

TC ABSTRACT

I. Basic project data

▪ Country/Region:	Argentina, Bolivia and Paraguay
▪ TC Name:	Chagas control promotion in Great Chaco
▪ TC Number:	RG-T2414
▪ Team Leader/Members:	Nohora Alvarado (SPH/CPR); María Fernanda García-Rincón (ORP/ORP); Julia Johannsen (SPH/CBO); Claudia Pévere (SCL/SPH); Felipe Capella (LEG/SGO) and Mario Sánchez (SPH/CAR), Team Leader.
▪ Type of TC:	Client support.
▪ Reference to Request:	They will be referenced in TC Document
▪ Date of TC Abstract:	October 10, 2013
▪ Beneficiary:	Governments of Argentina, Bolivia and Paraguay
▪ Executing Agency :	Mundo Sano Foundation
▪ IDB Funding Requested:	Japan Special Fund
▪ Local counterpart funding:	US\$1.480.000
▪ Disbursement period:	24 months
▪ Required start date:	April, 2014
▪ Types of consultants:	Firms and consultants
▪ Prepared by Unit:	SPH/CAR
▪ Unit of Disbursement Responsibility:	SPH/CAR
▪ Included in Country Strategy (y/n);	No
▪ TC included in CPD (y/n):	No
▪ GCI-9 Sector Priority:	Social Policy for Equity and Productivity

II. Objective and Justification

2.1 Chagas is the most important parasitic disease in Latin America. Approximately 10 million people in the region live with this infection and around 90 million are at risk of contracting it. If untreated, between 20% and 30% of those infected will develop cardiac or digestive complications. Early mortality and substantial disability caused by this disease is mainly faced by impoverished populations, living in poor quality housing. The infection is transmitted contracted primarily through vectors (“kissing bugs”), congenitally and by blood transfusions.

2.2 Over the last two decades, countries in the region have implemented, with substantial success, large-scale national and regional initiatives to halt Chagas vector-borne transmission, reduce the likelihood of its transfusional transmission, and improve detection and treatment of congenital cases. However, vectorial transmission is still severe in geographical regions with difficult accessibility, inhabited to a large extent by indigenous populations. The Gran Chaco Region, comprising northern Argentina, Bolivia and Paraguay, is considered the area with the highest incidence of Chagas in the Southern Cone. Then again, even in areas where transmission has been halted, there is a continuing risk or recrudescence of vector-borne transmission due to premature curtailing of entomological surveillance.

2.3 Providing effective healthcare for those who have already contracted Chagas infection is a major challenge: (i) available drug treatments are curative only in the acute or early chronic infections (60% to 85%), and in congenital cases (90% when treated in the first year of life); thus,

early detection is critical; (ii) these drugs have to be administered through long periods of time (30 to 90 days) and important side effects are not uncommon; these limitations cause high patient non-compliance and make case management difficult; (ii) diagnosis tools and protocols tend to be complicated when applied at primary healthcare centers; therefore, there tends to be under provision of screening services; (iv) population in endemic areas tend to be misinformed about available treatments and the infection is stigmatizing; this produces a lower use of available healthcare services. Moreover, large scale human migrations from endemic rural areas poses a new challenge for health services in marginal-urban locations in terms of early detection and treatment of chagasic persons.

2.4 This TC aims at contributing to the implementation on the long-term strategies of Argentina, Bolivia and Paraguay on the control and treatment of Chagas, particularly on the Gran Chaco region. Specifically, it seeks to produce knowledge on implementing effective strategies for early detection and treatment of the disease, specially (but not exclusively) for children under 14 years of age—where available treatments are more effective. Moreover, by means of this operation the Bank will take part in a multi-donor initiative that, besides supporting current local and national governments efforts, will design, implement and evaluate innovative initiatives aimed at increasing the use of preventive and curative health services by means of fostering community involvement. It is expected that Fundación Messi, Fundación Barcelona, the embassies and Japan, as well as Japanese firm will be among these donors. Additionally, the TC will provide evidence of the effectiveness of this community involvement initiative in marginal-urban settings.

