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Pan American Health Organization
Regional Office of the World Health Organization

USAID
FROM THE AMERICAN PEOPLE

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1. List of Acronyms and Abbreviations

ALAPE	Asociación Latinoamericana de Pediatría
AMR	Antimicrobial Resistance
ANLIS	Administración Nacional de Laboratorios e Institutos de Salud/Argentina
APUA	Alliance for the Prudent Use of Antibiotics
ATC	American Thoracic Society
BASICS	Basic Support for Institutionalizing Child Survival
CDC	Centers for Disease Control and Prevention
CIDA	Canadian International Development Agency
CLAP	Latin American Center for Perinatology and Human Development
DOTS	Direct Observed Treatment, Short-Course Strategy
EARSS	European Antimicrobial Resistance Surveillance System
ECC	Eastern Caribbean Countries
EPHF	Essential Public Health Functions
FBO	Faith-Based Organizations
FEPPEN	Federación Panamericana de Profesionales de Enfermería
FLASOG	Federación Latinoamericana de Sociedades de Obstetricia y Ginecología
GFATM	Global Fund to fight AIDS, TB and Malaria
HCAI	Health Care Associated Infections
HIS	Health Information Systems
HMN	Health Metrics Network
IADB	Inter-American Development Bank
ICAAC	Interscience Conference on Antimicrobial Agents and Chemotherapy
ICM	International Confederation of Midwives
IMCI	Integrated Management of Childhood Illnesses
KNCV	Tuberculosis Foundation
LAC	Latin American and the Caribbean
LACHEALTHSYS	Health Systems Strengthening in Latin America and the Caribbean Web Site
MAIS	Modelo de Atención Integral en Salud
MNH	Maternal and Neonatal Health
MOH	Ministry of Health
MSH	Management Sciences for Health
NGO	Non-Governmental Organizations

NHA	National Health Authority
PAHO/WHO	Pan American Health Organization/World Health Organization
PAL	Practical Approach to Lung Health
PALTEX	Expanded Textbook and Instructional Materials Program
PHC	Primary Health Care
PPM	Public-private mix
RAMOS	Reproductive Age Mortality Survey
RTF	Regional Task Force
SIREVA	Regional Vaccine System
SO	Strategic Objective
SOP	Standard Operating Procedure
TAG	Technical Advisory Group
TB	Tuberculosis
TBCAP	Tuberculosis Control Assistance Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
URC-CHS	University Research Co., LLC - Center for Human Service
USAID	United States Agency for International Development
WBMMSS	Web-based Maternal Mortality Surveillance System

2. Project Background

The Pan American Health Organization (PAHO/WHO) and the United States Agency for International Development (USAID) have a long history of partnering their efforts with the aim to strengthen health priority areas in the Latin America and Caribbean (LAC) Region. In 2007, PAHO and USAID signed a new three-year US$4 million regional partnership agreement to strengthen health systems in the context of Primary Health Care (PHC) and to improve the quality of services.

The objective of the component on strengthening health systems in the context of PHC is to improve the steering role capacity of the National Health Authority (NHA) to develop policies and implement strategies that reduce fragmentation in health through the integration of services, public health capacity building and the creation of synergies between programs and systems. Outcomes focus on the following areas: improving the leadership of the NHA; strengthening health information systems; implementing comprehensive policies that promote universal access and effective interventions; and improving maternal and child health within the context of the continuum of care approach.

The objective of the second component on improving quality of health services emphasizes the strengthening of national capacity to organize and develop appropriate and accessible quality health care services that are evidence-based and reflect recognized standards and best practices. Outcomes focus on the following areas: PHC accreditation processes; improved capacity for increased coverage of HIV, malaria and TB prevention, treatment and care among vulnerable populations; strengthening of communicable disease surveillance and response capacity, and the implementation of a Neonatal Regional Plan of Action.

The PAHO-USAID collaboration contributes to four Strategic Objectives (SO) from the PAHO Strategic Plan 2008-2012, which are:

- SO 2: To combat HIV/AIDS, tuberculosis and malaria;
- SO 4: To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals;
- SO 10: To improve the organization, management and delivery of health services;
- SO 11: To strengthen leadership, governance and the evidence base of health systems

This report is divided in four main sections. The first section reviews the progress achieved regarding the indicators established in the Grant Agreement. The second section assesses progress in the completion of activities during Year 1. The third section presents a list of success stories that have resulted from the PAHO-USAID cooperation. The final section assesses progress on specific USAID indicators.

3. Progress on Achievement of Indicators

Cross-Cutting Theme #1
Strengthening Health Systems and Services in the context of Primary Health Care (PHC)

Indicator	Progress	Number of countries (when applicable)	Comments (including constraints)
Outcome 1 – Steering Role Capacity of the NHA at the national/subnational levels strengthened			
Key Personnel Responsible for Outcome 1: José Ruales (HSS)			
1.1 Number of countries that show improvement in the performance of the steering role as measured by the assessment of Essential Public Health Functions	- USAID and PAHO have continued to support countries in the implementation of tools and methodologies for assessing the status of the Steering Role and EPHF performance. During Year 1, beneficiary countries were able to identify areas of intervention that were revealed to be weak by the performance assessments. These areas will be used as an important input for the elaboration and implementation of concrete strengthening plans during Years 2 and 3. The adaptation of the tools to the context and decentralized scenarios of the countries has helped to facilitate the process of promoting change and incorporating intervention strategies in local health plans.	7 countries: - Colombia adapted the Steering Role performance measurement instrument to the subnational level and applied it in the District of Bogotá. - Ecuador embarked on a process of Health Sector Transformation, which identified the strengthening of the Steering Role of the National Health Authority (NHA) as one of its main strategic areas. - Guyana conducted a second national EPHF performance measurement and is currently in the process of elaborating a strengthening plan. - Brazil conducted EPHF subnational evaluations in the states of Tocantins, Pernambuco, Maranhão, Santa Catarina and Mato Grosso do Sul. Strengthening workshops and agendas are currently being developed for selected states. - Nicaragua conducted a national EPHF performance measurement.	- One of the areas of action of the Health Agenda for the Americas 2008-2017 is the Strengthening of the National Health Authority, emphasizing the Steering Role and the capacity to adequately perform the EPHF. The shift from a national agenda to a regional agenda makes technical cooperation on these topics even more relevant. - Constraints include the political instability in many countries of the region. More specifically, the constant changes in Ministers of Health, which can greatly affect the continuity of technical cooperation efforts.

Indicator	Progress	Number of countries (when applicable)	Comments (including constraints)
		- Paraguay conducted a pre-assessment of the performance of specific EPHF in preparation for a second national evaluation. - Bolivia and Puerto Rico conducted training workshops in preparation for the application of the Steering Role Tool.	
1.2 Number of countries that report progress in implementing PHC-based Health Systems according to PAHO's Position Paper and Regional Declaration on PHC	- All of the activities under Outcome 1 of CC Theme 1 are geared towards developing/implementing aspects of a PHC-based system namely, strengthening the steering role, integrating services and systems, and maximizing synergies between horizontal and vertical programs and public and private providers. During Year 1, progress has been made through the incorporation of attributes of PHC-based systems into country proposals and plans concerning the health system. This process has been supported by the tools, methodologies and documents generated by PAHO with USAID support.	3 countries: - El Salvador has developed and implemented a *National Health System*, based on several values and principles of the Renewed PHC Strategy, such as the focus on rights, equity, solidarity, and intersectoriality. - Ecuador is in the process of implementing the Health Sector Transformation Process which aims to develop a PHC-based health networks, local basic health teams, and universal and free access to care. - Nicaragua is also in the process of implementing the "Modelo de Atención Integral en Salud" (MAIS) which is based on the principles of accessibility of services, integrality of actions, longitudinality in care and coordination between different levels of attention.	- The World Health Report 2008 titled *Primary Health Care – Now More than Ever*, calls for a return to primary health care, and argues that its values, principles and approaches are more relevant now than ever before to achieve health equity. In this context, technical cooperation efforts to implement PHC-based systems in the LAC region gain renewed importance. - Constraints include a trend toward hospital-centric systems, with a large portion of resources allocated to specialized care and insufficient emphasis on prevention and public health.
1.3 Number of countries that have adopted PAHO's policy recommendations for integrating	- PAHO, with the support of USAID, has developed a Position Paper on the Integration of Health Systems and	3 countries and 2 subregions: - National consultations for the discussion of the Position Paper on	- Constraints include the high degree of fragmentation and segmentation of health systems in the region, which

Indicator	Progress	Number of countries (when applicable)	Comments (including constraints)
the health care delivery networks, including public and non-public providers	Services, including a roadmap for implementation. This document has been discussed in technical consultations carried out at the national and subregional levels across the Region. The document will be submitted for validation during a Regional Consultation in Nov. 2008.	Integration of Health Services and Systems have been carried out in Chile, Ecuador and Uruguay. - Subregional consultations have been carried out in Central America and the Eastern Caribbean.	make the process of integration an even greater challenge.
Activity 1.1 – Support member countries to strengthen the leadership and regulation dimensions of the NHA and improve public health capacity			
Key Personnel Responsible for Activity 1.1: José Ruales (HSS)			
1.1.1 Number of countries that have developed strategies to strengthen the steering role of the National Health Authority, including the capacity to perform the EPHF.	Several countries in the Region have already assessed their NHA's capacity to perform the Steering Role and the EPHF. The results of the evaluations have been and continue to be used to support the elaboration of health plans and the identification of priorities for intervention.	7 countries: - Colombia (Bogotá District) and Ecuador have elaborated plans to strengthen the steering role of the National Health Authority. - Bolivia has conducted a Workshop where strategies for strengthening the Steering Role were discussed and agreed upon. - Brazil has conducted EPHF strengthening workshops and elaborated strengthening agendas for selected states. - Guyana, Nicaragua, and Paraguay are in the process of elaborating plans to strengthen the EPHF.	- Due to political instability in Bolivia, applications of the steering role instrument and EPHF performance assessment at the national and subnational levels had to be postponed.
1.1.2 Number of new approaches successfully introduced	- The majority of the activities carried out in Year 1 focused on adapting tools and methodologies to countries' local realities and decentralized scenarios and applying them at the	All countries of the Region	- As many countries have implemented decentralization processes, countries have felt the need to better grasp the health priorities at the local level. The

Indicator	Progress	Number of countries (when applicable)	Comments (including constraints)
	sub-national level to generate results that can in turn enhance decision-making at the national level. Some examples include: - The Steering Role Performance Measurement Tool was adapted for application at the subnational level (including measurement software) - The LACHEALTHSYS Web site was expanded and now includes a major section dedicated to virtual communities, in addition to a subsection entirely focused on health legislation and health services and PHC. - Translation of the content of the Virtual Course on Essential Public Health Functions which is currently being adapted to the context of the LAC Region. - Elaboration of the Document CE142/22 titled Strengthening Essential Public Health Functions: Progress Report, presented to the 142nd Session of the Executive Committee in June 2008.		adaptation of tools for application at the subnational level allows a more accurate understanding of the problems and issues faced.
Activity 1.2 – Provide technical cooperation to implement integrated health service delivery networks			
Key Personnel Responsible for Activity 1.2: José Ruales (HSS)			
1.2.1. Number of countries that have reported progress in implementing integrated health	- During Year 1, progress has been made in the completion of the framework for integrating health	3 countries and 2 subregions: - National consultations in Chile, Ecuador and Uruguay.	- The Position Paper will be presented during the 143rd Session of the Executive Committee in June 2009.

