

# USAID – PAHO UMBRELLA AGREEMENT

## Progress Report

1 October 2005 – 30 March 2006

## TABLE OF CONTENT

PACKAGE I: INFECTIOUS DISEASES .....	3
PART I: ANTIMICROBIAL RESISTANCE .....	3
Part II: TUBERCULOSIS.....	11
PACKAGE 2: MATERNAL AND NEONATAL HEALTH.....	16
PACKAGE 3: HEALTH SECTOR REFORM .....	29
PACKAGE 4: HEALTH INFORMATION SYSTEMS .....	39
PACKAGE 5: SAIDI .....	45
PACKAGE 6: AMI .....	50

PACKAGE I: INFECTIOUS DISEASES

PART I: ANTIMICROBIAL RESISTANCE

IR 01: Evidence-base for LAC PHN priorities increased  
 Outcome 01 Magnitude and repercussions of nosocomial infections, antimicrobial resistance and improper use of antimicrobials assessed in health care settings (including those at community level).

Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
1.1. Support accurate identification and diagnosis of infectious agents (including <i>M. tuberculosis</i> ) and determination of their antimicrobial susceptibility to provide evidence for rational use of antimicrobials.	1. Collection of national data for 2005 for all species defined by Technical Advisory Group (TAG)	In progress. Annual report for 2004 is in final revision and ready for press.	None required.	Surveillance activities have continued as planned. Funds allotted for this activity used for translation of CLSI norms. This task complements 1.1.3, below.
	2. Annual meeting of laboratory network.	None	None required.	Programmed for second semester 2006.
	3. Purchase rights to translate and reproduce NCCLS guidelines for network laboratories	Currently in translation. Contract with CLSI (former NCCLS) signed.	None required.	The right to translate the materials and distribute up to 400 copies was acquired by PAHO from CLSI (former NCCLS). A draft translation will be available in May 2006.
1.2. In the community, determine the cost of treating infections and the determinants of improper use of antimicrobial drugs.	1. Apply protocol designed in FY04-05 in two new countries and analyze data to determine antibiotic consumption at country level and general aspects	In progress in Paraguay.	None required	The results of the studies conducted in Honduras and Nicaragua were shared with TAG members in December 2005. The study is now in progress in Paraguay, and the results will be part of the

	of antibiotic market patterns			country's profile being developed under SAIDI (package 5) activity 1.2.
1.3. Support the establishments of surveillance of nosocomial infections in tertiary level hospitals.	1. Through national consultations, determine the current situation of surveillance of nosocomial infections. DOR	National concurrence negotiated and plan for assessment developed.	None required.	This task has been scheduled for 1-10 June 2006.
	2. Through national consultations, determine the current situation of surveillance of nosocomial infections. ECU	National concurrence negotiated and plan for assessment developed	None required.	Conducted on 24-19 April 2006.
	3. Through national consultations, determine the current situation of surveillance of nosocomial infections. GUT	National concurrence negotiated and plan for assessment developed	None required.	Scheduled for May 2006.
	4. Through national consultations, determine the current situation of surveillance of nosocomial infections. NIC	National concurrence is pending.	Will need to be programmed for second semester 2006.	None.
	5. Support hospital infection surveillance (training in data collection, analysis, dissemination and use) to address weaknesses	Will follow assessment conducted in June 2006.	None required.	None.

	identified during diagnosis visits. DOR			
	6. Support hospital infection surveillance (training in data collection, analysis, dissemination and use) to address weaknesses identified during diagnosis visits. ECU	Will follow assessment conducted in April 2006.	None required.	None.
	7. Support hospital infection surveillance (training in data collection, analysis, dissemination and use) to address weaknesses identified during diagnosis visits. GUT	Will follow assessment conducted in second semester 2006	None required.	None.
	8. Support hospital infection surveillance (training in data collection, analysis, dissemination and use) to address weaknesses identified during diagnosis visits. NIC	Will follow assessment conducted in second semester 2006, if Government concurrence is obtained.	Will need additional negotiations to obtain country concurrence.	None.
<b>IR 02: Evidence-base for LAC PHN priorities communicated and used</b>				
<b>Outcome 01: Health care workers, professional societies aware of magnitude and consequences of antimicrobial resistance and informed of locally appropriate interventions to contain the problem.</b>				
1.1 Promote the use of antimicrobial resistance surveillance data, including M. tuberculosis resistance data, to guide treatment of infections	1. Training in data management, analysis and dissemination for staff in sentinel	Trainings have been conducted in El Salvador, Guatemala and	None required.	None.

within health care institutions (training in data analysis).	surveillance sites for El Salvador, Guatemala, Honduras, Dom. Republic and Nicaragua	Bolivia.		
1.2 Include rational use of antimicrobials in pre and post-graduate curricula of health professionals (nursing, medical, and public health, veterinary).	1. Develop a prototype academic curriculum to discuss with institutions of higher learning regarding appropriate use of antibiotics, including treatment of tuberculosis.	A prescription KAP survey among interns and residents is in progress in four hospitals in El Salvador. An additional study on antibiotic prophylaxis has been planned for Zacamil Hospital. A working meeting has been scheduled for mid-May to initiate this activity in El Salvador.	None required.	The surveys will provide the evidence to advocate for curricular changes. Two new places were negotiated with the University of Valparaiso, Chile, for two participants from El Salvador (1 infection control nurse and 1 infection control doctor) to participate in the master's degree program on hospital infections.
	2. Convene committee that includes curriculum development experts, infectious diseases professionals, and faculty members of selected schools.		None required.	Will follow task 1.2.1.
<b>IR 03: More inclusive and better informed policy process promoted</b>				
<b>Outcome 01: Clinical practices to contain antimicrobial resistance promoted in hospital and community health care settings.</b>				
1.1 Through health related	1. Conduct TAG and	The Technical	None required.	None.

professional societies, identify and use locally appropriate tools to contain antimicrobial resistance, with emphasis on tuberculosis, in health care settings, including clinical guidelines.	prepare PAHO's draft strategic plan for containment of antimicrobial resistance and hospital infection control.	Advisory Group met in Asunción in December 2005, and issued recommendations for the following two calendar years.		
	2. Training visits for control of hospital acquired infections, including Tb, for hospital staff in El Salvador, Guatemala, Nicaragua, Dominican Republic	Ongoing.	None required.	None.
1.3 Analyze current legislation/regulations guiding surveillance of nosocomial infections, and advocate for their development and implementation, as required.	1. Conduct a study of current legislation/regulations on surveillance mandating surveillance of nosocomial infections and their control.	Pending.	Will need to find a consultant with health legislation expertise to collect and analyze the documentation.	None
1.4 Advocate for improvement in the use of antimicrobials through the implementation of clinical guidelines and other practices.	1. Prepare updated version of clinical guidelines for the treatment of infections.	An expert committee was convened in early 2006 to develop the first draft of the 3 <sup>rd</sup> edition of the clinical guidelines. A review meeting will take place in May 2006.	None required.	The 2 <sup>nd</sup> edition of the guidelines, which was distributed through PALTEX is currently out of print. National versions of the guidelines were produced in Paraguay, Bolivia, Ecuador, and Guatemala. We expect a large demand for the 3 <sup>rd</sup> edition.

<p>1.5 Advocate for a restricted use of antimicrobial drugs targeting health care workers, policy makers and the general public.</p>	<p>Part of 1.4 above.</p>	<p>In El Salvador, agreements were reached to conduct KAP survey among prescribers to determine extent of inappropriate prescription and use of antibiotics. Part of 1.4, above.</p>	<p>None required.</p>	<p>None.</p>
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INFLUENZA	Planned Steps/tasks	Actual steps	Remedies (if required)	Remarks
<p>Develop Regional capacity to prepare and respond to influenza pandemic</p>	<p>Central American workshop on influenza pandemic preparedness involving multi-disciplinary groups of national counterparts to assist participating countries (Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama*, Dominican Republic) in developing national plans. Gaps in existing plans will be identified in the process using, among other resources, tabletop simulation exercises (developed by PAHO's disaster's Unit), guided self-assessments and the results of modeling tools applied in a previous workshop (Dec. 05/Costa Rica). The multi-disciplinary groups will thus be able and expected to prepare a detailed action plan of required activities to fill the gaps.</p> <p>Subsequent follow-up visit to each of the participating countries will take place to monitor progress of preparedness activities and</p>	<p>It was completed as planned. The workshop was carried out in Panama City, from 20-24 of February.</p> <p>In progress. At this stage the follow up is being carried out by local PAHO influenza focal points.</p>	<p>None.</p> <p>None</p>	<p>A report on this activity has already been shared.</p> <p>Travel to the countries by HQ staffs will start in May 2006</p>

	implementation of national plans.			
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**Part II: TUBERCULOSIS**

**IR1**

**Outcome 2: Tuberculosis laboratory capacity to define and reach quality standards and monitor drug resistance increased**

Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
2.1 Create and maintain a TB laboratory network	1. Monitoring visits of supranational reference Laboratories (Mexico and Chile) to selected countries	Chile SNL visited Dominican Republic and Ecuador. Dr. Andrea Luna will visit Panama (May 8-9) Mexico SNL is in process to visit El Salvador.	None required (NR)	Recommendations were provided to improve performance of laboratory in Ecuador and Dominican Republic.
	2. Seminar for introduction of protocols for quality control of basic techniques (sputum-smear microscopy, culture, tests of sensitivity and resistance) with participation of supranational laboratories and prioritized countries	Programmed in conjunction with the NTP Managers Meeting (Brazil, Sep 2006)	NR	NR
	3. Conducting	Ecuador postponed the study	Propose to change target country	Pending to select country.

	Resistance studies on tuberculosis Drugs			
2.2 Support technical working groups for the updating of manuals and laboratory guides.	1. Updating the manual of technical procedures and quality control of sputum-smear microscopy, and standards for national laboratories.	In process. Laboratory professionals are reviewing the manuals.	NR	NR
	2. Final review by experts	Tentative deadline: May 30.	NR	NR
	3. Publication and dissemination of both manuals	Publication planned by August.	NR	NR
<b>IR2</b>				
<b>Outcome 2: Countries capacity to design, implement and evaluate efficient TB control programs increased</b> 				
2.1 Health care providers/ Professionals trained to provide feasible and technical recommendations to the countries.	1. Support for Regional Program in the implementation of the PPM initiative on selected countries of the region <ul style="list-style-type: none"> <li>• STP based in Washington</li> </ul> 2. Execution of operational studies for measurements of private medicine's participation in the diagnosis and treatment of TB in selected countries	STP (Dr Raimond Armengol) hired in Nov 2005	NR	NR
		The questionnaire and database were developed. Data collection started in the selected pilot areas from	NR	Presentation of the preliminary results will be done in conjunction with the Strategic Planning Workshop, Bolivia, 28 May – 2 June

		Bolivia, Brazil, El Salvador, and Mexico.		
	3. Workshop of sharing experiences (Challenges, enablers and opportunities) about PPM initiatives in the Region. It will be integrated within the NTP managers meeting.	Planned in conjunction with the NTP Managers Meeting (Brazil, Sep 2006)	NR	NR
	4. Monitoring visits to monitor the implementation of the PPM initiative	Visits to Bolivia, Dominican Republic, Ecuador, and El Salvador	NR	Trips reports available Planned visits: - Guatemala, May 15-18 - Bolivia, Jun 5-9 - Honduras, Jun 19-33
	5. Support for an STP to monitor the expansion of the DOTS strategy and the quality of its application in key and selected countries of the Americas.  • STP based in Brazil, 30% of wage	STP (Dr Matias Villatoro) working in Brazil.	NR	NR
	6. DOTS strategy monitoring visits in key and selected countries	Visit to Guyana	NR	Report from the visit available.

