	Colombia	Ecuador	Guyana	Peru	Suriname	Venezuela	
Cobija, Guayaramerin, Puerto Rico, Riberalta	Amapá (2)	Turbo (Antioquia) *	Portoviejo (Manabi)	Port Kaituma (Region 1) (town* and mine)	North Cost Area (Tumbes-Piura)	Paramaribo	Atures (Amazonas) *	
	Amazonas (4) (1*) (Manaus)	Bagre (Antioquia) *	Milagro (Guayas)	Madhia (Region 8)	North Rainforest Area (Loreto)	Njun Jacob Kindre	Manapiare (Amazonas) *	
	Maranhao (3)	Guapi (Cauca) *	Santo Domingo (Pichincha)	Year 01 (*)	North Rainforest Area (San Martin)	Dritabiki	Sifontes (Bolívar) *	
	Mato Grosso (1) (1*) (Cuiba)	Tumaco (Nariño) *	Esmeraldas (Esmeraldas)					
	Pará (3) (1*) (Belem)		Machala (El Oro)					Cajigal (Sucre) *
	Rondonia (5) (1*) (Porto Velho)							
	Roraima (3)							
	Total (21)							
Year 01 (*)								

Notes: Venezuela : Drugs to be tested during second year and schemes will be defined in a National meeting in November 30

V. AMI Indicator Tables

Strategic Objective Level (PAHO)

OBJECTIVE: Strategic Objective #3: More effective delivery of selected health services and policy interventions APPROVED: 7/27/01; Amazon Malaria Results Package COUNTRY/ORGANIZATION: LAC/RSD-PHN			
RESULT NAME: 3.6 Amazon Malaria Initiative Results Package: Malaria control programs in the Amazon Basin sub-region substantially incorporate selected best practices.			
SO3 INDICATOR 8: Target countries that develop or revise and implement evidence-based malaria treatment policies.			
UNIT OF MEASURE: Number of target countries SOURCE: PAHO and CDC reports INDICATOR DESCRIPTION: A policy, norm or guideline that describes treatment of <i>Plasmodium falciparum</i> malaria based on findings of drug resistance studies. Policy implemented is defined as appropriate drugs have been purchased by the MOH and personnel have been trained in the new guidelines. This is a cumulative indicator. COMMENTS: Target countries are: Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, Suriname and Venezuela. Key: A = Policy or norm has been developed or revised and adopted B = Guideline or norm has been printed and disseminated C = Policy has been implemented. D = Effectiveness of new policy has been evaluated.	YEAR	PLANNED	ACTUAL
	2001	NA	Baseline: A = 2 (Peru, Bolivia) B = 1 (Peru) C = 1 (Peru)
* Achievement of A, B, C and D will be dependent upon extension of this initiative for 4 additional years. **Activities in Bolivia and Peru will be funded under Mission SOs; results will be included here in order to present results of the Initiative as a whole.	2002	A/B/C/D ¹ 2/2/2/0	PAHO countries A/B/C/D 0/0/0/0
	2003	A/B/C/D 2/2/2/2	
	2004	A/B/C/D 4/4/2/2	
	2005	A/B/C/D 8/8/4/2	
	2006	A/B/C/D 8/8/8/8	

NA = not applicable

¹ The two countries that were to achieve this result are Bolivia and Peru, neither under PAHO's project.

Intermediate Result 1 (PAHO)

<p>OBJECTIVE: Strategic Objective #3: More effective delivery of selected health services and policy interventions APPROVED: 7/27/01; Amazon Malaria Results Package COUNTRY/ORGANIZATION: LAC/RSD-PHN</p>			
<p>RESULT NAME: Intermediate Result 3.6.1; Amazon Malaria Results Package: Reliable and standardized malaria drug resistance information available.</p>			
<p>INDICATOR 3.6.1: Target countries that complete anti-malarial drug resistance studies based on WHO/PAHO protocol.</p>			
<p>UNIT OF MEASURE: Number of target countries SOURCE: PAHO and CDC reports INDICATOR DESCRIPTION: A target country where application of the WHO/PAHO protocol for <i>Plasmodium falciparum</i> drug resistance has been completed in all selected surveillance sites at least once. Selected surveillance sites are defined as health facilities or geographic areas (identified by the country at the beginning of the initiative) where the WHO/PAHO protocol is applied. This is a cumulative indicator. COMMENTS: Target countries are: Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, Suriname and Venezuela.</p> <p>* Achievement of targets will be dependent upon extension of this initiative for 4 additional years.</p> <p>**Activities in Bolivia and Peru will be funded under Mission SOs; results will be included here in order to present results of the Initiative as a whole.</p> <p>***Once all target countries have completed a study in all selected sentinel sites, this indicator would be revised to measure subsequent studies.</p> <p>NA = not applicable</p>	<p>YEAR</p>	<p>PLANNED</p>	<p>ACTUAL</p>
	2001	NA	Baseline: 2 (Peru, Bolivia)
	2002	2	2 (Peru, Bolivia) PAHO countries 0
	2003	4	
	2004	8	
	2005	8	
	2006	8	

Intermediate Result 2 (CDC)

<p>OBJECTIVE: Strategic Objective #3: More effective delivery of selected health services and policy interventions APPROVED: 7/27/01; Amazon Malaria Results Package COUNTRY/ORGANIZATION: LAC/RSD-PHN</p>			
<p>RESULT NAME: Intermediate Result 3.6.2; Amazon Malaria Results Package: Tools and approaches developed and/or adapted, tested, and disseminated.</p>			
<p>INDICATOR 3.6.2.a: Tools or approaches developed and/or adapted, tested and disseminated.</p>			
<p>UNIT OF MEASURE: Tools and/or approaches SOURCE: PAHO and CDC reports INDICATOR DESCRIPTION: A tool or approach that is used to improve malaria control and prevention. Disseminated means that the tool has been sent or given to the countries. This is a cumulative indicator. COMMENTS: Proposed tools are: <i>Tool 1:</i> EPI Info software program adapted for the WHO/PAHO protocol <i>Tool 2:</i> Cost-effectiveness evaluation for rapid diagnostics. <i>Tool 3:</i> <i>P. falciparum</i> generic protocol <i>Tool 4:</i> <i>P. vivax</i> generic protocol</p> <p>Key: A = Tool developed or adapted B = Tool field tested C = Tool disseminated</p> <p>*Achievement of targets will be dependent upon extension of this initiative for 4 additional years. **Activities in Bolivia and Peru will be funded under Mission SOs; results will be included here in order to present results of the Initiative as a whole. NA = not applicable</p>	<p>YEAR</p>	<p>PLANNED</p>	<p>ACTUAL</p>
	2001	NA	NA
	2002	Tool 1 - A Tool 3 - A Tool 4 - A	
	2003	Tool 1 - B Tool 2 - A,B Tool 3 - B, C Tool 4 - B, C	
	2004	Tool 1 - C Tool 2 - C	
	2005		
	2006		

(CDC)

OBJECTIVE: Strategic Objective #3: More effective delivery of selected health services and policy interventions APPROVED: 7/27/01; Amazon Malaria Results Package COUNTRY/ORGANIZATION: LAC/RSD-PHN			
RESULT NAME: 3.6.2: Tools and approaches developed and/or adapted, tested, and disseminated.			
INDICATOR 3.6.2.b.: Target countries that use tools disseminated by the initiative.			
UNIT OF MEASURE: Number of target countries SOURCE: PAHO and CDC reports INDICATOR DESCRIPTION: A tool or approach for malaria control and prevention. This is a cumulative indicator. COMMENTS: Tools include: <i>Tool 1</i> - EPI Info software program adapted for the WHO/PAHO protocol <i>Tool 2</i> - Cost-effectiveness evaluation tool for rapid diagnostics <i>Tool 3</i> - <i>P. falciparum</i> generic protocol <i>Tool 4</i> - <i>P. vivax</i> generic protocol *Achievement of targets will be dependent upon extension of this initiative for 4 additional years. NA = not applicable	YEAR	PLANNED	ACTUAL
	2001	NA	NA
	2002		
	2003	Tool 3 - 4 Tool 4 - 1	
	2004	Tool 1 - 4 Tool 2 - 1 Tool 3 - 5 Tool 4 - 2	
	2005	Tool 1 - 8 Tool 2 - 3 Tool 3 - 6 Tool 4 - 3	
	2006		

Intermediate Result 3 (PAHO)

<p>OBJECTIVE: Strategic Objective #3: More effective delivery of selected health services and policy interventions APPROVED: 7/27/01; Amazon Malaria Results Package COUNTRY/ORGANIZATION: LAC/RSD-PHN</p>			
<p>RESULT NAME: 3.6.3: Partnerships to improve malaria control enhanced.</p>			
<p>INDICATOR 3.6.3: Number of South to South training or technical exchange activities.</p>			
<p>UNIT OF MEASURE: Number of activities SOURCE: PAHO and CDC reports INDICATOR DESCRIPTION: A South to South training or technical exchange activity is any activity in which two or more of the target countries participate. Examples of such activities include a training workshop, seminar, technical assistance provided by one country to another, or an arrangement between two countries by which one country provides service or assistance to another country (Ex. One country providing assistance as a reference laboratory for another country). Each activity should be counted once annually.</p> <p>COMMENTS: Target countries are: Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, Suriname, Venezuela</p> <p>*Achievement of targets will be dependent upon extension of this initiative for 4 additional years.</p> <p>**Activities in Bolivia and Peru will be funded under Mission SOs; results will be included here in order to present results of the Initiative as a whole.</p> <p>NA = not applicable</p>	YEAR	PLANNED	ACTUAL
	2001	NA	
	2002	3	4 south to south activities: 2 involving Ecuador and Peru, one regional organized by PAHO, and another organized by Peru
	2003	4	
	2004	4	
	2005	4	
	2006	4	

VI. AMI Activity Report Tables

REGIONAL
Intermediate Result 1 - Reliable and standardized malaria drug efficacy information available. Indicators: 1) Number of target countries where surveillance sites have initiated data collection; 2) Number of target countries where 100% of functional surveillance sites are in compliance with minimum laboratory quality control requirements as defined by their respective country control.

Activities	Planned Steps	Actual Steps	Remedies	Significance
A1.1. Establish a regional network for surveillance of drug resistance and monitoring of activities under the coordination of PAHO.	1. Designate a project technical coordinator.	Dr. Roberto Montoya contracted as a Technical Coordinator on September 02.	Dr. Bretas, Roll Back Malaria consultant was undertaking this role until the technical coordinator was designated, and Lic. Raquel Requejo was provided management support.	With the incorporation of a full time technical coordinator, it is expected that there will be an intensification of project activities execution at both Regional and Country levels.
	2. Satellite meetings for consensus about regional/national agendas/workplans. (Cost included in IR3)	Several meetings took place. The regional and national workplans for 2001/2002 and the revision to the activities planning 2002/2003 and the indicators were discussed in these meetings, and several collaborations and partnerships were established. Informal consultations were held with Ringwald and Watkins in Geneva and with Ruebush, CDC, USAID representatives in Lima.		
	3. Participate in regional technical meeting, discuss joint agenda and Steering Committee meetings. (Cost included in IR3)	The first regional technical committee meeting took place in Santa Cruz, Bolivia. Partnership roles and responsibilities were established. A virtual Steering Committee (CDC, PAHO, USAID) was established, and it was agreed that it would meet electronically most of the time. The second Steering Committee held in Washington DC, new partners were presented: RPM Plus (MSH) and United States Pharmacopoeia Convention.		
	4. Establish and support the functioning of an inter-country coordinating committee with the participation of national coordinators. (Cost included in IR3)	Reoriented to promote local meetings. To be undertaken in year 2.	Country national coordinators will participate alternatively in the Steering Committee Meetings.	
	5. Plan and establish a data base of the antimalarial resistance studies.	PAHO will include information on Resistance Network developments in its Web page. A Network bulletin will be developed with the assistance of the National Health Institute of Peru and NAMRID and distributed by PAHO. Information on developments of network and reports on meetings available on website.		

Activities	Planned Steps	Actual Steps	Remedies	Significance
	6. Regional data collection, analysis and dissemination of the results of efficacy drug studies.	Preliminary results on studies in Suriname and Ecuador available. There was not more progress in this activity due to delay in the beginning of the operations at sentinel sites.	Being the protocols in course in all the countries except Brazil, during this second year this activity will be executed as has been planned	
	7. Support the adaptation of protocols for multi-center/multi country drug efficacy studies.	Dr. Ruebush has assisted in developing three generic protocols based on PAHO/WHO guidelines. The generic protocols have been shared with all partners and participating countries for review and possible use.		
	8. Establish a call for research for socio-anthropologic studies like migration, CAP, patient compliance, use of mosquitoes nets, etc.	The Call for proposals incorporated in PAHO-TDR small grants program for operational research in communicable diseases, and with links with others programs and institutions http://newweb.www.paho.org/Spanish/HCP/HCT/RES/grants-vii.htm http://newweb.www.paho.org/English/HCP/HCT/RES/grants-vii.htm		
	9. Nominate and create a selection committee to review research on socio-anthropological and operational topics mentioned in 1.1.8	To be determinate by PAHO-TDR Small Grants Committee	Activity will be undertaken in Year 2.	
	10. Support the establishment of and supervise regional quality control program for laboratories	Activity will be undertaken in Year 2.		
	11. Design of monitoring and evaluation instruments for the regional and national work plans.	The standardized instruments were designed, presented in the technical meeting and distributed to PAHO's focal points and others partners for use. Instruments to guide technical visits were created and are being tested in field.		
A.1.2 Establish national sentinel surveillance networks with quality control in each target country to assess	1. Support national coordinating technical committees (NCTC) to provide context for national activities and reach consensus on common issues.	Committee constituted by National coordinator (MoH) and national partners, PAHO and USAID focal points in Bolivia, Brazil, Colombia, Ecuador, Guyana, Suriname and Venezuela. Dr. Bretas and Dr. Ruebush visited Guyana and assisted with identification of sentinel sites and work plans. All countries have identified at least two sentinel sites.	Technical visits have been included in year 2 plan to support the creation and operation of National Coordinator Committees	It is very important to introduce at national level the project as a part of the antimalarial drugs police integrated with Public Health Surveillance activities

Activities	Planned Steps	Actual Steps	Remedies	Significance
A.1.3 Provide training to improve national capability to conduct the surveillance network of antimalarial drug resistance in all target countries.	1. Support identification training needs of personnel involved in RAVREDA activities by required areas.	See A.3.2.		
	2. Develop short and long term training programs to strengthen required capabilities of the personal involved in RAVREDA.	Training undertaken of personnel from Suriname, Colombia, Brazil, Venezuela and Ecuador.	More training activities are necessary and have been included as year 2 activities	
	3. Provide training in developing infrastructure, organization, implementation and monitoring of RAVREDA and sentinel sites.	Training of microscopists being undertaken in Ecuador and Suriname. Technical cooperation was provided to Guyana for T.Ruebush and G.Bretas. . (See A.1.2.1)	More training activities are necessary and have been included as year 2 activities	
	4. Support training for selected staff to perform the susceptibility test (ej.: in vitro).	None was held	Training activities related with this topic have been included in year 2 workplan	
	5. Disseminate training materials (manuals, norms, and guidelines for diagnosis, video materials, web page, etc.).	Generic protocols developed, materials for training of microscopists. Web page established and being developed.	During second year regional staff by technical visits should to promote intercountry interchange of operational instruments and training material	
	6. Support training in collection, data entry, analysis, interpretation and use of the data coming from the standardized protocols.	Training needs for all countries have been identified at lunch meeting. Training institution are aware of these needs. Delay in the development of software in EPI info format	Countries which already finish protocols will use a temporal data base format while Epi info software is available. Workshop for training in epi info data base have been included in year 2 activities	

Activities	Planned Steps	Actual Steps	Remedies	Significance
	7. Develop and support the implementation of permanent system for performance evaluation of participating laboratories in the anti-malarial drug resistance testing (sample production, distribution and analysis).	Activity to be undertaken during Year 2.		
A.1.4. Study findings reviewed, alternative treatments evaluated, and consensus on appropriate treatment protocols reached.	1. Support in countries data collection and analysis, including baseline data and trends, evaluate drug efficacy, and make changes in Tx, if necessary.	Data studies undertaken in Ecuador and Suriname being analyzed with technical cooperation from Regional Program.	Technical visits with this purpose have been planned for year two as a part of regional staff agenda	
	2. Support development and approve research of alternative drugs	After completion of first studies in Suriname, proposals for trials of second line drugs received.		