Indicator	Progress	Number of countries (when applicable)	Comments (including constraints)
services networks.	systems and services, and the generation of a wide regional debate and consensus around the importance of implementing integrated systems.	- Subregional consultations in Central America and the Eastern Caribbean.	
1.2.2. Number of new approaches successfully introduced	- Elaboration of the Position Document on Integration of Health Systems and Services: Concepts, Policy Options and Roadmap for Implementation in the Americas.	N/A	The document includes a framework for integrating health services and systems, and attributes for implementation.
Activity 1.3 – Promote efforts to scale up health systems based on PHC			
Key Personnel Responsible for Activity 1.3: José Ruales (HSS)			
1.3.1 Number of countries that have identified strategies to scale up health systems based on PHC through the integration of targeted programs.	- During Year 1, efforts have focused on elaborating an analytical and conceptual framework for the integration of targeted programs in PHC-based systems. - The strengths and weaknesses of vertical and horizontal approaches were identified and the lessons learned will be incorporated in the Position Paper on the integration of health services and systems. - Support has also been provided to selected countries to promote integration of stand alone donor-funded programs.	2 countries: - Nicaragua and Honduras have elaborated proposals for strengthening health systems through the integration of maternal and child health and immunization programs funded by international donors.	- In a context of proliferation of global initiatives targeting specific diseases or population groups, the creation of synergies between these efforts and the overall health system is crucial if sustainability and ownership is to be achieved. A first step consists in better understanding of the existing evidence and building on the lessons learned.
1.3.2. Number of countries that have monitored their health systems through the elaboration of Health Systems Profiles and/or Health Sector Analyses.	- PAHO, with the support of USAID and continuing the work developed in the previous grant, has been working with several countries in the Region in the updating of Health Systems	8 countries: - Profiles for Nicaragua, Ecuador, Costa Rica, Peru and Trinidad and Tobago elaborated. - Health Sector Analysis for the	- A major constraint for the elaboration of Health Sector Analyses is the length and complexity of the instrument. Therefore, in order to facilitate the process, countries can

Indicator	Progress	Number of countries (when applicable)	Comments (including constraints)
	Profiles.	Border Zone between Ecuador and Colombia currently under elaboration.	concentrate on a particular section of the methodology according to their needs and expand the analysis on that topic.
1.3.3. Number of new approaches successfully introduced	- As part of the process of identifying strengths and weaknesses of vertical and horizontal interventions implemented in the Region, a series of documents have been developed. - A virtual course for developing capacity on the Renewal of PHC has been developed and implemented as a pilot version in the Region (participants from 18 countries)	N/A	Documents include: - Analytical and Conceptual Framework for the Integration of Priority Public Health Programs into PHC-Based Health Systems. - Virtual Course on Developing Leadership and Capacity for the Renewal of PHC
Activity 1.4 – Integrate public and private practitioners in TB control			
Key Personnel Responsible for Activity 1.4: Mirtha del Granado (HSD)			
1.4.1 Number of countries that have implemented public-private and public-public mix (PPM) experiences as a component of the Stop TB Strategy	All the beneficiary countries in the project have been implementing PPM especially including public institutions not involved with the TB program (Social security, prisons, military and police health institutions) and some private (NGOs and FBOs)	6 countries (ECU, ELS, DOR, MEX, BOL, BRA)	Some private sector health providers as well as larger hospitals have yet to be involved.
1.4.2 Number of TB cases under DOTS in the private sector that are reporting to the national TB Program	Some beneficiary countries have this information but it is not available at the regional level.		This information is difficult to obtain as most health information systems in the Region do not capture this data. We request dropping this indicator.

Indicator	Progress	Number of countries (when applicable)	Comments (including constraints)
Outcome 2 – Health information systems strengthened at the regional, sub-regional and national level			
Key Personnel Responsible for Outcome 2: Alejandro Giusti (HSD)			
2.1. Number of countries that have implemented Health Information Systems performance monitoring processes.	Two countries are now completing assessments and designing strategic plans.	2 Dominican Republic and Peru	Efforts have centered on continuing the support for the activities carried out during the period 2005-2007, especially with MEX, PAR and HON. The Strategic Plan of Honduras will be used to develop a proposal for funding from the Canadian International Development Agency (CIDA). MEASURE Evaluation has become an important partner on these themes. Weather conditions (hurricanes) have delayed the completion of activities in DOR (expected by December 2008).
2.2. Number of countries with improved surveillance in maternal, perinatal, child and adolescent health	Reproductive Age Mortality Survey (RAMOS) applying prospective methodology in Paraguay. Web-based Maternal Mortality Surveillance System in Colombia.	2 Paraguay and Colombia	The two activities are in initial stages. Paraguay is gathering the information (RAMOS) and Colombia (WBMMSS) is in field test stage.
Activity 2.1 – Support the implementation of HIS performance monitoring process			
Key Personnel Responsible for Activity 2.1: Alejandro Giusti (HSD)			
2.1.1 Number of countries with national HIS teams leading the development of HIS	Two countries have national HIS teams developing strategic plans.	2 Dominican Republic and Peru	Weather conditions (hurricanes) have delayed the completion of activities in Dominican Republic (expected completion by December 2008).

Indicator	Progress	Number of countries (when applicable)	Comments (including constraints)
2.1.2 Number of countries that have improved HIS performance indicators.	Dominican Republic and Peru are now completing an assessment and designing a strategic plan.	0	Countries are in the process of finalizing their strategic plans.
2.1.3 Number of reports about HIS assessment and situation analysis.	National teams are currently working on the reports.	0	
2.1.4 Number of HIS Strategic Plans elaborated.	DOR and PER are now completing assessments and designing strategic plans.	0	Weather conditions (hurricanes) have delayed the completion of activities in Dominican Republic (expected completion by December 2008).
2.1.5 Number of case studies with good practices in HIS performance monitoring processes.	PAHO and MEASURE Evaluation are working on selecting best practices in HIS performance monitoring in two countries.	2 Paraguay and Peru	
2.1.6 Number of capacity-building and training activities on good practices in the development and improvement of HIS performance monitoring processes carried out.	Training activities developed in three countries.	2 Paraguay, Dominican Republic and Peru	Training programs have focused on the use HMN and PRISM tools.
2.1.7 Number of new approaches (e.g.: tools, technologies, operational procedures, information systems, etc.) successfully introduced.	PAHO and MEASURE Evaluation are working on selecting best practices in two countries and are planning to develop a tool to cost a strategic plan.	2 Paraguay and Peru	

Indicator	Progress	Number of countries (when applicable)	Comments (including constraints)
Activity 2.2 – Develop and implement standardized frameworks, methods and tools on HIS			
Key Personnel Responsible for Activity 2.2: Alejandro Giusti (HSD)			
2.2.1 Number of countries that have improved their capacity for evidence-based decision-making in health services management.	Teams in DOR and PER have improved their capacity to assess and monitor activities for developing a strategic plan, specially at the sub-national level (PER)	2 Dominican Republic and Peru	
2.2.2 Number of new approaches (e.g.: tools, technologies, operational procedures, information systems, etc.) successfully introduced.	HMN and PRISM tools to assess national HIS.	2 Dominican Republic and Peru	
Activity 2..3 – Improve countries capacities in the development and implementation of maternal mortality surveillance systems			
Key Personnel Responsible for Activity 2.3: Bremen de Mucio (FCH/CLAP)			
2.3.1 Number of new approaches (e.g.: tools, technologies, operational procedures, information systems, etc.) successfully introduced.	Virtual global forum on surveillance systems for training and exchange of experiences focused on involvement of midwifery and nursing. Reproductive Age Mortality Survey (RAMOS) applying prospective methodology. Web-based Maternal Mortality Surveillance System (WBMMSS).	The Midwifery and Nursing Communities of Practice for Making Pregnancy Safer currently have 370 Members in 73 countries and 163 Members in 34 countries in the English and Spanish communities respectively. RAMOS: Paraguay Honduras Guatemala WBMMSS: Colombia Guyana	The forum will be global but will be sponsored by WHO/PAHO/CLAP and will be launched with an update on maternal mortality surveillance systems (for midwifery and nursing personnel) provided by CLAP via Elluminate (to be held during the first quarter of 2009). The Elluminate sessions will be recorded for subsequent use in continuing education programs. Lack of political commitment and changes in government have delayed the application of RAMOS in selected countries.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Outcome 3 – Comprehensive policies, plans and strategies to promote universal access and effective interventions			
Key Personnel Responsible for Outcome 3: Bremen de Mucio (FCH/CLAP)			
3.1 Number of target countries that have developed integrated policies on universal access and effective interventions for improving maternal, newborn and child health.	The WHO Midwifery Tool Kit, adapted for use in Latin America, is being used by the *Collaborative Partnership for Achieving Improved Maternal and Newborn Health in the Americas Through Nursing and Midwifery* to provide consistent (by all Members) and comprehensive (covering assessment, policy, regulation, service delivery, education, and faculty development) support to countries implementing strategies for improving skilled attendance by strengthening midwifery and nursing.	Countries using Midwifery Tool Kit: Bolivia, Ecuador, Nicaragua, Panama, Peru, Ecuador, Paraguay, Costa Rica, Mexico, Haiti, Guyana, Dominican Republic, Brazil Train the Trainers Program for Bolivia, Paraguay, Ecuador, Peru, Panama and Nicaragua	The Spanish version of the Midwifery Tool Kit was launched in March 2007 at the Regional ICM Conference in Argentina with dissemination to participants from 20 countries. It was utilized in the Train the Trainers Workshop held in Chile in September 2007 with participants from 6 countries and consultants from 4 Collaborative Partnership Members. More recently a distribution was made to Members of the Collaborative Partnership and selected countries. English, Spanish and French versions are made available to support the work.
Activity 3.1 – Strengthen networks, alliances including communities of practice in maternal and perinatal health			
Key Personnel Responsible for Activity 3.1: Bremen de Mucio (FCH/CLAP)			
3.1.1 Number of partnerships and alliances with NGOs, civil society, collaborating centers and national institutions of excellence, and private sector to advance maternal, newborn, child and adolescent health.	21 of 22 Members of the *Collaborative Partnership for Achieving Improved Maternal and Newborn Health in the Americas Through Nursing and Midwifery* continue to be active providing updates on their work in the Region and sharing experiences. New Members include the University of Costa Rica and UNFPA Bolivia. The WHO/PAHO Collaborating Center in	Members in addition to PAHO and WHO are from Bolivia, Brazil, Canada, Chile, Costa Rica, Jamaica, Mexico, Puerto Rico, Trinidad and USA (10) All Latin American countries participate in the PALTEX Program which in 2006 translated and made available the textbook Varney's	None.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
	the School of Midwifery, University of Chile has assumed the coordination of the group.	Midwifery.	
3.1.2 Percentage of births attended by a doctor, nurse or trained midwife.	- Programs continue in Haiti, Nicaragua, Mexico and Brazil to prepare and deploy midwives or nurse-midwives in areas with access problems. Anecdotal information suggests that there have been increases in births attended by these personnel. - Training of nursing and other personnel, as part of quality improvement programs, continues in maternity centers in Honduras and Dominican Republic. - 12 Bolivian nurses from Tarija, Sucre and Potosi have completed the first phase of an 18-month midwifery diploma program offered by the University of Chile. They will be clinical faculty in new university-based midwifery education programs.	Haiti, Nicaragua, Mexico, Brazil Honduras, Dominican Republic Bolivia.	None.
3.1.3 Number of people trained in maternal and/or newborn health and nutrition care through USG-supported programs.	- Following the Train the Trainers Workshop in Chile in Sept. 2007, communication has been maintained with participants and mentors. Some participants have become members of the Communities of Practice.	23 participants participated in the Train the Trainers workshop, which involved the following countries: Bolivia (4), Paraguay (2), Peru (2), Ecuador (4), Panama (2) and Nicaragua (2). Mentors are located in Chile (4), Puerto Rico (1), Costa Rica	Midwives and nurses do not always have access to electronic communication systems (ECS). Even with access they do not always utilize ECS as sources of information including updates. However, lines of communication have been established