	7. Technical cooperation to countries with GFATM economic resources to optimize its execution and impact of these projects.	Visits to Dominican Republic, Ecuador (support for implementation plans) and El Salvador.	NR	6 Round will be launched by April 27-28. Probably, countries will send requests for technical assistance on proposal development.
<b>IR3</b> <b>Outcome 2: Health care providers, non governmental organizations and communities informed of the burden of TB/HIV co infection, to further promote adequate policies to contain this</b>				
2.1 Develop strategies at country level to confront TB /HIV co infection. 2.2 Provide incentives to inter programmatic coordination between National TB Program and National AIDS Program. 2.3 Adapt and disseminate information system to monitor TB/HIV burden.	1. Regional meeting on activities of TB/HIV inter programmatic collaboration	Regional Meeting to be held in El Salvador, April 24-26, for 45 participants from 15 countries	None required (NR)	Meeting organized in collaboration with FCH/AI and WHO- Geneva. CDC/GAP/CAP is participating in this meeting. Puerto Rico, Colombia, Venezuela and Uruguay will assist as observers.
	2. Consolidated experiences and evidence of action on inter-programming TB/HIV collaboration and to disseminate them in a regional dissemination bulletin	Experiences will be collected from the Regional Meeting.	NR	NR
	3. Prepare guidelines for			

	Primary Health Care workers, about counseling patients with TB for the consented taking of the HIV test,	First draft will be presented and discussed during the Regional Meeting. The counseling guidelines have been prepared with the CDC input.	NR	NR
	2. To Publish and disseminate the guideline on TB/HIV counseling for Primary Health Care level (Spanish and English)	Planned by August	NR	NR

**PACKAGE 2: MATERNAL AND NEONATAL HEALTH**

**Outcome 01. More evidence-based knowledge and decision making for better program planning and implementation at the country level.**

Activities	Planned Steps/Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
1.1 Strengthening of the maternal and perinatal and neonatal epidemiological surveillance systems (mortality and morbidity)	Assess the implementation of the maternal health and mortality surveillance system in 8 of the priority countries including Sistema Informático Perinatal (SIP) and Sistema Informático del Niño (SIN)	<ul style="list-style-type: none"> <li>• Workshop implemented and report completed including recommendations in 8 countries: Bolivia, Ecuador, Peru, Paraguay, Guatemala, Honduras, Nicaragua, El Salvador. In addition Uruguay was invited as the meeting was held in Montevideo, Uruguay had lessons learned to share; Argentina also has lessons learned to share, especially in the area of implementation of SIP. (Please note that the travel cost of the Argentina representative was paid with other resources)</li> </ul>		

	<p>Increase the capacity of selected countries in the implementation of RAMOS methodology and share lessons learned</p>	<ul style="list-style-type: none"> <li>• Workshop on regional RAMOS implementation is being prepared.</li> <li>• A meeting to analyze RAMOS data base (first semester) with ELS team was held jointly with CDC.</li> <li>• TOR for the elaboration of the regional document on LAC experiences in RAMOS was developed</li> <li>• Documentation of RAMOS implementation in Latin American and Caribbean Countries</li> </ul>	<ul style="list-style-type: none"> <li>• Document experiences, outcomes and lessons learned from implementing the RAMOS methodology in eight LAC countries.</li> <li>• Final results of study presented at a regional meeting in Brazil in August, 2006</li> </ul>	<ul style="list-style-type: none"> <li>• This activity will be funded jointly with CDC</li> </ul>
	<p>Develop the content of the web based maternal and neonatal mortality surveillance platform (software)</p>	<ul style="list-style-type: none"> <li>• Technical and financial resources leveraged with AIS, CDC, and WHO.</li> <li>• During the summer 2006 a first proposal will be presented.</li> </ul>		
<p><b>Success Stories</b></p> <p>The experiences in ELS and DOR in implementing active surveillance systems based on RAMOS methodology have been successful. The meeting in Brazil to share lessons learned will be able to provide an updated tool including lessons learned for other countries.</p>				

**Outcome 02. Package of public health models of interventions and clinical tools developed by the program and used by countries to provide better care in maternal and neonatal health.**

<p>2.1 Support countries in expanding their capacity in the provision and use of selected interventions in Essential Obstetric and Neonatal Care services (EONC)</p>	<p>1. Carry out the study of use and availability of EOC and Neonatal health services network in Ecuador</p>	<ul style="list-style-type: none"> <li>The study will be implemented in 6 provinces selected jointly with the MOH; these provinces account for most of the maternal deaths in Ecuador. Two of them have large indigenous populations. The data analysis will serve as a basis for the development of the local operational plan for maternal and neonatal mortality reduction.</li> </ul>		
	<p>2. Validate the neonatal services assessment tool in one country and disseminate the model throughout the Region</p>	<ul style="list-style-type: none"> <li>Tool has been developed and will be validated in Ecuador and Bolivia in May-June as planned.</li> </ul>		
	<p>3. Disseminate the WHO neonatal clinical guidelines in Spanish</p>	<ul style="list-style-type: none"> <li>Guidelines are ready to go to print .They will be disseminated in September 2006.</li> </ul>		
<p>2.2 Strengthen country capacity in the implementation of key interventions to empower women, families and communities for</p>	<p>1. Implement the Rapid Assessment methodology developed in FY 05, in 4 selected countries. Each country will develop a plan of action regarding Women, Families and</p>	<p>1.</p> <ul style="list-style-type: none"> <li>National Workshop held in El Salvador November 2005</li> <li>Validation of the methodology in 2 communities in ELS;</li> </ul>	<ul style="list-style-type: none"> <li>1. Workshop to be held in Honduras in near future</li> <li>2.</li> <li>Expert review of material and organization of at</li> </ul>	

maternal and neonatal health and care	<p>Communities (WFC).  2. Develop a CD ROM for distance learning in Empowerment of Women, Families and Communities. 3. A web site will be developed to support countries to exchange documents, information, progress reports, lessons learned in a systematic way. 4. Joint HQ-RO-CO Making Pregnancy Safer (MPS) planning meeting at PAHO HQ in November 2005 to strengthen coordination and effectiveness of implementing the joint MPS program area of work at HQ- RO-CO level for the biennium 2006-2007.</p>	<p>December 2005. ELS local teams have been trained and the DCP has started in selected communities.</p> <ul style="list-style-type: none"> <li>• Plan of actions developed in 2 countries.</li> </ul> <p>2.</p> <ul style="list-style-type: none"> <li>• TOR for development of CD-based module developed.</li> <li>• First draft of workshop program, guide and CD developed.</li> <li>• Next steps include expert review and field test with providers and program managers.</li> </ul> <p>4.</p> <ul style="list-style-type: none"> <li>• MPS meeting report finalized and disseminated; MPS workplans harmonized; CD-Rom of meeting presentations distributed to participants</li> </ul>	<p>least two field experiences in applying module</p> <ul style="list-style-type: none"> <li>• Compilation of recommendations from experts and field review and modification of material</li> <li>• Dissemination of CD-Rom expected to be done by the end of September</li> </ul>	
2.3 Dissemination of evidence-based interventions to address pre eclampsia/eclampsia, prevention of post-partum hemorrhage (PPH) and IMCI	<p>1. Convene a working group to develop TOR proposal.  2. Expert meeting with participating countries; proposal development  3. Support POPPHI in their work with LAC</p>	<ul style="list-style-type: none"> <li>• Joint country cooperation proposal for dissemination of evidence-based technical information in three countries (BOL, HON, NIC) was developed jointly with selected countries.</li> </ul>		

neonatal Package	countries and other partners. 4. Develop a joint strategy with PAHO PUB Area.	<ul style="list-style-type: none"> <li>• IMCI neonatal package completed, it is ready to go to print.</li> </ul>		
<p><b>Success Stories</b></p> <p>A workshop held to strengthen regional capacities for the Women, Families and Communities (WFC) component of the regional strategy to reduce maternal mortality was held in El Salvador in September 2005. Thirty-three professionals from 4 countries (Bolivia, El Salvador, Honduras and Paraguay), along with representatives from PAHO and WHO participated in the workshop. The participants reviewed and discussed the objectives, methodology and instruments of the Participatory Community Assessment tool (Diagnóstico Comunitario Participativo - DCP), and were trained in its use by a technical team. The group also traveled to Izalco, the site selected by El Salvador for local implementation of the DCP, to participate in a field test of the different instruments developed, including a group discussion and in-depth interviews with pregnant women, community representatives, providers and a discussion with different strategic actors. Subsequent to the visit, the group returned to review again the procedure and the instruments.</p> <p>This workshop was part of a larger plan of action elaborated at the first WFC meeting in Santa Cruz, Bolivia in November 2004 and constitutes part of the process of review and validation of a Regional Interventions Framework for Working with Individuals, Families, and Communities to improve MNH. To date, we are moving forward with implementation in two countries, Paraguay and El Salvador. Bolivia and Honduras, the other countries selected for intensive implementation, recently changed governments; therefore, we are in the process of reintroducing the framework and the plan of action to national authorities. This work is conducted as a joint effort with WHO, Making Pregnancy Safer Department.</p>				

**Outcome 03. Evidence based practices in maternal and neonatal health introduced in curricula of schools of medicine, nursing, and midwifery, and journalism and communication.**

<p>3.1 Development of national standards and training materials to ensure appropriate medical, nursing and midwifery education and improved quality of care as well as advocacy guidelines.</p>	<p>1. Continue providing technical cooperation to Schools of Nursing and Midwifery on midwifery based competencies in selected countries 2. Strengthen skilled attendance at birth activities in Guyana/Surinam, Haiti, El Salvador, Guatemala, DOR, Ecuador, Peru and Bolivia.</p>	<ul style="list-style-type: none"> <li>• Policies towards improving midwifery competencies for nursing-midwifery assessed during the Technical meeting on Midwifery and Skilled Attendance at Birth (SAB) held in Mexico, October 2005 to strengthen and promote SAB-a key intervention of the Regional Strategy to Reduce Maternal Mortality.</li> <li>• Workshop on "Midwifery and Nursing Contributing to Improved Maternal and Newborn Health in Key Countries" to take place May 2006 as part of effort to improve SAB in LAC region.</li> </ul>	<p>Close follow-up is needed as well as mobilization of resources to respond to country needs and demand.</p>	
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	Disseminate Varney's Midwifery textbook (4 <sup>th</sup> Edition)	<ul style="list-style-type: none"> <li>• Textbook has been published and dissemination activities among key stakeholders at regional and country level have been programmed.</li> </ul>	<ul style="list-style-type: none"> <li>• Launch of Varney's Spanish version will take place May 2006 at PAHO HQ</li> </ul>	
	Publish and disseminate WHO midwifery kit.	<ul style="list-style-type: none"> <li>• Dissemination to countries and Schools of Midwifery and Nursing Midwifery</li> <li>• Midwifery tool kit currently being reviewed by expert midwives from Caribbean countries (was reviewed by Latin American countries in Chile, 2005)</li> </ul> <p>During the Chile meeting held in Santiago in May 05, it was recommended that a new module on Competencies Assessment needs to be developed. Therefore we are in the process of preparation of a new module that can be used to monitor and evaluate the level of performance of the midwifery competencies; draft document will be edited based on comments made during May meeting; final document is expected by end of July 06.</p>	<ul style="list-style-type: none"> <li>• Midwifery tool kit revision expected to be completed by mid 2006.</li> <li>• Adaptations will be incorporated and the tools will be used to support ongoing development in the countries.</li> </ul>	

**Outcome 04. Successful programmatic and women, family, community-based, and health promotion experiences in MNH identified, documented and disseminated at the regional and country level.**

<p>4.1 Promote regional sharing of best practices by developing and utilizing case study findings on successful experiences on maternal and neonatal mortality reduction with and among countries with high maternal and neonatal mortality</p>	<p>Document successful experiences in neonatal health and care</p>	<ul style="list-style-type: none"> <li>• First draft of case studies were put in a policy brief format.</li> <li>• A neonatal case study has been identified entitled "Neonatal Health focused on the family." Buenos Aires, Argentina, Hospital Ramon Sarda</li> </ul>	<p>Case studies will be part of a PAHO document to be published jointly with PUB in 2006</p>	
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**Outcome 05. Countries have in place long term, comprehensive national policies and plans that include evidence-based and effective interventions to reduce maternal and neonatal mortality.**

<p>5.1 Improve policies and plans at the national level including implementation of skilled care during pregnancy, childbirth, and neonatal period, ensuring the provision of essential obstetric and neonatal care; and formulation and implementation of regional and national integrated communication strategies and empowerment of women, families and communities</p>	<p>1. Develop a Neonatal Regional Strategy jointly with Partners. 2. Disseminate regional strategies and technical documents related to maternal and neonatal mortality and morbidity reduction</p>	<ul style="list-style-type: none"> <li>• Meeting of interagency working group to discuss development of regional neonatal strategy at PAHO HQ;</li> <li>• Regional workshop was implemented to discuss and further develop LAC neonatal strategy in Antigua, Guatemala, February 2006; CD-Rom from meeting distributed to participants and key partners.</li> <li>• Final report from workshop completed and disseminated to working group</li> </ul>	<ul style="list-style-type: none"> <li>• Strategy to be finalized by the core team and disseminated to LAC countries</li> <li>• Based on this document a policy paper was prepared by PAHO and will be presented for discussion to the PAHO Executive Committee meeting that will be held in June, 2006.</li> <li>• Regional Neonatal Strategy will be finalized and disseminated to MOH in key countries and to other partners.</li> <li>• After the recommendations of the executive committee, this document might be presented to the PAHO Directive Council in September 2006.</li> </ul>	
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	2. Provide direct technical cooperation to countries listed in the PAHO/USAID Agreement	<ul style="list-style-type: none"> <li>• During this period direct technical cooperation provided to Ministries of Health of Guyana, Jamaica, Dominican Republic, Colombia, Honduras, and Nicaragua.</li> <li>• Guyana strategic plan has been completed.</li> </ul>		
5.2 Strengthening the obstetric and neonatal network of services to ensure the provision of EONC (Basic and Comprehensive) at the first level of referral and promote skilled attendance at birth	Partial financial support to contract national consultants in Honduras, Nicaragua, Paraguay and Guyana to provide direct technical cooperation in supporting countries implementing the pillars of regional strategy at the country level.	<ul style="list-style-type: none"> <li>• 4 consultants in Honduras, Nicaragua, Paraguay and Guyana were hired and partially funded by MNH package. Terms of reference were developed with a focus on MNH activities</li> <li>• Support was provided for the development of 2 projects to mobilize resources for MNH activities in Haiti and Guyana; These proposals were sent to the European Commission by WHO.</li> </ul>	Activities will be detailed in final report	
5.3 Strengthening partnerships and coordinate efforts with other collaborating agencies and NGOs, at global, regional and national levels to	<ol style="list-style-type: none"> <li>1. Secretariat Task Force for Maternal (and Neonatal) Mortality Reduction</li> <li>2. Support the development and implementation of TF</li> </ol>	<ul style="list-style-type: none"> <li>• Regional Task Force workshop convened in New York, October 2005 to monitor progress of the implementation of the IA Strategic Consensus and to support Bolivian</li> </ul>	<ul style="list-style-type: none"> <li>• Convene a regional meeting (November . 2006) to assess country level of implementation of Strategic Consensus</li> </ul>	

