



**Pan American
Health
Organization**



*Regional Office of the
World Health Organization*



USAID
FROM THE AMERICAN PEOPLE

Progress Report

1 October 2006 – 31 March 2007

USAID – PAHO

Umbrella Agreement

30 April 2007

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Annex

Financial Report (1 January - 31 March 2007)

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 2005 is in development.	None required.	Surveillance activities have continued as planned.
	2. Annual meeting of laboratory network.	Was held in Montevideo, Uruguay, November 2006	None required.	
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 of antibiotic market patterns	Finished in HON, NIC, and PAR. Just beginning in DOR	Initiation of the project was delay in BOL because it was not cleared by the Ministry of Health	Two full papers are being submitted for publication in a peer review journal with the results from HON and NIC. The results of the studies conducted in Paraguay were shared with TAG members in December 2006.
1.3. Support the establishments of surveillance of nosocomial infections in tertiary level hospitals.	1. Through evaluation visits, determine the current situation of surveillance of nosocomial infections and quality assurance of AMR surveillance in Honduras	Was held in October 2006; evaluation report ready OPS/HDM/CD/428/06	None required.	
	2. Through evaluation visits, determine the current situation of surveillance of nosocomial infections and quality assurance of AMR surveillance in Nicaragua	National concurrence in negotiation with Nicaraguan authorities	None required.	Planned for second semester 2007

	3. Follow up evaluation to determine change and strengthen hospital infection control practices and quality assurance of AMR in ELS	National concurrence negotiated and plan for assessment developed	None required.	Scheduled for second semester 2007
	4. Follow up evaluation to determine change in and strengthen hospital infection control practices and quality assurance of AMR in GUT	Was held in March, 2007; evaluation report in process OPS/HDM/CD/062/07	None required	This evaluation was held only in the Social Security hospitals requested by the government
	5. Support hospital infection surveillance (training in data collection, analysis, dissemination and use) to address weaknesses identified during diagnosis visits. DOR	Not done yet		
	6. Conduct national course on hospital infection surveillance and control measures GUT	Not done yet		
	7. Conduct national course on hospital infection surveillance and control measures NIC	Not done yet		

Success Stories: For the first time in the AMR annual report data was added from CIPARS, Health Canada and NARMS, CDC, USA. For the first time the Social Security Administration in Guatemala formally requested an evaluation on hospital infections and antimicrobial susceptibility testing. PAHO comply with the request and the evaluation was held in Guatemala, March 2007.

IR 0? Evidence base for LAC RHN priorities communicated and used.				
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.				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
1.1 Promote the use of antimicrobial resistance surveillance data, to guide treatment of infections within health care institutions (training in data analysis).	1. Training in data management, analysis and dissemination for staff	During the annual laboratory meeting it was discussed the usefulness of WHONET and the need for improvement regarding data management and analysis.	None required	
1.2 Include rational use of antimicrobials in pre and post-graduate curricula of health professionals (nursing, medical, and public health, veterinary).	1. Develop an orientation to clinical practice course on infection control training program for future health care professionals entering hospital based career training, including prevention of TB spread and rational use of antibiotics.	Training materials were developed with the cooperation of professionals from BOL, ARG, GUT and PAR. An agreement to introduce the subject as mandatory was already obtained with Deans from Schools of Medicine in BOL, ELS and PAR	None required	Launching of these materials will be held in Asunción, Paraguay on June, 2007
Success Stories: CDC and PAHO jointly develop a course on control of respiratory infections in hospitals; the course was implemented in BOL and PAR. Also CDC and PAHO developed simple guidelines for establishing the status of TB infection control in hospitals, and it is now in the process of being reviewed.(OPS/HDM/CD/464-07)				

IR 03: More inclusive and better informed policy process promoted				
Outcome 1: Clinical practices to contain antimicrobial resistance promoted in hospital and community health care settings				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
1.1 Through health related professional societies, identify and use locally appropriate tools to contain antimicrobial resistance, with emphasis on tuberculosis, in health care settings, including clinical guidelines.	1. Conduct TAG and prepare PAHO's draft strategic plan for containment of antimicrobial resistance and hospital infection control.	The TAG meeting was held in Asunción, Paraguay, December 2006 A draft of the strategic plan for containment of antimicrobial resistance and hospital infection control was developed PAHO/HDM/CD/A/471-07	None required	
1.2 Analyze current legislation/regulations guiding surveillance of nosocomial infections, and advocate for their development and implementation, as required.	1. Publish results of study of current legislation/regulations on surveillance of nosocomial infections and their control.	In preparation	None required	
1.3 Advocate for improvement in the use of antimicrobials through the implementation of clinical guidelines and other practices.	1. Reproduction and distribution of 3rd. edition updated of clinical guidelines for the treatment of infections.	Last version of the 3 rd edition was reviewed and printed in April 2007. It is now being distributed	None required	
1.4 Advocate for a restricted use of antimicrobial drugs targeting health care workers, policy makers and the general public.	1. Provide support to countries in establishing infection control and pharmaceutical	Not done yet		

	committees, and implementation of clinical guidelines			
<p>Success Stories: The presentation at the National Academy of Sciences/Institute of Medicine/ USA on antimicrobial resistance surveillance and the lack of credibility of antimicrobial susceptibility testing in some countries lead the Board of the Academy to consider it as a patient safety issue problem. Implementation of activities to improve the situation will be done through collaboration among the IOM/USA and the different Academies of the Latin American Countries.</p>				

Part II: TUBERCULOSIS

IR 01: Evidence base for LAC PHN priorities increased 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 Strengthen the TB laboratory network	1. Monitoring visits of supranational reference Laboratories (Mexico and Chile) to selected countries	Monitoring visit to Nicaragua by the supranational reference Laboratory from Mexico (20-26 November, 2006)		
	2. Supra National Laboratory Meeting with participation of laboratory experts	Supra National Laboratory Meeting in Dominican Republic – 31 st march 2006		See report attached
	3. Development and application of a M&E tool for laboratory networks	Translation of WHO's management modules for laboratories.		
	4. Training course for laboratory managers			Planned for 2 nd semester 2007
2.2 Support technical working groups for the updating of manuals and laboratory guides.	1. Laboratory publication on quality assurance of the TB culture.			Planned for 2 nd semester 2007

IR 02: Evidence base for LAC PHN priorities communicated and used					
Outcome 2: Countries capacity to design, implement and evaluate efficient TB control programs increased					
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks	
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 Public-Private or Public-Public Mix (PPM) initiative on selected countries of the region with an consultant based in Washington	Dr. Raimond Armengol hired and based in Washington providing technical assistance for PPM implementation in the Region			
	2. Translation and publication of Guidelines for facilitating the private medicine's participation in the diagnosis and treatment of TB	In progress			
	3. Workshop of sharing experiences (Challenges, enablers and opportunities) about PPM initiatives in the Region. It will be integrated within the STOP TB meeting.				Planned for August 2007
	4. Monitoring visits to monitor the implementation of the PPM initiative	Visits to Guatemala (2-6 October 2006), Guyana (5-9 February 2007), Ecuador (9-13 April 2007) and El Salvador (16-20 April 2007)			The Guyana visit was funded by Regular budget and the Ecuador visit by the Global Fund - Ecuador
	5. Candidate selected from the Region to participate in the Fellowship Program on TB control in PAHO - WDC (1 Lab professional)	María Consuelo Garzón selected and already participating in the TB Fellowship Program in Washington DC.			
	6. Support for an STP to monitor the expansion of the DOTS	Dr. Matias Villatoro hired and based in Brazil.			Dr. Villatoro participated in the TB Program review of Ecuador (9-18 April 2007)

IR 10: More inclusive and better informed policy process promoted Outcome 1: Countries capacity to design, implement and evaluate efficient TB control programs increased				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
2.1 Develop strategies at country level to confront TB /HIV co infection.	1. Regional meeting on activities of TB/HIV inter programmatic collaboration			Meeting planned for August 2007
2.2 Develop clinical guidelines for comprehensive care of TB/HIV patients	1. Expert consultation on TB/HIV clinical care challenges (diagnosis and treatment)			Funds for this activity and the following two already available thru a TBCAP project. We would like to reprogram them for translation of TB/HIV related activities and for the purchase of a laptop for the PPM consultant
2.3 Adapt and disseminate information system to monitor TB/HIV burden.	1. Prepare guidelines on TB/HIV comprehensive care for Health Care workers.			See activity above
	2. Publish and disseminate the guideline on TB/HIV comprehensive care (Spanish and English)			See activity above

PACKAGE 2: MATERNAL AND NEONATAL HEALTH

IR 01. Evidence base for LAC PHN priorities				
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, perinatal and neonatal epidemiological surveillance systems (mortality and morbidity)	Increase the capacity of selected countries in the implementation of Maternal Mortality Surveillance Systems and support implementation in Paraguay, Honduras, Guyana, Bolivia, Nicaragua, Ecuador and Guatemala.	<ul style="list-style-type: none"> • Through partnership with PAHO, MOH El Salvador launched report on prospective maternal mortality surveillance in November 2006. • December 2006—Joint PAHO/WHO and USAID brown bag meeting with CDC experts held at USAID HQ to disseminate findings of case studies and lessons learned from RAMOS methodology studies to experts. • PAHO, jointly with CDC, provided technical cooperation to start implementation of the prospective maternal mortality surveillance with CDC and MINSa in Paraguay. A two page concept paper was drafted and presented to the MOH as well as to the donor community in Paraguay. The briefing outlined the importance of reducing maternal mortality in Paraguay and described objectives of a surveillance system, the strengths and benefits of implementing a system, the necessary steps to carrying out a surveillance system, and proposed a budget. During the 2 week visit, tools and instruments were reviewed in conjunction with the national and departmental teams. It is expected to begin in September 2007. 		<ul style="list-style-type: none"> • This partnership provided technical and financial assistance to the MOH which led to an institutionalized, active maternal mortality surveillance system providing data for action.
		<ul style="list-style-type: none"> • Maternal Mortality^{1,2} Surveillance System in 		

		<p>Guyana: Instruments were developed and the Georgetown hospital committee was formed. All key personnel were trained in the use of tools.</p> <ul style="list-style-type: none"> • SIP- Guyana: The perinatal clinical history has been adapted to the necessities of Guyana. The software has also been adapted. The first trial of the software is scheduled for the end of March . PMTCT indicators were incorporated. 		
	<p>Publish and disseminate the recommendations and results of Maternal Mortality technical meeting held in Brazil, August 2006.</p>	<ul style="list-style-type: none"> • Meeting report was completed as well as the final technical document report in English and Spanish. • Final report from meeting, entitled "Maternal Mortality Surveillance in the Latin American and Caribbean Region: Learning from Countries", distributed to participants. • Support provided to MOH Colombia and Panama to strengthen Maternal Mortality Surveillance systems, March 2007. 	<ul style="list-style-type: none"> • CEDES report will be distributed to participants of Brazil meeting and to Region shortly. 	
	<p>Update the SIP platform (development of software, specific reporting on maternal, fetal, and neonatal morbidity and mortality indicators) and development of an autoinstructional module to strengthen local analysis and decision making based on information.</p>	<ul style="list-style-type: none"> • A final draft of the autoinstructional module has been completed. 		
	<p>Continue with the development of the web based maternal mortality</p>	<p>During April 10 - 21, 2007 PAHO/CDC team members participated in a site visit to Georgetown, Guyana. The purpose of the visit</p>	<ul style="list-style-type: none"> • This trip will take place in April 2007; • Final report will be 	

	surveillance platform (software) and field testing.	<p>was to gather requirements for a web-based maternal mortality surveillance system for implementation at the local, regional, and national-level. Site team members conducted interviews with National and local stakeholders and included: Guyana's Minister of Health, MCH Director, and Statistical Unit members; Georgetown Hospital's Maternal Mortality Review Committee and HMIS/medical records department; New Amsterdam Hospital's CEO; and other relevant donors, NGO's, and Agencies. Other field observations and interviews include: a detailed review New Amsterdam Hospital's maternity/newborn patient flow model and medical records system; a review of a Canadian electronic medical system sponsored by Guyana's Ministry of Health; and a review of a PAHO-sponsored Malaria Surveillance System and a Filiarisis Web-Based System. Post-site visit, team members are responsible for generating a site visit report describing its findings and key recommendations. The primary aim of the report is to document the feasibility and costs associated with implementing a National Maternal Mortality Web-Based Surveillance System for systematic data collection, analysis and response. The site visit report is due May 4, 2007 and members are planning to reconvene to discuss the implementation plan for the project deliverable.</p>	distributed among partners and MOH Guyana.	
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IR 02. Evidence base for LAC PHN priorities communicated and used				
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.				
Activities	Planned Steps/Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
2.1 Support countries in expanding their capacity in the provision and use of selected interventions in Essential Obstetric and Neonatal Care services (EONC)	Carry out the study of use and availability of EOC and Neonatal health services network in Suriname. Follow-up in Dominican Republic, Ecuador and Guyana.	<ul style="list-style-type: none"> PAHO provided technical support to MOH and PAHO in Dominican Republic to support efforts to evaluate neonatal services in main referral hospitals; this includes the validation of the tool developed jointly with BASICS. A first draft report of Essential Obstetric Neonatal Care (EONC) was completed in Ecuador and discussed with partners. 	<ul style="list-style-type: none"> PAHO will provide technical cooperation for the study of use and availability of EOC and Neonatal health services network in Suriname. A trip is planned for April 2007. 	
	Disseminate the WHO neonatal clinical guidelines in Spanish	<ul style="list-style-type: none"> The document is ready for dissemination, however, it has been decided that it will be validated in 3 countries. 		
2.2 Strengthen country capacity in the implementation of key interventions to empower women, families and communities for maternal and neonatal health and care.	Continue with the implementation of the Rapid Assessment methodology developed in FY 05/06, in selected countries. Each country will continue to develop a plan of action regarding empowerment of Women, Families and Communities (WFC). Publish the CD Rom Module of Empowerment of women,	<ul style="list-style-type: none"> Currently, processes have been different in each country. Intense implementation of the framework is being carried out in 3 countries—El Salvador, Paraguay and Honduras. Concurrently, discussion and dialogue to share experiences in developing the component, as well as different activities to strengthen capacities, has been promoted between El Salvador, Honduras and Paraguay. 		Continue promotion of WFC network in the region.

	<p>families and communities to improve maternal and neonatal health for distance learning including field testing in the Region.</p>	<ul style="list-style-type: none"> • The framework has been introduced in Haiti and discussions are on-going to determine ways to move forward. WHO/Geneva and a Swiss- based NGO, Enfants du Monde, have been key partners in providing support to countries. • In addition, a workshop package ("the Package") has been developed (in English) to strengthen the skills of MNH program managers and providers to contribute to individual, family and community empowerment. The Package includes an agenda for the two day training, a workshop guide with presentations and hand-outs, and an interactive CD. The purpose of the training is to provide managers and providers with a practical understanding of the concept of empowerment and how to operationalize empowerment in MNH programs. • A draft of the package has been sent to different experts for their review and has been updated. The draft will be field tested with providers and program managers in Guyana in June 2007. After the field test the document will be translated into Spanish. 		
<p>2.3 Dissemination of evidence-based interventions to address</p>	<p>Develop a monitoring and evaluation tool for Neonatal IMCI including SIP neonatal</p>		<p>A meeting is scheduled to be held in July 2007.</p>	

Neonatal Sepsis and Neonatal IMCI	standards.			
	Collaborative Neonatal Sepsis distance learning program. Assessment instrument/learning tool.	PAHO has participated in the development and coordination of the three national plans.		

