



Mundo Sano



Sustainability

Report

2018



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Report
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Message from Silvia Gold

PRESIDENT

Dear friends,

This was a very special year to Mundo Sano. In 2018, we've completed 25 years of intense and ongoing work, and the best way to celebrate our 25th anniversary is through our achievements.

We are devoted to working on neglected tropical diseases because they affect the most vulnerable populations and because of the unfairness of so many people not having access to prevention and treatment of diseases that can be cured.

From the very beginning, our strategy has been to investigate in the field and generate evidence to contribute to the improvement of public health policies.

For these first 25 years, we can assert that the goal was well chosen and attained.

Always working through public-private cooperation, we are getting to be part of more international alliances every year and materializing new agreements.

We reach out to more audiences, not only in terms of numbers but also in terms of diversity.

Our general work in neglected tropical diseases, and more specifically in Chagas disease is already bearing fruit. Securing guaranteed availability of the medication all over the world and obtaining official recommendations as to how to treat patients, have changed the reality of this disease.

We believe that the conditions are set today to establish new goals and envision complete elimination of this disease. Aligned with the sustainable development goals, we are designing new challenges for this new stage, where we expect to achieve relevant changes by the year 2030.

Another achievement we are proud of is the expansion of our team, the commitment and maturity we have reached together with all partners and friends who are permanently helping us accomplish our mission.

Dreams, commitment, people, are all reflected on the pages of this sustainability report.

I hope you'll enjoy reading it.

Doctor Silvia Gold, President, Mundo Sano.



I.

Fundación Mundo Sano

WE ARE
MUNDO
SANO



Message from Marcelo Abril

EXECUTIVE DIRECTOR

Dear friends,

Filled with deep pride, we submit our Sustainability Report 2018, drafted along the lines proposed by the *Global Reporting Initiative (GRI)*, which means to us a new opportunity to look back along the road we've travelled and ponder on the challenges we face going forward.

Unlike last year's report, which presented the actions taken in the Americas, this time we are expanding our contents and including all the areas where we carry out our mission, reaching six countries over three continents: America, Europe and Africa. There we take up more than 30 lines of work including prevention, research, diagnosis and treatment, professional education and training and awareness actions focusing on the neglected tropical diseases to which our efforts are directed: Chagas, Helminthiasis, arbovirus infections, including Dengue, Zika and Chikungunya, among other.

Being our first priority, projects focused on Chagas disease are allocated the largest proportion of resources because of the big impact on health represented by the number of people affected and the growing geographical expanse of this disease now seen as a result of ongoing migration processes.

This report describes how we contribute to translational research in neglected tropical diseases, how we disseminate the knowledge we acquire and to what extent the union of public and private sector capabilities is an ever-present strategy to attain our goals and contribute to the UN Global Compact Ten Principles and the Sustainable Development Goals.

The mission we have set for ourselves, i.e., to transform the lives of people affected by neglected tropical diseases, is not a task that we can carry out on our own: we need the help, the contribution, the vision and the coordination of multiple social actors who are as committed as we are, and for that reason, we invite you to join in so that we can attain such transformation together.

We thank all who made possible the drafting of this publication and we expect to receive feedback with suggestions for us to continue to learn and improve our management and accountability.

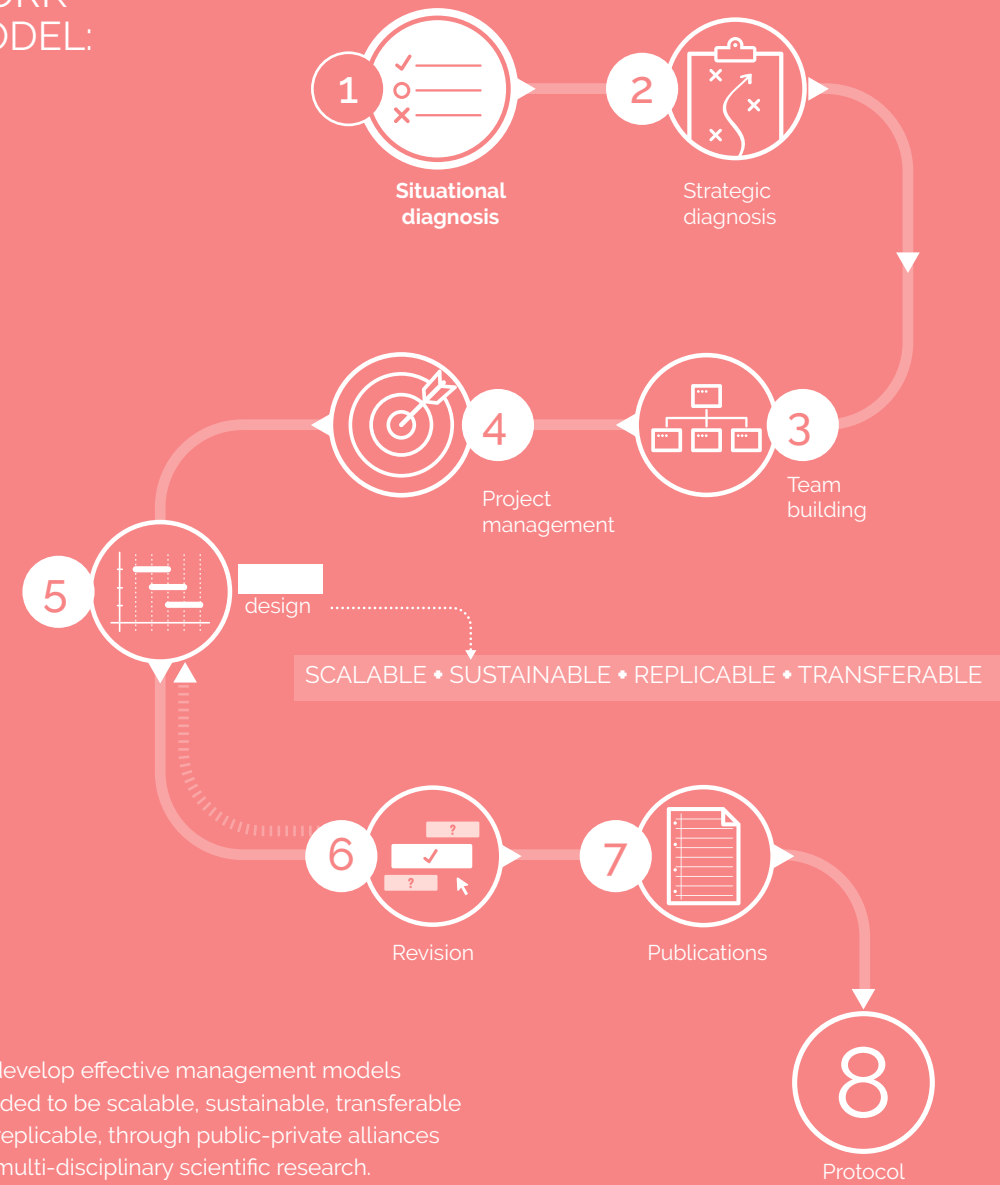
We invite you to go through our second Sustainability Report and get to know more about what we do, how we do it and how much we achieved in 2018.

Marcelo Abril, CEO, Mundo Sano

We are a not-for-profit **family foundation created** in 1993 with the vision of transforming the lives of people affected by neglected tropical diseases. In 2018 we celebrated our 25th anniversary.

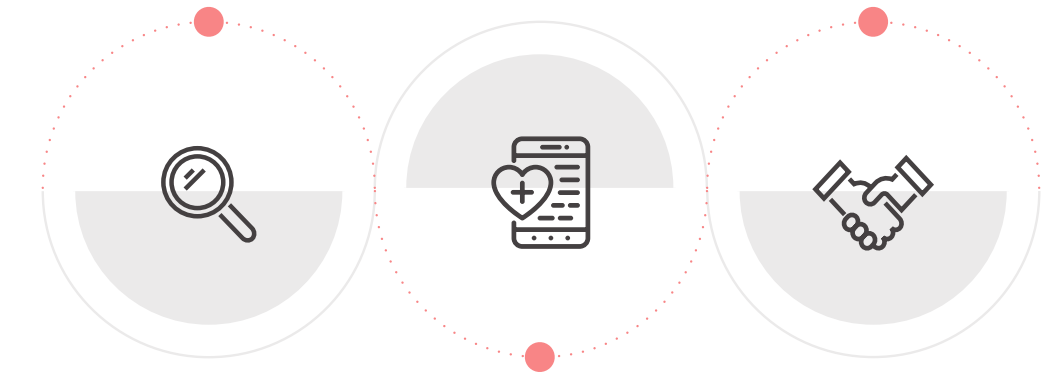
Our daily activities revolve around work on the field where we develop programs seeking to efficiently tear down the barriers that hinder people's access to healthcare by generating useful evidence for public policies.

WORK MODEL:



We develop effective management models intended to be scalable, sustainable, transferable and replicable, through public-private alliances and multi-disciplinary scientific research.

The three pillars of our work



Translational research

Key to our activity is fieldwork. By working on the field, we identify obstacles, implement solutions that facilitate prevention and access to healthcare and contribute useful evidence to improve health policies.

Dissemination of Knowledge

We, at **Mundo Sano**, have taken up the challenge to give visibility to 1.5 billion people suffering avoidable diseases on our planet. Our goal is to produce evidence that can serve as a transformation tool for future actions and to educate society as a whole.

Public/Private Cooperation

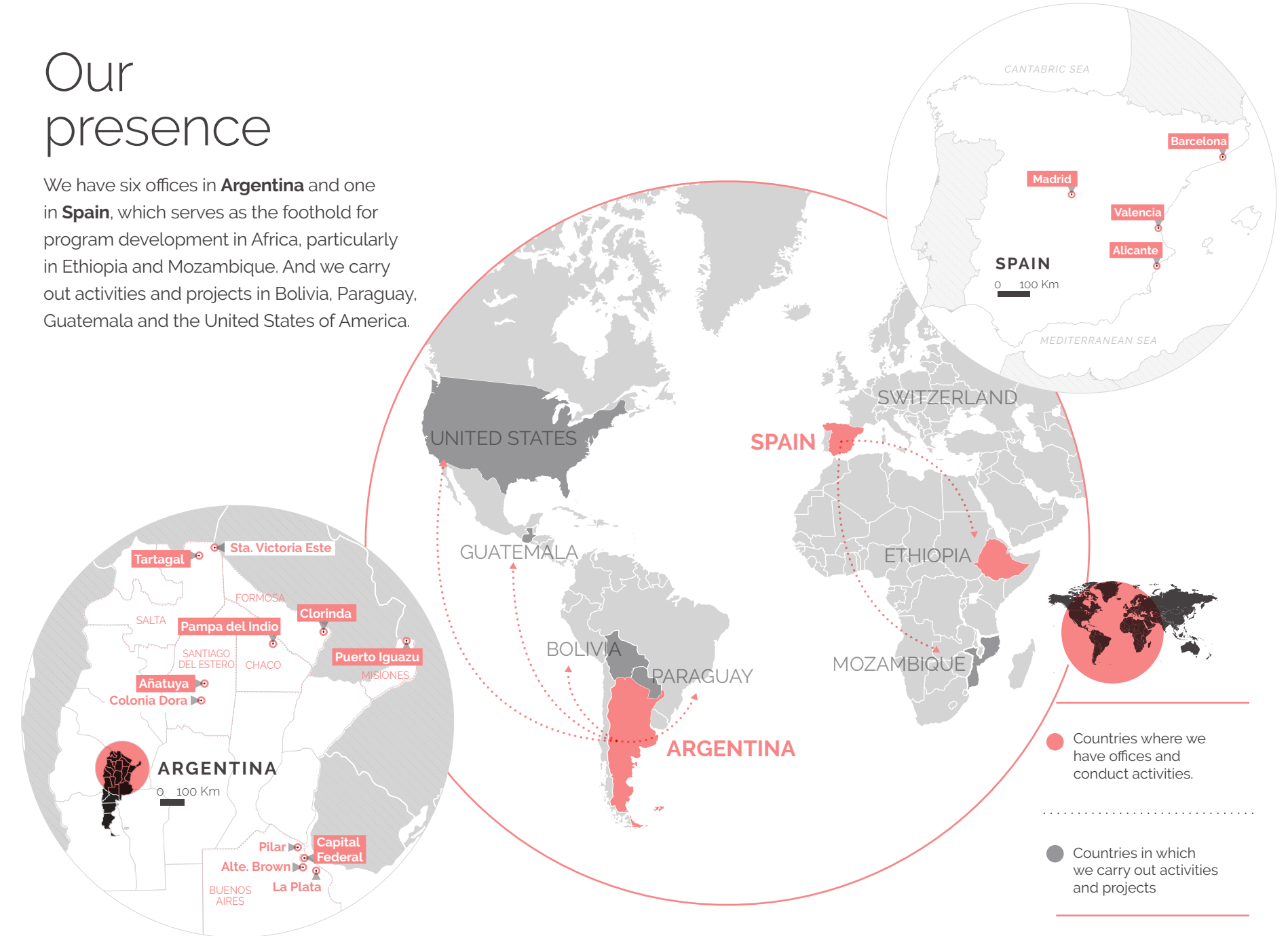
One of our strengths is the ability to articulate sustained consortia of the academic, the public and the private sectors. Along these lines, we prioritize the consolidation of institutional alliances as sustainability tools for our projects, because we recognize that the magnitude of the impact of these diseases on public health requires the joining of all efforts.