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
	- Several continuing education programs are being developed; a program on cervical cancer screening is scheduled for Oct.-Nov. and one on newborn resuscitation is scheduled for Nov.-Dec., 2008. - The Midwifery and Nursing Communities of Practice for Making Pregnancy Safer (English and Spanish) are virtual spaces for exchange of experiences, ideas and resources important to Members. During 2007-2008 the communities of practice grew in terms of numbers of members and activities supported including two global virtual discussions simultaneously in two languages.	(1) and USA (1). The Midwifery and Nursing Communities of Practice for Making Pregnancy Safer currently have 370 Members in 73 countries and 163 Members in 34 countries in the English and Spanish communities respectively.	with nearly all participants.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Outcome 4 – Effective functioning of regional partnership (MNH Task Force) to promote policy dialogue in neonatal health			
Key Personnel Responsible for Outcome 4: Yehuda Benguigui (FCH)			
4.1 Number of countries that have national policies and plan of action in Maternal and Neonatal Health.	The majority of countries in the Region have national maternal and neonatal health policies. Furthermore, they have focal points in the Ministries of Health who coordinate these actions. However, the majority of the countries do not have Action Plans in relation to these components. Efforts during the first year of the project included the development of the document "Regional Strategy and Plan of Action for Neonatal Health Within the Continuum of Maternal, Newborn and Child Care" which was presented in October 2008 during PAHO's 48th Directing Council. In any case, discussions have been achieved regarding the Regional Action Plan and the process of adapting National Action Plans; 3 countries (Honduras, Nicaragua, Paraguay) are revising the national policies according to the Neonatal Plan of Action in the Context of the Continuum of Care.	3 countries (Honduras, Nicaragua, Paraguay)	The document "Regional Strategy and Plan of Action for Neonatal Health Within the Continuum of Maternal, Newborn and Child Care" was recently approved at PAHO's 48th Directing Council. It will serve as a foundation for the development of Neonatal National Plans in the context of the continuum of care, which is foreseen to be a priority during the second year of the project.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Activity 4.1 – Support the functioning of the regional partnership (MNH Interagency Task Force)			
Key Personnel Responsible for Activity 4.1: Yehuda Benguigui (FCH)			
4.1.1 Number of countries with a functioning neonatal alliance.	During the first year of the project, Alliance members dedicated themselves mostly to: a) Supporting the development of the Regional Neonatal Action Plan so that it could be presented at PAHO's 48th Directing Council; b) Structuring the Alliance at the Regional level based on aspects such as: vision, terms of reference, membership, identification of national focal points from member agencies, and establishment of an Alliance web site, Alliance logo, and brochure on the Alliance; c) Expansion of the Alliance with the inclusion of Scientific Societies such as ALAPE and FLASOG; and d) Establishment of common indicators to measure progress, advances, impact, etc.	N/A	Considering the work prioritized for the first year of the project to establish the functioning of the Alliance at the Regional level, it has been strategically decided to postpone the establishment of the Newborn Alliance at the National level until the second year of the project, when the tools and mandates are available.
4.1.2 Number of newborns receiving essential newborn care through USG supported programs	During the first year of the project the development of instruments was prioritized (Regional Plan of Action, Monitoring and Supervision guidelines and clinical guidelines for evidence-based interventions) for utilization in the health facilities. Therefore at this time there are no results at the service level for newborns receiving essential newborn care supported by USG.		

Cross-Cutting Theme #2
Improving Quality of Health Care Services

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Outcome 1 – PHC Accreditation Model adapted to the characteristics and priorities of countries			
Key Personnel Responsible for Outcome 1: José Ruales (HSS)			
1.1 Number of countries that report progress in their quality improvement programs	PHC Networks Accreditation Guidelines were developed and pilot tested in 3 countries.	4 countries: - Brazil, Costa Rica and Nicaragua pilot tested the Guidelines - Ecuador is currently validating the guidelines for PHC networks accreditation and will begin implementation of a quality assessment for PHC teams.	None.
1.2 Number of new approaches successfully introduced.	The guidelines represent an important tool for the accreditation of PHC networks.	Document with Guidelines for Accreditation of PHC Networks.	None.
Activity 1.1 – Development of a PHC Accreditation Model			
Key Personnel Responsible for Activity 1.1: José Ruales (HSS)			
1.1.1 Primary Care Accreditation Model tested and validated.	PHC Accreditation Model developed, pilot tested and validated.	3 countries: Brazil, Costa Rica and Nicaragua	None.
1.1.2 Number of countries implementing the accreditation system.	Quality assessment for PHC teams and accreditation of networks under implementation in one country.	1 country: Ecuador	None.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Outcome 2 – Enhanced capacity of endemic countries for increased coverage of HIV, malaria and TB prevention, treatment and care			
Key Personnel Responsible for Outcome 2: Mirtha del Granado (HSD)			
2.1. Number of countries detecting 70% of estimated cases of pulmonary Tuberculosis with a positive smear test.	According to the latest available information (2006) more countries in the Region have achieved the target, which is expected to increase in 2008.	17 countries in the Region for 2006	Due to the delay in obtaining the data (2 years), this indicator does not reflect appropriately the benefits from the current grant. We request dropping this indicator.
2.2. Number of countries with a treatment success rate of 85% for Tuberculosis control patients.	According to the latest available information from cohort analysis (2005) more countries in the Region have achieved the target, which is also expected to increase in 2008.	10 countries in the Region for 2005	Due to the delay in obtaining the data from the cohort analysis (3 years), this indicator does not reflect appropriately the benefits from the current grant. We request it to be dropped.
2.3. Number of countries providing PAHO/WHO with annual data on surveillance, monitoring and financial allocation data for inclusion in the annual global reports on control of, and the achievement of targets for TB/HIV co-infection.	All member states except one reported in 2007 (latest information)	34	
Activity 2.1 – Increase and improve managerial capacity of TB Laboratory Networks			
Key Personnel Responsible for Activity 2.1: Mirtha del Granado (HSD)			
2.1.1 Percent of laboratories performing TB microscopy with over 95% correct microscopy results.	75% of the priority countries follow TB laboratory quality control standards	9 out of 12 priority countries in the Region: BOL, BRA, COL, ECU, GUA, HON, MEX, NIC, PER	It is difficult to obtain the information by individual laboratories. Probably in countries without good quality control, several laboratories still have correct microscopy results.
2.1.2 Percent of the estimated number of new smear positive TB cases that were detected under DOTS	69% of the estimated new smear positive TB cases in the Region were under DOTS (2006)		Due to delays in obtaining data (2 years), this indicator does not reflect the benefits from the current grant. We request it to be dropped.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Activity 2.2 – Train national TB professionals/consultants on the new Stop TB Strategy			
Key Personnel Responsible for Activity 2.2: Mirtha del Granado (HSD)			
2.2.1 Percent of the estimated number of new smear positive TB cases that were detected under DOTS	69% of the estimated new smear positive TB cases in the Region were under DOTS (2006)		Due to the delay in obtaining the data (2 years), this indicator does not reflect appropriately the benefits from the current grant. We request it to be dropped.
2.2.2 Number of countries that received technical assistance from consultants	Progress according to the PAHO's Regional TB program plan for technical assistance (Stop TB strategy implementation) in most of which the fellow participated.	7 countries: ELS, COL, COR, MEX, DOR, BRA, ECU	
Activity 2.3 – Strengthen the implementation and monitoring of recommended TB/HIV collaborative activities			
Key Personnel Responsible for Activity 2.3: Mirtha del Granado (HSD)			
2.3.1 Percentage of all registered TB patients who are tested for HIV.	32% of all registered TB patients were tested for HIV in the Region in 2006		Due to the delay in obtaining the data (2 years), this indicator does not reflect appropriately the benefits from the current grant.
2.3.2 Number of TB/HIV collaborative activities implemented in priority countries.	TB/HIV collaborative activities are being implemented in different degrees in the TB/HIV priority countries		The 3 I's (Intensified TB case finding, Infection control and Isoniazid preventive therapy) still need to be further implemented.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Outcome 3 – Provision of policy and technical support to enhance capacity to carry out communication disease surveillance and response			
Key Personnel Responsible for Outcome 3: Pilar Ramón (HSD)			
3.1 Surveillance systems for Health Care Associated Infections and antimicrobial resistance strengthened	2005 AMR data collected, revised and published. External Quality Assurance Program for national laboratories maintained. Updated WHONET software (5.4 version) distributed among Network Member Countries. The software was developed for the management of microbiology laboratory data and the analysis of antimicrobial susceptibility test results.	15 Argentina (*Supra National Reference Laboratory*), Brazil, Canada (*Supra National Reference Laboratory*), Chile, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay, Peru, and Venezuela.	Quality of sentinel laboratory data should be improved through strengthening the leadership of the National Reference Laboratories. National data analysis and reports should be locally distributed.
3.2 Number of new and improved anti-microbial resistance (AMR) tools, interventions and implementation strategies whose effectiveness has been determined to appropriate institutions for policy decisions.	Poster/Brochure for developing the capacity for interpretative reading of the antibiogram. Clinical Guidelines for Infectious Disease (4th Ed) in progress.	NA	Interpretative reading of the antibiogram allows recognizing the unusual and inferring resistance mechanisms from resistance phenotypes. Previous edition of the Clinical Guidelines sold 11,200 copies in the Region.
Activity 3.1 – Strengthen nosocomial infection surveillance, with an emphasis on AMR surveillance			
Key Personnel Responsible for Activity 3.1: Pilar Ramón (HSD)			
3.1.1 National surveillance systems assessed in at least 2 countries per year	National surveillance system on AMR was assessed in El Salvador, coordinated by the *National Public*	1 El Salvador	Implementation of the surveillance assessments was delayed, pending the discussion of political and