<p>support the implementation of the regional strategic framework of maternal and neonatal health.</p>	<p>Workplan for FY 06 3. Follow-up in Nursing and Midwifery partnership activities 4. Advance agenda of maternal and neonatal health through partnerships at global, regional and local levels and activities with interested parties (NGOs)</p>	<p>Interagency TF in building linkages with PMNCH</p> <ul style="list-style-type: none"> <li>• TF Workplan FY 06 developed and was circulated among RTF members</li> </ul>		
<p><b>Success Stories</b></p> <p>PAHO re-affirmed the power of partnerships in the past eight months by convening jointly with USAID a regional alliance to develop a regional policy for neonatal health. PAHO's work ensured that key partners, including UNICEF, USAID, Save the Children, CORE, ACCESS, and BASICS, as well as national stakeholders, were part of this process, and relationships were built with countries. Based on these efforts, PAHO will be able to present a document to the Directive Council aimed at bridging the gap between maternal, child, and neonatal health.</p>				
<p><b>Outcome 06: Key stakeholders and partners have been mobilized and are working together to support implementation of effective interventions for maternal and neonatal health</b></p>				
<p>6.1 Collaborate with professional associations of nursing, midwifery, O B/GYNs, Pediatrics to carry out activities endorsing the implementation of maternal and neonatal</p>	<p>Convene a meeting amongst FLASOG, FEPPEN and ICM to develop a joint strategy with ALAPE to promote the regional framework approved by Governing Bodies to reduce maternal and neonatal mortality.</p>	<ul style="list-style-type: none"> <li>• FLASOG is in the process of reorganizing; little has been advanced on this issue, however, the plan will be developed with the new maternal mortality committee.</li> <li>• ICM representative for LAC was reelected--Ms. Alicia</li> </ul>		

<p>regional strategies approved by PAHO Governing Bodies.</p>		<p>Cillo from Argentina. Participation in the South Cone Congress on Midwifery, we have presented a proposal regarding skilled attendance at birth and the role of midwives.</p>		
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**PACKAGE 3: HEALTH SECTOR REFORM**

**Outcome 1: Public Health Strengthening**

Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
<p>1.1. Assess and systematize existing evidence and knowledge required to strengthen EPHF #8, Human Resources Development, through literature review and experts focus group sessions.</p>	<p>1. Review and develop a proposal document with the EPHF #8 strengthening criteria adapted to the Central American Region.</p>	<p>Final draft of operational proposal for characterizing, assessing and developing the Public Health Workforce (PHWF) completed.</p>	<p>None required (NR)</p>	<p>None</p>
<p>Adapt strengthening evidence and knowledge content identified for EPHF #8 to the context of the Andean, Central American, English-speaking Caribbean, Spanish-speaking Caribbean, and Southern Cone.</p>	<p>2. Conduct workshop with Central American Public Health Human Resources experts to discuss and validate the EPHF #8 strengthening criteria proposal document.</p>	<p>A workshop to validate the final draft to be carried out in Mexico, 8-10 May 2006.</p>	<p>NR</p>	<p>None</p>
<p>Assess quality and pertinence of health policy and public health finance curriculum in public health graduate degrees in the LAC Region.</p> <p>Strengthen the training capacity of public health teaching institutions and their curricula in one subregion (e.g. Central America) by collaborating with public health</p>	<p>3. Review correlation between curricula of Public Health teaching institutions and EPHF in the Andean Sub-Region.</p> <p>4. Set-up EPHFs capacity-building training sessions tailored to the</p>	<p>Workshop "Central American and Caribbean Network of Academic Institutions for the Development of Essential Public Health Functions"</p>	<p>NR</p>	<p>Workshop was held in San José, Costa Rica, October 18-20, 2005. The purpose of the workshop was to assess the compatibility of public health postgraduate curricula with the Essential Public Health Functions thematic areas. A report based on the findings is available in Spanish.</p>

teaching institutions.	Andean Sub-Region Public Health institutions.	carried out.		
1.3. Assess status of public health infrastructure in the LAC Region to strengthen EPHF #5 (Planning and Management), EPHF #6 (Regulation and Enforcement), and EPHF #8 (Human Resources Development).	1. Application of the Public Health Infrastructure Assessment framework in at least two USAID target countries.	First draft of the conceptual framework for the assessment of the status of Public Health Infrastructure (PHI) to strengthen EPHFs 5, 6, and 8 in the LAC Region completed.	NR	Conceptual framework is under internal review. Simultaneously, negotiations with health authorities in Honduras and El Salvador are proceeding to determine dates for application.
1.4. Assess existing capacity in public health policy and health systems research to strengthen EPHF #10 (Research in Public Health).	1. Develop two country plans to strengthen Public Health Research Capacity based on the assessment completed in 2 USAID target countries.  2. Strengthening plans completed and	Assessment of existing capacity for Public Health Research Capacity in Brazil in the process of being finalized.	NR	A complete annotated bibliography on health systems research capacity in LAC has been completed. In addition, an inventory on the academic centers working on health systems and health policy research in LAC has been completed.

	disseminated in hard copy, CD and through the LACHSR website.	Terms of Reference for the assessment of Public Health Research Capacity in Peru under elaboration.	NR	None
1.6. Prepare and disseminate publication on the evidence and knowledge required to strengthen the EPHF #8 – Human Resources Development with an emphasis on gender, indigenous, and disease specific considerations, including findings from subregional adaptations of strengthening EPHF #8 , through hardcopies and the LAC Health Sector Reform website.	1. Incorporate indigenous/ethnic considerations into the methodology to assess the current supply of Human Resources in Health in LAC.	Final Report from the working group on "Human Resources Development from a Gender Perspective."	NR	Sub-regional meeting for Central American countries was held in San José, Costa Rica, October 11-13, 2005. The final report is available in Spanish.
	2. Prepare hardcopy publication, CDs and disseminate through LACHSR website.	Scope and Purpose, list of participants and Agenda for Meeting on Human Resources Development from the perspective of indigenous groups completed.	NR	Sub Regional meeting for the Andean Region will be carried out in Lima, Peru, 25-27 April 2006.
1.7. Prepare and disseminate publication on status of Public Health Infrastructure in the LAC Region,	1. Prepare timetable for the elaboration of the publication "Assessment	Timetable for the publication and dissemination of	NR	Timetable for the publication and dissemination of the publication related to the

through hardcopies and the LACHSR Website.	and Strengthening of Public Health Infrastructure in LAC.”  2. Prepare and disseminate publication in hardcopies and CD.	the conceptual framework completed.		status of the public health infrastructure is to be completed when the country assessment is underway.
1.8. Develop and maintain updated Essential Public Health Functions Strengthening electronic page to be incorporated into the LACHSR Website	1. Prepare the detailed content of each of the 11 EPHFs to be included in the electronic page.”  2. Update the electronic page on a monthly basis.	Design and document with detailed content of the webpage completed.	NR	Construction of the webpage is currently in its final stage. Launching of the web site is expected to happen in April 2006.
1.9. Development by government technical levels and civil society of national and sub-national plans to strengthen the Public Health Workforce and Public Health Infrastructure in at least 2 countries.	1. Based on the assessment results develop PHWF and PHI strengthening plans with country counterparts in 2 USAID target countries.	Capacity-building workgroups to develop national and sub-national plans to strengthen the Public Health Workforce are being organized.	NR	None
1.10. In collaboration with the integration processes at the sub-regional level formulate evidence-based strategies on strengthening PHWF and PHI for at least 1 sub-region.	1. Prepare draft document on evidence-based strategies to strengthen PHWF and PHI.  2. Seminar to discuss and validate strategies.	A sub-regional task force is currently being convened to formulate evidence-based strategies to strengthen PHI in	NR	None

		Central America.		
<p><b>Success Stories:</b> The design and development of the Essential Public Health Functions (EPHFs) Webpage constitutes the major achievement for Outcome 1. The development of the Webpage led to the identification of the methodological adaptations LAC countries undertook to the original methodological instrument to enable them to assess the EPHF at the sub-regional level. For example, specific States/Provinces/Departments of Colombia, Brazil, and Honduras applied the modified methodology at the sub-regional level; and designed/implemented EPHFs strengthening plans for the sub-national level.</p>				
<p><b>Outcome 2: Strengthening the Steering Role</b></p>				
<p>2.1. Identify strategies and essential criteria for strengthening the National Health Authority (NHA) Steering Role, which represent best-practices in the Conduct/Lead and Regulation Dimensions (focus on governance and resource mobilization/allocation capacity).</p> <p>(Combines Activities 2.1 and 2.4)</p>	<p>1. Apply the Conduct/Lead and Regulation dimensions of the Methodological Guidelines for the performance evaluation of the NHA Steering Role in two USAID target countries.</p> <p>2. Based on the results develop National plans to strengthen the steering role in two USAID target countries.</p>	<p>Background paper on strategies and essential criteria for strengthening the NHA steering role completed.</p>	NR	None
		<p>Final draft of the Methodological Guidelines for the Performance Evaluation of the NHA Steering Role, including the definition and incorporation of operational criteria for Conduct/Lead and Regulation dimensions completed.</p>	NR	None

		Application of the updated guidelines to evaluate the National Health Authority of the Dominican Republic.	NR	The guidelines were applied during a workshop held in Santo Domingo, in March 2006. The guidelines facilitated the identification of specific interventions that would help to strengthen the steering role of the NHA in the Dominican Republic.
2.3. Prepare and disseminate publication on the essential criteria required to formulate national and sub-national plans to strengthen the Conduct/Lead and Regulation dimensions of the Steering Role, as it relates to TB and other infectious diseases, PHC, MNH and traditionally excluded groups through hard copies and the LAC Health Sector Reform website.	<p>1. Prepare detailed content outline, terms of reference, and timetable for the elaboration of the publication "Essential Criteria to formulate national and sub-national plans to strengthen the Conduct/Lead and Regulation Capacity of the National Health Authority as it relates to tuberculosis and other infectious diseases, PHC, MNH and traditionally excluded groups."</p> <p>2. Produce First Draft document. Submit to PAHO and USAID for review.</p> <p>3. Final document completed</p>	Content, outline and terms of reference currently under elaboration, with the collaboration of the Infectious Diseases, Family and Community Health and Gender Units.	NR	None

2.5. Prepare and disseminate 12 new editions of Country Health Systems Profiles and 2 Health Sector Analyses through the LACHSR Webpage.	1. Provide technical cooperation/coaching to the countries while completing the first draft of the Health Systems Profiles; and of the Health Sector Analysis.	Methodological Guidelines for the elaboration of profiles available in hardcopies and in the LACHSR web site in English and Spanish.	NR	Publications are currently being disseminated throughout the region.
	2. Edit and revise translation of the final draft of the Health Systems Profiles and Health Sector Analysis completed by the countries.	Technical cooperation efforts currently underway with countries in the region for the elaboration of profiles based on the updated Methodology.	NR	Technical cooperation has been provided to Panamá on their first draft of the Health System Profile.
2.6. Training workshop to include government technical levels, NGOs, and civil society on the revised Country Health Systems Profiles Guidelines	1. Prepare detailed content outline, terms of reference, and timetable for the workshop.  2. Conduct training workshop in the English Speaking Caribbean.	Scope and Purpose, agenda and list of participants completed.	NR	The meeting which is entitled "Monitoring Health Systems Change/Health Systems Reform in the English Caribbean, Canada and the United States" will be carried out in Belize City, Belize, from May 30 <sup>th</sup> through June 1 <sup>st</sup> , 2006.
		Organization of the logistical aspects of the meeting currently under way.	NR	None

2.7. Training workshop on the expanded, revised Health Sector Analysis methodology to include technical levels, NGOs and civil society.	1. Provide technical cooperation/coaching to the countries in the elaboration of the Health Sector Analysis.	Revised and Expanded Health Sector Analysis Methodology completed.	NR	Document containing revised Health Sector Analysis Methodology is in the final stages of layout for printing. Dissemination of hardcopies expected for May 2006.
2.8. Development by government technical levels and civil society of national and sub national Plans to strengthen the Conduct/Lead and Regulation dimensions of the Steering Role functions as it relates to PHC, tuberculosis and other infectious diseases, MNH and traditionally excluded groups in at least 2 countries.	1. Prepare detailed content outline, terms of reference, and timetable for the development of the plans.  2. Provide technical cooperation/coaching to the countries in the elaboration of the plans.	Content, outline and terms of reference for the development of plans to strengthen steering role under elaboration.	NR	None
<p><b>Success Stories:</b> The identification of lessons learned/best-practices to Conduct and to exercise Regulation in the LAC Region was the major achievement of Outcome 2.</p>				
<p><b>Outcome 3: Cross Cutting Support to ID and MNH Packages</b></p>				
3.6. Disseminate document resulting from the identification, description and comparative analysis of different models/ experiences on integration between MOH/Social Security/ innovative/community based health protection schemes in LAC as it relates to MNH and their strengths/weaknesses.	1. Prepare timetable for the dissemination of document	Final draft of the document has been submitted for USAID review.	NR	Combines activity 3.6 and 3.7.