The values that inspire us
 Rigor
 Respect
 Passion

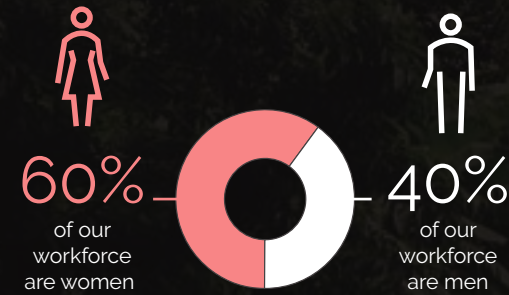
Our presence

We have six offices in **Argentina** and one in **Spain**, which serves as the foothold for program development in Africa, particularly in Ethiopia and Mozambique. And we carry out activities and projects in Bolivia, Paraguay, Guatemala and the United States of America.





+ In 2018 **109** associates were working for Mundo Sano, including employees, researchers, volunteers, external professionals and field agents



Knowledge is the fundamental basis of our daily work. For the development of new talents and skills our employees and volunteers are trained and educated every year by following academic or post-graduate studies, language courses, technical training, and health and welfare updates.

In 2018 we completed **801 hours** training



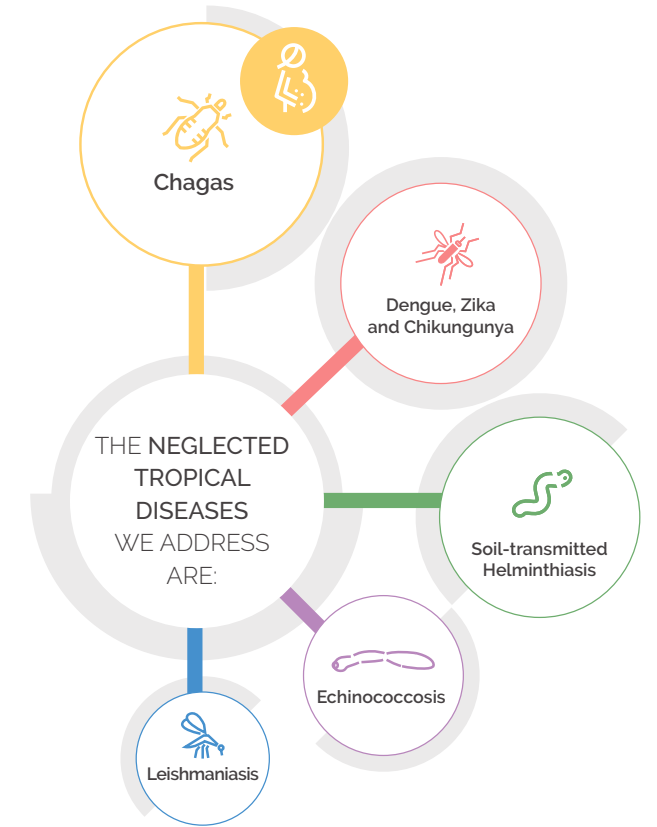
Our contribution

With field research, Mundo Sano contributes to public policies aimed at improving the lives of people affected by **neglected tropical diseases**, a set of infectious diseases, many of them parasitic, that affect populations living.

According to data of the World Health Organization, **more than one billion people –one sixth of the world's population—** suffer at least one of these diseases, mainly in low-income countries of Africa and Latin America.

Most of these diseases receive little attention and are held back in public health priorities. Also, a lack of reliable statistics has rendered all efforts to create awareness more ineffective. Neglect is seen also in research and development activities.

The World Health Organization has underscored that if access to already existing safe interventions could be assured, many of the neglected diseases could be prevented, eliminated and even eradicated. The neglected tropical diseases we address are: Chagas, Dengue, Zika and Chikungunya, soil-transmitted helminthiasis, echinococcosis, Leishmaniasis.





Chagas disease

This is a disease caused by infection with a parasite: **Trypanosoma cruzi**. It is transmitted to humans mainly through contact with insects of the family triatominae,¹ by an infected mother to her child during pregnancy or delivery, through blood transfusions or organ grafts coming from an infected individual, or through ingestion of contaminated food or beverages. Over the past decades, owing to migratory movements between Latin America and the rest of the world, this disease has been detected in the United States of America, Canada, Spain and several countries of the West Pacific.

In the world:

6 to 8 million infected people.

1.2 million are women of childbearing age.

9,000 babies are born with the disease every year.

Source: PAHO/WHO

¹ Hematophagus insects which are the main vectors for the transmission of Chagas disease. They are commonly identified as *chinche negra* (Paraguay) or *vinchuca* (Argentina, Chile, Uruguay and Bolivia).



Aedes-transmitted diseases: Dengue, Zika and Chikungunya

These are viral diseases transmitted by two species of mosquitoes of the genus *Aedes*: ***Ae. aegypti* and *Ae. albopictus***.

These viruses are transmitted to humans by the bite of infected female mosquitoes. Affected people, with or without symptoms, are the hosts and main multipliers of the viruses as mosquitoes get infected when biting them. Zika, in turn, is also transmitted by person-to-person contact, through sex intercourse or from mother to child during pregnancy.

It is estimated that

3,900 million people

in 128 countries

are at risk of getting infected with one of the viruses transmitted by *Aedes aegypti*.

Source: PAHO/WHO



Soil-transmitted helminthiasis

Soil-transmitted helminthiasis, commonly known as intestinal parasites, are acquired by contact with the eggs or larvae of parasites eliminated in the fecal matter of infected humans that contaminate the soil in areas with poor sanitation. In the case of eggs, they are transmitted by fecal-oral route while in the case of larvae, they are transmitted by penetration into the skin. There is no direct person-to-person transmission. To avoid transmission of these parasites, a fundamental tool is availability of basic sanitation, safe water, personal hygiene and use of footwear.

Diseases caused by high prevalence of helminthiasis have significant impact on the social and economic development of communities because they affect an adult's ability to work and cause school absenteeism in children.

In the world, it is estimated that

1.5 billion people are infected

870 million children at risk of getting infected

Source: PAHO/WHO



Echinococcosis

Echinococcosis is a zoonosis² caused by the parasite ***Echinococcus granulosus***. The cycle of this disease starts when a dog ingests the raw viscera of infected farm animals slaughtered at home. The dog's intestine becomes host to this parasite and contaminates the soil at defecation. Humans get infected by contact with the dog or through contaminated food and beverages, and develop cysts in various organs, more commonly the liver and lung.

In order to prevent this disease, it is important to maintain good personal hygiene and wash fruit and vegetables carefully prior to consumption. Also, viscera remaining from domestic slaughtering must be disposed of or cooked well before offering them to dogs.

In the world

1 million people could be affected by echinococcosis

Source: PAHO/WHO

² A zoonosis is any disease naturally transmitted from animals (mostly vertebrates) to human beings, and viceversa.



Leishmaniasis

Leishmaniasis is a parasitic disease, transmitted when a phlebotomus³ (the insect that acts as the vector for this disease) bites an infected animal or person and then bites a healthy animal or individual.

This disease is associated with malnutrition, population movements, poor housing, weakness of the immunity system, and deprivation of resources. It is also linked to environmental changes, including deforestation, dam building, watering systems and unplanned urbanization.

In the world

1 millón cases appear per year

Source: PAHO/WHO

³ Phlebotomi are hematophagus (blood-sucking) insects. In Central America they are commonly known as *papalotillas*, in South America as *chitre*, *palomilla*, *manta blanca* (Peru), *quemador*, *pringador*, *jején*, *títira* (Peru) among other names. They are small and prefer humid environments; their color vary from clear yellow to dark brown.

Committed to our achievements and recognitions

After **25 year's** activities we are celebrating this anniversary with significant achievements: .

We have obtained approval of benznidazole⁴ for pediatric Chagas disease treatment by the United States Food and Drug Administration (FDA).

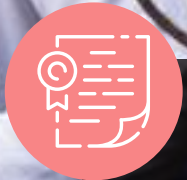
We are collaborating with recognized international health organizations including the Pan-American Health Organization (PAHO) and the World Health Organization (WHO).

We have succeeded in creating awareness of neglected tropical diseases, especially Chagas, in the medical community and the media and in bringing up the subject to be placed on the public agenda.

We are persuaded that, with perseverance and method, the situation can be changed and the conditions for the most vulnerable populations can be improved.

⁴. Benznidazole is an antiparasitic medication prescribed for Chagas disease.

25 años



In 2018, we were presented **the EIKON Gold award in the category Sustainability and Health** by Revista Imagen, in recognition to the initiative "Benznidazole: a treatment against Chagas". **Also, Foro Ecuménico Social awarded us their 'Premio Emprendedor Solidario'.**

Governance

Our organization is made up of **two independent legal entities**: Fundación Mundo Sano and Fundación Mundo Sano España.

Fundación Mundo Sano is an entity based in Argentina and its governing body is a Management Board. **Fundación Mundo Sano España** is an entity based in Spain and its governing body is a Board of Trustees. In practice, we operate as one and the same organization. Both governing bodies' presidents and our Executive Director are in charge of setting Mundo Sano's objectives, and stating our values, mission, strategy, policies and all other aspects related to economic, environmental and social issues. Board members and Trustees are in charge of the global administration, representation, governance and supervision functions of our organization.

There are also two consulting bodies: the Advisory Council and the Scientific Committee.

The Advisory Council is in charge of proposing and advising on policies, objectives and actions related to our Foundation's vision and mission. The Scientific Committee is in charge of advising, considering and organizing the scientific aspects of our organization's object. This body promotes the technical and scientific quality of all research activities and projects Mundo Sano carries out or gets involved in.

OUR GOVERNMENT BODIES ARE COMPRISED OF:



2.



Fundación Mundo Sano

OUR WORK MATTERS

In this chapter we describe everything we do, our contributions, our cooperation and our efforts to ever expand our potential as a Foundation.

Mundo Sano and the Sustainable Development Goals

From Mundo Sano, we significantly contribute to all **17 Sustainable Development Goals (SDG)** proposed by the **United Nations** in 2015. Owing to our accountability in the manner we act in so diverse environments and because we think it is necessary to set forth objectives that are clearly linked to our activity and to stakeholders' expectations, we have identified and defined our contribution to the following objectives and their respective goals.