Intermediate Result 2. Tools and approaches developed, adapted, tested and disseminated. Indicator: Number of sites identified in Brazil and Suriname with trials of rapid tests for malaria diagnosis initiated.				
A2.1 Rapid tests for malaria diagnosis evaluated in selected sites and appraisal of their cost-effectiveness evaluated.	1. Support identification of sites where use of rapid tests is considered appropriate	Only Brazil and Suriname will develop activity 2.1. Implementation begun in Suriname and technical cooperation from Regional programme to be provided in Year 2.	Activities related with this result are being included in year 2 workplans	
	2. Assist in the design or adaptation of protocols for rapid test trials, and support implementation of rapid test trials.			
	3. Support national development/adaptation of strategic national plan for monitoring and containment of antimicrobial resistance			

Intermediate Result 3. Partnerships to improve malaria control in the sub-region enhance. Indicator: Number of surveillance network of anti-malarial drug resistance activities carried out with technical assistance or exchanges between target countries.

<p>A3.1 Subregional dialogue and planning for prevention and containment anti-malaria drug resistance facilitated.</p>	<p>1. Participate and/or support AMI technical coordinating meeting, under taking of project seminars and/or working groups, periodical meetings, and support documentation (activities included in A1.2., A1.3., and A1.4.).</p>	<p>The first Regional Technical Committee meeting was held in Santa Cruz in March 2002. General objectives were established for IR3. Countries will decide training to be attended, and in include them in national workplan.</p>	
<p>A3.2 Centers of excellence for regional training identified and supported.</p>	<p>1.Support identification of areas which require training at regional and national level, and select centers of excellence in South America for each training area. (activities include in A1.2 y A1.3. AMI technical coordinating meeting).</p>	<p>A matrix was completed with a list of centers of excellence and specific areas of interest. Each country identified areas of need for support and those it can offer support in other countries.</p>	
<p>A3.3 South-to-south technical assistance and training activities executed.</p>	<p>1. Support South to South technical assistance and training for activities include in A1.1., A1.2 y A1.3.).</p>	<p>A first tentative commitment was established between countries in order to exchange technical assistance and training. Technical cooperation from Regional Programme directed to promote join activities.</p>	<p>To be strengthened in Year 2.</p>

COLOMBIA

Intermediate Result 1 - Reliable and standardized malaria drug efficacy information available. Process Indicators: a) Percent of sentinel sites where data collection has been initiated, b) Percent of functioning sentinel sites that comply with quality control procedures, as defined by country protocol. **Milestones:** a) Studies sites have been identified; b) Study protocol has been prepared and approved by Ethical Committee; c) Surveillance site staff have been trained in use of the study protocol; d) National level reference laboratory has been identified.

Activities	Planned steps	Actual steps	Remedies	Significance
<p>A1.1. Establish a regional network for surveillance of drug resistance and monitoring of activities under the coordination of PAHO</p>	<p>1. Name Colombian representatives to integrate the inter-country coordinating committee.</p>	<p>Appointed representative. Dr. Julio Padilla, staff member of the Ministry of Health as National coordinator</p>		<p>Pertinent staff members leading the project (Ministry of Health, National Institute of Health)</p>
	<p>2. Participate in the first regional technical meeting to reach consensus on work plans for 2002</p>	<p>Participation (3 people) meeting of Santa Cruz, Bolivia. March 2002.</p>		<p>The national committee is working in coordination with the regional Network.</p>
	<p>3. Participate in the inter-country coordinating committee</p>	<p>Was not carried out</p>		<p>It is necessary to seek opportunities for more communication among the countries.</p>
<p>A.1.2 Establish national sentinel surveillance networks with quality control in each target country to assess the efficacy of antimalarial drugs.</p>	<p>1. Conformation of a National Technical Advisor committee, as a counterpart to the regional network.</p>	<p>Committee functioning regularly, monitoring commitments (9 members, 6 meetings held and minutes prepared.</p>		<p>The committee has permitted coordination between the Ministry of Health with the research centers</p>
	<p>2. Selection of research groups and operational centers to participate in the national network as Research Nodes.</p>	<p>Inventories of research centers were prepared and two most experienced centers were selected.</p>		<p>Two research centers and two laboratories of the INS worked the entire year in the preparation of instruments and the planning activity.</p>
	<p>3. Selection of sentinel sites in accordance with malarial metric indicators, geographic and cultural access, and stratification of malarial risks, resources and conflict characteristics.</p>	<p>The sentinel sites were selected for first year of the study (4). Two other sentinel sites, financed with other resources, were also included.</p>		<p>Selected SC where the implementation of protocols will start in October 2002.</p>
	<p>4. Design of a flow chart for transmission of data from the local level up to the national reference center.</p>	<p>Defined flow of information.</p>		
	<p>5. Consensus-building regarding protocols in vivo, in vitro and molecular evaluation in the national network</p>	<p>Protocol for in vivo studies approved by ethics committees and by PAHO. For studies in vitro and genotyping protocols were agreed upon by research centers. An operating manual and clinical form were prepared and disseminated.</p>		<p>Protocols ready for implementation. Great quality instruments for guaranteeing the good execution of the protocol also available.</p>

Activities	Planned steps	Actual steps	Remedies	Significance
	6. Adaptation of management indicators and Regional quality control protocols for the national network, and validation of same.	The parasitology laboratory of the INS is integrated in the network as reference laboratory. Instructions on the operation of the quality control system were prepared.		Quality control in the hands of an experienced institute.
A.1.3 Provide training to improve national capability to conduct the surveillance network of antimalarial drug resistance in all target countries.	1. Training of medical personnel in every sentinel site for diagnosis, application of standardized protocols, data collection and analysis, shipment of samples (duration: 15 days)	100% of SC physicians trained, but with 5 months of delay (15 trained physicians). Development and dissemination of educational material.	Drawbacks solved. The research centers and the National Institute of Health enhanced the material for the training.	The beginning of protocol application was slowed down 5 months. However, it was possible to enhance the instruments and educational materials.
	2. Training of microbiologists in microscopic diagnosis, application of standardized protocols, collection and shipment of samples (time: 5 days)	100% of SC microscopists trained, but with 5 months of delay, (15 trained bacteriologists).	Idem. A.1.3.1	
	3. Training of assistants in each sentinel site in standardized protocol for patient follow-up by the physicians of the network	Programmed activity to be carried out in field.	Idem. A.1.3.1	Idem. A.1.3.1
A.1.4. Study findings reviewed, alternative treatments evaluated, and consensus on appropriate treatment protocols reached.	1. Evaluation of the malarial therapeutic efficacy.	25% of SC functioning. 4 sentinel sites provided with computers, scales, thermometers, phonendoscopes, etc)	Drawbacks solved. During the time programmed for this activity, research centers perfected tools for training and operations of the network.	Delay in aprox. 6 months in the acquisition of information on effectiveness. However, network's materials and instruments were enhanced and provided to sentinel sites.
	2. Samples recollection for in vitro sensitivity evaluation of field isolates of <i>Plasmodium falciparum</i> to 5 antimalarial drugs	Idem. Task A.1.4.1 Provision of 6 sentinel sites with elements for transportation of samples: 2 liquid nitrogen tanks for each SC.	Drawbacks solved. Reprogramming for the year 2.	6 month delay for second year in the evaluation of in vitro sensitivity due to the lack of material.
	3. Genotyping of samples to differentiate recrudescence of reinfection	Administrative drawbacks cause 5 month delay. Genotyping carried out in 0% of SC.	Drawbacks solved. Reprogramming for year 2.	Delay of aprox. 6 months in the acquisition of information on recrudescence versus reinfection
Intermediate Result 2. Tools and approaches developed, adapted, tested and disseminated. Process Indicator: Percent of planned tasks completed.				
A2.1 Rapid tests for malaria diagnosis evaluated in selected sites and appraisal of their cost-effectiveness evaluated.		Activity not programmed for the first year in Colombia		

Activities	Planned steps	Actual steps	Remedies	Significance
Intermediate Result 3: Partnerships to improve malaria control in the sub-region enhanced. Process Indicator: Percent of planned South to South activities that were completed.				
A3.1 Subregional dialogue and planning for prevention and containment anti-malaria drug resistance facilitated.	Includes the first regional technical meeting (A.1.1.2) and the activities of the coordinating committee inter-countries (A.1.1.3)	Participation with assistance of three members of the national committee.		Idem. A.1.1.2
A3.2 Centers of excellence for regional training identified and supported.	Inventory of resources and competition for the selection of centers of excellence in Amazon countries in the evaluation of the effectiveness in vivo, in vitro sensitivity, genotyping and data management.	Inventory on the experience and capacity of research centers performed.		The diagnosis of the supply and demand should permit the activity planning cooperation.
A3.3 South-to-south technical assistance and training activities executed.	1. Training in pharmacokinetics in Lima	No South-South cooperation activities carried out. Activities redefined activities at Santa Cruz meeting.	Not carried out, but continues to be expressed as need by research centers. Activity reprogrammed for the second year.	None. The country there already is experience in the subject.
	2. Training in good clinical practices			Current and future studies subject to the standards of good clinical practices.
	3. Strengthening of the network with the African country experience			That experience should help consolidate the network.
	4. Exchange of information in areas of border and design of surveillance of therapeutic deficiency in areas of border			Significant, given the importance of monitoring resistance in borders.

ECUADOR

Intermediate Result 1 - Reliable and standardized malaria drug efficacy information available. Process Indicators: a) Percent of sentinel sites where data collection has been initiated, b) Percent of functioning sentinel sites that comply with quality control procedures, as defined by country protocol. **Milestones:** a) Studies sites have been identified; b) Study protocol has been prepared and approved by Ethical Committee; c) Surveillance site staff have been trained in use of the study protocol; d) National level reference laboratory has been identified.

Activities	Planned steps	Actual steps	Remedies	Significance
A1.1. Establish a regional network for surveillance of drug resistance and monitoring of activities under the coordination of PAHO	1. Satellite meeting for consensus concerning regional and national programs and workplans	At satellite meeting of the CESAM, consensus was obtained on the objectives and regional approach to RAVREDA. The initiative in each country was discussed and Ecuador's work plan was reviewed and necessary adjustments made.	Necessary adjustments of the proposal were done and a detailed budget was prepared.	Very important. Knowledge about the nature of the project was exchanged, including subregional effort, countries with the same problems, need for the utilization of a standardized protocol and of strengthening cooperation among countries regarding the available capacities and experiences.
	2. Participate in the first technical meeting in order to reach consensus and coordinate work plans for 2002.	Meeting attended and work plan presented. The work plan was adjusted following, and the Ecuador protocol was approved by the Ethics Committee.		Very important. Under scored importance of coordination that permitted the strengthening coordination among countries particularly, between Ecuador and Peru.
	3. Establish and support the operation of an intercountry coordinating committee with the participation of national coordinators.	None was held		It is necessary to seek opportunities for more communication among the countries.
A.1.2 Establish national sentinel surveillance networks with quality control in each target country to assess the efficacy of antimalarial drugs.	1. Conformation of a National Technical Advisory committee, as a counterpart to the regional network.	Constituted in February /2002 by technicians of the MOH, National Department of Tropical Medicine, NMES, Hospital Vozandes, Provincials Bureau of Esmeralda and El Oro and PAHO/WHO. 10 participants, coordinated by Dr. Raul Veloz, epidemiologist of the NMES and Dr. Angel Valencia of PAHO/WHO.		The committee facilitates the work of the institutions participating in the studies.
	2. To structure the technical-operative teams at the provincial level as counterpart to the National Committee, and to form a provincial unit of vector control.	Technical - operative teams structured in the province of Esmeraldas and province of El Oro. Pending in Guayas.	Programming and monitoring activities at provincial level will be done in year 2.	
	3. To identify the sentinel sites to constitute the surveillance of antimalarial resistance network.	Sentinel sites identified are: Portoviejo (Prov. Manabí), Santo Domingo (Prov. Pichincha), Milagro (Prov. Guayas), Esmeraldas (Prov. Esmeraldas) and Machala (Prov. El Oro).		Pulls together the variables of time, place and person established in the protocol.

Activities	Planned steps	Actual steps	Remedies	Significance
	4. To identify national and international institutions that will provide quality control.	The Central Laboratory of SNME, operates as reference laboratory and provides national quality control. The National Institute of Health of Peru provides international quality control.		This structuring guarantees good results
	5. To identify needs and make sentinel sites operational.	The needs of each sentinel site were established. There were delays in procurements due to administrative aspects. The process of technical approval of the protocol by the Ethics Committee also delayed the beginning of the studies.	Procurement was completed and are being distributed.	
	6. To establish and supervise sentinel sites.	Pending until the new sentinel sites are operational.	Programmed to start first week of November.	
A.1.3 Provide training to improve national capability to conduct the surveillance network of antimalaria drug resistance in all target countries.	Identify the local personnel who will work in the surveillance of antimalarial drug resistance network. Train staff who participate in studies and in the management of the standardized protocols.	Personnel initially assigned was channeled toward other activities due to the delay in beginning operational actions.	Negotiations with the provincial directors have been reinitiated for the reassignment of necessary personnel.	
A.1.4. Study findings reviewed, alternative treatments evaluated, and consensus on appropriate treatment protocols reached.	Adjustment of the National Policy on the malarial drugs with definition of regimens of treatment on the basis of the results of the studies. Train the health workers in the management of the new regimens.	Pending	Accelerate the start of operational activities.	
Intermediate Result 2. Tools and approaches developed, adapted, tested and disseminated. Process Indicator: Percent of planned tasks completed.				
A2.1 Rapid tests for malaria diagnosis evaluated in selected sites and appraisal of their cost-effectiveness evaluated.		Activity not programmed for the first year in Ecuador		

Activities	Planned steps	Actual steps	Remedies	Significance
Intermediate Result 3: Partnerships to improve malaria control in the sub-region enhanced. Process Indicator: Percent of planned Southern- South activities that were completed.				
A3.1 Subregional dialogue and planning for prevention and containment anti-malaria drug resistance facilitated.	Includes the first regional technical meeting (A.1.1.2) and the activities of the inter-country coordinating committee (A.1.1.3)	Done (see A.1.1.2 and 1.1.3)		
A3.2 Centers of excellence for regional training identified and supported.				
A3.3 South-south technical assistance and training activities executed.	1. Technical assistance in microscopic malaria diagnosis and training in parasitic densitometry	15 microscopists from malarious areas trained in densitometry by experts of the INS, Peru.		Very important. It guarantees the results of the studies and quality at field level. It demonstrated potential for South-South cooperation.
	2. Training in in vitro studies and evaluation in vitro of the sensitivity to antimalarials.	Two staff members of the NMES trained in molecular techniques for evaluation of resistance to chloroquine, Fansidar, and mefloquine in Lima, Peru, with support of the INS and NAMRID.		
	3. Technical cooperation to operationalize the generic protocol of PAHO/WHO.	PAHO/WHO Representative Office, its Guayaquil office, provides direct technical cooperation and participate in the review and technical approval of the PAHO/WHO's generic protocol.		
	4. National and international quality control of the laboratory network.	National and international quality control constitutes one of the important chapters of the new strategies of malaria control, outlined in the Declaration of Machala last August. Participants in the network are general health services and a health laboratory network, and the central laboratory of the NMES, which will continue as a national reference laboratory, and the INS of Peru of external quality control. It also involves the armed forces, National Police, and IESS, among others. The process starts in Machala and will extend to the rest of the country.		Highly strategic in order to continue the efforts of the Global Fund and of RBM.