Outcome 03. Evidence based practices in maternal and neonatal health introduced in curricula of schools of medicine, nursing, and midwifery, and journalism and communication.				
Activities	Planned Steps/Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
3.1 Workshop with selected leaders from Schools of Medicine, Departments of Pediatrics and Ob/Gyns to strategize the incorporation of evidence-based Maternal and Neonatal Standards of care and tools within a continuum of care approach. A similar workshop with selected leaders from the Schools of Nursing and Midwifery will be carried out as well.	Prepare purpose of the workshops, agenda and methodology, list of participants, plan and complete administrative logistics, carry out workshops, and prepare final report. Purchase of mannequins for training centers.	<ul style="list-style-type: none"> • 18 study plans by selected schools of medicine were evaluated. For this an instrument is in development that provides the methodology for the evaluation of the study plans. These study plans will be evaluated by 4 university professors (2 Pediatricians and 2 Ob/Gyns) with the support of PAHO and an expert in Medical Education, who will provide the technical support in developing the evaluation instrument and final report. • This activity is programmed for September 2007, and will take place in Nicaragua. It has been decided to evaluate the contents of curriculum from nine selected countries in the Region so that it serves as a central basis for the meeting with Universities. 	Resources planned are not enough. There is a need to discuss reprogramming of resources.	In May, consultants will meet to develop the evaluation instrument. A final report will be developed on the situation of learning in maternal, neonatal and infant health in the principal universities on the 9 selected countries in Latin America and the Caribbean (LAC).
	Support the Regional ICM Conference on Midwifery to be held March 2007 in Mar del Plata, Argentina.	<ul style="list-style-type: none"> • PAHO sponsored workshops at the Regional ICM Conference held in Mar del Plata, Argentina, 11-13 March. Presentations included updates on Perinatal Health, Reproductive Health Services for Adolescents, Active Management of the Third Stage and Communities of Practice. • Midwifery faculty from Haiti, Nicaragua, Paraguay, Ecuador, Peru, DOR, Chile, Argentina, Trinidad, Suriname, Jamaica, Uruguay, Canada and USA participated. • PAHO and other midwifery experts in the 		

		<p>region attended the ICM conference.</p> <ul style="list-style-type: none"> In addition to the workshops mentioned above, presentations were made on quality of care post-abortion, maternal mortality reduction initiatives and pandemic flu. Translation services were also supported. More than 500 midwives from 22 countries 		
<p>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>				
		attend.		
	Disseminate WHO midwifery kit	<ul style="list-style-type: none"> WHO midwifery kit: Module on monitoring and evaluation added and toolkit was translated into Spanish and printed. The official launch was held at the ICM conference in March and copies distributed to participants. The tools are being utilized by consultants as they support activities in countries in assessment, education, legislation and quality of services. The Tool Kit is also in the libraries of the Communities of Practice. The tool kit is being translated into Portuguese for supporting work in Brazil and in African countries. Varney's Midwifery book (4th edition) was translated into Spanish last year with the support of PAHO and PALTEX; it was distributed to all countries in the LAC region. To date, the textbook has been also launched in Bolivia, Costa Rica, Puerto Rico, Dominican Republic, Paraguay and Peru. 	<ul style="list-style-type: none"> Copies of Spanish toolkit will continue to be disseminated to Region during 2007 to support ongoing development in strengthening midwifery. HAI, GUY, PAR, DOR, BOL are continuing. 	
Success Stories				
<p>Strengthening of nursing and midwifery activities continued this semester, including fruition of the long-awaited translation and regional adaptation of the WHO Midwifery Competencies toolkit. This Spanish version will be extremely useful for nurse/midwives and professors in the Spanish-speaking Latin American countries; it includes a new module on monitoring and evaluation.</p>				

Activities	Planned Steps/Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
<p>4.1 Promote regional sharing of best practices by developing and utilizing case study findings on successful experiences in maternal and neonatal mortality reduction with and among countries with high maternal and neonatal mortality</p>	<p>Publish and disseminate the case studies developed under USAID funding FY 04/05. Case studies of neonatal mortality outbreaks in Bolivia and Ecuador as well as a case study on maternal mortality surveillance in Mexico have been identified and to be confirmed.</p>	<ul style="list-style-type: none"> • A PAHO priority is to increase support and recognition of successful experiences through the development of case studies on maternal and neonatal morbidity and mortality in the region. During this period we are finalizing 2 new case studies in Colombia and Argentina. Both experiences are considered successful and will be part of a PAHO document to be published in late 2007. • In Colombia, the network of maternal and perinatal centers of excellence is being documented, and lessons learned will be drawn on how the initiative has contributed to the improvement of maternal and perinatal health locally and nationally. • In Argentina, a neonatal case study was identified entitled "Neonatal Health services centered on the family." In Buenos Aires, Hospital Ramon Sarda. 		

IR 03: More inclusive and better informed policy process promoted

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.

Activities	Planned Steps/Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
<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; formulation and implementation of regional and national integrated communication strategies and empowerment of women, families and communities.</p>	<p>1. Develop a Neonatal Regional Plan of Action jointly with partners. 2. Disseminate regional strategies and technical documents related to maternal and neonatal mortality and morbidity reduction. 3. Provide technical cooperation in 5 priority countries (Bolivia, Guyana, Haiti, Honduras, Nicaragua) in development and/or revision of maternal mortality reduction national and local policies 4. Dissemination of key outcomes of the 3 year grant at the "Pearls Conference".</p>	<p>1. • PAHO developing Neonatal Regional Plan of Action; first draft version has been finalized and is being reviewed by experts at PAHO. This regional plan of action will be discussed with countries and partners in August 2007 in Paraguay. Panama launched the Maternal Mortality and Perinatal National Plan. A needs assessment on EOC has been planned as a first step for implementation, as well as to review the functioning of the maternal mortality surveillance system. 2. • PAHO provided Technical cooperation to Guyana, Haiti. • A policy assessment in Nicaragua has been planned for May 2007.</p>	<p>• Draft plan of action will be reviewed, edited and final version will be ready for dissemination by 2008 • Data collection tool needs to be updated.</p>	
	<p>Disseminate all neonatal documents such as: Regional Workshop, Document and resolution approved by the DC in September 2006.</p>	<p>Neonatal Directive Council document and a catalog of all regional technical tools in MNH that are available have been prepared and are ready for printing.</p>		
	<p>Support a high-level assessment of the current</p>	<p>No progress in this activity. A meeting is planned with BASICS to discuss next</p>		

	situation of neonatal health in 2 selected countries which will include policy, plans and epidemiology, using the neonatal regional strategy as a basis. Two of the following countries will be selected (Bolivia, Nicaragua, Honduras, ELS, DOR or Ecuador).	steps.		
	Provide direct technical cooperation to countries listed in the Agreement.	Technical cooperation activities focused on supporting countries in the implementation of specific key interventions such as promoting the strengthening of skilled attendance at birth, and maternal mortality surveillance in Guyana, Colombia, Paraguay, Suriname, Honduras, Guatemala, Dominican Republic, and Bolivia.		
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 Dominican Republic to provide direct technical cooperation in supporting countries in implementing the pillars of regional strategy at the country level.	In collaboration with the PAHO/WHO representatives in Honduras, Nicaragua, and Paraguay, technical cooperation has been strengthened in these countries through the support of national professionals. Funds have been allocated to partially fund the contract of one consultant in each of the PAHO/WHO country offices.		
5.3 Strengthen partnerships and coordinate efforts with other collaborating agencies and NGOs, at global, regional and	1. Secretariat Task Force for Maternal (and Neonatal) Mortality Reduction 2. Support the development and implementation of TF Workplan for FY 06	A Task Force meeting is programmed for this year with priority countries. Nevertheless, changes in UNICEF (up to the date we do not have a counterpart in the Region of the Americas) and in the		

<p>national levels to support the implementation of the regional strategic framework of maternal and neonatal health.</p>	<p>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>World Bank have slowed the process. Commitment exists from USAID, UNFPA, FCI and PAHO to carry out the monitoring meeting of the countries. Collaborative Partnership for Achieving Improved Maternal and Newborn Health in the Americas through Nursing and Midwifery has consolidated work building a functioning Community of Practice in the WHO sponsored Knowledge Gateway. An Action Plan 2006-2009 was adopted in October, 2006, priorities were established and a detailed Work Plan 2006-2007 was developed with specific activities for each of the Members (WHO Collaborating Centers, professional associations and other midwifery and nursing organizations. Areas of work include policy/professional practice; education; services; monitoring/research and support to key countries.</p>		
<p>5.4 Implementation of national standards and training materials to ensure appropriate medical, nursing and midwifery education and improved quality of care.</p>	<p>Continue providing technical cooperation to Schools of Nursing and Midwifery on midwifery based competencies in selected countries. Continue to develop the Nursing and Midwifery web based communities of practice. Strengthen skilled attendance at birth activities in Guyana/Suriname, Haiti, El Salvador, Guatemala, DOR, Honduras, Ecuador, Peru, Bolivia, Paraguay, and</p>	<p>Communities of Practice operational for Collaborative Partnership and Making Pregnancy Safer (English and Spanish). Planning underway for Educators (supported by Michigan) and researchers (supported by San Francisco and Chile) National workshop in Haiti in November to review Case Study and make recommendations for future plans particularly scaling up nurse-midwifery education/support from McMaster University. Recommendations under review in Ministry. Assessment in Guyana in October with development of plan to support midwifery with education first</p>		

	Nicaragua.	<p>priority. Support is ongoing by Pennsylvania.</p> <p>Consultation on midwifery education in Paraguay March 2007 with support from Chile.</p> <p>A pre-conference (Regional ICM) workshop for Midwifery Educators of the Americas resulted in the creation of a Community of Practice to facilitate ongoing work.</p>		
Outcome 06: Key stakeholders and partners have been mobilized and are working together to support implementation of effective interventions for maternal and neonatal health.				
Activities	Planned Steps/Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
6.1 Collaborate with professional associations of nursing, midwifery, OB/GYNs, and Pediatrics to carry out activities endorsing the implementation of maternal and neonatal regional strategies approved by PAHO Governing Bodies.	At the country level support the implementation of a joint workplan among FLASOG, FEPPEN, ICM and Pediatric associations to evidence-based practices to reduce maternal and neonatal mortality.	<p>Support for Regional ICM conference previously mentioned. ICM and ACNM are members of the Collaborative Partnership also mentioned previously. They are also active in the communities of practice.</p> <p>Four professional affiliations in coordination with Universities and MOH are implementing specific projects of dissemination and promotion of evidence-based interventions</p> <p>Centro NACER in Medellin – Colombia is implementing a Project on prevention and treatment of main causes of obstetric hemorrhages, Colombia: "Training Project on Obstetric Hemorrhage."</p> <p>To the date the following activities have</p>		

		<p>been carried out:</p> <ul style="list-style-type: none"> - Four discussion meetings on protocol of obstetric hemorrhage between anesthesiologists and obstetricians, to achieve a consensus. - Achievement of adjustments to the protocol. Attainment of materials for the workshop and achievement of tests, which were successful. - Discussion with the managers of the simulation center on the practicality of developing the workshop. Effectively it is possible to carry out in accordance with the original idea. - Separation of the dates in the center of simulation; there are two workshops per week for 10 weeks, which will start on May 15, 2007. - Design of the teaching material to deliver to the hospitals. - Programming of dates of simulation on the part of the capacitors before the official workshops. - Making and mailing of invitation to the institutions for the workshop. - The Dominican Republic is working on a project on Hypertension Induced in Pregnancy. - Bolivia is going to implement a proposal of active management of the pregnancy as in Ecuador. 		
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PACKAGE 3: HEALTH SECTOR REFORM

IR 01: Evidence base for LAC PHN priorities increased				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
<p>1. Based on the final version of the document, "Scaling-Up Health Systems based on PHC through the Integration of TB, Malaria, other Infectious Diseases, and MCH", and the background paper "Stewardship Capacity of the National Health Authority: Lessons Learned from Brazil, Chile, and Costa Rica in Leadership and Regulation", develop a toolkit tailored to decision-makers and to technical counterparts at the country level to scale-up national health systems.</p>	<p>i. Conduct experts meeting to discuss final version of the document "Scaling-Up Health Systems based on PHC through the Integration of TB, Malaria, other Infectious Diseases, and MCH".</p> <p>ii. Identify and analyze the operational linkages between the PHC strategy and programs which target TB, Malaria, other infectious diseases, and MCH.</p> <p>iii. Utilizing a Building Block Framework outline a series of steps that can be followed by the countries to achieve integrated care in health systems based on PHC according to the health system function, namely stewardship, financing, and health services delivery.</p> <p>iv. Formulate guidelines for a "rapid assessment" of the</p>	<p>- Draft version of the document Scaling-Up Health Systems based on Primary Health Care (PHC) was disseminated internally to the different units responsible for PHC, ID and MCH.</p> <p>- After receiving a first round of comments, a series of meetings took place in January and February with experts from each unit to discuss the incorporation of the recommendations into the paper.</p> <p>- Once comments were systematized, operational linkages between the PHC elements, and TB, Malaria, other infectious diseases and MCH programs were identified.</p> <p>- An extensive literature review on the operational linkages between PHC, and ID and MCH, including best practices from several countries was prepared and the findings</p>	<p>- The validation of the final draft of the scaling-up paper will be done in two steps:</p> <p>1. e-Discussion Forum where the document will be disseminated for comments and suggestions;</p> <p>2. Special session on scaling up health systems during the Workshop "Findings and Perspectives on Essential Public Health Functions in the Americas" which will be held in Lima, Peru, from May 29 – June 1st, 2007 (this task will replace planned step i).</p> <p>- Step ii was anticipated and done prior to the experts meeting, so that the discussion that would follow would also address the strategy</p>	<p>- A new internal meeting to discuss the final version of the paper (with the incorporation of the comments and findings of the literature review on the operational linkages between PHC and ID) is scheduled to take place at the end of April.</p>

	<p>countries health system and health services centering on indicators related to PHC, Malaria, TB, other infectious diseases, and MCH utilizing the Health Systems Profiles Methodological Guidelines as the primary input.</p> <p>v. Profile countries according to priority criteria for scaling-up health systems utilizing a population-based approach based on the following indicators: (a) total health coverage; (b) ethnic composition; (c) poverty levels; and (d) incidence/prevalence of TB, Malaria, and other diseases as well as MCH related morbimortality, among others.</p>	<p>were integrated into the document (step ii).</p> <p>- Together with the Health Services Organization Unit, indicators for PHC are currently being identified. At the same time, a first draft of the guidelines for "rapid assessment" are under elaboration (step iv).</p>	<p>for linking the PHC elements with the "vertical programs"</p> <p>- As we advanced on this task, it became clear that more time was needed for the elaboration of the Building Block Framework. We therefore have included the development of a framework to achieve integrated care (step iii) as part of the activities proposed for the new grant agreement with USAID (2008-2010).</p>	
<p>2. Assess status of public health infrastructure (PHI) and develop plans to strengthen PHI in at least three countries.</p>	<p>i. Finalize the document on Public Health Infrastructure Assessment.</p> <p>ii. Hold special session on Public Health Infrastructure Assessment with three LAC country teams at the LAC Forum to assess and develop preliminary plans to strengthen public health</p>	<p>- 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 disseminated for comments at headquarters and PAHO country offices.</p> <p>- An internal meeting was held</p>	<p>- A special session on Public Health Infrastructure will be held during the Workshop on "Findings and Perspectives on Essential Public Health Functions in the Americas" which will take place in Lima,</p>	<p>- Public Health Infrastructure assessments for the three LAC countries will be presented during the Regional Forum (Activity 8).</p>

	infrastructure.	<p>in Feb. 2006 to discuss the paper. A series of recommendations and suggestions came out of this process.</p> <p>- Comments are currently being incorporated into the final version of the document (this step includes incorporating additional Spanish and Portuguese sources, and expanding the conceptual framework).</p>	Peru, from May 29 – June 1 st , 2007. In this session, three LAC countries will be identified to conduct the PHI assessment.	
3. Assess existing capacity in public health policy and systems research to strengthen EPHF #10 (Research in Public Health).	<p>i. Develop two country plans to strengthen Public Health Research Capacity based on the assessment completed in 2 USAID target countries.</p> <p>ii. Strengthening plans completed and disseminated in hard copy, CD and through the LACHEALTHSYS web site.</p>	<p>- Assessment of existing capacity for Public Health Research in Brazil completed.</p> <p>- Public Health Research Strengthening plans completed for Peru and Colombia.</p>	None Required (NR).	- Strengthening Plans are currently undergoing final review. Once finalized, documents will be formatted and disseminated through the LACHEALTHSYS Web site.

Success Stories: Dynamic cooperation and continuous dialogue between the Health Policies and Systems Development Unit and the Infectious Diseases Unit, Family and Community Health Area and Health Services Organization Unit regarding the development of the background paper titled Scaling Up Health Systems based on Primary Health Care (PHC) through the integration of TB, Malaria, other Infectious Diseases (ID), and Maternal and Child Health (MCH) and the ongoing organization of the Regional Forum to be held in September 2007 constitutes the major achievement of IR 01.

