



PAHO-USAID UMBRELLA AGREEMENT 2007-2010

(GRANT No. LAC-G-00-07-00001)

MID-YEAR PROGRESS REPORT

(OCTOBER 2008 – MARCH 2009)



1. List of Acronyms and Abbreviations

ALAPE	Asociación Latinoamericana de Pediatría
AMR	Antimicrobial Resistance
ANLIS	Administración Nacional de Laboratorios e Institutos de Salud/Argentina
CDC	Centers for Disease Control and Prevention
CIDA	Canadian International Development Agency
CLAP	Latin American Center for Perinatology and Human Development
CMX	Cotrimoxazole
EPHF	Essential Public Health Functions
EQA	External Quality Assurance
FEPPEN	Federación Panamericana de Profesionales de Enfermería
FIGO	International Federation of Gynecology and Obstetrics
FLASOG	Federación Latinoamericana de Sociedades de Obstetricia y Ginecología
HCAI	Health Care Associated Infections
HDM/CD	Health Surveillance and Disease Management Area/Communicable Diseases
HIS	Health Information Systems
HMN	Health Metrics Network
HMN-TSP	Health Metrics Network-Technical Support Partnership
IADB	Inter-American Development Bank
ICM	International Confederation of Midwives
ICPD	International Conference on Population and Development
IDHN	Integrated Delivery Health Networks
IFC	International Finance Corporation
INH	Isoniazid
IMCI	Integrated Management of Childhood Illnesses
INEI	Instituto Nacional de Enfermedades Infecciosas
INSP	Instituto Nacional de Salud Pública
LAC	Latin American and the Caribbean
LACHEALTHSYS	Health Systems Strengthening in Latin America and the Caribbean Web Site
MDG	Millennium Development Goals
MMSS	Maternal Mortality Surveillance Systems
MNH	Maternal and Neonatal Health
MOH	Ministry of Health

MPH	Ministry of Public Health
MPHI	Mesoamerican Public Health Initiative
MSP	Ministry of Social Protection
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organizations
NHA	National Health Authority
NSO	National Statistic Office
PAHO/WHO	Pan American Health Organization/World Health Organization
PHC	Primary Health Care
PPM	Public-private mix
PRISM	Performance of Routine Information System Management
RAMOS	Reproductive Age Mortality Survey
RHINO	Routine Health Information Network
RTF	Regional Task Force
SAIDI	South America Infectious Disease Initiative
SNRL	Supra National Reference Laboratory
SOP	Standard Operating Procedure
SP	Strategic Plan
TAG	Technical Advisory Group
TB	Tuberculosis
TOR	Terms of Reference
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCPH	Virtual Campus of Public Health
WBMSS	Web-based Maternal Mortality Surveillance System

2. Progress on Completion of Tasks

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

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Outcome 1 – Steering Role Capacity of the NHA at the national/subnational levels strengthened				
Key Personnel: José Ruales, HSS (Activities 1.1 – 1.3) Mirtha Del Granado, HSD (Activity 1.4)				
Activity 1.1 – Support member countries to strengthen the leadership and regulation dimensions of the NHA and improve public health capacity				
1.1.1 Provide technical cooperation to improve performance of the EPHF and the NHA steering role	1. Conduct technical cooperation missions to support the assessment/elaboration of strengthening plans for EPHF and/or public health capacities in at least 3 countries.	-Technical cooperation to support EPHF assessment and strengthening in the states of Rio Grande do Sul and Bahia, Brazil conducted.	None required.	None.
	2. Develop and implement a Spanish version of the EPHF virtual course through the Virtual Campus of Public Health (VCPH).	- Spanish version of the EPHF virtual course adapted to the context of the LAC Region developed and currently in the process of virtualization.	None required.	- The pilot application of the Virtual Course on EPHF (totaling 180 class hours) is scheduled for the period 18 May – Nov. 2009, with the participation of approximately 80 students from 20 Spanish speaking countries from the region.
	3. Build capacity in at least 2 institutions (from different countries) to independently implement the EPHF virtual course.	- Capacity building underway with the Universidad de La Sabana, Colombia for the implementation of the EPHF Virtual Course, through the VCPH node in Colombia.		

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	4. Conduct technical cooperation missions to support at least 2 countries in implementing NHA steering role strengthening plans.	- Ongoing technical cooperation to Ecuador for the strengthening of the NHA steering role.	None required.	- Document on Lessons Learned on the application of Steering Role Methodology in Dominican Republic and Colombia finalized.
1.1.2 Maintain the Health System Strengthening web site (www.lachealthsys.org)	1. Update and maintain website 2. Integrate and disseminate documents from grant outcomes in the website.	- Website maintained and updated. - Section on PAHO-USAID Grant created for the dissemination of products and success stories.	None required.	None.
Activity 1.2 – Provide technical cooperation to implement integrated health service delivery networks				
Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
1.2.1. Provide technical support to countries to implement integrated delivery health networks (IDHN).	1. Support the organization of a regional consultation to discuss the document on policy options to implement IDHN.	- Regional consultation on IDHN carried out in Nov. 2008 in Belo Horizonte, Brazil.	None required.	More than 100 national and international experts participated in the meeting and exchanged experiences and knowledge on the development of integrated health networks as a strategy for strengthening PHC-based health systems.
	2. Disseminate the document and operational framework for the implementation of IDHN to all countries in the Region.	- A final draft of the position paper on IDHN was produced based on the contributions of the Regional Consultation participants.	None required.	The Position Paper will be presented during the 143 rd Session of the Executive Committee in June 2009.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	3. Support at least 2 countries in the adaptation of the operational framework to their local realities.	<ul style="list-style-type: none"> - Ongoing technical cooperation to Ecuador on the definition of strategies for implementing IDHN, based on the attributes and criteria defined in the position paper. - Ongoing technical cooperation to Peru to identify strategies to develop departmental and local health networks and incorporate them in the country's broader health plan. 	None required.	A tool was developed to measure the degree of integration of networks which was adapted to the context of Ecuador and applied in that country. The results of the application are currently being compiled in a report.
Activity 1.3 – Promote efforts to scale up health systems based on PHC through the incorporation of targeted programs into the overall health system.				
1.3.1 Provide technical cooperation to countries in the implementation/consolidation of strategies to scale up health systems based on PHC.	<ol style="list-style-type: none"> 1. Organize meeting to discuss the framework for scaling up health systems with the participation of the other grant outcomes. 2. Disseminate the framework for scaling up health systems in the Region. 3. Conduct technical cooperation missions to support at least 2 countries in the implementation of plans to scale up health systems based on PHC. 	<ul style="list-style-type: none"> - Case study on the integration of targeted programs under elaboration in Chile (maternal and child health), Peru (HIV/AIDS), Colombia (TB), Trinidad & Tobago (HIV/AIDS) and Brazil. - Based on the case study results, meetings with other grant outcomes will be scheduled to gather input for framework completion. - Technical cooperation to Ecuador on IDHN also includes strategies for integrating vertical programs into the overall health system. 	- In order to maximize technical cooperation efforts in the area of strengthening PHC-based health systems, elements of the framework for integrated delivery networks are being integrated into the framework for integrating vertical programs into the overall health system.	PAHO is also considering the work that WHO is conducting in the area of <i>Maximizing positive synergies between health systems and Global Health Initiatives</i> in its technical cooperation efforts.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
1.3.2 Promote continuous support to countries in the monitoring of their health systems and the generation of information as an input for the development of health policies.	1. Conduct technical cooperation to support 3 countries in the utilization of the Health Sector Analyses Methodology in their policy planning process.	- Health Sector Analysis for the Border Zone between Ecuador and Colombia finalized.	- A major constraint for the elaboration of Health Sector Analyses continues to be the length and complexity of the tool. Therefore, in order to facilitate the process, countries can concentrate on a particular section of the methodology according to their needs and expand the analysis on that topic.	None.
	2. Conduct technical cooperation to support 3 countries in the elaboration of Health Systems Profiles.	- Health System Profile for Honduras finalized. Profile for Costa Rica finalized, with an expanded, in-depth analysis of human resources. Currently in the process of completing Uruguay profile. Technical cooperation is currently ongoing for the elaboration of profiles for Mexico and Colombia.	None required.	None.
Activity 1.4 – Integrate public and private practitioners in TB control activities at the country level				
Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
1.4.1. Follow up of the ongoing public-private and public-public mix (PPM) experiences initiated during the first year and start activities in 3 new selected countries.	For Q2 to Q3 2009			Activities pending the completion of the hiring process of a short term professional. Her Terms of Reference include PPM. She is due to start in April and soon after will start developing these pending activities.
1.4.2. Coordinate and follow up operational research on PPM for TB in the new countries selected.	For Q2 to Q3 2009			