Activities	Planned steps	Actual steps	Remedies	Significance
	Train and monitor laboratories of public and private hospitals to ensure sustainability in the process with support of the INS and NAMRID of Peru.	Planning in progress. Changes in the political and technical authorities of the MOH, SNMT, and some provincial directions delayed the dynamics of the process. The commitment to continue exists. Candidates to the new Government in January 2003 were briefed on the importance of RAVREDA and of the Declaration of Machala.	Obtain written support from the new authorities, and maintain information activities for them..	Highly strategic for the sustainability of the efforts of AMI RAVREDA.

GUYANA

Intermediate Result 1 - Reliable and standardized malaria drug efficacy information available. Process Indicators: a) Percent of sentinel sites where data collection has been initiated, b) Percent of functioning sentinel sites that comply with quality control procedures, as defined by country protocol. **Milestones:** a) Studies sites have been identified; b) Study protocol has been prepared and approved by Ethical Committee; c) Surveillance site staff have been trained in use of the study protocol; d) National level reference laboratory has been identified.

Activities	Planned steps	Actual steps	Remedies	Significance
A1.1. Establish a regional network for surveillance of drug resistance and monitoring of activities under the coordination of PAHO.	<ol style="list-style-type: none"> 1. Designate a national project coordinator and site coordinators. 2. Participate in the first regional technical meeting to reach consensus on work plans for 2002. 3. Participate in regional inter-country coordinating committee for adopting national workplans and standardized protocols. 	<p>One National Project Coordinator and one site coordinator has been identified</p> <p>Done in March 2002 with the participation of one person from Guyana (National Coordinator)</p> <p>Cancelled.</p>		
A.1.2 Establish national sentinel surveillance networks with quality control in each target country to assess the efficacy of antimalarial drugs.	<ol style="list-style-type: none"> 1. Conformation of a National Coordinating Committee. 2. Meeting of National Technical Coordinating Committee for developing and adopting workplan and selection of at least three sentinel sites - guided by data on malaria distribution 	<p>A committee was constituted and integrated by the MOH's Disease Control Director, PAHO/WHO Representative, a specialist in tropical medicine as supervisor of clinical procedures, a medical doctor from the sentinel site, and a microscopist from the Ministry of Health as field coordinator.</p> <p>At least three meetings of the National Coordinating Committee were held. A work plan for first year has been adopted and plans for the second year are currently being prepared. Two sentinel sites have been selected. One sentinel site is already operating. The study protocol was approved by Ethical Committee.</p>		<p>The current committee is adequate to coordinate trials in sentinel sites; however, it is not adequate to assist the Ministry of Health in the implementation of antimalarial drugs policy.</p>

Activities	Planned steps	Actual steps	Remedies	Significance
	3. Meeting of National and Site Coordinators	One meeting held		
	4. Supervisory visits to study sites by study coordinator.	Three visits were made to study sites by study coordinator and one visit by clinical coordinator.		
	5. Upgrade laboratory facilities for malaria diagnosis.	One microscope purchased. Other materials necessary for clinical and laboratory procedures were purchased. Arrangements are being made to purchase additional microscopes and training additional staff in microscopy.		
	6. Conduct at least one trial at each selected site by the end of the first year.	One trial was already carried out in Port Kaituma (50% of sentinel sites), with 52 patients. Another sentinel site is not yet operational. Currently there is no quality control system for microscopy nor a national reference laboratory working with the sentinel sites.	Activities aimed at implementing a quality control system were included in the work plan for year 2.	Data are available about the clinical and parasitological response to sulfadoxine/pirimetamin.
	7. Acquire software and hardware for supporting data collection, storage, and analysis, as well as preparation and dissemination of reports.	One laptop computer purchased for study.		
	8. Participate in national / subregional meeting to analyze findings and present results of resistance studies.	Postponed. Will be held in year 2.	New activity which will include the analysis of the results of the second trial have been programmed for the second year	Highly important to guide antimalarial national policy
A.1.3 Provide training to improve national capability to conduct the surveillance network of antimalaria drug resistance in all target countries.	1. Organize training in microscopy for staff at sentinel sites.	Current study staff were trained. A total of 10 persons were trained by experts from CAREC in a five and a half day course. Arrangements are being made to train staff in additional sites.		
	2. Identify and train staff in surveillance protocols and procedures.	Persons working on current study were trained. (3 doctors and 1 technician). Additional training will be conducted new study sites, as they incorporate into study.		
	3. Prepare and disseminate training materials.	Pending.		

Activities	Planned steps	Actual steps	Remedies	Significance
A.1.4. Study findings reviewed, alternative treatments evaluated, and consensus on appropriate treatment protocols reached.	1. Hire and train staff for data entry and management, and preparation of reports.	Pending results of studies.		
Intermediate Result 2. Tools and approaches developed, adapted, tested and disseminated. Process Indicator: Percent of planned tasks completed				
A2.1 Rapid tests for malaria diagnosis evaluated in selected sites and appraisal of their cost-effectiveness evaluated.		Activity not programmed for the first year in Guyana.		
Intermediate Result 3: Partnerships to improve malaria control in the sub-region enhanced. Process Indicator: Percent of planned South to South activities that were completed.				
A3.1 Subregional dialogue and planning for prevention and containment of antimalaria drug resistance facilitated.	1. Participate in regional meetings.	Participation of one person from Guyana (National Coordinator) in a meeting held in Santa Cruz - Bolivia in March 2002.		
A3.2 Centers of excellence for regional training identified and supported.	2. Coordinate with regional institution for assessing <i>in vitro</i> resistance and genotyping.	Not yet done		
A3.3 South-to-south technical assistance and training activities executed.	3. Meeting with neighboring countries to review study findings and develop joint treatment schedules.	No meetings were held	These activities have been included in the second year work plan	

SURINAME

Intermediate Result 1 - Reliable and standardized malaria drug efficacy information available. **Process Indicators:** a) Percent of sentinel sites where data collection has been initiated, b) Percent of functioning sentinel sites that comply with quality control procedures, as defined by country protocol. **Milestones:** a) Studies sites have been identified; b) Study protocol has been prepared and approved by Ethical Committee; c) Surveillance site staff have been trained in use of the study protocol; d) National level reference laboratory has been identified.

Activities	Planned steps	Actual steps	Remedies	Significance
A1.1. Establish a regional network for surveillance of drug resistance and monitoring of activities under the coordination of PAHO.	1) Participate in satellite meeting for consensus about regional/national work plans.	Three national members of the national committee participated in the consensus meeting held in Santa Cruz, Bolivia, in November, 2001.		
	2) Participate in the first regional technical meeting for reaching consensus about project work plan 2002.	Two participants attended the first regional technical meeting in Santa Cruz, Bolivia March 18-20 2002		
	3) Participate in inter-country coordinating committee	Cancelled.		
A.1.2 Establish national sentinel surveillance networks with quality control in each target country to assess the efficacy of antimalarial drugs.	1) Organize national meeting with health organizations involved in the national antimalarial resistance surveillance.	National Malaria Board Meeting took place in March 2002, where the study protocol was approved. The project coordinator organized at least three meetings during the period Feb-Aug 2002, with the organizations responsible for the sentinel sites, namely the Bureau of Public Health and the Medical Mission, to inform them about the drug resistance trials and obtain their collaboration.		
	2) Assign project coordinator (20%) and one project assistant(100%).	A contractual service agreement was signed with the project coordinator and the PAHO Representative's Office in Suriname.	Two 50%, instead of one 100% project assistant were assigned.	The fieldwork could be better supervised by the two assistants, so that it wouldn't be dependent on only one person.
	3) Select three sentinel sites, one in the capital city and two in the interior according to predetermined selection criteria.	One sentinel site was made operational in Paramaribo, at the Malaria clinic of the Bureau of Public Health. After this another sentinel site was made operational in the interior at Njun Jacob kondre.	The third sentinel site in the interior will be made operational by the beginning of 2003 .Due to the late start of the project (after February 2002), we missed one malaria season.	We selected the first site in Paramaribo, and could in this way built our expertise in in vivo trials before moving to the interior
	4) Conduct three trials (of 50 patients each) one at each sentinel site.	Trial 1 completed in Paramaribo: Mefl (85 patients) vs Mefl + Art (85 patients) Trial 2 is in progress in Paramaribo :Mefl+Art vs Art+Doxy Trial 3 in in progress in Njun Jacob Kondre: Mefl+Art vs Art+Doxy	See directly above.	Patient enrollment in Paramaribo went much faster than expected. At Njun Jacob Kondre enrollment currently is much slower, but is expected to increase when the malaria season approaches, in January 2003.

Activities	Planned steps	Actual steps	Remedies	Significance
A.1.3 Provide training to improve national capability to conduct the surveillance network of malaria drug resistance in all target countries.	1) Organize (upgrading) training for at least 25 malaria microscopists at the three sentinel sites.	Training for about 30 microscopists done in March-April 2002.	Training was done at one location in Paramaribo	Logistically, it was more efficient to bring microscopists from different sites to one location for the training
	2) Train local health assistants in surveillance protocols.	Two training sessions done in March and in August 2002 for field workers of the drug resistance trials	Training was done at one location in Paramaribo	Health assistants and medical students were trained. The latter were included because of their availability to do the field work.
A.1.4. Study findings reviewed, alternative treatments evaluated, and consensus on appropriate treatment protocols reached.	Analyze data and write report and incorporate results in malaria information system.	In progress.		
Intermediate Result 2. Tools and approaches developed, adapted, tested and disseminated. Process Indicator: Percent of planned tasks completed.				
A2.1 Rapid tests for malaria diagnosis evaluated in selected sites and appraisal of their cost-effectiveness evaluated.	Procure 10,000 ICT cards for falciparum filed testing using procedure from previous pilot study.	1000 Paracheck quick tests (Orchid) were procured. About 400 were evaluated against microscopy.	The remaining 600 tests will be introduced with an algorithm to health workers at pilot sites in the interior, where there is no microscopy.	The Paracheck dipsticks were the cheapest, easiest to use, most sensitive, specific used until now
Intermediate Result 3: Partnerships to improve malaria control in the sub-region enhanced. Process Indicator: Percent of planned South to South activities that were completed.				
A3.1 Subregional dialogue and planning for prevention and containment antimalarial drug resistance facilitated.	Included regional first technical meeting (A.1.2) and inter-country coordinating committee activities (A.1.1.3)	see A1.		
A3.2 Centers of excellence for regional training identified and supported.	Select 1 reference regional center for PCR training.	Not done yet. Postponed until year 2.		
A3.3 South-to-south technical assistance and training activities executed.	Organize (upgrading) training for at least 25 malaria microscopists at the three sentinels sites.	see A.1.3.1 We requested assistance from a Dutch malaria lab technician. Because of the language barrier, we could not invite someone from the region to give this training to the villagers. This was approved at the Santa Cruz planning meeting.		

VENEZUELA

Intermediate Result 1 - Reliable and standardized malaria drug efficacy information available. **Process Indicators:** a) Percent of sentinel sites where data collection has been initiated, b) Percent of functioning sentinel sites that comply with quality control procedures, as defined by country protocol. **Milestones:** a) Studies sites have been identified; b) Study protocol has been prepared and approved by Ethical Committee; c) Surveillance site staff have been trained in use of the study protocol; d) National level reference laboratory has been identified.

Activities	Planned Steps	Actual Steps	Remedies	Significance
A1.1. Establish a regional network for surveillance of drug resistance and monitoring of activities under coordination of PAHO.	1. Participate in the first regional technical meeting for reaching consensus about project work plan, and common agenda 2002.	Participation at the meeting of Santa Cruz (Bolivia). Attendance of 3 people		Venezuelan network is connected to the Regional network
	2. Participate in inter-country coordinating committee to: Monitor progress in PAHO/WHO protocol adaptation. Obtain consensus regarding the resistance testing methods and in monitoring, evaluation and quality control indicators.	None was held		It is necessary to seek opportunities for more communication among the countries.
A.1.2. Establish National sentinel surveillance networks with quality control in each target country to assess the efficacy of antimalarial drugs.	1. Conform a National Technical Advisory Committee by the Ministry of Health (MSDS) and national research centers.	Interinstitutional Committee operating (MSDS, DGSACS, IAES, CICFV, IVIC, DRS state of Sucre, DRS state of Amazonas, DRS state of Bolívar, PAHO). Conducted 6 meetings. Minutes prepared. The coordinator (of the MSDS) is a member of the National Committee of Resistance and antimalarial sensitivity.		The participation of these institution is very important for the network's sustainability, and to guarantee the use of results in setting future drug policies.
	2. Identify and select five (5) sentinel sites in Atures and Manapiare (municipalities of the state of Amazonas); Maripá y Tumeremo (state of Bolívar) and Cajigal (state of Sucre) according to epidemiological parameters.	Four sentinel sites (SC) were identified and have been operating since August 15, 2002. Two SC (50%) already completed the required sample (FT to cloroquina for P. falciparum in Amazonas 25%). RCA to chloroquine for P. vivax in Sucre.		
	3. Begin operations in sentinel sites	Hired human resources for 4 sentinel sites: 4 physicians, 3 visitors, 3 microscopists, 1 biochemist. Three vehicles were repaired and assigned 100% to RAVREDA. Three microscopes acquired and one in procurement. Sentinel sites provided with supplies and necessary materials for clinical protocol. Delay in the beginning of clinical protocols due to administrative drawbacks. There are plans to include 3 additional SC.		The Sentinel sites are operating in the most critical malaria areas of the country.

Significance	Remedies	Actual Steps	Planned Steps	Activities
Protocols for country first line of drugs in progress.	Transactions already defined with INH in progress.	Therapeutic schemes were defined to evaluate chloroquine for <i>P. falciparum</i> in three SC and chloroquine + primaquine for <i>P. vivax</i> in 4 SC. The protocol study has not been reviewed by ethics committee.	3. Define therapeutic regimens to be evaluated in the sentinel sites. 4. Select one staff member to be in charge of periodic monitoring of activities in sentinel sites.	A.1.3. Provide training to improve national capability to conduct the surveillance network of malaria drug resistance in all target countries.
	A Department of Pharmacology for external monitoring. A quality control and supervision plan design for the second year.	Instability in MSDS's responsible, who was changed. The reference laboratory for (DGSAACS) has been identified.	1. Conduct workshop to explain all surveillance network activities. 2. Conduct workshop on antimalarial therapeutic study and analysis of the (WHO/PAHO) protocol for the supervised administration of antimalarial drugs, use of the forms for specific data.	A.1.4. Study findings reviewed alternative treatments evaluated, and consensus on appropriate protocols reached.
		Physicians from four sentinel sites, 2 of Regional Health Bureau, 3 of national level and 1 of Research Centers were trained in clinical protocols and treatment.	3. Conduct training in malaria diagnosis, including parasitemia quantification for microscopists.	A.1.4. Study findings reviewed alternative treatments evaluated, and consensus on appropriate protocols reached.
		Trained six SC microscopists in microscopy, 2 in clinical protocols, 2 in treatment	1. Tabulate and analyze data. 2. Conduct surveillance network meeting for analysis of results and discussion of sentinel site data. 3. Assess therapeutic regimens administered 4. Assess strategy for alternative schemes.	A.1.4. Study findings reviewed alternative treatments evaluated, and consensus on appropriate protocols reached.
		Preliminary analysis of available results has been carried out. The standardization of information on clinical files and data base processing are pending.		
Intermediate Result 2. Tools and approaches developed, adapted, tested and disseminated. Process Indicator: Percent of planned tasks completed.				
		Activity not programmed for the first year in Venezuela		A2.1 Rapid tests for malaria diagnosis evaluated in selected sites and appraisal of their cost-effectiveness evaluated.