IR 02 Evidence base for LAC PHN priorities communicated and used				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
4. Plan and organize a capacity-building workshop centered on "Interventions to Scale-Up Health Systems based on PHC and achieve Integrated Care in the Delivery of TB, Malaria, other Infectious Diseases, and MCH."	<p>i. Utilizing rapid assessment guidelines, countries carry out a self-appraisal of their health system and services, centering on indicators related to PHC, Malaria, TB, other infectious diseases, and MCH.</p> <p>ii. Countries prepare a draft "Scaling-Up Interventions Agenda" for their specific country.</p> <p>iii. Prepare draft proposal for PAHO/WHO technical cooperation scheme for Scaling-Up Health Systems based on PHC.</p>	<p>- Capacity-building workshop will be held during special session on Scaling Up Health Systems as part of the Workshop "Findings and Perspectives on Essential Public Health Functions in the Americas" which will be held in Lima, Peru, from May 29 – June 1st, 2007.</p>	<p>- In order to ensure the participation of all relevant actors, and the inclusion of themes that are currently under development, we thereby propose that the framework for PAHO/WHO technical cooperation on scaling-up health systems (planned step iii) be incorporated in the new grant agreement with USAID (2008-2010).</p>	<p>- During the capacity-building workshop one country will be identified to pilot test the rapid assessment guidelines and prepare a draft "Scaling Up Interventions Agenda."</p> <p>- The results of the pilot assessment in one country and the draft Scaling up agenda will be presented in the Regional Forum (Activity 8).</p>
5. Administer, oversee and update Health Systems Strengthening, Essential Public Health Functions, and Health Information Systems electronic websites.	<p>i. Develop and disseminate e-bulletin on Health Systems Strengthening/Reform, EPHF, and HIS.</p> <p>ii. Create a discussion forum/"break through" series*, in which several countries are linked into a</p>	<p>- On February 27th, the EPHF Web page was officially launched and the updated version of the LACHEALTHSYS Web site was presented (which includes the newly added HIS and Steering Role sections).</p> <p>- Three electronic discussion</p>	<p>- The e-bulletin will focus on the main topics that will be addressed in the Regional Forum. The issue will have articles on Scaling Up Health Systems, Public Health Infrastructure and Strengthening of</p>	<p>- The Web launch took place during a Technical Seminar sponsored by PAHO/WHO, MSH, Global Health Council and The World Bank. The seminar titled <i>The Health Systems Strengthening Conundrum: How do Essential Public Health Functions fit into the Puzzle?</i> brought together over 80</p>

	process of actively addressing and solving a reform or health systems issue.	forums are currently under construction. Two of them will be used for the dissemination and discussion of the papers on Scaling Up Health Systems and Public Health Infrastructure. The third e-forum will focus on the Regional Forum (Activity 8) and will encourage a debate on the major themes that will be discussed during this event.	the National Health Authority.	participants from several organizations.
6. Prepare and disseminate 12 new editions of Country Health Systems Profiles and 1 Health Sector Analyses through the LACHEALTHSYS Webpage.	<p>i. Provide technical cooperation to the countries while completing the first draft of the Health Systems Profiles; and of the Health Sector Analysis.</p> <p>ii. Edit and revise translation of the final draft of the Health Systems Profiles and Health Sector Analysis completed by the countries.</p>	<p>- Profiles for Puerto Rico, Guatemala, Dominican Republic and Panama have been finalized; are currently under final edition; and will be disseminated through the LACHEALTHSYS Web page shortly.</p> <p>- A proposal for carrying out a Health Sector Analysis in the Dominican Republic has been elaborated.</p>	NR.	<p>- The following countries are in the process of completing their profiles: Honduras, Nicaragua, Costa Rica, El Salvador, Paraguay, Brazil, British Virgin Islands and St. Vincent and the Grenadines.</p> <p>- The Health Sector Analysis Methodology was used as an input for the development of the Health Sector Analysis Unit under the Public Health State Secretariat (Secretaría de Estado de Salud Pública, SESPAS) of the Dominican Republic.</p>

Success Stories:

1. The completion and launch of the Essential Public Health Functions (EPHFs) Web page, in addition to the redesign of the LACHEALTHSYS Web site (with the inclusion of sections on Health Information Systems and Steering Role) constitutes the major achievement for IR02. The large audience (over 80 participants) that

was present during the Web launch at the National Press Club is evidence of the strong interest in the topic. In addition, the inter-programmatic effort with the Health Analysis and Statistics Unit proved to be very productive and culminated with the incorporation of the HIS page in the LACHEALTHSYS Web site.

2. The creation of a Health Sector Analysis Unit under the Public Health State Secretariat (Secretaría de Estado de Salud Pública, SESPAS) of the Dominican Republic represents another success story. PAHO/WHO provided technical cooperation for the creation of this Unit and the Health Sector Analysis documents were used as important inputs for the identification of the responsibilities of the Unit.

IR D3: More inclusive and better informed policy process promoted				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
7. Formulate and promote a "Buy-In Strategy" across relevant technical and financial international cooperation agencies for "Scaling-Up Health Systems Based on PHC."	<ul style="list-style-type: none"> i. Develop strategy to raise support around the theme "Scaling-Up Health Systems Based on PHC". ii. Convene meetings. iii. Conduct negotiations. 	<ul style="list-style-type: none"> i. Based on the last version of the Scaling-up health systems document, a brief strategy paper and a PowerPoint presentation were elaborated and will serve as the basis for the negotiations with international cooperation agencies. ii. Meetings with the World Bank and the Andean Health Organization have been scheduled for May. iii. Meetings are currently being scheduled with the Spanish Agency for International Cooperation (AECI), Canadian International Development Agency (CIDA) and the Brazilian Government. 	NR	- The strategy paper and PowerPoint presentation were also distributed to the PAHO/WHO External Relations Unit with the goal of including the topic of scaling-up health systems among the list of themes in PAHO/WHO's agenda for negotiation with other partners/donors.
8. Organize Health Sector Reform Regional Forum on, "Scaling-Up Health Systems Based on PHC through the Integration of TB, Malaria, other Infectious Diseases and MCH." * A special session on Strengthening the Conduct/Lead and Regulation dimensions of the Steering Role as it	<ul style="list-style-type: none"> i. Prepare Forum Scope and Purpose. ii. Prepare Forum Agenda. iii. Prepare List of Participants. iv. Plan and complete 	- On March 29-30, a Training Workshop on Performance Evaluation and Strengthening of the Steering Role Function of the National Health Authority was held at the PAHO headquarters in Washington, D.C.	- Due to the fact that the Steering Role Workshop was held in March, a special session on Conduct/Lead and Regulation during the Regional Forum will no longer take place.	- The two-day Steering Role seminar brought together high level officials from Peru, Ecuador, El Salvador, Costa Rica, Haiti, Chile, Puerto Rico, Honduras, and Panama. - After consultation with PAHO/WHO Regional Office and

<p><i>relates to TB and other infectious diseases, PHC and MCH will be conducted during the Forum.</i></p>	<p>administrative logistics (hotel contract; liaison with USAID missions and PAHO country offices; travel arrangements, etc).</p> <p>v. Carry-out Forum</p> <p>vi. Prepare Forum proceedings.</p>		<p>- The focus of the Forum will be on the three main topics that have been the axis of the PAHO/WHO-USAID Cooperation on Health Systems Strengthening:</p> <ol style="list-style-type: none"> 1. Scaling Up Health Systems; 2. Public Health Infrastructure 3. Strengthening of the National Health Authority 	<p>USAID Mission in Peru, the Regional Forum will take place in that country on the week of September 17th.</p>
<p>9. Organize and promote policy dialogues on options/strategies to extend social protection in health to MN population in at least 3 target countries.</p>	<p>i. Short document with success stories regarding the policy dialogues conducted in at least 3 target countries.</p>	<p>- A series of social dialogue activities to reduce exclusion in health were carried out in five clusters of municipalities (mancomunidades) in Honduras.</p> <p>- Results of additional policy dialogue activities carried out in other countries are currently being compiled.</p>	<p>NR</p>	<p>The Honduras experience along with other dialogue activities carried out in two additional countries will be incorporated into a short document on success stories on policy dialogues.</p>
<p>Success Stories: The social dialogue activities that were carried out in Honduras represent a success story. The dialogues focused on the reduction of exclusion in health in the selected municipalities and allowed for active participation of the population involved in the discussion of actions to improve access to health care.</p>				

PACKAGE 4: HEALTH INFORMATION SYSTEMS

IR 01 Evidence base for IAC PHN priorities increased				
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 Assist technically to national teams in charge of the development of Health Information System.	<p>Honduras Technical visit of PAHO and MEASURE to review and support the HIS Strategic Plan.</p> <p>Technical support from a professional of INSP of Mexico to produce advocacy documents on HIS Strategic Plan.</p> <p>Paraguay Technical visit of professionals from PAHO and MEASURE to support the elaboration of the HIS Strategic Plan.</p>	None required (NR)	<p>Extensive technical support has been systematically provided to HIS national teams from Honduras and Paraguay using conference calls and other distance collaboration tools.</p> <p>PAHO focal points in PWR/Honduras and PWR/Paraguay have provided permanent technical support to HIS national teams.</p>
	1.1.2 Assessment and Situation Analysis of Health Information System based on the established framework, conceptual framework and standardized toolkit.	<p>Paraguay HIS national team from Paraguay applied the Situation Analysis Monitoring Tool (SAMT/HMN) and made the HIS situation analysis based on it.</p> <p>The Organization and</p>	None required.	<p>The document HIS situation analysis in Paraguay was produced based on SAMT.</p> <p>The application of PRISM framework and rest of the tools is already planned in Paraguay in order to get in-depth information about actual HIS situation.</p>

		Behavioral Assessment Tool (OBAT/PRISM) was applied. At this time the team has done the analysis and it is producing a HIS situation report.		
	1.1.3 Planning and implementation of actions/interventions to develop the National Health Information System	<p>Honduras Based on HIS situation analysis and other previous reports on Honduran HIS, the HIS national team made the planning phase and the HIS Strategic Plan and Action Plan was produced.</p> <p>Case of Paraguay Paraguay started the planning phase using the HIS situation analysis available.</p> <p>Three ad hoc working groups – one per objective- were created to develop the proposal of Action Plan for three prioritized objectives of the HIS Strategic Plan. Nation HIS team is carrying out technical meetings each week.</p> <p>PAHO and MEASURE Evaluation focal points are participating in some of these meetings via Tele-Conference.</p>	None required.	<p>Honduras HIS Strategic Plan is available. HIS national team is advocating the HIS Strategic Plan to national authorities and started looking for additional funds from donors and international organizations to start the intervention phase. Some actions are being prioritized to be covered with PAHO/USAID funds in this period.</p> <p>Paraguay The HIS Strategic Plan is under development in Paraguay. In order to start the implementation phase three objectives have been prioritized (Human Resources, Core Health Indicators and Infrastructure), and currently the Action Plan for those objectives is being finalized.</p> <p>No intervention/action on HIS has started yet.</p>

	1.1.4 Evaluation of actions and interventions.	To be started in the second half of the year		A review about methodological approaches, methods and tools to evaluate actions/interventions is in progress. Some interventions are planned to be carried out in the next months. We are not sure if their evaluation is going to be done before October 2007.
	1.1.5 Technical visits of national teams members to Institutions and Centers which has implemented successful experiences and key process in HIS.	Member of HIS national team from Paraguay visited Brazil to attend the 14 th Working Meeting of Inter-agency Health Information Network (RIPSA) and review on-site some Brazilian health information systems.		The technical visit of Paraguayan team to Brazil turned out to be a productive experience, which has stimulated the need of defining and harmonizing a set of core health data as a fundamental base for decision making in health.
1.2 Develop standardized materials for health information systems assessment and guidelines for improving the organization of national health information networks..	1.2.1 Synthesize documented experiences of implementation of monitoring process for improving the performance of HIS.	To be started in the second half of the year	None required.	
	1.2.2 Development of a guideline for the analysis of the assessment of HIS and the production of the Strategic Plan for HIS	A review of best practices about Strategic Planning was done. A guideline for elaboration of HIS Strategic Plan is under development and it has been used in Paraguay and Honduras.	None required.	

IR-02: Evidence base for LAC PHN priorities communicated and used				
Outcome 2: The definition, collection, validation, and dissemination of the Core Health Data has been improved and consolidated in all levels				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
02.01 Strengthen activities on Core Health Data Indicators at subnational level.	2.1.1 Support the production process of Core Health Indicator (CHI) at subnational level.	Honduras and Paraguay initiated a consensus process on Core Health Data at the subnational level. This process is being initiated in other countries of the Region under the technical lead of the PAHO focal points.	None required.	The process is being carried out mainly at national level. It is recommended to conduct a similar process at first and second administrative level, taking into account the decentralization of the health system in every country
	2.1.2 Stimulate and promote the establishment of a web-based dissemination/publication component of the Core Health Indicator Information System.	A review of available tools for dissemination of health information was done. As a result, InstantAtlas (GeoWise) was identified as a very good tool to support base analysis (eye-catching patterns) and dissemination of information. A prototype of InstantAtlas application for Regional Core Health Data is under development.	None required.	InstantAtlas application prototype for Regional Core Health Data is under development. InstatAtlas is a simple tool that can be used to facilitate the analysis, use and dissemination of health information at global, regional, sub-regional, national and local levels.
	2.1.3 Stimulate the establishment of documented successful experiences and key process to improve the standardization, validation, production and use of Core Health Indicators at subnational levels.	PAHO/WHO Representation in Brazil, Ministry of Health and Fundacion Oswaldo Cruz (FIOCRUZ) initiated a project to disseminate the experience of Inter-Agency Health Information Network (RIPSA) for the use of health information for health policies.	None required.	This should be articulated with other regional and national initiatives and cooperation programs.

IR 03: More inclusive and better informed policy process promoted
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

Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
03.01 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, including recommended measures and indicators to evaluate the impact of implementation of these standards and guidelines.	3.1.1 Contribute with the development of technical tools, standards and guidelines for improving the organization of Health Information Systems in collaboration of other Technical Groups.	Technical discussions about the development and application of PRISM framework and tools have taken place among professionals of MEASURE Evaluation/JSI Inc., PAHO and INSP of Mexico. INSP of Mexico continues the development of the automation of PRISM tools.	None required.	A productive technical collaboration has been established among professionals of PAHO and MEASURE Evaluation/JSI Inc.
	3.1.2 Disseminate the application and use of developed technical tools, standards and guidelines for improving Health Information Systems to all countries in the Region of America through PAHO's cooperation activities, meetings and publications.	Some technical papers about application of framework and standard tools to strengthen HIS are under preparation. Other papers are planned to be published and disseminated in PAHO Epidemiological Bulletin, Pan American Public Health Journal and WHO Bulletin.		A paper about Technical Cooperation in LAC to strengthen HIS is going to be presented in a panel at the Congress of Global Health Council on May 2007, in Washington DC,
03.02 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 for coordination and sharing of information related to technical cooperation in HIS.	The HIS Virtual Portal & Web-based communication platform is maintained systematically. All available documents, framework, tools and country experiences are published in it.	None required.	

	3.2.2 Maintenance and improvement of the Open Web Site for technical cooperation in HIS for the America's Region, for dissemination and promotion of best practices to improve HIS.	The Open Web Site Portal has been already implemented and it is in production. All documents, experiences, framework, tools, technical meeting, events, and reports are published in it.	None required.	
	3.2.3 Implementation of an Open Forum (Bulletin Board System) component as a component of the Open Web Site on HIS.	The technical infrastructure for the forum was established. A dissemination of the Open Forum has been initiated among HIS national teams and other countries in order to start its use.		

Success Stories:

Horizontal (South-South) collaboration among countries as a key process to strengthen Health Information Systems. One of the PAHO strategies to strengthen National Health Information Systems is to promote the collaboration and exchange of experiences, ideas and results of the implementation of national HIS among countries of the Region. As results of the first stage of the Project, the successful experiences and key process of HIS from Mexico and Brazil were elaborated, exchanged, published and disseminated among the countries. All success experiences on the implementation of the monitoring process of HIS performance in Honduras and Paraguay are being documented in order to be published and disseminated in the region. In order to provide a more consistent framework for cooperation among countries, PAHO has been promoting technical visits and direct technical exchanges of experiences between National HIS team. A very fructiferous technical visit was carried out by members of HIS team of Paraguay to Brazil. As part of this technical visit, they had the opportunity to participate in the annual meeting of Health Information Inter-Agency Network (RIPSA). RIPSA is one of the successful experiences of Brazilian HIS, which has conducted and steered the elaboration and implementation of Core Health Data Initiative at national and subnational levels in Brazil. This visit allowed the Paraguay's national team to know in details the implementation of some of subsystems of Brazilian Health Information System and some of the strategies followed to get positive results in HIS. At the same time, Brazil opened new doors for collaboration in capacity building and training of health professionals involved in HIS. As a result, the HIS Strategic Development Plan that is currently being developed by the HIS team of Paraguay is including activities and tasks regarding training and human resource development that are going to be supported by Brazil. Some examples are: a starting collaboration between National Institute of Health from Paraguay and Fundación "Osvaldo Cruz" FIOCRUZ to train Paraguayan health professionals in Brazil in epidemiology and public health areas. Also FIOCRUZ is going to support the review of curricula and training contents of the INS of Paraguay, among others activities.

