

PWR: Jamaica	TCC PROJECT FINAL REPORT INFORME FINAL DE PROYECTO CTP	2008 No.	Date: Fecha: 17 April 2008
Pan American Health Organization/Organización Panamericana de la Salud TCC FINAL REPORT / INFORME FINAL DE PROYECTO CTP SUMMARY SHEET / RESUMEN			
			Report Date / Fecha del Reporte: 17 April 2008
1. GENERAL INFORMATION / INFORMACIÓN GENERAL			
Project title/ Título del proyecto:		Country Leading / País Líder:	
Strengthening control of emerging and re-emerging diseases with emphasis on malaria control in Jamaica.		Jamaica	
Participating countries/ Países participantes		Start date / Fecha de inicio:	
Jamaica		March 2007	
Cuba		End date / Fecha de finalización	
		December 2007	
2. PROJECT BACKGROUND AND ORIGIN / ANTECEDENTES Y ORIGEN DEL PROYECTO			
a) Context/ Contexto			
<p>After 45 years free of malaria, Jamaica had an outbreak of Plasmodium falciparum malaria (6th November, 2007 to 7th February, 2008). In those three months nearly 300 cases were reported and treated. The outbreak was concentrated in the South East Region and Kingston-St Andrew. For this outbreak CAREC (TRT) gave entomological and parasitological expertise and GUY its expertise of lab technicians.</p> <p>Cuba has expertise in vector control, entomological monitoring and surveillance. The “Pedro Kouri” Tropical Medicine Institute is a worldwide known institute for its excellence with more than 60 years of experience. The Ministry of Health of Cuba through its Foreign Relations Ministry expressed its compromise to assist Jamaica in that context.</p> <p>This TCC project started after the outbreak of malaria was controlled but it was the trigger to do it.</p>			
b) Purpose/ Propósito			
To strengthen malaria prevention and control in Jamaica through improved vector control, surveillance and laboratory diagnostic capacity using guidelines of both global and regional malaria programmes.			
c) Expected results/ Resultados esperados			
<ol style="list-style-type: none"> 1. A comprehensive vector control plan was implemented. 2. The laboratory diagnostic capacity for malaria was strengthened. 3. An integrated surveillance and information system for malaria was established. 4. The capability of physicians in clinical management of malaria was enhanced. 			
3. PROJECT EXECUTION / EJECUCIÓN DEL PROYECTO			

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a) Achievement of the expected results / Logros de los resultados esperados		
Expected Results	Indicators	Achievements
ER1. Comprehensive vector control plan implemented.	1.1. Completed situation analysis. 1.2. Comprehensive integrated vector control plan developed. 1.3. Ongoing monitoring and evaluation plan developed. 1.4. Training of vector control team.	Done. Done. Dr. Frederickson (CAREC) did several consultancies with specific recommendations. The CUB experts left very specific recommendations that were simple, not requiring sophisticated technology. Done. Done.
ER2. Capacity of national laboratories to diagnose malaria enhanced.	2.1. Training lab technicians from public health labs, private sector and UHWI in malaria diagnostic conducted. 2.2. Training of trainers in thick and thin smears.	Done. (Training team consisted of 2 lab tech and 1 entomologist from CUB, CAREC 1 parasitologist, GUY 2 med tech). 12 persons from the Public Health of JAM and from the Nat Vector Control Programme MoH JAM were trained in a 2 weeks course. Additionally, med techs were trained in lab diagnosis for filiriasis. Public Health Lab of JAM and at the Nat Vector Control Programme of the MoH JAM). Done.
ER3. An integrated surveillance and information system for malaria is established.	3.1. Situational analysis completed. 3.2. Integrated data management system established.	Done. Partially done. Recommendations were made from a PAHO HQ Consultant. The main stakeholders were insisted in their importance.
ER4. The capability of physicians in clinical management of malaria is enhanced.	4.1. Workshops to update physicians on management of malaria conducted.	Done. (Two workshops were held with more than 100 physicians, public health nurses, MoH authorities, and 3 experts from CUB).
b) Specific products / Productos específicos -12 lab techs trained in malaria and filariasis. -Training manuals provided for laboratory diagnosis of same. -In service training of vector control workers and entomologist (methodology to measure resistance of mosquitoes to Malathion). -Measurement of Malathion resistance.		

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c) Additional achievements / Logros adicionales Other vector borne diseases were discussed during the workshops and trainings as Leptospirosis and Dengue.			
d) Limitations / Limitaciones Language (spanish/english) played a relative moderate role in limiting the potential of workshops.			
e) Total budget and amount spent / Presupuesto total y ejecutado			
COUNTRY	BUDGET (US\$)		
	Assigned	Spent	
Jamaica	30,000.00	29,905.65	
Cuba	12,588.00	12,211.00	
TOTAL	42,588.00	42,116.65	
4. STAKEHOLDERS INVOLVED, E.G. MINISTRIES, INSTITUTES, FOUNDATIONS, NGOS / ACTORES INVOLUCRADOS, EJ: MINISTERIOS, INSTITUTOS, FUNDACIONES, ONGS.			
Ministry of Health and Environment of Jamaica and its four Regional Health Authorities; Ministry of Health of Cuba; and Instituto "Pedro Kourí" from Cuba. CAREC, GUY and TRT had participated in specific activities.			
5. LESSONS LEARNED / LECCIONES APRENDIDAS			
There had to be an outbreak to trigger this TCC. The MoH plays a major steering role, non delegable, during outbreaks.			
6. CONCLUSIONS AND RECOMMENDATIONS / CONCLUSIONES Y RECOMENDACIONES			
This TCC project started after the outbreak of malaria was controlled but it was the trigger to do it.			
<ol style="list-style-type: none"> 1. There is need for an epidemiological unit that includes vector control. The unit needs a senior experienced epidemiologist. 2. There is need to strengthened the integration of various sources and data bases, in general for health data, but especially for communicable diseases in this case. 3. Continuous in service education in epidemiology for parishes in order to strengthen local surveillance level. 4. The protocols need to be updated, agreed on and distributed especially at parish level. (Actually there are too many versions circulating). 5. The lab capacity in terms of malaria is not bad. There is need to do ensure the usage of finger prick techniques (they are overwhelmed because they still use venipunctures). 			