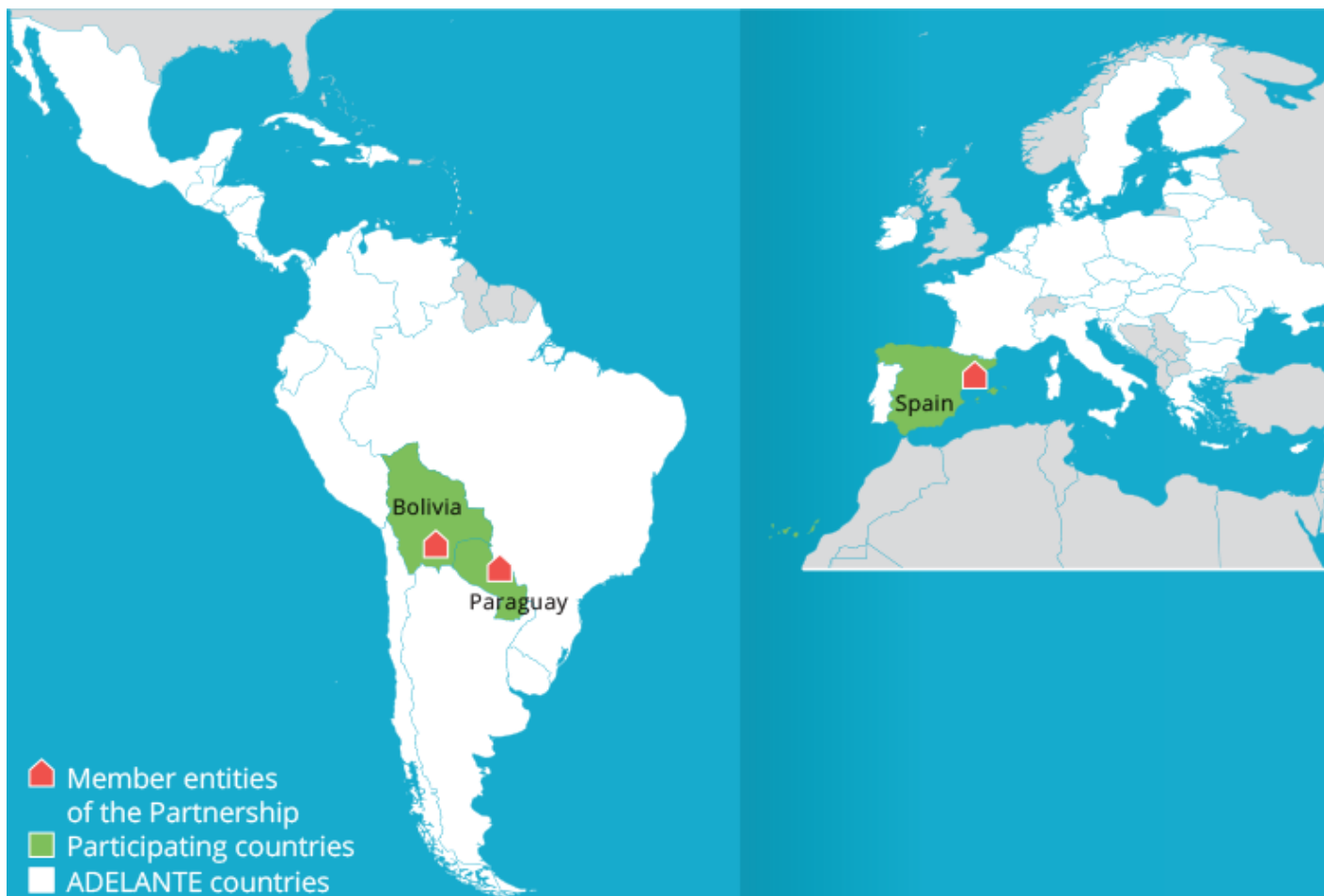


## Comprehensive care for Chagas disease

### PARTNERSHIP

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### Background

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The ***Instituto de Salud Global de Barcelona*** - Barcelona Institute for Global Health - ISGlobal (Spain), has been researching Chagas disease since 2002, and in particular in Bolivia since 2012, in cooperation with the ***Universidad Autónoma Juan Misael Saracho*** (UAJMS) - Bolivia. Together, they have developed several projects and led important processes at the national level, including the 'Plataforma de Atención a Pacientes con Enfermedad de Chagas' (Platform for the Care of Patients with Chagas Disease), in collaboration with the Ministerio de Salud y Deportes (Ministry of Health and Sports) and the National Chagas Control Programme, as well as with a number of civil society organisations. This successful platform has enabled the training of health professionals and public policy makers, and has succeeded in expanding