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
1.4.3. Provide technical assistance to the new countries implementing and planning to implement PPM for TB and follow-up the ones supported during the first year.	For Q2 to Q3 2009			
1.4.4. Advocate for the implementation of PPM as a new component of the Stop TB strategy in 10 new countries.	For Q2 to Q3 2009			

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Outcome 2 – Health information systems strengthened at the regional, sub-regional and national level				
Key Personnel: Alejandro Giusti, HSD (Activities 2.1 – 2.2) Bremen de Mucio, CLAP (Activity 2.3)				
Activity 2.1 – Support the implementation of the Health Information System performance monitoring process in countries of the Region of the Americas				
2.1.1. Provide technical cooperation to selected countries on the implementation of HIS performance monitoring processes based on international frameworks and tools.	1. M&E of the implementation of activities in countries with National HIS Strategic Plans (SP).	<ul style="list-style-type: none"> - Technical cooperation to HON to prepare a proposal to CIDA Canada to finance its SP. - Monitoring of implementation of the SP in PAR. - PER has presented to authorities (MOH, NSO) the assessment of the HIS. There is an agreement to develop a Strategic Plan during 2009. - DOR has presented an assessment and a preliminary Strategic Plan. 	Assistance to DOR is necessary to improve capacity in the MOH office to develop a SP in the next step.	<p>CIDA Canada is requesting collaboration in the preparation of a proposal and follow-up of SP activities.</p> <p>New health authorities in PAR decided to follow up on the activities of the SP prepared in 2006/7 under the framework of the project.</p> <p>PER developed a strategy to adapt HMN and PRISM tools for the local level.</p>

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	2. Harmonize National HIS Strategic Plan among PAHO/USAID countries and countries with PAHO/HMN assessments and Strategic Plans under the framework of the Regional Plan for the Strengthening Vital and Health Statistics.	- Meeting in MEX with selected countries in a coordinating activity with Health Metrics Network Technical Support Partnership (HMN-TSP) and the Mesoamerican Public Health Initiative (MPHI).	Meeting that was supposed to be held in May was postponed due to influenza epidemic in MEX.	The project is participating in a meeting organized by HMN-TSP to present and discuss lessons learned in assessing HIS and preparing SP. Selected countries include PAHO/USAID countries (MEX, HON, PAR, PER, DOR) and those that implemented or are implementing assessments under the framework of HMN (PAN, BEL, ELS, GUA, NIC).
2.1.2 Coordinate and support training/capacity-building on good practices in the development and improvement of HIS performance monitoring processes	1. Design a regional network on HIS to consolidate the use of standards and disseminate best practices at the country and regional level.	<p>- A meeting is planned for September with selected countries to discuss an inter-country or subregional strategy to develop activities for the strengthening of HIS and to disseminate best practices in other countries from the region.</p> <p>- Discussions have also taken place with the RHINO Executive Director for creating a forum for the LAC countries within the RHINO network.</p>		The network's goals are to strengthen HIS regionally through improved communication, coordination and networking. This meeting will be planned as a coordinated effort with HMN-TSP, MPHI and the RHINO Network.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Activity 2.2 – Develop and implement standardized frameworks, methods and tools on HIS to support decision-making in public health and health services management				
2.2.1 Develop, update and disseminate methods and procedures for the production, dissemination, use and analysis of information to support evidence-based public health decision-making at all levels.	1. Develop and update methods and techniques for the production, dissemination, use and analysis of information to support evidence-based public health decision-making at all levels.	The project has planned the preparation of three documents on successful experiences, lessons learned, key processes and best practices in HIS: a conceptual document that includes the use of HMN and PRISM tools; a document that summarizes best practices in PAHO/USAID countries; and a report of HIS situation in the countries mentioned above.		
	2. Disseminate methods and techniques for the production, dissemination, use and analysis of information to support evidence-based public health decision-making at all levels.	The project has proposed the dissemination of the three documents mentioned in #1 through a website and/or an international meeting.		

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Activity 2.3 – Improve countries capacities in the development and implementation of maternal mortality surveillance systems				
2.3.1 To continue to strengthen the capacity of selected countries in the implementation of maternal mortality surveillance systems (MMSS), including RAMOS prospective methodology.	1. Host post pilot meeting to analyze the results and plan for country-wide scale-up and provide ongoing coordination technical assistance to country and international partners. 2. National Workshop for field testing data and system analysis.	- During this period the Maternal Mortality web based surveillance system, field test (PHASE 1) has been completed in Colombia. Final report will be finalized and disseminated among all partners by April 20th.	None required.	MSP/ NIH with the support of collaborating partners, is convening a meeting (June 1-6) to discuss recommendations and lessons learned from PHASE 1; and plan for PHASE 2 (Web based field test). It is expected that PHASE 2 will be finalized by the end of 2009. The scaling-up of activities will be planned once PHASE 2 is completed. This has been a very productive multi-partner experience.
	3. Dissemination of findings of prospective RAMOS in Paraguay	Finished collection of the information. Databases are purified and consolidated. Preliminary analysis of the information is available. In April it will go on to analyze the information collected by Ministry of Health, CDC and CLAP/PAHO.	None.	Workshop for discussion and preparation of final publication is coordinated for April. This workshop will take place in Asuncion City, and will include the participation of the Ministry of Health, CDC and PAHO CLAP/WR. Public dissemination of results will take place between May and June. This has also been a very productive multi-partner experience.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Outcome 3 – Comprehensive policies, plans and strategies to promote universal access and effective interventions developed				
Key Personnel: Bremen de Mucio, CLAP				
Activity 3.1 – Strengthen networks, alliances including communities of practice in maternal and perinatal health				
3.1.1 To continue to support the strengthening of midwifery in the LAC Region.	1. To support and bring sustainability to Midwifery Community of Practice.	<p>- A survey of members of the Midwifery and Nursing Communities of Practice for Making Pregnancy Safer (English and Spanish) was conducted to provide basis for future activities.</p> <p>- Several continuing education programs are being developed; a program on cervical cancer screening is scheduled for Oct.-Nov, 2009 and one on newborn resuscitation is scheduled for Nov.-Dec., 2009.</p>	None required.	The member survey has been completed for the English community with 57 responses. The survey of the Spanish community is underway. A goal has been set to increase membership in the Spanish community by at least 20%. It has been a very interesting and useful experience, the inter-relation between both communities of practices (Sp & En).
	2. Continue to provide technical assistance to strengthen skilled attendance at birth activities In Guyana, Ecuador, Bolivia and Paraguay.	- The WHO Midwifery Tool Kit, has been revised to include two new chapters, one on supervision and one on interim strategies. These chapters will be translated into Spanish, reviewed by midwifery leaders in Latin America, and adapted as necessary for use in supporting country work in the Region.	None required.	Dissemination and promotion of the use of the Tool Kit is ongoing. It is available for ready access in the Community of Practice Library. The Kit continues to be a resource for workers in Bolivia, Dominican Republic, Guyana, Ecuador, Paraguay, Honduras and Trinidad and Tobago.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
		<p>- Ongoing support to countries including Bolivia, Dominican Republic, Guyana, Ecuador, Paraguay Nicaragua and Honduras. Background papers summarizing support to date have been prepared for Paraguay and Dominican Republic to inform decisions on future support. Virtual meetings have been held (Guyana) or are being planned (Dominican Republic and Honduras).</p>	<p>Scheduling issues have delayed planning and follow up in Ecuador. Communication problems with several countries have been resolved and plans are moving forward.</p>	<p>Success stories on the progress being made are being compiled.</p>
	<p>3. To develop in partnership with <i>Universidad de Chile</i>, Ministry of Health of México and PAHO virtual campus, an online-course for the training of midwives.</p>	<p>- The activity has been cancelled because those responsible of PAHO's virtual campus have not confirmed their support to this project.</p>	<p>Financing for this activity was planned to come almost entirely from the virtual campus. Funding from USAID that had been originally allocated to this activity (US\$3,000) has been reprogrammed to support members of the Global Partnership in Midwifery in the preparation of virtual informational modules for midwives, the first of which is on neonatal resuscitation and under elaboration by the School of Midwives of the Universidad de Chile; they will be made available to the communities of practices of the virtual</p>	

