



Agreements and Recommendations

from the

IXth Annual IPCA Meeting

(Guatemala City, Guatemala, 11–13 September 2006)



PAHO/HDM/CD/CHA/422/06

Original: Spanish

The Initiative of the Central American Countries for the Control of Chagas Disease (IPCA) held its IXth meeting in Guatemala City in September 2006. This activity constituted a joint effort between the Regional Chagas Program, [Communicable Disease Unit, Health Surveillance and Disease Management Area](#) of the [Pan American Health Organization](#) (PAHO/HDM/CD/CHA), in collaboration with the [Program for Innovative and Intensified Disease Management, Control of Neglected Tropical Diseases, Communicable Diseases Cluster](#) of the [World Health Organization](#) (WHO/CD/NTD/IDM). During the meeting, the official delegates of the Member Countries that make up the IPCA Intergovernmental Commission established the following:

Agreements and Recommendations

1. *Prepare a sustainable intervention model:* The countries of Central America have had many successful experiences in controlling and monitoring the vector-borne transmission of Chagas disease. At this stage of its development, IPCA proposes developing a basic model for sustainable intervention that includes three components:
 - Component for transmission areas where prevalence and/or incidence is evident,
 - Component for transmission areas where prevalence and/or incidence is not evident,
 - Component for the future, proposed as a response to make it possible for the countries to meet the objectives for control of vector-borne transmission as formulated by the IPCA Member Countries.

For the development of this model, the delegates of the Intergovernmental Commission of the Initiative of Central American Countries (IPCA) agreed on the following:

- Designate Dr. Carlos Ponce as *rapporteur* for the IXth Annual IPCA Meeting (henceforth called *IPCA IX*), with the task of preparing a preliminary version of the document within six weeks.
- *For Dr. Ponce:* Send this preliminary version for its review to the Official Delegates attending *IPCA IX*.
- *For the countries:* Make their observations on the preliminary document and resend them back to Dr. Ponce within two weeks.
- *For Dr. Ponce:* Send the new version of the document to each delegate within two weeks, with copy to the IPCA Technical Secretariat and to the International Cooperation Agencies (JICA, CIDA, and PAHO) for approval.
- Publish the document, once approved, in collaboration with the International Cooperation Agencies (Japan International Cooperation Agency / [JICA](#), Canadian International Development Agency / [CIDA](#), and [PAHO](#)).
- Use the document as input for developing the following:

Document of a Model Proposal for Central America for Chagas Disease Surveillance and Control, prepared (in Spanish) by Dr. Antonio Carlos Silveira.

Comments and observations will be made on this proposed document by professionals from the countries comprising IPCA and those who are involved in the area of Chagas disease.

The report on the review and discussion of this proposed *Model for Central America for Chagas Disease Surveillance* will be prepared by the members of the IPCA Intergovernmental Commission.

Presentations will be made and discussions held during IPCA IX with regard to this topic. [Control of Chagas Disease. Second Report of the WHO Expert Committee. Technical Report Series 905.](#) 2002.

2. Reiterate how important it is for the countries to maintain or initiate a collection of classified triatomine specimens with pertinent information as to their origin as well as the condition and—if possible—the geographic area in which they were found.
3. Administer etiological treatment with follow-up for every acute case detected, ensuring that appropriate entomological intervention and epidemiological research activities be carried out.
4. *For the IPCA Technical Secretariat:* Prepare instructions for the registration forms with information on surveillance and control interventions reviewed and approved at this IXth IPCA Meeting.
5. *For the IPCA Technical Secretariat:* Ensure, through the corresponding channels, that the forms be sent to and received by each country involved in the Initiative two months in advance of the date set for the next meeting of the IPCA Intergovernmental Commission.
6. *For the countries:* Follow the recommendations of the WHO Expert Committee for blood banks on utilizing a single ELISA test for screening for anti-*T. cruzi* antibodies. ([Control of Chagas Disease: Second Report of the WHO Expert Committee. Technical Report Series 905.](#) 2002).
7. *For Belize, Costa Rica and Panama, countries in the Subregion with unique epidemiological situations:* Follow the recommendation to strengthen technical cooperation in the areas of prevention, control, and care; strive for greater advocacy in the subregional project with regard to the levels of decision-making in each of these countries.
8. *Also for Belize, Costa Rica, and Panama:* Develop a PAHO/TCC Project for Technical Cooperation among Countries; the IPCA Technical Secretariat will start the process and approach the PAHO/WHO Country Offices for support in this endeavor.
9. *For the countries of Central America, in light of the importance of congenital transmission of Chagas disease in other Subregions of the continent:* Develop a proposal for diagnosis of congenital Chagas disease and its adequate and timely treatment, including this in protocols for maternal and child care, with possible cooperation from the Pan American Health Organization and including involvement of the Latin American Center for Perinatology / Women's and Reproductive Health (*Centro Latinoamericano de Perinatología / Salud de la Mujer y Reproductiva* / [CLAP/SMR](#)) and the different cooperation agencies.