access to diagnosis and treatment for the sick (generating a standard protocol for diagnosis and treatment). It has also allowed for tackling the associated social and cultural factors, in addition to fostering research through a joint scientific platform between Bolivia and Spain.

The experience in Bolivia attracted the interest of Paraguay's Ministry of Public Health and Social Welfare, through its **National Chagas Disease Control Programme** (PNCP). The epidemiological situation in the country allowed for moving from the vector control phase to the diagnosis and treatment phase, which had occurred earlier in Bolivia and gave rise to the Platform. In this regard, the accumulated experience and protocols generated were a valuable benchmark to build upon. Thus, the PNCP requested the support of ISGlobal and UAJMS to move towards a similar initiative. The prior knowledge gained through the collaboration initiated in 2019 between the PNCP and ISGlobal was key to facilitating the dialogue between all the actors, leading to the creation of this Partnership.

It should be noted that each of the Partnership entities provided the added benefit of an additional network of specialised partners. The *Fundación de Ciencia y Estudios Aplicados para el Desarrollo de la Salud y el Medio Ambiente* - CEADES Foundation (Bolivia) is particularly worth mentioning. A Bolivian organisation that played a key role in the definition and creation of the Platform, it is currently responsible for its implementation, along with the *Centro para Desarrollo de Investigación Científica* - Centre for the Development of Scientific Research - CEDIC (Paraguay), a leading Paraguayan organisation in this field, and the Global Chagas Disease Coalition.

## Entities and roles

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### BENEFICIARY ENTITIES



[Programa Nacional de Chagas de Paraguay](#)

Paraguay

### FIRST PROVIDER ENTITIES



[Universidad Autónoma Juan Misael Saracho](#)

Bolivia

## SECOND PROVIDER ENTITIES



[Instituto de Salud Global de Barcelona](#)

Spain

## Development challenges

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Thanks to this Triangular Cooperation Initiative, Paraguay's National Programme for the Control of Chagas Disease (PNCP) was able to harness all of the knowledge, experience and relational capital in capacity building and support for the definition of public policies and the creation of comprehensive care systems of the Universidad Autónoma Juan Misael Saracho (UAJMS) and the Barcelona Institute for Global Health (ISGlobal), as a contribution to its goal of implementing an effective system for the diagnosis and treatment of Chagas disease at the national level.

Maximising this knowledge in Paraguay has provided a significant benefit to the country on two levels. On the one hand, the professionals involved have benefited from capacity building and the range of possibilities offered by a platform for comprehensive care, with a direct impact on the health and well-being of the population. On the other hand, by joining the front line with other countries in the fight against Chagas disease and other neglected tropical diseases. In addition, a communication and visibility initiative was created and had a significant impact, both in terms of the public health issue and in helping to highlight the Programme's capacities.

In turn, the Paraguayan experience was a great asset for all of the entities participating in the process. From the very start, they had a powerful source of insights that contributed to enriching their model, making it more efficient and effective, and therefore, with greater potential for scaling up and collaboration with new partners. This scaling up will not be limited to countries in endemic areas, since 'Chagas knows no borders'. This means that assistance must also be planned and adapted in emerging areas, thus contributing to the global fight to end the disease.

ISGlobal's participation in various international networks and programmes, such as the Global Chagas Disease Coalition and the project "Ingenious science shops to promote participatory innovation, research and equity in science" (InSPIRES), funded by the European Union's Horizon 2020 programme, provides an opportunity to disseminate and apply the lessons learnt through this exercise beyond the participating countries.