Goal	Mundo Sano's contribution
<p>STRATEGIC SDG</p>  <p>Ensure healthy lives and promote well-being for all at all ages</p> <p>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."</p>	<ul style="list-style-type: none"> Commitment to neglected tropical diseases • Prevention • Research • Diagnosis and treatment • Professional education and training • Awareness and community actions
<p>RELEVANT SDG</p>  <p>Ensure availability and sustainable management of water and sanitation for all.</p> <p>Goal 6.b: "Support and strengthen the engagement of local communities in improving water and sanitation management."</p>	<ul style="list-style-type: none"> Commitment to neglected tropical diseases • Research • Awareness and community actions. Prevention.
 <p>Reduce inequality within and among nations</p> <p>Goal 10.2: "Empower and promote social, economic and political inclusion of all irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status."</p>	<ul style="list-style-type: none"> Commitment to neglected tropical diseases • Prevention • Research • Diagnosis and treatment • Professional education and training • Awareness and community actions.
 <p>Revitalize the global partnership for sustainable development</p> <p>Goal 17.17: "Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships."</p>	<ul style="list-style-type: none"> Commitment to neglected tropical diseases • Prevention • Research • Diagnosis and treatment • Professional education and training • Awareness and community actions

Action Lines

Our work articulates around **five axes.**



Our commitment to Chagas disease

In August 2017, the Food and Drug Administration (FDA) approved **benznidazole**⁵ as a treatment for Chagas disease in the pediatric population (from 2 to 12 years old) in the United States.

With this approval, InSud Pharma received a Priority Review Voucher (PRV) according to a provision included in the FDA Reauthorization Act of 2017 (FDARA), to develop new drugs and biological products for neglected tropical disease prevention and treatment.

The **Priority Review Voucher (PRV)**, granted by the FDA, is an incentive designed to stimulate the development of new treatments for diseases that otherwise would not generate companies' interest owing to development costs and a scarcity of commercial opportunities.

⁵. The FDA (*Food and Drug Administration*) is the United States government agency in charge of regulating food (for both people and animals), drugs (human and veterinary), cosmetics, medical apparatuses (for humans and animals), biological products and blood derivatives.

⁶. See note on page 4.

⁷. The FDA Reauthorization Act of 2017 creates the Tropical Disease Priority Review Voucher and included Chagas in its spectrum of diseases in 2015.

Since then, InSud Pharma and Mundo Sano undertook to allocate funds from this PRV to develop and implement, together with the Drugs for Neglected Diseases Initiative (DNDi), a **Plan for Access to Chagas Disease Diagnosis and Treatment in the Americas**.

The actions that we carry out in an alliance with this institution seek to ensure general access to safe, effective, innovative and accessible treatment of Chagas disease, as well as to prevent the propagation of the disease and to work to control its transmission as a public health problem.

⁸. InSud Pharma is a group of companies that covers all links of the chemical-pharmaceutical industry chain. InSud Pharma channels its social investment and corporate social responsibility actions through our Foundation, to which it is one of the largest donors.

⁹. The Drugs for Neglected Diseases Initiative (DNDi) is a nonprofit organization, driven by patients' needs, and dedicated to research and development focused on drugs for neglected tropical diseases (poor people's conditions) including Leishmaniasis, Chagas, sleeping sickness, malaria, children AIDS, among other.

“

“After 25 years’ activity Mundo Sano is committed to sustain, going forward, comprehensive work in relation to Chagas disease.”

DR. SILVIA GOLD,
PRESIDENT.

”



Over the world

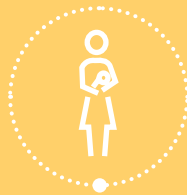


7.6 million people
suffer from Chagas

Out of this number



1.2 million
are women of childbearing age (15.7%)



9,000 babies
are born with Chagas every year



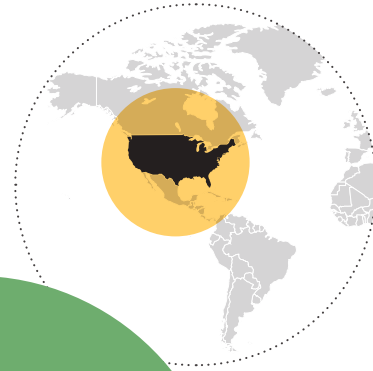
1,6 million people
infected in Argentina

50,000 – 100,000
people infected in Spain

300,000
people infected in the United States



Plan for Access to Chagas Disease Diagnosis and Treatment in the Americas



Since late 2018, benznidazole has been available in 21 countries, including Spain and the United States.

Mundo Sano disembarks in the United States

In 2018, we signed an agreement with Harvard T.H. Chan School of Public Health to take up joint projects in the areas of neglected tropical disease prevention, diagnosis and treatment, and to design together, for subsequent implementation, an **Access Plan to promote and facilitate medical care to people affected with Chagas disease in the United States**, a country where approximately 300,000 people are estimated to be infected, mainly in the states of Texas, Florida and New York.

As their first activity, Mundo Sano and the Harvard T.H. Chan School of Public Health brought together experts in a symposium titled "*Rethinking Chagas*"¹⁰ where they discussed current barriers to comprehensive Chagas disease healthcare and identify where and how to establish an action plan. This activity was supported by the Chagas Coalition.

¹⁰ The Chagas Coalition is an open cooperation alliance which, through the exchange of experiences, knowledge and ability to action, aims at alleviating human suffering caused by Chagas and attaining control of this disease. Founding partners are Fundación CEADES (Bolivia); DNDi (Switzerland); Fundación Mundo Sano (Argentina); ISGlobal (Spain); Texas Children's Hospital (U.S.A.); Baylor Collage of Medicine (U.S.A.) and National School of Tropical Medicine (U.S.A.).



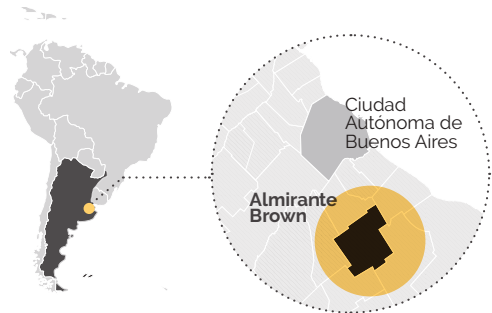
Also under this project, a study was undertaken at San Francisco University to evaluate Chagas diagnosis techniques available in the United States. In addition, a pilot project is in process with the support of the Boston Children Hospital.

At the same time, Mundo Sano has provided the funds for a post graduate study course at Harvard University focusing on how to set up the foundations for an Access Plan that may facilitate Chagas disease diagnosis and treatment.

The ETMI-Plus strategy gets implemented in Latin America

In 2018, we launched two large projects: one in the Almirante Brown District, Buenos Aires province, and another in the 'Triple Frontera' of the Chaco Salteño, a formation straddling over the borders between Argentina, Bolivia and Paraguay. The purpose of both initiatives is to strengthen and supplement local health systems by implementing the ETMI-Plus strategy, led by the Pan-American Health Organization (PAHO), and aimed at women before and during pregnancy, as well as at puerperal women and their newborns.

The ETMI-Plus initiative seeks to achieve and maintain the elimination of mother-to-child transmission of HIV infection, syphilis, Chagas disease and hepatitis B (HBV) as problems that represent a danger to public health.



Almirante Brown District

In cooperation with the Almirante Brown Municipality, we promoted and built healthcare teams for the first, second and third level of care in order to introduce HIV, syphilis, Chagas and Hepatitis B diagnosis to all pregnant women attending public health system facilities.

We also work to strengthen central maternity services and promote newborn diagnosis and treatment, as well as post-partum follow up of mothers, using standardized medical practices.

Through this project we were able to improve the articulation between municipal institutions, the Almirante Brown Municipality Health Secretariat and the 'Lucio Melendez' Hospital of Adrogué and the 'Arturo Oñativia' Hospital of Rafael Calzada, both under Buenos Aires province administration.



Main results



A master and specific agreement with Almirante Brown Municipality



2,407 pregnant women tested and receiving healthcare

17 pregnant women found positive for Chagas disease

16 pregnant women positive for HIV

226 pregnant women positive for syphilis

3 pregnant women positive for hepatitis B

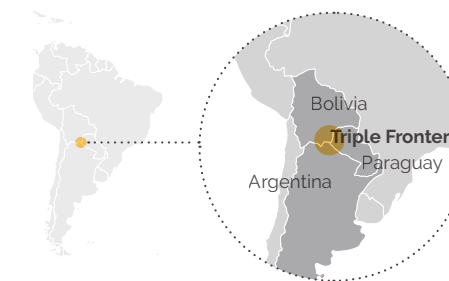


165 syphilis treatments completed

16 HIV treatments under way



Pregnant women positive for syphilis and HIV must be treated during pregnancy. For the case of Chagas and hepatitis B, treatment comes after delivery. All newborns and pregnant women positive for one or more of these diseases are subject to controls according to the respective protocols.



'Triple Frontera' of the Chaco Salteño

The purpose of the initiative is to strengthen and supplement local sanitation capabilities in order to contribute to bringing down maternal and child mortality rates. This border area between Argentina, Paraguay and Bolivia is characterized by a population mostly made up of original peoples who are very much dispersed geographically, with significant internal migration movements, which makes access to health services even more difficult.

Every 60 days, an interdisciplinary team of healthcare professionals come to the localities of Santa Victoria Este (Argentina), Crevaux and D'Orbigny (Paraguay) and Pozo Hondo and San Agustín (Bolivia), and their respective surrounding towns, to provide care to pregnant women, puerperal women up to 60 days post-partum and newborns and infants up to 18 months.

The Project was implemented under an agreement with the Association for Regional Health Development (*Asociación para el Desarrollo Sanitario Regional - ADESAR*) and all actions were articulated with the Salta Ministries of Public Health and Early Childhood and the correspondent healthcare bodies in Bolivia and Paraguay.



Main achievements



540 pregnant women tested and treated

39 of them found positive for Chagas disease

5 pregnant women found positive for syphilis

No pregnant woman positive for hepatitis B or HIV



5 treated for syphilis

5 children of these pregnant women had access to Chagas diagnosis and treatment

The initiative has brought together professionals working for various institutions including: the 'Fátala Chabén' Institute, 'Dr. Francisco Javier Muñiz' Infectious Diseases Hospital, 'Santa Victoria Este' Hospital, 'Norberto Quiro' Center for Medical Education and Clinical Research (CEMIC), Hospital Italiano, Hospital Aleman, San Antonio de Areco University, ADESAR and Mundo Sano.

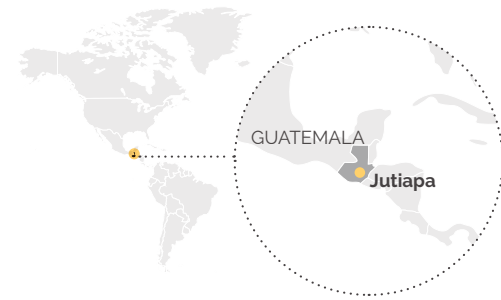
Launch of our comprehensive Chagas disease programs in Central America

Strategic alliance in Guatemala

The purpose of this alliance is to contribute to the elimination of Chagas disease as a public health problem in the Jutiapa department in Guatemala, the area with the largest number of acute Chagas cases in the Americas.

The project will have a comprehensive control approach to Chagas disease, including the articulation of prevention, diagnosis and treatment components of the problem.

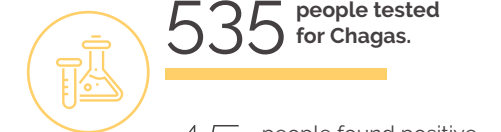
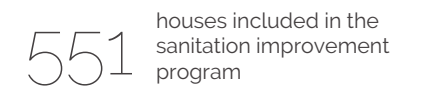
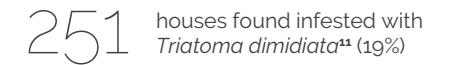
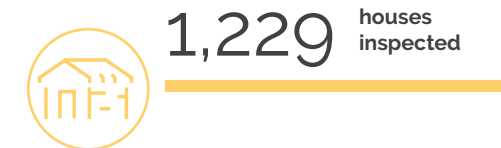
Work will also be done to strengthen and improve the installed capacities of local and national actors, local information management, inter-institutional and intersectoral collaboration, and reference and counter-reference, in order to institutionalize Chaga's control and to contribute to its sustainability and replication as part of national public health policies in Guatemala and other Central American countries.