In Paraguay the Ministry of Public Health and the General Direction of Planning and Evaluation have demonstrated a commitment in the development of National Health Information System. Taking into account the results of the assessment and situation analysis of HIS phase and the need to redesign the current Health Information System of Paraguay in order to produce high quality health information and improve their use for decision making, the Ministry of Public Health and General Direction of Planning

and Evaluation have created the National Program for Strengthening the HIS and it has opened a new budgetary line to support this program, both by Ministerial Resolutions.

The collaboration between MEASURE Evaluation and PAHO leading the Regional Strategic Program for strengthening HIS. The joint effort between MEASURE/Evaluation and PAHO continues producing a significant impact in strengthening HIS in countries of the Region, by providing technical assistance, methodologies, tools, guidelines and case studies for implementing effective solutions for HIS. The technical leadership and permanent technical direct collaboration given to national HIS team has made possible to introduce and implement three out of five phases of monitoring process of HIS performance in Honduras and Paraguay.

PACKAGE 5: SOUTH AMERICAN INFECTIOUS DISEASES INITIATIVE (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.	See under ID IR 03 outcome 1 activity 1.1 task 1.	None required	
	2. Develop PAHO's draft strategic plan for containment of antimicrobial resistance and hospital infection control, including tuberculosis (Tb).	A draft of the strategic plan for containment of antimicrobial resistance and hospital infection control was developed PAHO/HDM/CD/A/471-07	None required	
1.2 Prepare country profile regarding antimicrobial resistance and hospital infection for each SAIDI country: Bolivia, Paraguay and Peru.	1. Complete and publish - Results of studies of cost of treating infections in the community; - Cost of treating antimicrobial resistant infections in hospital settings; - Results of studies (KAP) among medical students.	Diagnostic visits by national/international teams completed in the three countries.	None required.	
1.3 Determine the infection prevention and control status in the community and in hospitals.	1. Follow up evaluation to determine status of hospital infection and antimicrobial resistance surveillance, and strengthen infection control activities.	Will be developed by national professionals in the second semester of 2007	None required	
	2. Follow up evaluation to determine status of hospital infection and antimicrobial	A visit to the INS in Peru has been planned for May 2007 to follow up on evaluation	None required	

	resistance surveillance, and strengthen infection control activities.			
	3. Develop diagnostic capability for detection of AMR through molecular techniques in support of control program activities. Pilot Project using TB as a model.	Resources were obtained from CDC to strengthen laboratory capability, including molecular techniques for detection of AMR including TB in the Central Lab of Paraguay	None required	
Success Stories: The results of the evaluation conducted in previous years were accepted by national authorities from SAIDI countries. Now they are continuing to implement measures to fill the gaps.				

Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
2.1 Include rational use of antimicrobials in pre and post graduate curricular of health professionals (schools of nursing, medicine, pharmacy, public health and veterinary)	1. Develop an infection control training program for future health care professionals entering hospital based career training	See ID IR 02 outcome 1, activity 1.2 task 1		
	2. Develop/adapt sterilization manual for use in hospital and outpatient care.	Has been already developed. It will be sent to external reviewers as an external evaluation		
	3. Conduct training workshops on containment of respiratory infections, including TB, in the hospital (prevention of multiresistant infections).	Conducted in collaboration with CDC in PAR and BOL		
2.2 Include antimicrobial susceptibility testing and quality assurance in academic curricula of microbiology, biochemistry and allied professions.	1. Finalize academic curriculum to improve (quality assurance) bacteriology and susceptibility testing to antimicrobials.	Done with the National University of Asuncion, specifically with the School of Chemistry		
	2. Support implementation of above changes to curriculum			
	3. Finalize communications strategy	In preparation with LinksMedia		

IR 03: More inclusive and better informed policy process promoted
 Outcome 03: Clinical practices to contain antimicrobial resistance promoted in hospital and community health care settings

Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
3.1 Develop national plans for containment of antimicrobial resistance in three SAIDI countries.	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"> • Treatment guidelines recommendations • Hospital infection control • Antimicrobial susceptibility testing and dissemination of results • Drug policy issues (quality control, sales, dispensing, selection, procurement) 	Multisectorial national plans will be developed in ASU, BOL, and ECU. Also in discussion for PER		

PACKAGE 6: AMAZON MALARIA INITIATIVE (AMI)

Bolivia

Outcome 1: Antimalarial 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/Tasks	Remedies (if required)	Remarks
1.1 Evaluate efficacy of antimalarial drugs in the Amazon Region.	1. Finalize first efficacy study on <i>Plasmodium vivax</i> resistance to CQ in three sentinel sites.	First sentinel site enrolled 100% of patients; second sentinel site 90% and third one 50%. Preliminary results available.	None required (NR)	Measurement of CQ metabolites in blood and genotyping the strain in progress.
	2. Finalize <i>in vitro</i> studies on sensibility to <i>Plasmodium falciparum</i> .	<ul style="list-style-type: none"> Human resources trained and ready to perform ELISA technique for the <i>in vitro</i> study. Procurement of reagent and inputs in process. 	NR	NR
	3. Maintain sentinel sites and reference labs.	Meeting held with Malaria Program and INLASA (reference center) to implement network for microscopic diagnostic quality control.	NR	NR
	4. Support project coordination.	RAVREDA/AMI coordinator and consultant hired to provide technical support to activities.	NR	NR
1.2 Evaluate and support accessibility and quality of malaria diagnosis and treatment facilities.	1. Conclude quality control of antimalarial drugs, using minilabs.	Two rounds of antimalarial drugs quality control performed in sentinel sites using minilabs.	NR	Results show that all samples kept active ingredient. Expired Antimalarial removed from stock.
	2. Provide support for conducting survey on "Compliance to Malaria Therapeutic Standards by Health-Service workers in the Amazon Region of Bolivia".	In progress. The study collected 20% of data.	NR	NR

Outcome 2: health care workers, policy decision makers, professional societies and vulnerable groups informed of appropriate strategies and interventions to be implemented				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
2.1 Share results of antimalarial drug efficacy trials within the health and other sectors.	1. Participate in international and/or border-zone RAVREDA/AMI meetings.	Participants from Bolivia attended the VI Regional Technical Meeting held in Brazil in March 2007.	NR	NR
	2. Implement MQ + AS combination therapy, in fixed doses, in coordination with DNDi.	Not done. Awaiting MOH request to start implementing MQ+AS fixed doses.	NR	Changes of authorities in the MOH delayed this implementation.
	3. Disseminate and publish evidence-based results on antimalarial drug resistance.	Awaiting final study results to publish and disseminate information.	NR	NR
2.2 Health professionals of all levels trained in diagnosis, appropriate management and use of antimalarials.	1. Support national policy on antimalarial drug management, based on DAS and DUS study results, promoted by MSH.	The strategic and operational Plan for antimalarial drug management designed in coordination with Malaria program based on the study results.	NR	NR

Outcome 3: Health policy decision makers and other stakeholders using information to ensure implementation of revised policy.				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
3.2 Evidence based decisions on accessibility, quality and use of appropriate diagnosis and treatment promoted and implemented.	1. Strengthen national policy on rapid testing in chestnut-growing areas.	Protocol to evaluate rapid diagnostic test implementation in mobile population approved.	NR	1,097 samples of OptiMal® collected. Results are available.
	2. Strengthen malaria stratification system and information analysis.	Plan on stratification designed. It includes activities in malaria endemic localities of Beni and Tarija.	NR	NR
3.3 Information for use in promoting integrated vector management acquired and disseminated.	1. Implement entomology and vector-control strategies promoted by RAVREDA/AMI.	Not done.	<ul style="list-style-type: none"> • CDC will provide technical support in training technicians. • Bolivia requested to Regional level increase of budget to hire personnel in entomology. 	<ul style="list-style-type: none"> • Lack of human resources available to implement vector control and surveillance activities. • Budget in workplan does not cover human resources.

Brazil

Outcome 1: Antimalarial 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/Tasks	Remedies (if required)	Remarks
1.1 Evaluate efficacy of antimalarial drugs in the Amazon Region.	1. Implement standardized protocol for <i>in vivo</i> study on <i>Plasmodium vivax</i> resistance (efficacy and therapeutic response) in 100% of patients, applying therapeutic schemes approved by the Ministry of Health.	Letter of Agreement (LOA) signed with "Fundação de Medicina Tropical do Amazonas".	None required (NR)	Study starting next period.
	2. Monitor <i>in vivo</i> studies in sentinel sites.	<p>Studies in course have been supervised by local coordinators.</p> <ol style="list-style-type: none"> 1. Artequin and Coartem® (in adults) supervised in Roraima by National Malaria Control Program and CC Amazonas. 2. FACT – articulate and mefloquine fixed dose supervised in Pará and Acre States. A general evaluation was conducted including all field people and partners (Farmanguinhos, São Paulo University). 3. Coartem® - Amazonas 4. Artesunate and Mefloquine – Amazona. 	NR	<ol style="list-style-type: none"> 1. Done, reports are being prepared. 2. Second evaluation planned for next semester (after first year of implementation of the study). 3. Done. Results shared in Campos do Jordão. 4. Done. Results shared in Campos do Jordão.
	3. Conduct <i>in vitro</i> studies on <i>Plasmodium falciparum</i> sensibility to cloroquine, mefloquine, quinine, and artemisin in patients with persistent parasitemia.	<ol style="list-style-type: none"> 1. Baseline studies on <i>in vitro</i> using in house kits conducted in Pará. 2. Material for CC Amazonas procured. 	Materials (plates, medicine) will be sent to Amazonas to start the field work as soon as possible.	Problems with material: high prices, difficulties to import material caused delay on this activity.
	4. Conduct molecular study on antimalarial drug resistance in samples from efficacy studies. (Collect and provide samples for	Not done.	Samples to be sent to Fiocruz	NR

	transportation, provide technical staff for transportation.) The technician will evaluate mutations <i>vis-à-vis</i> genetic resistance.			
	5. Measure antimalarial drug level in blood by high performance liquid chromatography (HPLC). Standardization of the ultraviolet technique.	Not done. A Brazilian researcher is going to CDC, Atlanta for training in this methodology	NR	Updated records show no therapeutic failure in efficacy studies.
1.2 Evaluate and support accessibility and quality of malaria diagnosis and treatment facilities.	1. Extend adherence studies on first-line treatment for <i>P. falciparum</i> and <i>P. vivax</i> in all states in the Amazon region.	Not done.	Studies will be carried out in priority areas next semester.	NR
	2. Evaluate malaria rapid diagnosis made by network laboratories.	Not done.	Waiting decisions at regional level.	NR
	3. Evaluate antimalarial drug management and its impact on quality control: analyze costs, availability of drugs, guidelines in health units, and drugs dispensed in health centers.	Form adapted and ready for implementation in the field. Supervisor evaluated availability and dispensing of drugs in health centers. Results on drugs quality control reviewed.	NR	On going field tests.
	4. Evaluate accessibility to malaria diagnosis using Geographical Information System: define goals, promote network extension, and evaluate results.	Model using GIS done in highly endemic city of Acre.	NR	NR
	5. Monitor antimalarial drug quality control using minilabs.	Second round done in Pará and Amapá States.	NR	LOA signed with University of Minas Gerais to do confirmatory tests.
	6. Evaluate and characterize the problem of malaria in pregnancy.	Data collected in health services.	Data collected being checked.	Discussions between PAHO, MOH – Malaria Program and Maternal Health is on going
1.3. Develop system to guide vector control interventions.	1. Develop baseline studies in priority areas.	Four meetings in four States carried out to implement baseline studies, as	Next step is to extend the work to others	NR

		agreed in new proposal of focalization.	states.	
	2. Monitor vector susceptibility to insecticides.	Bioassays done in 2006 in Amazonas, Rondonia, Amapá and Maranhão States. The 2007 round started in Pará, Acre and Maranhão State.	NR	NR
	3. Validate vector-control activities: interior spraying, fogging.	Activity done along with the implementation of the focalization proposal. It started in Acre State.	NR	NR

Outcome 2: health care workers, policy decision makers, professional societies and vulnerable groups informed of appropriate strategies and interventions to be implemented				
Activities	Planned steps /Tasks	Currently Steps/Tasks	Remedies (if required)	Remarks
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.	Brazil host RAVREDA Regional Meeting in March 07.	Border zone meeting promoted. As a result, Bolivia and Brazil set up a meeting for next semester.	NR
	2. Monitor and validate network: RAVREDA/AMI support team, advisory committee and implementation group.	Two meetings held to discuss specific issues: diagnosis quality and mosquito resistance.	NR	NR
	3. Promote the work of the malaria therapeutic committee at the MS-SVS meeting to validate network results and revalidate antimalarial drug policy.	Committee meeting held in the Regional Meeting. Drug policy revalidated.	NR	NR
	4. Provide support for participation in national scientific meetings for sharing results of efficacy studies.	RAVREDA researchers and health professionals attended Congress of Tropical Medicine carried out in Campos do Jordao, Sao Paulo, Brazil in March 2007.	NR	NR
	5. Provide support for publication of RAVREDA/AMI study results in scientific publications.	Efficacy study results on <i>P. vivax</i> and <i>P. falciparum</i> as well as on rapid tests are being analyzed and document to be published is in progress. Study results in drug quality control submitted to MIOC.	NR	NR
	6. Produce, translate, and print technical reports, guidelines, and manuals.	Not done.	NR	NR
2.2 Health professionals of all levels trained in diagnosis, appropriate management and use of antimalarials	1. Distribute guidelines on rapid testing to Health Services.	Not done	Next step is to conclude guidelines for drug management in health cares.	NR
	2. Implement actions for diagnosis quality assurance: form external evaluation panels in all Amazon States (9), hold	<ol style="list-style-type: none"> 1. Meetings on new methodology held with responsible staff from the States 2. Some states started to use new methodology as pilot. 3. Panels prepared. 	A professional will be hired to conduct this activity.	On going Training on new methodology being discussed; evaluation before implementation will follow.

	meetings to validate new methodology on quality control decreasing the number of slides to review.			Lack of support to Reference Laboratory delaying shipment of panels.
	3. Implement institutional strategies to improve adherence to treatment: written prescriptions, better presentation.	1. Material prepared and being used in municipalities that are already using Coartem® 2. A printed prescription for malaria vivax treatment has been developed (to be implemented this year)	NR	NR
2.3 Entomological information collected, analyzed and used to guide integrated vector management by all sectors and community.	1. Hold entomology meetings for high- and mid-level professionals.	Not done	NR	Planned for September 2007.
	2. Participate in international entomology meeting.	Two people attended meeting on Taxonomy in Bogota.	NR	NR
	3. Implement Entomologic Information System (SIVEP-Vectors): hold a national meeting, provide supervisory services to the states, hold a validation meeting	SIVEP – vectors launched and being piloted.	NR	On going
	4. Produce, translate, and print technical reports, guidelines, and manuals on entomology.	Guidelines on spraying translated, printed and distributed.	NR	NR

Outcome 3: Health policy decision makers and other stakeholders using information to ensure implementation of revised policy				
Activities	Planned steps /Tasks	Current Steps/Tasks	Remedies (if required)	Remarks
3.1 Drug policy design and implementation plans developed and being executed.	1. Advisory Committee functioning.	No meetings of the complete advisory committee during the period but there was a regular meeting of the coordination group	Meeting with the entire advisory committee including participants from health services programmed for May 10 - 11 / 2007	There was discussion of aspects related with RAVREDA during National malaria assessor committee
	2. Support RAVREDA National Coordination. • Contract one high-level professional to assist with coordination tasks.	Professional contracted	NR	NR
3.2 Evidence based decisions on accessibility, quality and use of appropriate diagnosis and treatment promoted and implemented.	1. Promote inclusion of RAVREDA/AMI activities as part of the health-service agenda. Include Malaria managers in RAVREDA meetings. Improve access to results and protocols.	Malaria managers attended RAVREDA Regional meeting. Report on RAVREDA activities is included in malaria epidemiologic situation report published by MOH.	NR	On going
	2. Implement IEC strategies into antimalarial drug policy.	Not done	Design and produce material including impregnated mosquito nets planned for second semester.	NR
	3. Disseminate guidelines to improve local management of diagnosis and treatment, including tools promoted by RAVREDA/AMI.	Guidelines being prepared. Tools being discussed.	NR	On going
	4. Monitor impact of introduction of the new scheme for <i>P. falciparum</i> : • Implement intervention studies. • Evaluate the use of	<ul style="list-style-type: none"> Intervention study is in the 8 month of implementation. The use of primaquine is been evaluated in the intervention study. The malaria therapeutic committee considering the no inclusion of primaquine in 	NR	NR

