



2019



Mundo Sano



Sustainability
Report





Mundo Sano

..... Sustainability
Report
2019



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Message
from
Dr
Silvia Gold

PRESIDENT.

Dear friends, fellows, followers of Mundo Sano

Looking back to what was done last year has never seemed so far away in time as it is now. The world has changed and a line has been drawn, with everything splitting between before and after this pandemic.

First of all, I wish to express our sorrow and solidarity with those that are most affected by the consequences: those who lost relatives and friends, those who suffered the disease, those who lost their jobs, or those whose already vulnerable situation made them even more exposed.

We are faced with a new highly complex reality at all levels. First, the sanitary situation; overcoming the severity of COVID 19 and learning to live with its permanence. But, the economic, social, educational and psychological crisis will be with us for a long time.

Nevertheless, as with any crisis and moments of suffering, this crisis will certainly bring with it the learnings that entail the need to overcome them.

And that is where we are looking at.

What has been done through the work of Mundo Sano during these more than 25 years gives us strength. More than ever, we believe that the course we have set is the right one to move forward: generating evidence that helps to improve health policies and working in close public-private partnerships.

Aligning with the Sustainable Development Goals and supporting the activities of international organizations are at the heart of our actions and we give account of that in the pages of this, our third Sustainability Report 2019.

We have expanded in the development of our campaign "Not a Single Baby with Chagas Disease", because it summarizes all our principles. Many of the activities we promote are included in this major goal. I am especially interested in highlighting our project in the Triple Border of the Chaco Salteño. There, we provide care to pregnant women and their newborns. All of this is described in these pages, which I hope you enjoy reading.

I just wish to add my special acknowledgment to those who, with their support in a way or other or their daily work, help to make these achievements possible.

.....
Dr Silvia Gold, President



.....
Cucullú, Argentina



Message
from
Marcelo
Abril

CHIEF EXECUTIVE OFFICER

The professionalism and passion with which we undertake our daily work have led us to present this third Sustainability Report corresponding to 2019, written following the international standards proposed by the Global Reporting Initiative (GRI) and recommendations of the Principles of the UN Global Compact through their Sustainable Development Goals.

In this compendium, we provide a brief and orderly synthesis of the work conducted by Mundo Sano in eight countries of the Americas, Europe and Africa. We trust that this document will provide evidence of both the efforts made and the results obtained, and that it will allow us to share with the whole society our view of the public health issues caused by the neglected tropical diseases (NTDs).

We believe in collaborative work and in public-private partnership as the best way of building links that allow progress to be made, thereby contributing to both prevention of NTDs and patient access to diagnosis and treatment.

This year, we have concentrated our work in Guatemala, Bolivia, Paraguay, Argentina, Spain, and the United States to eliminate Chagas disease as a public health problem, always making our capacities available to serve the goals proposed by the countries, the Pan American Health Organization (PAHO) and the World Health Organization (WHO). Likewise, we launched the "Combating Chagas Disease Network", destined to gather health professionals and encourage their collaborative work to achieve their best performance.

In alliance with academic groups and pharmaceutical companies of Grupo Insud – Insud Pharma, we participate in the development of antiparasitic drugs with the aim of improving the supply of medicines for the control of helminthiasis.

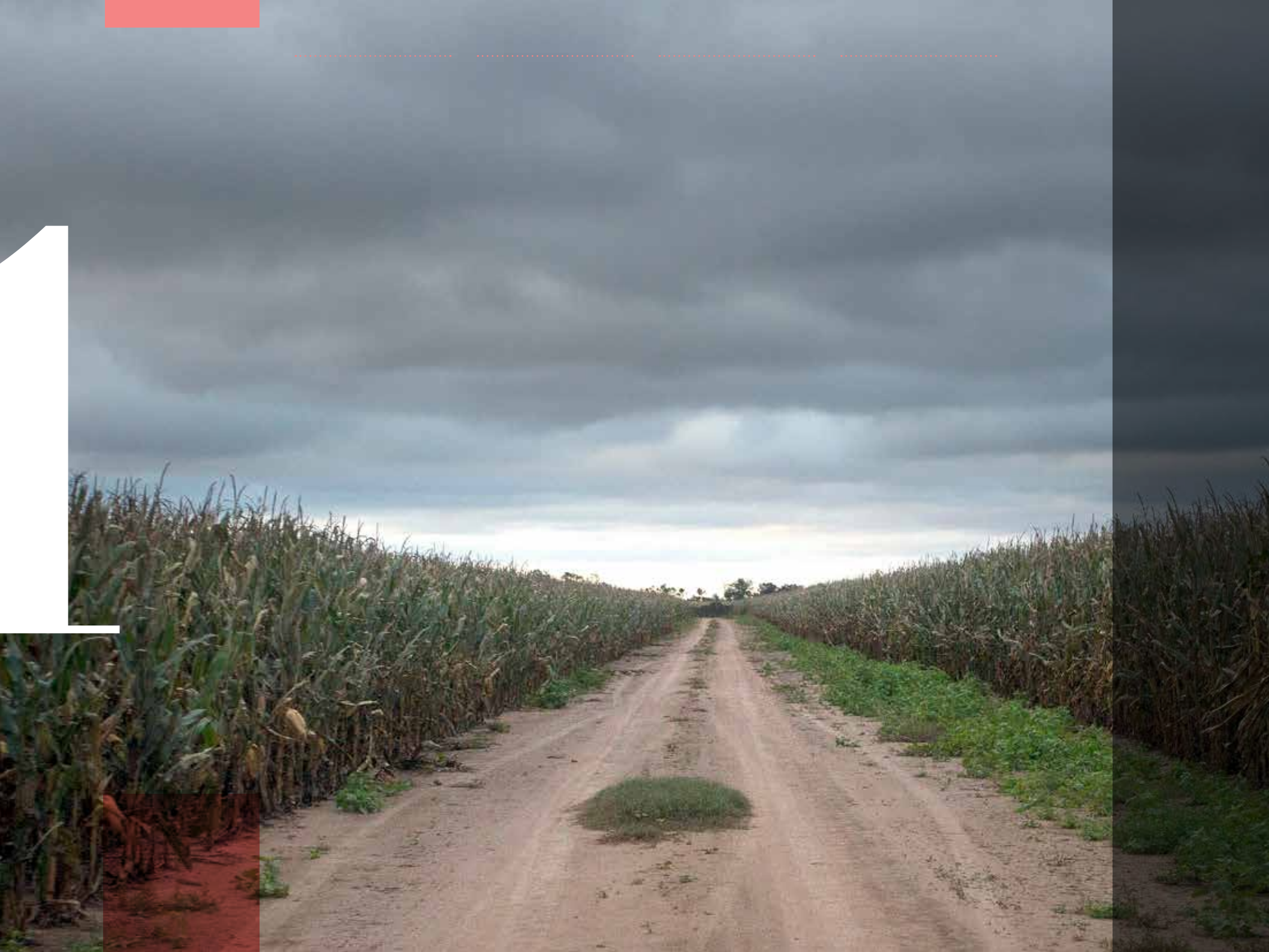
We continue generating knowledge through the production of scientific evidence, being consistent with our replicable and scalable working method.

We assign time and resources to health teams present in the different geographies, promoting the improvement of their capacities, which is essential to respond to the still unresolved demands.

We consider it very important to emphasize that we have created the Volunteering and Community area so that we can serve as a bridge between the needs of the community and the willingness of people and companies to collaborate in solidarity.

We will move forward with the strong belief that health is a human right and that today it matters more than ever. I invite you to read our Report and join us so that, together, we can overcome the difficulties that we face and improve our health and quality of life. This is for us and our children; that is what sustainability is all about.

Thank you!





We are Mundo Sano

1.

Mundo Sano
Foundation

Sustainability
Report
2019

Who we are

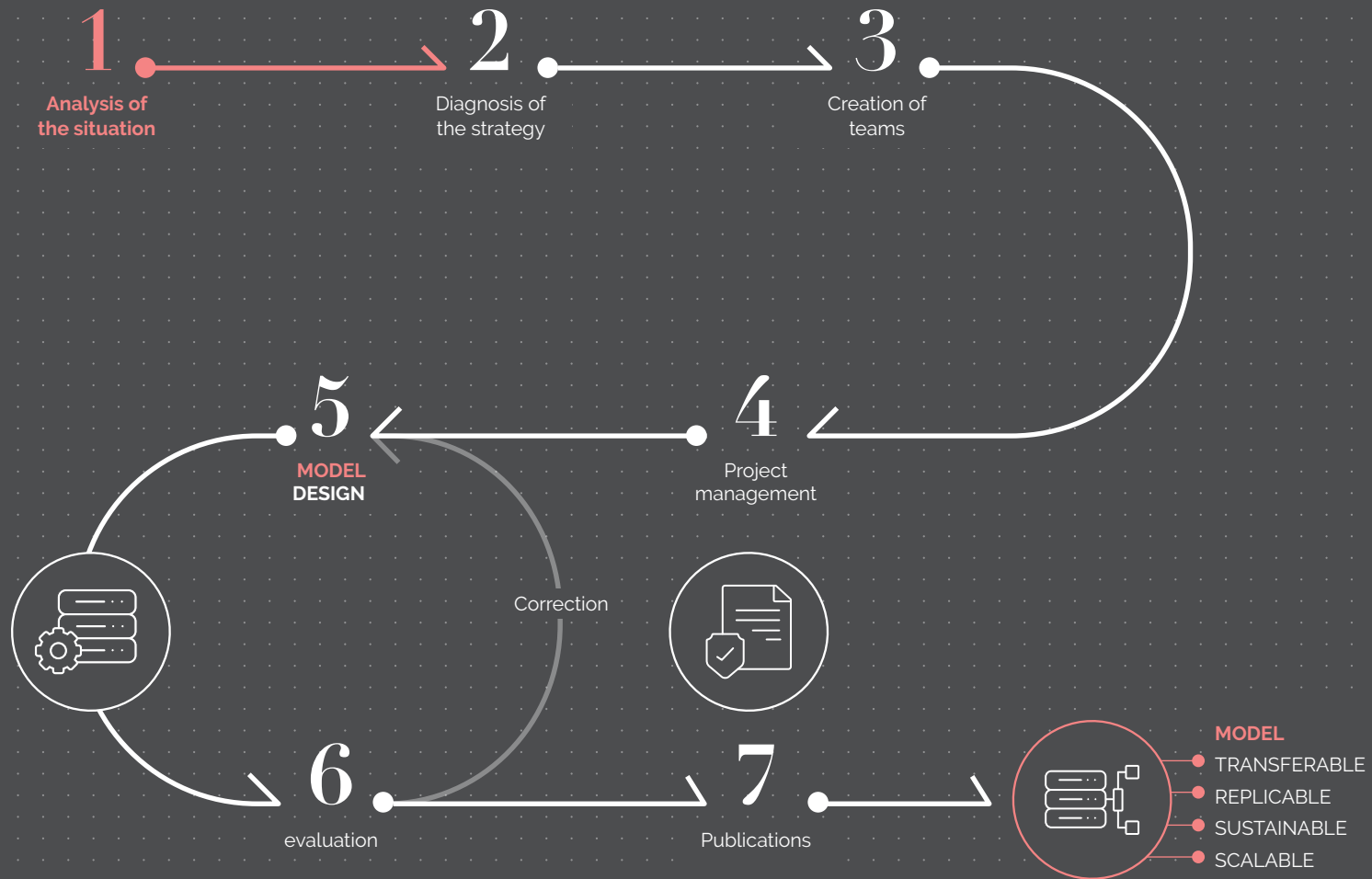
We are a family foundation created in 1993 by the initiative of Dr Roberto Gold, who had the goal of giving back to society part of what he had received throughout his career.

During these 26 years of existence, we have continued with his family legacy. Today, our activities are possible mainly thanks to the contribution of Grupo Insud and its partners.

We seek to transform the lives of 1,600 million people affected by neglected diseases, diseases related to inequality, with severe health consequences, mainly in the most vulnerable populations.

Our values are **rigour, respect** and **passion**. Our mission is to develop effective management models that are replicable, scalable and transferable, through public-private partnerships, with multidisciplinary scientific research and working with the affected communities in different parts of the Americas, Europe and Africa. —

Our model



Our work is based on
three main pillars



Translational research

We conduct field work and launch programs that seek to solve, in an efficient way, the barriers that hinder people access to health. We generate useful evidence for the design of Public Policies.



Public-private partnership

We address the complexity of Public Health problems through Public-Private cooperation.



Knowledge dissemination

We want to make the invisible visible: more than 1,600 million people suffer from preventable diseases worldwide. Our aim is to generate evidence that serves as a transformation tool for future actions.



.....
Triple Border of Chaco
Salteño, Argentina, Bolivia,
Paraguay

Alliances to meet the goals

In **Mundo Sano**

we give priority to the consolidation of institutional partnerships as a tool for the sustainability of our programmes and projects.

In 2019:

➤ **We established partnership** with international health organizations such as the Pan-American Health Organization (PAHO) and the World Health Organization (WHO).

➤ **We were the only Latin American organization** participating in Uniting to Combat NTDs¹. In 2019, our President, Dr Silvia Gold, was appointed member of the Board of Directors of that international coalition promoted by the Bill and Melinda Gates Foundation.

➤ **We actively participated** in a wide and diverse network of partners to make technical cooperation effective and promote exchange among countries, identify good practices and disseminate evidence-based information..

➤ **We strengthened** our position among international cooperation organizations. We promoted, in coordination with the Ibero-American General Secretariat (SEGIB), an Ibero-American program to tackle congenital Chagas disease.

➤ **We signed** agreements to develop specific projects:

- Specific Cooperation Agreement with the Harvard Global Health Institute to implement the exhibition "Outbreak: epidemics in a connected world" in Argentina.

- Framework Agreement with the Ministry of Health of Santiago del Estero, Argentina, for the implementation of the ETMI-Plus strategy in the province, and with the Ministry of Public Health and Social Assistance of the Republic of Guatemala, for a comprehensive approach to Chagas disease.

¹ Uniting to Combat NTDs is a collective of partners that work together to defeat neglected tropical diseases.

.....

➤ **We have alliances with strategic partners**, such as: Barcelona Institute for Global Health (ISGlobal), Carlos III Health Institute of Madrid (ISCIII), University of Buenos Aires (UBA), "Mario Gulich" Institute for Higher Space Studies, National Commission on Space Activities (CONAE), Bunge & Born Foundation, Argentine Network for International Cooperation (RACI), Group of Foundations and Enterprises (GDFE), Foro del Sector Social (Social Sector Forum), and *Obra del Padre Mario Pantaleo* NGO. .

.....

➤ **We are supported** by Pan American Energy, SC Johnson, Satus Ager, and Airpharm Logistics.

.....

➤ **We continue** strengthening ties with the scientific and academic community, government and non-government organizations, and their inter-institutional forums, and the media. . —

.....



.....

Puerto Iguazú, Argentina

Where we are and where we work

Our work has crossed borders. We were born in Argentina and today we are present in countries from the Americas, Europe and Africa.



Our contribution

Our goal is to contribute to the improvement of lives of people affected by neglected diseases. These are a group of infectious diseases, many of them parasitic, affecting mostly populations living under poor socioeconomic conditions and who have restricted access to health care services.

Many of the neglected diseases might be prevented, eliminated, or even eradicated, if access to hygiene, safe water and sanitation were improved.

At present, the World Health Organization (WHO) recognizes 20 neglected diseases. In Mundo Sano, we tackle the following: Chagas disease, Mosquito-borne diseases, Geohelminthiasis, Hydatidosis, and Leishmaniasis.