Activities	Planned Steps	Actual Steps	Remedies	Significance
Intermediate Result 2. Tools and approaches developed, adapted, tested and disseminated. Process Indicator: Percent of planned tasks completed.				
A2.1 Rapid tests for malaria diagnosis evaluated in selected sites and appraisal of their cost-effectiveness evaluated.		Activity not programmed for the first year in Venezuela		
Intermediate Result 3: Partnerships to improve malaria control in the sub-region enhanced. Process Indicator: Percent of planned South to South activities that were completed.				
A3.1. Sub-regional dialogue and planning for prevention and containment of anti-malaria drug resistance facilitated.	Participate in regional/sub-regional meetings to discuss work plans, agendas, evaluation progress of the national networks and applied methodologies in technical assistance. (Include a mid-term inter-country meeting)	Idem item A.1.1		
A3.2. Centers of excellence for regional training identified and supported.				
A3.3. South-to-south technical assistance and training activities executed.	Conduct meetings with Guyana and Suriname surveillance network members to exchange information and establish agreements for technical cooperation	Postponed	The activity programmed for the second year.	
<p>Note: ASOVAC, Venezuelan Association for the Progress of the CICFV, Francesco Vitanza Center for Research in the; DGSSACS, Sectoral Office of Environmental Health and Sanitary Control; DRS, Health Regional Bureau; IAES, The Dr. Arnaldo Gabaldon Institute of Higher Studies in Public Health; INH, Rafael Rangel National Institute of Health;</p> <p>IVIC, Venezuelan Institute for Scientific Investigation; FT, Therapeutic failure; MSDS, Department of Health and Social Development; RCA, Apropriate clinical answer.</p>				

PERU

Intermediate Result 1 - Reliable and standardized malaria drug efficacy information available Process Indicators: a) Percent of surveillance sites where data collection has been initiated ; b) Percent of functioning surveillance sites that comply with laboratory quality control procedures as defined by country protocol. Milestones: a) Study sites have been identified; b) Study protocol has been prepared and approved; c) Surveillance site staff have been trained in use of the study protocol; d) National level reference laboratory has been identified.

Activities	Planned Steps	Actual Steps	Remedies	Significance
IR1.1 Studies on efficacy of new therapeutic schemes and shortened treatment for malaria. Evaluation of 7 day treatment with cloroquine/primaquine for vivax malaria	Study sites identification	YES	Re-programmed for Jan 03	Scheme currently in use. Assessment is required.
	Study implementation	---		
	Supervision and TA to local teams	---		
	Data processing, information analysis and preparation of final report	---		
Evaluation of efficacy of cloroquine and of SP for non-complicated falciparum malaria in the North-Western Peruvian Aamazon	Study sites identification	YES	---	Allows more precise assessment of regional distribution of resistance to antimalarials.
	Study implementation	YES	---	
	Supervision provided	YES	---	
	Data processing, information analysis and preparation of final report	In process	---	
Surveillance of adverse effects to antimalarial drugs	Study sites identification	YES	---	First time the association is used.
	Study implementation	Field-work began June 02 - to end in June 03	---	
	Supervision by regional and central level	Weekly from regional level. One supervision visit from central level	---	
	Data processing, information analysis and preparation of final report		---	
Prediction of antimalarial resistance through molecular markers	Study sites identification	YES	Some study sites changed due to changes in incidence of malaria	Studies with molecular markers will help to study resistance patterns in areas where efficacy studies are not feasible.
	Study implementation	In progress		
	Sample processing	Pending		
	Preparation of final report and publication	---		
Efficacy and tolerance studies for quinine/clindamycin shortened schemes (5 and 3 days) for falciparum malaria				

Activities	Planned Steps	Actual Steps	Remedies	Significance
IR1.2 Evaluation of efficiency and effectiveness of health services in the introduction of combination therapy, and of patient's compliance to combination therapy	Coordination with Department Health Directorates in Northern Coast and Loreto	YES	Implementation in process	Will provide information for adjusting strategy and policy.
	Rapid assessment	In progress		
	In depth evaluation	Pending		
	Final report and publication	---		
IR1.3 Implementation of plasmodia bank.				
Intermediate Result 2 - Tools and approaches developed, adapted, tested and disseminated				
Process Indicator: Percent of planned tasks completed.				
IR2.1 Training on curative care of malaria and on combination therapy (North-Eastern, Central Jungle, South-Eastern Macroregions and Lima)	Four workshops	YES	They had to be amplified to lower levels	
IR2.2 Design and preparation of training material on curative care for malaria, by levels.	Preparation o training materials	In progress		
IR2.3 Monitoring and supervision of training activities				
IR2.4 Symposium on current malaria therapy and combination therapy				
IR2.5 Identification and strengthening of a "excellence network" of facilities for malaria care and training	Discussion of proposal with DISAs and central level	Proposal prepared		Objective is to have reference centers for "in vivo" efficacy studies and for the management of malaria patients.
	Agreements with DISAs regarding sustainability of centers and their staff	---		
	Training of staff from selected facilities	---		
	Implementation of selected facilities	---		
IR2.6 Evaluation of impact and cost-effectiveness of introducing malaria rapid tests in border native communities				
IR2.7 Diploma in malaria prevention and control	Preparation and discussion of proposal	Proposal prepared		
Intermediate Result 3 - Partnerships to improve malaria control in the sub-region enhanced.				
Process Indicator: Percent of planned south to south activities that were completed during the reporting period.				
IR3.1 Collaborative training activities between countries (reference: Agreements made during meeting in Santa Cruz -April 02)	Training of microscopists from Ecuador	Course given in Guayaquil, May 2002 (trainers from INS-MOH-Perú).	---	South-south cooperation will contribute to a better control of antimalarial resistance
	Training of Ecuadorian professionals on molecular biology	Done in Lima, June 02.	---	

Activities	Planned Steps	Actual Steps	Remedies	Significance
	Assistance to Ecuadorian professionals in the analysis of data from efficacy studies	Workshop carried out in Lima, October 02.	---	
	Course on bioavailability of antimalarial drugs (Colombia, Brazil y Suriname).	Coordination made with CDC expert.	Re-scheduled for Jan 03	
	Training of Bolivian professionals on molecular biology techniques for identifying markers of antimalarial resistance in <i>P. falciparum</i>	Pending	Dates to be defined	
	Apoyo para el análisis de la información de estudios de resistencia realizados en Bolivia.	Pending		
IR3.2 International Seminar on malaria prevention and control		Done in Lima, April 08-10, 2002	---	
IR3.3 Design of an AMI web page				PAHO
IR3.4 Invitation of international experts for experience exchange.				

CDC

Intermediate Result 1 - Reliable and standardized malaria drug efficacy information available

Process Indicators: a) Percent of surveillance sites where data collection has been initiated ; b) Percent of functioning surveillance sites that comply with laboratory quality control procedures as defined by country protocol. **Milestones:** a) Study sites have been identified; b) Study protocol has been prepared and approved; c) Surveillance site staff have been trained in use of the study protocol; d) National level reference laboratory has been identified.

Activities	Planned Steps	Actual Steps	Remedies	Significance
In vivo workshop	<ul style="list-style-type: none"> a. Designate member country for training site b. Prepare manual for use c. Conduct didactic aspect of training d. Field experience for participants 	<ul style="list-style-type: none"> a. On hold pending revised WHO <i>in-vivo</i> guidelines 	<ul style="list-style-type: none"> a. New WHO <i>in-vivo</i> guidelines disseminated b. Workshop scheduled for project year 02 	Partner countries continue using former guidelines for protocols

Intermediate Result 2 - Tools and approaches developed, adapted, tested and/or disseminated.

Process Indicator: Percent of planned tasks completed.

Epi Info Development	<ul style="list-style-type: none"> a. Hire contractor to finalize current test version b. Translate program into Spanish & Portuguese c. Field test program d. Distribute copies to partner countries 	<ul style="list-style-type: none"> a. Contractor hired and actively working on project 	<ul style="list-style-type: none"> a. Finishing project extends into next project year 	Delay in those partner countries who have completed <i>in-vivo</i> studies in using this for data management and analysis
RDT Cost Effectiveness Analysis (CEA)	<ul style="list-style-type: none"> a. Hire contracted health economist b. Collaborate with community-based RDT study c. Coordinate data collection, analysis, and interpretation d. Disseminate results 	<ul style="list-style-type: none"> a. Health economist collaborating on study b. Data collection completed and model run c. Results not yet disseminated 	<ul style="list-style-type: none"> a. Results to be disseminated to partner country 	Partner country can use data to consider cost effectiveness of using rapid diagnostic tests in malaria control program
RDT CEA Generalized Tool Development	<ul style="list-style-type: none"> a. Hire contracted health economist b. Develop training and resource products c. Field test products in Amazon country d. Disseminate tool via launch and web site 	<ul style="list-style-type: none"> a. Health economist position description completed but awaiting CDC clearance 	<ul style="list-style-type: none"> a. Will be able to start with modification of pre-existing tool b. CDC oversight transferred to new malaria branch employee 	Once tool is developed, partner countries will be able to conduct own cost effective analysis of diagnostics for malaria control

Intermediate Result 3 - Partnerships to improve malaria control in the sub-region enhanced.

Process Indicator: Percent of planned south to south activities that were completed during the reporting period.

Activities	Planned Steps	Actual Steps	Remedies	Significance
Peruvian Technical meeting	a. Attend and present at Peruvian technical malaria meeting	a. Meeting attended and material presented	None	CDC contribution to information disseminated at conference
Amazon Malaria Initiative Partner's Meeting	a. Attend a partner's meeting for AMI to coordinate workplans	a. Meeting attended	None	CDC contribution to AMI partner workplan development
South-to-south Cooperation	a. CDC-Atlanta staff to provide technical assistance to Brazilian FETP epidemiologist B21 b. Brazilian FETP epidemiologist to travel to CDC Atlanta for capacity building c. In-country technical assistance for malaria control activities by FETP program d. CDC/MERTU Guatemalan staff to extend TA to Spanish speaking AMI countries as needed	a. CDC staff traveled to Brazil and began providing TA to FETP fellow and malaria control program and continued to provide TA via email	None	Began CDC malaria - Brazil FUNASA relationship



**Pan American
Health
Organization**

Regional Office of the
World Health Organization

Celebrating 100 years of Health

Annex I

IN REPLY REFER TO: ABU/REP-453-02

26 October 2002

Agency for International Development
Office of Financial Management
M/FM/CMP/GIB Attn.: Letter of Credit
Room 7.07-110, RRB, 1300
Ronald Reagan Building
1300 Pennsylvania Avenue, NW
Washington, D.C. 20523-7700

Ref.: USAID/PAHO Award No. LAC-G-00-99-00008-00

Gentlemen:

... Enclosed are standard forms 269A and 1035 as well as our Financial Reports, which reflect cumulative life-of-project data and highlight financial activity for the period 1 July – 30 September 2002, on Grant LAC-G-00-99-00008-00.

Should you have any questions on these statements, please contact Nancy Cabezas at 202/974-3397.

We thank you for your continued support to this program.

Sincerely,

Román Sotela, Chief
Budget and Reports

... Attachments

cc: Ms. Susan Bacheller
Grant Manager
1300 Pennsylvania Ave. N.W. Rm 5.09-100
Washington, D.C. 20523

PHN Officer
USAID, LAC/RSD-PHN
1300 Pennsylvania Ave. NW
Washington, D.C. 20523

PWR – El Salvador
HCP (Gloria Morales)



1300 Pennsylvania Ave. N.W. Washington, D.C. 20523-7700

http://www.paho.org

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organization Element to Which Report is Submitted Agency for International Development	2. Federal Grant or Other Identifying Number Assigned by Federal Agency LAC-G-00-99-00008-00	OMB Approval No. 0348-0039	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address, including ZIP code)
 Pan American Health Organization
 525 23rd Street, N.W.
 Washington, D.C. 20037

4. Employer Identification Number N/A	5. Recipient Account Number or Identifying Number OCD-060/PG SERIES	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
--	--	--	---

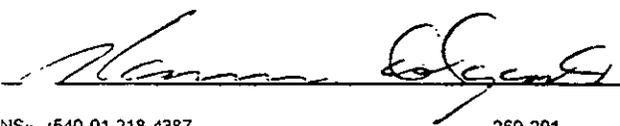
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 07-01-99	To: (Month, Day, Year) 09-30-02	9. Period Covered by this Report From: (Month, Day, Year) 07/01/2002	To: (Months, Day, Year) 09/30/2002
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10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	2,626,305	362,222	2,988,527
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	2,626,305	362,222	2,988,527
d. Total unliquidated obligations			667,684
e. Recipient of unliquidated obligations			0
f. Federal share of unliquidated obligations			667,684
g. Total Federal share (Sum of lines c and f)			3,656,211
h. Total Federal funds authorized for this funding period			5,210,000
i. Unobligated balance of Federal funds (Line h minus line g)			1,553,789

11 Indirect Expense	a. Type of Rate (Place "X" in appropriate box)			
	<input type="checkbox"/> Variable	<input type="checkbox"/> Predetermined	<input type="checkbox"/> Final	<input type="checkbox"/> Fixed
	b. Rate 13%	c. Base 320,550	d. Total Amount 41,672	e. Federal Share 41,672

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing Legislation.

13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

Typed or Printed Name and Title: Roman Sotela, Chief, Budget and Reports	Telephone (Area code, number and extension) (202) 974-3290
Signature of Authorized Certifying Official 	Date Report Submitted 24 October 2002

STANDARD FORM 1035 September 1973 4 Treasury FRM 2000 1035-110	PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL	VOUCHER NO
		SCHEDULE NO
		SHEET NO

U.S. DEPARTMENT BUREAU, OR ESTABLISHMENT

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN- TITY	UNIT PRICE		AMOUNT
				COST	PER	

DETAIL OF EXPENDITURES
PERIOD 1 JULY - 30 SEPTEMBER 2002
LAC-G-00-99-0008-00
GRANT PERIOD: 1 JULY 1999 TO 30 SEPTEMBER 2002
ESTIMATED AMOUNT: US\$ 6,500,000

PAN AMERICAN HEALTH ORGANIZATION
 Department of Economic and Finance
 Official Financial Report

PROJECT TITLE: ANTIMICROBIAL RESISTANCE IN THE AMERICAS
 GRANTOR: U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
 GRANTOR ID NUMBER: LAC G-00-99-00008-00
 GRANT PERIOD: 01 JULY 1999 - 30 SEPTEMBER 2004
 COMMITMENT AMOUNT: U.S. \$ 6,500,000
 PROJECT REFERENCE: OCD-060/PG SERIES
 GRANT NUMBER: 002081