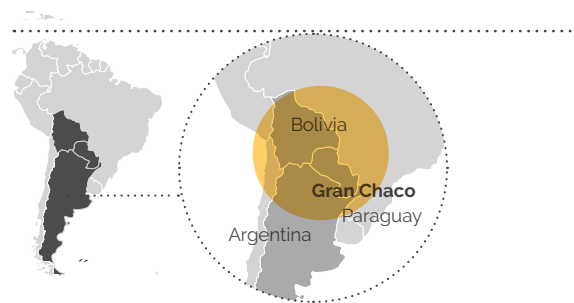
Participating institutions:
 Drugs for Neglected Diseases initiative (DNDi), International Development Research Center (IDRC, Canada), Guatemala Ministry of Public Health and Social Welfare, San Carlos University of Guatemala, Universidad Del Valle of Guatemala, Jutiapa Health Office, Pan-American Health Organization (PAHO) and Fundación Mundo Sano.



Main achievements



¹¹ *Triatoma dimidiataes* is an hematophagus insect considered one of the most frequent vectors for Chagas disease propagation in regions of Central America and the northern area of South America (Colombia, Venezuela, Ecuador, and Peru).



“Sports, Childhood and Chagas” in the Gran Chaco region

The object of this initiative is to create awareness of Chagas disease through sport and recreational initiatives, and reduce their impact in localities within the Gran Chaco region extending over adjacent areas of Argentina, Bolivia and Paraguay.

In 2018, the “Sports, Childhood and Chagas” Project was implemented in Paraguay, where over 700 boys, girls and their families participated in Sports Festivals held at the ‘Dr. Benjamin Aceval’ Club, in the locality of Presidente Hayes, and in the ‘Maria Medianera’ Comprehensive Education Center, known as *Pa’i Puku*, in Paraguay’s Chaco region. In addition, over 160 adolescents and health agents were trained in Chagas disease prevention seminars imparted in the ‘Fútbol-Net’ format, developed by the Barça Foundation.

This program is made possible thanks to a joint initiative by Mundo Sano, *Barça Foundation*, the Inter-American Development Bank, the Japan Fund for Poverty Reduction and Airpharm. In Paraguay, a number of organizations acted as strategic partners, including Paraguay Republic’s Ministry of Public Health and Social Welfare (SENEPA), the National

Achievements in Paraguay

- 621 people tested for Chagas
- 13 found positive for Chagas disease
- 117 people trained in the ‘Fútbol-Net’ method
- 562 boys and girls participating in the festival
- 875 festival attendees

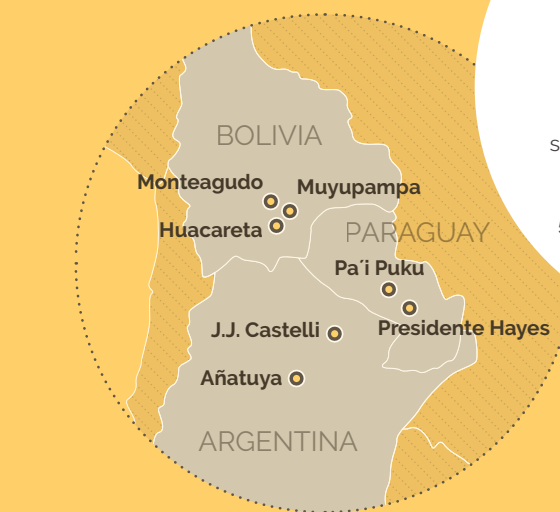
Chagas Program, the Scientific Research Development Center (CEDIC), PROMEPAR, a private company, ‘Dr. Benjamin Aceval’ Club and ‘Maria Medianera’ Comprehensive Education Center.



“Sports, Childhood and Chagas” in the Gran Chaco region

Program Facts 2015-2017

The Sports, Childhood and Chagas program was first implemented in 2015 in Añatuya, a locality of Santiago del Estero, Argentina. In 2016, the festival was held in Juan José Castelli, province of Chaco, Argentina, and in 2017 it took place in three Bolivian localities: Muyupampa, Huacareta and Monteagudo, department of Chuquisaca.



To date, **over 3,600 people** have attended all **4 festivals** in **3 South American countries**. More than **2,050 serology** tests were conducted. In addition, 60 members of the Bolivian health system were trained in blood vessel extraction techniques and rapid diagnostic tests for Chagas, while 512 change agents were trained in the ‘Fútbol-Net’ method.

	SPORTS EVENT		TRAINING ACTIVITIES		
	ATTENDEES	PARTICIPANTS	SEROLOGY	POSITIVE	DIRECT BENEFICIARIES
PARAGUAY 2018	875	562	621	13	177
BOLIVIA 2017	1250	963	843	77	265
ARGENTINA 2016	1505	1203	594	23	70

More programs and projects



Prevention

From our beginnings we implemented neglected tropical disease transmission prevention programs aimed at maintaining and improving people's health and standards of life.

Surveillance and control program for triatomine bug in urban areas

The object of this program is helping interrupt vector transmission of Chagas disease by implementing house inspections and chemical control of bugs in dwellings in cooperation with the community. Actions under this program were started in 2002 in Añatuya, Santiago del Estero province.



2018 Results



2,828 Houses visited and inspected

9 Infested houses

0.3% Total infestation percent

0.05% Infestation percent inside houses



Prevention

Triatomine surveillance and control program with rural house sanitation improvement

This program was launched in 2005 for the purpose of contributing to the interruption of vector transmission of Chagas disease and improving the quality and standards of life for the population of rural towns in the Taboada department, Santiago del Estero province.

The program is committed to respect the cultural value of the mud-and-brick houses used by these rural communities which, with good housekeeping practices, are ideal dwellings in areas with high thermal amplitude.

House sanitation improvement is conducted with community engagement, using materials that are native to the area and respecting a space distribution that is consistent with their dwellers' uses and customs. To this end, residents of the area are trained in tasks related to the improvement of their homes (plastering, roofing, ceilings and order in the surrounding space, among other).



Scientific production
 — Spatial analyzes of triatomine infestation indices and their association to the actions of a Chagas disease program and environmental variables during a 5-year intervention period. Diego Weinberg, Ximena Porcasi, Sofia Lanfri, Marcelo Abril, Carlos M. Scavuzzo. Acta Tropica 188 (2018) 41–49.



2018 Results

280 Houses visited and inspected

22 Houses infested

7.9% Infestation percent

1.7% Percent of infestation inside houses



Scientific production
 — Urban environmental clustering to assess the spatial dynamics of *Aedes aegypti* breeding sites. Guillermo Albrieu-Llinás, Manuel O. Espinosa, Agustín Quaglia, Marcelo Abril, Carlos Marcelo Scavuzzo. Geospatial Health 2018; volume 13:654.

— Modeling Dengue Vector Population Using Remotely Sensed Data and Machine Learning. Juan M. Scavuzzo, Francisco Trucco, Manuel Espinosa, Carolina B. Tauro, Marcelo Abril, Carlos M. Scavuzzo, Alejandro C. Frery. Acta Tropica, 2018.

— Exploring satellite based temporal forecast modelling of *Aedes aegypti* oviposition from an operational perspective. A. German, M.O. Espinosa, M. Abril, C.M. Scavuzzo. Remote Sensing Applications: Society and Environment 11 (2018) 231–240.

— Operational satellite-based temporal modelling of *Aedes* population in Argentina. Manuel Espinosa, Eliana Marina Alvarez Di Fino, Marcelo Abril, Mario Lanfri, Maria Victoria Periago, Carlos Marcelo Scavuzzo. Geospatial Health 2018; 13:734.



Aedes aegypti surveillance and control programs

In Puerto Iguazu (2003), Clorinda (2004) and Pampa del Indio (2010) *Aedes aegypti* infestation levels were determined by larvae population sampling, abundance of breeding sites and this species' ovipositor surveillance in terms of the epidemiologic risk¹² represented by the presence of this mosquito in areas affected by Dengue, Chikungunya and Zika outbreaks.

The program is developed in the city of Tartagal (2009) where, in addition, it includes breeding site control and outbreak blocking actions in cooperation with the Tartagal Municipality, the 'Juan Domingo Peron' Hospital and the private company Pan American Energy.

In 2018 we expanded our ovitrap network.
 In cooperation with the respective municipalities, we added new localities including **Juan José Castelli** (Chaco), **Curuzú Cuatía** (Corrientes) and **Salvador Maza** (Salta)

INDICATORS	PUERTO IGUAZÚ (Misiones)	CLORINDA (Formosa)	TARTAGAL (Salta)	PAMPA DEL INDIO (Chaco)
HOUSES INSPECTED	14,592	18,282	6,488	
OVI-TRAP READINGS*	4,680	3,120	5,816	2,080

¹² Epidemiological risk refers to any condition or circumstance increasing the odds of getting a disease or falling on any health issue.

(*) Ovitrap are devices used in urban areas for *Aedes aegypti* monitoring. Their use is based on female mosquito need to lay their eggs in containers with water. These traps are monitored all 52 weeks of the year and their reading device is changed every week in order to prevent their turning into a mosquito breeding site.



Research

Our goal is generating, sharing and disseminating knowledge as well as developing innovative tools in the field of neglected tropical diseases.

Comprehensive Community Intervention Programs for Intestinal Parasite Prevention and Control

Since 2015, we promote a comprehensive approach to intestinal parasite prevention and control through community intervention programs developed in Argentina, Spain, Ethiopia and Mozambique.

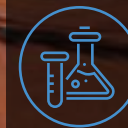
In **Argentina**, since 2018, we carry out a project at the Guarani Village Fortin Mborore (Puerto Iguazu, Misiones) to determine the prevalence of intestinal parasites and the intensity of geohelminth infection in individuals one year of age and older. Two hundred families of the Mbyá ethnic group live in this village.

Based on the analysis of the collected fecal samples, an area of was defined where geohelminthiasis is hyperendemic, with high prevalence of two parasite species: *Uncinaria* and *Strongyloides stercoralis*, both closely linked to anemia and malnutrition in children. Due to their prevalence (73 %), mass treatment was used in this community, following the guidelines of the World Health Organization..



Scientific production

— Prevalence of intestinal parasites and the absence of soil-transmitted helminths in Añatuya, Santiago del Estero, Argentina. María Victoria Periago, Rocio García, Osvaldo Germán Astudillo, Marta Cabrera and Marcelo Claudio Abril. Parasites & Vectors (2018) 11:638.



2018 Argentina Results

218 Fecal samples tested

159 Samples positive for geohelminths (73%)

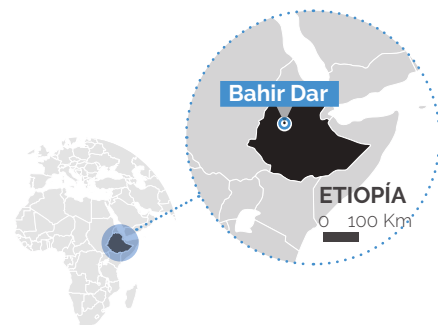


Research

In **Ethiopia**, based on studies carried out by our Foundation in previous years, a hyperendemic area was identified for the *S. stercoralis* geohelminth in a rural area of Bahir Dar, Amhara Region.

The antiparasitic treatment used in national control programs is not effective for this parasite species. Therefore, we implemented a project including the treatment of *S. stercoralis* infection with ivermectin.