Buenos Aires, Argentina



.....
Cucullú, Argentina

Chagas disease

WHAT IS IT?

It is a disease caused by the parasite ***Trypanosoma cruzi***, also referred to as American trypanosomiasis. It is diagnosed by means of a blood test and can be cured if early diagnosed and treated.

HOW IS IT TRANSMITTED?



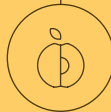
Vector transmission
Transmission by contact with the triatomine insects².



Vertical or congenital
From an infected mother to her child during pregnancy or childbirth.



Transfusional
Blood transfusions or transplant of organs from an infected person. It is controlled at present.



Oral
Consumption of contaminated foods or drinks.

² Blood-feeding insects responsible for vectorial transmission of Chagas disease. Usually known as *chinche negra* (Paraguay) or *vinchuca* (Argentina, Chile, Uruguay and Bolivia)

OUR CONTRIBUTION



RESEARCH



PREVENTION



DIAGNOSIS AND TREATMENT



ACCESS TO MEDICINES



PROFESSIONAL EDUCATION AND TRAINING



AWARENESS RAISING ACTIONS

In the World

6 to 8
million people infected



1.2
million people are women of childbearing age

9,000
babies annually born with Chagas disease



Source: PAHO/WHO



.....
Clorinda, Argentina

Dengue, Zika and Chikungunya

WHAT ARE THEY?

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

HOW ARE THEY TRANSMITTED?



Through the **bite** of infected female **mosquitoes**.



The **affected persons** are the carriers and main multipliers of the viruses, since mosquitoes get infected when biting them.



Zika is also transmitted from person to person through sexual intercourse and from mother to child during pregnancy.



OUR CONTRIBUTION



PREVENTION



RESEARCH



PROFESSIONAL EDUCATION AND TRAINING



AWARENESS RAISING ACTIONS

In the Americas

DENGUE

390

million cases per year

ZIKA

223,447

cases

3,720 babies

20 deaths

CHIKUNGUNYA

2

million cases

400 deaths

Source: PAHO/WHO



.....
Ethiopia, Africa

Geohelminthiasis

WHAT ARE THEY?

They are soil-transmitted helminthiasis, commonly known as intestinal parasitic worms.

HOW ARE THEY TRANSMITTED?



Through the contact with **eggs or larvae** of the parasites excreted in infected people's faeces, which contaminate the soil.



The parasite egg is transmitted through the **faecal-oral-route**, whereas the larva is transmitted by **skin** penetration. There is no direct person-to-person transmission.



To avoid transmission of these parasites, presence of basic sanitation, safe water, personal hygiene, and use of footwear are essential.

OUR CONTRIBUTION



RESEARCH



PREVENTION



DIAGNOSIS AND TREATMENT



ACCESS TO MEDICATIONS



PROFESSIONAL EDUCATION AND TRAINING



AWARENESS RAISING ACTIONS

In the world



1,500
million people infected



870
million children at risk of becoming infected

46
million people at risk of becoming infected in Latin America and the Caribbean

Source: PAHO/WHO



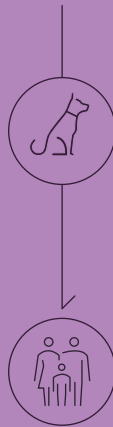
.....
Añatuya . Argentina

Hydatidosis

WHAT IS IT?

Hydatidosis is a zoonosis³ caused by the parasite ***Echinococcus granulosus***.

HOW IS IT TRANSMITTED?



The disease cycle starts when dogs **feed on raw entrails of infected farm animals** that are slaughtered domestically.

The parasite is housed in the intestine of dogs; when dogs defecate, they contaminate the soil. Humans become infected by contact with the dog or by consuming contaminated foods and drinks.

³ A **zoonosis** is any disease naturally transmitted from animals (mostly vertebrates) to humans and vice versa

OUR CONTRIBUTION



RESEARCH



PREVENTION



DIAGNOSIS AND TREATMENT



PROFESSIONAL EDUCATION AND TRAINING



AWARENESS RAISING ACTIONS

In the world



1 million people can be affected

More than **50** out of 100,000 people can be infected in endemic regions annually

Source: PAHO/WHO

Sustainable management

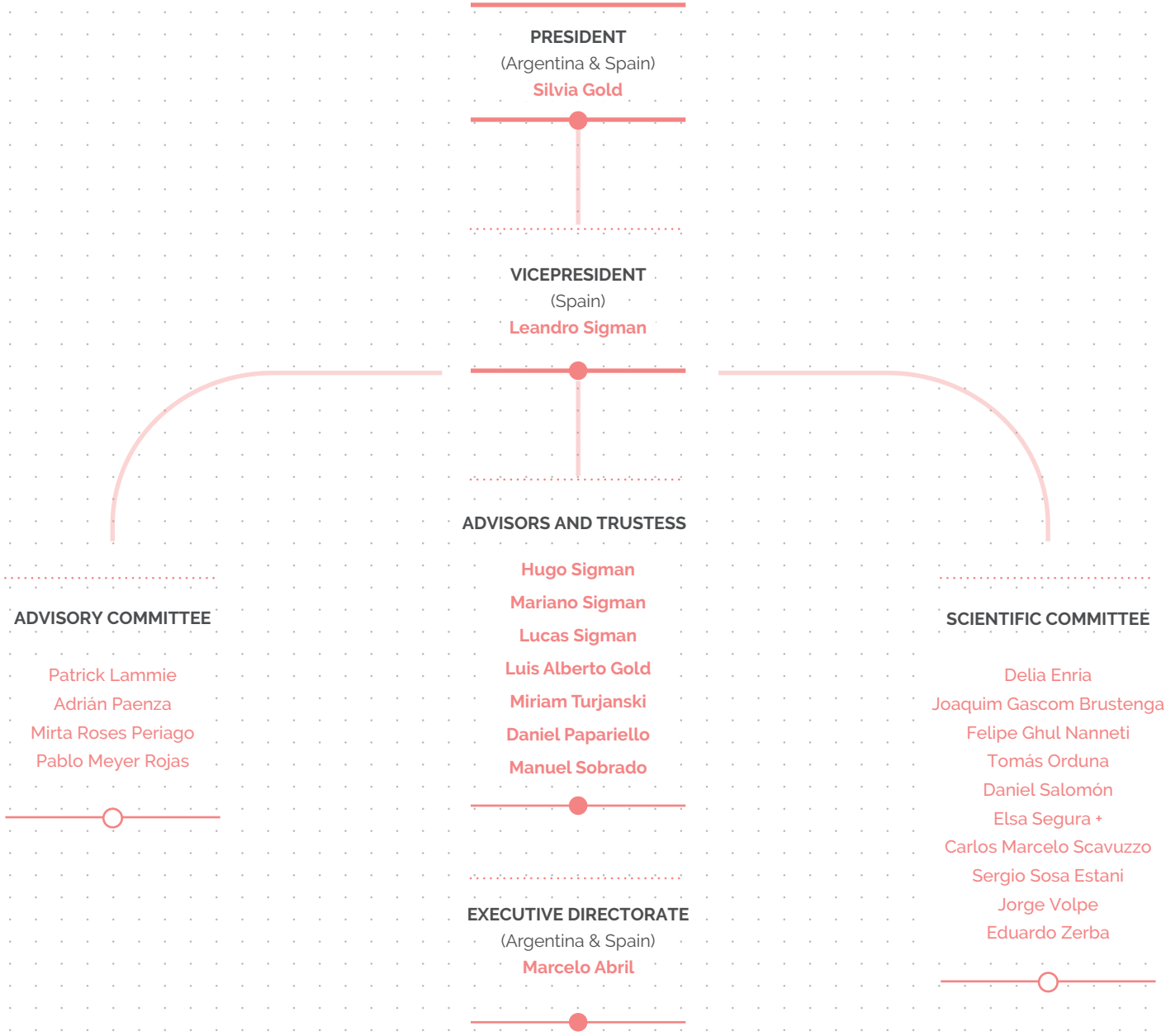
Governance

Our organization is composed of **Mundo Sano Foundation** (located in Argentina) and **Mundo Sano Foundation Spain** (located in Spain).

The strategic guidelines related to economic, environmental and social aspects of the Foundation are defined by its governance bodies, presided by Dr Silvia Gold, and with the assistance of the Executive Directorate, in charge of Lic Marcelo Abril.

Governance bodies are composed of the members of the Board of Directors and the Board of Trustees, who are responsible for the global functions of administration, representation, governance, and control.

Likewise, we have two consulting advisory bodies: the Advisory Committee and the Scientific Committee. The former is the body responsible for advising and proposing policies, objectives and measures related to the vision and mission of our Foundation. On the other hand, the Scientific Committee is the body responsible for advising, considering and organizing the scientific aspects of the aims of our organization. This body promotes scientific and technical quality in all the research works, activities and projects conducted by Mundo Sano or in which the Foundation is involved. —



Mundo Sano and the Sustainable Development Goals

With the aim of strengthening our commitment to sustainability, we conducted a review of our contribution to the **United Nations Sustainable Development Goals (SDGs)**. We are aware that our work is linked with and framed within not only the SDGs, but also the current regional and global strategies defined by the United Nations and the Pan-American Health Organization (PAHO) and the World Health Organization (WHO) to improve health and well-being.

We are summoned by the need to adhere to these global strategies and to align our pillars and action lines with those strategies, which has an impact on our everyday commitment to neglected diseases and all the activities that we develop in diverse environments.

We contribute to 18
of the 169 goals established by
the United Nations.



SDG 3.
HEALTH AND WELF-BEING
6 goals

3.1

By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births.

3.2

By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.

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.

3.8

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

3.9.b

Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.

3.9.d

Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.



SDG 6.
CLEAN WATER
AND SANITATION
2 goals

6.2

By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

6.6.b

Support and strengthen the participation of local communities in improving water and sanitation management.



SDG 8.
DECENT WORK
AND ECONOMIC
GROWTH
1 goal

8.7

Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking, and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms.



SDG 9.
INDUSTRY,
INNOVATION AND
INFRASTRUCTURE
1 goal

9.1

Develop quality, reliable, sustainable and resilient infrastructure, including regional and transborder infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all.



SDG 10.
REDUCED
INEQUALITIES
2 goals

10.2

By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.

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.



SDG 11.
SUSTAINABLE
CITIES AND
COMMUNITIES

1 goal

11.1

By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums.



SDG 12.
RESPONSIBLE
PRODUCTION AND
CONSUMPTION

1 goal

12.5

By 2030, substantially reduce waste generation through prevention, reduction, recycling and reuse.



SDG 16.
PEACE, JUSTICE
AND STRONG
INSTITUTIONS

1 goal

16.6

Develop effective, accountable and transparent institutions at all levels.

17.17

Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships. Data, monitoring and accountability.

17.18

By 2030, 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.



SDG 17.
PARTNERSHIPS
FOR THE
GOALS

3 goals

17.19

By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries.

Dialogue with our stakeholders

Our commitment to neglected diseases has generated the need to communicate our actions, projects, and technical achievements to make "the invisible visible". For this reason, those of us who are part of Mundo Sano build and maintain true, solid and long-lasting relationships with each of our stakeholders.

We communicate, hold dialogue, generate and review projects in common through partnerships, cooperation agreements, meetings, working teams, community relationships and communication actions. In addition, we participate in congresses and generate scientific publications.



We identify and classify **our stakeholders** according to their level of influence, affinity and relationship:

- Governments in their different levels
- Local communities
- Media
- Universities and other educational institutions
- Research Centres and Researchers
- Grupo INSUD (member companies)
- Chambers / Participating institutions
- Regulatory bodies
- Beneficiaries of the programmes
- Mundo Sano collaborators
- Executive Directors of companies
- NGOs
- Donors
- Suppliers

Awards and recognitions

In 2019, we received prestigious awards and recognitions for our campaign “Not a Single Baby with Chagas Disease” and the regional project “Sports, Childhood and Chagas Disease”.

“Not a Single Baby with Chagas Disease”

▷ **Eikon Award** (Social media General Campaign and Influencers Campaign)

▷ **Obrar Award** (second award, NGO category)

▷ **Corresponsables Awards** (finalist in the category: Responsible communication)

“Sports, Childhood and Chagas Disease”

➤ **IPRA Golden World Awards** (NGO campaign- In house)

➤ **Gold Stevie Award** (Corporate Social Responsibility Programme of the Year)

➤ **Eikon Oro** (Programme of Sustainability in Health; local and regional levels).

➤ **Conciencia** (First award in the category: Education and Prevention),

➤ **Prestigio** (First award in the category: Education and Prevention)



Murcia, España

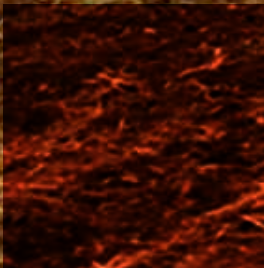
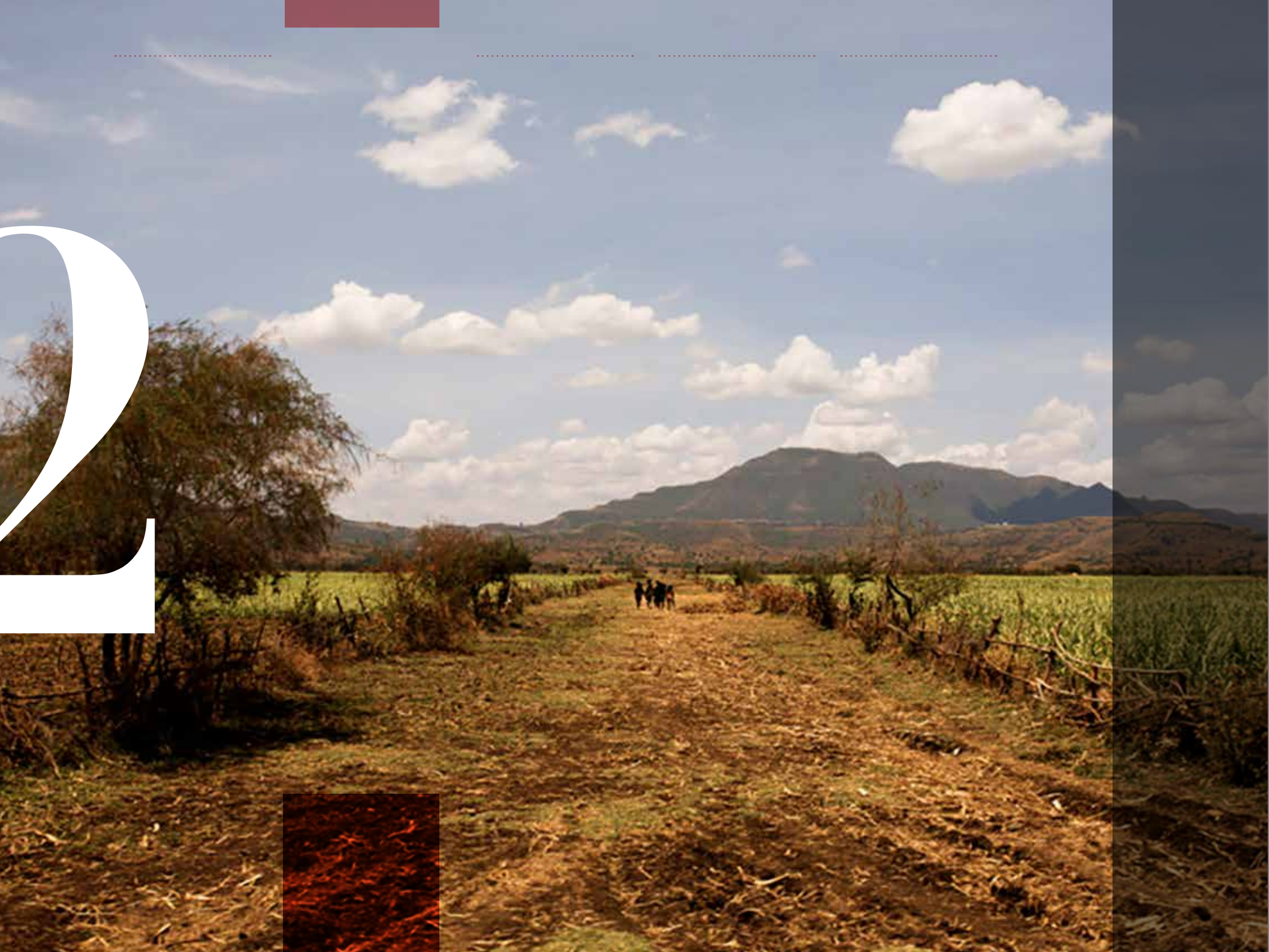
➤ and were honoured with **SABRE Awards Latin America** (Certificate of Excellence in the category: Multi-market).