STATEMENT OF BUDGET AND DISBURSEMENTS
 PERIOD 1 JULY - 30 SEPTEMBER 2002
 (Expressed in US Dollars)
 CONSOLIDATED

EXPENDITURE CATEGORY	AMOUNT ALLOTTED	DISBURSEMENTS			UNLIQUIDATED OBLIGATIONS	ALLOTMENT BALANCE
		PRIOR	THIS PERIOD	TOTAL		
0101 QUALITY DATA AVAILABLE ON INFECTIOUS AGENTS	376,102	190,233	40,017	230,250	74,640	71,212
0102 TRAINED LABORATORY PERSONNEL	210,130	106,463	23,560	130,023	45,084	35,023
0103 QUALITY CONTROL SYSTEM FOR ANTIBIOTIC TESTING	219,231	186,199	(569)	185,630	26,027	7,574
0104 IMPROVE CAPACITY INTERPRENEUR DATA RESPONSE	34,688	21,817	4,868	26,685	5,734	2,269
0105 DRUG RESISTANCE INF. ANALYZED & DISSEMINATED	141,605	130,968	(26,721)	104,247	33,415	3,943
01 DETERMINATION MAGNITUDE ANTIMICROBIAL RESISTANCE	991,756	638,680	41,166	679,846	184,900	120,021
0201 DATA AVAILABLE ON CURRENT POLICIES	182,027	73,206	0	73,206	7,064	101,757
0202 POLICIES & REGULATIONS BASED ACCURATE KNOWLEDGE	200,972	86,916	24,668	111,582	30,556	58,784
0203 INCREASE AWARENESS RISK ANTIMICROBIAL RESISTANCE	142,198	31,201	11,651	42,852	6,846	92,700
0204 APPROACHES RATIONAL USE ANTIMICROBIAL DRUGS	0	0	0	0	0	0
0205 BEST PRACTICE & GUIDELINES DISSEMINATION	90,000	9,853	0	9,853	6,275	73,872
02 IMPROVE APPROACHES ANTIMICROBIAL RESISTANCE	615,147	201,176	36,317	237,493	60,641	327,113
1001 HEADQUARTERS (NIVEL CENTRAL)	232,996	196,960	32,802	229,762	3,234	0
1002 DEPARTMENTAL	267,827	192,493	39,758	232,251	35,576	0
1003 OTHER INSTITUTIONS (INGO)	4,987	4,987	0	4,987	0	0
10 TRAINING (CAPACITACION)	505,810	394,440	72,560	467,000	39,810	0
2001 SUPPORT AT NATIONAL LEVEL	178,792	136,496	1,772	138,268	40,524	0
2002 SUPPORT AT LOCAL LEVEL	208,591	148,357	1,143	149,500	26,104	32,967
20 LABORATORY STRENGTHENING (ASIST. DE LAB)	387,383	284,853	2,916	287,769	66,628	32,887
3001 TRANSPORTATION	40,480	34,423	1,651	36,074	349	4,057
3002 DATA MANAGEMENT / AUDIOVISUAL MATERIAL	120,000	114,363	113	114,476	2,486	3,038
3003 OFFICE SUPPLIES - HEADQUARTERS	2,849	2,849	0	2,849	0	0
3004 OFFICE SUPPLIES (LOCAL LEVELS)	2,628	0	0	0	2,628	0
30 MONITORING INFORMATION (SUPERVISION/INF.)	185,857	161,636	1,784	163,399	5,463	7,086
4001 PREVALENCE STUDIES ON TB - HIV/AIDS	79,204	26,753	13,416	40,169	39,035	0
40 OPERATIONAL RESEARCH (INVESTIGACION / OPERACION)	79,204	26,753	13,416	40,169	39,035	0
5001 DOTS STRATEGY	75,781	75,112	669	75,781	0	0
5002 PREPARATION OF INSTRUCTIONAL PROM MATERIAL	470,311	451,030	4,056	455,086	15,225	0
50 HEALTH PROMOTION (PROMOCION SALUD)	546,092	528,142	4,726	532,867	18,226	0
6001 SURVEILLANCE (IR 1)	974,966	48,783	94,584	144,347	189,279	601,340
6002 TOOLS (IR 2)	35,966	5,005	1,137	6,142	96	29,729
6003 PARTNERSHIP DEVELOPMENT (IR 3)	318,336	48,697	51,897	100,594	20,896	196,746
60 MALARIA	1,329,268	103,485	147,609	251,094	180,270	607,816
99 PROGRAM SUPPORT COSTS	599,383	302,141	41,672	343,813	76,812	178,768
TOTAL	5,210,000	2,826,306	382,222	2,988,627	687,684	1,553,789

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PAN AMERICAN HEALTH ORGANIZATION

Department of Budget and Finance

Official Financial Report

PROJECT TITLE: ANTIMICROBIAL RESISTANCE IN THE AMERICAS
 GRANTOR: U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
 GRANTOR ID NUMBER: LAC-G 00-99-0008-00
 GRANT PERIOD: 01 JULY 1999 - 30 SEPTEMBER 2004
 COMMITMENT AMOUNT: U.S \$ 6,500,000
 PROJECT REFERENCE: ICP/MCP.OCD-60/PG
 GRANT NUMBER: 002081

STATEMENT OF BUDGET AND DISBURSEMENTS

PERIOD 1 JULY - 30 SEPTEMBER 2002

(Expressed in US Dollars)

ICP/MCP.OCD-60/PG

EXPENDITURE CATEGORY	AMOUNT ALLOTTED	DISBURSEMENTS			UNLIQUIDATED OBLIGATIONS	ALLOTMENT BALANCE
		PRIOR	THIS PERIOD	TOTAL		
0101 QUALITY DATA AVAIL ON INFECTIOUS AGENTS	248,994	186,702	9,824	196,526	46,959	5,509
0102 TRAINED LABORATORY PERSONNEL	127,006	96,751	6,667	103,418	23,519	69
0103 QUALITY CONTROL SYSTEM FOR ANTIBIOTIC TESTING	219,231	186,199	(569)	185,630	26,027	7,574
0104 IMPROVE CAPACITY INTERPRENEUR DATA RESPONSE	34,688	21,817	4,868	26,685	5,734	2,269
0105 DRUG RESISTANCE INF. ANALYZED & DISSEMINATED	141,605	130,968	126,721	104,247	33,415	3,943
01 DETERMINATION MAGNITUD ANTIMICROBIAL RESISTANCE	771,524	622,437	(5,831)	616,506	135,654	19,364
0201 DATA AVAILABLE ON CURRENT POLICIES	182,027	73,206	0	73,206	7,064	101,757
0202 POLICIES & REGULATIONS BASED ACCURATE KNOWLEDGE	198,440	84,520	24,580	109,100	30,556	58,784
0203 INCREASE AWARENESS RISK ANTIMICROBIAL RESISTANCE	85,000	27,258	12	27,270	175	57,555
0204 APPROACHES RATIONAL USE ANTIMICROBIAL DRUGS	0	0	0	0	0	0
0205 BEST PRACTICE & GUIDELINES DISSEMINATION	90,000	9,853	0	9,853	6,275	73,872
02 IMPREMENT APPROACHES ANTIMICROBIAL RESISTANCE	655,467	194,837	24,592	219,429	44,070	291,868
1001 HEADQUARTERS (NIVEL CENTRAL)	0	0	0	0	0	0
1002 DEPARTAMENTAL	0	0	0	0	0	0
1003 OTHER INSTITUTIONS (NGO)	0	0	0	0	0	0
10 TRAINING (CAPACITACION)	0	0	0	0	0	0
2001 SUPPORT AT NATIONAL LEVEL	0	0	0	0	0	0
2002 SUPPORT AT LOCAL LEVEL	0	0	0	0	0	0
20 LABORATORY STRENGTHENING (ASIST DE LAB)	0	0	0	0	0	0
3001 TRANSPORTATION	0	0	0	0	0	0
3002 DATA MANAGEMENT / AUDIOVISUAL MATERIAL	0	0	0	0	0	0
3003 OFFICE SUPPLIES - HEADQUARTERS	0	0	0	0	0	0
3004 OFFICE SUPPLIES LOCAL LEVELS	0	0	0	0	0	0
30 MONITORING INFORMATION (SUPERVISION/INF.)	0	0	0	0	0	0
4001 PREVALENCE STUDIES ON TB - HIV/AIDS	0	0	0	0	0	0
40 OPERATIONAL RESEARCH (INVESTIGACION /OPERACION)	0	0	0	0	0	0
5001 DOTS STRATEGY	0	0	0	0	0	0
5002 PREPARATION OF INSTRUCTIONAL PROM MATERIAL	0	0	0	0	0	0
60 HEALTH PROMOTION (PROMOCION SALUD)	0	0	0	0	0	0
6001 SURVEILLANCE (IR 1)	0	0	0	0	0	0
6002 TOOLS (IR 2)	0	0	0	0	0	0
6003 PARTNERSHIP DEVELOPMENT (IR 3)	0	0	0	0	0	0
60 MALARIA	0	0	0	0	0	0
99 PROGRAM SUPPORT COSTS	172,509	106,246	2,426	108,672	23,364	40,473
TOTAL	1,499,500	923,520	21,087	944,607	203,088	351,805

Washington D.C. 24 October 2002

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PAN AMERICAN HEALTH ORGANIZATION

Department of Budget and Finance

Official Financial Report

PROJECT TITLE: ANTIMICROBIAL RESISTANCE IN THE AMERICAS
 GRANTOR: U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
 GRANTOR ID NUMBER: LAC G-00-99 0008-00
 GRANT PERIOD: 01 JULY 1999 30 SEPTEMBER 2004
 COMMITMENT AMOUNT: U.S. \$ 6,500,000
 PROJECT REFERENCE: ICP-TUB-060/PG
 GRANT NUMBER: 002081

STATEMENT OF BUDGET AND DISBURSEMENTS

PERIOD 1 JULY 30 SEPTEMBER 2002

(Expressed in US Dollars)

ICP-TUB 060/PG

EXPENDITURE CATEGORY		AMOUNT ALLOTTED	DISBURSEMENTS		UNLIQUIDATED OBLIGATIONS	ALLOTMENT BALANCE
			PRIOR	THIS PERIOD	TOTAL	
0101	QUALITY DATA AVAIL ON INFECTIOUS AGENTS	0	0	0	0	0
0102	TRAINED LABORATORY PERSONNEL	30,000	0	5,677	5,677	370
0103	QUALITY CONTROL SYSTEM FOR ANTIBIOTIC TESTING	0	0	0	0	0
0104	IMPROVE CAPACITY INTERPRENEUR DATA RESPONSE	0	0	0	0	0
0105	DRUG RESISTANCE INF. ANALYZED & DISSEMINATED	0	0	0	0	0
01	DETERMINATION MAGNITUD ANTIMICROBIAL RESISTANCE	30,000	0	5,677	5,677	370
0201	DATA AVAILABLE ON CURRENT POLICIES	0	0	0	0	0
0202	POLICIES & REGULATIONS BASED ACCURATE KNOWLEDGE	0	0	0	0	0
0203	INCREASE AWARENESS RISK ANTIMICROBIAL RESISTANCE	25,000	2,627	10,569	13,196	283
0204	APPROACHES RATIONAL USE ANTIMICROBIAL DRUGS	0	0	0	0	0
0205	BEST PRACTICE & GUIDELINES DISSEMINATION	0	0	0	0	0
02	IMPREMENT APPROACHES ANTIMICROBIAL RESISTANCE	25,000	2,627	10,569	13,196	283
1001	HEADQUARTERS (NIVEL CENTRAL)	0	0	0	0	0
1002	DEPARTMENTAL	0	0	0	0	0
1003	OTHER INSTIITUTIONS (NGO)	0	0	0	0	0
10	TRAINING (CAPACITACION)	0	0	0	0	0
2001	SUPPORT AT NATIONAL LEVEL	0	0	0	0	0
2002	SUPPORT AT LOCAL LEVEL	0	0	0	0	0
20	LABORATORY STRENGTHENING (ASIST DE LAB)	0	0	0	0	0
3001	TRANSPORTATION	0	0	0	0	0
3002	DATA MANAGEMENT / AUDIOVISUAL MATERIAL	0	0	0	0	0
3003	OFFICE SUPPLIES - HEADQUARTERS	0	0	0	0	0
3004	OFFICE SUPPLIES LOCAL LEVELS	0	0	0	0	0
30	MONITORING INFORMATION (SUPERVISION/INF.)	0	0	0	0	0
4001	PREVALENCE STUDIES ON TB - HIV/AIDS	0	0	0	0	0
40	OPERATIONAL RESEARCH (INVESTIGACION /OPERACION)	0	0	0	0	0
5001	DOTS STRATEGY	0	0	0	0	0
5002	PREPARATION OF INSTRUCTIONAL PROM MATERIAL	0	0	0	0	0
60	HEALTH PROMOTION (PROMOCION SALUD)	0	0	0	0	0
6001	SURVEILLANCE (IR 1)	0	0	0	0	0
6002	TOOLS (IR 2)	0	0	0	0	0
6003	PARNERSHIP DEVELOPMENT (IR 3)	0	0	0	0	0
60	MALARIA	0	0	0	0	0
90	PROGRAM SUPPORT COSTS	7,160	342	2,112	2,464	86
	TOTAL	62,160	2,969	18,368	21,327	738

PAN AMERICAN HEALTH ORGANIZATION

Department of Budget and Finance

Official Financial Report

PROJECT TITLE: ANTIMICROBIAL RESISTANCE IN THE AMERICAS
 GRANTOR: U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
 GRANTOR ID NUMBER: LAC-G-00-99-0008-00
 GRANT PERIOD: 01 JULY 1999 - 30 SEPTEMBER 2004
 COMMITMENT AMOUNT: U.S.\$ 6,500,000
 PROJECT REFERENCE: BOL-TUB-060/PG
 GRANT NUMBER: 002081

STATEMENT OF BUDGET AND DISBURSEMENTS
 PERIOD 1 JULY - 30 SEPTEMBER 2002
 (Expressed in US Dollars)
 BOL-TUB-060/PG

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	EXPENDITURE CATEGORY	AMOUNT ALLOTTED	DISBURSEMENTS			UNLIQUIDATED OBLIGATIONS	ALLOTMENT BALANCE
			PRIOR	THIS PERIOD	TOTAL		
0101	QUALITY DATA AVAIL ON INFECTIOUS AGENTS	0	0	0	0	0	0
0102	TRAINED LABORATORY PERSONNEL	0	0	0	0	0	0
0103	QUALITY CONTROL SYSTEM FOR ANTIBIOTIC TESTING	0	0	0	0	0	0
0104	IMPROVE CAPACITY INTERPRENEUR DATA RESPONSE	0	0	0	0	0	0
0105	DRUG RESISTANCE INF. ANALYZED & DISSEMINATED	0	0	0	0	0	0
01	DETERMINATION MAGNITUD ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
0201	DATA AVAILABLE ON CURRENT POLICIES	0	0	0	0	0	0
0202	POLICIES & REGULATIONS BASED ACCURATE KNOWLEDGE	0	0	0	0	0	0
0203	INCREASE AWARENESS RISK ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
0204	APPROACHES RATIONAL USE ANTIMICROBIAL DRUGS	0	0	0	0	0	0
0205	BEST PRACTICE & GUIDELINES DISSEMINATION	0	0	0	0	0	0
02	IMPREMENT APPROACHES ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
1001	HEADQUARTERS (NIVEL CENTRAL)	0	0	0	0	0	0
1002	DEPARTAMENTAL	0	0	0	0	0	0
1003	OTHER INSTITUTIONS (NGO)	0	0	0	0	0	0
10	TRAINING (CAPACITACION)	0	0	0	0	0	0
2001	SUPPORT AT NATIONAL LEVEL	0	0	0	0	0	0
2002	SUPPORT AT LOCAL LEVEL	0	0	0	0	0	0
20	LABORATORY STRENGTHENING (ASIST DE LAB)	0	0	0	0	0	0
3001	TRANSPORTATION	0	0	0	0	0	0
3002	DATA MANAGEMENT / AUDIOVISUAL MATERIAL	0	0	0	0	0	0
3003	OFFICE SUPPLIES - HEADQUARTERS	0	0	0	0	0	0
3004	OFFICE SUPPLIES LOCAL LEVELS	0	0	0	0	0	0
30	MONITORING INFORMATION (SUPERVISION/INF.)	0	0	0	0	0	0
4001	PREVALENCE STUDIES ON TB - HIV/AIDS	54,801	6,850	13,416	20,266	34,535	0
40	OPERATIONAL RESEARCH (INVESTIGACION /OPERACION)	54,801	6,850	13,416	20,266	34,535	0
5001	DOTS STRATEGY	0	0	0	0	0	0
5002	PREPARATION OF INSTRUCTIONAL PROM MATERIAL	0	0	0	0	0	0
50	HEALTH PROMOTION (PROMOCION SALUD)	0	0	0	0	0	0
6001	SURVEILLANCE (IR 1)	106,261	17,830	19,234	37,064	68,056	1,141
6002	TOOLS (IR 2)	0	0	0	0	0	0
6003	PARNERSHIP DEVELOPMENT (IR 3)	0	0	0	0	0	0
60	MALARIA	106,261	17,830	19,234	37,064	68,056	1,141
99	PROGRAM SUPPORT COSTS	20,938	3,208	4,245	7,453	13,337	148
	TOTAL	182,000	27,888	36,895	64,783	115,928	1,289