## INITIATIVE

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*This Triangular Cooperation Initiative has led to capacity building among the professionals of Paraguay's National Chagas Disease Control Programme (PNCP), and at the same time has laid the foundations for replicating a successful model of comprehensive care (diagnosis and treatment) for Chagas disease. It has also provided new insights, leading to improvements in the model, which is now available to other endemic and emerging countries as an effective contribution to the current challenges of health systems in Latin America and the Caribbean and certain European countries.*

## Triangular approach

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There is strong consensus on the urgency of making every effort to achieve Target 3.3 of the 2030 Agenda for Sustainable Development: 'End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases'. Chagas disease is classified by the World Health Organization (WHO) as a neglected tropical disease, typically associated with poverty and the lack of access to health systems. It severely limits people's productive capacity, further fuelling the poverty-disease-poverty cycle.

This Initiative has enabled the Ministry of Public Health and Social Welfare of Paraguay, through its National Chagas Disease Control Programme (PNCP), to maximise the knowledge, experience, networks and models already developed by public entities, academic and research centres in Europe and Latin America. These entities have extensive experience in capacity building, in supporting the formulation of public policies and creating comprehensive care systems, covering both the biological aspects of the disease and the corresponding social and cultural factors.

The entire exercise has helped strengthen all of the participating entities, thereby reinforcing and consolidating the model, which is poised to become a regional and global benchmark in this area.

## Sectoral approach - Contribution to the 2030 Agenda

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### PRIMARY SDG



**Goal 3.3** By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

**Goal 3.C** Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.

## SECONDARY SDG



**Goal 4.5** By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations

## ADELANTE SDG



**Goal 10.3** Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard

**Goal 10.B** Encourage official development assistance and financial flows, including foreign direct investment, to States where the need is greatest, in particular least developed countries, African countries, small island developing States and landlocked developing countries, in accordance with their national plans and programmes