We were also recognized by the **Bahir Dar City Health Administration Centre** for our contribution to “Strengthening of the Zenzelma Health Centre, Ethiopia”; and by the companies Iguazú Jungle and Arauco Argentina, for our work in the city of Puerto Iguazú, Argentina. —

Doctor Silvia Gold received the Gold Medal of the Royal Academy of Medicine and Surgery of Murcia

The award recognizes the labour and dedication of Silvia Gold, Doctor in Biochemistry, president of the Foundation, to change the history of Chagas disease in the last 20 years. María Trinidad Herrero, president of the institution, awarded this recognition. This is the highest award granted by the Royal Academy of Medicine and Surgery of Murcia, which has been delivered only on seven occasions in its 207 years of existence to personalities whose careers have shown to be in line with the principles of cultivation and extension of medical sciences and health.

2





Our achievements

2.

Mundo Sano
Foundation

Sustainability
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Mother-to-child transmission of Chagas disease: our commitment

Every year, 9,000 babies are born with Chagas disease transmitted by their mothers during pregnancy or childbirth, and most of them do not have access to early diagnosis or treatment.

This transmission route is currently the main way of contracting the disease in vector-free areas within and outside Latin America.

In 2017, the Pan-American Health Organization (PAHO) and the World Health Organization (WHO) launched an initiative that aims to contribute to the elimination of mother-to-child transmission of the infection by HIV, hepatitis B, syphilis and Chagas disease as public health hazards.

This initiative, known as ETMI-Plus, embraces the principles and lines of action of the Strategy for Universal Access to Health and Universal Health Coverage, and is articulated with the world strategies and actions plans and regional goals, including the Sustainable Development Goals, particularly **3 (SDG 3)**, and the Plan of action for the elimination of neglected infectious diseases. —

Our goal is to join efforts to contribute to the elimination of Chagas disease as a public health problem in Argentina, Bolivia, Guatemala and United States.

Mother-to-child
transmission of
Chagas disease: our
commitment

Not a Single Baby with Chagas Disease

In March 2019, we took on the commitment to change the history of Chagas disease by launching the campaign "Not a Single Baby with Chagas Disease" in Argentina and Spain.

The aim of "Not a Single Baby with Chagas Disease" is that, by 2030, all the babies born with the disease can be treated and cured; and that all the women of childbearing age have access to diagnosis and treatment.

“

Our objective is to make Chagas disease visible, make society aware of it, and provide the necessary resources to prevent, control or eliminate this disease

”

The campaign “Not a Single Baby with Chagas Disease” is in line with the strategies of PAHO/WHO, and with the **United Nations Sustainable Development Goals (SDGs)**.



Our objective is to contribute to the elimination of congenital Chagas disease as a public health problem. For this purpose, it is essential that the whole society understands that Chagas disease can be diagnosed and treated to end with vertical transmission.

“Not a Single Baby with Chagas Disease” is proposed as an attainable and measurable goal that seeks to solve the problem in all its magnitude, starting with an essential aspect: treatment.

At present, besides the available diagnostic tools and medicines, there is scientific consensus as well as guidelines elaborated by the PAHO/WHO showing that the treatment is effective, especially in children, young people and women of childbearing age.

Spain. Launch of the Campaign “Not a Single Baby with Chagas Disease” at the SEGIB (Ibero-American General Secretariat) headquarters. Representatives of Mundo Sano together with Rebeca Grynspan, Secretary General of SEGIB; Pedro Albajar, Director of WHO’s Chagas Programme, and Javier Martos, Executive Director of UNICEF’s Spanish Committee.



#NotasingleBabyWithChagas: the communication campaign

As a starting point, we intended to address the problem of Chagas disease in an innovative manner with the aim of raising awareness and generating commitment. For that purpose, we developed a number of communication resources, consisting of a web site, ningunbebeconchagas.com, a central spot for dissemination, high impact communication tools, and the generous contribution of renowned artists and influencers.

The spot, named “**Legacy**”, makes reference to the possibility of Chagas transmission from mother to child, and that unlike mother’s physical or personality traits, such “legacy” cannot be avoided; at the same time, the spot conveys the message that “today, that legacy can be eliminated”.

Moreover, the spot succeeds in showing Chagas disease as a universal and close reality, not exclusive to remote or marginal areas, which can be treated and cured. —



[see the spot](#)

Argentina. Launch of the Campaign “Not a Single Baby with Chagas Disease” in the “Roberto Gold” Auditorium of Grupo Insud. Representatives of Mundo Sano together with Luis Pescetti, writer and composer; Carla Peterson, actress; Diego Montes de Oca, pediatrician; Javier Nir, producer and founder of Oruga Cine, and Nino Goldberg, advertising agent.

“

First, we want that every baby born with Chagas disease be diagnosed and treated. In the future, that not a single baby is born with Chagas disease. My immediate dream is that this starts to become noticeable in numbers. Numbers of consultations, number of diagnosis, numbers of doctors treating patients. I think we are very close to starting to change the course of this disease”

”

Dr Silvia Gold



.....
"Legacy"
"Not a Single Baby
with Chagas Disease"

Not a single baby with Chagas

The campaign in numbers



217

publications in national and provincial
print and digital media

25 mentions
on radio and TV

16 sites
published the spot "Legacy"



10,000

views of the spot in YouTube
on the launch day

More than
1 million
views of the spot in
social networks



900,000

views on Instagram



The campaign **increased**
three times the number of followers
in this social network



1,521

Facebook interactions



The spot has had more than

200,000

views on Twitter



322

cinemas in Argentina broadcast
the spot, which was viewed by
808,742 spectators

1,727,000

people saw the spot in the Metro
in Madrid and Barcelona



In 2019, the spot was broadcast in
more than **50 dissemination**
events for health professionals in
Spain, Argentina, Paraguay,
Colombia, and United States

All the information about the campaign is available at www.ningunbebeconchagas.com, and in Mundo Sano social networks:

FundaciónMundoSano

MundoSano

Fundación Mundo Sano

mundo_sano_

Not a Single Baby with Chagas Disease was possible thanks to the support and cooperation of K&S Films (Insud Group), Dhélet VMLY&R, Oruga Cine, Film Suez, Insud Pharma.

Mother-to-child
transmission of
Chagas disease: our
commitment

Projects with regional impact

Many regions in the world face severe health threats, such as high maternal and newborn mortality rates, spread of communicable infectious diseases and a neglected reproductive health

Our working model is based on replicable, scalable and transferable management, through public-private partnerships. For this reason, we are in a position to efficiently implement regional-impact projects to eliminate communicable diseases.

Projects with regional impact

Project Alliances in Guatemala

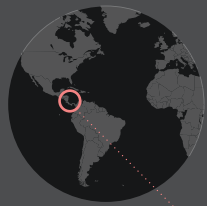
This initiative aims at contributing to the elimination of Chagas disease as a public health problem in the department of Jutiapa in Guatemala, the geographical area with the highest number of acute Chagas disease cases in the country and the region.

Together with strategic partners, we collaborated with actions for the surveillance and control of the local insect vector (*Triatoma dimidiata*) and the sanitary improvement of the houses. Likewise, we developed and implemented actions that allow the access to diagnosis and treatment of Chagas disease, with especial emphasis on pregnant women and newborns, in line with the Pan-American Health Organization (PAHO) ETMI-Plus strategy.

The project also includes the implementation of a network of laboratories to improve and ensure the access to diagnosis and treatment of people in the affected health areas, the training of personnel that manage the vector surveillance and control programme, and the development of a Data Management Platform, both entomological and epidemiological data.



.....
Jutiapa, Guatemala



Guatemala



According to the PAHO, the eastern region of Guatemala, bordering with El Salvador and Honduras, **is the area with greatest Chagas disease endemicity**

In this region

400,000 people

are estimated to be infected and that nearly 5 million people are at risk of becoming infected

The project in numbers



11 communities were included in the entomological baseline



1,300 houses were evaluated, controlled and under surveillance



6,087 inhabitants



8 laboratories under survey

Partners

- ▷ Ministry of Public Health and Social Assistance of Guatemala
- ▷ PAHO Guatemala
- ▷ International Development Research Centre (IDRC) from Canada
- ▷ Universidad de San Carlos in Guatemala (LENAP)
- ▷ Drugs for Neglected Diseases initiative (DNDi)
- ▷ Universidad del Valle in Guatemala

It is estimated that about 18,270 people will benefit from this initiative in Guatemala

Empowerment: the role of midwives

In 2019 we implemented a work project with an anthropological approach to Chagas disease; it is conducted in Comapa, department of Jutiapa.

Together with researchers and field technical staff of the Universidad del Valle of Guatemala, we collaborated with the reinforcement and empowerment of the work of midwives⁴ and the health staff with the aim of improving the care of pregnant women.

In Guatemala, there are on average 23,000 midwives, who assist and report almost half of births. They play a fundamental role in mother and infant care in the country, in health promotion at community level, and in the access to the community for working in the control of mother-to-child disease transmission in the country. —

⁴ A person who helps women when they are giving birth. This is one of the oldest professions in human history.



Jutiapa, Guatemala.

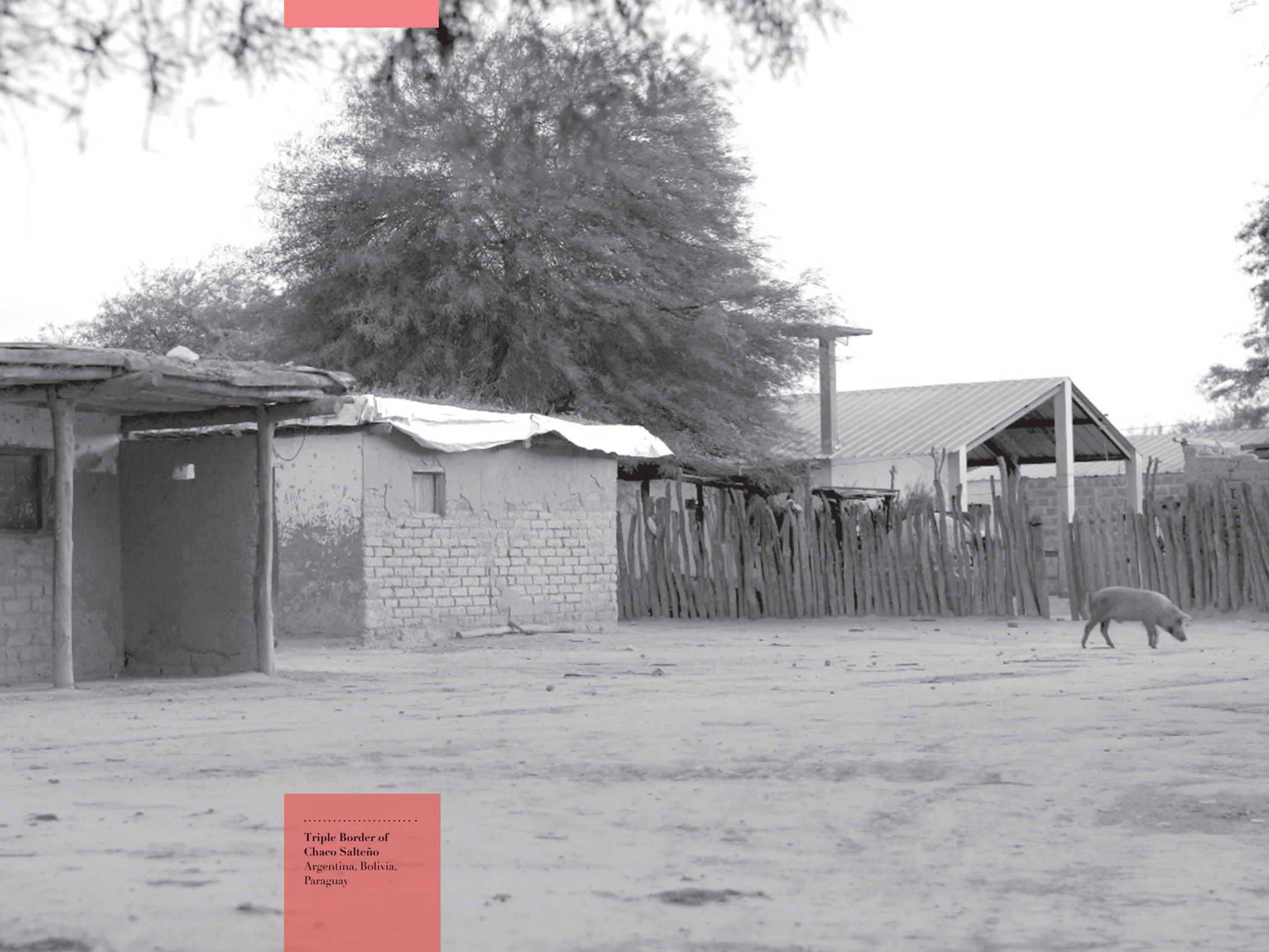
Projects with regional impact

Project Triple Border of Chaco Salteño

This project, conducted along with the Regional Association for Sanitation Development (ADESAR), aims at contributing to the elimination of mother-to-child transmission of Chagas disease, HIV infection, syphilis and hepatitis B, following the guidelines of the Pan-American Health Organization ETMI-Plus Strategy.

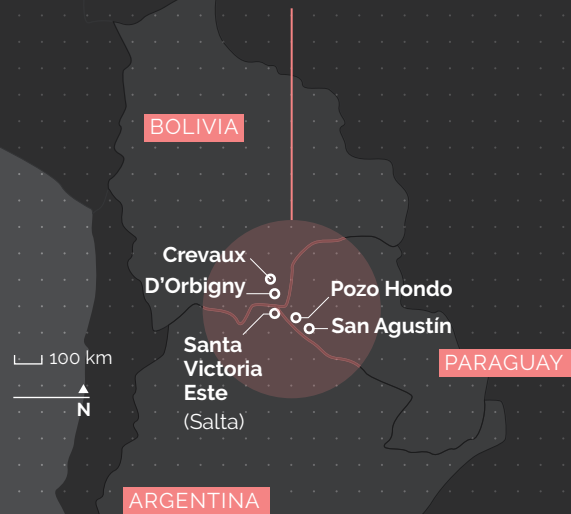
The project helps to reinforce and complement the sanitary capacities of the border region between Brazil, Argentina and Paraguay, and its actions are focused on the congenital transmission of those diseases, especially Chagas. It addresses the detection and treatment of these pathologies and includes them in an extended primary care agenda.