<p>3.9. Sub-regional seminar on strengthening the Conduct/Lead and Regulation dimensions of the Steering Role as it relates to tuberculosis and other infectious diseases, PHC, MNH and traditionally excluded groups.</p>	<p>1. Organize Sub-Regional Seminar</p>	<p>Seminar has been scheduled for the second semester of 2006 in the English Caribbean Sub-Region.</p>	<p>NR</p>	<p>None</p>
<p>3.10. Organize and promote Regional Forum on Strategies to extend Social Protection in Health to MN population.</p>	<p>1. Organize Regional Forum</p>	<p>Internal meetings with the Family and Community Health Area to define the scope and purpose, list of participants and agenda for the Regional Forum carried out.</p>	<p>NR</p>	<p>Regional Forum has been scheduled for July 17-20 in Santa Cruz, Bolivia.</p>
<p><b>Success Stories:</b> Dynamic cooperation and continuous dialogue between the Health Policies and Systems Development Unit and the Family and Community Health Unit regarding the development of the background paper titled <i>“SOCIAL PROTECTION IN HEALTH FOR WOMEN, NEWBORN, AND CHILD POPULATIONS IN LAC: LESSONS LEARNED TO PROMPT THE WAY FORWARD”</i> and the ongoing organization of the Health Systems Strengthening Regional Forum to be held in July 2006 constitutes the major achievement of Outcome 3.</p>				



PACKAGE 4: HEALTH INFORMATION SYSTEMS				
Outcome 1. Strengthen the establishment and development of interoperable information systems in support of Health Situation Analysis and decision-making through the use of methods and technological instruments.				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
1.1 Review the experiences of health information systems and integrated framework to be applied in other countries for improving their health information systems.	1.1.1 Dissemination in electronic format of study cases of HIS from Brazil and Mexico, highlighting their learned lessons, best practices and key processes.	The final reports of study case of Mexico were reviewed and recommendations have been feed backed.	None required (NR)	Extensive recommendations were provided to Mexico in order to improve the quality of all reports, requesting mainly to highlight the learned lessons, best practices and key process. Reports are available.  Brazil is going to deliver their reports at the end of March.
	1.1.2 Design and prepare a dissemination regional workshop (three days) for assessing, designing and monitoring HIS based on methodology and framework developed and used for study cases in Brazil and Mexico.	The workshop package is under development.	None required.	
	1.1.3 Participate in the preparation and implementation of the regional workshop for	Materials for the regional workshop are currently under	None required.	

	<p>writing successful proposals for HMN funding to improve HIS from selected countries.</p>	<p>development, including the HIS concepts, HMN framework and HIS Situation Analysis and Monitoring Tool</p>		
	<p>1.1.4 Initiate planning, application and implementation of two additional study cases to refine, standardize and improve the framework and methodology developed with support of technical teams of Brazil and Mexico</p>	<p>Honduras and Paraguay have been selected as new countries to participate in the project in the 2<sup>nd</sup> year.</p> <p>Two working documents (Concept Paper) outlining the objective, purpose, activities and tools to used in Honduras and Paraguay were written and sent to both countries through PAHO/WHO Representative and USAID Representation</p> <p>Background documentation about HIS of</p>	<p>None required.</p>	

		<p>Honduras has been reviewed</p> <p>A short national meeting to review HIS current status in Honduras and Paraguay respectively has been planned as first step to facilitate the work with national authorities.</p> <p>Initial meetings with Health Authorities have been already scheduled.</p>		
<p>1.2 Develop standardized materials for health information systems assessment and guidelines for improving the organization of national health information networks..</p>	<p>1.2.1 Standardization for Regional use of framework, methodology and toolkit, including HMN/CTF, JSI/Prism, and PAHO/AHEAD. Evaluating the need for adaptation of those tools or incorporation of new tools and instruments</p>	<p>Framework, methodologies and toolkit have been already translated, adapted and standardized.</p> <p>HIS Situation Analysis and Monitoring Tool, and Organizational and Behavioral Analysis</p>	<p>None required.</p>	

		Tool/PRISM were successfully applied in Mexico.		
1.3. Review options for a commonly accepted communication network platform to interoperate and integrate health information systems.	1.3.1 Establish a technical task force with participation of experts, stakeholders and national teams to propose and evaluate mechanisms, standards, processes, practices, patterns, platforms, and architectures to enable the interoperability and integration of HIS	No activity in this period	None required.	
<b>Outcome 2. The definition, collection, validation, and dissemination of the Core Health Data has been improved and consolidated in all levels</b>				
<b>Activities</b>	<b>Planned steps /Tasks</b>	<b>Actual Steps/Tasks</b>	<b>Remedies (if required)</b>	<b>Remarks</b>
2.1 Strengthen activities on Core Health Indicators at subnational levels	2.1.1 Review and consensus of Core Health Indicators (CHI) for subnational levels	No activity in this period	None required.	
	2.1.2 Identify authoritative sources for generation of Core Health Indicators (CHI) stressing their relevance for quality and completeness	No activity in this period	None required.	

	2.1.3 Stimulate the establishment of steering committees in health information at different levels to ensure the use, production and validation of standardized and consistent CHI to be use for those levels to support decision making	No activity in this period	None required.	
<b>Outcome 3. Standardized methods, models and technologies for the health situation analysis as essential public health function and in order to evaluate the access and response of the available health systems and in application in the countries and the Secretariat</b>				
<b>Activities</b>	<b>Planned steps /Tasks</b>	<b>Actual Steps/Tasks</b>	<b>Remedies (if required)</b>	<b>Remarks</b>
3.1 Develop and disseminate standards and guidelines, reached by consensus, on mechanisms and processes for improving the organization of health information systems and their use for decision-making at the local and national levels	3.1.1 Critical review of standards and guidelines for improving the organization of health information systems and their use for decision-making	No activity in this period	None required.	
3.2 Establishment of a Virtual Portal and Web-based Communication Platform for coordination and sharing among participants in the project	3.2.1 Maintenance and improvement of Virtual Portal and Web-based Communication Platform for coordination and sharing	The HIS Virtual Portal & Web-based Communication Platform is operational and it has been updated.	None required.	
	3.2.2 Design, implementation and	Organization and definition of	None required.	

	maintenance of a Open Web Site Portal to disseminate final products	contents to be published		

**Success Stories:**

A team work integrated by AIS/PAHO, MEASURE Evaluation and USAID professionals was created in order to coordinate and speed up the Health Information System (HIS) technical cooperation at country level. Representative from the mentioned institutions and agencies in the counties are part of this team. The efforts of the team have promoted the critical revision of the background information about HIS current situation, working jointly with the national authorities in identifying the national priorities regarding the improvement of the HIS.

Other successful story is the creation of a Project Steering Committee integrated for stakeholders and representative from all institutions and other sectors which participates in the HIS.

In the Study Case of Mexico, the preliminary results were presented and discussed in a National Seminar about Data Quality and Health Information System. The consensus process and the emitted recommendations are going to be included in a national proposal to improve the Mexican HIS.

**PACKAGE 5: SAIDI**

**IR 01: Evidence-base for LAC PHN priorities increased**

**Outcome 01:** Magnitude and repercussions of nosocomial infections, antimicrobial resistance and improper use of antimicrobials assessed in health care settings (including those at community level).

Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
1.1 Coordinate with SAIDI partners and other PAHO activities to contain antimicrobial resistance and hospital acquired infections.	1. Coordinate and participate in Technical Advisory Group (TAG) meeting. (Joint funding from SAIDI and ID).	The TAG met in Asuncion, Paraguay, in December 2006.	None required.	A SAIDI partners meeting is planned for April 2006, to finalize SAIDI Peru programming.
	2. Develop PAHO's draft strategic plan for containment of antimicrobial resistance and hospital infection control, including tuberculosis (Tb).	A first draft is in progress, with input from the TAG.	None required.	None
1.2 Prepare country profile regarding antimicrobial resistance and hospital infection for each SAIDI country: Bolivia, Paraguay and Peru.	1. Report on diagnosis of antimicrobial resistance surveillance system	External evaluations (assessments or diagnostic visits) were conducted by international/ national teams of AMR surveillance in Bolivia, Paraguay, and Peru.	None required.	The evaluations in Bolivia and Paraguay included all the laboratories participating in AMR surveillance. In Peru, the assessment was limited to hospital laboratories. Several training and other follow up activities are being developed based on the evaluations. SAIDI partners have agreed that PAHO will coordinate and put together country profiles that include not only PAHO

				assessment results, but those of other partners as well.
	2. Report on diagnosis of nosocomial infections, including Tb.	Diagnostic visits by national/international teams completed in the three countries. Confidential reports have been prepared and provided by PAHO country representatives to health authorities.	None required.	The situation of hospital infections in Bolivia and Paraguay warranted immediate interventions. In Paraguay, a course for infection control nurses was held in October with the collaboration of St. Jude Children's Hospital. A course for health care workers in Bolivia has been scheduled for May, and will be conducted by hospital infection control specialist from the Universidad de Valparaiso (Chile).
	3. Report on knowledge and practices regarding antibiotic treatment of final year medical students and residents	Survey completed in Paraguay, Bolivia and Peru.	None required.	Results from Bolivia and Paraguay were shared with SAIDI partners at scheduled meetings. The results from Peru will be shared at SAIDI meeting in April 2006.
	4. Report on pilot project on use of antibiotics in animal husbandry (Paraguay only)	In progress.	None required.	This activity has generated interest in CDC and other partners. It was shared at two international meetings on the subject (non-project funds) in Uruguay and Nicaragua.
1.3 Determine the infection prevention and control status in the community and in hospitals.	1. Complete diagnosis of hospital infection situation and	Completed.	None required.	See Activity 1.2, above.

	antimicrobial susceptibility testing in Bolivia, including Tb.			
	2. Complete diagnosis of hospital infection situation and antimicrobial resistance testing in Peru, including Tb.	Completed.	None required.	See Activity 1.2, above.
<b>IR 02: Evidence-base for LAC PHN priorities communicated and used</b>				
<b>Outcome 02:</b> Health care workers, professional societies aware of magnitude and consequences of antimicrobial resistance and informed of locally appropriate interventions to contain the problem.				
2.1 Include rational use of antimicrobials in pre and post graduate curricula of health professionals (schools of nursing, medicine, pharmacy, public health and veterinary)	1. Develop a prototype academic curriculum to discuss with institutions of higher learning regarding appropriate use of antibiotics, including treatment of tuberculosis.	Discussions initiated in Bolivia and Paraguay to strengthen academic curricula of schools of medicine, nursing, and chemistry/biochemistry.	None required. Nevertheless, curricular changes will take time to negotiate, develop, and implement.	Rather than develop a prototype academic curriculum, a country by country approach will be used. A competency-based analysis will take place for all professional careers involved. A space was secured for a new candidate to the Master's degree program on hospital infections from the University of Valparaiso, Chile for a Paraguay doctor working on infection control in the public sector.
	2. Convene committee that includes curriculum development experts, infectious diseases professionals, and faculty members of selected	A preliminary meeting was held in Paraguay to discuss approaches to strengthening	None required.	Studies of prescription practices and cost of treatment of infections in the community supported the need to make changes. See also remarks above.

	schools.	medical and nursing school curricula.		
2.2 Include antimicrobial susceptibility testing and quality assurance in academic curricula of microbiology, biochemistry and allied professions.	<ol style="list-style-type: none"> <li>1. Develop a prototype academic curriculum to discuss with institutions of higher learning regarding bacteriology and susceptibility to antimicrobials.</li> <li>2. Convene committee that includes curriculum development experts, microbiologists, infectious diseases professionals, and faculty members of selected schools.</li> </ol>	In progress in Paraguay.	None required.	On occasion of the Pan American Congress of Chemistry held in Paraguay, a national meeting with deans of medical and chemistry schools of the national university. A national group was established to develop a work plan to include quality assurance in the academic program of the Schools of Chemistry (microbiology) and Pharmacy. A full proposal will be developed by the group by May 2006.
<b>IR 03: More inclusive and better informed policy process promoted</b>				
<b>Outcome 03: Clinical practices to contain antimicrobial resistance promoted in hospital and community health care settings.</b>				
3.1 Develop national plans for containment of antimicrobial resistance in three SAIDI countries.	<ol style="list-style-type: none"> <li>1. Support the development of national plans (based on strategic plan in IR01, Act. 1.1, above) that include: <ul style="list-style-type: none"> <li>• Treatment guidelines recommendations</li> <li>• Hospital infection control</li> <li>• Antimicrobial susceptibility testing and dissemination of results</li> </ul> </li> </ol>	Pending.	SAIDI partners will need to agree on an approach to this task for Bolivia, given that progress has been limited due to many factors, including changes in national authorities.	The methodology being used for SAIDI activities required a comprehensive assessment of the situation of antimicrobial resistance at country level to be conducted jointly by all national and international partners. This assessment has now been completed for the selected intervention area in Peru (Callao). An action plan will now be developed. The same approach will be

	<ul style="list-style-type: none"><li>• Drug policy issues (quality control, sales, dispensing, selection, procurement)</li></ul>			used in Paraguay, but partners are unsure of how to tackle the issue in Bolivia.
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PACKAGE 6: AMI

REGIONAL Progress Report

IR 01: Evidence-base for LAC PHN priorities increased (E)

Outcome: Antimalaria drug resistance assessed, drug policies defined, appropriate use of efficacious antimalarials promoted and entomological information available to guide control activities and promote integrated vector management.