This project, like all those we develop in Ethiopia, was carried out jointly with local and national health authorities, and with the Carlos III Health Institute of Madrid (Spain).



2018 Ethiopia Results



230 people tested for *S. stercoralis*

150 samples positive for *S. stercoralis* (65%)



59 people treated with ivermectin

OTHER ACTIONS IN ETHIOPIA

Strengthening of the Zenzelema Healthcare Center, Bahir Dar

The Ethiopian government's policy aims to integrate neglected tropical disease programs into primary healthcare centers, following the guidelines of the 2030 Agenda for Sustainable Development and based on the premise of "leaving no one behind".

To this end, Mundo Sano has launched a pilot project to adapt the Zenzelema (Bahir Dar) primary healthcare center to include helminthiasis diagnosis and treatment in its services. We have thus provided training to technical and healthcare personnel and assisted in healthcare center conditioning and renovation; set up a helminthiasis diagnostic laboratory; supported laboratory services in procedure drafting and protocol standardization; and conducted education actions on topics related to water, sanitation and hygiene.



2018 Results



186 people tested

133 positive for intestinal parasites (72%)



Research

In **Mozambique**, we studied the prevalence of geohelminths through the analysis of samples from three locations in the Manhiça district, including Manhiça City and Josinha Island, by microscopic and molecular techniques. This project was carried out in collaboration with the Health Research Center (*Centro de Investigação em Saúde*) of Manhiça and the Global Health Institute (ISGlobal) of Barcelona.

In the studied areas, five geohelminths species were identified, including *S. stercoralis*.

2018 Mozambique Results

MANHIÇA DISTRICT

460 samples collected



120 positive samples (26%)

MANHIÇA CITY

235 samples collected



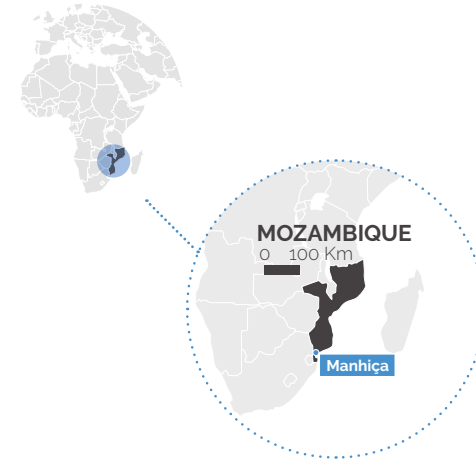
50 positive samples (21%)

JOSINHA ISLAND

224 samples collected



34 positive samples (15%)



OTHER ACTIONS IN MOZAMBIQUE

Access to Water and Sanitation and How this Relates to Morbidity and Mortality Indices

Together with the Health Research Center of Manhiça and ISGlobal, we carried out a retrospective study to evaluate the relationship between morbidity and mortality indices in children under 15 and access to water and sanitation, based on data for the period 2012 to 2015.

The study surveyed water sources and sanitation infrastructure conditions and later developed a spatial distribution map. The guide of the WHO/UNICEF Joint Monitoring Program for Water Supply, Sanitation and Hygiene was used for the definition of water and sanitation.



2018 Results

73%

children lived in homes with improved water sources in 2012, and this number increased to **85% in 2015**.

However, in the same year 2015, **75%** of children lived in homes without improved access to sanitation.

This study also showed that the incidence of diarrhea decreases in places with good access to water and sanitation.





Research

Hydatidosis Prevention and Control Program

In 2018, we implemented this program in the rural area of Miel de Palo, province of Santiago del Estero, which has a comprehensive approach to hydatidosis taking into account all the elements in the cycle of this disease.

The actions included:

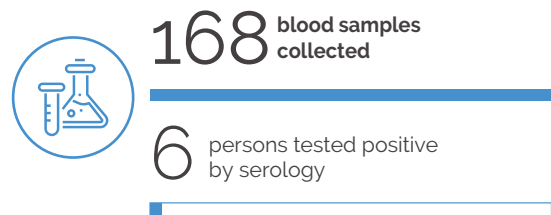
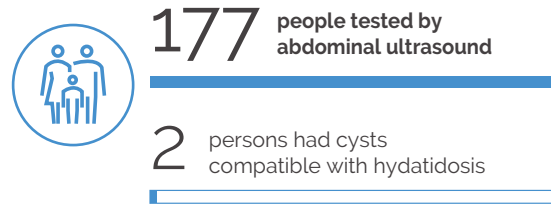
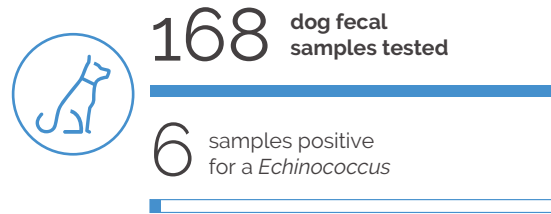
- Collection of dog fecal samples to determine Echinococcus egg infection and subsequent antiparasitic treatment, as applicable.
- Study of home slaughtered animal organs to determine the presence of hydatid cysts.
- Creation of an ultrasound record database of people aged 1 to 45 to detect the presence of cysts as an early diagnosis tool. Antiparasitic treatment and/or referral for surgery were the actions taken upon cyst finding.
- Blood draws to determine the presence of parasite antibodies (serology) and comparison of ultrasound and serology.



People with cysts are under treatment. Complementary studies were performed on individuals with positive serology results to confirm the disease as their ultrasound did not show cysts.

The analysis of fecal samples, blood and cysts was carried out in the Parasitology Department of the Malbrán Institute. Ultrasounds were performed in collaboration with the Ultrasound Service of the 'Dr. Francisco Javier Muñoz' Infectious Diseases Hospital.

Resultados 2018



Diagnosis and Treatment

We promote and encourage access to diagnosis and treatment of neglected diseases.

Diagnosis and Treatment of Chagas Disease in Areas with Active Vector Transmission¹³

In locations in the provinces of Santiago del Estero and Chaco, we made progress in the diagnosis and treatment of Chagas disease at special-purpose clinics.



We have our own clinic in the cities of **Añatuyay Colonia Dora** (Santiago del Estero) and **Pampa del Indio** (Chaco).

In 2018, we appointed a health professional at the Zonal Hospital of **Añatuya**, Santiago del Estero, to provide advice and refer to our clinic people diagnosed with Chagas disease.

	Tested Persons	Chagas positive	Treated Persons
AÑATUYA AND COLONIA DORA	2,323	283	113
PAMPA DEL INDIO	123	63	28
TOTAL	2,446	346	141

¹³ These are areas with vector presence and a past record of vector transmission.



Diagnosis and Treatment

Chagas Disease in Non-Endemic Areas of Argentina, Spain and Switzerland,

The purpose of these programs is to promote and perform the diagnosis and treatment of Chagas disease in areas without vector transmission to address a situation that affects population groups with records of migration in different parts of the world.



Scientific production

— Reporting of adverse reactions to benznidazole: does medical expertise matter? Ana Cristina Pereiro, Mabel Lenardón, Alejandro Zeballos, Marina Chopita, Marcelo Abril, and Silvia Gold. Rev Panam Salud Publica 42, 2018.

La Plata (Argentina)

Municipal Chagas Disease Program

Together with the Health Secretariat of the La Plata Municipality, we were able to develop and implement a program to promote access to Chagas disease diagnosis and treatment at the first level of health care.

2018 Results:

1,640 people tested for Chagas disease

75 positive for Chagas disease

30 treatments provided



Madrid (Spain)

Access to Information and Diagnosis of Chagas Disease and Strongyloidiasis¹⁴ at Madrid City Council Healthcare Centers

This program aims to create a circuit in Madrid to enhance information and access to diagnostic tests and refer positive cases of Chagas disease and strongyloidiasis to specialized healthcare institutions.

The indication and monitoring of treatments is under the authority of the National Health System.

2018 Results

21 diagnostic sessions

522 people tested

150 individuals positive for Chagas disease

56 individuals positive for strongyloidiasis

¹⁴. Intestinal parasitosis caused by *Strongyloides stercoralis*

Promotion of Congenital and Pediatric Chagas Disease Care

This program is focused on improving effectiveness in the use of resources available in Spanish communities with a larger population at risk of having the disease, providing care to children and mothers infected with Chagas.

	Alicante	Valencia	Barcelona	Total
Adults Tested (>18 yo)	369	212	269	850
Positive Adults	33	43	14	90
Diagnosed Children (<18 yo)	70	24	49	143
Positive Children	0	0	0	0

Geneva (Switzerland)

Chagas Disease: Questions, Challenges and Achievements

This program is intended to understand how Latin American migrants in Geneva perceive their health priorities and manage practices in relation to Chagas disease. This work is carried out in collaboration with the University Hospital of Geneva and the Association of Chagas Patients in Switzerland.

2018 Results

49 people tested

4 positive for Chagas disease



Professional Training and Education

Since 2015 we offer training courses on neglected tropical diseases to health professionals, from our own institution and sometimes in partnership with other institutions.

In Argentina

Chagas: Motivating Action

3 editions:
Añatuya (Santiago del Estero), San Rafael and Mendoza (Mendoza),

90 professionals trained

Ultrasound as a tool for the diagnosis of hydatidosis

- Resistencia (Chaco)

11 professionals trained

- Together with professionals from the 'Dr. Francisco Javier Muñiz' Infectious Diseases Hospital of Buenos Aires

Chagas Disease, the Challenge of Strengthening the Quality of Network Care

- Online course

127 professionals trained

- Together with professionals from the Urban Zoonoses department of the province of Buenos Aires

In Spain

16th Course of Molecular Diagnosis in Tropical Diseases

- Madrid

8 Ethiopian professionals trained

- Together with the National Center of Tropical Medicine, 'Carlos III' Health Institute, Madrid

Workshop: "Laboratory Diagnosis of Chagas Disease in a Non-Endemic Area"

- Majahonda, Madrid

40 professionals trained

- Together with the Carlos III Health Institute, Madrid

In Paraguay

Chagas, from Knowledge to Action

80 professionals trained

- Together with professionals from the Bunge & Born Foundation

356 professionals were trained in 3 countries by our professional training programs in 2018.





Awareness Actions

With these actions, Mundo Sano seeks to raise awareness about neglected diseases and provide useful information on prevention and care.

Educational Talks

In Mundo Sano, we promote the prevention of neglected diseases with educational talks in primary and secondary schools, in the towns of Añatuya (Santiago del Estero), Puerto Iguazu (Misiones), Clorinda (Formosa) and Tartagal (Salta).

These talks are about the prevention of Chagas disease and mosquito-borne viroses: dengue, zika and chikungunya. We also organize practical activities on farming and vegetable gardening (Santiago del Estero) and sanitary management of homes and peridomiciles.

These community actions allow us to establish ties with other institutions that, like us, see the school as a key space to promote health education.



Talks in 2018

brindamos charlas a más de

284 school boys and girls in Añatuya

1,273 school boys and girls in Puerto Iguazú

Mundo Sano is committed to raising awareness about the prevention of neglected diseases.



Global Handwashing Day

Within the framework of the **Global Handwashing Day** promoted by the international coalition Global Handwashing Partnership, Mundo Sano works to raise awareness about this habit, which is the most effective and affordable practice to prevent infectious diseases. For four years we have been organizing recreational meetings in schools in the locations where we have offices in Argentina.



12 events

in **5** locations



1,655 participating boys and girls

IN SPAIN

Information Campaign on the Diagnosis and Treatment of Chagas Disease

In 2017, after signing a collaboration agreement with the company Exeltis, belonging to the InSud Pharma Group, we carried out a campaign to raise awareness among health professionals about the importance of considering and treating Chagas disease in women of child-bearing age, of Latin American origin residing in Spain.

During the campaign, talks were organized for doctors, with the participation of **200 gynecologists**. Exeltis, in turn, trained 80 commercial delegates throughout the country to disseminate this information.