The project is aimed at pregnant women and women after childbirth, newborns, infants, and family groups in the triple border of the Chaco Salteño (Argentina, Bolivia and Paraguay), where some 23,000 people live. Santa Victoria Este (Salta, Argentina), Crevaux and D'Orbigny (Gran Chaco, Bolivia), and Pozo Hondo and San Agustín (Boquerón, Paraguay), are scattered localities and rural settlements inhabited mostly by indigenous peoples. The climate and the geography make a vast part of the region a hostile place to live.



.....
Triple Border of
Chaco Salteño
Argentina, Bolivia,
Paraguay

Chaco salteño



6
annual
interventions

6 physicians
on average

10 local collaborators
participated in each
intervention

+

more than
30 people
directly or indirectly
involved in the
project

The project in numbers



Screened
and assisted

630

pregnant women

49

newborns

129

siblings of 1 to 18
years of age

Were positive
to Chagas

42

pregnant women

2

newborns

4

siblings of 1 to 15
years of age

Had access
to Chagas
treatment

14

women after
childbirth

2

newborns

4

siblings

4

pregnant women positive to syphilis
were treated

Partners

- Regional Association for Sanitation Development (ADESAR)
- Ministry of Public Health and Early Childhood of the Province of Salta, **Argentina**
- Regional Directorate of Health of the Autonomous region of Gran Chaco, **Bolivia**
- Directorate of Primary Care, Sanitary Region XVI, department of Boquerón, **Paraguay**
- National University of San Antonio de Areco, **Argentina**

Today we can say that after one year of hard and sustained work with the local health teams, all the babies that were positive for Chagas disease received treatment in the project area.

A reality that we want to change in the community

The project implementation involved follow-up and control of a high percentage of pregnant women of this region, generated a baseline to know the number and quality of health provision services of the area, and created a quality information system (software) to monitor and follow up mothers and children.

These actions were essential for transferring knowledge to the local teams and generating the necessary conditions to make access to health sustainable for the communities. —



Triple Border of Chaco
Salteño.
Argentina, Bolivia y Paraguay.



[see the video](#)

In Santiago del Estero

In 2019, we took an important step by accompanying the Ministry of Health of Santiago del Estero in the implementation of the ETMI-PLUS strategy to achieve the elimination of mother-to-child transmission of infection by HIV, hepatitis B, syphilis, and Chagas disease.



The implementation at this first stage was conducted in the Primary Health Care units in the localities of Santiago capital city and La Banda, and in the maternity ward of "Dr Ramón Carrillo" Regional Hospital. Both institutions assist about 12,500 childbirths a year, according to data provided by the Directorate of the Maternity and Infancy of the province.

Other partners: PAHO/WHO, Centre for Chagas and Regional Pathologies, Health Surveillance Area of the National Directorate of Epidemiology, Dr Ricardo Gutiérrez Children's Hospital (city of Buenos Aires) and National Academy of Medicine. —

Launch act.
Santiago del Estero.
Argentina

When we combat neglected diseases, we are defending equity

In this chapter we present other projects, contributions, and efforts made from the Foundation to continue expanding our potential

Research, development and innovation

We believe that cooperative work and public-private partnerships are the best ways of building links that lead to new findings, thereby contributing to the access of patients to diagnosis and treatment, as well as to prevention of neglected tropical diseases.

Development of medicines for neglected diseases: Ivermectin

The approval of benznidazole ⁵ for paediatric use in the United States by the Food and Drug Administration (FDA)⁶ in 2017 strengthened even more our commitment to neglected diseases and prompted us to start a new line of action.

In partnership with academic groups and pharmaceutical companies, we participated in the development of new drugs with the aim of contributing to a better supply of medicines for the control of soil-transmitted helminths. The on-going project seeks to position Ivermectin (IVM) as a valuable tool for Public Health Programmes through the administration of fixed doses and in low-cost co-formulations.

⁵. Benznidazole is an antiparasitic drug used in the treatment of Chagas disease.

⁶. FDA (Food and Drug Administration) is the US government agency responsible for regulating foods (both for humans and animals), drugs (human and veterinarian), cosmetics, medical devices (for humans and animals), biological products, and blood products.

We are currently conducting bioequivalence studies of Ivermectin 3 mg produced by Insud Pharma⁷ and we are ready to begin the World Health Organization prequalification process for eligibility as suppliers of Mass Drug Administration Programmes.

Partners: Grupo Insud, Insud Pharma, National University of Salta, Argentina, Barcelona Institute for Global Health (Isglobal), Veterinary Research Center of Tandil, Argentina, and European and Developing Countries Clinical Trials Partnership. —

⁷ Insud Pharma, formerly Grupo Chemo, is a renowned and respected Spanish company in the pharmaceutical and health sector, with more than 40 years of history. With about 6,000 employees in 40 countries, Insud Pharma makes a great contribution to global public health through the medicines and active ingredients that the company develops and produces through its three synergistic units: industrial (Chemo), brand (Exeltis), and biotechnology (mAbxience).



Clorinda, Argentina.

When we combat
neglected diseases,
we are defending
equity

We generate knowledge

In Mundo Sano, we generate knowledge through the production of scientific evidence, which is the result of the sustained field work addressed from a multidisciplinary and comprehensive approach and in cooperation with reference national and international institutions.

The generated scientific works are published in indexed journals and presented in congresses, events and meetings of interest for the scientific and academic community.

In 2019

we had **13 scientific works published** and participated in **21 scientific events** in Argentina and the world:



library



SCIENTIFIC PUBLICATIONS

see

Promoción del lavado de manos en niños de 10 años: evaluación de intervenciones piloto en ciudades del Norte Argentino.

Hermida María Julia, Ramírez Verónica Adriana, Goizueta Carolina, Periago María Victoria.

Revista Argentina de Ciencias del Comportamiento. Diciembre 2019, Vol.11, N°3, 33-45.

see

Strategies to enhance access to diagnosis and treatment for Chagas disease patients in Latin America.

Julio Alonso-Padilla, Nuria Cortés-Serra, María Jesús Pinazo, María Elena Bottazzi, Marcelo Abril, Fabiana Barreira, Sergio Sosa-Estani, Peter Jay Hotez & Joaquim Gascón.

Expert Review of Anti-infective Therapy.

see

Guidelines for the diagnosis and treatment of Chagas disease.

Pereiro, Ana C.

The Lancet, 393(10180), 1486–1487, 2019.

Building an innovative Chagas disease program for primary care units, in an urban non-endemic city.

Ana C. Pereiro and Silvia Gold.
BMC Public Health 19:904, 2019.

see

Prevalence of intestinal parasites and related risk factors in rural localities from Pampa del Indio, Chaco, Argentina.

Lindsay Renee Richards, Cintia Delgado, Marcia Goy, Song Liang, María V. Periago.

University of Florida Journal of Undergraduate Research, volume 21, issue 1, Fall 2019.

see

Evaluation and planning of Chagas control activities using geospatial tools.

Diego Weinberg, Mario Lanfri, Carlos M. Scavuzzo, Marcelo Abril, Sofía Lanfri.

Geospatial Health 2019; volume 14:786.

see

Development and evaluation of a duplex TaqMan qPCR assay for detection and quantification of Trypanosoma cruzi infection in domestic and sylvatic reservoir hosts.

Diana P. Wehrendt, Andrea Gomez-Bravo, Juan C. Ramirez, Carolina Cura, Angélica Pech-May, Janine M. Ramsey, Marcelo Abril, Felipe Guhl and Alejandro G. Schijman.
Parasites & Vectors (2019) 12:567.

see

Use of rapid diagnostic tests (RDTs) for conclusive diagnosis of chronic Chagas disease – field implementation in the Bolivian Chaco region.

Daniel Lozano, Lizeth Rojas, Susana Mendez, Aina Casellas, Sergi Sanz, Lourdes Ortiz, María Jesus Pinazo, Marcelo Abril, Joaquim Gascon, Faustino Torrico, Julio Alonso-Padilla.
PLoS Negl Trop Dis 13(12), e0007877, 2019.

see



Frequency and distribution of Neglected tropical diseases in Mozambique: a systematic review.

Berta Grau-Pujol, Marilia Massangaie, Jorge Cano, Carmen Maroto, Alcino Ndeve, Francisco Saute and Jose Muñoz.

Infectious Diseases of Poverty (2019) 8:103.

see



Interaction between Spatial and Temporal Scales for Entomological Field Data: Analysis of Aedes aegypti Oviposition Series.

Sofia Lanfri, Manuel Espinosa, Mario A Lanfri, Victoria M Periago, Marcelo Abril and Carlos M Scavuzzo.J

Infect Dis Epidemiol 2019, 5(4):087.

see



High effectiveness of an adulticide-larvicide formulation for field control of sandflies (Diptera: Psychodidae) in the city of Clorinda, Argentina.

Andrea Gómez-Bravo, Agustín Alvarez-Costa, Georgina Fronzab, Marcelo Abril, Eduardo N. Zerba, Laura W. Juan.

Parasite Epidemiology and Control 7 (2019) e00110.

see



Risks for Child Cognitive Development in Rural Contexts.

Maria Julia Hermida, Diego Edgar Shalom, María Soledad Segretin, Andrea Paula Goldin, Marcelo Claudio Abril, Sebastián Javier Lipina and Mariano Sigman.

Frontiers in Psychology 2019, 9:2735.

see



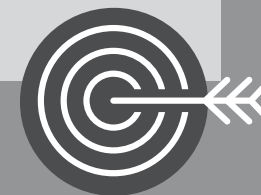
Temperament Predicts Processing Speed in Low Socioeconomic Status Rural Preschoolers.

Maria Julia Hermida, Maria Soledad Segretin, Diego Edgar Shalom, Matías Lopez-Rosenfeld, Marcelo Claudio Abril, Sebastián Javier Lipina and Mariano Sigman.

Mind, Brain and Education. Early view. 2019.

Along with the National Commission on Space Activities (CONAE), we are leaders in the use of geospatial tools, which are available for the study, surveillance and control of insect vector populations.

Our works, focused on the diagnosis and treatment of Chagas disease, were published in renowned journals, such as The Lancet, which positions us as referents in the field.





SCIENTIFIC EVENTS

Argentina

XIX International Symposium on Neglected Diseases. **Buenos Aires.**

Update Conference on Chagas Disease and Syphilis within the frame of ETMI Plus (PAHO/WHO). **Buenos Aires.**

National Meeting on Chagas disease. **Buenos Aires.**

Spain

III Congress of International Cooperation of the Collegiate Medical Organization - Access to essential medicines as a human right. **Santiago de Compostela.**

XV Chagas disease workshop – Advances in the antiparasitic treatment and care of patients with Chagas disease (ISGLOBAL). **Barcelona.**

XXIII National Congress of the Spanish Society of Clinical Microbiology and Infectious Diseases, SEIMC. **Madrid.**

XXI Congress of the Spanish Society of Parasitology (SOCEPA). **Pontevedra.**

XII Jornadas Internacionales de Enfermedades Transmisibles (XII International Conference on Transmissible diseases). **Alicante.**

XI Congreso de la Sociedad Española de Medicina Tropical y Salud Internacional (SEM-TSI) (XI Congress of the Spanish Society of Tropical Medicine and International Health). **Bilbao.**

United Kingdom

IV International Conference on Medical Humanities. **London.**

XI International, Interdisciplinary Conference on Spatial Statistics, Geographical Epidemiology and Geographical aspects of Public Health (GEOMED). **Glasgow.**

11th European Congress on Tropical Medicine and International Health. **Liverpool.**

United States

Workshop Data Science for Social Good en el Worldwide Web Conference. **San Francisco.**

Latin American Studies Association "LASA 2019, Nuestra América: Justicia e Inclusión". **Boston.**

Latin American Studies Association "LASA 2019, Nuestra América: Justicia e Inclusión". **National Harbor.**

Italy

International Conference on Medical Anthropology and Global Health **Venice.**

Colombia

3er Congreso Latinoamericano para el Control de *Aedes aegypti*. (Third Latin American Congress for the control of *Aedes aegypti*). **Cali.**

Ruanda

Africa Health Agenda International Conference 2019. **Kigali.**

The Netherlands

The 29th European Congress of Clinical Microbiology and Infectious Diseases – ECCMID. **Amsterdam.**

Perú

28th World Congress on *Echinococcosis*. **Lima.**

New virtual training environments

Diploma in Health Geomatics

Information technologies are key for a holistic view of human health.

In 2019, along with the "Mario Gulich" Institute for Higher Space Studies, we gave a Diploma course on Health Geomatics for the first time in Argentina, through the virtual campus of the National University of Córdoba.

Partners: "Mario Gulich" Institute for Higher Space Studies, National University of Córdoba (UNC), National Commission on Space Activities (CONAE), Inter-American Development Bank (IDB), and the Government of Japan through its Special Japanese Fund for Poverty Reduction.



65

enrolled
students

40

gran holders

Online course: Chagas disease, strategies for its approach and visibility

Through this course, we provide health teams with strategic tools to develop the necessary actions for removing still persisting barriers to access to care services; we also make Chagas disease visible.

This course was given in partnership with the Urban Zoonosis Department of the province of Buenos Aires.



148

enrolled
students



When we combat neglected diseases, we are defending equity

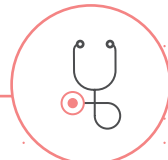
Breaking down barriers associated with Chagas disease

Our effort is focused on ensuring that people affected by Chagas disease have access to diagnosis and treatment, both in endemic and non-endemic areas.

In Argentina

In the district of Pilar, Buenos Aires province, we work to strengthen the health system and promote access to diagnosis and treatment of HIV, syphilis, hepatitis B, and Chagas disease (transmitted from mother to child). Actions include training of health staff in Primary Health Care Centres (PHCC) and in a maternity warden of that district.

Together with Asociación Pilares and the Health Secretariat of Pilar Municipality, we made the diagnosis of Chagas disease to residents of Pilarica neighbourhood and at the Primary Health Care Centre in Almirante Irizar. During those days we tested a total of 559 people, including 239 pregnant women and 25 newborns.



Our health offices for diagnosis and treatment

In Argentina, we have medical offices specific for providing personalized assistance to those people willing to have access to diagnosis and treatment of Chagas disease.

In Añatuya, Santiago del Estero, we work in close cooperation with the local hospital in identifying patients with Chagas disease through the obstetrics, haemotherapy and general laboratory services. This health office assists the population of Taboada department, covering approximately 25,000 inhabitants.

In turn, we have other offices located in Colonia Dora, Avellaneda department, Santiago del Estero province, and in Pampa del Indio, San Martín department, Chaco province. The latter locality has about 15,000 inhabitants, of which 50% are indigenous peoples.

45
treatments
were finished

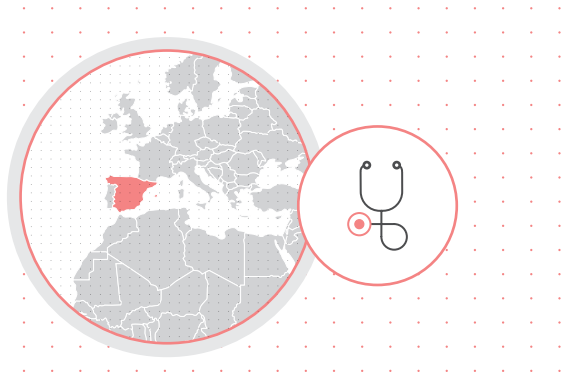
58
treatments
were started

135
cases were
positive
for chagas
disease

376
serological
tests



Pilar, Argentina



In Spain

We promoted diagnosis and treatment of Chagas disease in a migrant Latin American population; we fostered awareness raising of the entire population and cooperated with health professional training in Chagas disease.