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	4. To develop a common program for training of midwives in public universities of LAC.	- A new midwives curriculum was developed and approved by the Ministry of Health of Guyana, with the support of the University of Pennsylvania. A new midwives curriculum has been developed for <i>Universidad de Chile</i> by National School of Midwives of Paraguay.	campus of the Universidad de Chile. None required.	Technical assistance will be provided for the Ministry of Health of Paraguay to maintain Midwives career on April.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	<p>5. To maintain the support for the Collaborative Partnership for Achieving Improved Maternal & Newborn Health in the Americas through Nursing & Midwifery.</p>	<ul style="list-style-type: none"> - <i>Collaborative Partnership for Achieving Improved Maternal and Newborn Health in the Americas Through Nursing and Midwifery</i> provides updates on their work in the Region and shares experiences. - The WHO/PAHO Collaborating Center in the School of Midwifery, <i>Universidad de Chile</i>, coordinates the group. - Action Plan extended to 2011. Progress Report for 2008 completed. Draft work plan for 2009 prepared with contributions from Members. - Virtual meetings held in November and January. Recording link and notes circulated to all Members. Meetings scheduled for July and October. 	None required.	None.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Outcome 4: The effective functioning of regional partnership (MNH Interagency Task Force)				
Key Personnel: Yehuda Benguigui, FCH				
Activity 4.1 – Support the functioning of the regional partnership to promote policy dialogue in neonatal health within the context of the continuum of care approach in maternal, neonatal and child health.				
4.1.1 Continue to support the functioning of the regional partnership on maternal and neonatal health (Maternal Neonatal Task Force and Alliance).	<p>1. Participation in the Task Force Meeting to discuss task force activities for 2008-2009.</p> <p>2. International meeting with priority countries on countdown 2015 current situation.</p>	<p><u>Neonatal Mortality Task Force</u></p> <p>- The Neonatal Alliance meets monthly to assess progress, coordinate activities at the regional level and support countries.</p> <p>- A joint meeting with Newborn Alliance members (e.g. USAID, UNICEF, PAHO, Save the Children), Ministries of Health and Professional Associations (FLASOG, FEPPEN, ICM, FIGO) will take place in May, 2009 in Lima, Peru with around 60 participants. The Maternal Mortality Task Force is also expected to participate.</p> <p>- ALAPE and FLASOG have been incorporated into the Newborn Alliance as Consultative Members.</p> <p>- In 2009, UNICEF's regional</p>	None required.	The fact that the agencies have limited resources to support the implementation of activities has required a reprogramming of operational goals for this year and the next year.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
		<p>office began to actively participate in Alliance activities.</p> <p><u>Maternal Mortality Task Force</u></p> <p>- After a stand-by process Regional Task Force was re-launched in a meeting that took place in Panama on December 2008. Work plan for 2009-2010 was approved.</p> <p>- Funds transferred to Neonatal TF.</p>		
<p>4.1.2. Continue to support the LAC Interagency Alliance on Neonatal Health in the context of the continuum of care approach.</p>	<p>1. Strengthen the Regional Alliance of Neonatal Health in the context of the continuum of care.</p> <p>2. Support selected countries to establish national replication of the Regional Alliance with agencies and NGOs, regarding child health in the context of the continuum of care.</p> <p>3. Support countries in the development and implementation of National Plans of Action of Neonatal Health in the context of the continuum of care approach.</p>	<p>- National Neonatal Alliances were established in: DOR, GUT, NIC and PAR.</p> <p>- Several countries have launched the Neonatal Interagency Strategic Consensus, which served as the basis for the establishment of National Neonatal Plans in: DOR, ELS, HAI, NIC and PAR.</p> <p>- Several countries have developed National Plans for Neonatal Health within the Continuum of Care and/or Maternal/Neonatal with the support from Alliance members:</p>	<p>None required.</p>	<p>None.</p>

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	4. Assist in the creation of a website for the Neonatal Alliance.	BOL, ECU, DOR, ELS, HON, NIC, PAR and GUT. - The Newborn Alliance website is in development and will be completed in the next months.		