Washington D.C. 24 October 2002

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PAN AMERICAN HEALTH ORGANIZATION

Department of Budget and Finance

Official Financial Report

PROJECT TITLE: ANTIMICROBIAL RESISTANCE IN THE AMERICAS
 GRANTOR: U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
 GRANTOR ID NUMBER: LAC G-00-99 0008-00
 GRANT PERIOD: 01 JULY 1999 - 30 SEPTEMBER 2004
 COMMITMENT AMOUNT: U.S.\$ 6,500,000
 PROJECT REFERENCE: DOR-TUB 060/PG
 GRANT NUMBER: 002081

STATEMENT OF BUDGET AND DISBURSEMENTS

PERIOD 1 JULY - 30 SEPTEMBER 2002

(Expressed in US Dollars)

DOR-TUB-060/PG

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EXPENDITURE CATEGORY	AMOUNT ALLOTTED	DISBURSEMENTS			UNLIQUIDATED OBLIGATIONS	ALLOTMENT BALANCE
		PRIOR	THIS PERIOD	TOTAL		
0101 QUALITY DATA AVAIL ON INFECTIOUS AGENTS	31,674	1,237	21,982	23,219	8,455	0
0102 TRAINED LABORATORY PERSONNEL	9,736	5,461	4,275	9,736	0	0
0103 QUALITY CONTROL SYSTEM FOR ANTIBIOTIC TESTING	0	0	0	0	0	0
0104 IMPROVE CAPACITY INTERPRENEUR DATA RESPONSE	0	0	0	0	0	0
0105 DRUG RESISTANCE INF. ANALYZED & DISSEMINATED	0	0	0	0	0	0
01 DETERMINATION MAGNITUD ANTIMICROBIAL RESISTANCE	41,410	6,698	26,257	32,955	8,455	0
0201 DATA AVAILABLE ON CURRENT POLICIES	0	0	0	0	0	0
0202 POLICIES & REGULATIONS BASED ACCURATE KNOWLEDGE	2,482	2,396	86	2,482	0	0
0203 INCREASE AWARENESS RISK ANTIMICROBIAL RESISTANCE	6,108	0	0	0	0	6,108
0204 APPROACHES RATIONAL USE ANTIMICROBIAL DRUGS	0	0	0	0	0	0
0205 BEST PRACTICE & GUIDELINES DISSEMINATION	0	0	0	0	0	0
02 IMPREMENT APPROACHES ANTIMICROBIAL RESISTANCE	8,590	2,396	86	2,482	0	6,108
1001 HEADQUARTERS (NIVEL CENTRAL)	0	0	0	0	0	0
1002 DEPARTAMENTAL	0	0	0	0	0	0
1003 OTHER INSTITUTIONS (NGO)	0	0	0	0	0	0
10 TRAINING (CAPACITACION)	0	0	0	0	0	0
2001 SUPPORT AT NATIONAL LEVEL	0	0	0	0	0	0
2002 SUPPORT AT LOCAL LEVEL	0	0	0	0	0	0
20 LABORATORY STRENGTHENING (ASIST DE LAB)	0	0	0	0	0	0
3001 TRANSPORTATION	0	0	0	0	0	0
3002 DATA MANAGEMENT / AUDIOVISUAL MATERIAL	0	0	0	0	0	0
3003 OFFICE SUPPLIES - HEADQUARTERS	0	0	0	0	0	0
3004 OFFICE SUPPLIES LOCAL LEVELS	0	0	0	0	0	0
30 MONITORING INFORMATION (SUPERVISION/INF.)	0	0	0	0	0	0
4001 PREVALENCE STUDIES ON TB - HIV/AIDS	0	0	0	0	0	0
40 OPERATIONAL RESEARCH (INVESTIGACION /OPERACION)	0	0	0	0	0	0
5001 DOTS STRATEGY	0	0	0	0	0	0
5002 PREPARATION OF INSTRUCTIONAL PROM MATERIAL	0	0	0	0	0	0
60 HEALTH PROMOTION (PROMOCION SALUD)	0	0	0	0	0	0
6001 SURVEILLANCE (IR 1)	0	0	0	0	0	0
6002 TOOLS (IR 2)	0	0	0	0	0	0
6003 PARTNERSHIP DEVELOPMENT (IR 3)	0	0	0	0	0	0
60 MALARIA	0	0	0	0	0	0
99 PROGRAM SUPPORT COSTS	6,500	1,182	3,425	4,607	1,088	704
TOTAL	68,500	10,276	29,768	40,044	9,544	6,802

PAN AMERICAN HEALTH ORGANIZATION

Department of Budget and Finance
Official Financial Report

PROJECT TITLE: ANTIMICROBIAL RESISTANCE IN THE AMERICAS
GRANTOR: U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
GRANTOR ID NUMBER: LAC-G-00-99-0008-00
GRANT PERIOD: 01 JULY 1999 - 30 SEPTEMBER 2004
COMMITMENT AMOUNT: U.S \$ 6,500,000
PROJECT REFERENCE: ELS-TUB-060/PG
GRANT NUMBER: 002081

STATEMENT OF BUDGET AND DISBURSEMENTS
PERIOD 1 JULY - 30 SEPTEMBER 2002
(Expressed in US Dollars)
ELS-TUB-060/PG

EXPENDITURE CATEGORY	AMOUNT ALLOTTED	DISBURSEMENTS			UNLIQUIDATED OBLIGATIONS	ALLOTMENT BALANCE
		PRIOR	THIS PERIOD	TOTAL		
0101 QUALITY DATA AVAIL ON INFECTIOUS AGENTS	0	0	0	0	0	0
0102 TRAINED LABORATORY PERSONNEL	0	0	0	0	0	0
0103 QUALITY CONTROL SYSTEM FOR ANTIBIOTIC TESTING	0	0	0	0	0	0
0104 IMPROVE CAPACITY INTERPRENEUR DATA RESPONSE	0	0	0	0	0	0
0105 DRUG RESISTANCE INF. ANALYZED & DISSEMINATED	0	0	0	0	0	0
01 DETERMINATION MAGNITUD ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
0201 DATA AVAILABLE ON CURRENT POLICIES	0	0	0	0	0	0
0202 POLICIES & REGULATIONS BASED ACCURATE KNOWLEDGE	0	0	0	0	0	0
0203 INCREASE AWARENESS RISK ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
0204 APPROACHES RATIONAL USE ANTIMICROBIAL DRUGS	0	0	0	0	0	0
0205 BEST PRACTICE & GUIDELINES DISSEMINATION	0	0	0	0	0	0
02 IMPREMENT APPROACHES ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
1001 HEADQUARTERS (NIVEL CENTRAL)	232,996	196,960	32,802	229,762	3,234	0
1002 DEPARTAMENTAL	267,827	192,493	39,758	232,251	35,576	0
1003 OTHER INSTITUTIONS (INGO)	4,987	4,987	0	4,987	0	0
10 TRAINING (CAPACITACION)	505,810	394,440	72,560	467,000	38,810	0
2001 SUPPORT AT NATIONAL LEVEL	178,792	136,496	1,772	138,268	40,524	0
2002 SUPPORT AT LOCAL LEVEL	208,591	148,357	1,143	149,500	26,104	32,987
20 LABORATORY STRENGTHENING (ASIST DE LAB)	387,383	284,853	2,915	287,768	66,628	32,987
3001 TRANSPORTATION	40,480	34,423	1,651	36,074	349	4,057
3002 DATA MANAGEMENT / AUDIOVISUAL MATERIAL	120,000	114,363	113	114,476	2,486	3,038
3003 OFFICE SUPPLIES - HEADQUARTERS	2,849	2,849	0	2,849	0	0
3004 OFFICE SUPPLIES LOCAL LEVELS	2,628	0	0	0	2,628	0
30 MONITORING INFORMATION (SUPERVISION/INF.)	165,957	151,635	1,764	153,399	5,483	7,095
4001 PREVALENCE STUDIES ON TB - HIV/AIDS	24,403	19,903	0	19,903	4,500	0
40 OPERATIONAL RESEARCH (INVESTIGACION /OPERACION)	24,403	19,903	0	19,903	4,500	0
5001 DOTS STRATEGY	75,781	75,112	669	75,781	0	0
5002 PREPARATION OF INSTRUCTIONAL PROM MATERIAL	470,311	451,030	4,056	455,086	15,225	0
50 HEALTH PROMOTION (PROMOCION SALUD)	545,092	526,142	4,725	530,867	15,225	0
6001 SURVEILLANCE (IR 1)	0	0	0	0	0	0
6002 TOOLS (IR 2)	0	0	0	0	0	0
6003 PARTNERSHIP DEVELOPMENT (IR 3)	0	0	0	0	0	0
60 MALARIA	0	0	0	0	0	0
99 PROGRAM SUPPORT COSTS	211,854	179,006	10,656	189,662	16,981	5,211
TOTAL	1,841,499	1,555,979	92,620	1,648,599	147,607	45,293

Washington D.C. 24 October 2002

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PAN AMERICAN HEALTH ORGANIZATION

Department of Budget and Finance

Official Financial Report

PROJECT TITLE: ANTIMICROBIAL RESISTANCE IN THE AMERICAS
 GRANTOR: U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
 GRANTOR ID NUMBER: LAC-G-00 99-0008-00
 GRANT PERIOD: 01 JULY 1999 - 30 SEPTEMBER 2004
 COMMITMENT AMOUNT: U.S.\$ 6,500,000
 PROJECT REFERENCE: GUT-TUB-060/PG
 GRANT NUMBER: 002081

STATEMENT OF BUDGET AND DISBURSEMENTS

PERIOD 1 JULY - 30 SEPTEMBER 2002

(Expressed in US Dollars)

GUT-TUB-060/PG

EXPENDITURE CATEGORY	AMOUNT ALLOTTED	DISBURSEMENTS			UNLIQUIDATED OBLIGATIONS	ALLOTMENT BALANCE
		PRIOR	THIS PERIOD	TOTAL		
0101 QUALITY DATA AVAIL ON INFECTIOUS AGENTS	17,000	279	708	987	16,011	2
0102 TRAINED LABORATORY PERSONNEL	5,910	2,701	3,121	5,822	87	1
0103 QUALITY CONTROL SYSTEM FOR ANTIBIOTIC TESTING	0	0	0	0	0	0
0104 IMPROVE CAPACITY INTERPRENEUR DATA RESPONSE	0	0	0	0	0	0
0105 DRUG RESISTANCE INF. ANALYZED & DISSEMINATED	0	0	0	0	0	0
01 DETERMINATION MAGNITUD ANTIMICROBIAL RESISTANCE	22,910	2,980	3,829	6,809	16,098	3
0201 DATA AVAILABLE ON CURRENT POLICIES	0	0	0	0	0	0
0202 POLICIES & REGULATIONS BASED ACCURATE KNOWLEDGE	0	0	0	0	0	0
0203 INCREASE AWARENESS RISK ANTIMICROBIAL RESISTANCE	7,090	0	1,070	1,070	6,020	0
0204 APPROACHES RATIONAL USE ANTIMICROBIAL DRUGS	0	0	0	0	0	0
0205 BEST PRACTICE & GUIDELINES DISSEMINATION	0	0	0	0	0	0
02 IMPREMENT APPROACHES ANTIMICROBIAL RESISTANCE	7,090	0	1,070	1,070	6,020	0
1001 HEADQUARTERS (NIVEL CENTRAL)	0	0	0	0	0	0
1002 DEPARTAMENTAL	0	0	0	0	0	0
1003 OTHER INSTITUTIONS (INGO)	0	0	0	0	0	0
10 TRAINING (CAPACITACION)	0	0	0	0	0	0
2001 SUPPORT AT NATIONAL LEVEL	0	0	0	0	0	0
2002 SUPPORT AT LOCAL LEVEL	0	0	0	0	0	0
20 LABORATORY STRENGTHENING (ASIST DE LAB)	0	0	0	0	0	0
3001 TRANSPORTATION	0	0	0	0	0	0
3002 DATA MANAGEMENT / AUDIOVISUAL MATERIAL	0	0	0	0	0	0
3003 OFFICE SUPPLIES - HEADQUARTERS	0	0	0	0	0	0
3004 OFFICE SUPPLIES LOCAL LEVELS	0	0	0	0	0	0
30 MONITORING INFORMATION (SUPERVISION/INF.)	0	0	0	0	0	0
4001 PREVALENCE STUDIES ON TB - HIV/AIDS	0	0	0	0	0	0
40 OPERATIONAL RESEARCH (INVESTIGACION /OPERACION)	0	0	0	0	0	0
5001 DOTS STRATEGY	0	0	0	0	0	0
5002 PREPARATION OF INSTRUCTIONAL PROM MATERIAL	0	0	0	0	0	0
50 HEALTH PROMOTION (PROMOCION SALUD)	0	0	0	0	0	0
6001 SURVEILLANCE (IR 1)	0	0	0	0	0	0
6002 TOOLS (IR 2)	0	0	0	0	0	0
6003 PARTNERSHIP DEVELOPMENT (IR 3)	0	0	0	0	0	0
60 MALARIA	0	0	0	0	0	0
89 PROGRAM SUPPORT COSTS	3,800	387	637	1,024	2,876	1
TOTAL	33,900	3,367	6,536	8,903	24,893	4

PAN AMERICAN HEALTH ORGANIZATION

Department of Budget and Finance

Official Financial Report

PROJECT TITLE: ANTIMICROBIAL RESISTANCE IN THE AMERICAS
 GRANTOR: U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
 GRANTOR ID NUMBER: LAC G 00-99 0008-00
 GRANT PERIOD: 01 JULY 1999 30 SEPTEMBER 2004
 COMMITMENT AMOUNT: U.S.\$ 6,500,000
 PROJECT REFERENCE: PAR-TUB-060/PG
 GRANT NUMBER: 002081

STATEMENT OF BUDGET AND DISBURSEMENTS

PERIOD 1 JULY - 30 SEPTEMBER 2002

(Expressed in US Dollars)