In 2019, we extrapolated our actions and built ties with hospitals, health centres and patients associations with the aim of expanding our actions to different communities in Spain. We also organized and supported diagnosis events in Madrid, Barcelona, Valencia, Galicia and Murcia.

Mothers committed to Chagas disease

In the Community of Madrid, "Mothers committed to Chagas disease" is a group of health workers trained by Mundo Sano, who conduct community activities to facilitate access to diagnosis and treatment of Chagas disease.

Through education, information and communication actions, we raise awareness in women of child-bearing age of the importance of early diagnosis and treatment to improve their life quality and avoid disease transmission to their children during pregnancy. We also organize workshops and awareness raising

events along with the Mobile Consulate of Bolivia in Madrid, Salamanca, Valladolid and Valencia, reaching 238 people.

Murcia

We joined to the Programme for the Elimination of Mother-to-Child Transmission of Chagas disease in the Region of Murcia, implemented by the WHO. This program includes the implementation of a new protocol for the treatment of pregnant women, approved by the Regional Ministry of Health, as well as the organization of informative talks in Latin communities and in Health assistance centres.

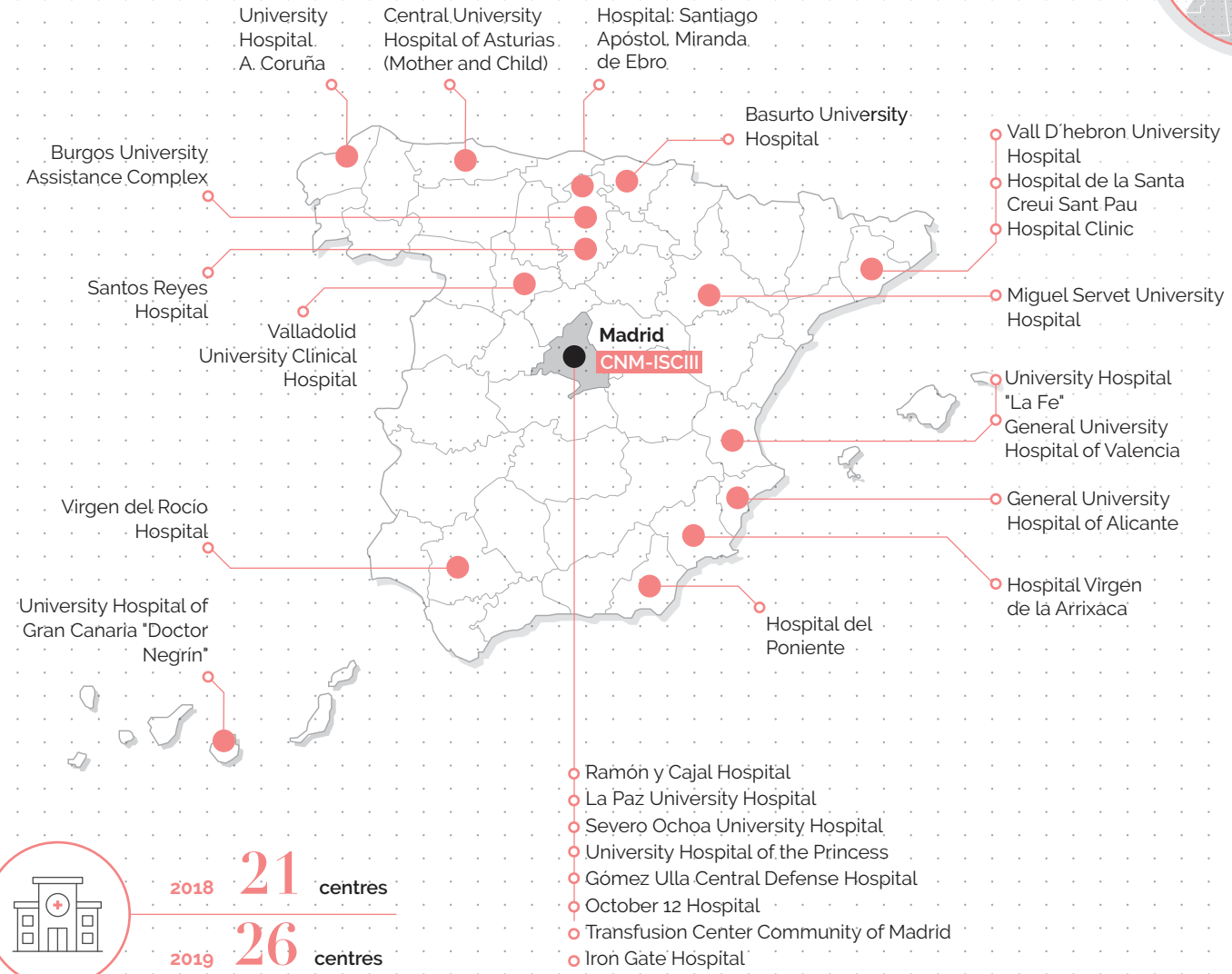
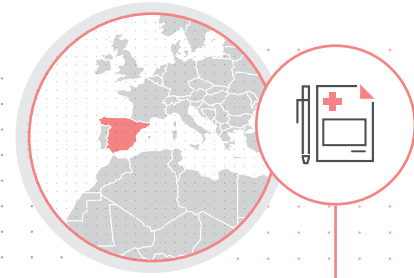
Those talks, seven in total, were attended by more than 1,000 people.

Network of laboratories for the control of congenital Chagas disease

In 2019, we proposed and supported the creation of a network of laboratories with the aim of standardizing the diagnosis of Chagas disease (congenital transmission). This network allows us to know the situation and routine activities conducted for the diagnosis of this disease in the Community of Madrid and in the reference laboratories of Cataluña, Valencia, Murcia, Andalucía, Galicia, Asturias, País Vasco, León and Castilla.

This strategy allows us to conduct intercomparison and interconsultation trials and to generate a map of laboratories that perform quality-assured diagnostic tests.

Control of Congenital Chagas Disease: Laboratory Network



We organized **2** meetings with the participation of

87 professionals

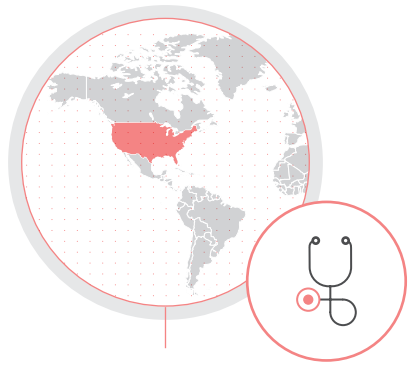
28 centres and

47 microbiologists joined the Network.

The first intercomparison trial of serological tests available was conducted in Spain.



2018 **21** centres
2019 **26** centres



In the United States

Within the frame of the Access Plan to promote and facilitate attention of people affected by Chagas disease in the United States, we established and strengthened the following partnerships:

▷ We worked with Texas State University in reinforcing knowledge and improving access of Chagas-infected women and children to treatment

▷ In cooperation with Dr Caryn Bern, professor of Epidemiology and Biostatistics of the University of California in San Francisco (UCSF), we designed a guide to address Chagas disease intended for medical doctors and health professionals of the United States. Here we share the Medical Guide in Spanish.

▷ Together with Harvard T.H. Chan School of Public Health Centre, we presented the first edition of the e-newsletter about the challenges and advances related to Chagas disease in the United States. This initiative was generated to follow up on the commitments and goals set during the "Rethinking Chagas" symposium held in the United States in 2018. —



[see online guide](#)



“Combating Chagas disease”: network of Healthcare Teams

In 2019, we created “Combating Chagas disease”, a global network for the promotion of diagnosis and treatment of Chagas disease. It is a space for the cooperation and joint work of health teams and professionals, who have the common objectives of: Facilitating access to diagnosis and treatment of Chagas disease for all affected individuals.

- ▶ Facilitate access to the Diagnosis and Treatment of Chagas disease for all affected people
- ▶ Share experiences and good practices in an area of professional exchange and consultation
- ▶ Provide standards, laws, guides and scientific publications, and disseminate activities, training, and events of interest to the members of the Network.

“Combating Chagas disease” is aimed at physicians, social workers, nurses, veterinarians, biologists, researchers and other members of health teams involved in diagnosis and treatment of Chagas disease.

The Network already has 105 independent members specialized in different fields and with different positions in public and private health sectors, not only from Argentina but also from Paraguay, Colombia, Bolivia, Peru, United States, and Brazil.

This digital platform allows members not only to know one another but also to participate in debates and share scientific news and advances through discussion forums, have access to a vast bibliography including research works and e-books, keep updated about the latest news and training events associated with the disease, and have a space for frequently asked questions to submit primary care consultations.

Those people interested in joining this initiative are invited to visit the Network website:

<http://atendiendochagas.mundosano.org>

When we combat neglected diseases, we are defending equity

We tackle Chagas disease from a comprehensive approach

For 14 years now, at Mundo Sano, we have worked for the sanitary improvement of rural dwellings with the aim of contributing to the interruption of vectorial transmission⁸ of Chagas disease, since there are risk factors associated with the building characteristics of the houses.

In the southeast of Santiago del Estero, we implemented the "Program for surveillance and control of vectors through sanitary improvement of rural dwellings".

The programme includes entomological surveillance and control actions, and sanitary improvement with community participation of the local people.

Moreover, we give training workshops to empower families that are benefited from this program.

By respecting the local traditions, using the local resources and applying appropriate technology, we were able to make great advances in vector control and sanitary quality of those houses, also favouring the well-being and social progress of the population. —

⁸. Vectorial transmission refers to disease contagion through the insect.



Añatuya, Argetina



Sanitary improvements in **25** houses

9 settlements

and

385 houses benefited by the programme

infestation indices inside the dwellings below

5%

When we combat neglected diseases, we are defending equity

We raise awareness in children about neglected diseases

We developed and implemented educational proposals focused on the communities where we are present to raise awareness in children about the importance of disease prevention. Likewise, we collaborated with teachers by providing practical and efficient pedagogical tools.

Argentina

Prevention in action: pedagogical resources for a "Mundo Sano" (Healthy World)

This project has the objective to teach school age children about the prevention of mosquito-borne diseases using pedagogical, recreational and informative resources.

The project considers the use of "Pedagogical bags" containing giant games for the classroom with directions, riddles, and questions about the topic, magnifying glasses, dices, cards, and jigsaws. The bags also contain a complete guide for the trainers, posters and an information video.

In 2019, our representatives and volunteers from companies of Grupo Insud, coordinated by the Volunteering and Community Department of our Foundation, visited primary schools of Argentina and Paraguay, and implemented the project.



30
workshops

21
schools

3
directors

5
assistant directors

48
teachers

1,238
students



7
localities

Puerto Iguazú and Posadas
(Misiones, Argentina)

Añatuya
(Santiago del Estero, Argentina)

Clorinda
(Formosa, Argentina)

Pampa del Indio
(Chaco, Argentina)

Tartagal
(Salta, Argentina)

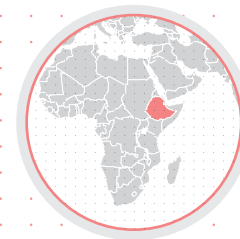
Hernandarias
(Paraguay)



Hernandarias, Paraguay

Ethiopia

We conducted educational projects for the prevention of helminthiasis and health promotion in schools of Zenzelma.



ETHIOPIA



1,200
children participated
in the activity



In Argentina, Paraguay and Ethiopia

Proper hand washing prevents diseases

One of our objectives is to raise awareness of the importance of hand washing with water and soap as an effective and affordable tool to prevent infectious diseases.

With the aim of raising awareness of this habit, which can save lives, for five years now we have joined the Global Hand Washing Day promoted by the Global Hand washing Partnership international coalition, to make school age children aware about and promote the importance of this practice, and make them "ambassadors of hand washing" in their communities.

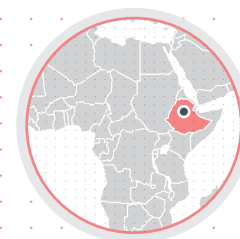
We share the taglines that support the Global Hand Washing Day

"Clean hands for all"

"ንፀሀናዬን አጠቃለሁ!!! አናንተስ?"

(in Amharic, the official Ethiopian language)

Bahir Dar, Ethiopia



ETHIOPIA
Rural district of
Zenzelema Kebele,
Bahir Dar



1,000
children



Hernandarias, Paraguay



ARGENTINA
AND PARAGUAY

7

localities
(Pampa del Indio,
Añatuya, Puerto
Iguazú, Tartagal,
Clorinda, Posadas
and Hernandarias)



17

events

3 of them with
participation
of corporate
volunteers from
Pomera Maderas
(a company from
Grupo Insud)



1,701

children



93

teachers

“Sports, Childhood and Chagas”

This project started in 2015 with the aim of raising awareness about Chagas disease and promoting its diagnosis and treatment through sports and recreational activities.



González Catán, Argentina

The project was implemented in Argentina, Bolivia and Paraguay, and was a witness and had a co-responsible role in the changes in objectives, knowledge and advances in the treatment of Chagas disease.

When the actions funded by the Inter-American Development Bank (IDB) were completed, we took on the commitment of continuing the project, and implemented the “Sports, Childhood and Chagas Festival” in Buenos Aires province, a non-endemic area of Argentina. The first activity was held in “El Caminante” sports centre, at the Obra del Padre Mario Pantaleo NGO (González Catán district). —





[see video](#)

1,000
people present

700
participants

230
Chagas diagnostic tests
made

4 positive for
Chagas disease

50
volunteers from
Grupo Insud

Obra del Padre Mario
Pantaleo, González Catán.
Argentina

Partners:
Grupo Insud, Students
Centre of the Obra del
Padre Mario Higher
Education Institute, and
Sports Secretariat of La
Matanza.

When we combat neglected diseases, we are defending equity

Connected in pursue of a global health

Knowledge dissemination is an essential task for our Foundation; hence, we conduct activities designed both for specialized groups and the whole community.

XIX International Symposium on Neglected Diseases

Since 1997, we have invited scientists, professionals, technicians, and national and international government agents to participate in an academic setting where strategies to face the challenges of neglected diseases are presented and discussed.

This year, more than 400 people participated and analysed topics of current public debate, such as the use of "Information technology in support of neglected diseases"; "Yellow Fever: current epidemiological scenario"; "Foodborne diseases: Trichinosis, Brucellosis and Hemolytic uremic syndrome", and "Neglected diseases in travellers".

For the first time, there was a panel of health journalists, who discussed the "role of the media in informing and making society aware of health topics", and participated in the "Workshop about the elimination of mother-to-child transmission of HIV, syphilis, hepatitis and Chagas disease".

Moreover, during this event, more than 125 scientific works were presented in posters about Education in health, Public Health, Prevention and Control Tools, Biological Studies, Anthropological and Social Studies, Clinical Medicine and Immunology, Pharmacology, and Diagnosis and Treatment.



Scientists, academics, professionals and technicians from Argentina and the abroad analyzed and presented new strategies to face the social determinants of neglected diseases.

“Outbreak: Epidemics in a connected world” arrived in Argentina through the collaboration of our Foundation

“*Outbreak: Epidemics in a connected world*” is a travelling exhibit that marks the 100th anniversary of the 1918 influenza epidemics, and is part of the Pandemics Project of the Smithsonian National Museum of Natural History, located in Washington DC, United States, in alliance with the Global Health Institute of Harvard University.