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

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Outcome 1 – PHC Accreditation Model adapted to the characteristics and priorities of countries				
Key Personnel: José Ruales, HSS				
Activity 1.1 – Development of a PHC Accreditation Model				
1.1.1 Support countries in the application of the PHC accreditation model and renewal of PHC.	1. Apply the PHC accreditation model in at least 2 countries.	<ul style="list-style-type: none"> - PHC Network Accreditation Guidelines in the process of completion for application and region-wide dissemination. - Ecuador validated the guidelines for PHC networks accreditation, adapted the tool and applied it to evaluate local PHC networks, using as a basis for the analysis the attributes and criteria defined in the IDHN position paper. Valuable lessons are expected to be learned from this experience, which will also provide feedback for the Guideline completion process. 	<ul style="list-style-type: none"> - PAHO IDHN proposal needs to be taken into account for the completion of the PHC Network Accreditation Guideline, in order to achieve a unified PAHO approach to PHC networks. 	None.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	<p>2. Carry out first iteration of the Virtual Course on Development of Competencies for the Renewal of Primary Health Care for Spanish speaking countries, with emphasis on developing intervention projects at the network level.</p> <p>3. Translate the virtual course into English, Portuguese and French, including the adaptation of content to the realities of the different subregions.</p>	<p>- Virtual Course on Development of Competencies for PHC scheduled to start on May 2009.</p> <p>- Based on the results of an evaluation of the pilot application of the virtual course carried out in 2008, small adjustments are being made in the content of the course. Once a final version is produced, the course will be translated into the 3 languages.</p>	None required.	None.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Outcome 2 – Enhanced capacity of endemic countries for increased coverage of HIV, malaria and TB prevention, treatment and care				
Key Personnel: Mirtha del Granado, HSD				
Activity 2.1 – Increase and improve the managerial capacity of the TB Laboratory Network				
2.1.1. Visit the rest of the National Reference Laboratories from TB priority countries	For Q2 to Q3 2009	- Activity has not yet started as of end of March, but is expected to be implemented starting in April, 2009.		
2.1.2. Conduct the annual Regional workshop for TB National Reference Laboratories	For Q3 2009 in Brazil			
Activity 2.2 – Train national TB professionals/consultants on the new Stop TB strategy to provide technical assistance at country level.				
2.2.1. Support two (2) TB fellows for the TB Regional program	For Q2 to Q4 2009	- Participation of the current TB fellow as presenter in the Regional TB course in El Salvador (23 -31 March, 2009)		The new two TB fellows have been selected and are in the final hiring process. They are due to start in April/May.
Activity 2.3 – Strengthen the implementation and monitoring of the recommended TB/HIV collaborative activities in priority countries				
2.3.1. Conduct monitoring visits to TB/HIV priority countries implementing the collaborative activities with focus on the Caribbean	Visits to Caribbean in Q2 2009	- Support to Jamaica in the development of the TB national strategic plan including TB/HIV activities (2 – 11 March 2009). - Support for the participation of the course director of the 2 nd Sub-Regional TB/HIV managerial course in Bogotá (16-21 March 2009)		Development of TB National Strategic Plan of Jamaica in final process
2.3.2. Conduct the annual regional workshop for TB/HIV priority countries	The 2009 meeting is planned to take place in Q3	- Support for the V Regional TB/HIV meeting in San José, Costa Rica (6-7 November 2008). - Support for printing TB/HIV managerial course modules.		Pending coordination with the Regional HIV program for the VI Regional TB/HIV meeting.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Outcome 3: Policy and technical support to Member States to enhance their capacity to carry out communicable disease surveillance and response				
Key Personnel: Pilar Ramon Pardo, HSD				
Activity 3.1 Strengthening nosocomial infection surveillance, with an emphasis on antimicrobial resistance (AMR) surveillance components.				
3.1.1 Collection of AMR national data for 2007 for all species defined by Technical Advisory Group (TAG)	<ol style="list-style-type: none"> 1. Technical Advisory Group Meeting. 2. Annual meeting of the Network for Monitoring/ surveillance of the Resistance. 3. Collection and revision of the data. 4. Preparation of the Report. 5. Support to external quality assurance (EQA) of the national laboratories by the Supra National Reference Laboratory (SNRL). 	<p>- The <i>Technical Advisory Group Meeting</i> (Washington DC, October 23-24, 2008) provided useful reflections and strategic directions for the next two years. International experts and leaders on antimicrobial resistance and infection control discussed a comprehensive agenda on surveillance, research priorities, advocacy, antibiotic use, and evidence based tools for AMR containment.</p> <p>- Antimicrobial resistance national data have been collected for 2006 and 2007. The <i>Annual Report on Antimicrobial Resistance, 2006</i> is available in electronic format, and will be published by the <i>Revista de Infectología Tropical</i> in 2009.</p> <p>- AMR 2007 national data is under analysis; the report will be published in the second</p>	None required.	

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
		<p>semester of 2009.</p> <ul style="list-style-type: none"> - The Annual Laboratory Meeting is planned for the 2nd semester 2009, due to resource adjustment in the work plan. - The EQA program is ongoing, coordinated by the INEI ANLIS CG Malbran. Report on Survey # 14 received: 87.7% correct bacterial identification; 85.4% susceptibility test correct interpretation. Survey # 15, already done, pending of report. - <i>Clinical Laboratory Standards Institute Manuals</i> (January, 2009) are being translated into Spanish. 	<p>Additional resources are being mobilized to carry out the activity. Tentative date: November 2009.</p> <p>Although this activity was not initially included in the work plan, following agreements with the donor, the activity will be undertaken in the current year to timely provide the manuals to the microbiology laboratories.</p>	<p>These are the microbiology standards for antibiograms, which are published every three years. This Spanish version is essential for the sentinel sites and national reference laboratories, in order to strictly follow quality standards.</p>
<p>3.1.2 Through evaluation visits, determine the current situation of national surveillance systems of nosocomial infection, including AMR.</p>	<ol style="list-style-type: none"> 1. Select countries for visits. 2. Obtain concurrence from national authorities. 3. Carry out 7-day visit. 	<p>- Evaluation visits are planned in Guatemala by May, in conjunction with field test exercise on WHO guidelines, and in Honduras will be planned for the 2nd semester.</p>	<p>None required.</p>	

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	4. Prepare the report.			
3.1.3 Support national evaluation teams.	<p>1. Support in the development of the Terms of Reference (ToR) for the national evaluation teams.</p> <p>2. Provide support for the visits and preparation of reports, in conjunction with activity 3.1.2</p>	<p>- National Evaluation Groups on Infection Control were successfully established in El Salvador and Honduras. Technical support was provided to the 1st National Conference on Infection Control in El Salvador, promoting the dissemination of successful experiences among countries.</p>	None required.	
Activity 3.2. Promote rational use of antibiotics under the scope of a multisectoral approach; develop evidence-based SOPs for prevention and control of associated health care infections				
3.2.1 Finalize academic curriculum to improve (quality assurance) bacteriology and susceptibility testing to antimicrobials in collaborations with the academies and universities	<p>1. Revise the draft curriculum developed with competence-based methodology involving laboratory experts.</p> <p>2. Develop the curriculum.</p> <p>3. Dissemination of activities and publication on line.</p>	<p>- Ecuador is developing training manuals on microbiology sample collection.</p>	Additional funding is required to complete the activity, specifically the revision and publication of the curriculum.	Contacts has been initiated with Universities (El Salvador, Ecuador, Bolivia and Paraguay), INSP in Mexico and PAHO virtual campus to develop and promote educational materials on infection control and rational use of antibiotics. The limited economic resources are jeopardizing this activity.
3.2.2 Reproduction and distribution of updated 4th. Edition of clinical guidelines for the treatment of infections.	<p>1. Meeting with experts in infectious diseases.</p> <p>2. Draft revision by clinicians.</p>	<p>- An experts meeting to review and update the clinical guideline: "<i>Tratamiento de las Enfermedades Infecciosas, 2009-2010</i>" (4th edition) was</p>	None required	

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	3. Publication and dissemination.	held in Montevideo, Uruguay, January 26-30. The updated version is currently for printing. The 4 th edition will be launched during the XIV <i>Congreso de la Asociación Panamericana de Infectología</i> , Brazil, April 25-28.		
3.2.3 Provide support to countries in establishing infection control and pharmaceutical committees, and implementation of clinical guidelines.	<p>1. Through the PAHO country offices, hospitals will be selected.</p> <p>2. Terms of Reference (ToR) and Standard Operating Procedures (SOP) will be discussed and adapted at local level.</p> <p>3. Regular meetings will be scheduled and support will be provided for publications or replication of technical materials, training courses, or international/national expert advice.</p>	<p>- Honduras developed a national manual on infection prevention and control in health settings, which is being implemented in selected province hospitals.</p> <p>- Guatemala and Brazil are implementing guidelines to restrict the use of antibiotics at hospital level.</p>	None required.	
3.2.4 Implement an orientation to clinical practice course on infection control training program for future health care professionals entering hospital based career training, including prevention of TB spread and rational use of antibiotics.	<p>1. Expert consultation for developing the curricula and training materials.</p> <p>2. Publication of the curricula and materials.</p>	- Materials are being distributed to implement the training programs. El Salvador is working with three hospitals and two Universities implementing this training.	None required.	