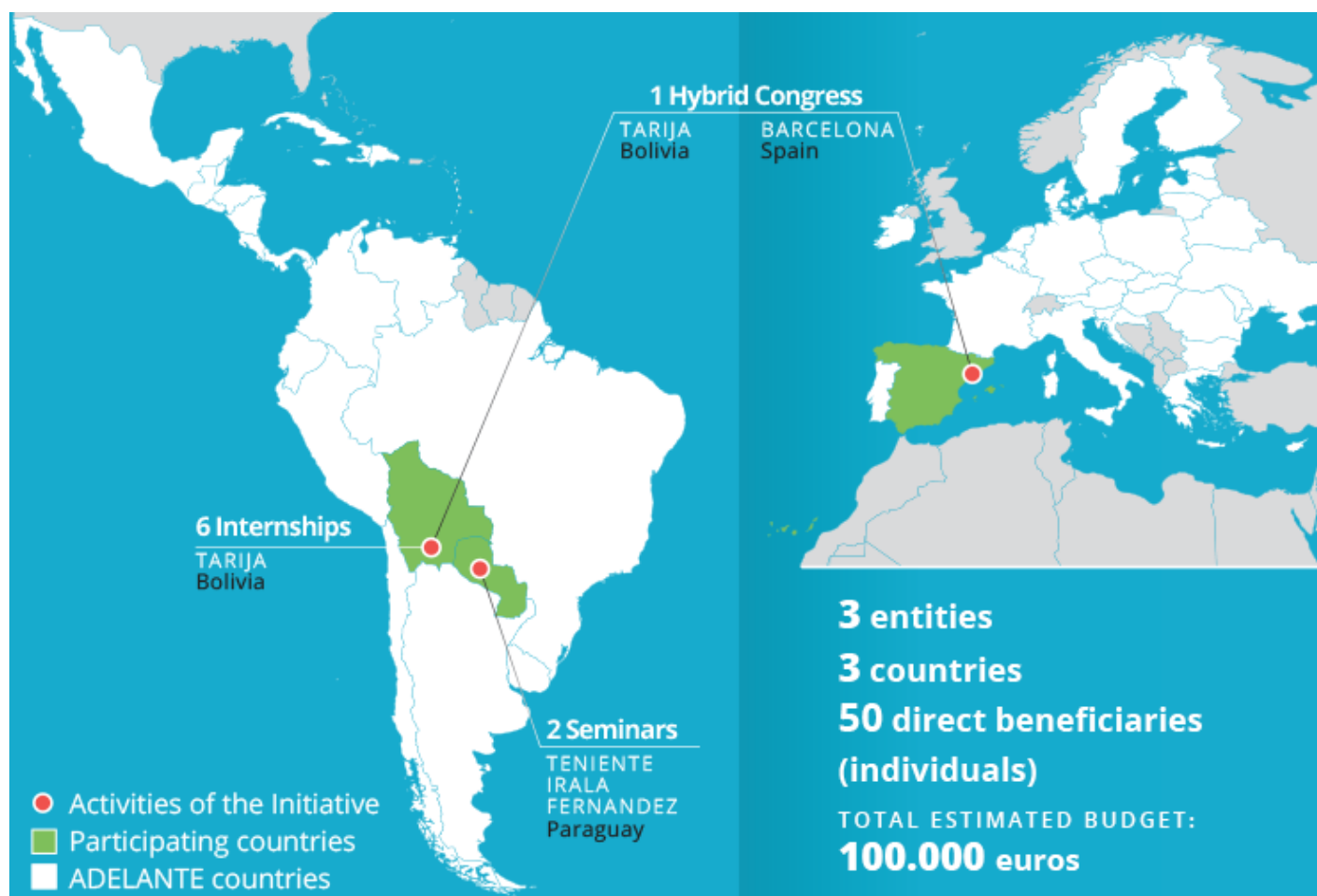


**Goal 17.9** Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the sustainable development goals, including through North-South, South-South and triangular cooperation

**Goal 17.16** Enhance the global partnership for sustainable development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the sustainable development goals in all countries, in particular developing countries

**Goal 17.18** By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts

## Territorial approach



## Intervention methodology

This Triangular Cooperation Initiative was envisioned as a training process, geared towards the immediate practical application of the knowledge acquired in order to create a platform for the comprehensive care of patients with Chagas disease in Paraguay, modelled on the Bolivian approach.

The first activity of the Initiative was **a theoretical and practical seminar** on comprehensive care for patients with Chagas disease, which took place in a highly endemic area in Paraguay. The activity consisted of five days of training, primarily provided by Bolivian health professionals and ISGlobal professionals, with a strong focus on the epidemiological context in Paraguay in the diagnosis and treatment phase, particularly in highly endemic areas and among vulnerable populations. Based on the experience in Bolivia, emphasis was placed on the social and cultural factors associated with the disease, which requires working on community participation as well as information, communication and education.

This seminar served as a source of knowledge for the subsequent activity in the Initiative, in addition to kicking off its operation as a network and fostering a community of shared knowledge among health professionals and academics from Bolivia and Paraguay, together with ISGlobal professionals.

This seminar was followed by a series of **six internships** for different health professionals from Paraguay in the 'Platform for the Care of Patients with Chagas Disease' in Bolivia. This activity presented the greatest potential for replicating the model. In each of the internships, specialised skills-based training sessions were combined with visits to the different centres of the Platform to foster on-the-job learning. In the specific case of laboratory staff, hands-on learning was the main training method, focusing on diagnostic techniques and quality control methods.

Immediately afterwards, **a new theoretical-practical seminar** was held in Paraguay, which also lasted five days, focused on the methodologies and tools for planning, monitoring and evaluation in health, and particularly geared towards the specific needs for the creation and implementation of the comprehensive care platform. The training was led by professionals from the Universidad Autónoma Juan Misael Saracho (UAJMS) and ISGlobal. Without a doubt, this activity strengthened the community of knowledge among health professionals in the three participating countries. It is worth noting that this training activity took place in a less endemic but very densely populated area, resulting in a new scenario with different challenges. Thanks to the success of previous activities, in this case, the decision was made to incorporate private institutions operating in the area, in order to broaden the impact of the Initiative. One of the outcomes of the seminars was the 'Toolkit for quality control in the diagnosis of Chagas disease,' developed and distributed to all participants.