The exhibit, which is displayed in several airports in Argentina, aims at providing information about the human, animal, and environmental factors contributing to epidemic (pandemic) outbreaks in a globalized and connected world, where pathogens move across frontiers and continents, with a potential impact on human and animal health, as well as on the economy.

“Outbreak” consists of 22 panels and focuses on four topics: origin of outbreaks, stopping the spread, response and containment of infectious diseases, and profiles of diseases such as HIV, Ebola, Zika virus, tuberculosis, yellow fever, and Chagas disease, providing data to help understand their origin, how they are transmitted, their treatment and/or prevention.



Partners: Smithsonian National Museum of Natural History, Harvard Global Health Institute, Argentine Society of Vaccinology and Epidemiology (SAVE) and Aeroportos Argentina 2000. —

Dr Gold, President of Mundo Sano, Dr Mirta Roses Periago, Director Emeritus of the PAHO and member of the Advisory Committee at Mundo Sano, and Dr Carla Vizzoti, President of the Argentine Society of Vaccinology and Epidemiology (SAVE) at the opening of the exhibition in Jorge Newbery Airport of the city of Buenos Aires.



Since August 2019, "Outbreak: Epidemics in a connected world" has been exhibited in the main airports in Argentina



[see video](#)



When we combat neglected diseases, we are defending equity

Public-private partnership in support of public health

One of our goals is to foster and promote the establishment of efficient partnerships in the public-private sectors and the civil society, facilitating knowledge transfer and taking advantage of the expertise so that such transfer can be reflected in satisfactory outcomes in the public health sector.

National Network for *Aedes aegypti* Surveillance

Diseases transmitted by the mosquito *Aedes aegypti*, such as dengue, chikungunya, zika and yellow fever, are a global public health issue. Prevention of the transmission of these viruses relies on controlling their vectors or avoiding contact between vectors and humans.

For several years, Mundo Sano has been collaborating with municipalities; thus, we have given training, counselling and support, providing them with tools for monitoring the activity of this mosquito through the deployment of ovitrap networks.⁹

This tool, whose efficacy has been tested in the localities where we have offices, allows public authorities to determine the mosquito spatial distribution, measure the seasonal fluctuation, and efficiently manage resources for its control; above all, this tool provides municipalities with a local leading role in health management.

⁹ Ovitrap are containers especially prepared for females to lay eggs there, and are randomly located inside and outside houses.



Oviposition activity of of *Aedes aegypti*

Localities in Argentina that are part of the network
November 2019

11 municipalities

8 provinces in Argentina
are part of the network



ETHIOPIA
Rural district of
Zenzelema Kebele,
Bahir Dar

We work with the health centres

In the rural district of Zenzelema Kebele, Bahir Dar, located in north-western Ethiopia, we conduct a project aiming at the efficient and effective integration of the program for the control of soil-transmitted parasites, including activities with water, sanitation and hygiene (WASH) at the Zenzelema Health Centre.

This year, we have trained technicians of the Health Care Centre in diagnosis techniques, presented the project of community leaders, and took samples from people to evaluate the efficacy of the diagnosis protocol implemented there. Likewise, we found that, by applying the alternative protocol proposed by Mundo Sano, the possibilities of detecting soil-transmitting helminths rose from 13 to 70 percent of the samples. —

The government of Ethiopia has the policy of integrating the neglected tropical disease programmes into the primary health care centres, following the guidelines of the 2030 Agenda for Sustainable Development and based on the principle of “not leaving anyone behind”.



Bahir Dar, Etiopía



Campaña "Ningún Bebé con Chagas"

Mundo Sano
ELEATYCENIX

Sumate a la campaña
#Ningún
Bebé Con
Chagas

.....
Ciudad Autónoma de
Buenos Aires.
Argentina

New challenges

Volunteering and Community

In Mundo Sano we are convinced that citizen participation and community involvement boost the actions and projects carried out by the Foundation to help improve the lives of people affected by neglected diseases.

In 2019 we launched "We are Mundo Sano", a volunteer program that includes different forms of participation: social volunteering and corporate volunteering, which can be carried out in different localities or countries.

The spaces for participation encompass different fields of action, depending on the volunteer's profile, time availability, and geographical location. Moreover, we created training modules containing group activities to work the soft skills involved in the volunteer role, organization of roles for the event days and knowledge of the activities to be conducted; thus, the purpose is to be ready as a team once the aim of the activity to be performed in the field is understood.

Thus, a new line of action was implemented, with our Foundation being the link between the needs of the community and the willingness of people and companies to make a solidary contribution.

We are members of Voluntare, an international network for the promotion of corporate volunteering.

Volunteering in numbers



SPAIN

PARAGUAY

ARGENTINA

3 countries

5 localities:

- Posadas
- Hernandarias
- Puerto Iguazú
- La Matanza
- Madrid



1 source reduction action for the elimination of **mosquito** breeding sites



1 screening for the diagnosis of **Chagas** disease



7 educational workshops for the prevention of **mosquito-borne** diseases



1 "Sport, childhood and chagas" event for the promotion of the diagnosis and treatment of **Chagas** disease

12 activities with the participation of corporate volunteers



3 hand washing events for the prevention of **parasite-transmitted** diseases



323 volunteers participated in these activities



991 hours donated



B





We manage
in a responsible
manner

3.

Mundo Sano
Foundation

Sustainability
Report
2019

Ethics and transparency

In Mundo Sano, we administer the resources we receive from private companies, individuals, international cooperation agencies, and civil society organizations in an ethical and transparent manner, discouraging any practice that may be considered inappropriate or corrupt.

We implemented management tools that allow us to keep an appropriate control. In addition, the Executive Directorate and the members of the Governance bodies are highly involved in the activities conducted by the Foundation, being responsible for the direct supervision of all the activities performed.

Furthermore, we require ethical approval for those research projects aimed at or involving human participants, following the guidelines of the Declaration of Helsinki. This declaration was developed by the World Medical Association (WMA) and is the statement of ethical principles that must guide the medical community and others who are involved in medical research involving human subjects. Compliance with these aspects is a necessary condition for our work to be published in a scientific journal. —

Our management system allows us to reduce the occurrence of unethical behaviour and/or corruption.

Ethics and transparency in the management of economic resources

Δ We have not detected concerns related to unethical behaviour or unlawful conduct, or any behaviour that may threaten the integrity of the organization.

Δ We have not detected any cases of corruption; hence, we have not taken any related disciplinary actions.

Resource allocation

Our resources can be classified into three categories:

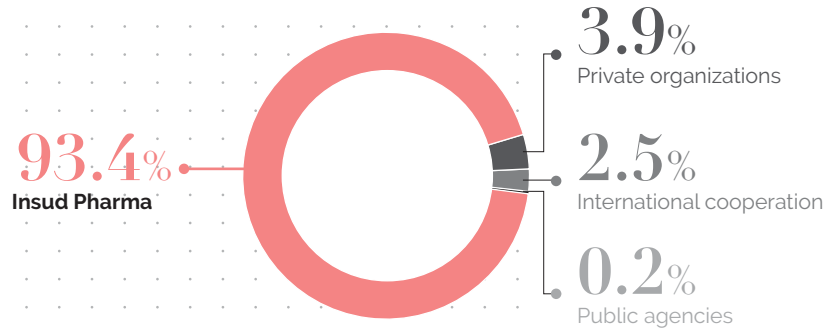
Δ **Donations for general purposes:** These donations are received to be used for the general goal of the Foundation. These funds come mostly from a small number of private companies of renowned trajectory and whose activities are publicly known.

Δ **Donations for specific purposes:** These donations are received to conduct a specific project or fund a particular programme. These funds are both from private companies and international cooperation organizations.

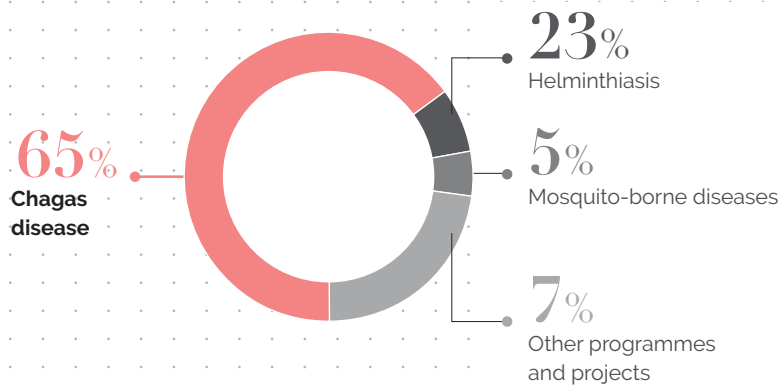
Δ **Other resources:** These resources represent a very low percentage of the total incomes and can derive from the provision of services, such as the management of third-party projects when we play the role of Technological Liaison Unit.

In 2019 we spent 4,685,436 euros, 83% of which was directly allocated to programmes and projects

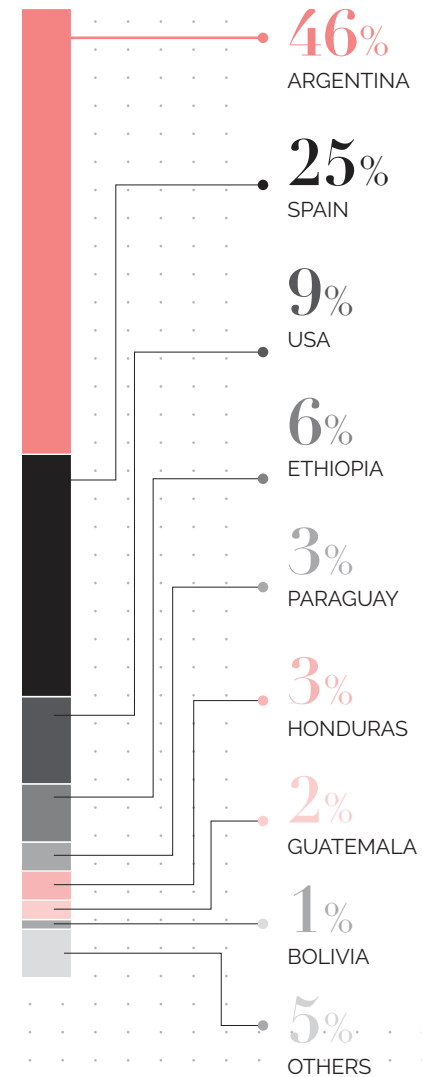
Source of received funds



Resource allocation per working line/ disease



Resource allocation per country



Our supply chain

Since we are a Foundation, our activities are similar to those of service providers; therefore, our supply chain is limited. Our main suppliers are consultants and/or technical professionals, travel agencies, and wholesalers and retailers of laboratory inputs and fieldwork items.

To select suppliers, we focus on their quality, economic aspects and compliance with fiscal regulations.

We understand that our activity, as we have been conducting it, has not significant environmental impact, nor has that of our suppliers; therefore, we do not use environmental criteria in selecting them.

Finally, taking into account the geographical areas where we work, and the nature and characteristics of the services and goods that we purchase, we consider that there is a low risk that our suppliers could be organizations that may violate social right. —



Clorinda, Argentina

Environmental Performance

We are committed to the environment

Our headquarters is located in the city of Buenos Aires, Argentina, at the Grupo Insud venue; this building of high architectural and historical value, known as the old Díaz Vélez Palace, was designed as a petit hotel by the Engineer Carlos Agote in 1906. The project to restore and preserve the infrastructure included the incorporation of green roofs, improving the environmental impact of the building.

We adhere to the sustainability policy of Grupo Insud and implement measures, such as the use of biodegradable and compostable cups made of maize fibre and certified FSC® paper, optimized use of paper, and separation of waste.

Furthermore, we responsibly manage the impacts of our activities in the environments where we are present, since we are aware that the spread of most of the diseases that we are focused on is directly related to safe water consumption and social inequity.

Use of insecticides

The products we use for our vector surveillance and control programmes are included in the list of insecticides and rodenticides of the National Administration of Drugs, Foods and Medical Devices (ANMAT) of the National Ministry of Health, in the category Exclusive Use for Public Health. These products are used in combination with other control measures to reduce their volume and minimize environmental impact.

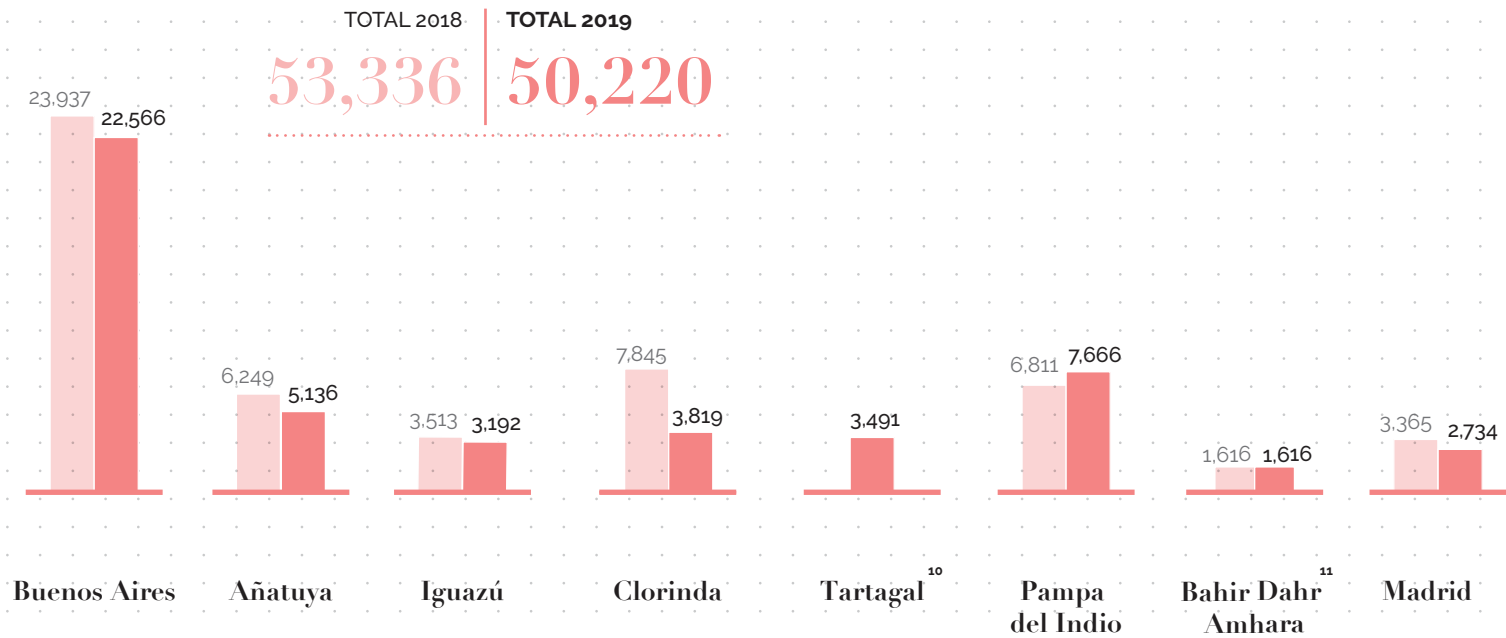
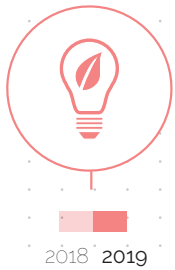
Pathogenic waste

Final disposal of pathogenic waste that may be produced during the activities we perform, is conducted through the local and/or provincial sanitary units (hospitals, health centres), depending on the intervention area corresponding to each project.