Activities	Planned Steps/Tasks	Actual Steps	Remedies	Remarks
1.1 Evaluate efficacy of antimalarial drugs in the Amazon Region.	1. Provide technical coordination for Project.	<ul style="list-style-type: none"> <li>• Support to countries provided by Technical coordinator in developing lines of work and activities included in the national and regional workplans approved by the Steering Committee.</li> <li>• Direct technical support provided to Brazil, Colombia, Guyana and Ecuador (technical visits).</li> </ul>	NR (none required)	NR
	2. Support project management, monitoring and planning.	<ul style="list-style-type: none"> <li>• Support in project management and financial monitoring provided throughout the year.</li> <li>• Progress reports prepared in coordination with countries, including visits to Colombia and Ecuador</li> </ul>	NR	NR
	3. Support Phase II on implementation of <i>in vitro</i> susceptibility tests.	<ul style="list-style-type: none"> <li>• All countries currently in Phase I, mandatory before carrying out Phase II. Support provided to Brazil, Colombia, and Venezuela in Phase I.</li> </ul>	Providers and PAHO country offices working to solve this problem.	NR

		<ul style="list-style-type: none"> <li>• At present problems regarding purchase of HRP2 and PLDH kits.</li> </ul>		
	4. Evaluate whether new RDT complies with manufacturer's specifications and promote the development of RDT quality control system.	No progress.	Conclusion made for more effective coordination of activity with CDC and WHO.	NR
	<p>5. Evaluate Efficacy of antimalarial drugs in Panama: Study of efficacy of Sulfadoxine+ pyrimethamine against <i>P. falciparum</i>. (CQ optional pending on number of <i>P. falciparum</i> cases and logistical aspects.)</p> <ul style="list-style-type: none"> <li>▪ Multicenter study in two or three sentinel sites with technical support from professionals in RAVREDA countries. Efforts to be made to work with staff already working at health centers or research institutes involved in the studies. <ul style="list-style-type: none"> <li>▪ Human resources (One medical doctor and 3 microscopists)</li> <li>▪ Transportation</li> <li>▪ Equipment supply for sentinel sites.</li> <li>▪ Three supervisory visits by RAVREDA members from Ecuador, Colombia and Guyana</li> </ul> </li> </ul>	Pending for second semester.	NR	NR
1.2 Evaluate and support accessibility and quality of malaria diagnosis and	1. Promote uses of MSH tools to evaluate drug management at local and country levels to improve national distribution and quality control systems.	Progress in Colombia and Guyana. Technical support to Ecuador provided by MSH in coordination with PAHO.	Brazil, following ACT introduction, to use MSH implementation methodology.	Local difficulties in Ecuador.

treatment facilities	2. Implement rapid assessment in Brazil of malaria during pregnancy and provide technical cooperation to other countries. Funds to cover contract plus travel expenses.	<ul style="list-style-type: none"> <li>• Rapid Assessment of malaria in pregnancy adapted to health-service conditions and to malaria situation in the Americas.</li> <li>• Rapid Assessment included in Letter of Agreement signed with two National Reference Labs.</li> <li>• Thick blood film introduced as basic routine into prenatal care in malaria high-risk areas in Brazil.</li> <li>• Colloquium on <i>Malaria and Pregnancy</i> held in La Paz, Bolivia, in October 2005, attended by technical officers.</li> </ul>	NR	NR
1.3. Develop network to obtain entomologic data.	1. Conduct second meeting on GIS follow up activities.	No progress. No response from countries despite agreement made at Santa Cruz meeting in 2005.	Intense follow-up planned for second semester.	NR
	2. Meeting to review strategic approaches for vector control in Amazon region and Central America: Hold a meeting with participation of four entomologists from Central America (with their travel expenses covered) as well as entomologists from the Amazon region.	Guideline and annexes currently being prepared.	Meeting planned for May 2006.	NR

IR 02: Evidence-base for LAC PHN priorities communicated and d

Outcome 02: Health care workers, policy decision makers, professional societies and vulnerable groups informed of appropriate strategies and interventions to be implemented

2.1 Share results of antimalarial drug efficacy trials within the health and other sectors.	1. Consolidate and update RAVREDA/AMI web page and internet portal.	Ongoing activity. Internet portal and PAHO website routinely updated.	NR	NR
	2. Support national RAVREDA staff in publishing study results.	No progress.	Planned for the second semester.	NR
	3. Conduct a national workshop in Panama to share RAVREDA/AMI tools with health workers.	No progress.	Planned for second semester.	NR
2.2 Health professionals of all levels trained in diagnosis, appropriate management and use of antimalarials	1. Participate in Steering Committee and AMI Annual meetings.	Organization of the 5 <sup>th</sup> RAVREDA annual meeting and the 7 <sup>th</sup> Steering Committee meeting planned for 25-28 April in Quito, Ecuador.	NR	NR
	2. Conduct workshop on molecular techniques to genotype and use molecular markers for SP.	No progress.	Activity is planned for second semester with the School of Life Sciences of Arizona State University.	NR
	3. Design a regional strategy to improve access to diagnosis and treatment.	Guidelines currently being prepared on improving access to diagnosis and treatment at the local level, integrating other tools developed by RAVREDA (adherence, drug management, drug-quality evaluation, quality of diagnosis, stratification).	NR	NR

2.3 Entomological information collected, analyzed and used to guide integrated vector management by all sectors and community.	1. Capacity building: International training in entomology for selected staff on techniques for surveillance and implementation based on Lima proposal.	No progress.	Planned for second semester.	NR
	2. Develop guidelines and protocols for implementation of vector control model based on evidence (Lima document).	Guidelines and protocols currently being prepared.	NR	NR
	3. Workshop in taxonomy and identification of infection in mosquito to define procedures for national laboratories.	No progress.	Planned for June 2006.	NR

**IR 03: More inclusive and better informed policy process**  moted

**Outcome 03: Health policy decision makers and other stakeholders using information to ensure implementation of revised policy**

3.1 Drug policy design and implementation plans developed and being executed.	1. Provide technical assistance for preparation of country workplans.	Technical assistance provided to Ministries of Health of Brazil, Colombia, Ecuador, Guyana, and Suriname.	NR	NR
	2. Design / evaluate prepackaging for P. vivax treatment.	Progress made in Ecuador and Venezuela.	NR	NR
	3. Provide technical support for country-level IEC plans for implementation of new drug policies.	Progress made in Guyana and Suriname.	NR	NR
	4. Design regional strategy to improve access to diagnosis and treatment via stratification.	Guideline currently being developed.	NR	NR
	5. Provide technical support to guide drug policy review for Pacific coast.	Support provided to MOH of Colombia in ACT implementation.	NR	NR

3.2 Evidenced based decisions on accessibility, quality and use of appropriate diagnosis and treatment promoted and implemented.	6. Conduct workshop to design guidelines for monitoring and evaluation of drug policy impact and implementation.	<ul style="list-style-type: none"> <li>• Technical visit made to Ecuador in coordination with MSH to evaluate ACT implementation using MSH tools.</li> <li>• Support provided to MOH of Brazil in developing a protocol to evaluate introduction of ACT fixed combination (ASU+MQ) in endemic areas.</li> </ul>	NR	NR
	1. Provide support from specialized institution for external evaluation of national laboratories on malaria diagnosis.	Ongoing activity. Results of external evaluation sent to Regional Office to be shared with participating countries.	NR	NR
	2. Hold follow up meeting on progress made in implementation of quality control system on diagnosis.	Follow-up being done through specific technical visits and promotion of information exchange among countries.	NR	NR
	3. Promote implementation of strategies for improving treatment adherence.	Document currently being developed to guide countries in design and execution of adherence studies and to promote evaluation of specific strategies for improving adherence.	NR	NR
	4. Carry out follow-up activities for national laboratories on drug-quality analysis, as agreed upon in Tumeremo (training on mini-labs).	Follow-up carried out for activities in Brazil, Colombia, Ecuador, Venezuela, and Suriname.	NR	NR
	5. Support national workplans for implementation of quality control system for antimalarials.	<ul style="list-style-type: none"> <li>• Technical support provided to National Laboratory in Guyana.</li> <li>• Testing done in Brazil for new quality-control procedure while purchasing new antimalarial drugs.</li> </ul>	NR	NR

3.3 Information for use in promoting integrated vector management acquired and disseminated	1. Promote inclusion of RAVREDA promoted entomological activities as part of MOH agenda for Malaria Control Program.	New assessment promoted for implementation via stratification with MOHs of Brazil, Colombia, Ecuador, and Guyana.	NR	NR
	2. Promote implementation of integrated evidence-based vector-control model.	Guideline and annexes currently being developed.	NR	NR

## BRAZIL Progress Report

### IR 01: Evidence-base for LAC PHN priorities increased (AMI)

Outcome 01: Antimalaria drug resistance assessed, drug policies defined, appropriate use of efficacious antimalarial promoted and entomological information available to guide control activities and promote integrated vector management

Activities	Planned Steps/Tasks	Actual Steps	Remedies	Remarks
1.1 Evaluate efficacy of antimalarial drugs in the Amazon Region.	1. Develop and implement protocol for <i>in vivo</i> study on <i>Plasmodium vivax</i> resistance. Efficacy studies for <i>P. vivax</i> : chloroquine, chloroquine + primaquine and mefloquine+artesunate. <ul style="list-style-type: none"> <li>• Transportation.</li> <li>• Maintain field equipment.</li> <li>• Genotype of parasites.</li> <li>• Antimalarial drugs quality control.</li> <li>• Serum dosage: support lab certification in the Amazon region.</li> <li>• Procure material and inputs.</li> </ul>	Serum dosage done with samples from patients with therapeutic failures to CQ in efficacy studies for <i>P. vivax</i> carried out in 2005.	Efficacy studies of CQ+PQ for <i>P. vivax</i> infections is being planned.	NR
	2. Monitor <i>in vivo</i> studies in sentinel sites.	Local coordinators supervised studies in Rondonia and Mato Grosso.	NR	External monitoring pending on coordination at national level.
	3. Continue conducting <i>in vitro</i> studies on sensibility to <i>Plasmodium falciparum</i> . <ul style="list-style-type: none"> <li>• Establish base line on <i>Plasmodium falciparum</i> sensibility to mefloquine, artesunate and quinine.</li> </ul>	In vitro Phase I assays in course. Progress made in in-house testing HRP2 with local strains in Pará.	Proposal for implementation of Phase II <i>in vitro</i> tests with HRP2 in house.	Problems experienced with procurement of ELISA kits.

	<ul style="list-style-type: none"> <li>• Technical advice from collaborating centers.</li> <li>• Procure materials.</li> </ul>			
	<p>4. Implement <i>in vitro</i> essays from Phase I:</p> <ul style="list-style-type: none"> <li>• Hold national meeting in Belem.</li> <li>• Develop and transport strains.</li> </ul>			
	<p>5. Conclude or at least partially carry out genotype of parasites on efficacy studies for <i>P. falciparum</i> and <i>P. vivax</i>.</p> <ul style="list-style-type: none"> <li>• Procure inputs.</li> <li>• Conduct training.</li> </ul>	No progress made.	Waiting for RAVREDA Regional proposal.	NR
	<p>6. Conduct impact evaluation on the introduction of fixed combination MQ+ASU in high risk municipalities in Amazonas and Para states.</p>	<ul style="list-style-type: none"> <li>• Protocol elaborated and approved by Ethical committee.</li> <li>• Problems resolved for drugs donated by Farmanguinhos to MOH.</li> <li>• Letter of Agreement signed by University of Sao Paulo to coordinate field implementation.</li> <li>• Municipalities selected.</li> <li>• Contacts made to Secretaria da Saúde of Pará and Acre.</li> </ul>	NR	Legal problems experienced with donation to MOH of fixed combination of MQ+ASU.
1.2 Evaluate and support accessibility and quality of malaria diagnosis and treatment facilities	<p>1. Implement assessment of malaria in pregnancy in three Amazon municipalities.</p>	<ul style="list-style-type: none"> <li>• Protocol translated to Portuguese and updated with changes agreed upon in Bolivia meeting.</li> <li>• Letter of agreement signed to develop Rapid assessment in Amapá.</li> <li>• Thick blood film introduced</li> </ul>	NR	NR

		as basic routine for prenatal care in the Amazon Region and promoted by Malaria National Advisor Group.		
	2. Evaluate adherence and acceptance of current first line treatment for <i>P. Falciparum</i> (quinine +doxycycline) requested by Ministry of Health.	Protocol discussed and study planned for Pará State.	NR	NR
1.3. Develop network to obtain entomologic data.	1. Conduct ELISA test. Procure inputs.	Not done.	Development of alternative source of monoclonal antibody in progress.	NR
	2. Finish baseline studies as established in RAVREDA protocol.			
	3. Monitor vector susceptibility to insecticides. <ul style="list-style-type: none"> <li>▪ Standardize protocols; participate in International meeting.</li> <li>▪ Establish reference colonies.</li> <li>▪ Make laboratory improvements.</li> </ul>	Susceptibility Evaluation with bottle method done in Maranhão, Amapá and Rondônia states according with methodology standardized in Iquitos meeting.	NR	NR
	4. Conduct rapid test validation (VECTEST)	VECTEST not available; searching for another rapid test to conduct test validation.	NR	NR
<b>IR 02: Evidence-base for LAC PHN priorities communicated and used</b> <b>Outcome 02: Health care workers, policy decision makers, professional societies and vulnerable groups informed of appropriate strategies and interventions to be implemented</b>				
2.1 Share results of antimalarial drug efficacy trials within the health and other sectors.	1. Participate in international and/or border zone evaluation meetings.	No progress made.	Planned for second semester.	NR
	2. Design strategic plan to implement new antimalarial drug policy, including educational tools for health professionals and general public. Hire specialist.	Promoted acquisition of Coartem through PAHO Strategic Fund.	NR	MOH planning to contract specialist to develop new National Guidelines.