The Initiative concluded with the '**XVII Conference on Chagas disease**,' with the participation of all the professionals involved in the previous activities. This conference, organised by ISGlobal, is the world's foremost scientific event on the subject. On this occasion, it was held in a hybrid format, with an on-site venue in Barcelona (Spain) and live broadcasting to all entities interested in participating virtually. A special effort was made to bring together all of the professionals involved in the Initiative at the Barcelona headquarters, in order to learn first-hand about the work of this Partnership member entity.

Participation in this congress resulted in insights into new experiences in the field, thus consolidating the knowledge acquired during the Initiative, sharing and exchanging key outcomes from the joint work carried out at the international level, and analysing the opportunities to apply it.

In addition, the knowledge network was enhanced by adding new partners that were interested in contributing to and learning from the process in Paraguay.

## Direct beneficiaries (individuals)

***According to Rule 9 of the Guidelines for Applicants: all persons participating in the activities of the Initiative.***

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This Initiative included **192 direct beneficiaries**, all of whom are health professionals, academics and researchers linked to the Partnership entities, and were particularly involved in the planned activities.

Although they did not participate directly in the activities, a direct line of dialogue was maintained with the authorities of the Ministerio de Salud y Deportes de Bolivia (Ministry of Health and Sports in Bolivia) and the Ministerio de Salud Pública y Bienestar Social de Paraguay (Ministry of Public Health and Social Welfare in Paraguay). These authorities are responsible for defining public policies in both countries and are key actors in the scaling up and application of the model.



Civil society representatives were involved in all of the activities (especially patients' associations), along with specialised entities, development agencies and international organisations; providing opportunities for dialogue and collaboration.

As previously mentioned, it is worth highlighting the public communication activities, which had a significant impact in terms of adding a more human dimension in combating the disease.

## Budget

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EU contribution: 71,418.80 €

Co-financing - Triangular Cooperation Partnership: 27,708.00 €

Total budget: 99,127.66 €

## IMPACT

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The information gathered in this IMPACT section is the result of the first **'joint ex post analysis exercise'** of the Initiative which, as foreseen in the policy framework of the ADELANTE Window, took place **one year after the end of the implementation period**.

For more information on these exercises, please consult the [ADELANTE Window 2021 Impact Report](#).

## Continuity of the Partnership

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STARTING POINT: Existing North-South relationship that has extended its scope to include more Beneficiary entities in Latin America and the Caribbean.

The Partnership, as such, has been strengthened and maintained over time.

The dynamic of collaboration and joint work between all the Partnership member entities involved in the Initiative has been maintained.

In addition, a working group has been set up which has made it possible to replicate the knowledge generated within the framework of the Initiative, reaching more direct beneficiaries.

## Application of generated knowledge

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The knowledge generated has been applied by the Beneficiary entity.

It is also worth noting the use and application of such knowledge by the First provider. This has led them to gain greater prominence in their scope of action, creating training opportunities together with other Bolivian entities.

During implementation, the Initiative involved final beneficiaries (living in the areas affected by Chagas disease in Paraguay).

The Beneficiary entity has continued to work closely with these groups, which have benefited from a greater capacity to detect and provide comprehensive care for patients with Chagas disease in Paraguay.

**Joint preparation of an epidemiological survey by the Beneficiary entity and the Second provider, which has made it possible to identify the incidence of Chagas disease in Paraguay's Chaco region.**

## Impact

Applying this knowledge has enabled the Beneficiary entity to successfully tackle the development challenge that gave rise to the Initiative with the necessary quality and guarantees. At the same time, the other Partnership member entities have increased the impact of their interventions.

### FACTORS THAT HAVE ENABLED IMPACT:

- The relevance of the knowledge generated as a response to the objectives of the beneficiary entities and of the final beneficiary groups.
- The identification of topics that are highly relevant to all Partnership member entities.
- The establishment of lines of action with a long-term vision beyond the implementation period.

## Future perspectives

- Maintain the working dynamic of the Partnership and its receptiveness to new entities.
- Continue to make progress in applying knowledge from the Beneficiary entity.
- Continue to make progress in the transfer of knowledge to the beneficiary groups, monitoring and evaluating the impact in their respective areas of intervention.
- Maintain the communication and visibility approach of the ADELANTE Window as a guarantee of quality.

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### NEW EX POST EXERCISE:

Yes (2024)