Indicators

Our consumptions are limited to the activities conducted in the headquarters and the different offices. . —

Electricity consumption (Kwh/year)



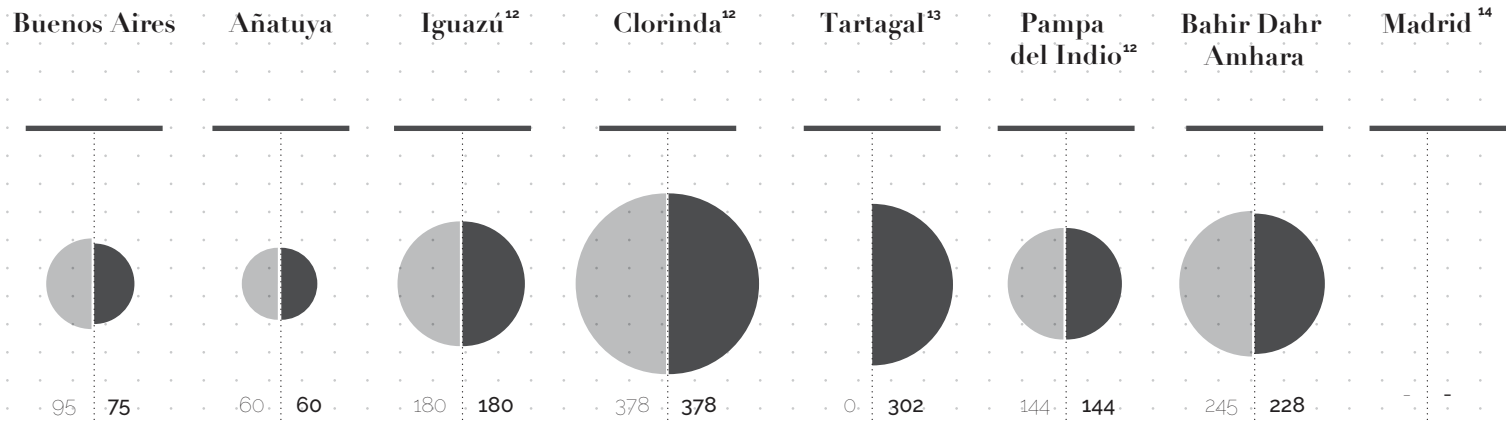
¹⁰ In 2018, the Tartagal office operated in the municipal facilities; therefore, electricity consumption was not estimated for that year.

¹¹ In Bahir Dahr Amhara, it was not possible to quantify the consumption in 2019. Considering that the activity levels were similar to those in 2018, the 2018 consumption is indicated.

Water consumption (m³/year)



2018 2019



TOTAL 2018	TOTAL 2019
1,102	1,367

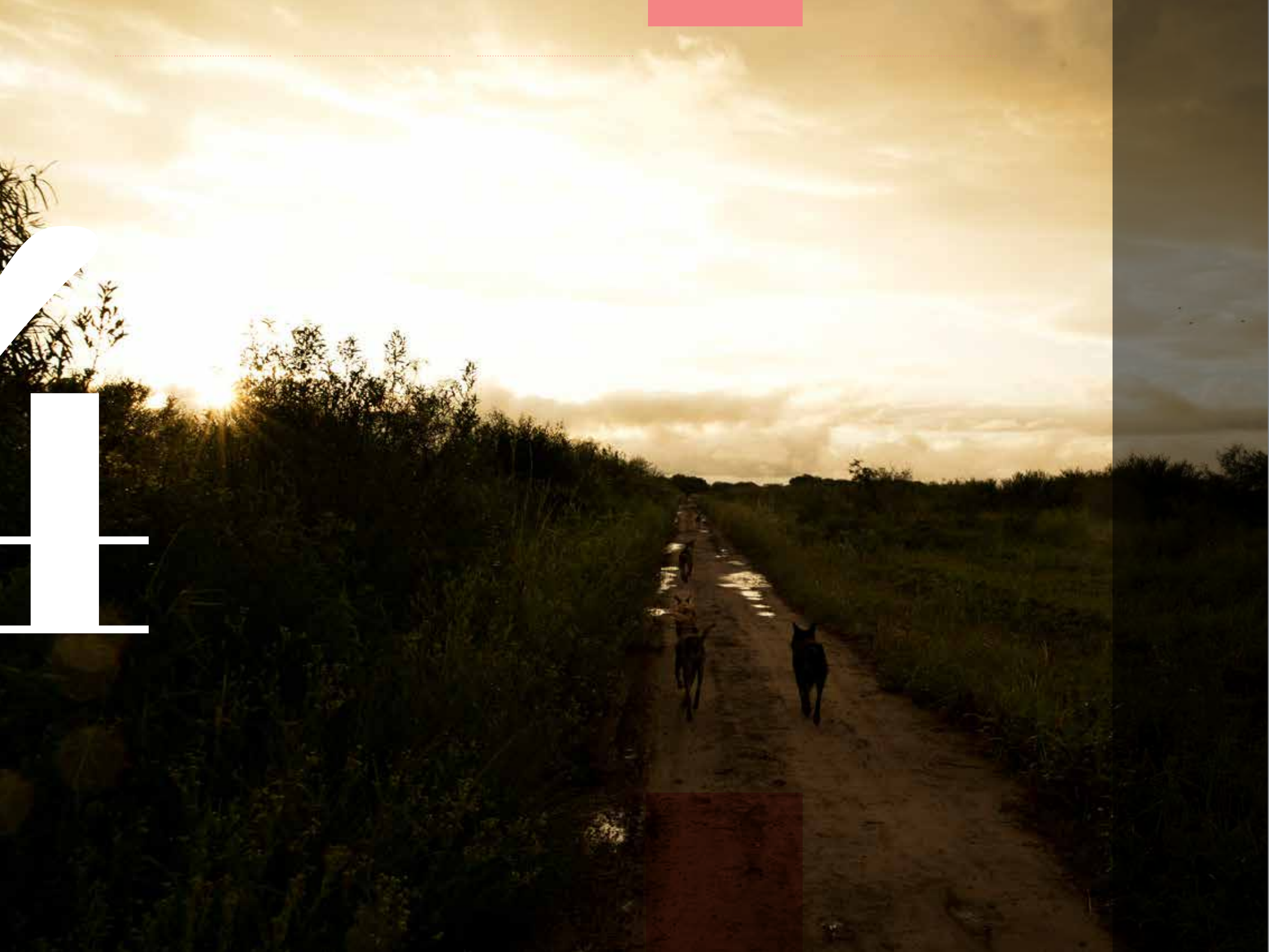
^{12.} For the offices in Añatuya, Iguazú, Clorinda and Pampa del Indio, the 2019 consumption was considered according to the fixed fee charged by the service provider for the reported period.

^{13.} During 2018, the Tartagal office operated in the municipal facilities; therefore, water consumption was not estimated for that year.

^{14.} In Madrid, a fixed amount of water consumption is paid as part of the utility costs of the whole building, which cannot be broken down.



.....
Hernandarias.
Paraguay





Our social commitment

4.

Mundo Sano
Foundation

Sustainability
Report
2019

Our contribution

Over the years, the communities where we decided to establish have become sources of knowledge, action, partnerships, and, evidently, gratifying results of this mission we have undertaken.

Our strong presence and our history in the works that we conduct in such diverse territories have allowed us to establish solid relationships based on the recognition and mutual respect, trust and participatory dialogue. Thanks to this commitment, we have generated some of the following positive impacts in the areas where we are present.

➤ **We succeeded** in improving medical assistance in communities from Argentina, Bolivia, Paraguay and Guatemala, with more women having access to diagnosis and treatment of Chagas disease, HIV, hepatitis B, and syphilis.

➤ **We train** health teams and are part of them at all assistance levels to ensure sustainment of surveillance and control of triatomine vectors.

➤ **We ensure** the production and availability of benznidazole at the global level, one of the drugs approved by the FDA (Food Drug Administration) to treat Chagas disease.



Añatuya, Argentina

➤ **We have contributed** to the improvement of quality and conditions of life of rural settlement inhabitants from Taboada department, in Santiago del Estero province, through the Programme for the Sanitary Improvement of Rural Dwellings.

➤ **We implement** Programmes of Integral Community Interventions for the Prevention and Control of Intestinal Parasites in communities from Argentina, Ethiopia and Mozambique.

➤ **We develop and implement** programmes for the surveillance and monitoring of mosquitoes in Argentine localities. We trained local agents in the deployment of ovitraps and gave talks to raise awareness about Dengue, Zika and Chikungunya to collaborators from private companies, primary school students, and the community in general.

➤ **We promote and disseminate** hygiene practices for correct hand washing, with the aim of preventing transmission of infectious diseases in communities from Argentina and Ethiopia.

➤ **We train and provide** spaces for the development of production activities aiming at fostering on-farm consumption through an educational agroecological farm located in the venues of Añatuya, Santiago del Estero.

The leaders, men and women from the communities, are invited to participate and, thanks to them, our programs achieve positive impacts.



Etiopía. África

The communities where we implement our programmes and projects are members of Mundo Sano, i.e., there is a mutual interest of establishing relationships for action.

On the one hand, in the community there is a specific need for reducing the neglected diseases that any of their members may be suffering. On the other hand, from the Foundation, we offer our knowledge, experience and commitment to contribute to this goal we have in common.

These communities are characterized by being composed mostly of vulnerable groups; therefore,

their leaders play a very important role, since they facilitate field work, besides being subjects of interests for the programme with the aim of improving their health and life quality.

The leaders, men and women from the communities, are invited to participate and, thanks to them, our programs achieve positive impacts.

For Mundo Sano, having both the approval of health authorities and the acceptance of communities where our activities are developed is a priority. —

Public Policies

In **Mundo Sano** we propose to contribute with public policies through field research, production of research works and their publication in international scientific journals, presence in scientific meetings and events, and dissemination of communication campaigns. Our greatest contributions are in the **public health field**.

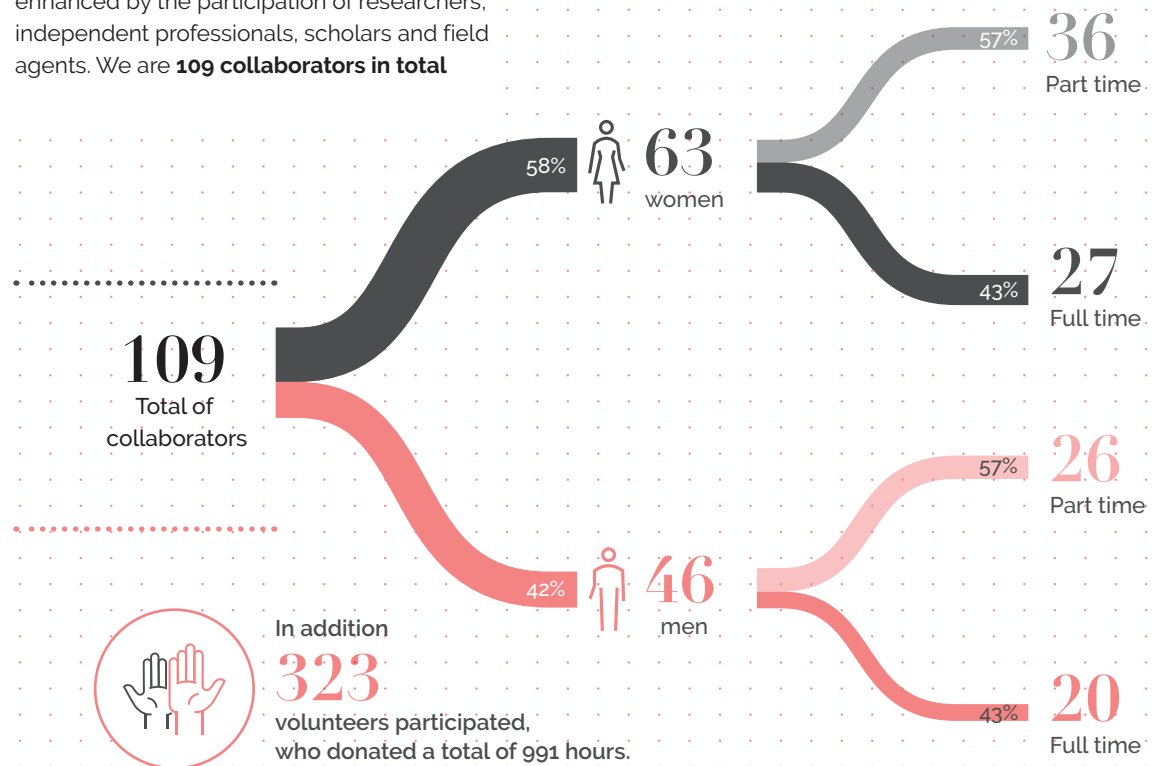
Our activities, programmes and projects are in line with the **United Nations Sustainable Development Goals**, within the Frame for the elimination of mother-to-child transmission of HIV, syphilis, hepatitis and Chagas disease (ETMI-Plus) of the PAHO/WHO.

In Mundo Sano, we are a nonpartisan Foundation. For this reason, we do not make any direct financial contributions to political parties and/or representatives.

We all work together

In **Mundo Sano** we all work together as a team. With rigour, respect, and passion, we succeed in obtaining our best results.

This year, the work of our employees was enhanced by the participation of researchers, independent professionals, scholars and field agents. We are **109 collaborators in total**



We pay great attention to care for well-being and integrity of all our employees. During this year, there were no accidents in the workplace

It is very important to note that 92% of the employees of Mundo Sano Foundation in Argentina are covered by the UTEDyC¹⁵ Collective Labour Agreement. In Spain, 100% of Mundo Sano employees are under the Madrid Collective Bargaining Agreement of Offices and Dispatches. Thus, we ensure all workers their rights to free association established in the legislation of Argentina and Spain. In addition, our culture of openness to dialogue facilitates communication between different hierarchical levels of the Foundation, without this being a barrier or obstacle to the possibility of addressing or solving the work problem that may arise.

¹⁵ Unión Trabajadores de Entidades Deportivas y Civiles

General rate of new hires	WOMEN	MEN
4.80% 3 hires over a total of 62 workers	2.7% 1 hire over a total of 37 women	8% 2 hire over a total of 25 men
Tasa de rotación		
7.09% Determined by dividing the average of hires and leavers by the average of the total number of employees at the start and end of the year	5.26%	9.80%
Parental leave		
Persons with the right to take the parental leave	3	1
Persons who took the parental leave	3	1
Persons who returned to work after parental leave	1	1
Rate of return to work after parental leave	33%¹⁶	100%

¹⁶ Two persons were still on parental leave after the end of the reported period.





Our Report 2019

5.

Mundo Sano
Foundation

Sustainability
Report
2019

This is **our third Sustainability Report**, prepared in agreement with the Core option of GRI (Global Reporting Initiative) standards and the Non-Government Organizations sector supplement, to provide transparent and systematized information about our economic, social and environmental performance to all of our stakeholders. The Report presents the sustainable management advances made during the period between January 1 and December 31, 2019, including comparative indicators of previous years. Moreover, our commitment is evidenced throughout the report in the contribution to the **United Nations Sustainable Development Goals (SDGs)**.



Hernandarias, Paraguay

Our materiality matrix

Based on the analysis of the value of our strategy and its importance for our stakeholders, in Mundo Sano we defined and prioritized the economic, environmental and social aspects to be included in this report.

Thus, we have built this matrix, which allows us to visualize and strategically focus on the priority topics to be communicated in our Sustainability Report 2019:





Process of Report preparation


To give priority to the different aspects of the guide to the **Global Reporting Initiative (GRI) Standards**, we started a process of in-depth interviews to directors of Mundo Sano and of companies of Grupo Insud; in addition, we collected replies to surveys sent to all our stakeholders. The collected replies allowed us to identify the material topics that we reported and, thus, to present our


materiality matrix.