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	2. Select two universities for piloting the course.			
Activity 3.3. Organize and maintain an electronic regional community forum on health care acquired infections and AMR.				
3.3.1 Compile, update and organize all the information regarding AMR in a specific site at PAHO's web page.	1. A designated staff in PAHO HDM/CD will be responsible to select the documents and follow up the process of uploading them in the web (including the LACHEALTHSYS web site).	<p>- A number of materials, tools, and document have been uploaded in the PAHO AMR website:</p> <p>(a) <i>Manual de esterilización</i> aimed at strengthening health centers capacity on sterilization. Available at: http://www.paho.org/English/AD/DPC/CD/amr-manual-esterilizacion.htm. This manual is being translated into English with WHO support to be distributed in Africa and Asia.</p> <p>(b) <i>Lectura interpretada del antibiograma</i>, intended to foster microbiologists critical interpretation of the antibiogram. Available at: http://www.paho.org/common/Display.asp?Lang=S&RecID=11910.</p> <p>(c) The Supplement of the <i>Revista Panamericana de Infectología</i> is online. Hard copies are being distributed among the opinion leaders on</p>	None required.	http://www.paho.org/english/ad/dpc/cd/antimicrob.htm .

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
		<p>infectious diseases in Latin America. This Supplement summarizes the state of the art on AMR and infection control issues in the Region. Available at: http://www.revista-api.com/Suplemento%201-2008/pgs/sumario.html.</p>		
<p>3.3.2 Organize a regional forum (share point) on HCAI.</p>	<p>1. An invitation to join the "AMR containment network" will be send to all PAHO country offices.</p> <p>2. A designated staff in PAHO HDM/CD will be responsible to select and update the documents, follow up on the process of uploading them in the share point and periodically communicate with the approved users.</p>	<p>- Updated AMR information and documents has been sent to the country offices.</p> <p>- Working documents, SOPs, laboratory standards, and epidemiological data base are already available.</p>	<p>None required.</p>	

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
Outcome 4: Implement the Neonatal Regional Plan of Action within the context of the continuum of care approach				
Key Personnel: Yehuda Benguigui, FCH/CA				
Activity 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.				
4.1.1 Share and disseminate Neonatal Regional Plan of Action with stakeholders in selected countries.	<p>1. Publish the Neonatal Regional Plan of Action approved by the PAHO Directing Council in four (4) languages (English, Spanish, French and Portuguese).</p> <p>2. Distribute the Regional Plan of Action in print, CD and through the internet.</p>	<p>- The document "Regional Strategy and Plan of Action for Neonatal Health Within the Continuum of Maternal, Newborn, and Child Care" was approved by PAHO Directing Council, 2008. It is available in four languages.</p> <p>- Editing and dissemination of the document will take place within the next 60 days and it will be sent, via CD-Rom, to selected countries.</p>	None required.	
4.1.2 Support the development of Neonatal National plans according to the Regional plan of action in selected countries.	<p>1. Brief the consultants in regards to the development of the methodology of the national Plans of Action.</p> <p>2. Disseminate updated information on neonatal interventions in the context of the continuum Maternal, newborn and child care.</p> <p>3. Support selected countries in the development of the National Neonatal Plan of Action.</p>	<p>- Briefed the consultants in regards to the development of the methodology of the national Plans of Action.</p> <p>- Development of a Neonatal module on Evidence-based interventions validated in GUT and NIC and published.</p> <p>- The project has served as a technical advisor to six countries during the semester: ECU, NIC, HON, GUT, PER and DOR.</p> <p>- Support to 4 countries in the</p>	None required.	Some of the challenges include limitations of time and money.

Tasks	Planned Steps	Actual Steps	Remedies (if required)	Remarks
	<p>4. Provide technical cooperation for the selected countries.</p> <p>5. Consultation with countries: orientation meeting in one country.</p>	<p>development of "National Profiles in Child Health" which correspond to methodology developed by WHO to obtain neonatal and infant health baselines with the goal to reach MDG #4: NIC, HON, DOR, GUT.</p>		
Activity 4.2 – Monitor and evaluate progress in the Neonatal Regional Action Plan.				
4.2.1 Regional M&E plan developed to assess progress in neonatal health.	<p>1. Publish the regional version of the M&E Neonatal Health in Health facilities methodology.</p> <p>2. Organize and conduct an orientation meeting in one country.</p> <p>3. Technical cooperation with selected countries on the implementation of the M&E Neonatal Health in the context of the National Plan of Action.</p>	<p>- The Regional Monitoring and Evaluation Guide for Neonatal Health facilities in the establishment of health is currently being edited for publication in the next 60 days.</p> <p>- Workshops were carried out in GUT and NIC on neonatal Monitoring and Evaluation for the dissemination of methodologies with the participation of 12 countries: BOL, PER, ECU, PAN, PAR, DOR, GUT, ELS, HON, NIC, VEN and COL.</p> <p>- Technical cooperation for the implementation of Monitoring and Evaluation in neonatal health in 6 countries: BOL, ECU, PAR, DOR, GUT and NIC.</p>	None required.	

3. Success Stories

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

Building Integrated Delivery Networks in Ecuador

The Constitution of the Republic of Ecuador, approved in September 2008, determines in Art. 360 that the National Health System shall be organized with a Primary Health Care (PHC) approach and that it shall function through integrated networks that offer universal and equitable health services, under the leadership of the national health authority. This entails a challenge for the Ministry of Public Health (MPH) of Ecuador. In order to build integrated health services networks based on PHC, the MPH must tackle the fragmentation and segmentation that characterize its health system.



A Basic Health Team making visits in Ecuador.

As a first step in that direction, and based on the Integrated Health Delivery Networks Initiative developed by PAHO with the support of USAID, an evaluation of the primary care network in five provinces of the northern border - Esmeraldas, Carchi, Ibarra, Coca y Sucumbios - was conducted from February 9 – March 5, 2009. The Initiative defines 12 attributes of integrated networks for which specific components were identified, whose presence or absence shows the degree of integration/fragmentation of the network at a given time. As part of this operational research, a General Integration Index was developed. The index allows a fast, precise and objective overview of the key network components in need of strengthening and helps in the prioritization of interventions areas, the design of strategies, and evaluation.

The methodology as a whole and the Integration Index in particular are powerful tools that can be used not only for comparative analyses but also as a platform of instruments and processes that can support health systems decision making at the time of designing and implementing necessary interventions for the strengthening of networks linked to a specific health model or strategy.

Peru's decentralized Health Information System

Introducing HMN Diagnostic Tool and PRISM outcomes at the sub national level

The Health Information System (HIS) experience in Peru is unique as the development of the system is being worked simultaneously within the decentralization process.

From May 2008 to March 2009, Peru adopted the Health Metrics Network (HMN) diagnostic tool and the Performance of Routine Information System Management (PRISM) framework in order to assess its HIS. During the initial process, the PAHO/USAID project and MEASURE Evaluation provided technical assistance to the team in Peru in the application and use of both the HMN and PRISM tools. Best practices in the tool application in Paraguay were used to support the process. The technical team in Peru later adopted the tools and fine tuned them to the country specific situation. The team developed a roadmap consisting of four stages to applying the HMN and PRISM frameworks and standards for the development of their country HIS.

The HMN assessment was applied at the national level with the participation of 42 institutions. The PRISM tools were first applied in 7 regions of Peru (Cusco, Ayacucho, Junin, Pasco, Huanuco, Ucayali and San Martin). These are regions in which USAID/Peru through the Health Policy Initiative project is providing some type of technical cooperation and already has some presence. Later 2 other regions were added, Lima and Callao. The General Office of Epidemiology then financed 7 other regions to extend the sample and offered resources for implementation (Madre de Dios, Apurimac 1 and 2, Huancavelica, Cajamarca and Loreto). Additionally, PAHO/Peru financed the application of the PRISM tools in the northern part of Peru (Trujillo) as well as in the south (Arequipa) in order to have complete coverage at the national level.