Reto Chagas

For the past four years, a team of amateur athletes led by Leandro Sigman, Chairman, InSud Pharma, and the Olympic athlete Chema Martínez travelled across Spain by bicycle spreading the message of our foundation and providing visibility to Chagas disease. You can read more about this solidarity action at www.retochagas.com.



3.

WhatsApp:
628 651 914

ESTRONGYLOIDES

WE LIVE UP TO
RESPONSIBLE
MANAGEMENT

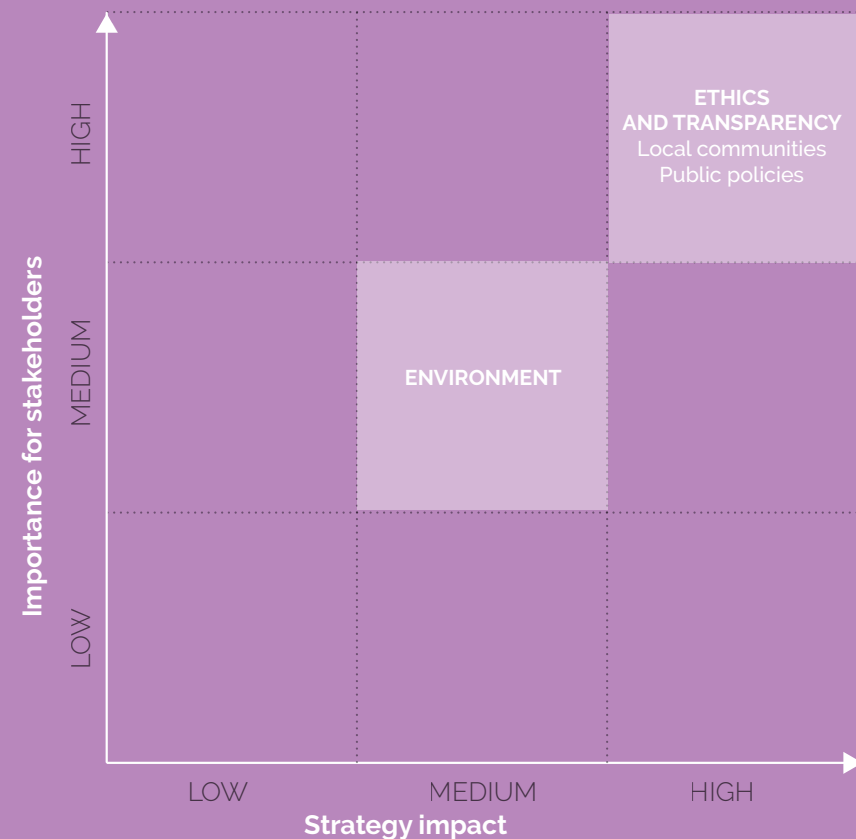
Fundación Mundo Sano

Our Materiality Matrix

In 2018, we analyzed the three axes of sustainability: economic, social and environmental. We identified, sorted and measured, according to standardized parameters, the topics on which our management is based. We also interviewed our stakeholders.

As an outcome of this work, we are now able to monitor our performance, value the management of our resources and optimize the response to our stakeholders' expectations.

The resulting material aspects, detailed in this chapter, are: Ethics and Transparency, Local Communities, Public Policies and Environment.



Our commitment to a healthier and more egalitarian society is reflected in the internal measures we implement to ensure that our actions are both efficient and effective. We conduct ourselves with **ethics and transparency**, we carry out our programs in pursuit of the well-being of **local communities**, we contribute every year to **public policies** and we care for the **environment**. These three lines comprise all the material issues that our Foundation manages responsibly, considering their economic, social and environmental aspects.

Ethics and transparency

We receive donations from private companies, international cooperation agencies, civil society organizations and individuals, among others. We have a firm commitment and responsibility to maintain an appropriately controlled environment to ensure that the funds we receive are managed and administered in an ethical and transparent manner, discouraging practices that can be considered inappropriate or corrupt.

Our Governing Body, together with the Executive Office, has significant involvement and conducts direct supervision over all our actions.

We use management tools such as manuals, procedures, monthly management reports, quarterly management reviews and other reports.

We believe that our control environment is appropriate and we are persuaded that the risk of occurrence of unethical behavior and/or acts of corruption is greatly mitigated.

In addition, reinforcing our commitment to ethical management, we need to mention that ethical approval pursuant to the rules of the Declaration of Helsinki is requested for our research projects involving people. The Declaration of Helsinki was issued by the World Medical Association (WMA) and represents the ethical principles that should guide the medical and research community. Compliance with them is a prerequisite for our scientific work and publications.

In 2018, there were no concerns related to unethical or illegal behavior and the integrity of the organization.

There were not confirmed cases of corruption or any disciplinary action taken.

An example of our transparency and ethics in the management of financial resources is our administration of the funds granted by the Inter-American Development Bank (IDB).

In 2013, we received IDB financing to implement the project "Sports, Children and Chagas". It provides for external audits on the organization's processes, funds administration and financial reporting.

We had the first (mid-term) audit in 2018, with fully favorable conclusions regarding our internal processes, control environment, resource management and the financial information generated by the project.

Another example confirming our transparency and ethical management of funds is the agreement we signed in 2018 with the Bill & Melinda Gates Foundation, under which we were granted financing to carry out a helminthiasis project. Prior to granting, we passed the evaluation process qualified with the status equivalent to a Non-Governmental Organization based in the United States.

Since 2009 we manage third-party projects as technological liaison between researchers and sources of public and private financing. The main sources of financing are the European Economic Community, the US National Institutes of Health, the Ministry of Science, Technology and Productive Innovation, the Ministry of Health and Social Development and the National Administration of Laboratories and Health Institutes, the last three of them run by the Argentine State.

Funding agencies carry out audits and request regular financial reports. In order to comply with these requirements, we developed a tool within our accounting system to systematize their administration and to manage them separately and in a differentiated way.

Resource allocation

Our resources fall into three categories:

• **Donations for general purposes**

These are the donations we receive to be used for the general purpose of the Foundation. Most of these funds come from a small group of private companies with recognized track records and publicly known activities.

• **Donations for specific purposes**

These are the donations we receive to carry out a specific project or finance a specific program. These funds come from both private companies and international cooperation agencies.

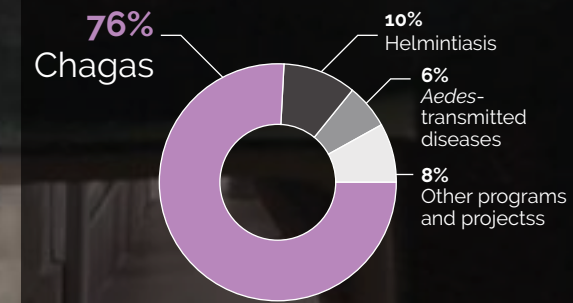
• **Miscellaneous**

These resources are a small share of the total and, for example, may come from third-party management fees in our role as technological liaison.

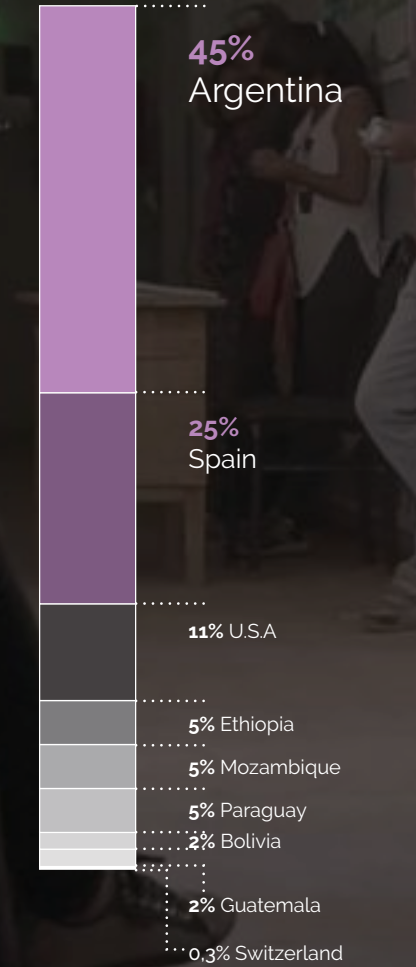
Mundo Sano applies for some state subsidies; however, they represent a very small share of the total. In 2018, it was below 0.4 %.

The total budget for 2018 was Euros 3,995,368. More than 80 % of this amount is used to execute our programs and projects.

Allocation of resources by line of work and disease



Allocation of resources per country



Mundo Sano and the Community

The communities where we chose to operate have become over the years, sources of knowledge, action, partnerships and undoubtedly rewarding outcomes in this mission that we have undertaken. Together with these communities, we carry out two ambitious projects:

Improvement of Sanitation Conditions in Rural Dwellings

This program was launched in 2005 for the purpose of contributing to interrupt vector transmission of Chagas disease, focused on improving the living conditions and quality of life of the residents of rural areas in the General Taboada Department, province of Santiago del Estero.

Its distinctive feature is that these improvements are done with community's engagement, respecting the use of local materials and space distribution and observing residents' customs and traditions.

The structural improvements made by residents include: roof waterproofing, masonry improvement, (external and internal) wall and ceiling plastering and house wall whitewashing. Other works are: tidying up and maintenance of areas surrounding the home or peridomiciles, such as renovation of animal pens and wood storage, weeding and cleaning, and construction of water tanks and latrines.

The latter two of these, although not directly linked to Chagas disease, were included in the project because, while these communities have many sanitation deficiencies, safe water and proper disposal of excreta are essential to protect the population's health.

Mundo Sano provides its beneficiaries with the necessary tools and materials, as well as assistance and support by technical specialists throughout the process. In all cases, the transfer of technological innovation based on materials and resources locally available to that population is preferred.



In 2018, improvements were made to **61 dwellings** in the rural areas Plot 58 and Plot 59 of the General Taboada Department, Santiago del Estero. Community workshops were organized for **225 people** from these locations.

Educational Farm

An educational agro-ecological farm is operated at our site in Añatuya, Santiago del Estero, providing training and a space for production activities aimed at promoting on-farm consumption.

The training workshops are intended for local entrepreneurs, teachers and residents and cover topics such as organic vegetable gardens, construction of feeding and drinking troughs, construction of green ovens, construction of water cisterns, assembly of chicken coops and vegetable gardens with recycled elements and woven wire.

In 2018, we conducted

7 training workshops

attended by

151 people

Chagas in Action

In August, during the week "For Argentina without Chagas Disease", we organized the meeting "Chagas in Action" together with the University of Buenos Aires (UBA). We invited personalities from several public and private institutions to share their experiences that show that Chagas disease can and should be treated.

In this event, Dr. Silvia Gold, our president, and Gabriel Capitelli, Director of Institutional Relations of the UBA on behalf of the Rector, highlighted the joint commitment of both institutions to find solutions and improve the quality of life of people affected by Chagas disease, who are more than 1.6 million in Argentina.

Arauco Solidarity Marathon

Like in previous years, in 2018, we participated in the 11th edition of the Arauco Solidarity Marathon, in the town of El Dorado, province of Misiones, Argentina. On this occasion, we were present with a booth where we gave out information materials on dengue and repellents donated by the company SC Johnson, and explained the biology and behavior of the *Aedes aegypti* mosquito.

Scope and impact of our work

9 countries in 3 continents

7 Argentine provinces

22 locations / departments / districts

31 programs

4 SDGs



Public Policies

Mundo Sano intends to contribute to public policies through field research, research activities and publication in international scientific journals, participation in scientific meetings and events and communication campaigns. Our most significant contributions are in the field of public health.

Our activities are aligned with the United Nations Sustainable Development Goals, the Framework for the Elimination of Mother-to-Child Transmission of HIV, Syphilis, Hepatitis and Chagas Disease (ETMI-Plus) of the Pan American Health Organization and the World Health Organization, and the Ibero-American Program for the Strengthening of South-South Cooperation (CCS).