PAR TUB-060/PG

EXPENDITURE CATEGORY	AMOUNT ALLOTTED	DISBURSEMENTS			UNLIQUIDATED OBLIGATIONS	ALLOTMENT BALANCE
		PRIOR	THIS PERIOD	TOTAL		
0101 QUALITY DATA AVAIL ON INFECTIOUS AGENTS	39,412	1,413	0	1,413	2,230	35,769
0102 TRAINED LABORATORY PERSONNEL	11,000	0	0	0	0	11,000
0103 QUALITY CONTROL SYSTEM FOR ANTIBIOTIC TESTING	0	0	0	0	0	0
0104 IMPROVE CAPACITY INTERPRENEUR DATA RESPONSE	0	0	0	0	0	0
0105 DRUG RESISTANCE INF ANALYZED & DISSEMINATED	0	0	0	0	0	0
01 DETERMINATION MAGNITUD ANTIMICROBIAL RESISTANCE	50,412	1,413	0	1,413	2,230	46,769
0201 DATA AVAILABLE ON CURRENT POLICIES	0	0	0	0	0	0
0202 POLICIES & REGULATIONS BASED ACCURATE KNOWLEDGE	0	0	0	0	0	0
0203 INCREASE AWARENESS RISK ANTIMICROBIAL RESISTANCE	9,500	0	0	0	0	9,500
0204 APPROACHES RATIONAL USE ANTIMICROBIAL DRUGS	0	0	0	0	0	0
0205 BEST PRACTICE & GUIDELINES DISSEMINATION	0	0	0	0	0	0
02 IMPREMENT APPROACHES ANTIMICROBIAL RESISTANCE	9,500	0	0	0	0	9,500
1001 HEADQUARTERS (NIVEL CENTRAL)	0	0	0	0	0	0
1002 DEPARTAMENTAL	0	0	0	0	0	0
1003 OTHER INSTITUTIONS (NGO)	0	0	0	0	0	0
10 TRAINING (CAPACITACION)	0	0	0	0	0	0
2001 SUPPORT AT NATIONAL LEVEL	0	0	0	0	0	0
2002 SUPPORT AT LOCAL LEVEL	0	0	0	0	0	0
20 LABORATORY STRENGTHENING (ASIST DE LAB)	0	0	0	0	0	0
3001 TRANSPORTATION	0	0	0	0	0	0
3002 DATA MANAGEMENT / AUDIOVISUAL MATERIAL	0	0	0	0	0	0
3003 OFFICE SUPPLIES - HEADQUARTERS	0	0	0	0	0	0
3004 OFFICE SUPPLIES LOCAL LEVELS	0	0	0	0	0	0
30 MONITORING INFORMATION (SUPERVISION INF.)	0	0	0	0	0	0
4001 PREVALENCIE STUDIES ON TB - HIV/AIDS	0	0	0	0	0	0
40 OPERATIONAL RESEARCH (INVESTIGACION OPERACION)	0	0	0	0	0	0
5001 DOTS STRATEGY	0	0	0	0	0	0
5002 PREPARATION OF INSTRUCTIONAL PROM MATERIAL	0	0	0	0	0	0
50 HEALTH PROMOTION (PROMOCION SALUD)	0	0	0	0	0	0
6001 SURVEILLANCE (IR 1)	0	0	0	0	0	0
6002 TOOLS (IR 2)	0	0	0	0	0	0
6003 PARTNERSHIP DEVELOPMENT (IR 3)	0	0	0	0	0	0
60 MALARIA	0	0	0	0	0	0
99 PROGRAM SUPPORT COSTS	7,789	184	0	184	290	7,315
TOTAL	67,701	1,697	0	1,697	2,620	63,584

Washington D.C. 24 October 2002

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PAN AMERICAN HEALTH ORGANIZATION

Department of Budget and Finance
Official Financial Report

PROJECT TITLE: ANTIMICROBIAL RESISTANCE IN THE AMERICAS
GRANTOR: U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
GRANTOR ID NUMBER: LAC G-00 99 0008 00
GRANT PERIOD: 01 JULY 1999 - 30 SEPTEMBER 2004
COMMITMENT AMOUNT: U.S.\$ 6,600,000
PROJECT REFERENCE: ICP-MAL 060/PG
GRANT NUMBER: 002081

STATEMENT OF BUDGET AND DISBURSEMENTS
PERIOD 1 JULY - 30 SEPTEMBER 2002
(Expressed in US Dollars)
ICP-MAL-060/PG

EXPENDITURE CATEGORY	AMOUNT ALLOTTED	DISBURSEMENTS			UNLIQUIDATED OBLIGATIONS	ALLOTMENT BALANCE
		PRIOR	THIS PERIOD	TOTAL		
0101 QUALITY DATA AVAIL ON INFECTIOUS AGENTS	0	0	0	0	0	0
0102 TRAINED LABORATORY PERSONNEL	0	0	0	0	0	0
0103 QUALITY CONTROL SYSTEM FOR ANTIBIOTIC TESTING	0	0	0	0	0	0
0104 IMPROVE CAPACITY INTERPRENEUR DATA RESPONSE	0	0	0	0	0	0
0105 DRUG RESISTANCE INF. ANALYZED & DISSEMINATED	0	0	0	0	0	0
01 DETERMINATION MAGNITUD ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
0201 DATA AVAIL ABLE ON CURRENT POLICIES	0	0	0	0	0	0
0202 POLICIES & REGULATIONS BASED ACCURATE KNOWLEDGE	0	0	0	0	0	0
0203 INCREASE AWARENESS RISK ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
0204 APPROACHES RATIONAL USE ANTIMICROBIAL DRUGS	0	0	0	0	0	0
0205 BEST PRACTICE & GUIDELINES DISSEMINATION	0	0	0	0	0	0
02 IMPREMENT APPROACHES ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
1001 HEADQIARTERS (NIVEL CENTRAL)	0	0	0	0	0	0
1002 DEPARTAMENTAL	0	0	0	0	0	0
1003 OTHER INSTITUTIONS (NGO)	0	0	0	0	0	0
10 TRAINING (CAPACITACION)	0	0	0	0	0	0
2001 SUPPORT AT NATIONAL LEVEL	0	0	0	0	0	0
2002 SUPPORT AT LOCAL LEVEL	0	0	0	0	0	0
20 LABORATORY STRENGTHENING (ASIST. DE LAB)	0	0	0	0	0	0
3001 TRANSPORTATION	0	0	0	0	0	0
3002 DATA MANAGEMENT / AUDIOVISUAL MATERIAL	0	0	0	0	0	0
3003 OFFICE SUPPLIES - HEADQUARTERS	0	0	0	0	0	0
3004 OFFICE SUPPLIES LOCAL LEVELS	0	0	0	0	0	0
30 MONITORING INFORMATION (SUPERVISION/INF.)	0	0	0	0	0	0
4001 PREVALENCE STUDIES ON TB - HIV/AIDS	0	0	0	0	0	0
40 OPERATIONAL RESEARCH (INVESTIGACION /OPERACION)	0	0	0	0	0	0
5001 DOTS STRATEGY	0	0	0	0	0	0
5002 PREPARATION OF INSTRUCTIONAL PROM MATERIAL	0	0	0	0	0	0
50 HEALTH PROMOTION (PROMOCION SALUD)	0	0	0	0	0	0
6001 SURVEILLANCE (IR 1)	490,245	1,157	4,383	5,540	24,811	498,894
6002 TOOLS (IR 2)	22,368	0	0	0	0	22,368
6003 PARTNERSHIP DEVELOPMENT (IR 3)	161,723	12,647	52,862	65,509	19,953	78,261
60 MALARIA	674,334	13,804	57,245	71,049	44,764	808,621
99 PROGRAM SUPPORT COSTS	87,064	1,795	7,441	9,236	5,810	72,009
TOTAL	761,904	15,600	64,888	80,285	50,683	831,130

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Official Financial Report

PROJECT TITLE: ANTIMICROBIAL RESISTANCE IN THE AMERICAS
 GRANTOR: U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
 GRANTOR ID NUMBER: LAC-G-00-99-00008-00
 GRANT PERIOD: 01 JULY 1999 - 30 SEPTEMBER 2004
 COMMITMENT AMOUNT: U.S.\$ 6,500,000
 PROJECT REFERENCE: BRA-MAL-060/PG
 GRANT NUMBER: 002081

STATEMENT OF BUDGET AND DISBURSEMENTS
 PERIOD 1 JULY - 30 SEPTEMBER 2002
 (Expressed in US Dollars)
 BRA-MAL-060/PG

EXPENDITURE CATEGORY	AMOUNT ALLOTTED	DISBURSEMENTS			UNLIQUIDATED OBLIGATIONS	ALLOTMENT BALANCE
		PRIOR	THIS PERIOD	TOTAL		
0101 QUALITY DATA AVAIL ON INFECTIOUS AGENTS	0	0	0	0	0	0
0102 TRAINED LABORATORY PERSONNEL	0	0	0	0	0	0
0103 QUALITY CONTROL SYSTEM FOR ANTIBIOTIC TESTING	0	0	0	0	0	0
0104 IMPROVE CAPACITY INTERPRENEUR DATA RESPONSE	0	0	0	0	0	0
0105 DRUG RESISTANCE INF. ANALYZED & DISSEMINATED	0	0	0	0	0	0
01 DETERMINATION MAGNITUD ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
0201 DATA AVAILABLE ON CURRENT POLICIES	0	0	0	0	0	0
0202 POLICIES & REGULATIONS BASED ACCURATE KNOWLEDGE	0	0	0	0	0	0
0203 INCREASE AWARENESS RISK ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
0204 APPROACHES RATIONAL USE ANTIMICROBIAL DRUGS	0	0	0	0	0	0
0205 BEST PRACTICE & GUIDELINES DISSEMINATION	0	0	0	0	0	0
02 IMPREMENT APPROACHES ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
1001 HEADQUARTERS (NIVEL CENTRAL)	0	0	0	0	0	0
1002 DEPARTAMENTAL	0	0	0	0	0	0
1003 OTHER INSTITUTIONS (NGO)	0	0	0	0	0	0
10 TRAINING (CAPACITACION)	0	0	0	0	0	0
2001 SUPPORT AT NATIONAL LEVEL	0	0	0	0	0	0
2002 SUPPORT AT LOCAL LEVEL	0	0	0	0	0	0
20 LABORATORY STRENGTHENING (ASIST DE LAB)	0	0	0	0	0	0
3001 TRANSPORTATION	0	0	0	0	0	0
3002 DATA MANAGEMENT / AUDIOVISUAL MATERIAL	0	0	0	0	0	0
3003 OFFICE SUPPLIES - HEADQUARTERS	0	0	0	0	0	0
3004 OFFICE SUPPLIES LOCAL LEVELS	0	0	0	0	0	0
30 MONITORING INFORMACION (SUPERVISION/INF.)	0	0	0	0	0	0
4001 PREVALENCE STUDIES ON TB - HIV/AIDS	0	0	0	0	0	0
40 OPERATIONAL RESEARCH (INVESTIGACION /OPERACION)	0	0	0	0	0	0
5001 DOTS STRATEGY	0	0	0	0	0	0
5002 PREPARATION OF INSTRUCTIONAL PROM MATERIAL	0	0	0	0	0	0
50 HEALTH PROMOTION (PROMOCION SALUD)	0	0	0	0	0	0
6001 SURVEILLANCE (IR 1)	68,500	6,440	19,387	25,827	4,971	37,702
6002 TOOLS (IR 2)	10,000	4,000	199	4,199	0	5,801
6003 PARNERSHIP DEVELOPMENT (IR 3)	33,005	0	0	0	0	33,005
60 MALARIA	111,505	10,440	19,586	30,026	4,971	76,508
99 PROGRAM SUPPORT COSTS	14,496	1,357	2,546	3,903	646	9,947
TOTAL	126,001	11,797	22,132	33,929	5,617	86,455

Washington D.C. 24 October 2002

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PAN AMERICAN HEALTH ORGANIZATION

Department of Budget and Finance

Official Financial Report

PROJECT TITLE: ANTIMICROBIAL RESISTANCE IN THE AMERICAS
 GRANTOR: U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
 GRANTOR ID NUMBER: LAC G-00 99-0008 00
 GRANT PERIOD: 01 JULY 1999 - 30 SEPTEMBER 2004
 COMMITMENT AMOUNT: U.S.\$ 6,500,000
 PROJECT REFERENCE: COL-MAL-060/PG
 GRANT NUMBER: 002081

STATEMENT OF BUDGET AND DISBURSEMENTS

PERIOD 1 JULY - 30 SEPTEMBER 2002

(Expressed in US Dollars)

COL-MAL 060/PG

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EXPENDITURE CATEGORY	AMOUNT ALLOTTED	DISBURSEMENTS			UNLIQUIDATED OBLIGATIONS	ALLOTMENT BALANCE
		PRIOR	THIS PERIOD	TOTAL		
0101 QUALITY DATA AVAIL ON INFECTIOUS AGENTS	0	0	0	0	0	0
0102 TRAINED LABORATORY PERSONNEL	0	0	0	0	0	0
0103 QUALITY CONTROL SYSTEM FOR ANTIBIOTIC TESTING	0	0	0	0	0	0
0104 IMPROVE CAPACITY INTERPRENEUR DATA RESPONSE	0	0	0	0	0	0
0105 DRUG RESISTANCE INF. ANALYZED & DISSEMINATED	0	0	0	0	0	0
01 DETERMINATION MAGNITUD ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
0201 DATA AVAILABLE ON CURRENT POLICIES	0	0	0	0	0	0
0202 POLICIES & REGULATIONS BASED ACCURATE KNOWLEDGE	0	0	0	0	0	0
0203 INCREASE AWARENESS RISK ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
0204 APPROACHES RATIONAL USE ANTIMICROBIAL DRUGS	0	0	0	0	0	0
0205 BEST PRACTICE & GUIDELINES DISSEMINATION	0	0	0	0	0	0
02 IMPREMENT APPROACHES ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
1001 HEADQUARTERS (NIVEL CENTRAL)	0	0	0	0	0	0
1002 DEPARTAMENTAL	0	0	0	0	0	0
1003 OTHER INSTITUTIONS (NGO)	0	0	0	0	0	0
10 TRAINING (CAPACITACION)	0	0	0	0	0	0
2001 SUPPORT AT NATIONAL LEVEL	0	0	0	0	0	0
2002 SUPPORT AT LOCAL LEVEL	0	0	0	0	0	0
20 LABORATORY STRENGTHENING (ASIST DE LAB)	0	0	0	0	0	0
3001 TRANSPORTATION	0	0	0	0	0	0
3002 DATA MANAGEMENT / AUDIOVISUAL MATERIAL	0	0	0	0	0	0
3003 OFFICE SUPPLIES HEADQUARTERS	0	0	0	0	0	0
3004 OFFICE SUPPLIES LOCAL LEVELS	0	0	0	0	0	0
30 MONITORING INFORMATION (SUPERVISION/INF.)	0	0	0	0	0	0
4001 PREVALENCE STUDIES ON TB - HIV/AIDS	0	0	0	0	0	0
40 OPERATIONAL RESEARCH (INVESTIGACION /OPERACION)	0	0	0	0	0	0
5001 DOCS STRATEGY	0	0	0	0	0	0
5002 PREPARATION OF INSTRUCTIONAL PROM MATERIAL	0	0	0	0	0	0
60 HEALTH PROMOTION (PROMOCION SALUD)	0	0	0	0	0	0
6001 SURVEILLANCE (IR 1)	69,658	4,611	22,304	26,975	26,950	15,033
6002 TOOLS (IR 2)	0	0	0	0	0	0
6003 PARTNERSHIP DEVELOPMENT (IR 3)	30,000	10,459	17,827	2,732	0	27,268
60 MALARIA	99,658	16,170	14,837	29,707	26,950	42,601
99 PROGRAM SUPPORT COSTS	12,843	1,472	1,800	3,662	3,604	5,677
TOTAL	112,601	17,142	16,427	33,669	30,464	40,478

PAN AMERICAN HEALTH ORGANIZATION

Department of Budget and Finance

Official Financial Report

PROJECT TITLE: ANTIMICROBIAL RESISTANCE IN THE AMERICAS
 GRANTOR: U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
 GRANTOR ID NUMBER: LAC-G 00 99 0008-00
 GRANT PERIOD: 01 JULY 1999 - 30 SEPTEMBER 2004
 COMMITMENT AMOUNT: U.S.\$ 6,500,000
 PROJECT REFERENCE: ECU-MAL-060/PG
 GRANT NUMBER: 002081

STATEMENT OF BUDGET AND DISBURSEMENTS

PERIOD 1 JULY - 30 SEPTEMBER 2002

(Expressed in US Dollars)