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
	Health Laboratory Dr. Max Bloch. WHO Collaborating Center Expert, Dr. John Stelling revised the WHONET software, which was correctly installed and functioning at that level.		operational details with the target countries´ health authorities and PAHO´s focal points.
3.1.2 Technical Advisory Group (TAG) meeting	Scheduled for 23-24 October, 2008	NA	TAG meeting will precede the 2008 ICAAC/IDSA Joint Meeting, Washington DC, October 25-29.
3.1.3 Annual expert group meeting and recommendation developed	The Annual Expert Group Meeting on AMR Surveillance and Laboratory was carried out in San Salvador, August 20-22, 2008.	15 Argentina (*Supra National Reference Laboratory*), Brazil, Canada (*Supra National Reference Laboratory*), Chile, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay, Peru, and Venezuela.	Meeting recommendations to strengthen AMR surveillance were discussed and endorsed by the countries. Special emphasis was made on the National Laboratories' responsibility for the implementation of the International Health Regulations (2005).
3.1.4 AMR annual surveillance report developed for each year	2005 AMR data was revised and published. 2006 data was collected, and is currently in the process of verification.	19 Argentina (*Supra National Reference Laboratory*), Bolivia, Brazil, Canada (*Supra National Reference Laboratory*), Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, USA, and Venezuela.	2008 AMR Report (2005 data, electronic version) ready for distribution and website dissemination.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
3.1.5 At least 4 National Evaluation Groups supported from regional level for year	Technical and financial support has been provided to El Salvador and Dominican Republic National Evaluation Groups.	2 El Salvador and Dominican Republic	Delay in the implementation of the National Evaluation Groups is related with the task 3.1.1. The organization of the groups is stimulated after the assessment visits.
Activity 3.2 – Promote rational use of antibiotics as a component of a multisectorial approach, SOPs for prevention and control			
Key Personnel Responsible for Activity 3.2: Pilar Ramón (HSD)			
3.2.1 Quality assurance in academic curricula for bacteriology and susceptibility testing improved during 2nd year	After the successful experience in introducing quality assurance in academic curricula in Paraguay, the tools and lessons learned will be shared and adapted to other countries.	1 Paraguay	Activity will be carried out during year 2 of the project. Pre-selected countries are El Salvador, Honduras, Haiti, Dominican Republic and Guatemala.
3.2.2 4th edition of Clinical Guidelines reproduced and distributed during 2nd year	Detailed work plan completed. Infectious diseases specialists were contacted and defined their contribution for the different sections.	NA	Technical revision and update of the chapters already in progress. Meeting of the writing committee will be convened on Jan. 2009. Final draft for printing will be available in April.
3.2.3 Restrictive use of antibiotics implemented in four hospitals from four countries for each year	Treatment guidelines and/or hospital regulations have been developed in Hospital Roosevelt (Ciudad de Guatemala), and Hospital Materno-Infantil (San Salvador). Honduras is in the process of discussion. Brazilian hospitals already implemented measures to restrict the use of antimicrobials.	3 Guatemala, El Salvador and Brazil + 1 (Honduras, in process)	Technical cooperation at country level should be strengthened with appropriate local action plans on (i) AMR containment, and (ii) infection prevention and control. This issue will be addressed during year 2 of the project.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Activity 3.3 – Organize an electronic regional community forum on health care acquired infections and AMR			
Key Personnel Responsible for Activity 3.3: Pilar Ramón (HSD)			
3.3.1 PAHO's AMR web page updated	Recent publications and activities report sent to the webpage manager.	NA	PAHO's web site is undertaking a process of restructuring; therefore AMR materials´ upload is pending final design of the webpage.
3.3.2 Regional Forum (sharepoing) on HCAI organized	AMR PAHO Share Point updated and currently in use by PAHO focal points at country level. This experience will be utilized for the design and potential use of the forum by external users (infectious diseases specialists, microbiologists, health science students and others)	NA	Scientific meetings during International Conferences have provided the opportunity to disseminate the activity and invite participants to the virtual forum. Specific recommendations on the implementation and potential value of this forum will be discussed during the TAG meeting.

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Outcome 4 – Implement the Neonatal Regional Plan of Action with the continuum of care approach			
Key Personnel Responsible for Outcome 4: Yehuda Benguigui (FCH)			
4.1 Number of countries implementing strategies for increasing coverage with neonatal health and development initiatives.	The Regional Plan of Action has been presented in four countries to be used as a model for the development of national neonatal health plans. These countries are in strategic planning phases to increase coverage for neonatal health in the context of the continuum of care approach.	4 (Ecuador, Honduras, Nicaragua, Paraguay)	The preparation of the National neonatal actions plans is intended to promote the four lines of action proposed in the Regional neonatal action plan, which targets mechanisms to increase coverage of health facilities as well as actions at the level of the community.
4.2 Number of countries that have implemented the neonatal continuum care approach	Considering the observations in 4.1, the same four countries are in different phases of implementing the action plan of neonatal health within the context of the continuum of care approach. However, the planning in these countries needs to be intensified through technical cooperation starting in the second year of the project.	4 (Ecuador, Honduras, Nicaragua, Paraguay)	
Activity 4.1 – Develop and present the Regional plan of action to the 48th PAHO Directive Council and scale-up the distribution/use existing tools			
Key Personnel Responsible for Activity 4.1: Yehuda Benguigui (FCH)			
4.1.1 Regional plan of action developed and approved by the 48th Directing Council	This task was concluded satisfactorily with the Document being approved during the 48th Directing Council.	N/A	The next step is the design and publication of the Document and Resolution in the four official languages of the organization (English, Spanish, Portuguese, French) to increase distribution to the

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
			countries in the Region, partners of the Newborn Alliance, Scientific Institutions (ALAPE, FLASOG) the Ministries of Health, etc. This work is planned to be executed in the first months of the second year of the project.
4.1.2 Guidelines and protocols distributed (doctors, nurses, and midwives) in selected countries.	The guidelines developed at the Regional level are: a) Guides and forms for the preparation of Country Profiles related to Child Health (including Neonatal indicators); b) Guideline for Monitoring and Supervision of Neonatal Health in the local health facilities; and c) Interventions based in evidence for the reduction of neonatal mortality to be used for health workers. The implementation of these protocols in the countries is in different phases.	Country Profiles: 3 countries (Dominican Republic, Honduras, Nicaragua) Monitoring and Supervision: 3 countries (Bolivia, Dominican Republic, Nicaragua) Interventions: 1 country (Nicaragua)	The three guidelines/protocols will be implemented in the framework of the development of the neonatal national plans, which will be implemented during the second year of the project.
4.1.3 Number of newborns receiving essential newborn care through USG supported programs	The Plan of Action will be implemented during the second year of the project.	N/A	

Indicator	Progress	Number of Countries (when applicable)	Comments (including constraints)
Activity 4.2 – Monitor and evaluate progress in the Neonatal Regional Action Plan			
Key Personnel Responsible for Activity 4.1: Yehuda Benguigui (FCH)			
4.2.1 Increase follow-up and evaluation of Neonatal Regional Action Plan	The document "Regional Neonatal Action Plan" was developed during the first year of the project. In the second year, it will be adapted and utilized as a model for the formulation of National Neonatal Action Plans. In this way, in the third year of the project, we will be able to evaluate and do follow-up on the implementation of the document.		
4.2.2 Number of newborns receiving essential newborn care through USG supported programs	The Plan of Action will be implemented during the second year of the project.	N/A	

4. Progress on Completion of Activities

Cross-Cutting Theme #1
Strengthening Health Systems and Services in the context of Primary Health Care (PHC)

Activity	Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Outcome 1 – Steering Role Capacity of the NHA at the national/subnational levels strengthened						
Key Personnel Responsible for Outcome 1 (Activities 1.1 – 1.3): José Ruales (HSS) Key Personnel for Activity 1.4: Mirta del Granado (HSD)						
1.1 Support member countries to strengthen the leadership and regulation dimensions of the NHA and improve public health capacity	Steering Role Strengthening: i. Lessons learned regarding the application of the Steering Role Methodology systematized. ii. Steering Role Performance measurement instrument applied at the subnational level in Colombia (Bogotá District), including the identification of areas for intervention. iii. Steering Role Instrument and Mapping of Actors have been implemented in Ecuador to support the process of Transformation of the Health Sector. iv. Steering Role Strengthening Workshop	i. Document with the systematization of lessons learned regarding the application of the Steering Role Methodology. ii. Final Report from Colombia with the Performance Measurement Results, including the identification of areas of intervention. iii. – v. Final Reports from Ecuador, Bolivia and Puerto Rico with the results of the Steering Role Strengthening	Colombia Ecuador Bolivia Puerto Rico	District Health Secretariat of Bogotá, Colombia Ministry of Health of Ecuador Ministry of Health of Bolivia Health Secretariat of Puerto Rico	- One of the major accomplishments for this Activity was the support for the Transformation Process of the Health Sector in Ecuador. The Strengthening of the Steering Role appears as a major component of the proposal and the instruments and documents developed as part of the grant have been crucial for the identification of which areas should be prioritized when strengthening the steering role.	- Political environment in Bolivia has hampered the realization of the Steering Role evaluation.

Activity	Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
	carried out in Bolivia. Institutional Mapping of Actors applied and next steps for the measurement and elaboration of strengthening plans identified. v. Steering Role Workshop conducted in Puerto Rico to adapt the instrument to the normative framework and context of the country.	initiatives in those countries.				
	<u>EPHF Strengthening:</u> i. Systematization of the EPHF strengthening experiences since 2000 in LAC and other regions. ii. National EPHF Evaluations carried out in Guyana and Nicaragua. iii. Subnational EPHF evaluations carried out in 5 states in Brazil: Tocantins, Pernambuco, Maranhão, Santa Catarina and Mato Grosso do Sul. iv. A pre-assessment exercise in preparation of a national	i. Document titled *The Essential Public Health Functions as a Strategy for Improving Overall Health Systems Performance: Trends and Challenges since the Public Health in the Americas Initiative, 2000-2007*. ii. Reports with national EPHF performance assessment results for Guyana and Nicaragua.	Guyana Nicaragua Brazil Paraguay	Ministry of Health of Guyana Ministry of Health of Nicaragua Ministry of Health of Brazil (State Health Secretariats) Instituto Andrés Barbero	- Based on the systematization of EPHF experiences, Document CE142/22 titled *Strengthening Essential Public Health Functions: Progress Report* was elaborated and presented to the 142nd Session of the Executive Committee in June 2008. - The experience in Paraguay, in which a pre-assessment of the performance of the EPHF was conducted by the academic	- The EPHF measurement exercise was scheduled to take place in Bolivia. Results would support the process of definition of responsibilities for the decentralized levels. However, due to the political context, it was not possible to carry out the exercise - Once the Virtual Course on EPHF was translated from English to Spanish, it became clear that the

Activity	Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
	evaluation conducted for selected EPHF (EPHF 2 on surveillance; EPHF 3 on promotion, EPHF 5 on policies; EPHF 7 on equitable access; and EPHF 8 on human resources) in Paraguay. v. Operational parameters for a rapid assessment of public health capacities identified. vi. Translation of the content of the Virtual Course on Essential Public Health Functions which is currently being adapted to the context of the LAC Region.	iii. Reports with sub-national EPHF performance assessment results for 5 states in Brazil, including strengthening agendas for selected states. iv. Reports with the results of the EPHF pre-assessments for EPHF 2, 3, 5, 7 and 8 in Paraguay. v. Document with operational parameters for rapid assessment of public health capacities. vi. Virtual Course on EPHF translated and adapted to the context of the LAC Region.			sector (Instituto Andrés Barbeiro) generated great interest at the MOH for the realization of a follow-up national assessment.	course had to undergo major changes for implementation in LAC, especially in view of the Region's tradition and work with the EPHF.

Activity	Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
	<u>LACHEALTHSYS Website:</u> i. Website content was grouped by country and subregion, facilitating the visualization of documents. ii. Creation of a section titled Virtual Community, with tools such as *Virtual Forum* and *Share and Exchange*. iii. Development of two new sections dedicated to Health Legislation, and Health Services and PHC. iv. Creation of a Cross-Cutting section where the products for all outcomes of the PAHO-USAID grant will be displayed. v. Creation of Virtual Forums on *Social Protection in Health* and *Strengthening the Regulatory Function of the National Health Authority.*	i. Website continuously updated and content systematized according to country and sub-region. ii. New Virtual Community Section implemented and fully operational. iii. New sections on Health Legislation, and Health Services and PHC created. iv. New PAHO-USAID Cross-Cutting section created. vi. Two Virtual Forums created, one on *Social Protection in Health* and the other on *Strengthening the Regulatory Capacity of the NHA*.	- All countries of the Region. - Countries from other regions.	None.	- Increasing usage of the LACHEALTHSYS Website: -- An average of 416,734 hits per month. -- Increased number of accesses from countries outside the Region. While 90% of accesses come from the Americas, nearly 7% of accesses were from Europe, 2% from Asia, and the remaining from Africa and Oceania.	None.