	<p>primaquine.</p> <ul style="list-style-type: none"> • Improve case-reporting. • Evaluate use of malaria information system for monitoring impact on drug policy and management. 	<p>the treatment for malaria <i>falciparum</i>.</p> <ul style="list-style-type: none"> • Coartem® was purchased to all endemic areas and implemented in 4 States. • On going activities on improvement and evaluation of malaria information system for monitoring impact on drug policy and management 		
	<p>5. Implement epidemiologic stratification using GIS: develop phase I, II and III of the strategy designed in 2006.</p> <p>Develop routine analysis for automatic generation of malaria program indicators at municipal level.</p> <ul style="list-style-type: none"> • Extend capacity of epidemiological information using stratification. • Update malaria information system of urban, wards, and settlement areas. • Improve case-reporting in special areas, such as indigenous and mining areas. 	<p>1. Meetings held to start the use of epidemiologic stratification with SIVEP data and GIS (Rondonia)</p>	NR	On going
<p>3.3 Information for use in promoting integrated vector management acquired and disseminated.</p>	<p>1. Implement the decision-making strategy for judicious use of insecticides</p>	<p>Activity done together with the implementation of the focalization proposal .The strategy was presented at the National Malaria Meeting in Manaus.</p> <p>Draft of the material distributed. Entomologists went to some states to disseminate and suggested gradual implementation.</p>	NR	NR

Colombia

Outcome 1: Antimalarial 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/Tasks	Remedies (if required)	Remarks
1.1 Evaluate efficacy of antimalarial drugs in the Amazon Region.	1. Hold three Ministry of Health (MoH) Advisory Committee meetings on malaria and other vector-borne diseases (ETV). One more meeting to be organized using local funds.	Meeting held 10-13 December 2006 in Bogota. Progress report on activities carried out during 2006 and planned activities for 2007 presented.	NR	MOH Advisory Committee planned for July 2007.
	2. Conduct impact evaluation on AS+MQ introduction for uncomplicated <i>Plasmodium falciparum</i> in Tumaco (Nariño), Coartem® in Tierra Alta (Córdoba), and MQ+AS in Turbo (Antioquia) and in Orinoquia (Amazonía) (TBD).	Oct 06 started in Antioquia; Feb 07 in Nariño, Cauca and Valle; in progress in Cordoba and Amazonia.	NR	Progress reports from Antioquia, Cordoba and all border departments with Ecuador but Nariño, presented in technical meeting in Sao Paulo, Brazil. Choco, Cauca, Valle, and Nariño implemented Coartem®.
	3. Continue <i>in vitro</i> implementation on antimalarial drug resistance. Develop and implement Phase II in one sentinel site (Tumaco).	Personnel trained and methodology implemented. Study of fresh samples in progress in Tumaco, with CIDEIM support.	NR	NR
	4. Validate molecular marker resistance to antimalarial drugs as a tool for resistance surveillance.	Samples collected from Orinoquia and Amazonia analyzed with CIDEIM technical support.	NR	NR
1.2 Evaluate and support accessibility and quality of malaria diagnosis and treatment facilities.	1. Evaluate rapid-test cost-effectiveness in selected localities using guidelines promoted by RAVREDA; and validate this approach for its routine use at the local level under the Malaria Control Program .	Indigenous localities in Choco selected.	Request to start evaluation to MOH, INS and Health Department Institute in process (according to RAVREDA protocol.	NR
	2. Extend study on drug management to two other departments using MSH tools	With CIDEIM technical support study extended to other departments funded by PAMAFRO project (Global	NR	NR

	adapted to routine health-service monitoring activities.	Fund).		
	3. Evaluate malaria in pregnancy in two high-risk municipalities of the Uraba region.	Study started in November 2006 with malaria research team from the University of Antioquia. Some results available, but final report will be available in August 2007.	NR	NR
1.3. Develop network to obtain entomologic data.	1. Monitor resistance to insecticides using bottle method and WHO method in two selected localities of Nariño and Choco to complement activities of the National Network for surveillance of resistance to insecticides in Colombia.	COLCIENCIAS, national network, provided technical support to establish baseline for this activity.	NR	Preliminary results shared in Campos do Jordao, Brazil.
	2. Implement interventions on evidence-based vector control and carry out entomological characterization and stratification for evidence-based vector control in four selected priority sites.	Activity started in November 2006 in Nariño and Choco. Preliminary results available.	NR	NR
	3. Participate in a regional entomology workshop: Review and standardize taxonomic keys for detecting <i>Plasmodium</i> infection in Anopheles).	Activity planned for second semester. Progress report on taxonomy meeting held in Bogota last September, shared in Campos do Jordao, Sao Paulo, Brazil.	Taxonomy to be included in next entomology meeting in Brazil.	NR

Outcome 2: health care workers, policy decision makers, professional societies and vulnerable groups informed of appropriate strategies and interventions to be implemented.				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
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.	Two participants attended Steering Committee and technical meeting held in Sao Paulo, Brazil.	NR	NR
	2. Support elaboration of 3–5 RAVREDA/AMI publications on studies carried out up to 2006: efficacy (2), adherence to treatment (1), and drug access and use (1).	Not done.	Contacts made in MOH, National Institute of health and Research Centers to carry out this activity.	Research centers published some articles on these themes, but it is necessary to compile information.
	3. Participate in border zone meetings with participants from Ecuador and Venezuela to implement RAVREDA/AMI products in coordination with Global Fund Project for Andean country borders.	Not done.	Awaiting invitation from PAMAFRO project (Global Fund).	Ongoing communications with Dr. Gabriel Carrasquilla, PAMAFRO National Coordinator, to carry out these activities.
	4. Participate in malaria symposium at National Congress of Tropical Medicine, presenting the following: RAVREDA study results, report on ACT implementation in Colombia, approach promoted by RAVREDA on malaria vector control, and improvements made to the malaria surveillance system.	Planned for second semester.	NR	NR
2.2 Health professionals of all levels trained in diagnosis, appropriate management and use of antimalarials	1. Promoted the incorporation of tools and strategies promoted by RAVREDA/AMI as routine into the malaria control Program in Nariño and Choco departments.	Four departments from Pacific Coast and Antioquia implemented and evaluated ACT impact and strategies on malaria vector control.	NR	Roberto Montoya provided technical field support in Nariño and Córdoba.
2.3 Entomological information collected, analyzed and used to guide integrated vector management by all sectors and community.	1. Train two entomological professionals on integrated evidence-based vector control	Planned for second semester.	Awaiting decisions at regional level.	NR

	as promoted by RAVREDA. Attend Regional training.			
	2. Disseminate 2.3.1 at national level. Train professionals and technical personnel on vector control strategy promoted by RAVREDA/AMI at departmental and municipality levels.	<ul style="list-style-type: none"> • SENA training a group of technicians and professionals from Cordoba. • Technicians and professionals from Nariño and Chocó informed of the new strategies through the entomology national network 	National Symposium on entomology planned for June by INS and MOH to review entomology progress and strategy implementation.	NR
	3. Provide technical cooperation for entomology to RAVREDA/AMI Member Countries. Funds will cover contract plus travel expenses.	Contacts made with regional team working in taxonomy.	National workshop planned for first week of May 2007 on use of entomologic information in malaria vector control.	Technical support provided to Paraguay to define plan to eliminate malaria transmission in the country. Funds provided by Paraguay.

Outcome 3: Health policy decision makers and other stakeholders using information to ensure implementation of revised policy				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
3.1 Drug policy design and implementation plans developed and being executed.	1. Contract human resources to support National Plan for ACT implementation and evaluate impact in Nariño and Choco as per MoH request.	MOH hired consultant to support this activity in Choco.	NR	NR
	2. Implement surveillance system using minilabs to monitor antimalarial drug quality control at national markets in strategic sites of Cali and Medellin.	Antimalarial drugs monitored using minilabs in municipalities of Antioquia and Valle Departments. Samples sent to national laboratory for confirmation.	Technicians from Chocó, Cauca and Nariño departments trained on use of minilabs and plan defined to send analysis to national laboratories in Antioquia and Valle.	Results shared in Campos de Jordao meeting.
3.2 Evidence based decisions on accessibility, quality and use of appropriate diagnosis and treatment promoted and implemented.	1. Support implementation of epidemiological stratification for malaria, integrating it into the SIVIGILA system in Choco and Nariño. Implement analysis as routine procedure at local, departamental, and national levels.	Records on malaria cases and malaria surveillance protocol adjusted. Support provided by National Teams at MOH and INS responsible for SIVIGILA. Consultant hired to supervise process traveled to Nariño to provide technical support.	NR	Dr. Roberto Montoya and Dr. Gustavo Bretas provided technical support.
	2. Strengthen the management system for diagnostic quality control for malaria (thick blood smear, rapid tests).	INS updating the national guidelines on malaria diagnostic quality control management, especially in Choco department.	NR	NR
	3. Improve system on drug management and use.	Pilot tests carried out on new tool to monitor use of antimalarial drugs and compliance diagnostic and treatment standards in Quibdo and Choco.	The tool will be review and adjust before implementation by Malaria Program in highly risk departments.	Tool developed by MSH and PAHO.
3.3 Information for use in promoting	1. Disseminate and implement	Support provided for plan	NR	NR

integrated vector management acquired and disseminated.	integrated evidence-based vector control system in a greater number of selected high-risk areas.	implementation in four departments of the Pacific Coast.		
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Ecuador

Outcome 3: Antimalarial 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/Tasks	Remedies (if required)	Remarks
1.1 Evaluate efficacy of antimalarial drugs in the Amazon Region.	1. Keep Technical Advisory Committee and Project Management Support Team functioning. Hold periodic meetings to evaluate activities.	National Advisory Committee held regular meetings where progress and implementation status of activities are discussed.	None required (NR)	Next meeting second week of May/07
	2. Conduct efficacy studies on AS+SP (first line of treatment) in three sentinel sites.(Current information on AS+SP is from 2003.)	Postponed due to RAVREDA/AMI regional advisory committee recommendation.	NR	Blood samples in filter paper being collected for later analysis.
	3. Conduct technical supervisory visits to monitor progress of efficacy studies.	Done by the MOH and PAHO (Advisor on Communicable Disease)s	NR	NR
	4. Conduct <i>in vitro</i> studies to evaluate antimalarial drug susceptibility with support from the Del Valle Medical Research Center (Colombia). • Establish baseline. • Procure input. • Train Personnel.	As decided on the regional level and based on experiences of other countries, this activity is postponed for the second semester.	NR	NR
1.2 Evaluate and support accessibility and quality of malaria diagnosis and treatment facilities.	1. Evaluate MSH tools being used and the quality of health care provided in malaria-endemic communities (in one province of the Amazon region). Conduct assessment of antimalarial drug market.	Final report of Evaluation including conclusions and recommendations, were presented to local authorities (SNEM – responsible for malaria drug management in ECU) and PAHO.	Recommendations in process of implementation, specially warehouse improvement and distributions.	Per SNEM request, delegate from MSH will formally present results. MSH delegate also will conduct workshop on quantification of Antimalarial drugs (third week of May).
	2. Conduct field studies on sensitivity, specificity and stability of rapid tests (Parascreen).	Done with other funds.. PAMAFRO, a Global Fund Project, evaluated Parascreen. Results pointed out the drawback of its extensive use. PAMAFRO considering buying Optimal as	NR	Funds for this activity reprogrammed for entomology.

		first option.		
	3. Evaluate implementation of standardized written prescriptions to improve adherence to antimalarial drug schemes.	All Public Health Service units that perform <i>P. plasmodium</i> tests are using new standardized written prescriptions, assuring the right use of Antimalarial drugs (adherence).	NR	Adoption of this strategy by health services from other provinces and private sectors that have agreement with the MOH is in process.
	4. Implement MSH tools to assess needs for antimalarial drugs.	MSH tools implemented in various sectors of the MOH.	Ecuador did not participate in the workshop on quantification of antimalarial drug needs held in Bolivia in 2006. A national workshop is planned for May (see remarks under 1.2.1)	MSH will provide technical support to update analysis and use of new tools
	5. Evaluate antimalarial drug quality control using minilabs in provinces with high levels of malaria transmission.	Third round of antimalarial drug quality evaluation carried out in the Amazon Region of the country. Results suggested the need to improve storage's physical structures, especially in areas with intense moisture and heat, which negatively influence drug quality.	Due to lack of standards for Antimalarial drugs new round is delayed. Request for standards sent to USP.	USP will donate to Ecuador standards and columns for HPLC to confirm tests.
	6. Gradually extend strategy on malaria control in pregnant women to endemic provinces through general health-care delivery in program for pregnant women.	Progress in some provinces. Several meetings held with MOH authorities to define guidelines and regulations to incorporate malaria and pregnancy into health care delivery program for pregnant women.	Planned extension to other Amazon areas; pending on ministerial agreement which would regulate procedures.	Next meeting with authorities planned for April 2007.
1.3. Develop system to guide vector control interventions.	1. Implement vector control model using standardized guidelines in selected areas (three regions of the country), to make rational decisions and interventions in vector control based on evidences. Evaluate alternative control measures as impregnated mosquito nets, larvivorous fishes.	<ul style="list-style-type: none"> • Areas and provinces selected to evaluate vector susceptibility to insecticides that are in use. • Entomology team at local level set up and being trained in the bottle method, impregnated paper, and diagnostic. • Workshop held in Manchala on 9-10 November to discuss adoption of vector control strategy promoted by RAVREDA/AMI. Heads of zone and the entomology team mentioned above 	<ul style="list-style-type: none"> • Next step implementation of an integrated vector control methodology in pilot localities. • Workshops on integrated vector control planned for May 07 in Manchala and El Oro. José Pablo Escobar, PAHO, will provide technical assistance. Participants 	<ul style="list-style-type: none"> • The new methodology will articulate with SIVEMAE (information system) allowing timely analysis of critical localities.

		attended. Criteria to prioritize localities and select best interventions discussed.	will include chiefs of zone and decision makers.	
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Outcome 2: health care workers, policy decision makers, professional societies and vulnerable groups informed of appropriate strategies and interventions to be implemented.				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
2.1 Share results of antimalarial drug efficacy trials within the health and other sectors.	1. Participate in RAVREDA/AMI meetings, workshops, and activities coordinated at regional/national level or by RAVREDA Member Countries.	Participants from Ecuador attended the VI Regional Technical Meeting held in Brazil in March 2007.	NR	NR
	2. Share study results with scientific community and health authorities. • Design and print technical reports, posters, and pamphlets.	FUNSA, an NGO is developing this activity. Preliminary report delivered. In process are articles to be published in national magazines	NR	Reports on the status of implementation of RAVREDA/AMI strategies delivered to authorities from MOH at different level.
2.2 Health professionals of all levels trained in diagnosis, appropriate management and use of antimalarials	1. Conduct training for medical and non-medical staff on new combination therapy, adherence to treatment, and self-medication.	Pending.	Trainings planned for May upon arrival of new MOH staff in charge of this activity.	NR
	2. Expand diagnosis quality-assurance program to laboratories in provinces of the Amazon region and subtropical areas.	Pending.	Activities to extend the diagnosis quality assurance program to laboratories in Oriental area planned for May and June 2007.	NR
2.3 Entomological information collected, analyzed and used to guide integrated vector management by all sectors and community.	1. Implement stratification using the Geographical Information System to improve efficacy and effectiveness in the Vector Control Program. Make the SIVE-MAE information system available with entomologic modules developed by the Global Fund.	<ul style="list-style-type: none"> • Pending follow up on use of GIS system at local level. • Working on new additions, parameters to the SIVEMA system, including entomology modules funded by PAMAFRO project. 	Launching of SIVEMA planned for May.	NR

Outcome 3: Health policy decision makers and other stakeholders using information to ensure implementation of revised policy.				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
3.1 Drug policy design and implementation plans developed and being executed.	1. Evaluate variables to verify the impact of the introduction of new malaria treatment policy and control (severe malaria incidence, mortality and timely diagnosis).	In progress. Preliminary results had no conclusive information.	Next step is to extend evaluation to other geographical areas that represent all health sector scenarios of the country.	Plan to incorporate an NGO or consultant to manage this activity (consultant already worked in the antimalarial drug policy document).
3.2 Evidence based decisions on accessibility, quality and use of appropriate diagnosis and treatment promoted and implemented.	1. Evaluate use of antimalarial drugs and implementation of standardized prescriptions by both public and private health services.	<ul style="list-style-type: none"> Health Services that deliver <i>plasmodium</i> diagnostics are partially implementing the adopted strategies. Standard written prescriptions assure right use of antimalarial drugs (adherence). 	NR	Evaluation progress report will be available on August.
	2. Develop with MSH Coordinator a national plan to improve drug management based on study results from provinces of Esmeraldas, El Oro, and Manabi, using MSH methodology.	<p>In progress.</p> <ul style="list-style-type: none"> Preliminary results delivered. MSH staff will meet in May with MOH national authorities to talk about new methodology on antimalarial drug quantification. 95% of health units kept updated guidelines on therapies. Due to low incidence of malaria cases, some MSH tools could not be applied. 	NR	Results showed: low percentage of Antimalarial available in the public sector; 62% shortage of antimalarials (problem with distribution); records did not match physical inventory; differences between urban and rural management, probably due to lack of personnel in rural areas and the distance to urban health centers.
	3. Evaluate use of guidelines and all components of new policy tools. Institutionalize RAVREDA/AMI activities.	<ul style="list-style-type: none"> Partially completed. Some components are institutionalized like antimalarial drug selection and the acquisition process. Political commitment at central level of the MOH needed to achieve this objective. 	NR	MOH considering funding all RAVREDA/AMI activities once they are institutionalized.
3.3 Information for use in promoting	1. Develop and implement	Regional guidelines used in Esmeraldas,	Information on variables that	NR

integrated vector management acquired and disseminated.	proposal with recommendations of regional meetings.	Pichincha and El Oro as pilot areas. Implementation at national level planned. Data collected.	intervene in making decisions about integral strategies in selected areas to be systematized.	
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Guyana