In Mundo Sano, we give priority to the consolidation of institutional partnerships as a tool to make our programs sustainable. In 2018, we signed collaboration agreements with new organizations, such as the Ministry of Public Health and Social Assistance of the Republic of Guatemala, Jutiapa, and executed an agreement with the Ministry of Health of the province of Córdoba, Argentina.

Partnering with many stakeholders, we attained the following:

- **Strengthening our institutional presence** in the scientific and academic community, governmental and non-governmental organizations and their inter-institutional forums, multinational organizations, such as the Inter-American Development Bank, and companies of the InSud Group.

- **Strengthening our position before international cooperation organizations.** Mundo Sano was included in the platform of *Red Argentina de Cooperación Internacional (RACI)*.

- **Signing 19 Framework Cooperation Agreements and 16 Specific Agreements**, with: University of Buenos Aires, Harvard University, Harvard T.H. Chan School of Public Health, International Development Research Centre (Canada), Salud Global Foundation, AswissChagas Association (Switzerland), Sanitary and Biomedical Research Institute of Alicante, Association of Chagas Patients of the Valencian Community, *Barça Foundation*, National University of San Antonio de Areco, Valle de Guatemala University-Health Department of Jutiapa and Central University of Venezuela.

- **Participating in annual meetings and exchange forums with strategic partners:** Pan American Energy, Williams Foundation, SC Johnson, Elea-Phoenix, Bunge & Born Foundation, Biogénesis Bagó, Sinergium and Group of Foundations and Companies.



In 2017, after our Executive Director visited Ethiopia with the Director of the National Center for Tropical Medicine of the 'Carlos III' Health Institute of Spain, we made the joint decision to support the training of doctoral students on neglected^o diseases in fields of mutual interest. Eight health professionals from various Ethiopian institutions took the "16th Course on Molecular Diagnosis of Tropical Diseases", organized in 2018 by the 'Carlos III' Health Institute, at the National Center for Tropical Medicine, with the support of our Foundation. At the end of the same year, one of these professionals submitted his doctoral dissertation "Spatial distribution and determinants of *Strongyloides stercoralis* infection in school-age children in the Amhara region, Ethiopia", which was approved by the University of Bahir Dar and will be directed by Arancha Amor Aramendia, our Foundation's person in charge of research projects in Ethiopia.

Environment

Responsible management of the impacts of our own and related activities on the environments where we operate is an ethical imperative that guides our actions.

Most of the diseases on which we work are directly related to environmental change, safe water consumption and social inequalities.

INTERNAL AND EXTERNAL MANAGEMENT

Internal Management

Indirect Greenhouse Gas Emissions

These are emissions resulting from the foundation's actions but produced by sources that we do not own and we cannot control. However, we can estimate them:

Type	Mobile Combustion
Source	Travels made for the operation of the organization
Number of Trips	170
Km Traveled per Trip¹⁵	1,157,243
Fuel Consumption	3l per passenger / 100 Km
Conversion Factor	2,52 kg CO ₂ /l
Total	87,488 CO ₂ /l

¹⁵. Travel funded by Mundo Sano.

OUR CONSUMPTION:

Mundo Sano's activities do not have significant environmental impacts. Power, paper and water consumption only applies to the management of our headquarters and offices.



Total annual paper consumption

190 reams

Air travel

1,157,243 km

¹⁶. During 2018, the Tartagal office operated within municipal premises so we cannot estimate our power consumption.

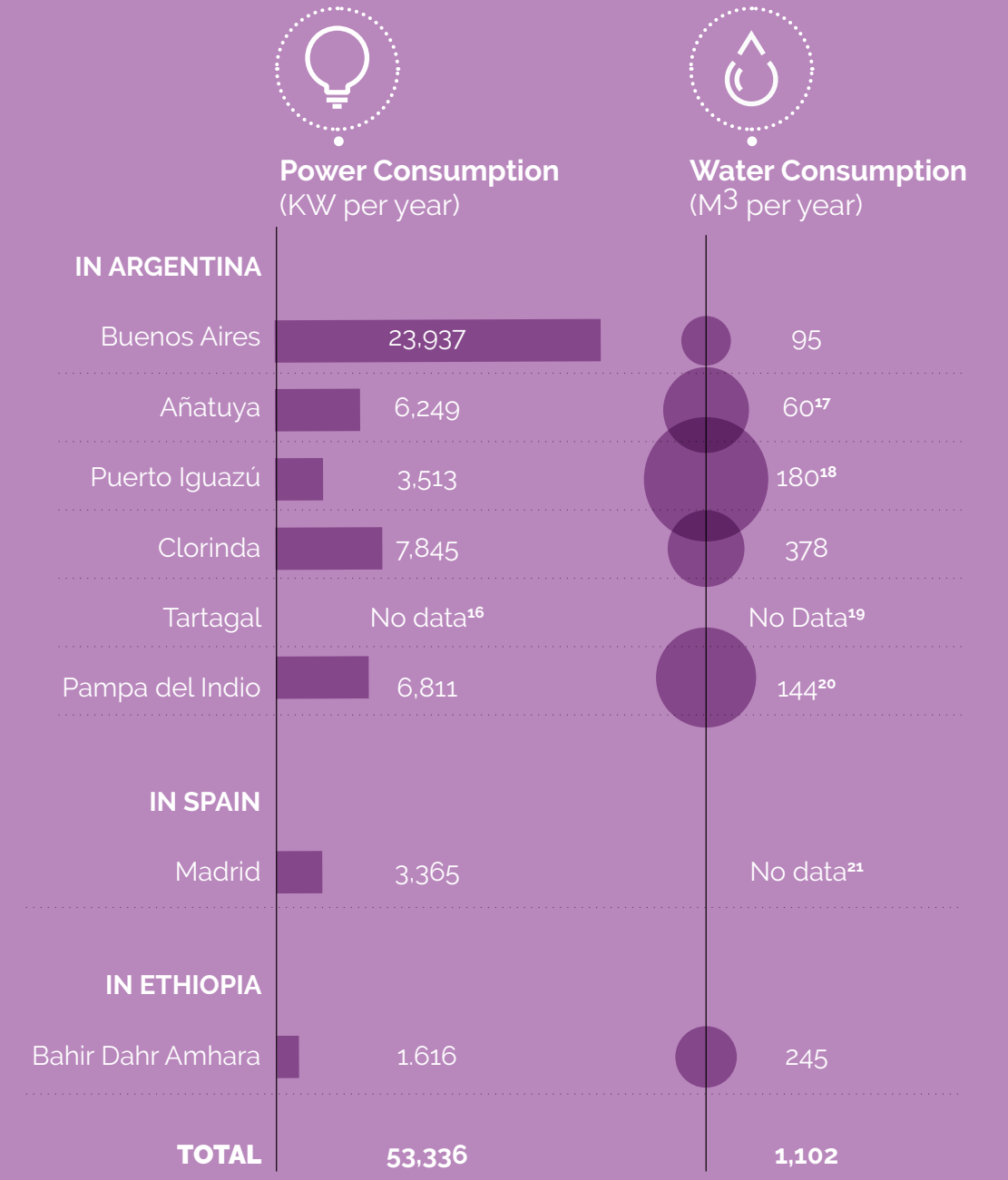
¹⁷. Calculated based on an annual fixed charge equivalent to 5 m³ per month, according to billing.

¹⁸. Calculated based on an annual fixed charge equivalent to 15 m³ per month, according to the billing.

¹⁹. The Tartagal office operated within municipal premises so we cannot estimate water consumption.

²⁰. Calculated based on an annual fixed charge equivalent to 12 m³ per month, according to the billing.

²¹. Water consumption is paid in a single bill for the whole building and cannot be broken down.



External Management

Use of Insecticides

For its vector surveillance and control programs, Mundo Sano uses products that are on the Insecticides and Rodenticides List of the National Administration of Medicines, Food and Medical Technology (ANMAT) of the National Ministry of Health and Social Development, under the category **For use in public health only**. In addition to these products, other control measures are applied to minimize the likelihood of product losses and environmental impact.

Pathogenic Waste

Any pathogenic waste that may result from our activities is finally disposed of through local and/or provincial health units (hospitals, healthcare centers) according to the area of intervention of each project.





OUR REPORT 2018

Fundación Mundo Sano

We based our 2018 report on the **GRI Standards** and the sector supplement for **Non-Governmental Organizations**, both of the **Global Reporting Initiative**, the contribution to the **Sustainable Development Goals** and the **Principles of the United Nations Global Compact**. We also took into consideration the input of our stakeholders and the analysis of the impacts of all our actions.

In order to prioritize the various sustainability aspects in the guidelines of the **GRI Standards of the Global Reporting Initiative**, we made in-depth interviews to the executives of Mundo Sano and companies of the InSud Group, while gathering input from our stakeholders during all our projects. We also relied on the increased support received from and partnerships made in 2017 and 2018 with the public and private sectors and supranational organizations. They were fundamental for our institutional growth, as shown in this report. We also evaluated the best practices of organizational management and programs of local and international foundations, businesses and social organizations, specialized in health issues and other social purposes, and we carried out a survey of the strategic requirements of the main transnational institutions to ensure alignment with our strategies.

The answers collected allowed us to identify the material issues we reported and thus present our materiality matrix.

Our materiality analysis and the subsequent 2018 Sustainability Report were reviewed and approved by the President and the Executive Director under the principle of exhaustiveness.

Focusing on our Stakeholders

Correctly identifying our stakeholders is essential to fulfill our mission in the most effective and efficient manner.

In Mundo Sano, we strive to find, build and maintain true, sound and lasting relationships with each of our stakeholders. We get involved with each of these social actors in every action, in field work, in every location visited and in every scientific contribution published.

We communicate and interact with our main stakeholders, and with them we develop and review projects in common, through face-to-face meetings, partnerships, collaboration agreements, work teams, Internet, email and social media (Facebook, LinkedIn, Instagram, Twitter and Youtube), as well as in conferences, through scientific publications, and so on. We identify and classify our stakeholders according to their level of influence, affinity and relationship, and we divide and group them according to their group of belonging.

22. Employees, volunteers, researchers, professionals and municipal field agents.

- Communities affected by neglected diseases
- Members²³ of Mundo Sano acting at the locations where we are present
- Health institutions and professionals
- Corporate volunteers from Insud Pharma
- Colleagues from the InSud Group and associated companies: Elea Phoenix, Sinergium Biotech, Biogénesis Bagó and Inmunova
- Universities
- Strategic allies
- Fellows
- Supranational organizations
- Other companies and foundations
- Media
- Public opinion

With this categorization, we can manage relations, plan actions and evaluate our impacts.

In addition, not only because of our way of running our programs and our ability to adapt and evolve but also by the generation of new scientific knowledge, we are a reference for our stakeholders, which allows us to work jointly in supranational and national organizations.

Institutional Relations

In 2010, we began to establish important partnerships and assumed a leadership role with the following organizations:

ORGANIZATION	SCOPE
World Health Organization (WHO)	Global
Global Chagas Coalition	Global
STH Coalition	Global
<i>Foro del Sector Social</i>	National (Argentina)
<i>Grupo de Fundaciones y Empresas (GDFE)</i>	National (Argentina)
Pan American Health Organization (PAHO)	Regional
Uniting to Combat NTDs	Global
Alliance for the Control and Interruption of Vector Transmission of Chagas Disease in Central America and Mexico	Regional (Central America and Mexico)
<i>Red Argentina de Cooperación Internacional</i>	National (Argentina)



Our actions, activities, information campaigns and achievements are known to the public through the media. In 2018, press releases on the Foundation's projects were managed and published by the main media of Argentina, Spain and Paraguay: Clarín, La Nación, El Cronista, Infobae, Mitre Radio, Continental Radio, La Voz del Interior, Canal 7, TN, Efe, Télam, El País, ABC Color, Telefuturo, La Nación (Paraguay).