Activity	Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
1.2 Provide technical cooperation to implement integrated health service delivery networks	i. Case studies on integration of health systems and services from Ecuador, United States, Anguilla, and Brazil carried out. ii. Position Paper on the *Integration of Health Systems and Services: Concepts, Policy Options and Roadmap for Implementation in the Americas* elaborated. iii. Roadmap for the implementation of integrated health systems and services with the attributes of integrated system developed and incorporated into the Position Paper. iv. National consultations to review the document carried out in Chile, Ecuador and Uruguay. Subregional consultations carried out in Central America and the Eastern Caribbean.	i. Case Studies for Ecuador, USA, Anguilla and Brazil. ii-iii. Position Paper on the *Integration of Health Systems and Services: Concepts, Policy Options and Roadmap for Implementation in the Americas*, including roadmap for implementation. iv. Reports from national and subregional consultations.	- All countries of the Region.	- The Brazilian Government is PAHO's main partner in the implementation of this activity through a cooperation agreement.	- The inclusion of the topic of Integration of Systems and Services in the agenda for the next Executive Committee Meeting.	- The discussion generated by the national and subregional consultations spurred an interesting debate regarding the feasibility of the implementation of integrated systems. Based on the discussion, it became clear that the "roadmap" for implementation should be included in the document.
1.3 Promote efforts to scale up health systems based on PHC	<u>Scaling up Health Systems</u> i. Bibliographic review of the literature available on the	i. - Annotated Bibliographies on Integration of Priority Public Health	- All countries of the Region.	None	Over 60 participants from 18 countries participated in the pilot application of the	None.

Activity	Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
through the incorporation of targeted programs into the overall health system.	Integration of Priority Public Health Programs for LAC and other regions. ii. Elaboration of a first draft of an *Analytical and Conceptual Framework for the Integration of Priority Public Health Programs into PHC-Based Health Systems*. iii. Proposal for integrating lessons learned on integration of Priority Public Health Programs into the Position Paper on the *Integration of Health Systems and Services: Concepts, Policy Options and Roadmap for Implementation in the Americas*. iv. Development of virtual course for developing capacity and leadership on the Renewal of PHC and pilot application in the Region.	Programs (In general and specific for LAC Region). ii. Document with *Analytical and Conceptual Framework for the Integration of Priority Public Health Programs into PHC-Based Health Systems*. iii. Proposal for incorporating lessons learned regarding the integration of Priority Public Health Programs into the Position Paper on the *Integration of Health Systems and Service.* iv. Virtual Course on Developing Leadership and Capacity for the Renewal of PHC.			Virtual Course on Developing Capacity for the Renewal of PHC.	

Activity	Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
	Health Systems Profiles and Health Sector Analyses i. Health Systems Profiles for Nicaragua, Ecuador, Costa Rica, Peru and Trinidad and Tobago elaborated. ii. Health Sector Analysis for the Border Zone between Ecuador and Colombia currently under elaboration.	i. Documents with Health Systems Profiles for Nicaragua, Ecuador, Costa Rica, Peru and Trinidad and Tobago. ii. Health Sector Analysis for Border Zone between Ecuador and Colombia.	i. Nicaragua, Ecuador, Costa Rica, Peru, Trinidad and Tobago, Colombia ii. Ecuador and Colombia	Ministries of Health of the countries involved.	- The joint work being conducted in the Border Zone between Ecuador and Colombia is one of the major accomplishments of this activity. The idea is that this exercise becomes a first step towards strengthening cooperation in health between the two countries.	- A major constraint for the elaboration of Health Sector Analyses is the length and complexity of the instrument. Thus, in order to facilitate the process, countries can concentrate on particular sections of the methodology according to their needs and expand the analysis on that topic.
1.4 Integrate public and private practitioners in TB control activities at the country level	- Country visits - Reports' elaboration - Preparation and development of Regional PPM evaluation workshop - Selection of PPM Regional focal point	- Assessment of PPM situation done in 6 countries: MEX, ELS, DOR, BOL, BRA, ECU - Reports from operational research -PPM implementation plans incorporated in national TB plans -7 out of 11 beneficiary countries	ECU, DOR, MEX, ELS, BOL, BRA, COL, PER, URU, GUA, HAI	KNCV Tuberculosis Foundation The Union Management Sciences for Health (MSH). American Thoracic Society (ATC) Global Fund to fight AIDS, TB	Consolidated Report on baseline research on the Public-Private Mix initiative for TB control conducted in 5 selected countries of the Americas (MEX, ELS, DOR, BOL, BRA) PPM implemented in different degrees in the six countries where the assessment was conducted	- Due to different health information systems in the Region, and given the difficulty in capturing PPM information, adjustments to the health information formats had to be made. - Most of the countries decided not to have specific PPM operational guidelines but to include it in

Activity	Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
		with PPM focal points: ECU, DOR, MEX, ELS, BOL, BRA, URU Adoption by one country (MEX) of the International Standards for Tuberculosis Care (ISTC) Development of adoption methodology for ISTC		and Malaria (GFATM)		their TB national guidelines - Lack of technical assistance for the implementation of ISTC in countries due to lack of a Regional focal point.

Activity	Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Outcome 2 – Health information systems strengthened at the regional, sub-regional and national level						
Key Personnel Responsible for Outcome 2 (Activities 2.1 – 2.2): Alejandro Giusti (HSD) Key Personnel for Activity 2.3: Bremen de Mucio (FCH/CLAP)						
2.1 Support the implementation of the Health Information System performance monitoring processes in the countries of the Region of the Americas	Training activities to use HMN and PRISM tools. Workshops to apply different assessment tools. Development of strategic plans for strengthening HIS.	Training activities carried out. HIS assessed in the Dominican Republic and Peru. Strategic plans under development for DOR and PER.	DOR PER	MEASURE-Evaluation. HMN. Heath Statistical Offices. Central Statistical Offices. Surveillance areas. Hospitals.	Identification and establishment of HIS teams at the national level. Countries have an assessment by consensus.	Difficulties to consolidate a national team to develop a work plan. Changing of members in groups. Weather conditions.
2.2 Develop and implement standardized frameworks, methods and tools on Health Information Systems (HIS) to support decision-making in public health and heath services management.	Identification of best practices in Paraguay and Peru. Countries are currently in the process of developing a tool for costing the implementation of strategic plans.	Best practices and costing tool to be disseminated.	DOR PER Other LAC countries that develop assessments under the framework of HMN tool.	MEASURE-Evaluation. HMN.	Preparing to develop a country network. Disseminating tools.	Delays in selecting best practices and developing the costing tool due to difficulties in consolidating a national team.

2.3 Improve countries capacities in the development and implementation of maternal mortality surveillance systems	2.3.1.1 Planning initiated for a virtual forum (in Midwifery and Nursing Communities of Practice for Making Pregnancy Safer) on experiences which highlight the involvement of midwifery and nursing personnel in the development and implementation of maternal mortality surveillance systems (and which successfully involve traditional midwives).	Concept/Initial Plan for the Virtual Forum. Future products to include an introductory update on MMSS to be provided via Elluminate (or other virtual mechanism); series of daily digests of postings during the discussions disseminated and archived for later reference.	The Midwifery and Nursing Communities of Practice for Making Pregnancy Safer which currently have 370 Members in 73 countries and 163 Members in 34 countries in the English and Spanish communities respectively.	Nursing and Midwifery Communities for Making Pregnancy Safer PAHO/CLAP;	During 2008 the Nursing and Midwifery Communities for Making Pregnancy safer successfully held 2 fora simultaneously in English and Spanish: one on traditional midwifery and one on changing practices with evidence-active management of third stage of labor. Membership in the communities continues to grow. In March 2008, prior to the global discussions, the English community had 182 members in 44 countries and the Spanish community had 63 Members in 17 countries.	The Knowledge Gateway which supports the Communities of Practice presents some difficulties for non-English speakers. Some procedures have been modified and WHO will provide funding for the WHO/PAHO Collaborating Center in the School of Midwifery at the University of Chile to provide leadership for development of Spanish language communities and activities.

	2.3.1.2.a To obtain political commitment to develop RAMOS in Paraguay. Design a work plan and select the team work. Start the field work.	- Work plan designed. - Five working groups meetings developed (MoH, PAHO and Technical advisors). - Data collection completed. - Work team selected and supervising the field work since Jun. 08.	3 Sanitary Regions of Paraguay (Alto Parana, Central and the Capital City Asunción).	CDC MoH Paraguay	During 2008, data collection was completed. Revision of the quality forms was also finished. A total of 638 women deaths from 10 to 54 years old were recorded in Form F1RAM. The next phase will involve data analysis, with the support of CDC.	The main challenge was the delay in starting the field work. The problem was solved by recruiting a new team. The second challenge was the low quality of the registries which required additional work.
	2.3.1.2.b To obtain political commitment to develop RAMOS in Honduras.	N/A	Honduras	N/A	N/A	Political commitment was obtained in August 2008. The amount of resources requested by the country to operationalize this task exceeded the available budget.
	2.3.1.2.c To obtain political commitment to develop RAMOS in Guatemala.	N/A	Guatemala	N/A	N/A	Political commitment could not be obtained due to the electoral process and the change of Government. The amount of resources requested by the country to

						operationalize this task exceeded the available budget.
	2.3.1.3.a To assess local capacity to develop a web based maternal and neonatal mortality surveillance platform in Colombia	- Political commitment of Colombia to test a WBMMSS obtained (Sept. 2007). - WBMMSS software available for field testing. - CDC and GaTech assessed existing technological platform and the compatibility between existing information systems and the proposal of the WBMMSS. - Center Nacer selected to lead the field test in 5 areas (Bogotá, Distrito Capital, Antioquia, Caldas, and Valle del Cauca). - National workshop took place in	Colombia	CDC MoH Colombia Georgia Tech Center Nacer (Universidad de Antioquia)	- Website for Maternal Mortality System functional. - Field test will be finished by Dec. 2008.	- By a request of Colombian Government field test was extended to 5 areas from the original 3 proposed in the project. - Since September 2007 GaTech started developing a WBMMSS with the medical and epidemiological technical support from CDC and PAHO/CLAP. - Field testing was delayed from initial chronogram and will be completed by December 2008.

		Bogota, Aug. 2008.				
	2.3.1.3.b To assess local capacity to develop a web based maternal and neonatal mortality surveillance platform in Guyana.	- Assessment for the development of a web based maternal and neonatal mortality surveillance platform in Guyana.	Guyana	N/A	N/A	PAHO/CLAP/CDC team visited Guyana to gather requirements for implementation of a WBMMSS at the local, regional, and national level. Team members conducted interviews with national and local stakeholders and presented a report describing findings and key recommendations. The report documented the feasibility and costs associated with implementing a WBMMSS for systematic data collection, analysis and response. Based on the evaluation findings, it was determined that the country was not ready for a web-based field validation.

Activity	Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Outcome 3 – Comprehensive policies, plans and strategies to promote universal access and effective interventions						
Key Personnel Responsible for Outcome 3: Bremen de Mucio (FCH/CLAP)						
3.1 Strengthen networks, alliances including communities of practice in maternal and perinatal health.	- Coordinate activities of the Collaborative Partnership including work plans, progress reports and virtual meetings. - See 2.3.1.1 for information on Nursing and Midwifery Communities of Practice.	- Work Plan and Progress Reports for 2008 based upon the approved Action Plan 2006-2009 completed and updated. Includes country plans when available. - Virtual Meetings via Elluminate at least quarterly. Meeting notes and recordings on file in the Collaborative Partnership Community of Practice.	Region and Bolivia, Dominican Republic, Haiti, Guyana, Ecuador, Panama, Peru, Nicaragua, Guatemala, Paraguay, Costa Rica, Puerto Rico, Jamaica, Caribbean, Chile, Honduras, Mexico, Brazil, USA, and Canada	22 Members including PAHO, WHO, Collaborating Centers, Professional Organizations, Ministries of Health, and other Centers of Excellence	- 21 Members remain active, exchanging knowledge and sharing information. - Continuous use of Midwifery Tool Kit (and Varney's Midwifery or similar text) to ensure consistency (across members) and comprehensiveness (assessment, policy, regulation, service delivery, education and faculty development) in support to countries promoting midwifery.	In the past coordination was maintained by PAHO and was intermittent due to other priorities. Currently the WHO/PAHO Collaborating Center at the School of Midwifery, University of Chile is assuming the responsibility for overall coordination with support as needed from PAHO.