Outcome 1: Anti-malarial drug resistance assessed, drug policies defined, appropriate use of efficacious anti-malarials promoted and entomological information available to guide control activities and promote integrated vector management.				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
1.1 Evaluate efficacy of anti-malarial drugs in the Amazon Region.	1. National Committee and RAVREDA Committee functioning.	The committees meetings continue to be held and PAHO is still the secretary of both committees. The National Malaria oversight committee reports to the CCM on the malaria GF project. .	Remind the director of the Malaria Programme to continue holding the technical meetings monthly	The previous RAVREDA committee has shifted to become the monthly technical meetings of the malaria programme. This committee oversees technically the RAVREDA and EU projects.
	2. Conduct <i>in vivo</i> study on efficacy of Coartem® against <i>falciparum</i> malaria: • Adapt standard protocol.? • Carry out study with trained team in Georgetown sentinel site.	This activity is programmed to start in the high transmission period, has not yet started	A specific date has to be defined to start the process which include: • Define the sentinel site • Adapt Standard RAVREDA protocol • Review of the ethical committee • Procure the supplies for the study	The study site has to be defined according to the number of cases. The Malaria Programme will define the location either in Region 1 or in Georgetown. The team will be the same as in the other in-vivo studies.
	3. Develop baseline on <i>in vitro</i> susceptibility to Mefloquine, Cloroquine, Quinine, and—if possible—Artesunate: • Procure missing supplies and equipment needed to set up the facility. • Second phase of staff training <i>in situ</i> by Brazilian team. • Develop protocol. • Conduct study <i>Place:</i> Georgetown <i>Methods:</i> Mark II, DELI and HRP2, Fresh isolates <i>Drugs:</i> MQ, CQ, DHAT, Lumefantrine	After the two persons were initially trained in Brazil, this activity has been in stand bye.	• To initiate this activity a meeting with the FDD labs need to be hold to define the needs to set up the facility to conduct the in-vitro. • According to the FDD personnel few changes were needed to avoid contamination in the current lab. • The final list of needed equipment has to be defined • Second phase of the	

			training <i>in situ</i> by Brazilian team has to be conducted	
	<p>4. Test the use of Rapid Tests in the mining population and implement new treatment guidelines.</p> <ul style="list-style-type: none"> • Under the MOU signed, finish writing the work plan; several mining companies have already registered to participate. • Finish writing the protocol. • Carry out pilot Implementation. • Collect data and conduct supervisory visits. 	<p>The MOU was signed in October 2006 and a work plan was prepared by the Malaria Programme to carry out the activities with the registered mining companies. Due to the existence of the 3 species in the region were the companies work, it was decided that training in microscopy would be given a priority and not the use of Rapid tests.</p>	<ul style="list-style-type: none"> • Continue training miners from the other registered camps • Collect data to evaluate the strategy and the use of microscopy vs. Rapid tests 	
1.2 Evaluate and support accessibility and quality of malaria diagnosis and treatment facilities.	<p>1. Carry out external quality control on anti-malarial drugs used in Guyana, using both chemical methods (HPLC/dissolution) and physical methods (minilabs):</p> <ul style="list-style-type: none"> • Train personnel in HPLC and the use of minilabs (second phase). • Implement work plan (including private sector in endemic regions, e.g. mining areas) and protocols on external quality control in accordance with PAHO and USP standards. • Raise level of public awareness of the presence of counterfeit drugs. ??? 	<ul style="list-style-type: none"> • In December, 2006 there were two trainings done by the USP DQI. The trainings were in Good Laboratory Practices and Basic Sampling and testing utilizing the GPHF-Mini-labs. Participants were from the FDD, New GPC, University of Guyana, Vector Control Services, Regional Health Services and Suriname. • Definition of the 2 sentinel sites for the use of the minilabs • Implementation of 1 sentinel site in region 1, Mabaruma. • The first activity for the year utilizing the Mini-labs will be held on February 5, 2007 in Region 1, one of the sentinel sites. • Database and forms designed for the drug quality assurance. • Laboratory of drug quality assurance developed in the Food and Drug Department. • The monitoring of anti malarial continues at the Food & Drug utilizing the pharmacopoeia standard methods for Chloroquine and Primaquine • The work plan to implement the use of minilabs for 2007 was written between 	<p>The second sentinel site at the Vector Control Services needs implementation.</p> <p>Training of FDD personnel on Coartem using HPLC and dissolution is pending</p> <p>Develop a strategy to raise public awareness towards counterfeit drugs</p>	

		the FDD and the Malaria Programme. The MOH defined one person responsible for the Minilabs implementation.		
1.3. Develop network to obtain entomologic data.	<p>1. Assessment of the national entomological surveillance system, including participation in regional workshops and in the assessment itself.</p> <ul style="list-style-type: none"> • Train personnel with support from RAVREDA Number Countries (four-week program) • Characterize a sample of priority areas (according to the stratification model) where interventions will be implemented. 	<ul style="list-style-type: none"> • The entomology unit will be re-established. • An entomological microscope has been acquired for the re-establishment of the entomological unit. • Consultant finished the visit to evaluate the feasibility of carrying out the entomology course in Guyana and define the curriculum for the training 	The expected training programme for field technicians of Suriname and Guyana will be carried out in coordination with the UG in June-July 2007 with trainers from the RAVREDA countries. Dr. Frederickson from CAREC has defined the equipment needs and the curriculum for the training programme.	

Outcome 2: health care workers, policy decision makers, professional societies and vulnerable groups informed of appropriate strategies and interventions to be implemented.				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
2.1 Share results of anti-malarial drug? Efficacy trials within the health and other sectors.	1. Participate in regional workshops according to the list provided by the Regional Coordinator.	Guyanese delegation participated in the RAVREDA annual meeting in Brazil		
	2. Hold training on how to write protocols and reports, with the goal of improving reporting skills. •Workshop with TDR	In stand by	Coordinate with Dr. Yadon from the TDR the workshop for the second semester Coordinate with the MOH the possible list of participants and venue	
	3. Hold a border-zone meeting with Venezuela to evaluate compliance with the agreements made at the last meeting.	In stand by	Confirm with VEN and GUY their commitment to hold the meeting	
2.2 Health professionals of all levels trained in diagnosis, appropriate management and use of anti-malarials	1. Contract Health Services Coordinator to link the central-level health services of the Malaria Programme with PAHO and other projects, and to follow up on the implementation of regional work plans.	<ul style="list-style-type: none"> Malaria coordinator's contract has been renewed to support the integration work plans from the regional health services office 		
	2. Train/retrain all staff at both the central and regional levels, • Train 12 New microscopists from endemic regions in Tumeremo. • Hold refresher courses for 60 microscopists in diagnostics and implementation of new treatment guidelines for	<ul style="list-style-type: none"> Tumeremo training in stand by Training for NHPC doctors in complicated malaria in stand by Training in microscopy and new treatment guidelines carried out in: Region 8: 24 Health personnel and Voluntary Collaborators were trained; Region 7: 13 Health staff and Voluntary collaborators were trained. 	Identify the new persons that will benefit of the Tumeremo training. Coordinate with PAHO Venezuela the training	Depends on the capacity of the regions of selecting the best persons to participate in the training in Venezuela

	uncomplicated <i>falciparum</i> malaria. • Train hospital practitioners in dealing with complicated <i>falciparum</i> malaria			
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Outcome 3: Health policy decision makers and other stakeholders using information to ensure implementation of revised policy				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
3.1 Drug policy design and implementation plans developed and being executed.	1. Follow up on the implementation of the new treatment guidelines for uncomplicated <i>falciparum</i> malaria. • Hold regional workshops.	The New treatment guidelines have incrementally being implemented in all the regions.	Continuous process	
	2. Development of the Diagnosis Quality control system • Design of SOP (Standard operational procedures) for diagnosis • Design the QC system • Pilot to test the QCS	Stand by	The TOR of the consultant has to be defined and the consultant identified. The consultant with give the MP the technical support to develop the QC system	
3.2 Evidence based decisions on accessibility, quality and use of appropriate diagnosis and treatment promoted and implemented.	1. Pilot the plan of action with miners under the MOU with the GGMC, MOH and GGDMA. (Miners package)	<ul style="list-style-type: none"> • The MOU was signed the vector control service visited a mining camp to educate the miners while the Vector control staff was there they did testing and for 3 of the miners. • The inter-sector collaboration between the GGMC, GGDMA, and the MOH under the signed MOU developed a join plan of action. • The implementation started with the registration of the mining companies interested to participate in the MOU. • To date six mining camps has completes the malaria microscopy diagnostic training • A Miners package was designed by the Vector Control Service and PAHO (Included drugs according to the National treatment guidelines and supplies) and was given to the Mining Company. • The first Malaria Microscopy full 	<p>Improvement of the miners package is needed and train all the miners companies interested</p> <p>Implement and distribute the new IEC material that is in the printer</p>	

		<p>training and refresher course was completed with two participants from Correia Mining Company.</p> <ul style="list-style-type: none"> The IEC material developed was validated in the mining camps reviewed by the GGMC and is being produced in Portuguese and English 		
	<p>2. Improve drug-supply system in all regions in coordination with MSH and with their support.</p> <ul style="list-style-type: none"> Obtain baselines in Regions 3, 7, 8, and 10, using the MALRAT study. Monitor improvements made in drug-chain management in Regions 1 and 9, using the MALRAT study. Make forecasts on drugs for 2006 using Quantimed (in coordination with the MSH expert). Hold a workshop to develop indicators for monitoring drug and supply-chain management (with the MSH expert) 	<ul style="list-style-type: none"> A work plan with a calendar was written for all the regions. So far region 10 was evaluated and baseline obtained. The forecast for 2007 is being done using the Quantimed Software. Coordination with MSH is necessary to define the dates for the workshop 	<p>The delay in the forecast depended on the MMU. They did not share the information needed and the personnel with the skills to use the Quantimed. The Chief pharmacist took over from the MMU the responsibility and using the morbidity data is doing the exercise</p>	
	<p>3. Complete the development of the decentralized information system</p> <ul style="list-style-type: none"> Development of report modules Widen decentralization of data entry to regions 3, 7 and 10 (including procurement of computers and printers for the 3 regions). Follow up on decentralization in Regions 1 	<ul style="list-style-type: none"> A work plan to follow up the decentralization and up date the software in the region was written The weekly report modules was developed and is working Region 10 was decentralised and training started in region 1 The malaria information units were built and the hardware has been procured. The new data collection forms were developed and being implemented 	<p>It is expected that the Global Fund will implement the decentralization in region 7</p> <p>Training in the use of the new stratification model developed in coordination with the European Union malaria project is needed</p>	<p>Training in the use of the information for decision-making with the regional managers is needed</p>

	<p>and 9</p> <ul style="list-style-type: none"> • Pilot the new registers in the region for further implementation • Develop a automate stratification module 	<p>incrementally by regions. To date regions 1, 2, 3, 4, 9 and 10 and the registered mining sites are reporting under the new system.</p> <ul style="list-style-type: none"> • The stratification model, to define the high risk localities by region and country has been developed in coordination with the European Union malaria project. It was added to the current automatic malaria information system. 		
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Peru

Outcome 1: Antimalarial 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/Tasks	Remedies (if required)	Remarks
1.1 Evaluate efficacy of antimalarial drugs in the Amazon Region.	1. Study: Efficacy of 3 therapeutic schemes in preventing relapses in patients with vivax malaria (Primaquine 5, 7 or 14 days)	In progress. Study results will be available at the end of July 07.	None required (NR)	MOH considering cancel study of 5 days.
1.2 Evaluate and support accessibility and quality of malaria diagnosis and treatment facilities.	1. Monitor antimalarial drug quality control using minilabs.	In progress. Results will be available in the second semester.	NR	NR
	2. Evaluate antimalarial drugs management	Postpone for second semester.	NR	NR
1.3. Develop network to obtain entomologic data.	1. Vector surveillance in sentinel sites	On going activity.	NR	NR
	2. Support the introduction of intermittent rice irrigation for malaria control in Peru.	Initiative developed in 700 has. in Lambayeque Region, north cost of Peru.	NR	NR

Outcome 2: Health care workers, policy decision makers, professional societies and vulnerable groups informed of appropriate strategies and interventions to be implemented.				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
2.1 Share results of antimalarial drug efficacy trials within the health and other sectors.	1. Participation of MOH staff in regional meetings to be held in Peru / Organization of regional meetings to be held in Peru	Postpone for second semester.	NR	NR
	2. Participation of MOH staff in regional meetings to be held in AMI countries	Two participants from Peru attended the Regional meeting in Brazil.	NR	NR
2.2 Health professionals of all levels trained in diagnosis, appropriate management and use of antimalarials	1. Training in curative care for malaria in endemic regions of Peru.	On going activity. Staff from endemic areas trained (north Peru).	NR	Training will be done regularly for field health workers.
	2. Organization and strengthening of Referral Centers for treatment of severe malaria in Peru	Done.	NR	NR
2.3 Entomological information collected, analyzed and used to guide integrated vector management by all sectors and community.	1. Training at local level for entomological surveillance and vector control	This activity includes three phases: plan design, training and consultancy. Plan being designed.	NR	Hiring consultant in process.
	2. Printing and distribution of manuals and guidelines for vector surveillance and control	Planned for second semester.	NR	NR
	3. Information system for the Peruvian system for vector surveillance and control	One out of three products finalized and approved.	NR	NR

Outcome 3: Health policy decision makers and other stakeholders using information to ensure implementation of revised policy.				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
3.3 Information for use in promoting integrated vector management acquired and disseminated.	1. Meeting for formulating 2007-2008 national plan for vector surveillance and control	Postpone for second semester.	NR	NR

Regional

Outcome 1: Antimalarial 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/Tasks	Remedies (if required)	Remarks
1.1 Evaluate efficacy of antimalarial drugs in the Amazon Region.	1. Support project management, monitoring, and planning.	Done.	None required (NR)	NR
	2. Support Phase II on the implementation of <i>in vitro</i> susceptibility tests.	<ul style="list-style-type: none"> • Procurement of reagents, inputs and diagnostic test kits for Bolivia, Colombia and Venezuela In progress. • Support provided to Guyana and Bolivia to organize trainings 	NR	NR
	3. Promote development of RDT quality-control system.	Postponed until second semester.	Contacts with WHO / WPRO to establish participation of laboratories from the Amazon region on global RT study and define priorities for AMI / RAVREDA	NR
1.2 Evaluate and support accessibility and quality of malaria diagnosis and treatment facilities.	1. Promote the use of MSH tools to evaluate drug management at local/country level to improve national distribution and quality-control systems.	MSH tools implemented and evaluated in some malaria areas of Bolivia, Guyana and Ecuador.	NR	NR
	2. Conduct survey on "Compliance to Malaria Therapeutic Standards by Health-Service Workers in the Amazon Region of Bolivia" (complements activity 1.2.2. under Bolivian workplan)	In process of collecting data.	NR	NR