Approximately 180 local facilitators were trained by the technical team in Peru in using the PRISM tools in the first 7 regions where USAID has a presence. Approximately 20 micro-networks (health facilities at the local level) and hospitals in the regions of San Martin, Cusco, Ucayali, Huanaco, Ayacucho and Junin have been completely assessed. There are regional assessment reports available as well as 80 local action plans of continual improvement of HIS performance. In Lima and Callao, 150 facilitators were trained and assessment carried out.

Dissemination of results and the process for improving HIS in Peru culminated in a national workshop which took place in Lima on March 17, 2009. Representatives from all the regions were present. Next steps include the elaboration of a National Health Information System Strategic Plan that will reflect all of the local action plans that have been already developed. Key outcomes of the PRISM application were: a) registry of health personnel for HIS; b) inventory of human and physical resources available in the current HIS; c) local strategies and action plans; and d) evaluation of human resources deficiencies, in terms of actual abilities, at the national and regional level.

It was also positive to see the response of the representatives from the sub national levels in feeling empowered by their own diagnosis and how this inspired other regions to strongly advocate for their participation in follow-up activities to assess their own situation in the development of a national strategic plan that includes/reflects the unmet needs at the local level.

Enhancing Maternal Mortality Surveillance in Colombia

Challenge

The fifth Millennium Development Goal (MDG) is to improve maternal health by reducing the maternal mortality ratio by three-quarters between 1990 and 2015. The United Nations states that it is complex to measure improvements in maternal deaths due to unreliable data. Most vital registration systems are generally insufficient for monitoring maternal mortality.

In the case of Colombia, a feasibility assessment conducted in September 2007 (PAHO/CDC) concluded that the country's infrastructure provided a great opportunity for developing a web-based maternal mortality surveillance system. The country's maternal mortality ratio is estimated at 73 maternal deaths per 100,000 live births. Colombia also ranks second in the World as having the highest number of internally displaced persons.

Initiative

Since 2008, the Ministry of Social Protection (MSP) of Colombia, the National Institutes of Health (NIH), the Pan American Health Organization (PAHO), CLAP/PAHO, Georgia Tech, NACER/CALDAS of the University of Antioquia and Caldas in Colombia, WHO Geneva, the Centers for Disease Control and Prevention's Division of Reproductive Health/WHO Collaborating Center, and the United States Agency for International Development (USAID) are collaborating in the implementation of a Web Based Maternal Mortality Epidemiological Surveillance System (WBMESS). This will be a prospective, active and real time system to facilitate policy makers and program managers' decision making for improving maternal health outcomes.



Photo: Antioquia University/Joaquin Gomez

This innovation aims to place urgency on reducing maternal mortality through active surveillance and guided by timely public health notification, investigation (clinical audit and family interviews), response and systems improvement. Critical to the implementation are epidemiologic and informatics principles, processes and tools for the elucidation of maternal health inequalities driven by health, social, behavioral, and community determinants.

The initiative operates in three Departments, including Antioquia, Caldas, and Valle del Cauca and Bogota District (capital of Colombia), and integrates strategies from the local to the national and PAHO regional levels. The initiative is guided by principles of consensus-building and collaboration across institutions for enhanced maternal mortality surveillance. Project beneficiaries include women of reproductive age and their families, including internally displaced women.

"This initiative has provided crucial support to the Colombian epidemiological surveillance program to achieve an important breakthrough in advanced data management and epidemiological surveillance. This allows decision-makers and health workers to improve the implementation of effective evidence-based interventions to prevent maternal mortality in the country" said Dr. Victor Hugo Alvarez, Public Health Epidemiological Surveillance group Coordinator, Ministry of Social Protection.

Results

To date, phase one of the web-based maternal mortality surveillance system field test has been completed. Data collection tools and instruments have been developed for case ascertainment and analysis. Furthermore, technical requirements have been tested for designing and field testing the web-based maternal mortality platform. Another important objective of phase 1 was to strengthen the technical capacity of program managers at the municipal, departmental, and national levels in order to undertake the

WBMSS field test. To do so, a Community of Practice on maternal mortality surveillance was introduced in October 2008. Thus, the Community of Practice convenes groups of individuals who share information, insight, experience, and tools about maternal mortality surveillance. This effort aims to improve participant competencies through the systematic sharing and exchange of knowledge for improving the quality of the surveillance system.

Moreover, this project will enhance existing surveillance systems rather than creating a parallel system. This will be done through re-engineering, integration and standard policy application of the existing system. The lessons learned from the Colombian application will be disseminated for adaptation in other countries.

Midwives in Guyana bring curriculum into the 21st century



Photo: U. PENN/Kate McHugh

Young midwives filling out a partograph, during the attention of a woman in labor in public hospital in Guyana.

Preparing the new midwives to obtain skills that save lives is the goal of the curriculum update.

In November of 2008, the updating of the national curriculum for midwives in Guyana, a collaborative effort sponsored by PAHO CLAP/WR with USAID funding, was completed. Faculty members from midwifery schools worked with officials from the Ministry of Health, the Division of Health Sciences Education, and the Nursing Council to examine the curriculum which dated from the 1980s. As the stakeholders worked on the new curriculum, efforts were made to incorporate a woman-centered philosophy for maternity care. Additions to the curriculum included content on HIV/AIDS, emergency measures for obstetric hemorrhage, and new skills for neonatal assessment and resuscitation. Consultants from the PAHO/WHO Collaborating center at the University of Pennsylvania, School of Nursing facilitated the effort.

Providing high quality education for nurse-midwives in Guyana is difficult because of a significant shortage of faculty members and clinical instructors. Migration of nurse-midwives has decreased their ranks, which makes delivery of pre-service education a real challenge. In-service education and faculty development efforts are handicapped by the nursing and midwifery shortage. PAHO plans to offer on-going faculty development workshops to support a modernized educational model. Nurse-Midwife faculty members showed an interest in learning more internet and computer skills and use of software.

The finished curriculum is in a modular format that promotes adult self-directed learning. It was implemented with the class that started in December 2008. Plans for the future include an effort to train faculty who will staff health science skills labs. Additional plans involve evaluation of the curriculum of the community midwives program, which provides midwifery services in rural areas.

Inter-Agency Task Force as a tool to reach MDG 5 in the Region

Reducing maternal mortality is a regional priority in Latin America and the Caribbean (LAC), however implementation at the country level presents unique challenges. Although safe motherhood policies are largely in place, political commitment to safe motherhood needs to be strengthened and focused on effective strategies and interventions. A great divide has developed between maternal health services for the rich versus the poor, for urban versus rural, and the needs of certain groups, such as indigenous and adolescent women, are seriously neglected.

The Regional Task Force (RTF) was initiated with the technical support of the PAHO Mortality Reduction Initiative team, under the scope of the PAHO-USAID Umbrella Agreement. While its primary focus is on supporting country efforts, it also facilitates inter-agency communication, both at the regional and global levels (the latter through linkages with the global Safe Motherhood Inter-Agency Group). The Task Force's agenda and operating principles are based on globally-accepted agreements and experience, including: the International Conference on Population and Development (ICPD) commitments; PAHO's Regional Plan for Reduction of Maternal Mortality (in which all Ministers of Health endorsed MMR as priority in 2002); and the lessons learned in the first ten years of the Safe Motherhood Initiative.

The goals of the Task Force are to:

1. Promote interagency cooperation to develop regional and national strategies and consensus for the reduction of maternal deaths;
2. Promote policy dialogue for the implementation of evidence-based interventions;
3. Share best practices, lessons learned and innovative models; and
4. Maximize the use of limited financial resources through collaboration and interagency harmonization.

In order to follow up on these issues, PAHO transferred the Secretariat of the RTF to UNFPA for the period 2009-2010. UNFPA will be accompanied in the RTF management by an Executive Committee comprised of representatives from USAID, IADB, IFC and PAHO. On December of 2008 a new work plan was agreed for the following two years.