Activity	Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Outcome 4 – Effective functioning of regional partnership (MNH Task Force) to promote policy dialogue in neonatal health						
Key Personnel Responsible for Outcome 4: Yehuda Benguigui (FCH)						
4.1 Support the functioning of the regional partnership (MNH Interagency Task Force) to promote policy dialogue in neonatal health within the context of the continuum of care approach in maternal, neonatal and child health.	- Supported the functioning of the Regional Newborn Alliance emphasizing the Continuum of Maternal, Prenatal and Infant Health. - Participated in periodical and monthly technical meetings and supported with meeting reports, development of a database for focal points, logo, webpage and Alliance brochure.	- Support and revision of the Action Plan technical document presented at the Directing Council. - Newborn Alliance Web-page (in progress). - Database of newborn health focal points among partners of the Newborn Alliance at the Regional level in the countries. - List of indicators (Process and Impact) agreed upon by all the partners (in progress) - Support for the launchings of the "Neonatal Interagency Strategic Consensus" in the countries jointly with the partners (PAR, NIC, HAI).	All Region	USAID, URC-CHS, BASICS, ACCESS, Save the Children/SNL, CORE Technical References: ALAPE, FLASOG	Consensus between members of the Alliance in relation to the 4 principal lines of action that constitute the "Regional Strategy and Plan of Action for Neonatal Health Within the Continuum of Maternal, Newborn and Child Care" approved by PAHO's 48th Directing Council. Co-financing between the partners for different products: -Alliance web-page - Publication: "Neonatal Interagency Strategic Consensus" - National launching workshops of the "Neonatal Interagency Strategic Consensus"	Administrative difficulties regarding review of resources between the different partners. The solution has been to co-finance parts of the activities or processes by each of the agencies.

	- Regional Task Force (RTF) meeting carried out in January 2008. UNFPA was elected as RTF secretariat for year 2008. - Preparation of a briefing for UN Regional Directors plus USAID, FLASOG, FEPPEN and ICM.	N/A	All Region	UNFPA UNICEF IADB World Bank Population Council Family Care International	N/A	After the RTF meeting on January 2008, the Task Force Secretariat did not summon a new meeting.

Cross-Cutting Theme #2
Improving Quality of Health Care Services

Activity	Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Outcome 1 – PHC Accreditation Model adapted to the characteristics and priorities of countries						
Key Personnel Responsible for Outcome 1: José Ruales (HSS)						
1.1 Development of a PHC Accreditation Model	i. PHC Networks Accreditation Guidelines developed. ii. Guidelines pilot tested in Brazil, Costa Rica and Nicaragua. ii. Quality assessment for PHC teams and accreditation of networks under implementation in Ecuador	i. PHC Networks Accreditation Guidelines. ii. Results of the pilot applications in Brazil, Costa Rica and Nicaragua. iii. Results of the quality assessment for PHC teams and accreditation networks in Ecuador.	Brazil Costa Rica Nicaragua Ecuador	Ministries of Health of involved countries.	The pilot applications generated strong interest and high expectations that the model can be used to improve primary health cares services networks in these countries.	During the process of validation of the Guidelines, some methodological difficulties became evident especially in some of the indicators of the section on "Social Participation". This was due to the subjective nature of these indicators and the thus the difficulties that may arise when trying to measure them. In order to address the problem, a series of recommendations were included in the Final Report.

Activity	Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Outcome 2 – Enhanced capacity of endemic countries for increased coverage of HIV, malaria and TB prevention, treatment and care						
Key Personnel Responsible for Outcome 2: Mirta del Granado (HSD)						
2.1 Increase and improve the managerial capacity of the TB Laboratory Network by providing technical assistance to selected National Laboratories from TB priority countries.	- Preparation and development of technical cooperation visits for all priority countries. - Preparations and development of Regional Meeting of National Laboratories for TB (Bogotá, Colombia, Sept. 08)	- TB bacteriology quality control guidelines for laboratories under development. -Reports of the visits -Clear recommendations on strengthening national laboratory networks from Regional Laboratories meeting.	The 12 TB priority countries: BOL, BRA, COL, DOR, ECU, GUA, GUY, HAI, HON, MEX, NIC, PER	CDC Supranational laboratories of Chile and Mexico Public Laboratory of Massachusetts Institute Pasteur of Martinique	- Improved quality control for Drug Sensibility Test (DST) in countries by Supranational Laboratories using a standardized methodology. - Successful Regional Laboratory meeting in September where standardization of bacteriology techniques was agreed upon and concrete technical assistance plan developed for 2009	Lack of coordination between the National TB programs and the national laboratory networks. During the September meeting in which both participated this was addressed.
2.2 Train national TB professionals/consultants on the new Stop TB strategy to provide technical assistance at country level.	Selection and recruitment of TB fellow. The fellow has been supporting the Regional TB program in different topics, especially in Practical	Final report will be provided in April 2009, at the end of fellowship.	All the countries of the Region	USAID The Union		Long recruitment process delayed the start of the TB fellow

	Approach to Lung Health (PAL) and in TB in prisons.					
2.3 Strengthen the implementation and monitoring of the recommended TB/HIV collaborative activities in priority countries within the frame of the new Stop TB Strategy.	- Preparation and development of technical assistance visits: DOR, ELS, BRA, BOL, MEX, HAI, ECU - Preparations of Regional TB/HIV meeting (San Jose, Costa Rica, Oct. 08)	-TB/HIV implementation plans in progress in all 18 priority countries - TB/HIV Coordinating body mechanisms between TB and HIV programs in countries underway	18 TB/HIV priority countries (excluding USA and Canada): BEL, BRA, DOR, BAH, BAR, ELS, GUA, GUY, HAI, HON, JAM, PAN, SUR, TRT, VEN, COL, PER, BOL, MEX	The Tuberculosis Control Assistance Program (TBCAP) USAID KNCV CDC	All 18 priority countries are offering HIV test to TB patients, antiretroviral therapy and cotrimoxazol preventive therapy to co-infected patients, among other collaborative activities.	Still more participation from HIV programs is needed, specifically in the implementation of the 3 I's. The following TB/HIV meeting to be held in November will address this issue.

Activity	Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Outcome 3 – Provision of policy and technical support to enhance capacity to carry out communication disease surveillance and response						
Key Personnel Responsible for Outcome 3: Pilar Ramón (HSD)						
3.1 Strengthen nosocomial infection surveillance with an emphasis on antimicrobial resistance surveillance components	1. Annual meeting aimed at data collection process revision and quality control of the surveillance network. 2. 2006 AMR data collection on selected pathogens and antibiotics. 3. Revision of the 2006 data. 4. Preparation of the 2006 AMR Report.	2008 Annual Report published (2005 data). Laboratory flyer on interpreted reading of the antibiogram.	19 Argentina, Brazil, Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Venezuela, Uruguay and USA	ANLIS "*Dr C. Malbran*", Argentina. Bacteriology and Enteric Diseases Program, National Microbiology Laboratory Public Health Agency of Canada, Winnipeg, Manitoba, Canada. CDC. PAHO SIREVA 2 Network (THR). European Antimicrobial Resistance Surveillance System (EARSS).	2008 Report (2005 data) available. Raised awareness on AMR at country level.	Quality of the data should be improved; detailed checking by an external consultant was performed for 2006 data. Data submission is paper based, with occasional sharing of excel files. A system to notify the data from national to regional level should be developed.

3.2 Promote rational use of antibiotics under the scope of a multisectoral approach, develop SOPs for prevention and control of associated health care infections, based on evidence.	1. Gathering and publication of available evidence on antimicrobial use, infection control legislation and KAP (knowledge, attitude and practice) of prescribers. 2. Guidelines for restricting the use of antibiotics implemented in GUT and BRA. 3. Collaboration on training workshops on hand hygiene and promotion of the 1st Patient Safety Alliance Challenge "Clean care is safer care". 4. Support the preparation of 1st National Congress on Infection	Publication on "*Legislation on Infection Control in Latin America*" printed and distributed.	5 Guatemala, Brazil, Costa Rica, Colombia and El Salvador	PAHO THR/EM. Alliance for the Prudent Use of Antibiotics (APUA). Patient Safety Alliance (Regional level)	National and/or local policies for rational use of antibiotics implemented. Hand hygiene implemented at hospital level.	Limited number of countries reached. A detailed scaling plan to promote the rational use of antibiotics. Specific communication with key stakeholders, such as Scientific Societies, hospital directors, and other national health authorities , should be strengthened

	Prevention and Control in El Salvador (Nov 2008)					
3.3 Organize and maintain an electronic regional community forum on health care acquired infections and AMR.	1. Identification of publications and tools for the electronic forum. 2. Discussion with PAHO web page Technical Support.	Web page updated. Share point available and routinely used for communication with countries.	All countries of the Region	PAHO/IKC	AMR information and documents available for consultation.	Difficulty to assess the use and impact of the publications or tools. Specific impact studies will be developed for years 2 and 3 of the project.

Activity	Steps	Deliverables/ Products	Beneficiary Countries	Partner Institutions	Major Accomplishments	Problems and Solutions
Outcome 4 – Implement the Neonatal Regional Plan of Action with the continuum of care approach						
Key Personnel Responsible for Outcome 4: Yehuda Benguigui (FCH)						
4.1 Develop and present the Regional plan of action to the 48th PAHO Directive Council (2008) and scale-up the distribution and use of existing tools (standards, training courses, and guidelines) in selected countries.	The Regional Plan of Action was developed and successfully presented/approved in PAHO's 48th Directing Council. The neonatal IMCI and resuscitation training modules have been published and distributed to priority countries	- The Regional Plan of Action is in the process of being designed and printed in 4 languages. - Neonatal IMCI was published and distributed. - Guidelines for neonatal evidence-based interventions were finished and are in testing phase at the local level. - Neonatal Monitoring and Supervision Guide was concluded and is in testing phase.	Bolivia, Ecuador, Honduras, Nicarágua, Peru,	USAID, URC-CHS, BASICS, ACCESS, Save the Children/SNL, CORE Technical References: ALAPE, FLASOG	- Approval of the document and resolution at PAHO's 48th Directing Council. - Development of Neonatal Evidence-based Intervention Guidelines - Development and field-testing the Monitoring and Supervision competencies of health personnel in neonatal health in the Context of the Continuum of Care, at the local level.	While the development, validation and approval of these instruments were carried out during the first year of the project, the publication and distribution phases were programmed for the second year of the project.
4.2 Monitor and evaluate progress in the Neonatal Regional Action Plan.	The Regional Action Plan was recently approved by PAHO's Directing Council and in the second year of the Project the plan will be	N/A	N/A			

	disseminated to the countries, at which point the use of indicators will be important for the monitoring of the Neonatal Regional Action Plan.					

5. Success Stories

Cross Cutting Theme #1
Strengthening Health Systems and Services in the context of Primary Health Care (PHC)

Strengthening the National Health Authority

Main component of the Health Sector Transformation process in Ecuador

The Ministry of Public Health (MPH) of Ecuador identified the challenges for strengthening health system performance in that country namely, lack of leadership, institutional segmentation, fragmentation of services, inadequate model of care, limited state investment in health, insufficient management capacity, inadequate coverage, and low quality of care. As a result, 27% of the population does not have access to care, the public coverage only reaches 49% of the population, and 44.3% of the health expenditure comes directly from households and is higher among poorer sectors of the population, which spend nearly 10% of its annual income on health.