1.3. Develop network to obtain entomologic data.	1. Conduct second meeting on stratification in malaria.	Not done.	Document on AMI approach on stratification promoted within malaria control programs and strategy for data tabulation improved.	NR
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Outcome 2: health care workers, policy decision makers, professional societies and vulnerable groups informed of appropriate strategies and interventions to be implemented				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
2.1 Share results of antimalarial drug efficacy trials within the health and other sectors	1. Promote diffusion and inclusion of malaria information on PAHO website and portal, including the RAVREDA/AMI portal.	On going activity. <ul style="list-style-type: none"> Draft on RAVREDA/AMI story shared at the Annual Meeting. Final version will be disseminated in second semester. AMI/ RAVREDA page on PAHO website updated Newsletter # 6, 7 and 8 disseminated. Efficacy studies data base updated 	NR	NR
	2. Share RAVREDA/AMI results with Central American countries, Dominican Republic, Haiti and Mexico.	Representatives of NIC, HON and the Sub Regional Advisor on Malaria based in Costa Rica attended the VI RAVREDA technical meeting in Sao Paulo, Brazil.	NR	Meeting to share RAVREDA/AMI results planned for July 07.
2.2 Health professionals of all levels trained in diagnosis, appropriate management and use of antimalarials	1. Participate in Steering Committee and Annual AMI meetings.	Annual and SC meetings held in Sao Paulo, Brazil. Representatives of eight endemic Amazon countries participated along with CDC, MSH, USAID and US.	NR	Portuguese-speaking African countries (Angola, Cabo Verde, Mozambique) and Portugal attended the meeting as invited by the Brazil government. French Guiana representatives also participated in the Annual Meeting.
	2. Design and promote guidelines to improve access to and quality of diagnosis and treatment.	Guidelines on monitoring drug access and use within supervisory activities of the malaria control programs designed. WHO recommendations to improve diagnosis quality assurance systems distributed and promoted	NR	NR
2.3 Entomological information collected, analyzed and used to guide integrated vector	1. Capacity-building: Provide international training for	Meeting held in Colombia in September 2006 gathered experts on taxonomy	NR	

management by all sectors and community.	selected staff in entomology regarding surveillance and implementation techniques.	from all over the region. Conclusions of the meeting shared.		
	2. Finalize guidelines and protocols for implementation of evidence-based vector-control model.	Guideline and protocol final version shared with all Amazon countries and some Central America countries.	NR	NR

Outcome 3: Health policy decision makers and other stakeholders using information to ensure implementation of revised policy				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
3.1 Drug policy design and implementation plans developed and being executed.	1. Provide technical assistance in the development of country workplans and provide support to countries to institutionalize changes and tools promoted by RAVREDA/AMI, including Mesoamerica.	Done. Ongoing activity undertaken by Dr. Roberto Montoya. Technical support provided through visits to Colombia, Ecuador and Venezuela.	NR	NR
	2. Promote initiatives to design/evaluate prepackaging for <i>P. vivax</i> treatment.	Document on AMI approach to improve adherence promoted within malaria control programs.	NR	NR
	3. Design regional strategy to improve access to diagnosis and treatment using stratification.	Indicators for access to diagnosis and prompt treatment in Brazil and Colombia established. New tool for tabulation tested.	NR	NR
3.2 Evidence based decisions on accessibility, quality and use of appropriate diagnosis and treatment promoted and implemented.	1. Support external evaluation of malaria diagnosis at national laboratories, by specialized institution.	Results from the external evaluation done and share with participating countries.	NR	PAHO consultant visited Brazil to provide technical support (José Parisi).
	2. Promote implementation of changes in methodology for quality control in microscopy.	Adoption of changes in methodology using WHO recommendations and AMI guidelines promoted. Document on AMI approach to improve QA systems promoted within malaria control programs.	NR	NR
	3. Promote the implementation of strategies to improve treatment adherence.	Document on AMI approach to improve adherence within malaria control programs promoted.	NR	NR
	4. Support National workplans on the implementation of an antimalarial quality-control system.	Document on AMI approach on antimalarial drug quality control promoted within malaria control programs.	NR	NR

		USP and PAHO collaborated to improve protocol for sampling drugs for quality control tests using Minilabs.		
3.3 Information for use in promoting integrated vector management acquired and disseminated.	1. Promote implementation of an evidence-based integrated vector-control model using RAVREDA protocols.	Activities promoting implementation of AMI strategy within the malaria control programs carried out in Brazil, Colombia, Ecuador and Venezuela. Document on AMI approach on vector control and entomology promoted within malaria control programs.	NR	NR
Identify commodity needs in areas of surveillance, diagnosis, and entomology.		Procurement of impregnated long lasting mosquito nets and rapid diagnostic tests for all Amazon countries is in progress.	NR	NR

Success Stories:

During the last two years, the National Institute of Hygiene in Ecuador carried anti-malarial quality control of all anti-malarial lots acquired and donated by/to the Ministry of Health. This is an outcome of previous RAVREDA/AMI evidence-based recommendations which were eventually included in the "National Policy for the treatment and control of malaria in Ecuador", issued through Ministerial agreement in September 2006. Findings showed deficiencies in quality of primaquine samples and actions were taken to withdraw them from MOH warehouses and define the methodology and procedures to select and procure anti-malarials following the technical guidelines issued by SNEM (Malaria Control Service and other Vector Diseases). These efforts also promoted the preparation and dissemination of the document "Good practices on storage of anti-malarials"; workshops to train staff involved in the process; and physical modifications of all warehouses owned by SNEM, to adapt them to minimum technical requirements. In addition other entities from MOH and International organizations also pledged their commitment and support to these endeavors.

Suriname

Outcome 1: Antimalarial 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/Tasks	Remedies (if required)	Remarks
1. 1. Evaluate efficacy of antimalarial drugs in the Amazon Region.	1. Malaria Board Functioning (photocopy, printing)	Functioning	None required (NR)	NR
	2. Support coordination.	Done	NR	NR
	3. Project Assistant	Done	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 P. vivax prevalence all year around. Study to be conducted with continuous presence of medical students in area).	Trial study being conducted.	Trial study transferred to the city of Paramaribo where there are still cases of vivax.	Numbers of cases declined dramatically in the interior. Kwamala has almost no malaria in this period
	5. Minilab studies of samples from the different sites where drugs are available	Studies being done regularly.	Two rounds of tests were made and results have been compiled. A sampling frame will be designed after a survey is done on the potential size of the market.	Two rounds of tests were made and results have been compiled. Some interesting findings with artecom – the primaquine has extremely different levels
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 done	NR	To be planed with MSH
1.3. Develop network to obtain entomologic data.	1. Participate in international and network meetings.	Networking with French Guyana	NR	NR
	2. Strengthen Entomology Lab – Reagents and Equipment – for Elisa tests, bottle tests and field studies.	Lab has been inaugurated.	NR	It is functioning in the coastal area with aquasalis. Darlingi levels in the interior are too low to allow for testing

Outcome 2: health care workers, policy decision makers, professional societies and vulnerable groups informed of appropriate strategies and interventions to be implemented.				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
2.1 Share results of antimalarial drug efficacy trials within the health and other sectors.	1. Produce monthly newsletter.	Information has been disseminated.		Information on malaria and treatment has been disseminated.
2.2 Health professionals of all levels trained in diagnosis, appropriate management and use of antimalarials	1. Support implementation of Quality Control Lab in Central Laboratory.	Not established yet.	Microscopists have been selected.	
	2. Continue support for establishment of PCR in University of Suriname.	Lab has been strengthened and is also responsible for the use of the Minilabs	NR	Report will be available.
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.	Regularly done every two months.	NR	NR
	2. Determine sporozoite rates in selected situations - ELISA	Not done	NR	Equipment and training have been done.

Outcome 3: Health policy decision makers and other stakeholders using information to ensure implementation of revised policy				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
3.2 Evidence based decisions on accessibility, quality and use of appropriate diagnosis and treatment promoted and implemented.	1. Incorporate Strategy for Malaria in Pregnancy – National Guidelines into Integrated Management of Childhood Illnesses.	Not done yet	NR	Waiting for the National IMCI plan
3.3 Information for use in promoting integrated vector management acquired and disseminated	1. Participate in International meetings.	Done	NR	Helen is networking with other entomologists
	Collect samples of antimalarials	Done		Sample obtained
For the fix cost of the COAC-Trial				Trial finished
SPSS training for the group responsible for malaria data analysis		Done		Course done
Entomological Surveillance		Being conducted		Being conducted

Venezuela

Outcome 1- Antimalarial 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/Tasks	Remedies (if required)	Remarks
1.1 Evaluate efficacy of antimalarial drugs in the Amazon Region.	1. Conclude <i>in vivo</i> study on drug response to CQ in <i>P. vivax</i> infections in Tumeremo, including measurement of CQ levels in blood in cases of therapeutic failure.	<ul style="list-style-type: none"> • Efficacy study on CQ in <i>P. vivax</i> in progress. • Followed up malaria in pregnant women in Tumeremo, Bolivar States. 	Measure of CQ levels in blood by reference laboratory planned for second semester.	None required (NR)
	2. Conduct <i>in vitro</i> evaluation in the field. Standardize field's techniques and procedures using HRP2 tests with fresh samples in Amazonas State.	Two assays with field isolates performed without success.	Proposal for new assays in areas with high <i>falciparum</i> malaria incidence planned for second semester	Difficulties obtaining samples with appropriate parasitemy level due to low <i>P. falciparum</i> incidence delayed this activity.
1.2 Evaluate and support accessibility and quality of malaria diagnosis and treatment facilities.	1. Consolidate the structure and operation of the National Committee (two meetings: transportation, per diem).	One meeting held last November with National Malaria Control Program staff	NR	Working groups formed in Amazonas and Bolivar States with vertical structures to the control program. Activities coordinated with Regional Environmental Health Bureau to strengthen actions in the health services network.
	2. Evaluate access and use of antimalarial drugs in Amazonas and Bolivar States and support the inclusion into the monitoring routine of the Malaria Control Program indicators on drug's availability and access.	No progress. New tools proposed by AMI coordination being evaluated for implementation.	NR	NR
	3. Evaluate operational difficulties and benefits of implementing malaria rapid diagnosis test in mining localities of Bolivar State. High impact intervention is being promoted for mining localities: 1) prepackaged drugs; 2) use of RDT by	Request to procure rapid diagnostic tests to implement strategy in high risk municipalities in Bolivar State in progress.	NR	NR

	mobile malaria control personnel; 3) intense directed active search by blood smear; and 4) massive use of long lasting impregnated bednets.			
	4. Evaluate prepackaged strategies to improve adherence to primaquine and ASU+MQ.	Postponed for second semester.	NR	NR
	5. Implement antimalarial drug quality control using minilabs in Bolivar and Amazonas States.	30 samples evaluated in Sifontes, Bolivar State. Results presented at technical meeting in Brazil.	Request for minilabs for Bolivar and Amazonas States in process.	NR
1.3 Develop system to guide vector control interventions.	1. Participate in a regional training on methodology developed by RAVREDA to rationalize decision making in malaria vector control.	Regional training planned for second semester.	Vector control activities being coordinated with health groups in municipalities and articulated with other diseases, e.g. onchocerciasis.	NR
	2. Conduct national training on standardization of protocols to monitor insecticide resistance and entomological characterization, as defined in the methodology proposed in Panama meeting.	Planned for second semester.	NR	NR

Outcome 2: health care workers, policy decision makers, professional societies and vulnerable groups informed of appropriate strategies and interventions to be implemented.				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
2.1 Share results of antimalarial drug efficacy trials within the health and other sectors.	1. Participate in RAVREDA Regional meetings.	Done. Two participants attended regional technical meeting held in Campos do Jordao, Sao Paulo, Brazil in March 2007.	NR	NR
	2. Support publication of National RAVREDA results in scientific journals.	Planned for second semester.	NR	NR
2.2 Health professionals of all levels trained in diagnosis, appropriate management and use of antimalarials	1. Introduce new changes in malaria diagnosis quality assurance methodology. Test new methodology. Train staff in selected localities.	Planned for second semester.	NR	NR
2.3 Entomological information collected, analyzed and used to guide integrated vector management by all sectors and community.	1. Carry out entomological characterization and stratification for evidence-based vector control in four selected localities. Monitor changes in entomological indicators pre and post interventions following RAVREDA - AMI methodology.	Strategy reviewed and shared with National Malaria Control Program staff.	NR	NR
	2. Support impact evaluation on the use of long lasting impregnated nets in mining localities of Bolivar State.	Procurement of long-lasting impregnated mosquito nets in progress at regional level.	NR	NR
	3. Monitor resistance to insecticides using bottle method and WHO method in two selected localities of Bolivar and Amazonas states.	In progress. Activity coordinated by National Malaria Vector Control team.	NR	NR

Outcome 3: Health policy decision makers and other stakeholders using information to ensure implementation of revised policy.				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
3.1 Drug policy design and implementation plans developed and being executed.	1. Elaborate document to institutionalize the antimalarial drugs resistance surveillance.	MOH hiring local staff to conduct efficacy studies in Tumeremo sentinel site.	NR	NR
	2. Improve malaria information system with new indicators easy to follow up. Evaluate local efforts on access to diagnosis and treatment.	Planned for second semester.	NR	NR
3.2 Evidence based decisions on accessibility, quality and use of appropriate diagnosis and treatment promoted and implemented.	1. Implement new methodology on diagnosis quality assurance system in Bolivar and Amazonas State.	In March 2007 started activities to implement new methodology. <ul style="list-style-type: none"> Methodology reviewed at national level. Procurement of material planned for second semester. 	NR	NR
	2. Introduce new routines for surveillance and management of malaria in pregnancy into health facilities with prenatal attention and malaria diagnosis units.	<ul style="list-style-type: none"> All municipalities, that concentrate more than 40% of malaria cases, perform thick smear to pregnant women attending prenatal services. Follow up on malaria in pregnancy treatment at Tumeremo sentinel site. 	NR	NR
	3. Design and promote implementation of strategies to improve distribution and use of first line treatments according with findings from 1.2.2.	No progress. Pending results from task 1.2.2.	NR	NR

PACKAGE 7: INFLUENZA

Outcome 1: Member States have developed national influenza pandemic preparedness plans (NIPPP) and national and local capacity to respond to emerging diseases outbreaks, especially influenza				
Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
1.1 Development of National Pandemic Preparedness plans that adequately incorporate human and veterinary health, as well as all other pertinent issues	1. Multisectoral workshop to introduce a) WHO guidelines for pandemic planning; b) FluAid, FluSurge & FluWorkloss software; c) prototype national action plan for the development of NIPPP	Workshop completed in July 2006. See previous report.		Fully completed.
	2. Conduct country visits to assess progress in the development of NIPPPs and the legal framework ¹ that supports them.	6 country visits completed. Trinidad & Tobago, Barbados, Jamaica and Turks & Caicos Islands in this reporting period. Visits to Anguilla & BVI conducted previously		On-going activity
	3. Conduct a Caribbean NIPPS self-assessment multisectorial workshop to finalize national action plans.	This has been completed in July 2006		Fully completed
1.2 Technical assistance to Caribbean countries to assess and improve the development and implementation of the NIPPP	1. PAHO visits to Caribbean countries for: <ul style="list-style-type: none"> • Assess implementation of national action plans • Provide technical advice and assist in addressing gaps and finalizing the NIPPP • Assist in developing a work plan for local implementation of NIPPP 	PAHO focal points in Belize, Jamaica, Bahamas, Barbados, and Suriname have submitted proposals for 9 country activities in support of NIPPP development to be executed in next quarter. 7 countries have finalized	4 country visits scheduled for April 07 4 country visits scheduled for May 07	On-going

¹ Consistent with the *International Health Regulations*.

		plans, 7 are currently working to finalize their plans, 5 have draft plans only.		
1.3 Technical assistance (includes south-to-south cooperation through temporary consultants) to assess and improve the implementation of the pandemic preparedness plans at local level	1. Assess core capacities and develop action plans to address implementation gaps at local level in Caribbean countries.	Assessment tool developed and has to be adapted for use in Caribbean.		Planned for next quarter
	2. Conduct table top exercise for initial testing of the plan at local level.	1 tabletop exercise completed in Dec 06	4 table top exercises to be executed in April 2007.	Partially completed
1.4 Simulation exercises (drills) at local level to test the appropriateness of the plans and the need for adjustments	1. Develop, conduct, and assess pandemic influenza simulation exercises with the participation of local leaders, to test local contingency plans in two selected representative localities in at least 4 Caribbean countries	<p>Planning tools have been completed and to be adapted for use in Caribbean.</p> <p>Planning meeting held in Barbados for this activity; 4 candidate countries are to be approached via PWR focal points.</p> <p>Caribbean based advisors and technicians have been identified to assist in the planning.</p>		On-going
1.5 National and sub-national trainer training workshops to strengthen national and local capacity (Rapid response teams-RRTs) for responding to an emerging influenza pandemic strain	1. Prepare training materials as follows: ² <ul style="list-style-type: none"> • Adapt WHO guidelines and protocols • Develop/agree on WHO Standard Operating Procedures (SOP) • Develop training materials 	Materials adapted and developed. CD available.		Completed

² Under the framework of WHO rapid response protocols and the revised *International Health Regulations (IHR)*.