In summary, international and national partners have been collaborating for more than a decade to reduce maternal mortality and morbidity, and in that time, significant progress has been made and lessons have been learned on a global level. There is also a growing body of international agreements that advance and broaden the priorities for reducing maternal mortality. Although the LAC Regional Inter-Agency Task Force is one of the first regional intersectoral bodies created to specifically address maternal mortality, its work plan is framed within each member agency's efforts to advance and implement existing international agreements relating to women's health and rights, such as the Cairo Agenda and the Summit for Children, and to promote forward-looking goals, such as the Millennium Development Goals, and the upcoming activities to mark the tenth anniversary of ICPD.

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

Implementation of collaborative TB/HIV activities in the countries of the Americas

Since 2004, a series of regional meetings have been developed between tuberculosis and HIV/AIDS programs. These meetings provide an opportunity for updating both TB and HIV/AIDS program managers on current guidelines for management of TB/HIV co-infection, epidemiological and operational analysis of the situation of TB/HIV co-infection, and review of interprogrammatic action plans and their updating for the subsequent year. The meetings are held thanks to the financial support of USAID.

During the implementation of these activities, it became clear that HIV/AIDS program managers began to implement collaborative TB/HIV efforts as part of their work for the last 2 years. Tuberculosis program managers, on the other hand, have taken on this task from the start.

Thanks to this impetus given by the tuberculosis programs to work towards greater interprogrammatic collaboration between TB and HIV/AIDS within PAHO and in the countries, greater commitment on the part of the HIV/AIDS programs has been obtained. HIV/AIDS programs have begun to take on key activities, such as infection control, intensification of TB case-finding in people with HIV, and preventive treatment with isoniazid (INH) in people with HIV without tuberculous disease.

This progress has been shown in a survey conducted by PAHO in 2008 (results in the table below) as well as in the gradual increase in coverage of HIV testing in patients with TB, preventive treatment with cotrimoxazole (CMX) of those co-infected with TB/HIV, and antiretroviral therapy in TB/HIV patients. The results obtained are still insufficient, and the goal is to offer comprehensive care for every patient with TB and every person with HIV. However, countries of the Americas are making great progress in recent years.

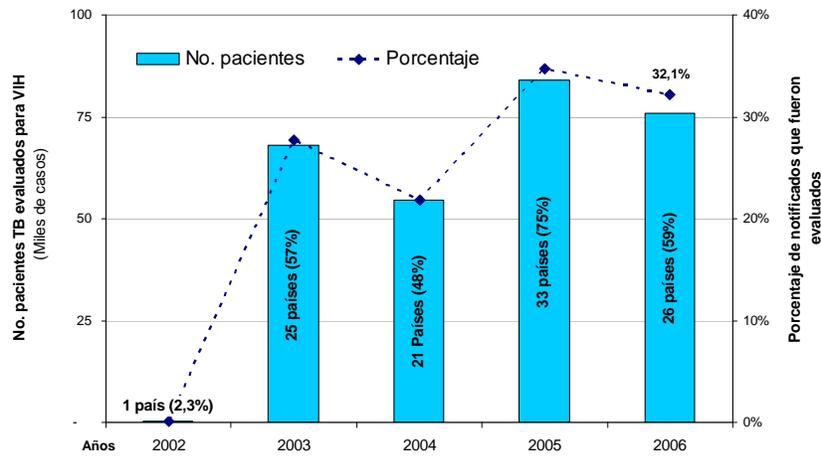
Implementation of collaborative TB-HIV activities in the countries of LAC, 2008

Country	A1	A2	A3	A4	B1	B2	B3	C1	C2	C3	C4	C5	Total
Argentina					Yes	Yes	Yes					Yes	33%
Belize	Yes	Yes	Yes			Yes	83%						
Brazil	Yes		Yes	Yes	92%								
Colombia	Yes		Yes		Yes	Yes	83%						
Costa Rica		Yes					Yes	Yes	Yes		Yes	Yes	50%
Cuba	Yes		Yes	Yes	92%								
Ecuador	Yes		Yes				Yes			Yes	Yes	Yes	50%
El Salvador	Yes	100%											
Guatemala	Yes		Yes	Yes	92%								
Guyana		Yes	92%										
Haiti	Yes	Yes			Yes	Yes	Yes	Yes	Yes		Yes	Yes	75%
Honduras	Yes	Yes	Yes		Yes			Yes		Yes	Yes	Yes	67%
Mexico	Yes		Yes	Yes	92%								
Nicaragua		Yes		Yes	Yes	Yes	83%						
Panama			Yes								Yes	Yes	25%
Paraguay	Yes		Yes		Yes	Yes		Yes	Yes	Yes	Yes	Yes	75%

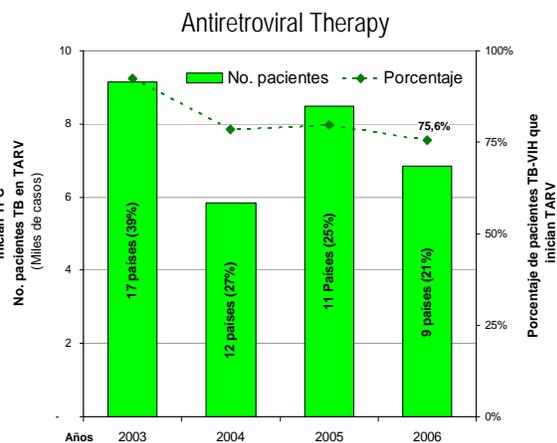
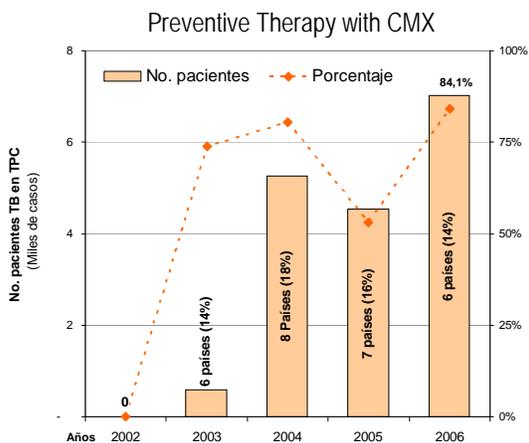
Peru	Yes	92%											
Rep. Dominican	Yes	83%											
Uruguay	Yes	Yes			Yes	Yes	Yes	Yes	Yes		Yes	Yes	75%
Venezuela	Yes	Yes	Yes	Yes		Yes	92%						
Total	15	14	16	11	15	16	16	17	14	10	19	20	
Percentage	75%	70%	80%	55%	75%	80%	80%	85%	70%	50%	95%	100%	

- A1 Creation of an organ of coordination of TB and HIV activities at all levels
- A2 Monitoring of the prevalence of HIV among patients with TB
- A3 Joint planning of TB/HIV activities
- A4 Monitoring and evaluation of the activities
- B1 Intensification of TB case-finding
- B2 Introduction of preventive treatment with `isoniazid`
- B3 Control of tuberculous infection in health agencies and collective institutions
- C1 Delivery of counseling services and HIV screening tests
- C2 Introduction of preventive methods for HIV infection
- C3 Introduction of preventive treatment with cotrimoxazole
- C4 Guarantee of attention and support for patients with HIV/AIDS
- C5 Introduction of antiretroviral therapy

Evaluation for HIV in patients with TB, the Americas, 2002-2006



Preventive Therapy Coverage with CMX and Antiretroviral in TB-HIV co-infection, the Americas, 2002-2006



Containing super bugs in health centers in El Salvador

A national initiative has created awareness of an existing problem and defined strategies for its containment

Multidrug resistant bacteria are also called “super bugs” since they represent an extraordinary potential for untreatable infection. Super bugs increase mortality, morbidity, and prevalence/incidence of disease. These resistant strains can spread rapidly in health care settings, where immunocompromised hosts and debilitated patients are located. In addition to the direct impact on mortality, economic consequences are also remarkable, especially in resource-constrained settings. National authorities in El Salvador were amazed by the high economic burden of the ventilator-associated pneumonia and catheter-associated infections, which account for 14% of the annual hospital budget.