Indigenous mothers and child waiting at a public health center in Ecuador

In order to confront these challenges, in the period 2007-2008, the MPH embarked on a process of Health Sector Transformation, which identified the strengthening of the *Steering Role of the National Health Authority (NHA)* as one of its main strategic areas. The transformation proposal called for improving the competences and capacity of the Ministry of Public Health for health policy-making; strengthening sectoral management and regulation; defining and implementing a quality assurance system; enhancing public health surveillance; integrated management of national and international cooperation resources; promoting technological research and development in health; and implementing a National Information System. The proposal also emphasized the need for restructuring the Ministry of Health, including strengthening its organizational structure, developing human resources, and improving strategic management.

In an effort to support the implementation of the Health Sector Transformation process, PAHO, with USAID assistance, has been providing technical cooperation to the Ministry of Public Health for the evaluation and strengthening of the steering role of the NHA, and the identification of the attributes necessary for integrating services and building comprehensive local health networks anchored on Basic Health Teams. As part of this effort, the tools and methodologies developed within the framework of the PAHO-USAID cooperation agreement have been crucial in helping the Ministry identify the gaps that need to be addressed.

The National Constitutional Assembly of Ecuador welcomed the text of the proposal that will be submitted for national consultation, establishing health as a right and defining the state's responsibility through the national health authority to formulate national health policy and steer, regulate and control all health-related efforts and actors. The consolidation of the health authority as the sector's steering entity, along with the reorganization of the MOH, constitutes a prerequisite for the successful implementation of the proposal.

Chilean Center Leads on Midwifery Development

Newly Designated Center of Excellence Provides Quality Training on Midwifery

In spite of the many advances in health care, women and infants continue to die at childbirth. These deaths are nearly always preventable whenever the caregiver has the knowledge and skills to attend a normal birth and to manage the unexpected complications which occur in 10% of the cases. Qualified midwives and nurses with midwifery skills are being trained and recruited in many countries to address the need for skilled attendants at every birth. However, scaling up training requires the identification of institutions with quality education and mechanisms for successfully deploying newly trained staff.

Strengthening midwifery and nursing to improve skilled attendance at birth has been one of the strategies that PAHO and USAID have been promoting and supporting for a number of years. In order to move the initiative forward, PAHO and USAID have partnered with Centers of Excellence and other midwifery and nursing organizations to create the *Collaborative Partnership for Achieving Improved Maternal and Newborn Health in the Americas through Nursing and Midwifery*, known as the *Collaborative Partnership*. Existing WHO/PAHO Collaborating Centers in Nursing and Midwifery and teaching institutions with midwifery programs were also invited to join the effort. Activities included training of human resources, development of materials, strengthening of educational programs and support for professional associations in their effort to improve care. However, it soon became clear that there was a need to attract additional partners, especially in Latin America, with a specific focus on midwifery development. Following the publication of a case study on Chile's success in reducing maternal mortality which included a chapter on the contribution of midwifery, the School of Midwifery at the University of Chile was invited to begin a trial period to become a WHO/PAHO Collaborating Center.

During the trial period the School of Midwifery successfully carried out a number of PAHO sponsored activities. The School led the translation and adaptation of the WHO Midwifery Tool Kit for Latin America, participated as experts on maternal health and midwifery in international meetings, served as consultants for improving pre-service education and training programs in several countries and became an active member of the *Collaborative Partnership*. On January 17, 2008, they were officially nominated as a WHO/PAHO Collaborating Center for the Development of Midwifery. The Collaborating Center has been very active in 2008 with new and continuing projects. An innovative program for training 12 Bolivian midwives is the centerpiece of a plan to create 3 new midwifery education programs to increase access to skilled attendants in that country. Recently the Collaborating Center was chosen by WHO to provide leadership for the development of Spanish language communities of practice in the Knowledge Gateway. The Collaborating Center has also agreed to coordinate the work of the 22-member *Collaborative Partnership* on behalf of PAHO for the next several years. With strong leadership and committed staff anything is possible.

Bringing skilled birth attendants to where they are needed the most

Midwifery course at the University of Chile trains nurses to improve maternal and neonatal health in rural areas.

Bolivia remains one of the countries with the highest maternal and neonatal mortality rates in the Latin American Region. In the Bolivian rural community of Muyupampa, where Yola and her family live, a newborn dies in every 14 births and a woman dies in every 212 deliveries as a consequence of complications during pregnancy, labor and delivery or postpartum.

In order to improve access to skilled attendants at birth, the PAHO Latin American Center for Perinatology and Human Development (CLAP) and USAID, jointly with other United Nations agencies, have supported a training initiative to improve the perinatal skills of 12 Bolivian nurses, including Yola. These agencies are advocating for political support from national authorities to implement a national policy to strengthen midwifery training.

Yola, one of the 12 Bolivian nurses receiving midwifery training at the University of Chile, has just finished caring for a woman during labour and delivery.

USAID has supported Yola and 11 other Bolivian rural nurses in improving their midwifery skills to save the lives of mothers and newborns when they return to their country. The sacrifice of being away from her child and husband will pay off with the safety of the mothers and newborns in Yola's community of Muyupampa.

The 3-year training course is being offered by the University of Chile, a new WHO/PAHO Collaborating Center. The trained nurses are expected to return to Bolivia by 2010 and use the knowledge acquired to train additional nurses in their own communities. Meanwhile high quality curricular undergraduate midwifery training with life saving skills is expected to develop in Bolivia.

Maternal Deaths: The countdown has started

Knowledge of the exact number of maternal deaths is vital in order to establish an accurate baseline to measure intervention success. Knowing the real causes of death is the first step for effective health policy design to reduce maternal mortality.

It is estimated that in Paraguay, for every 100.000 live births, 153 women die of complications that arise during pregnancy, delivery and puerperium. Although these figures are exceptionally high, they are only the tip of the iceberg. Many deaths in women of reproductive age are unnoticed maternal deaths. Identifying them and developing policies to avoid future deaths is a challenge that, together with the Ministry of Health of Paraguay and with the help of the U.S. Centers for Disease Control and Prevention (CDC), USAID and PAHO/CLAP-WR are currently tackling.

A husband who lost his wife due to a post-abortion hemorrhage receives a health team at home.

"USAID is contributing to the discovery of the real magnitude of maternal mortality in Paraguay, identifying unnoticed maternal deaths."

USAID and PAHO/CLAP-WR have supported the Ministry of Health of Paraguay in developing RAMOS (Reproductive Age Mortality Survey) methodology in three important regions: Alto Paraná, Central Region and Asunción (including the capital city). With the technical support of CDC and the commitment of the Ministry of Health all deaths of women of childbearing age have been investigated, in an effort to identify the real number of maternal deaths. Where clinical records did not exist or were insufficient, trained personnel visited the residences of deceased women and interviewed their families, neighbors, and friends in order to identify unnoticed maternal deaths.

Even though the results are preliminary, they show that from a total of 512 deaths of women between 10 and 54 years old, there was uncertainty regarding pregnancy in 212 cases. It was possible to recover information for 208 cases (a loss of less than 2%). Of the 208 doubtful deaths researched, 28 were maternal deaths. This indicates that in the study period alone, there were 13% unnoticed maternal deaths that were not captured by the official surveillance system, which confirms that the invisible part of the iceberg is still significantly large in Paraguay and requires immediate action.

The Tuberculosis Fellowship Program in PAHO

Building Capacity at the Country Level on the New Stop TB Strategy

One of the goals of the USAID-PAHO cooperation in the area of Tuberculosis is to build capacity at the national level on the new Stop TB Strategy. As part of this initiative, in 2008, Dr. Ailton Cezário Alves Júnior was selected to participate in the PAHO TB Fellowship Program.

Dr. Alves, a 34-year-old Brazilian physician, conducted graduate studies in Medical Psychology and Sanitary Pneumology in the Oswaldo Cruz Foundation - Ministry of Health of Brazil. During his academic studies, Dr. Alves had his first contact with TB during a visit to an indigenous tribe with high incidence rates. After this experience, he became involved in several health care projects targeting lung diseases and tuberculosis in poor communities. In 2003 he won the Award "Quality in Primary Health Care" for structuring a public assistance program for asthmatic children in Minas Gerais (a Brazilian State with 19 million inhabitants), which became a model for other states in Brazil. In 2005, Dr. Alves became the coordinator of the TB and respiratory diseases control program in Minas Gerais. In 2006, he integrated a PAHO initiative as part of the Team of Professionals Allied for Application of DOTS in Brazil, in support of the National Program of Tuberculosis.

Dr. Ailton Alves, PAHO TB Fellow, demonstrating the use of a inhalator chamber in an asthmatic child.

In June 2008, Dr. Alves began the TB Fellowship Program with PAHO focusing on the following themes: analysis and development of guidelines such as the Control of Tuberculosis in Populations Deprived of their Liberty and Control of Tuberculosis in Countries of the English Caribbean; elaboration of situational studies such as assessing TB in prisons of the Americas and evaluating political commitment in the countries of the Americas; and training for the Practical Approach to Lung Health (PAL) initiative.

As part of his fellowship, Dr. Alves is monitoring the implementation of the PAL initiative in countries with the Stop TB Strategy component, through technical assistance, supervision and capacity building of health professionals. Dr. Alves recognizes that the various international experiences and lessons learned during his fellowship will allow him to have a broader vision of tuberculosis control and of strategies to strengthen health systems in different contexts. At the end of the fellowship, Dr. Alves will become the focal point for the implementation of PAL in the Americas.

Confronting resistance from the laboratory bench to the patients' bed

Microbiology laboratories are the cornerstone of the quality of care of infectious diseases in Paraguay

When dealing with an infection, physicians are often faced with the need to identify pathogens and resistance patterns in order to prescribe an effective treatment. Microbiology laboratories should have the capacity to provide this information to clinicians in a timely and accurate manner.

National Reference Laboratory in Asuncion, Paraguay, recently updated with bio safety measures. Microbiologists provide assessment, technical guidance and training to the sentinel sites of the National Resistance Network.

In 2008, the National Reference Laboratory helped to detect and characterize nosocomial outbreaks.

In April 2008, a hospital outbreak was reported by the Infection Prevention and Control Department of the *Hospital de Clinicas* in Asuncion, Paraguay. The Department collected specimens from hospital patients, and with the joint collaboration of the National Reference Laboratory, these specimens were identified and studied with classic microbiology and molecular techniques.

The frequent communication between the Hospital and the Laboratory allowed the prompt implementation of the most efficient antibiotic treatment and, more importantly, from the public health perspective, the instauration of adequate measures to prevent dissemination in the health care facility. Rigorous hand washing with alcohol gel solution and proper use of protective personal equipment were applied by the health care workers to contain the spread of the resistant pathogens.

Under antibiotic pressure, any bacteria can develop resistance, as was the case for *Enterococcus faecium* that showed resistance to vancomycin since the late 80's. In Paraguay, the resistance surveillance program, coordinated by the National Reference Laboratory, has analyzed more than 270 samples since 2000 to determine the resistance pattern and genotyping of the *Enterococcus faecium*. Introducing new technology, such as molecular techniques, increases the capacity of the microbiology laboratories and impacts directly in the adoption of adequate measures of care, prevention and control of infections acquired in health care facilities.

The USAID/PAHO technical support provided the opportunity not only to update the laboratory and human resources capacity, but to develop a comprehensive quality assurance of the national surveillance resistance network. This network standardized laboratory techniques and include public and private microbiology laboratories from seven national regions.