(with focus in the local level)	2. Conduct 1 subregional workshop for the Caribbean to train trainers with a two phased response approach using <i>WHO's Rapid response protocols</i> .	Workshop for 15 Caribbean team leaders of a Regional Health Emergency Response Team completed January 2007, in Trinidad. 5 PAHO epidemiologists based in the Caribbean participate in Panama workshop for Regional Health Emergency Response Team training in Panama October 2006 in preparation for January workshop.		Completed January 2007
	3. Conduct practical training of local influenza outbreak response teams in effective rapid response to and containment of influenza, under the framework of the WHO protocols and the revised <i>International Health Regulations</i> (selected priority localities).	6 priority localities identified. 2 multi-country training planned.		On-going
1.6 Monitoring, supervision and evaluation systems for the rapid response teams	1. Provide technical assistance to Develop and conduct simulations in selected localities to evaluate the role of outbreak response teams in each Caribbean country.		This is dependent on the country level training described in 1.5.3	
1.7 Procurement of necessary supplies to support early identification and response to influenza	1. Procurement of software, hardware, and necessary communications equipment (technology for early surveillance/response system; and for data management for contact tracing). ³	List of required communication equipment prepared after consultation with countries. Software for data management for contact tracing identified.	Procurement and shipping planned for next quarter.	

³ Will coordinate with Southern Command.

	2. Procurement, management/storage, and distribution of stocks of drugs, PPE for human and animal health workers (10,000 kits), transport media, and other supplies in readiness for outbreak rapid response.	4,500 PPE kits shipped to Trinidad for pre-positioning at CAREC and the Ministry of Health.	Additional shipments to Jamaica and Barbados in next quarter.	Partially completed
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Additional information:

In this Quarter, country activities for Influenza Preparedness was affected by the region wide Cricket World Cup games as 9 Caribbean countries (Antigua & Barbuda, Barbados, Grenada, Guyana, Jamaica, St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, Trinidad & Tobago) hosted the tournament between March and April 2007.

PPE kits and Outbreak Investigation Kits sourced from the USAID stockpile were pre positioned at CAREC in Trinidad for rapid deployment in the event of any suspected AI PI outbreak.

PAHO PED also set up a temporary Emergency Operations Centre in Barbados (EOC-BAR) for the Cricket World Cup games to monitor any situations or events that would require mobilization to the nine participating countries.

15 Caribbean countries took part in the (Caribbean) Regional Health Emergency Response Team training in Trinidad in January 2007. This workshop targeted epidemiologists and disaster professionals who will lead investigation and containment measures in the Caribbean region and who will be responsible for training local level staff at national level.

Other developments during this period

Suriname has appointed a Health Disaster Coordinator and the Ministry of Health with the support of PAHO will hold the first National Influenza Pandemic Preparedness meeting in April. PAHO has assisted the Ministry of Health in identifying a consultant to help develop their Health Disaster Plan and once this activity is completed, progress on the NIPPP should accelerate

Problems and Solutions

Two main impediments towards the timely completion and implementation of the NIPPS are:

Lack of sufficient time to set up the project structure involving institutions and areas that usually do not work together, and

the current Cricket World Cup games which consumed the attention of the most effective human resources of the nine participating countries for the last year but more intensely in the last months. The games will be completed by the end of April.

Enhanced coordination efforts to ensure implementation activities are in place and additional technical support has been identified to support follow up at country level.

Success stories

During the Month of March (Epidemiology Weeks 9-16), Dominica experienced an outbreak of Influenza A. Over 1000 cases of Acute Respiratory Illness Syndrome were reported for the period. This outbreak was detected by its second week by the syndromic surveillance system established in 2004 and the local hospital laboratory was able to confirm the causative as Influenza A using staff trained as part of the influenza preparedness activities and test kits pre positioned for the World Cup games. The Influenza A variant was further identified as H3N2 which had caused a smaller outbreak in 2004.

Hospital admissions overwhelmed capacity and patients had to be accommodated in corridors and additional beds in the wards. The Ministry of Health is conducting a full review of the outbreak's impact by reviewing national data on death reports and social security data.

The event prompted a review of the National Plan with technical support from PAHO and has galvanized the Ministries of Health and Agriculture to increase preparation activities. This outbreak illustrated that several elements of the Dominica National Influenza Pandemic Preparedness Plans are functioning – surveillance, laboratory testing, shipping of samples for confirmatory testing at CAREC and CDC and has provided the impetus for the National Pandemic Influenza Planning team to action. The Ministry of Health focal point is currently finalizing the implementation work plan for Influenza Pandemic Preparedness for this year.

Outcome 2: Countries have communication strategies in place and general public and especially high risk groups are aware of avian influenza disease in animals and humans and informed of locally appropriate interventions to prevent and contain the problem				
Activities	Planned Steps/Tasks	Actual Steps/tasks	Remedies (if required)	Remarks
2.1 Risk communication workshop (trainer training) to create a cadre of 20 communicators for the Americas	1. Create a cadre of 15 Spanish and 5 English speaking risk communicators to work in the countries.	Held three-day workshop in Washington DC from 18 to 20 July 2006 that brought together participants from Central America and the 16 Caribbean countries, as part of a hemispheric wide effort	NR.	This workshop had the participation of all the Central American, South American and Caribbean Countries. The participation of non-project countries was funded by complementary resources.

	2. Develop materials/tools for use in training risk communicators in the Caribbean and Central America.	Developed with WHO a Train-the-Trainers Modules, developed Communication Guidelines and Communication Checklist that were used during the workshop and placed on a CD-Rom for distribution to the participants.	NR	Materials and tools were developed in both Spanish and English, distributed during workshops and made available on a Communications Webpage for avian and pandemic influenza, which is being revised frequently.
2.2 Develop regional communications capacity and ensure communication strategies and operational plans are part of each country's National Influenza Preparedness Plan.	1. Finalize the communications plan checklist.	Held a workshop in Guatemala 7-9 November with 39 participants from six Central American countries. Each country presented communication plans and worked on outbreak communication skills. The communication plan checklist has been produced and disseminated to assist with creation of plans and assessing gaps. Workshops also were held in early 2007 in the Caribbean.	NR	The communication plan checklist is frequently updated to incorporate the dynamic nature of the joint learning process. The communication plan and checklist has been also included as part of the assessment tool for the National Influenza Pandemic Preparedness Plans that has been used and validated in subregional assessment workshops.
	2. Analyze completed country plans to determine the inclusion of adequate communications plans	Ongoing. Countries routinely submit updated plans for comments and suggestions. The majority of countries in the Region have AI/PI communication plans within their NIPPPS.		Country plans were analyzed, critiqued and suggestions made for revisions during the workshop that took place from 7 to 9 Nov in Guatemala.

	<p>3. Conduct 2 subregional workshops with participants from the MOH and Ministry of Agriculture (MOA) to ensure inclusion of communication component in the national plans.</p>	<p>Two workshops were held, one in Jamaica 11-12 January and another in Trinidad and Tobago 17-18 January 2007. 46 participants attended. Methodology included drills, exercises, exchange and lectures.</p>	<p>Follow up should be held for countries that still lack plans.</p>	<p>Held in Jamaica and Trinidad in January 2007. The participants worked on their national plans and drills, but there is a need for follow up. The group agreed to set up a Caribbean Flu Wiki to share information.</p>
	<p>4. Share communication messages and materials.</p>	<p>An internet page has been set up on the PAHO Website to facilitate the access of information, a Sharepoint site has been established as part of a Communicators' Network, and there is an upcoming web dialogue for journalists with the Communications Initiative.</p>	<p>NR</p>	<p>The Communicators' Network has been used to promote sharing of materials developed at the country-level for influenza and pandemic preparedness. This effort will aid the compilation of a Regional database of messages and materials on this topic.</p>

Outcome 3: Enhanced national and local capacity to respond and contain outbreaks of emerging zoonotics with focus on avian influenza

Activities	Planned Steps/tasks	Actual Steps/Tasks	Remedies (If required)	Remarks
<p>3.1 Promote and support the adoption of a regional surveillance system for animal diseases focusing on avian influenza</p>	<p>1. Support the expansion of the already existing surveillance system to include avian influenza information.</p>	<p>Epidemiologists and analysts of the computer system of PANAFTOSA have ended in the preparation of the models for the management of data, the definition of cases and the functional structure of the capture system, and management of health information. The finalized product served as basis for the preparation of programs computational mentioned in 3.1.2. and 3.1.3.</p>	<p>PANAFTOSA is currently testing the applications, for subsequent use by the countries.</p>	<p>NR</p>
	<p>2. Revise and/or develop standard operation procedures (SOP) for the reporting of field and laboratory information.</p>	<p>PANAFTOSA finalized the configuration of the SIVCONT (Continental Information and Surveillance System) to capture respiratory and nervous syndrome in birds, which will include Avian Influenza in the report mechanism of sanitary occurrences (field and laboratory information). This application is available for the report of the countries. PANAFTOSA started the promotion of the use of this program in the countries.</p>	<p>PANAFTOSA is programming training workshop in Central America in order to teach and promote the use of SIVCONT.</p>	<p>NR</p>

Outcome 3: Enhanced national and local capacity to respond and contain outbreaks of emerging epizootics with focus on avian influenza				
	3. Support establishment of a computer system to make more accessible the exchange of this information at national and subnational level.	The analysts of the computer system and epidemiologists of PANAFTOSA have completed the preparation of the computational procedures for the capture and distribution of the health information at the national and local levels. The computer application development is in the final test phase.	Epidemiologists and analysts of the computer system of PANAFTOSA have completed the preparation of an information system on the basis of cooperative networks called SIRCOOP as solution for the collection, management, and feedback of health information systematization. The system is in test stage, with the collaboration of MAPA Brazil.	NR
3.2 Strengthen the existing diagnostic capacity of veterinary laboratories for avian influenza diagnosis and establish a network of national laboratories in Central America and the Caribbean.	1. Identify and address gaps in laboratory capacity Central America and the Caribbean and select veterinary labs that may become subregional reference laboratories (work already in progress at PAHO)	Significant advancement has been achieved in the coordination with other international, regional and national organizations for the strengthening of laboratory capacity. The laboratory techniques used in the Region were evaluated in the framework of GF TADs coordinated by FAO/OIE.	Two diagnostic courses were planned for the first semester of 2007, one on conventional diagnosis for 5 countries of the English speaking Caribbean to be carried out in Barbados and one on Conventional PCR techniques for Caribbean Countries to be carried out at CIRAD, Guadalupe	Close cooperation and working meeting between PAHO, FAO, APHIS, CIIRAD, U of Maryland and USAID to address the problem.

Outcome 3: Enhanced national and local capacity to respond and contain outbreaks of emerging epizootics with focus on avian influenza

	<p>2. Establish basic laboratory infrastructure and procedures and identify the mechanism to expedite the access to reference reagents for laboratory diagnosis in the Caribbean.</p>	<p>Coordination of training on molecular biology diagnostic techniques is being coordinated by PANAFTOSA in collaboration with FAO, USDA, CIRAD, OIRSA, IICA, the University of Maryland and VLA-UK for the organization of basic PCR courses in the Andean, Central America and the Caribbean Subregions. Work is underway to select and define the primers which will be recommended for the diagnosis of HPAI strains using this technique.</p>	<p>Selection of primers for the conventional PCR is completed and now the PCR training courses are going to be carried out at Vicosas, Brazil, February 2007 as part of the FAO TCP in collaboration with the technical cooperation agencies acting in the Region. Also there is a training course planned for five Caribbean for the month of June at CIRAD, Guadalupe</p>	<p>Close collaboration of the regional technical cooperation agencies with the Avian Influenza World Reference laboratories and OFFLU to define the primers.</p>
	<p>3. Provide guidelines and training on surveillance, sample collection, handling and shipment for AI to international reference laboratory from the Caribbean. Provide shipment materials, PPE, kits for sample collection and IATA guides to all participants. .</p>	<p>Subregional training workshops on specimen collection, transportation and field diagnostics for avian influenza took place in October 16 to 20 by CAREC, Port of Spain, Trinidad and Tobago. There were 34 participants from 21 countries financed with funds from PAHO/USAID (20 participants), FAO (8 participants) and CIRAD (6 participants). USDA/APHIS provided funds for logistic, boxes for samples and Fludetect diagnostic Kits. PPE kits were provided by USAID.</p>	<p>Participants trained in whole blood and swab samples collection, use of PPE kits and rapid test diagnosis in the field. In addition PPE kits were distributed (10 per country) and received instructions on sample shipment to reference laboratories.</p>	<p>Active participation of CIRAD, APHIS, FAO, PAHO and USAID in the preparation and during the training exercise</p>

Outcome 3: Enhanced national and local capacity to respond and contain outbreaks of emerging zoonotics with focus on avian influenza				
	4. Provide training on sample handling and shipment for AI to international reference laboratory from selected South American countries. Provide shipment materials, PPE, kits for sample collection and IATA guides to all participants	Subregional training workshop Bogotá, Colombia, November 7-9, 2006 Subregional Workshop for Certification on IATA biosafety regulations, field and laboratory diagnosis and specimen collection for avian influenza diagnosis. There were 37 participants from 6 countries financed with funds from PAHO/USAID. USDA/APHIS provided funds for logistic, boxes for samples and Fludetect diagnostic Kits. PPE kits were provided by USAID.	Participants trained in whole blood and swab samples collection, use of PPE kits and rapid test diagnosis in the field and received instructions on sample shipment to reference laboratories.	Active participation of APHIS, FAO, PAHO and USAID in the preparation and during the training exercise
	5. Conduct 1-week hands on training in basic diagnostic procedures for the detection of avian influenza, and obtain all the necessary laboratory supplies/reagents for this training.	PAHO together with FAO have planned to carry out one conventional diagnosis training course that will put together the resources of FAO TCP and PAHO-USAID grant for the benefit of the Caribbean Region. This training course will be carry out the first semester of 2007	NR	Agreement to carry out one unified course
3.3 Support targeted AI surveillance activities, contribute to the identification of high risk areas and analyse the multisectoral information to define the high risk areas for possible human exposure to avian influenza in Central	<p>1. Support qualitative risk analysis carried out by other agencies on this topic.</p> <p>2. Support expanded surveillance of avian influenza in high risk areas.</p>	PANAFTOSA is elaborating an analysis of information model for the geographic risk characterization of Avian Influenza for the avian and human populations. This risk analysis model is going to use the information gathered with the assistance of the computer system under development.	PANAFOSA jointly with the focal points of VP of Central America are organizing a plan of technical cooperation to conduct the studies of analysis of risk on the income and dissemination of Avian Influenza in countries of Central	NR

Outcome 3: Enhanced national and local capacity to respond and contain outbreaks of emerging zoonotics with focus on avian influenza				
America and the Caribbean.			America. To this end the implementation of workshops of training and of joint efforts is being coordinated with OIRSA, FAO, and IICA in order to carry out the analyses. In these workshops information provided by countries, organizations, SIVCONT and SIRCOOP systems, as well as the models of geographical analyses generated by PANAFTOSA will be used.	
3.4 Conduct surveillance among animal health workers and other risk groups (animal laboratory staff, cullers, etc).	<ol style="list-style-type: none"> 1. Implementation of surveillance in high risk groups. 2. Educate animal health workers and other risk groups on the prevention of Influenza A (H5N1) and relevant public health and biosecurity measures. 	<p>In collaboration with IDB, an analysis is being made on the need for integration between health and agriculture in the preparedness plans to properly detect and report the human-animal interface.</p> <p>A video on preventive and biosafety measures for persons handling birds with emphasis on small and backyard producers is under preparation.</p>	PANAFOSA jointly with HDM/CD is preparing an action plan in order to implement technical cooperation in this matter.	NR

Outcome 3: Enhanced national and local capacity to respond and contain outbreaks of emerging epizootics with focus on avian influenza

<p>3.5 Development of multisectoral simulation exercises and promotion of the participation of the health sector at the subregional level with the agriculture sector. Joint activity with OIE, FAO, IICA and OIRSA</p>	<p>1. Develop and conduct avian and human influenza simulation exercises at subregional level for the Caribbean countries</p>	<p>PANAFTOSA is developing a work plan for carrying out training exercises in Avian Influenza sanitary emergencies to be used in Central America and the Caribbean. The work plan will include the experiences of PANAFTOSA on the execution of simulations exercises in the Caribbean an LAC and the ones obtained from the avian influenza simulations carried out in Argentina, Peru, and Uruguay. The plan will be discussed and executed in coordination with other organizations. Simulation exercises are planned in Paraguay, and The Caribbean region.</p>	<p>Simulation exercises in the Caribbean are being organized by PANAFTOSA and CPC. These exercises include field work with real productive scenarios, and the participation of the agriculture and health sectors, in addition to the sector of the poultry industry.</p>	<p>To expedite the organization of a Regional exercise for the Caribbean a PAHO officer participated of a simulation exercise in Jamaica, in addition he participated of a similar exercise in the Bahamas. In addition PANAFTOSA personnel participated on the national simulation exercise carried out by Uruguay. The experience gathered will be used in the planning of the Caribbean simulation planned for the second semester of 2007.</p>
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