Photo – Workshop participants learning on adequate care of respiratory devices - I *National Conference on Prevention and Control of Hospital Infections*. San Salvador, El Salvador.

Clean hands are vital in the prevention of ventilator-associated pneumonia.

Hospital Committee is in charge of follow up activities with the participating hospitals and universities in order to strength the implementation of adequate practices among future health care professionals.

In addition, the strategy “Infections: the solution is in your hands” was launched during the conference’s opening ceremony. This strategy was originally defined and successfully implemented in Bolivia, under the South America Infectious Disease Initiative (SAIDI), also funded by USAID. Materials and technical documents were brought from Bolivia, and experts introduced the strategy and shared experiences with conference participants. This activity validated the efficacy of South-South cooperation, when countries share available resources, lessons learned and human expertise.

To tackle the spread of resistant pathogens, widespread implementation of adequate infection control practices among health care workers is urgent. After the conformation of a *National Inter-Hospital Committee on Prevention and Control of Health Care Associated Infections*, a national conference was organized around this topic.

During this *First National Conference on Prevention and Control of Hospital Infections* (San Salvador, November 2008), a number of training workshops organized by PAHO with the support of USAID were held. Selected facilitators covered “*Strategies to Prevent Catheter-Associated Blood Stream Infections*”, “*Basic practices to prevent ventilator-associated pneumonia*” and “*Hand hygiene techniques*”. More than 150 people actively participated in the workshops. The *National Inter-*



Photo – Manual “Prevention and Control of Infections in Health Services”. SAIDI - PAHO. Bolivia. Display at the Congress.

Manuals were distributed among health students and congress delegates.

Success Stories in the implementation of IMCI in Nicaragua



Photo: PAHO/Francisco Martinez

Candida Rodriguez Ortiz, who was treated for preeclampsia and high blood pressure during her pregnancy, is checked by Dr. Ileana Arias Hernandez at La Concepción Health Center in Nicaragua.

The Minister of Health in Nicaragua, Dr. Guillermo Gonzalez, along with more than 100 health personnel from the PAHO regional program; major public and private medical schools; obstetric and gynecological, pediatric and perinatal medical societies; and other agencies and NGOs, launched the National Plan for the Reduction of Neonatal Mortality on September 3, 2008.

One of the main instruments that the country will utilize to achieve Millennium Development Goal 4 is the application of Neonatal Integrated Management of Childhood Illnesses (IMCI) with cost-effective interventions based on evidence that have already started to give positive results.

The two success stories that follow demonstrate the application of Neonatal IMCI by trained medical staff for two mothers who suffered from two of the three most common causes of neonatal mortality: preeclampsia/chronic arterial hypertension and vaginal bleeding. The health professionals at both health centers and Masaya Hospital where the mothers sought service were trained in Clinical Neonatal IMCI with an emphasis on evidence-based interventions, thanks to the support of PAHO and USAID in the region.

Mom and newborn saved by trained medical workers

Doctors and nurses trained in the Integrated Management of Childhood Illnesses (IMCI) act quickly to save a woman with complications early in her labor

When Priscila del Rosario Gómez Mérida, a pregnant 28-year-old woman from Guatemala, went to visit her partner's mother in Nicaragua in February of 2008, she did not imagine she would soon suffer complications that would cause her to give birth early. In Guatemala, Priscila had had regular prenatal checkups and ultrasounds, and everything seemed fine. However, during her visit in Nicaragua, she started bleeding and was taken to the Catarina Health Center. After staff that had been trained in the Integrated Management of Childhood Illnesses (IMCI) strategy evaluated Priscila and recognized the signs that she could have a difficult delivery that would put her and her baby at risk, she was referred to the Masaya Hospital, where her daughter, Katerin Gabriela, was delivered by C-section.

The medical staff at Catarina Health Center was able to recognize the signs that Priscila's bleeding – one of the most common killers of pregnant women and newborns – would mean a high-risk labor and delivery thanks to their training in IMCI. This strategy, developed by the World Health Organization and implemented partially with funding from USAID, provides medical personnel with specific step-by-step instructions that indicate how a high risk situation should be handled in a local health center and when it should be referred to a hospital that may be better equipped to help.

Although Katerin was born two weeks early and there were initially complications in the labor, both Priscila and Katerin left the hospital in excellent condition. When a community health volunteer took Priscila and Katerin for a check up at Catarina Health Center three days later, medical workers were pleased to see that they were both doing fine and that Priscila was breastfeeding her daughter. "I'm very pleased that my daughter is healthy," Priscila said. "And this is thanks to the excellent attention we received by the staff who took care of us at the Catarina Health Center and the Masaya Hospital."



Photo: PAHO/Francisco Martinez

Priscila del Rosario Gómez Mérida holds her daughter Katerin while Nurse Reyna Latino gives her a checkup.

The medical staff at Catarina Health Center was able to recognize the signs that Priscila's labor and delivery would be high risk thanks to their training in IMCI.

Doctor detects life-threatening condition in pregnant woman

IMCI-trained doctor's smart decision to refer an ill pregnant woman saves her and her child



Photo: PAHO/Francisco Martinez

Dr. Ileana Arias Hernandez examines the daughter of Candida Rodriguez Ortiz, a Nicaraguan woman who was diagnosed with preeclampsia at the end of her pregnancy.

“By applying Neonatal IMCI, we have been able to provide better care to pregnant mothers and children, improve timely references to the hospital and overall lower maternal and infant mortality.”

After Dr. Ileana Arias Hernandez diagnosed Candida Rodriguez Ortiz, a 35-year-old pregnant woman in Nicaragua, with preeclampsia and chronic hypertension, she knew she had to act quickly. Preeclampsia is one of the leading causes of complications in pregnancy; if left untreated, it can kill the mother and her baby. Dr. Arias recognized that an emergency C-section would be needed to safely deliver Candida's child before her condition worsened. However, the La Concepción Health Center where Candida was being treated was not properly equipped for this procedure. For this reason, Dr. Arias referred Candida to the Masaya Hospital, where doctors delivered a healthy baby girl, who Candida named Ashley Nahomi Guevara Rodriguez.

Dr. Arias was quickly able to identify Candida as a high-risk labor by following the steps of the Integrated Management of Childhood Illnesses (IMCI) strategy. With financial, logistical and human resource support from PAHO and USAID, this strategy is implemented to help health care providers determine the steps that need to be taken

when evaluating a pregnant mother, newborn or child under the age of 5 years. Part of the IMCI strategy indicates when a patient should be referred to a larger, more specialized health facility.

“We are very happy with the IMCI strategy,” Dr. Arias said. “By applying Neonatal IMCI, we have been able to provide better care to pregnant mothers and children, improve timely references to the hospital and overall lower maternal and infant mortality.”

At a follow-up visit at the La Concepción Health Center when Ashley was a month old, she was diagnosed with a respiratory infection. Again using the Neonatal IMCI strategy, the medical staff provided the proper care and treatment, and she made a full recovery.

“I'm very grateful to the La Concepción Health Center and Masaya Hospital,” Candida said. “They provided excellent care to me and my daughter when we were sick.”