Both the analysis of materiality and this Sustainability Report 2019 were revised and approved by our President and our Chief Executive Officer, applying the completeness principle.


GRI STANDARD	DISCLOSURE	PAGE/RESPONSE	OMISSION	 UN Global Compact Principles and Sustainable Development Goals
GENERAL DISCLOSURES				
GRI 102: General disclosures 2016	102-1 Name of the organisation	Fundación Mundo Sano (Argentina) and Fundación Mundo Sano España (Spain).		
	102-2 Activities, brands, products, and services	11 and 12 - 18 to 27		SDG #3, #6, #10 and #17
	102-3 Location of headquarters	Headquarters: Paraguay 1535, Ciudad Autónoma de Buenos Aires - Spain Headquarters: Paseo de la Castellana 13, 5B, Madrid.		
	102-4 Location of operations	17		
	102-5 Ownership and legal form	Organization is composed of two separate legal entities: (i) Fundación Mundo Sano. Incorporated in Argentina as a Foundation. It was created on March 9, 1993. It was registered in the Corporation Records Office on June 3, 1993 under Resolution N° 361. (ii) Fundación Mundo Sano Spain. Incorporated in Spain as a Foundation. It was created on February 8, 1999. It was registered in the Register of Education and Research Foundations on May 6, 1999.		
	102-6 Markets served	17		SDG #10 and #17
	102-7 Scale of the organisation	104		
	102-8 Information on employees and other workers	<p>Payroll (*) per locality and gender</p> <ul style="list-style-type: none"> • Buenos Aires: 10 women and 7 men • Añatuya: 4 women and 11 men • Clorinda: 11 women and 3 men • Iguazú: 5 women and 2 men • Madrid: 4 women and 1 man • Tartagal: 2 women and 1 man • Pampa del Indio: 1 woman <p>TOTAL: 37 women (60%) and 25 men (40%)</p> <p>*All the employees in the payroll are hired on open-ended contracts.</p>		Principle 6
	102-9 Supply chain	93		


GRI STANDARD	DISCLOSURE	PAGE / RESPONSE	OMISSION	 UN Global Compact Principles and Sustainable Development Goals
GENERAL DISCLOSURES				
GRI 102: General disclosures 2016	102-10 Significant changes to the organisation and its supply chain	No significant changes were recorded in Mundo Sano or in our supply chain in 2019.		
	102-11 Precautionary principle or approach	g1 - No need for applying the precautionary principle has been determined as a result of the analysis of the organization impacts and the aspects covered by this principle.		
	102-12 External initiatives	14 and 15		SDG #17
	102-13 Membership of associations	14 and 15		SDG #17
	102-14 Statement from senior decision-maker	5 and 7		
	102-16 Values, principles, standards, and norms of behaviour	10		Principles 1 and 10
	102-17 Mechanisms for advice and concerns about ethics	Legal counselling is provided by Grupo Insud through their Legal Department. In addition, Mundo Sano has an Advisory Committee and a Scientific Committee.		Principles 1, 2 and 10
	102-18 Governance structure	28 and 29		
	102-19 Delegating authority	28		
	102-20 Executive-level responsibility for economic, environmental, and social topics	28		
	102-21 Consulting stakeholders on economic, environmental, and social topics	28		
	102-22 Composition of the highest governance body and its committees	29		


GRI STANDARD	DISCLOSURE	PAGE / RESPONSE	OMISSION	 UN Global Compact Principles and Sustainable Development Goals
GENERAL DISCLOSURES				
GRI 102: General disclosures 2016	102-23 Chair of the highest governance body	29		
	102-24 Nominating and selecting the highest governance body	In accordance with the fifth article of the Articles of Association and as mandated by the Board in the meeting held on November 29, 2010, all the members of the Management Board are permanent. In Argentina, the Management Board is composed of seven permanent members; in Spain, there are Trustees who rotate in their functions.		
	102-26 Role of highest governance body in setting purpose, values, and strategy	28		
	102-27 Collective knowledge of highest governance body	There are no formally instrumented measures; it should be taken into account that all the members of the governance body are prestigious people locally and regionally renowned for their professional careers and academic backgrounds.		
	102-35 Remuneration policies	The members of the Management Board, the Board of Trustees, the Advisory Committee and the Scientific Committee do not obtain any payment for their functions in Mundo Sano.		
	102-40 List of stakeholder groups	35		SDG #10 and #17
	102-41 Collective bargaining agreements	105		Principle 3
	102-42 Identifying and selecting stakeholders	34 and 35		SDG #10 and #17

GRI STANDARD	DISCLOSURE	PÁGINA / RESPUESTA	OMISSION	 UN Global Compact Principles and Sustainable Development Goals
GENERAL DISCLOSURES				
GRI 102: General disclosures 2016	102-43 Approach to stakeholder engagement	34		SDG #10 and #17
	102-44 Key topics and concerns raised	111		SDG #3, #6, #10 and #17
	102-45 Entities included in the consolidated financial statements	Fundación Mundo Sano in Argentina and Fundación Mundo Sano in Spain present separate financial statements; only total spending and allocated percentages are consolidated.		
	102-46 Defining report content and topic Boundaries	110		
	102-47 List of material topics	110		SDG #3, #6, #10 and #17
	102-48 Restatements of information	There are no restatements of information.		
	102-49 Changes in reporting	No changes.		
	102-50 Reporting period	January 1, 2019 to December 31, 2019.		
	102-51 Date of most recent report	The most recent report corresponded to the January-December 2018 period.		
	102-52 Reporting cycle	Annual.		
	102-53 Contact point for questions regarding the report	mundosano@mundosano.org or through our social networking channels.		

GRI STANDARD	DISCLOSURE	PAGE / RESPONSE	OMISSION	 UN Global Compact Principles and Sustainable Development Goals
GENERAL DISCLOSURES				
GRI 102: General disclosures 2016	102-54 Claims of reporting in accordance with the GRI Standards	108		
	102-55 GRI content index	112 to 123		
	102-56 External assurance	Not applicable.	Not applicable; this option was not selected by Mundo Sano for this report 2019	
MATERIAL TOPICS / Economic topics				
ECONOMIC PERFORMANCE				
GRI 103: Management approach 2016	103-1 Explanation of the material topic and its Boundaries	90		
	103-2 The management approach and its components	90		
	103-3 Evaluation of the management approach	90		
GRI 201: Economic Performance 2016	201-4 Financial assistance received from government	No financial assistance was received from the government for the reported period.		

GRI STANDARD	DISCLOSURE	PAGE / RESPONSE	OMISSION	 UN Global Compact Principles and Sustainable Development Goals
MATERIAL TOPICS / Economic topics				
ANTI-CORRUPTION				
GRI 103: Management approach 2016	103-1 Explanation of the material topic and its Boundaries	90 and 91		Principles 1, 2 and 10 SDG #10 and #17
	103-2 The management approach and its components	90 and 91		
	103-3 Evaluation of the management approach	90 and 91		
GRI 205: Anti-corruption 2016	205-2 Communication and training about anti-corruption policies and procedures	90		Principle 10 SDG #10 and #17
	205-3 Confirmed incidents of corruption and actions taken	91		Principle 10 SDG #10 and #17
ECONOMIC INDICATORS SPECIFIC FOR CIVIL SOCIETY ORGANIZATIONS				
NGO7: Resource Allocation		90 and 92		
NGO8: Ethical fundraising: sources of funding by category and five largest donors and monetary value of their contribution	Principal donors for the 2019 period <ul style="list-style-type: none"> • Insud Pharma: 2,923,849 euros • Inter-American Development Bank: 42,583 euros • National Institute of Health - Georgia University: 35,318 euros • Bill & Melinda Gates Foundation: 31,843 euros • SC Johnson & Son Argentina: 29,104 euros • Pan American Energy: 22,101 euros 			Principle 10

GRI STANDARD	DISCLOSURE	PAGE / RESPONSE	OMISSION	 UN Global Compact Principles and Sustainable Development Goals
MATERIAL TOPICS / Environmental topics				
ENERGY				
GRI 103: Management approach 2016	103-1 Explanation of the material topic and its Boundaries	94		Principles 7 and 8 SDG #3, #6, #10 and #17
	103-2 The management approach and its components	94		
	103-3 Evaluation of the management approach	94		
GRI 302: Energy 2016	302-1 Energy consumption within the organization	95		
WATER AND EFFLUENTS				
GRI 103: Management approach 2016	103-1 Explanation of the material topic and its Boundaries	94		Principles 7 and 8 SDG #3, #6, #10 and #17
	103-2 The management approach and its components	94		
	103-3 Evaluation of the management approach	94		
GRI 303: Water and effluents 2018	303-5 Water consumption	96		

GRI STANDARD	DISCLOSURE	PAGE / RESPONSE	OMISSION	 UN Global Compact Principles and Sustainable Development Goals
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MATERIAL TOPICS / Environmental topics


EFFLUENTS AND WASTE

GRI 103: Management approach 2016	103-1 Explanation of the material topic and its Boundaries	94		Principles 7 and 8 SDG #3, #6, #10 and #17
	103-2 The management approach and its components	94		
	103-3 Evaluation of the management approach	94		
GRI 303: Effluents and Waste 2016	306-2 Waste by type and disposal method	94	Total weight of generated waste is omitted due to lack of information	Principles 7 and 8 SDG #3, #6, #10 and #17

SUPPLIER ENVIRONMENTAL ASSESSMENT

GRI 103: Management approach 2016	103-1 Explanation of the material topic and its Boundaries	90		Principles 7 and 8 SDG #3, #6, #10 and #17
	103-2 The management approach and its components	90		
	103-3 Evaluation of the management approach	90		
GRI 308: Supplier environmental assessment 2016	308-1 New suppliers that were screened using environmental criteria	93		
	308-2 Negative environmental impacts in the supply chain and actions taken	93		

GRI STANDARD	DISCLOSURE	PAGE / RESPONSE	OMISSION	 UN Global Compact Principles and Sustainable Development Goals
MATERIAL TOPICS / Social topics				
EMPLOYMENT				
GRI 103: Management approach 2016	103-1 Explanation of the material topic and its Boundaries	104 and 105		SDG #8
	103-2 The management approach and its components	104 and 105		
	103-3 Evaluation of the management approach	104 and 105		
GRI 401: Employment 2016	401-1 New employee hires and employee turnover	05 - Turnover by age group • More than 50 years old: 11% • Between 50 and 30 years old: 1% • Less than 30 years old: 33% TOTAL PAYROLL: 75%		
	401-3 Parental leave	105		
OCCUPATIONAL HEALTH AND SAFETY				
GRI 103: Management approach 2016	103-1 Explanation of the material topic and its Boundaries	105		Principle 6
	103-2 The management approach and its components	105		
	103-3 Evaluation of the management approach	105		

GRI STANDARD	DISCLOSURE	PAGE / RESPONSE	OMISSION	 UN Global Compact Principles and Sustainable Development Goals
MATERIAL TOPICS / Social topics				
OCCUPATIONAL HEALTH AND SAFETY				
403: Occupational Health and Safety 2018 2018	403-2 Hazard identification, risk assessment, and incident investigation	We do not have formal performance evaluation systems for employees; we have a process involving the establishment of annual objectives in our action plan.		SDG #6
	403-9 Work-related injuries	105		
DIVERSITY AND EQUAL OPPORTUNITY				
GRI 103: Management approach 2016	103-1 Explanation of the material topic and its Boundaries	104		
	103-2 The management approach and its components	104		
	103-3 Evaluation of the management approach	104		
GRI 405: Diversity and Equal Opportunity 2016	405-1 Diversity of governance bodies and employees	Payroll per age group: • More than 50 years old: 13 employees • Between 50 and 30 years old: 42 employees • Less than 30 years old: 7 employees		
SPECIFIC SOCIAL INDICATORS FOR CIVIL SOCIETY ORGANIZATIONS				
NGO9: Mechanisms for workforce feedback and complaints. Mechanisms for their resolution	105		Principles 3 and 6	

GRI STANDARD	DISCLOSURE	PAGE / RESPONSE	OMISSION	 UN Global Compact Principles and Sustainable Development Goals
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MATERIAL TOPICS / Social topics

LOCAL COMMUNITIES

GRI 103: Management approach 2016	103-1 Explanation of the material topic and its Boundaries	100 to 102		Principle 1 SDG #3, #6, #10 and #17
	103-2 The management approach and its components	100 to 102		
	103-3 Evaluation of the management approach	100 to 102		
GRI 413: Local communities 2016	413-1 Operations with local community engagement, impact assessments, and development programs	40 to 87- 100 to 102		
	413-2 Operations with significant actual and potential negative impacts on local communities	Our operations had no negative impacts.		

PERFORMANCE INDICATORS FOR PROGRAMS IMPLEMENTED FOR CIVIL SOCIETY ORGANIZATIONS

NGO1: Commitment of stakeholders: Processes for involvement of affected stakeholder groups in the design, implementation, monitoring and evaluation of policies and programs.	100 to 102		SDG #3, #6, #10 and #17
NGO2: Mechanisms for feedback and complaints in relation to programs and policies and for determining actions to take in response to breaches of policies	100 to 102		Principle 2 ODS #3, #6, #10 and #17
NGO3: System for program monitoring, evaluation and learning. (including measuring program effectiveness). How changes to programs are communicated	100 to 102		SDG #3, #6, #10 and #17
NGO4: Measures to integrate gender and diversity into program design and implementation	In Mundo Sano we address gender and diversity issues from a community perspective to avoid generating differences or discrimination of the most vulnerable groups.		

GRI STANDARD	DISCLOSURE	PAGE / RESPONSE	OMISSION	 UN Global Compact Principles and Sustainable Development Goals
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MATERIAL TOPICS / Social topics

PERFORMANCE INDICATORS FOR PROGRAMS IMPLEMENTED FOR CIVIL SOCIETY ORGANIZATIONS

NGO5: Public Awareness: Processes to formulate, communicate, implement, and change advocacy positions and public awareness campaigns.	12, 56 and 82		SDG #3, #6, #10 and #17
NGO6: Processes to take into account and coordinate with the activities of other actors.	40 to 87 - 100 to 102		

SUPPLIER SOCIAL ASSESSMENT

GRI 103: Management approach 2016	103-1 Explanation of the material topic and its Boundaries	90		
	103-2 The management approach and its components	90		
	103-3 Evaluation of the management approach	90		
GRI 414: Supplier social assessment 2016	414-1 New suppliers that were screened using social criteria	93		
	414-2 Negative social impacts in the supply chain and actions taken	93		

PUBLIC POLICIES

GRI 103: Management approach 2016	103-1 Explanation of the material topic and its Boundaries	103		SDG #3, #6, #10 and #17
	103-2 The management approach and its components	103		
	103-3 Evaluation of the management approach	103		
GRI 415: Public Policies 2016	415-1 Political contributions	We do not make direct economic contributions to political parties and/or representatives.		

Where to find and contact us

The Sustainability Report 2019 is available at the corporate website of Fundación Mundo Sano:
www.mundosano.org.

Our previous reports and progress reports are also available in our website, which evidence our evolution in the management of sustainability.

You are invited to visit our social networks, learn about the neglected diseases and interact with us. Your comments and inquiries will help us improve our sustainability management.

You can contact us to mundosano@mundosano.org or find us in the following platforms:

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Fundación Mundo Sano

Many
achievements
behind and
many challenges
ahead.