118
print, online, radio
and television pieces



Tabla de Indicadores GRI

GRI Standard	Content	Core	Page/ Answer	Omission	UN Global Compact Principles and Sustainable Development Goals
General contents					
GRI 102 General Contents 2016	102-1 Name of the organization	x	Fundación Mundo Sano (Argentina) and Fundación Mundo Sano España (Spain)		
	102-2 Activities, brands, products, and services	x	10 - 11 - 17		SDO #3, #6, #10 and #17
	102-3 Location of Headquarters	x	Argentina Headquarters: Paraguay 1535, Ciudad Autónoma de Buenos Aires - Spain HQ: Paseo de la Castellana 13, 5B, Madrid.		
	102-4 Location of operations	x	13		
	102-5 Ownership and legal form	x	The Organization is comprised of two separate legal entities: (i)Fundación Mundo Sano. Incorporated in Argentina as a Foundation on March 9, 1993. It was registered before the General Court of Records (Inspección General de Justicia) on June 3, 1993 under Resolution N° 361; (ii) Fundación Mundo Sano España. Incorporated in Spain as a Foundation, on February 8, 1999. It was registered in the Education and Research Foundation category on May 6, 1999.		
	102-6 Markets served	x	11 and 13		SDO #10 and #17
	102-7 Scale of the organization	x	16 - 18 - 66 - 67		
	102-8 Information on employees and other workers	x	16		Principle 6

GRI Standard	Content	Core	Page/ Answer	Omission	UN Global Compact Principles and Sustainable Development Goals
General contents					
GRI 102 Contents Generales 2016	102-9 Supply chain	x	The resources we manage originate, mainly, from contributions by private companies. Our organization allocates those resources to the various Programs and Projects which are carried out by Mundo Sano's employees, associated researchers, independent professionals and volunteers.		
	102-10 Significant changes to the organization's size, structure, ownership, or supply chain	x	No major changes have taken place in Mundo Sano or our supply chain during 2018		
	102-11 Precautionary principle or approach	x	No precautionary principle has been determined to be needed as a result of the organization impact analysis and the aspects covered by this principle		
	102-12 External initiatives	x	20 to 21		SDO #17
	102-13 Membership of associations	x	82		SDO #17
	102-14 Statement from senior decision-maker	x	5 and 7		
	102-16 Values, principles, standards and norms of behavior	x	64 and 65		Principles 1 and 10
	102-17 Mechanisms for advice and concerns about ethics		Advise on legal matters is received from Grupo Insud through their Legal Department. Mundo Sano, in turn, has an Advisory Board and a Scientific Committee. Page 64		Principles 1, 2 and 10
	102-18 Governance Structure	x	22 a 23		
	102-19 Delegation of authority		22		
	102-20 Executive-level responsibility for economic, environmental, and social topics		22		
	102-21 Processes for consultation between stakeholders and the highest governance body on economic, environmental, and social topics		81		

GRI Standard	Content	Core	Page/ Answer	Omission	UN Global Compact Principles and Sustainable Development Goals
General contents					
GRI 102 General Contents 2016	102-22 Composition of the highest governance body and its committees		22 to 23		
	102-23 Chair of the highest governance body		23		
	102-24 Nomination and selection to the maximum government body		In Argentina the Management Board is made up of 7 permanent members. In Spain, there are 3 Trustees who rotate in their functions		
	102-26 Role of the maximum government body in the selection of purposes, values and strategies		22 to 23		
	102-27 Collective knowledge of highest governance body		There are no formally instrumented rules. It should be noted that all members making up the governance body are prestigious people of local and regional renown for their professional and academic background and performance.		
	102-32 Highest governance body's role in sustainability reporting		80		
	102-35 Remuneration policies		Members of the Management Board, the Board of Trustees, the Advisory Board and the Scientific Committee do not receive any remuneration for their roles in the conduct of their functions within Mundo Sano.		
	102-40 List of stakeholder groups	x	81		SDO #10 and #17
	102-41 Collective bargaining agreements	x	92% of Mundo Sano's employees are included in the collective bargaining agreements.		Principle 3
	102-42 Identifying and selecting stakeholders	x	81		SDO #10 and #17
	102-43 Approach to stakeholder engagement	x	81		SDO #10 and #17
	102-44 Key topics and concerns raised	x	62		SDO #3, #6, #10 and #17

GRI Standard	Content	Core	Page/ Answer	Omission	UN Global Compact Principles and Sustainable Development Goals
General contents					
GRI 102 General Contents 2016	102-45 Entities included in the consolidated financial statements	x	Fundación Mundo Sano in Argentina and Fundación Mundo Sano in Spain submit independent financial statements; only total expenditures and allocated percentages are consolidated.		
	102-46 Defining report contents and topic Boundaries	x	62		
	102-47 List of material topics	x	62		SDO #3, #6, #10 and #17
	102-48 Restatement of information	x	There are no restated reports		
	102-49 Changes in reporting	x	The Principles of the UN Global Compact are added to the GRI table		
	102-50 Reporting period	x	January 1, 2018 through December 31, 2018		
	102-51 Date of most recent report	x	Last report submitted was for the period January-December, 2017		
	102-52 Reporting cycle	x	Annual		
	102-53 Contact point for questions regarding the report	x	mundosano@mundosano.org or through our social media accounts		
	102-54 Claims of reporting in accordance with the GRI Standards	x	This report has been prepared in compliance with the Essential option of GRI Standards		
	102-55 GRI content index	x	84 to 91		
	102-56 External assurance	x	—		Not applicable. This option was not chosen by Mundo Sano for this 2018 report.

GRI Standard	Content	Core	Page/ Answer	Omission	UN Global Compact Principles and Sustainable Development Goals
Material issues					
FINANCIAL TOPICS					
ANTICORRUPTION					
GRI 103: Management Approach 2016	103-1 Explanation of the material topic and its boundary	x	64 to 65		Principles 1, 2 and 10 SDO #10 and #17
	103-2 The management approach and its components	x	64 to 65		
	103-3 Evaluation of the management approach	x	64 to 65		
	205-2 Communication and training about anti-corruption policies and procedures	x	64 to 65		Principle 10 SDO #10 and #17
	205-3 Confirmed incidents of corruption and actions taken	x	65		Principle 10 SDO #10 and #17
CIVIL SOCIETY ORGANIZATION-SPECIFIC FINANCIAL INDICES					
NG07: Resource allocation		x	66 to 67		
NG08: Ethical fundraising: funding sources by category and detail of the 5 most important donors with detail of their cash contribution		x	Partially reported p. 66 to 67		Principle 10
ENVIRONMENTAL ISSUES					
MATERIALS					
GRI 103: Management Approach 2016	103-1 Explanation of the material topic and its boundary	x	74 to 76		Principles 7 and 8 SDO #3, #6, #10 and #17
	103-2 The management approach and its components	x	74 to 76		
	103-3 Evaluation of the management approach	x	74 to 76		

GRI Standard	Content	Core	Page/ Answer	Omisión	UN Global Compact Principles and Sustainable Development Goals
Material issues					
ENVIRONMENTAL ISSUES					
MATERIALS					
GRI 302: Energy	302-1 Total energy consumption within the Organization	x	74 and 75		Principles 7 and 8 SDO #3, #6, #10 and #17
GRI 305: Emissions	305-3 Gross other indirect GHG emissions	x	74 and 75		Principles 7 and 8 SDO #3, #6, #10 and #18
GRI 306: Effluents and waste	306-2 Waste by type and disposal method	x	75 and 76		Principles 7 and 8 SDO #3, #6, #10 and #19
SOCIAL ISSUES					
LOCAL COMMUNITIES					
GRI 103: Management Approach 2016	103-1 Explanation of the material topic and its boundary	x	68 to 71		Principle 1 SDO #3, #6, #10 and #17
	103-2 The management approach and its components	x	68 to 71		
	103-3 Evaluation of the management approach	x	68 to 71		
GRI 413: Local communities 2016	413-1 Operations with local community engagement, impact assessments, and development programs	x	28 to 59		
	413-2 Operations with significant actual and potential negative impacts on local communities	x	No negative impacts were identified in our operations		

GRI Standard	Content	Core	Page/ Answer	Omission	UN Global Compact Principles and Sustainable Development Goals
Material issues					
SOCIAL ISSUES					
PERFORMANCE INDICATORS FOR PROGRAMS IMPLEMENTED FOR CIVIL SOCIETY ORGANIZATIONS					
NGO1: Stakeholder commitment: Procedure for stakeholder engagement in implementation, monitoring and evaluation of policies and programs	x		72 to 73		SDO #3, #6, #10 and #17
NGO2: Feedback and complaint mechanisms regarding policies and programs	x		72 a 73		Principle 2 SDO #3, #6, #10 and #17
NGO3: Program monitoring, evaluation and learning system (measurement of effectiveness). Program change communication method.	x		28 to 59		SDO #3, #6, #10 and #17
NGO4: Integration of gender and diversity issues in program design and implementation	x		We, at Mundo Sano, address gender and diversity issues from a community viewpoint, so that differences or discrimination of the more vulnerable groups are avoided		SDO #3, #6, #10 and #17
NGO5: Public awareness: Processes designed for preparing, implementing and changing the organization's standpoint with regard to public issues	x		72 to 73		SDO #3, #6, #10 and #17
NGO6: Processes to be considered and coordinated with other actors' activities	x		28 to 59		SDO #3, #6, #10 and #17

GRI Standard	Content	Core	Page/ Answer	Omission	UN Global Compact Principles and Sustainable Development Goals
Material issues					
SOCIAL ISSUES					
CIVIL SOCIETY ORGANIZATION-SPECIFIC SOCIAL INDICATORS					
GRI 404: Training and education 2016	404-1 Average hours of training per year per employee and per volunteer	x	16		Principle 6
	404-3 Percent of employees receiving regular performance and career development reviews	x	We do not conduct formal performance evaluation of employees, but we do have an annual goal setting process established in our action plan.		Principle 6
NGO9: Workforce feedback and claim mechanisms. Resolution processes	x		We, at Fundación Mundo Sano, ensure freedom of association. 92% of our employees are covered by the UTEDyC collective bargaining agreement. All labor rights established in the legislation of the countries where we are present are assured in our Foundation. In addition, our employees are provided communication channels where they can discuss and analyze any problems arisen with Foundation major representatives.		Principles 3 and 6
PUBLIC POLICY					
GRI 103: Management Approach 2016	103-1 Explanation of the material topic and its boundary	x	72 to 73		SDO #3, #6, #10 and #17
	103-2 The management approach and its components	x	72 to 73		SDO #3, #6, #10 and #17
	103-3 Evaluation of the management approach	x	72 to 73		SDO #3, #6, #10 and #17
GRI 415: Public policy 2016	415-1 Political contributions (parties and/or representatives)	x	We do not make any direct financial contribution to any political parties and/or representatives		SDO #3, #6, #10 and #17

For more information and communication

Our 2018 Sustainability Report is available on the corporate website of Fundación Mundo Sano, www.mundosano.org, as well as previous reports and progress reports, records of our evolution in sustainability management.

Your comments and questions will help us improve our sustainability management. Please contact us at mundosano@mundosano.org or through our social media sites where you will find more information on prevention and treatments and will be able to interact with us.



MundoSano

Fundación Mundo Sano

Fundación Mundo Sano

mundo_sano_



GENERAL COORDINATION

Marcelo Abril
Chief Executive Director

Andrea Gómez Bravo
Project Management

Mariano Mazzei
Administration and Support

Mariana Porta
Communications

Technical Advice
Crowe

Layout and Design
Cristina Melo

Photographic Archive
Fundación Mundo Sano

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Our gratitude to all those who accompany us in this mission.



Mundo Sano


Fundación Mundo Sano

Paraguay 1535
(C1061ABC) Ciudad de Buenos Aires
Argentina (+54 11) 4872-1333
mundosano@mundosano.org

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 mundo_sano_