ECU-MAL-060/PG

EXPENDITURE CATEGORY	AMOUNT ALLOTTED	DISBURSEMENTS			UNLIQUIDATED OBLIGATIONS	ALLOTMENT BALANCE
		PRIOR	THIS PERIOD	TOTAL		
0101 QUALITY DATA AVAIL ON INFECTIOUS AGENTS	39,022	602	7,503	8,105	985	29,932
0102 TRAINED LABORATORY PERSONNEL	26,478	1,550	3,820	5,370	21,108	0
0103 QUALITY CONTROL SYSTEM FOR ANTIBIOTIC TESTING	0	0	0	0	0	0
0104 IMPROVE CAPACITY INTERPRENEUR DATA RESPONSE	0	0	0	0	0	0
0105 DRUG RESISTANCE INF. ANALYZED & DISSEMINATED	0	0	0	0	0	0
01 DETERMINATION MAGNITUD ANTIMICROBIAL RESISTANCE	66,500	2,152	11,323	13,475	22,093	29,932
0201 DATA AVAILABLE ON CURRENT POLICIES	0	0	0	0	0	0
0202 POLICIES & REGULATIONS BASED ACCURATE KNOWLEDGE	0	0	0	0	0	0
0203 INCREASE AWARENESS RISK ANTIMICROBIAL RESISTANCE	9,500	1,316	0	1,316	168	8,016
0204 APPROACHES RATIONAL USE ANTIMICROBIAL DRUGS	0	0	0	0	0	0
0205 BEST PRACTICE & GUIDELINES DISSEMINATION	0	0	0	0	0	0
02 IMPREMENT APPROACHES ANTIMICROBIAL RESISTANCE	9,500	1,316	0	1,316	168	8,016
1001 HEADQUARTERS (NIVEL CENTRAL)	0	0	0	0	0	0
1002 DEPARTMENTAL	0	0	0	0	0	0
1003 OTHER INSTITUTIONS INGOI	0	0	0	0	0	0
10 TRAINING (CAPACITACION)	0	0	0	0	0	0
2001 SUPPORT AT NATIONAL LEVEL	0	0	0	0	0	0
2002 SUPPORT AT LOCAL LEVEL	0	0	0	0	0	0
20 LABORATORY STRENGTHENING (ASIST. DE LAB.)	0	0	0	0	0	0
3001 TRANSPORTATION	0	0	0	0	0	0
3002 DATA MANAGEMENT / AUDIOVISUAL MATERIAL	0	0	0	0	0	0
3003 OFFICE SUPPLIES - HEADQUARTERS	0	0	0	0	0	0
3004 OFFICE SUPPLIES LOCAL LEVELS	0	0	0	0	0	0
30 MONITORING INFORMATION (SUPERVISION/INF.)	0	0	0	0	0	0
4001 PREVALENCE STUDIES ON TB - HIV/AIDS	0	0	0	0	0	0
40 OPERATIONAL RESEARCH (INVESTIGACION / OPERACION)	0	0	0	0	0	0
5001 DOTS STRATEGY	0	0	0	0	0	0
5002 PREPARATION OF INSTRUCTIONAL PROM MATERIAL	0	0	0	0	0	0
50 HEALTH PROMOTION (PROMOCION SALUD)	0	0	0	0	0	0
6001 SURVEILLANCE (IR 1)	62,500	10,283	2,722	13,005	10,569	38,926
6002 TOOLS (IR 2)	0	0	0	0	0	0
6003 PARTNERSHIP DEVELOPMENT (IR 3)	26,881	1,582	6,962	8,544	59	18,278
60 MALARIA	89,381	11,865	9,684	21,649	10,628	67,204
99 PROGRAM SUPPORT COSTS	21,370	1,993	2,731	4,724	4,276	12,371
TOTAL	185,751	17,326	23,736	41,084	37,164	107,523

PAN AMERICAN HEALTH ORGANIZATION

Department of Budget and Finance

Official Financial Report

PROJECT TITLE: ANTIMICROBIAL RESISTANCE IN THE AMERICAS
 GRANTOR: U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
 GRANTOR ID NUMBER: LAC-G-00-99-0008-00
 GRANT PERIOD: 01 JULY 1999 - 30 SEPTEMBER 2004
 COMMITMENT AMOUNT: U.S.\$ 6,500,000
 PROJECT REFERENCE: GUY-MAL-060/PG
 GRANT NUMBER: 002081

STATEMENT OF BUDGET AND DISBURSEMENTS

PERIOD 1 JULY - 30 SEPTEMBER 2002

(Expressed in US Dollars)

GUY-MAL-060/PG

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EXPENDITURE CATEGORY	AMOUNT ALLOTTED	DISBURSEMENTS			UNLIQUIDATED OBLIGATIONS	ALLOTMENT BALANCE
		PRIOR	THIS PERIOD	TOTAL		
0101 QUALITY DATA AVAIL ON INFECTIOUS AGENTS	0	0	0	0	0	0
0102 TRAINED LABORATORY PERSONNEL	0	0	0	0	0	0
0103 QUALITY CONTROL SYSTEM FOR ANTIBIOTIC TESTING	0	0	0	0	0	0
0104 IMPROVE CAPACITY INTERPRENEUR DATA RESPONSE	0	0	0	0	0	0
0105 DRUG RESISTANCE INF. ANALYZED & DISSEMINATED	0	0	0	0	0	0
01 DETERMINATION MAGNITUD ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
0201 DATA AVAILABLE ON CURRENT POLICIES	0	0	0	0	0	0
0202 POLICIES & REGULATIONS BASED ACCURATE KNOWLEDGE	0	0	0	0	0	0
0203 INCREASE AWARENESS RISK ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
0204 APPROACHES RATIONAL USE ANTIMICROBIAL DRUGS	0	0	0	0	0	0
0205 BEST PRACTICE & GUIDELINES DISSEMINATION	0	0	0	0	0	0
02 IMPREMENT APPROACHES ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
1001 HEADQUARTERS (NIVEL CENTRAL)	0	0	0	0	0	0
1002 DEPARTMENTAL	0	0	0	0	0	0
1003 OTIHER INSTITUTIONS (NGO)	0	0	0	0	0	0
10 TRAINING (CAPACITACION)	0	0	0	0	0	0
2001 SUPPORT AT NATIONAL LEVEL	0	0	0	0	0	0
2002 SUPPORT AT LOCAL LEVEL	0	0	0	0	0	0
20 LABORATORY STRENGTHENING (ASIST DE LAB)	0	0	0	0	0	0
3001 TRANSPORTATION	0	0	0	0	0	0
3002 DATA MANAGEMENT / AUDIOVISUAL MATERIAL	0	0	0	0	0	0
3003 OFFICE SUPPLIES - HEADQUARTERS	0	0	0	0	0	0
3004 OFFICE SUPPLIES LOCAL LEVELS	0	0	0	0	0	0
30 MONITORING INFORMATION (SUPERVISION/INF.)	0	0	0	0	0	0
4001 PREVALENCE STUDIES ON TB - HIV/AIDS	0	0	0	0	0	0
40 OPERATIONAL RESEARCH (INVESTIGACION /OPERACION)	0	0	0	0	0	0
5001 DOTS STRATEGY	0	0	0	0	0	0
5002 PREPARATION OF INSTRUCTIONAL PROM MATERIAL	0	0	0	0	0	0
50 HEALTH PROMOTION (PROMOCION SALUD)	0	0	0	0	0	0
6001 SURVEILLANCE (IR 1)	34,090	0	2,257	2,257	5,995	20,438
6002 TOOLS (IR 2)	0	0	0	0	0	0
6003 PARTNERSHIP DEVELOPMENT (IR 3)	14,868	1,230	0	1,230	0	13,038
60 MALARIA	49,868	1,230	2,257	3,487	6,095	40,076
89 PROGRAM SUPPORT COSTS	6,443	100	293	453	779	6,211
TOTAL	66,001	1,390	2,650	3,940	6,774	46,287

PAN AMERICAN HEALTH ORGANIZATION

Department of Budget and Finance

Official Financial Report

PROJECT TITLE: ANTIMICROBIAL RESISTANCE IN THE AMERICAS
 GRANTOR: U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
 GRANTOR ID NUMBER: LAC G-00-99-0008-00
 GRANT PERIOD: 01 JULY 1999 - 30 SEPTEMBER 2004
 COMMITMENT AMOUNT: U.S.\$ 6,500,000
 PROJECT REFERENCE: SUR-MAL-060/PG
 GRANT NUMBER: 002081

STATEMENT OF BUDGET AND DISBURSEMENTS

PERIOD 1 JULY - 30 SEPTEMBER 2002

(Expressed in US Dollars)

SUR-MAL-060/PG

	EXPENDITURE CATEGORY	AMOUNT ALLOTTED	DISBURSEMENTS			UNLIQUIDATED OBLIGATIONS	ALLOTMENT BALANCE
			PRIOR	THIS PERIOD	TOTAL		
0101	QUALITY DATA AVAIL ON INFECTIOUS AGENTS	0	0	0	0	0	0
0102	TRAINED LABORATORY PERSONNEL	0	0	0	0	0	0
0103	QUALITY CONTROL SYSTEM FOR ANTIBIOTIC TESTING	0	0	0	0	0	0
0104	IMPROVE CAPACITY INTERPRENEUR DATA RESPONSE	0	0	0	0	0	0
0105	DRUG RESISTANCE INF. ANALYZED & DISSEMINATED	0	0	0	0	0	0
01	DETERMINATION MAGNITUD ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
0201	DATA AVAILABLE ON CURRENT POLICIES	0	0	0	0	0	0
0202	POLICIES & REGULATIONS BASED ACCURATE KNOWLEDGE	0	0	0	0	0	0
0203	INCREASE AWARENESS RISK ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
0204	APPROACHES RATIONAL USE ANTIMICROBIAL DRUGS	0	0	0	0	0	0
0205	BEST PRACTICE & GUIDELINES DISSEMINATION	0	0	0	0	0	0
02	IMPREMENT APPROACHES ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
1001	HEADQUARTERS (NIVEL CENTRAL)	0	0	0	0	0	0
1002	DEPARTAMENTAL	0	0	0	0	0	0
1003	OTHER INSTITUTIONS (NGO)	0	0	0	0	0	0
10	TRAINING (CAPACITACION)	0	0	0	0	0	0
2001	SUPPORT AT NATIONAL LEVEL	0	0	0	0	0	0
2002	SUPPORT AT LOCAL LEVEL	0	0	0	0	0	0
20	LABORATORY STRENGTHENING (ASIST DE LAB)	0	0	0	0	0	0
3001	TRANSPORTATION	0	0	0	0	0	0
3002	DATA MANAGEMENT / AUDIOVISUAL MATERIAL	0	0	0	0	0	0
3003	OFFICE SUPPLIES - HEADQUARTERS	0	0	0	0	0	0
3004	OFFICE SUPPLIES LOCAL LEVELS	0	0	0	0	0	0
30	MONITORING INFORMATION (SUPERVISION/INF.)	0	0	0	0	0	0
4001	PREVALENCE STUDIES ON TB - HIV/AIDS	0	0	0	0	0	0
40	OPERATIONAL RESEARCH (INVESTIGACION /OPERACION)	0	0	0	0	0	0
5001	DOTS STRATEGY	0	0	0	0	0	0
5002	PREPARATION OF INSTRUCTIONAL PROM MATERIAL	0	0	0	0	0	0
50	HEALTH PROMOTION (PROMOCION SALUD)	0	0	0	0	0	0
6001	SURVEILLANCE (IR 1)	59,585	5,603	5,314	10,917	3,861	44,807
6002	TOOLS (IR 2)	3,600	1,005	938	1,943	95	1,562
6003	PARNERSHIP DEVELOPMENT (IR 3)	35,930	22,679	0	22,679	884	12,367
60	MALARIA	99,115	29,287	6,252	35,539	4,840	58,736
99	PROGRAM SUPPORT COSTS	12,885	3,807	813	4,620	629	7,636
	TOTAL	112,000	33,094	7,066	40,159	5,469	66,372

Washington D.C. 24 October 2002

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PAN AMERICAN HEALTH ORGANIZATION

Department of Budget and Finance
Official Financial Report

PROJECT TITLE: ANTIMICROBIAL RESISTANCE IN THE AMERICAS
GRANTOR: U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
GRANTOR ID NUMBER: LAC-G-00-99-0008 00
GRANT PERIOD: 01 JULY 1999 - 30 SEPTEMBER 2004
COMMITMENT AMOUNT: U.S. \$ 6,500,000
PROJECT REFERENCE: VEN-MAL-060/PG
GRANT NUMBER: 002081

STATEMENT OF BUDGET AND DISBURSEMENTS
PERIOD 1 JULY - 30 SEPTEMBER 2002
(Expressed in US Dollars)
VEN-MAL-060/PG

EXPENDITURE CATEGORY	AMOUNT ALLOTTED	DISBURSEMENTS			UNLIQUIDATED OBLIGATIONS	ALLOTMENT BALANCE
		PRIOR	THIS PERIOD	TOTAL		
0101 QUALITY DATA AVAIL ON INFECTIOUS AGENTS	0	0	0	0	0	0
0102 TRAINED LABORATORY PERSONNEL	0	0	0	0	0	0
0103 QUALITY CONTROL SYSTEM FOR ANTIBIOTIC TESTING	0	0	0	0	0	0
0104 IMPROVE CAPACITY INTERPRENEUR DATA RESPONSE	0	0	0	0	0	0
0105 DRUG RESISTANCE INF ANALYZED & DISSEMINATED	0	0	0	0	0	0
01 DETERMINATION MAGNITUD ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
0201 DATA AVAILABLE ON CURRENT POLICIES	0	0	0	0	0	0
0202 POLICIES & REGULATIONS BASED ACCURATE KNOWLEDGE	0	0	0	0	0	0
0203 INCREASE AWARENESS RISK ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
0204 APPROACHES RATIONAL USE ANTIMICROBIAL DRUGS	0	0	0	0	0	0
0205 BEST PRACTICE & GUIDELINES DISSEMINATION	0	0	0	0	0	0
02 IMPREMENT APPROACHES ANTIMICROBIAL RESISTANCE	0	0	0	0	0	0
1001 HEADQUARTERS (NIVEI CENTRAL)	0	0	0	0	0	0
1002 DEPARTAMENTAL	0	0	0	0	0	0
1003 OTHER INSTITUTIONS (NGO)	0	0	0	0	0	0
10 TRAINING (CAPACITACION)	0	0	0	0	0	0
2001 SUPPORT AT NATIONAL LEVEL	0	0	0	0	0	0
2002 SUPPORT AT LOCAL LEVEL	0	0	0	0	0	0
20 LABORATORY STRENGTHENING (ASIST DE LAB)	0	0	0	0	0	0
3001 TRANSPORTATION	0	0	0	0	0	0
3002 DATA MANAGEMENT / AUDIOVISUAL MATERIAL	0	0	0	0	0	0
3003 OFFICE SUPPLIES - HEADQUARTERS	0	0	0	0	0	0
3004 OFFICE SUPPLIES LOCAL LEVELS	0	0	0	0	0	0
30 MONITORING INFORMATION (SUPERVISION/INF.)	0	0	0	0	0	0
4001 PREVALENCE STUDIES ON TB - HIV/AIDS	0	0	0	0	0	0
40 OPERATIONAL RESEARCH (INVESTIGACION /OPERACION)	0	0	0	0	0	0
5001 OOTS STRATEGY	0	0	0	0	0	0
5002 PREPARATION OF INSTRUCTIONAL PROM MATERIAL	0	0	0	0	0	0
60 HEALTH PROMOTION (PROMOCION SAUD)	0	0	0	0	0	0
6001 SURVEILLANCE (IR 1)	83,827	3,859	18,903	22,762	24,066	38,799
6002 TOOLS (IR 2)	0	0	0	0	0	0
6003 PARTNERSHIP DEVELOPMENT (IR 3)	15,929	0	0	0	0	15,929
60 MALARIA	89,566	3,869	18,903	22,762	24,066	62,728
99 PROGRAM SUPPORT COSTS	12,842	602	2,467	2,859	3,128	6,854
TOTAL	112,488	4,301	21,360	26,721	27,195	68,582