2.2 Health professionals of all levels trained in diagnosis, appropriate management and use of antimalarials	1. Implement adherence study on <i>P. vivax</i> and <i>P. falciparum</i> and on curative effectiveness of specific treatments.	Adherence study on <i>P. vivax</i> carried out in Pará and Mato Grosso states.	NR	NR
	2. Validate external evaluation of diagnostic quality control in all Amazon States ACQ-D.	<ul style="list-style-type: none"> <li>• First round of external evaluation concluded in Para state involving 18 laboratories. Results presented at the Malaria Control Program Evaluation Meeting in March 2006.</li> <li>• Second round planned with National Coordination of Laboratories (CGLAB) and National Reference Laboratory.</li> </ul>	NR	NR
	3. Implement proposal related to diagnostic quality control into routine service deliveries in pilot area, as agreed upon in Caracas.	New methodology now used by CGLAB as guideline for public health laboratories in Amazon Region.	NR	NR
	4. Monitor antimalarial drugs quality control using minilabs in areas with difficult access, fake drugs and store problems.	<ul style="list-style-type: none"> <li>• First round carried out in Amapá and Pará states. Local health workers trained.</li> <li>• Samples sent to reference laboratory for confirmation.</li> </ul>	NR	NR
	5. Participate in international meetings.	No progress made.	Planned for second semester.	NR
2.3 Entomological information collected, analyzed and used to guide integrated vector management by all sectors and community.	1. Implement epidemiologic stratification using GIS. <ul style="list-style-type: none"> <li>• Hold regional meeting.</li> <li>• Conduct local training.</li> </ul>	MOH and PAHO promoted stratification by localities in Rondonia State. Training to improve use of information system planned for Rondonia.	NR	NR
	2. Design, translate and disseminate technical documents and Entomology	Two WHO/WHOPES documents translated to Portuguese: <i>Malaria</i>	NR	NR

	and vector control manual.	<i>Vector-Control Decision-Making Criteria and Procedures for Judicious Use of Insecticides and Manual for Indoor Residual Spraying.</i>		
<b>IR 03: More inclusive and better informed policy process promoted</b> <b>Outcome 03: Health policy decision makers and other stakeholders using information to ensure implementation of revised policy</b>				
3.1 Drug policy design and implementation plans developed and being executed.	1. Advisory Committee functioning.	Ongoing activity.	NR	NR
	2. Support RAVREDA National Coordination. <ul style="list-style-type: none"> <li>Contract one high level professional to assist with coordination.</li> <li>Procure material and inputs.</li> <li>Maintain equipment.</li> </ul>	RAVREDA National Coordination functioning. Two notebooks purchased to support national coordination. Other procurements in process.	NR	NR
	3. Maintain sentinel sites, collaborating centers and reference laboratories functioning. <ul style="list-style-type: none"> <li>Ensure transportation.</li> <li>Procure materials and inputs.</li> <li>Contract temporary human resources.</li> <li>Contract four-high level technicians.</li> </ul>	New Terms of References for Letter of Agreement (LOA) discussed with collaborating centers to maintain sentinel sites functioning (efficacy studies to 3 different MQ+ASU formulations and Coartem).	NR	NR
	4. Prepare document on policy technical guidance for monitoring antimalarial drug resistance, including definitions of competencies. <ul style="list-style-type: none"> <li>Contract professional.</li> <li>Publish document.</li> </ul>	No progress made.	Planned for second semester.	NR

3.2 Evidenced based decisions on accessibility, quality and use of appropriate diagnosis and treatment promoted and implemented.	1. Implement strategies to improve prescription practices.	MOH planning to hire specialist to design guidelines for new treatment and strategies to improve prescription practices (written instruction).	NR	NR
	2. Elaborate panels for rapid test acquired by National Program for quality control.	No progress made.	LOA with National Reference Laboratory (IEC) to include this topic.	Specific proposal on standardization at regional level pending.
3.3 Information for use in promoting integrated vector management acquired and disseminated	1. Maintain entomology reference laboratories and six Entomology Operative Units (UOP.)	<ul style="list-style-type: none"> <li>• Units identified in Maranhao, Rondonia, Amazonas, Para, Amapa and Mato Grosso states.</li> <li>• Drafts of Protocols elaborated for evaluating: <ol style="list-style-type: none"> <li>1. Residual effect of pyrethroids</li> <li>2. FOG impact</li> </ol> </li> </ul>	NR	NR

COLOMBIA Progress Report

IR 01: Evidence-base for LAC PHN priorities increased (AMI)

Outcome 01: Antimalaria drug resistance assessed, drug policies defined, appropriate use of efficacious antimalarial promoted and entomological information available to guide control activities and promote integrated vector management

Activities	Planned Steps/Tasks	Actual Steps	Remedies	Remarks
1.1 Evaluate efficacy of antimalarial drugs in the Amazon Region.	1. Hold four Executive Committee meetings of National Network for monitoring malaria and other vector-borne diseases (ETV).	Hold Malaria National Committee in Bogota in February 2006 with participants of all institutions working on malaria. Approved resolution formalized Committee.	NR (none required)	Two other meetings planned for 2006.
	2. Conduct effectiveness study on SP+AS for uncomplicated <i>Plasmodium falciparum</i> in Tumaco (Nariño), Coartem in Tierra Alta (Córdoba) y MQ+AS in Turbo (Antioquia) and in Orinoquia – Amazonia (TBD).	<ul style="list-style-type: none"> <li>• Effectiveness study on Coartem and MQ+AS included in Plan approved to strengthen malaria program in six priority departments (among them Antioquia, Córdoba and Nariño).</li> <li>• MQ+AS ready to be introduced in Antioquia.</li> <li>• Coartem, MQ, AS procurement underway with GF resources.</li> </ul>	NR	NR.
	3. Continue <i>in vitro</i> implementation on surveillance of antimalarial drug resistance Phase I and develop and implement Phase II.	<ul style="list-style-type: none"> <li>• Sentinel site equipped in Tumaco, Pacific Coast.</li> <li>• Del Valle Medical Research Center (CIDEIM) to carry out Phases I and II.</li> </ul>	NR	NR

4. Supervise and coordinate visits to sentinel sites by national coordinator, physician/ coordinators and/or assistants; provide fare and <i>per diem</i> .	<ul style="list-style-type: none"> <li>• Joint visits to sentinel sites in Buenaventura, El Valle and Tumaco made by MOH, INS, CIDEIM and Health Departments.</li> </ul>	NR	NR
5. Strengthen management system for diagnosis quality control of malaria (thick blood smear, rapid tests).	<ul style="list-style-type: none"> <li>• Plan developed in coordination with Ministry of Health (MOH), National Institute of Health (INS) and five PAHO field offices to strengthen access and management of malaria diagnosis and treatment in high risk areas.</li> <li>• Panels for rapid test quality control prepared by INS.</li> </ul>	NR	Results to be available for next Steering Committee meeting in September.
6. Validate molecular marker resistance to antimalarial drugs as a tool for resistance surveillance.	Samples collected by CIDEIM to analyze molecular markers resistance to SP in eastern departments of Colombia.	NR	National meeting planned for second semester with participation by Dr. Ananias Escalante from the School of Life Sciences at Arizona State University.
7. Participate in international meetings on <i>in vitro</i> and molecular surveillance of antimalarial drug resistance.	Planned for second semester in Sao Paulo, Brazil.	NR	NR
8. Provide technical coordination to national RAVREDA/AMI workplan: salary, <i>per diem</i> , fare.	Technical officer contracted.	NR	NR

1.2 Evaluate and support accessibility and quality of malaria diagnosis and treatment facilities	1. Evaluate rapid test cost effectiveness and its use (performance, acceptability, and distribution) for malaria diagnosis in areas with limited access to thick blood smear.	Planned for second semester.	NR	NR
	2. Evaluate adherence to antimalarial treatment and to prescribing and dispensing performance in two sentinel sites using standardized protocols approved at regional level.	Planned for second semester, pending approval of final protocol at regional level.	NR	NR
	3. Extend study on drug management to two other departments.	In process. CIDEIM - in coordination with Health Departments of El Valle, Cauca and Chocó - to carry out analysis of drug management.	NR	NR
	4. Conduct studies on malaria in pregnancy and newborn, applying standardized protocols in two departments.	<ul style="list-style-type: none"> <li>• University of Antioquia's malaria group to analyze clinical histories of pregnant women with malaria.</li> <li>• Above group also to conduct study on consequences of malaria using protocol defined in regional meeting held in Santa Cruz, Bolivia.</li> </ul>	NR	NR
	5. Participate in regional workshop on Rapid test cost effectiveness.	Regional level decisions pending.	NR	NR

1.3. Develop network to obtain entomologic data.	1. Implement National Plan for monitoring resistance to insecticides in four selected priority areas ( <i>Anopheles albimanus</i> in Tumaco, Nariño, and Necoclí, Antioquia; <i>An. darlingi</i> , in Villavicencio or Vista Hermosa, Meta; and <i>An. nuñeztovari</i> in Quibdo, Chocó or Santander Norte).	National Plan developed in coordination with CONCIENCIAS Project and MOH. Implementation underway.	NR	NR
	2. Standardize guides and protocols on entomological surveillance and operational research. Implement interventions on evidence-based vector control.	<ul style="list-style-type: none"> <li>▪ Annexes of <i>Guide for Malaria Rational Vector Control</i> in final stage.</li> <li>▪ Workshop planned for second semester for national health workers to standardize guide and annexes.</li> </ul>	NR	NR
	3. Carry out entomological characterization and stratification for evidence-based vector control in four selected priority sites.	No progress.	Planned for May 2006.	NR
	4. Participate in two entomology regional workshops: <i>Standardization of guides and protocols; Review and standardization of taxonomic keys – infection detection on Plasmodium in Anopheles</i> ).	<ul style="list-style-type: none"> <li>• Two participants from MOH to attend Regional meeting on <i>Implementation of the Guide on Rational Vector Control</i> to be held in Panama in May 2006.</li> <li>• Meeting on taxonomic standardization planned for June 2006 in Bogota, Colombia.</li> </ul>	NR	NR

**IR 02: Evidence-base for LAC PHN priorities communicated and used**

**Outcome 02: Health care workers, policy decision makers, professional societies and vulnerable groups informed of appropriate strategies and interventions to be implemented.**

2.1 Share results of antimalarial drug efficacy trials within the health and other sectors.	1. Participate in annual RAVREDA/AMI meeting to evaluate and plan activities.	Four national staff members -two from MOH and two from research institutions- to attend technical meeting in April 2006.	NR	NR
	2. Disseminate scientific publications and technical documents: efficacy studies, adherence, National Guide on Malaria Management, National Policy on antimalarial drugs, Guide on quantification of antimalarial need, Guide on Rapid Test, and Guide on antimalarial drugs quality control.	Studies to be published on use–availability of antimalarial drugs and adherence to treatment during second semester.	NR	NR
	3. Participate in border zone meetings with participants from Brazil, Ecuador, and Venezuela to share research findings and plan joint activities in malaria prevention and control.	No progress made.	Planned for second semester.	NR
	4. Participate in symposium on malaria at National Congress of Tropical Medicine.	National Congress held in Bogotá in November 2005 attended by Departmental coordinators of Vector-borne diseases, included meeting on National Evaluation and Guidelines for planning. Technical support provided by PAHO/WHO RAVREDA.	NR	NR
2.2 Health professionals of all levels trained in diagnosis, appropriate	1. Design strategies and training to improve malaria diagnosis quality control and access, adherence and use of	No progress made.	Planned for second semester.	NR

management and use of antimalarials	antimalarial drugs.			
2.3 Entomological information collected, analyzed and used to guide integrated vector management by all sectors and community.	1. Train two entomological professionals in Regional center of excellence to implement integrated evidence-based vector control.	No progress made.	NR	NR
	2. Train professionals and technical personnel at departmental and municipal levels in the management of guides and protocols for entomological surveillance, operations research, and implementation of interventions of evidence-based vector control.	No progress made.	Planned for second semester of 2006.	NR

**IR 03: More inclusive and better informed policy process promoted**

**Outcome 03: Health policy decision makers and other stakeholders using information to ensure implementation of revised policy**

3.1 Drug policy design and implementation plans developed and being executed.	1. Support Antimalarial National Policy (PNMA) implementation.	Second phase of PNMA implementation underway. <ul style="list-style-type: none"> <li>• Two workshops held with participants from four Pacific Coast departments.</li> <li>• Workshop held in Quibdo, Chocó to supervise and review planning.</li> <li>• Commitment to strengthen management signed by authorities.</li> </ul>	NR	NR
	2. Implement surveillance system using minilabs to monitor available antimalarial drug quality control in national market in strategic sites of Medellin and Cali.	Two minilabs donated via agreement signed by Ministry of Social Protection (MPS) and MOH of Antioquia and Valle. First round of analyses carried out in	NR	NR