2.5 As Chagas disease is particularly prevalent among the poorest populations in these three countries, and because, besides its impact in health, the disease is associated with important losses of productivity, this TC is aligned with the Social Policy for Equity and Productivity GCI-9 IDB sector priority. The operation is also aligned with the Country Strategy objectives of economic inclusion of the Norte Grande population of Argentina, attention of indigenous populations in Bolivia and increasing preventive healthcare in Paraguay.

III. Description of activities and outputs

3.1 The TC will comprise two components. The first one will support activities directed at strengthening the networks of health services at the local level in the Gran Chaco region involved on early detection and continuous care of the Chagasic population. To that end, it is foreseen that it will finance: (i) technical meetings aimed at fostering sub-regional cooperation on local health services strengthening; (ii) consultancies aimed at strengthening geographic information systems as a tool for planning and monitoring entomological surveillance; (iii) consultancies and equipment¹ needed to develop and use Information and Communication Technologies (ICT) for health monitoring along the network of health providers; and (iv) consultancies to develop cultural, social, economic and biological studies directed at enhancing the pertinence of the activities that will be financed by the multi-donor initiative and producing evidence on their cost-effectiveness.

¹ Up to 30% of the IDB's financing will be directed to acquiring goods and services, when they are considered necessary to develop knowledge or technical capacity products.

3.2 The second component will support activities aimed at raising awareness among the general population on the importance of combating Chagas, its means of prevention and available treatments, as well as on destigmatizing the disease. To that end, it could finance: (i) consultancies and services needed for the implementation of a model that uses sports activities as a vehicle for community mobilization that has been successfully used in other contexts outside the region; (ii) consultancies to design social media campaigns that will use Leonel Messi as its public face; and (iii) consultancies and services directed at evaluating the impact of these two initiatives, both in the Gran Chaco region and also in a marginal-urban locality.

3.3 It is important to highlight that the consultancies, goods and services financed through this TC constitute only the IDB contribution to the multi-donor initiative. By means of the approval of this TC, the Bank will be in a position to broker to develop at detail the overall objective, expected results and activities of the initiative, which will be described in the TC document for this operation. Thus, at this stage the following indicative budget only refers to the activities previously described

IV. Budget

4.1 Preliminary TC financing is estimated at US\$1.2 million, with counterpart funding expected to be provided by the Mundo Sano Foundation, one of the expected donors of the initiative and its eventual Executing Agency.

Indicative Budget

Activity/Component	IDB/Fund Funding	Counterpart Funding	Total Funding
Component 1	800,000	0	800,000
1.1 Technical meetings	40,000	0	40,000
1.2 Geographical information system	200,000	0	200,000
1.3 ICT technologies	400,000	0	400,000
1.4 Studies	160,000	0	60,000
Component 2	350,000	0	350,000
2.1 Community mobilization through sports	150,000	0	150,000
2.2 Social media campaign	100,000	0	100,000
2.3 Evaluation	100,000	0	100,000
Implementation and administration	0	1,480,000	1,480,000
Auditoria	50,000	0	50,000
Total	1,200,000	1,480,000	2,680,000

V. Executing agency and execution structure

5.1 Mundo Sano Foundation is a non-profit organization involved in the research and prevention of transmissible diseases that operates since 1993. It is a full member of the Latin American Network for Vector Control, which objective is to optimize disease vector control in Latin America through an optimal use of the capacities and resources of the region, utilizing as a framework the guidelines of the World Health Organization. The Foundation has an operating center in Pampa del Indio, in the Chaco Province of Argentina, a focal point for the Gran Chaco Region.

VI. Project Risks and issues

6.1 The main risk of the project at this point is that being a regional operation and part of a multi-donor initiative it will demand a very intensive and careful coordination, in order to follow the guidelines of the countries own strategies while meeting the institutional mandates and technical positions of all stakeholders, in order to avoid delays in its design and problems of implementation. The initiative will be governed by two bodies: (i) a strategic council, directed by representatives of the health ministries of Argentina, Bolivia and Paraguay, which will assure that the activities financed by it conform to their own institutional strategies; and (ii) a technical council, where all stakeholders will provide specific guidance to the Executing Agency on project implementation, based on the mandate of the strategic council.

VII. Environmental and Social Classification

7.1 It is not foreseen that the activities included in this TC produce any negative environmental or social impacts. However, the TC document will discuss if any environmental risk of vector-control of the overall initiative is identified and, if that is the case, will propose means to mitigate them.