Strategies for containment of antimicrobial resistance pathogens start at the microbiology laboratories, which provide data on resistance patterns needed for an effective treatment of infections. Reliable laboratory results provide the base for quality clinical care, as in the *Hospital de Clinicas* in Asuncion.

Monitoring and Supervision of Health Workers' Competencies and the Application of the Neonatal IMCI Strategy in Bolivia and Nicaragua

In the Americas, around 3% of newborns suffer asphyxiation at birth and it is estimated that 39,102 neonates died from this cause (29%) in 2006. An equal number of survivors suffer some neurological disorder and brain damage. A majority of these neonatal deaths (during the first 28 days of life) can be prevented with simple measures such as clean delivery, effective management of complications (such as asphyxiation and infections), and early breast feeding. Human resources constitute a factor of critical importance in the implementation of interventions, which means that plans to develop the health workforce so that it meets the needs of the community, as well as systems of supervision, logistics, reference and follow-up and monitoring are essential measures.

It is crucial that health care workers have an understanding of and can carry out basic essential newborn care interventions including recognition of warning signs during pregnancy, delivery, and immediate care after birth. Health workers must also be able to perform prompt and timely resuscitation to prevent neonatal deaths by asphyxia and neurological sequelae, in addition to assisting mothers to provide early breastfeeding to newborns.

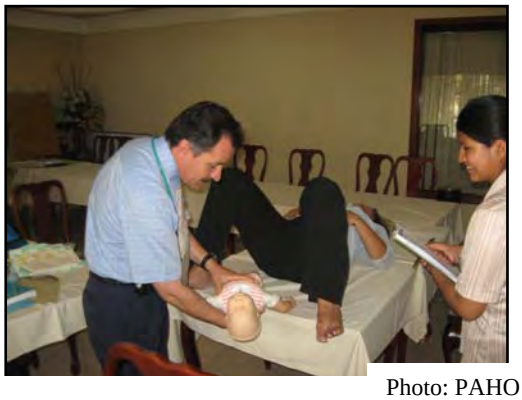

Photo: PAHO

In Bolivia an interviewer verifies a professional's immediate newborn care and neonatal resuscitation competencies through a simulation.

"*This methodology is very practical and allows us to know whether what we have taught in the IMCI workshops is being applie*d" said one participant from the validation team in Bolivia.

Initiative

Traditionally the supervision and monitoring process consisted of a set of questionnaires for health workers, in addition to instruments for the verification of the availability of supplies, drugs, and basic equipment in a health facility. However, this modality of monitoring demonstrated little effectiveness since it did not permit the assessment of health workers' competencies. In this context, the national team in Bolivia prepared a new Neonatal IMCI instrument for monitoring and supervision, this time aimed at measuring the competencies of trained health workers. Validation of the instrument, which was made possible through the PAHO-USAID project and conducted in Santa Cruz de la Sierra, Bolivia, demonstrated through a series of methodologies the usefulness of confirming the essential competencies of health workers. These competencies focus on specific critical moments of care for pregnant woman (e.g. labor), immediate care for the newborn and neonatal resuscitation. In May 2008, PAHO convened a new workshop in which participants from 6 countries further adapted the instrument to a Regional version and initiated its adaptation for Nicaragua.

The Follow-up and Monitoring of Neonatal Clinical IMCI instrument was well received in Bolivia and Nicaragua. It permits verification, documentation and strengthening of the competencies of health workers trained in neonatal IMCI and therefore has great potential for future adaptation. Currently more than 10 countries of the Region, including the Dominican Republic, Guatemala, and Honduras, are interested in this methodology and are setting up workshops for national adaptation and use at local health facilities.

6. Annex I – Progress by Outcome for USAID Indicators: Investing in People

Cross Cutting Theme #1
Strengthening Health Systems and Services in the context of Primary Health Care (PHC)

Indicators / Outcomes	Existence of multi-drug resistance for TB at the national level	Number of improvements to laws, policies, regulations or guidelines related to improved access to and use of health services drafted with USG support	Number of information gathering or research activities	Number of institutions with improved Management Information Systems, as a results of USG assistance	Number of people trained in other strategic information management	Number of special studies	Number of new approaches successfully introduced through USG-supported programs
Outcome 1 – Steering Role Capacity of the NHA at the national/subnational levels strengthened	N/A	- Health Sector Transformation Plan in Ecuador in the period 2007-2008 with an emphasis on strengthening the steering role, integrating services providers, social participation, among others.	- The LACHEALTHSYS Web site was expanded and now includes a major section dedicated to virtual communities, in addition to two subsection focused on health legislation and health services and PHC.	N/A	- Over 80 students from 18 countries in LAC are currently participating in the Virtual Course on Developing Capacity for the Renewal of PHC (May – Dec. 2008). - Around 40 participants trained in Bolivia (June 2008) in Strengthening the Steering Role in Health, including the use of the performance measurement	- Document Strengthening EPHF: Progress Report, presented to the 142nd Session of the Executive Committee in June 2008. - Position Document on Integration of	- Steering Role Performance Measurement Tool was adapted for application at the subnational level (including adjustments in the software) and applied in Colombia. - Virtual Course on Essential

Indicators / Outcomes	Existence of multi-drug resistance for TB at the national level	Number of improvements to laws, policies, regulations or guidelines related to improved access to and use of health services drafted with USG support	Number of information gathering or research activities	Number of institutions with improved Management Information Systems, as a results of USG assistance	Number of people trained in other strategic information management	Number of special studies	Number of new approaches successfully introduced through USG-supported programs
		- Law that creates the National Health System in El Salvador (Decree No 442/2007) establishing the MOH as the steering entity of the health sector and implementing an integrated health system with a focus on health as a right and equity.	- Two Virtual Fora created: one on social protection in health and the other on strengthening the regulation component of the steering role in health.		instrument. - 60 district and national participants in Colombia in the workshop for assessing/strengthening the steering role. - 30 participants in Puerto Rico in training workshop for strengthening the steering role. - Over 100 participants trained in Integration of Systems and Services as part of consultations carried out in CHI, URU, ECU, Central America and ECC.	Health Systems and Services: Concepts, Policy Options and Roadmap for Implementation in the Americas. - Analytical and Conceptual Framework for the Integration of Priority Public Health Programs into PHC-Based Health	Public Health Functions was translated into Spanish and is currently being adapted to the context of the LAC Region.

Indicators / Outcomes	Existence of multi-drug resistance for TB at the national level	Number of improvements to laws, policies, regulations or guidelines related to improved access to and use of health services drafted with USG support	Number of information gathering or research activities	Number of institutions with improved Management Information Systems, as a results of USG assistance	Number of people trained in other strategic information management	Number of special studies	Number of new approaches successfully introduced through USG-supported programs
						Systems. - Consolidated Report on baseline research on the PPM initiative for TB control in 5 countries (MEX, ELS, DOR, BOL, BRA).	
Outcome 2 – Health information systems strengthened at the regional, sub-regional and national level				Approximately 15 institutions at the national and sub-national level in PAR, HON, DOR, PER, MEX	200 participants trained in the application of HIS Tools in HON, PAR, DOR, PER	1 Reproductive Age Mortality Survey (RAMOS) developed in Paraguay	3 (document with best practices, costing tool, and other methodologies)

Indicators / Outcomes	Existence of multi-drug resistance for TB at the national level	Number of improvements to laws, policies, regulations or guidelines related to improved access to and use of health services drafted with USG support	Number of information gathering or research activities	Number of institutions with improved Management Information Systems, as a results of USG assistance	Number of people trained in other strategic information management	Number of special studies	Number of new approaches successfully introduced through USG-supported programs
Outcome 3 – Comprehensive policies, plans and strategies to promote universal access and effective interventions			Global Virtual Forum on Changing Practice with Evidence-Active Management of Third Stage of Labor in Nursing. Midwifery Communities of Practice for Making Pregnancy Safer. Progress Report of the Collaborative Partnership for Achieving Improved Maternal and Newborn Health through Nursing and Midwifery.	Communities of Practice serve as information/ knowledge hubs for members. Virtual meetings of the Collaborative Partnership held regularly to share information and discuss future plans.			Midwifery Tool Kit (translated to Spanish) is being used for comprehensive support (assessment, policy, standards, education) in countries for strengthening midwifery and nursing as a strategy for skilled attendance.

Indicators / Outcomes	Existence of multi-drug resistance for TB at the national level	Number of improvements to laws, policies, regulations or guidelines related to improved access to and use of health services drafted with USG support	Number of information gathering or research activities	Number of institutions with improved Management Information Systems, as a results of USG assistance	Number of people trained in other strategic information management	Number of special studies	Number of new approaches successfully introduced through USG-supported programs
Outcome 4 – Effective functioning of regional partnership (MNH Task Force) to promote policy dialogue in neonatal health	N/A	National guidelines related to access and use of health facilities with a neonatal focus were revised and approved in ECU, NIC, PAR.	N/A	18 Departments in Nicaragua with improved data on child health indicators (Perfil de Salud ODM 4: Salud Infantil, published in NIC, Sept. 08).	42 people trained during a workshop on WHO methodology for developing country profiles for Child Health (including indicators of Neonatal Health)	N/A	An evidence-based approach for interventions in Neonatal IMCI for health facilities was developed according to Regional guidelines in ECU, GUT, NIC.

Cross Cutting Theme #2
Improving Quality of Health Care Services

Indicators / Outcomes	Existence of multi-drug resistance for TB at the national level	Number of improvements to laws, policies, regulations or guidelines related to improved access to and use of health services drafted with USG support	Number of information gathering or research activities	Number of institutions with improved Management Information Systems, as a results of USG assistance	Number of people trained in other strategic information management	Number of special studies	Number of new approaches successfully introduced through USG-supported programs
Outcome 1 – PHC Accreditation Model adapted to the characteristics and priorities of countries	N/A	N/A	N/A	N/A	8 core groups from the Ministry of Health and academic sector of Ecuador trained in the Accreditation Guidelines and also to prepare evaluators.	- Document with Guidelines for Accreditation of PHC Networks.	- Guidelines for Accreditation of PHC Networks pilot tested in 3 countries (Costa Rica, Brazil and Nicaragua). - Guidelines for Accreditation of PHC Networks currently under validation in Ecuador.
Outcome 2 – Enhanced capacity of endemic countries for increased coverage of HIV,	2	1: TB bacteriology quality control guidelines developed	2: - TB fellow involved in information gathering for TB in prisons		3: MDR-TB surveillance studies in MEX, DOR and BRA (technical assistance provided		1: TB fellow involved in supporting the introduction of the PAL

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malaria and TB prevention, treatment and care			- Supranational laboratories involved in information gathering on MDR-TB		through the project)		initiative in selected countries
Outcome 3 – Provision of policy and technical support to enhance capacity to carry out communication disease surveillance and response	NA	2 Regulations at local level (ELS, GUT)	2 - Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) Abstract accepted - Data collection and publication 2005	15 National Reference Laboratories for AMR surveillance received updated version of WHONET software	0 No training courses were carried out during this first year.	2 - Laboratory flyer on interpreted reading of antibiogram. - Publication on *Legislation on hospital infection in Latin America*.	1 Interpreted reading of antibiogram for microbiologists.
Outcome 4 – Implement the Neonatal Regional Plan of Action with the continuum of	N/A	Implementation of Neonatal National Plans of Action based on Regional guidelines in:	N/A	Development of new methodology and guidelines for Monitoring	12 people trained in methodology to support countries in the development of Neonatal National	N/A	2 approaches introduced: 1) Model of neonatal plan of action to be

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care approach		Ecuador, Nicaragua, and Paraguay.		and Supervision and evaluation of neonatal health for local health facilities based on competencies of the health workers.	plans of action		implemented at national level; 2) Model for measuring competencies (neonatal interventions) of health workers at the health facility level.