		Antioquia and tests standardized in both departmental laboratories.		
3.2 Information for use in promoting integrated vector management acquired and disseminated	1. Finish implementation of malaria epidemiologic stratification using the Geographical Information System in Tumaco, Nariño and at national level.	Support to Departmental Institute of Health in Nariño provided on stratification by municipalities and localities using Geographical Information System on malaria from 2001 to 2005. Same methodology to implement in other priority departments emphasizing improvement of information system.	NR	NR
	2. Implement pilot community surveillance system for malaria in high-risk areas of Nariño, Antioquia and Cordoba departments.	No progress made.	Planned for second semester of 2006.	NR
3.3 Information for use in promoting integrated vector management acquired and disseminated	1. Disseminate and implement in greater high risk areas the selective and integrated evidence-based vector control system.	No progress made.	Planned for second semester of 2006.	NR

## ECUADOR Progress Report

**IR 01: Evidence-base for LAC PHN priorities increased (AMI)**

**Outcome 01: Antimalaria drug resistance assessed, drug policies defined, appropriate use of efficacious antimalarial promoted and entomological information available to guide control activities and promote integrated vector management**

Activities	Planned Steps/Tasks	Actual Steps	Remedies	Remarks
1.1 Evaluate efficacy of antimalarial drugs in the Amazon Region.	1. Technical Advisory Committee and Project Management Support Team functioning. Hold periodic meetings to evaluate activities.	<ul style="list-style-type: none"> <li>▪ Two Technical Advisory Committee Meetings held during this period.</li> <li>▪ Impact experienced due to lack of medical staff to monitor implementation of RAVREDA/AMI activities and utilize assigned resources.</li> </ul>	Discussions held within Advisory Committee to solve problem.	NR
	2. Conduct efficacy studies on AS+SP in three sentinel sites based on malaria incidence, including one in Amazon Region.	Concluded on 10 February with 62 patients from 3 locations: Milagros, Emeralds, and Santo Domingo. 100% clinical response.	NR	NR
	3. Conduct technical supervisory visits to monitor progress of studies.	Technical visits conducted.	NR	NR

	<p>4. Conduct <i>in vitro</i> studies to evaluate susceptibility.</p> <ul style="list-style-type: none"> <li>▪ Procure inputs.</li> <li>▪ Train Personnel.</li> <li>▪ Standardize techniques in Colombia.</li> </ul> <p>Methods: WHO and DELI or HRP2, fresh isolates.</p>	Planned for second semester.	NR	NR
	<p>5. Establish baseline for molecular markers resistance to SP in joint activity with Peru and Colombia.</p>	Planned for second semester.	NR	Progress made with commitments agreed upon with International Atomic Energy Agency, to be integrated into RAVREDA activities.
1.2 Evaluate and support accessibility and quality of malaria diagnosis and treatment facilities.	<p>1. Evaluate quality of health care provided in malaria-endemic communities (quasi-experimental studies.) Conduct assessment on formal and informal antimalarial drug sales (epidemiologic survey).</p>	SINERGIA concluded evaluation and submitted final report. Approval pending.	NR	NR
	<p>2. Conduct field studies on rapid-test sensitivity, specificity and stability.</p>	Regional-level decisions pending.	Conducting cost evaluation of SD Bioline-Malaria.	NR
	<p>3. Evaluate adherence to Pf and Pv using standard protocols after implementation of new antimalarial drug policy.</p>	To be finished in May. Preliminary information to be presented at RAVREDA technical meeting. Written prescription developed to improve adherence. 55 patients included.	NR	NR

	4. Implement MSH tools, based on standard protocols, to train, monitor, and evaluate drug management.	Protocols adapted at local level with MSH coordination. Implementation interrupted due to human-resource problems.	<ul style="list-style-type: none"> <li>▪ Qualified staff identified to follow up on activity.</li> <li>▪ Planned for June.</li> </ul>	NR
	5. Extend new guidelines on malaria and pregnancy to five provinces on the Pacific Coast.	Tests carried out in seven cantons. Arrived at conclusion that malaria in pregnancy is an everyday reality. Recommendation made to introduce thick blood film as basic routine for prenatal care for early detection, adequate treatment, and patient follow-up.	NR	To be replicated in others provinces. Strategy to be adopted at national level.
1.3. Develop network to obtain entomologic data.	1. Implement evidence-based vector control model in selected areas, as agreed upon in Lima meeting: conduct entomologic evaluations, update information on vector dynamic in three regions of the country, and evaluate interventions and impact, using standard regional guidelines.	Planned for second semester.	NR	NR
	2. Implement Entomology Operational Units (UOE) in three pilot areas. Provide materials and equipment.	Basic entomology unit created, pilot area selected and equipped (Esmeralda, Pichincha and El Oro).	NR	NR

	<p>3. Implement regional plan on <i>P. falciparum</i> susceptibility to insecticides using regional guidelines.</p>	<ul style="list-style-type: none"> <li>• Implementation of protocols on surveillance of <i>anophelines</i> resistance underway and being testing in localities in Emeralds and Pichincha using both WHO method (insecticide-impregnated paper) and CDC method (bottle).</li> <li>• To be started in Area VIII El Oro. Necessary Integral evaluation not focused solely on entomological aspects related to insecticide use.</li> </ul>	NR	Pending finalization of standard regional guidelines.
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**IR 02: Evidence-base for LAC PHN priorities communicated and used**

**Outcome 02: Health care workers, policy decision makers, professional societies and vulnerable groups informed of appropriate strategies and interventions to be implemented**

<p>2.1 Share results of antimalarial drug efficacy trials within the health and other sectors.</p>	<p>1. Participate in RAVREDA-AMI meetings, workshops, and activities coordinated at regional level or by RAVREDA Member Countries.</p>	<p>Ecuador to host 5<sup>th</sup> RAVREDA Technical Meeting on 25-28 April in Quito. Five participants from Ecuador to attend.</p>	NR	NR
	<p>2. Share study results with scientific community and health authorities.</p> <ul style="list-style-type: none"> <li>• Design and print technical reports, posters, and pamphlets.</li> <li>• Publish in specialized journals</li> </ul>	<p>Agreement made with Environment and Development Health Foundation (FUNSAD).</p>	Planned for May.	NR

<p>2.2 Health professionals of all levels trained in diagnosis, appropriate management and use of antimalarials.</p>	<p>1. Conduct training for medical and non-medical staff and in professional schools (during meeting sessions) on use and management of new study results (workshops on adherence, prescription errors, self-medication, drug management, etc.; cover materials, travel, <i>per diem</i>.)</p>	<ul style="list-style-type: none"> <li>• SNEM acquired antimalarial drugs for first-line treatment. Stock to be completed with acquisition of Coartem, quinine in tablet form, and primaquine for children.</li> <li>• Five zonal authorities presented situation diagnoses and local requirements for proper management in warehousing and distribution (down to end-user level).</li> </ul>	<p>Reports to be presented to SNEM Director for review and implementation.</p>	<p>NR</p>
	<p>2. Conduct rapid-test studies: Define area and evaluate implementation in remote areas.</p>	<p>Planned for second semester.</p>	<p>NR</p>	<p>NR</p>
	<p>3. Extend drug quality control using minilabs in other epidemiological areas.</p>	<ul style="list-style-type: none"> <li>• Second round of antimalarial drug evaluation concluded in Emeralds, Pichincha, and El Oro.</li> <li>• Input and reagents acquired and delivered.</li> <li>• Province of Sucumbios incorporated into study: minilab delivered and staff trained. Evaluation to start in April.</li> </ul>	<p>NR</p>	<p>NR</p>

<p>4. Implement quality-assurance program in national laboratories based on pilot study results from Esmeraldas and El Oro.</p>	<ul style="list-style-type: none"><li>• Adequate indices of concordance in microscopic readings found in periodic controls carried out in all participating laboratories.</li><li>• Staff age factor: Personal data on microscopists indicating personnel at top of age limit currently performing these tasks, despite the fact that many of them are already experiencing visual deterioration that limits their work.</li><li>• Information system installed in zonal computer processing data entered on public-private diagnostic network.</li></ul>	<p>NR</p>	<p>Lack of professionals to support research placing continuation of current evaluations critically at risk.</p>
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2.3 Entomological information collected, analyzed and used to guide integrated vector management by all sectors and community.

<p>1. Conduct malaria stratification with entomology geo-referenced model using basic variables (incidence, social variables, vector dynamic, resistance, etc.) as agreed upon in GIS workshop in Bolivia. Use information provided by UOE as one of the variables for epidemiological stratification and comprehensive planning for malaria control in high-risk areas.</p>	<ul style="list-style-type: none"> <li>• Letter of agreement signed by Comprehensive Social Welfare Foundation (ASI). Problems reported with obtaining data, due to SNEM (computer) system failure at local and central levels.</li> <li>• Basic data from SNEM Form HQ-19 collected by Information System and Malaria Epidemiology Surveillance (SIVEME).</li> <li>• Pilot study carried out 6-7 February 2006 in Santo Domingo.</li> <li>• Workshop held in Esmeraldas in March 2006 to train SNEM personnel in management of new computer application. New computer application to update statistical information and perform analysis at local, provincial, and national level.</li> </ul>	<p>Extension requested.</p>	<p>Progress presented.</p>
<p>2. Develop proposal to evaluate use of alternative interventions for malaria control, such as impregnated mosquito netting and barrier control in three different epidemiological areas.</p>	<p>Pending finalization of regional guidelines.</p>	<p>NR</p>	<p>NR</p>

**IR 03: More inclusive and better informed policy process promoted**

**Outcome 03: Health policy decision makers and other stakeholders using information to ensure implementation of revised policy**

<p>3.1 Drug policy design and implementation plans developed and being executed.</p>	<p>1. Develop the following:</p> <ul style="list-style-type: none"> <li>• Proposals and documents as a basic general framework for malaria national policies (meeting with national and international professionals).</li> <li>• Techno-economic proposal to regulate the official inclusion of effectiveness, adherence, and other evaluations as part of regular health service plans.</li> </ul>	<p>Third draft on antimalarial drug policy being reviewed.</p>	<p>NR</p>	<p>NR</p>
	<p>2. Evaluate variables related to policy impact (severe malaria incidence and mortality due to lack of timely health-service delivery). IEC strategies.</p>	<p>Document to be presented at the end of April.</p>	<p>NR</p>	<p>NR</p>
<p>3.2 Evidenced based decisions on accessibility, quality and use of appropriate diagnosis and treatment promoted and implemented.</p>	<p>1. Develop proposal to regulate the use of antimalarial drugs and prescriptions by public and private health services. Disseminate the proposal.</p>	<p>Document to be presented at the end of April.</p>	<p>NR</p>	<p>NR</p>
	<p>2. Develop with MSH Coordinator a national plan for drug procurement and quality control, antimalarial drug presentation, and packaging and distribution based on MSH methodology.</p> <ul style="list-style-type: none"> <li>▪ Hold meeting with national and international professionals to develop a pilot in one province.</li> </ul>	<p>First contacts made with Hospital Cooperative of Antioquia (COHAN) to perform this activity.</p>	<p>Planned for second semester</p>	<p>NR</p>

	3. Design a digital system for monitoring the antimalarial use and distribution (distribution guarantee, NIH laboratory quality control).	No progress made.	NR	NR
	4. Hold seminars, workshop for technical personnel of SNEM areas on good management practice for drug and basic supply provision to control Malaria in risk areas.	Guidelines developed. Workshops held. Monitoring and evaluation Pending.	NR	NR
	5. Evaluate and follow up on policy changes adopted by MOH and their use in public-and private-sector information/education/communication (IEC).	Document to be presented at the end of April.	NR	NR
3.3 Information for use in promoting integrated vector management acquired and disseminated.	1. Develop a proposal on the use of chemical products for integrated vector control (using standardized regional guidelines).	Pending entomologic baseline results and standardized regional guidelines.	NR	NR

## GUYANA Progress Report

IR 01: Evidence-base for LAC PHN priorities increased (AMI)

Outcome 01: Antimalaria drug resistance assessed, drug policies defined, appropriate use of efficacious antimalarial promoted and entomological information available to guide control activities and promote integrated vector management

Activities	Planned Steps/Tasks	Actual Steps/Tasks	Remedies	Remarks
1.1 Evaluate efficacy of antimalarial drugs in the Amazon Region.	1. National Committee and RAVREDA committee functioning	<ul style="list-style-type: none"> <li>• Two National malaria oversight committee meetings held.</li> <li>• Four RAVREDA committee meetings held.</li> </ul>	NR	National Malaria committee meetings to be held on 2 June, 1 September and 3 December 2006. RAVREDA Monthly meetings to be held.
	2. Conduct efficacy <i>in vivo</i> study on Chloroquine and Primaquine against <i>P. vivax</i> malaria: <ul style="list-style-type: none"> <li>▪ Set up sentinel site.</li> <li>▪ Adapt RAVREDA Study Protocol; have protocol ready for submission to ethical committee and RAVREDA committee.</li> <li>▪ Carry out study with trained team.</li> </ul>	<ul style="list-style-type: none"> <li>• List of necessary supplies to be procured.</li> <li>• Team selected.</li> <li>• Approval from Ethical Committee obtained.</li> </ul>	Planned for Monday 10 April 2006.	Duration approximately 3 months.

<p>3. Develop baseline of <i>in vitro</i> susceptibility for Mefloquine, Cloroquine, Quinine and if possible, Artesunate:</p> <ul style="list-style-type: none"> <li>▪ Set up facility.</li> <li>▪ Contract trainer.</li> <li>▪ Train team.</li> <li>▪ Develop protocol.</li> <li>▪ Carry out study.</li> </ul> <p>Place: Georgetown, Guyana.</p> <p><i>Methods:</i> Mark II, DELI y HRP2 / Freshly isolated.</p> <p><i>Drugs:</i> MQ, CQ, DHAT, Lumefantrine.</p>	<p>On standby status.</p>	<p>Ministry of Health to decide on possibility of carrying out study using other facilities with the necessary equipment and personnel.</p>	<p>NR</p>
<ul style="list-style-type: none"> <li>• Test use of rapid tests in specific scenarios:             <ol style="list-style-type: none"> <li>1. Write workplan in coordination with Global Fund.</li> <li>2. Define implementation areas.</li> <li>3. Hold meetings to coordinate with possible stakeholders and participants.</li> <li>4. Visit selected implementation areas.</li> <li>5. Conduct supervision visits.</li> </ol> </li> </ul>	<p>On standby status.</p>	<p>Initial meeting to be held on 8 May 2006.</p>	<p>NR</p>

1.2 Evaluate and support accessibility and quality of malaria diagnosis and treatment facilities	<p>1. Carry out external quality control of antimalarial drugs used in Guyana through HPLC:</p> <ul style="list-style-type: none"> <li>▪ Inaugurate new lab in FDD.</li> <li>▪ Contract assistant for FDD and monitor minilabs.</li> <li>▪ Train personnel.</li> <li>▪ Develop workplan and protocols for external quality control in compliance with PAHO and USP standards.</li> <li>▪ Conduct quality control.</li> </ul>	<ul style="list-style-type: none"> <li>• New lab working</li> <li>• Reagents procured</li> <li>• First training program for antimalarial drugs carried out</li> <li>• Workplan written</li> <li>• Quality control executed quarterly</li> </ul>	NR	Still some training is needed for personnel of FDD new laboratory section.
	<p>2. Carry out external quality control on antimalarial drugs used in priority regions in Guyana using 2 minilabs:</p> <ul style="list-style-type: none"> <li>▪ Define regions in which minilabs can be implemented.</li> <li>▪ Define workplan for minilab use following PAHO and USP recommendations</li> <li>▪ Participate in training program on the minilabs use.</li> <li>▪ Supervision</li> </ul>	On standby status.	NR	NR
	<p>3. Carry out external quality control with USP to complete study of available antimalarial drugs in gold-mining Regions 7 and 1.</p>	On standby status.	Drugs from Region 1 to be procured in May 2006.	NR

1.3. Develop network to obtain entomologic data.

<p>1. Assess national entomological surveillance system, including participation in regional workshops and assessment itself (in coordination with Global Fund project).</p> <ul style="list-style-type: none"><li>▪ Identify personnel.</li><li>▪ Train personnel.</li><li>▪ Write workplan.</li><li>▪ Characterize priority areas implementing mosquito netting.</li></ul>	<p>On standby status.</p>	<p>NR</p>	<p>NR</p>
<p>2. Carry out insecticide susceptibility testing using CDC Bottle Technique/WHO Standard Diagnostic Test (in coordination with Global Fund project):</p> <ul style="list-style-type: none"><li>▪ Select sentinel site.</li><li>▪ Review and adopt protocol.</li><li>▪ Acquire insecticide susceptibility testing equipment, chemicals.</li><li>▪ Initiate testing.</li></ul>	<p>On standby status.</p>	<p>NR</p>	<p>NR</p>

**IR 02: Evidence-base for LAC PHN priorities communicated and used**

**Outcome 02: Health care workers, policy decision makers, professional societies and vulnerable groups informed of appropriate strategies and interventions to be implemented**

2.1 Share results of antimalarial drug efficacy trials within the health and other sectors.	1. Participate in regional workshops (List of workshops to be request from regional coordination.)			
	2. Hold training on writing protocols and on developing reporting skills. <ul style="list-style-type: none"> <li>▪ Hold workshop with TDR.</li> </ul>	Planned for second semester.	NR	NR
	3. Border zone meeting with: <ul style="list-style-type: none"> <li>▪ Venezuela to evaluate last meeting agreements, and</li> <li>▪ Brazil and Suriname</li> </ul>	On standby status.	NR	NR
2.2 Health professionals of all levels trained in diagnosis, appropriate management and use of antimalarials	1. Train Health Services coordinator in execution of workplans from each region in integration process, linking Health Services at central level with Malaria Program, PAHO and other sectors.	Resume under revision.	NR	NR
	2. Train/retrain all staff, both central and regional (Malaria, CHWs, and Medexes) to improve capabilities in prompt and accurate diagnosis by malaria microscopy and early treatment and surveillance (in coordination with Global Fund project in Regions 7 and 8). Implement regional workplans.	Training workplan being reviewed.	NR	NR

**IR 03: More inclusive and better informed policy process promoted**

**Outcome 03: Health policy decision makers and other stakeholders using information to ensure implementation of revised policy**

3.1 Drug policy design and implementation plans developed and being executed.	1. Hold consultation with technical malaria experts to discuss reports of <i>in vivo</i> studies and confirm drug policies.	International consultation carried out on new WHO treatment guidelines.	Posters and quick reference for local health workers being printed.	National Malaria Treatment Guidelines for Uncomplicated malaria available.
3.2 Evidenced based decisions on accessibility, quality and use of appropriate diagnosis and treatment promoted and implemented	1. Define specific plan of action for miners: <ul style="list-style-type: none"> <li>▪ Complete analysis of miners study and write report.</li> <li>▪ Define possible scenarios for pilot implementation with RAVREDA suggestions.</li> <li>▪ Define implementation package.</li> <li>▪ Define workplan.</li> </ul>	<ul style="list-style-type: none"> <li>• Final draft of report available.</li> <li>• Task force meeting to be held to discuss outcomes and possible strategies to be used among miners.</li> </ul>	Meeting will be held in May 2006 with task force, including Geological and Mining Commissions.	NR
	2. Improve drug supply system in all regions in coordination with MSH.	<ul style="list-style-type: none"> <li>• Malaria Rapid Assessment Tool (MAL RAT) being implemented. Initial region 9 and all Regional Health authorities have been interviewed. Initial processing carried out with MSH consultant.</li> <li>• Annual forecast using Quantimed as first line treatment carried out using morbidity method.</li> <li>• Improvement made in drug supply channels in Region 9 between MMU, Vector Control, Malaria program, and Regional Health services.</li> </ul>	MAL RAT to be incrementally implemented in other regions; processing in other regions to be incremental.	NR

	<ul style="list-style-type: none"> <li>• List of necessary malaria drug and supplies now available in Malaria Control Program.</li> <li>• List of antimalarial drugs legally registered in Guyana now available.</li> </ul>		
<p>3. Complete development of Interfase, decentralized information system, at regional level.</p> <ul style="list-style-type: none"> <li>▪ ED level layers.</li> <li>▪ Complete development of GIS as per agreement with Statistics Bureau.</li> <li>▪ Identify information needs for reporting.</li> <li>▪ Restructure registries in concordance with new automate information system.</li> <li>▪ Define training program and decentralized plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Training program in use of new system started in Regions 9 and 4.</li> <li>• Ongoing training in maintenance in progress for Guyanese IT specialists.</li> <li>• GIS database tested and adjusted for 2004 and 2005 in localities with infected cases.</li> </ul>	<ul style="list-style-type: none"> <li>• Design of new forms pending.</li> <li>• Decentralization to be incremental by region, starting with Regions 1 and 9.</li> <li>• New Reporting forms pending.</li> </ul>	NR

## SURINAME Progress Report

### IR 01: Evidence-base for LAC PHN priorities increased (AMI)

Outcome 01: Antimalaria drug resistance assessed, drug policies defined, appropriate use of efficacious antimalarial promoted and entomological information available to guide control activities and promote integrated vector management

Activities	Planned Steps/Tasks	Actual Steps	Remedies	Remarks
1.1 Evaluate efficacy of antimalarial drugs in the Amazon Region.	1. Malaria Board Functioning (photocopy, printing)	Malaria Board Functioning.	NR	Coordinator member of Malaria Board
	2. Support coordination.	Done and at work.	NR	NR
	3. Project Assistant	Done and at work.	NR	NR
	4. Comparison of 7 days Primaquine with 14 days in Kwamala – among isolated community of Amerindians, using local adaptation of RAVREDA/AMI protocol. (Kwamala, an isolated village near the Brazilian border with <i>P. vivax</i> prevalence all year around. Study to be conducted with continuous presence of medical students in area).	Ongoing activity.	Duration of project discussed.	Low number of cases (15 in 3 months) due to dramatic decrease of prevalence of <i>P. vivax</i> .
	5. Continue in Paramaribo of the trial on Coartem – Artecom (dihydroartemisinin + piperaquine + trimethoprim + primaquine).	Study initiated last year. Ongoing project slowed down by decreasing number of cases in Paramaribo (case reduction down by three quarters since 2003).	NR	¾ of the sample size accomplished (98 enrolled, 82 patients evaluated) target 100.

1.2 Evaluate and support accessibility and quality of malaria diagnosis and treatment facilities	1. Conduct survey with MSH protocol on diagnosis and treatment practices in the Brazilian community of <i>garimpeiros</i> .	Not implemented.	Activity to be re discussed with MSH in Quito.	Report – proposal being prepared by National RAVREDA Coordinator following trips.
1.3. Develop network to obtain entomologic data.	1. Participate in international and network meetings.	Surinamese participating in meetings.	NR	NR
	2. Strengthen Entomology Lab – Reagents and Equipment – for Elisa tests, bottle tests and field studies.	Reagents and Microscope acquired.	NR	Biologist now responsible for lab. Lab being refurbished with GF money, to be ready by July 2006.
<b>IR 02: Evidence-base for LAC PHN priorities communicated and used</b> <b>Outcome 02: Health care workers, policy decision makers, professional societies and vulnerable groups informed of appropriate strategies and interventions to be implemented</b>				
2.1 Share results of antimalarial drug efficacy trials within the health and other sectors.	1. Hold workshop to present the results of two year implementation of Coartem and discuss adherence to current treatment guidelines.	Not yet implemented.	To be implemented as soon as new acquisition of Coartem arrives.	Planned for latter in the year – Results analyzed and situation investigated.
	2. Produce monthly newsletter.	Partially implemented.	National system being build with GF funds.	Delayed with crisis of the Global Fund.
2.2 Health professionals of all levels trained in diagnosis, appropriate management and use	1. Implement diagnosis algorithm protocol using rapid tests for <i>P. Falciparum</i> and other <i>plasmodia</i> in gold mining areas and Amerindian villages, integrated into primaquine study in Kwamala.	Partially implemented.	NR	Report – proposal being prepared by National RAVREDA Coordinator following trips.

of antimalarials	2. Support implementation of Quality Control Lab in Central Laboratory.	Partially Implemented	<ul style="list-style-type: none"> <li>• QQ control implemented.</li> <li>• Microscopy Technical Advisory Committee formed by Malaria Board.</li> </ul>	Quality-control scheme designed, to be adopted in QQ lab to be put into operation with GF funds.
	3. Continue support for establishment of PCR in University of Suriname.	Implementation complete.	NR	Techniques established in the University – Results will be presented.
2.3 Entomological information collected, analyzed and used to guide integrated vector management by all sectors and community.	1. Monitor <i>A. darlingi</i> , main vector in Suriname insecticide; susceptibility to insecticides to be used for control (house spraying and netting) with bottle method.	Initiated with <i>aquasalis</i> .	NR	Waiting for increase in the numbers of <i>darlingi</i> captured.
	2. Determine sporozoite rates in selected situations - ELISA	Partially implemented.	Re-training being planned.	Equipment and reagents acquired. Survey being done in interior on a monthly basis.

**IR 03: More inclusive and better informed policy process promoted**

**Outcome 03: Health policy decision makers and other stakeholders using information to ensure implementation of revised policy**

3.2 Evidenced based decisions on accessibility, quality and use of appropriate diagnosis and treatment promoted and implemented.	1. Report regularly cases by strata. Support printing material and maintenance of database.	Partially done – BOG database upgraded – Links with GIS prepared.	Problems with data entry and compliance with national guidelines.	Being solved by contracting IT personnel with GF funds.
	2. Incorporate Strategy for Malaria in Pregnancy – National Guidelines into Integrated Management of Childhood Illnesses.	Not implemented yet	Waiting on guidelines from Quito meeting.	Implementation to be supported with GF funds

3.3 Information for use in promoting integrated vector management acquired and disseminated	1. Participate in International meetings.	Planned for April 2006 in Quito.	NR	NR
	2. Prepare Guidelines in Dutch for use of Rational IVM.	Not implemented yet.	Waiting on guidelines from Quito meeting.	Indoor Residual Spraying (IRS) and Long lasting Nets (LLNs) will be used in the country.