10. *For the IPCA Intergovernmental Commission:* Validate the document *PAHO/MSF Technical Consultation on Organization and Structure of Medical Care for Patients or Persons Infected with T. cruzi / Chagas Disease* (Montevideo, Uruguay. PAHO/DPC/CD/353-05) and work on
 - Training medical staff and health workers on an integrated approach to Chagas disease care.
 - Developing a diagnostic and comprehensive care system for congenital Chagas disease.
 - Strengthening primary care for Chagas disease, with correct referrals and cross-referrals at various levels of complexity.
 - Establish an adequate patient referral mechanism, maintaining a doctor-patient relationship.
11. *For the Subregional Reference Laboratory in Honduras:* Carry out activities with representatives of the National Reference Laboratories in the countries to define criteria to use when choosing diagnostic methodologies for different purposes, in the validation of commercial kits, in the serological evaluation of patients receiving post-etiological treatment, and in all aspects related to quality control.
12. Point out that it is in the interest of IPCA to explore possibilities for support from the Health component of the Puebla-Panama Plan ([PPP](#)), as a structure with a pronounced interest in Chagas disease control and care in Central America and Mexico.
13. Appeal to the PAHO Strategic Fund / Regional Revolving Fund for Strategic Public-Health Supplies via a note written in the name of the IPCA Intergovernmental Commission and coordinated by the IPCA Technical Secretariat, requesting the acquisition of an adequate, sufficient, and timely supply of etiological medication for Chagas disease (benznidazole and nifurtimox), by means of technical assistance and negotiation with the parties involved.
14. Appeal to the PAHO Strategic Fund / Regional Revolving Fund for Strategic Public-Health Supplies via a note written in the name of the IPCA Intergovernmental Commission and coordinated by the IPCA Technical Secretariat, requesting technical assistance and negotiation for procuring reagents at preferential prices for the serological diagnosis for Chagas disease.
15. Express to Doctors without Borders - Spain (*Médicos sin Fronteras – España* / [MSF-E](#)) that it consider, in light of new challenges arising during their new stage of technical cooperation in the area of Chagas disease, inserting
 - o medical care management for Chagas disease and; and
 - o comprehensive management of congenital Chagas disease
 into their primary health-care system.
16. In view of the fact that Chagas disease in Mexico and the Central American countries mainly affects indigenous populations, ask the IPCA Technical Secretariat to arrange for the corresponding PAHO Technical Units to incorporate the area of health care for indigenous populations within the framework of IPCA's areas of work and to work together in this area.
17. Promote PAHO/TCC Projects for Technical Cooperation among Countries between Guatemala and Mexico and between Nicaragua and Honduras, in order to come up with a diagnosis of the current status of *Rhodnius prolixus* in border areas and other areas with a history of this vector, as well as between Belize and Brazil to develop a surveillance model based on experiences in the Amazon Subregion.

18. *Recognize and thank partners:* The Intergovernmental Commission expresses its recognition and gratitude to the Japan International Cooperation Agency (JICA), the Canadian International Development Agency (CIDA), Doctors without Borders - Spain (*Médicos sin fronteras - España*) and the Pan American Health Organization (PAHO) for their technical and financial contributions to controlling Chagas disease in Central America.
19. Recognize the valuable contribution that Central American universities and research centers have made in the area of Chagas disease and encourage them to continue with their valuable collaboration, strengthening articulation between academic institutions and the Ministries of Health so as to facilitate operations research as a complement to surveillance and control activities.
20. *For the IPCA Intergovernmental Commission:* Ask the IPCA Technical Secretariat to conduct international evaluations in Belize and Costa Rica during first semester 2007, to provide continuity for this process vital to strengthening the Initiative.
21. *For the IPCA Intergovernmental Commission:* Begin preparations to hold the X^{th} IPCA Meeting in Nicaragua in 2007.
 - *For the country delegates:* Arrange for consent from the Nicaraguan health authorities and to confirm the dates.
22. *For the IPCA Technical Secretariat:* Begin making arrangements at the corresponding levels within PAHO to bring about the official integration of Mexico into IPCA, in view of the expressed wish of both the delegate invited from that country and the members of the IPCA Intergovernmental Commission, based on the importance of Mexico being part of this Initiative.
23. Seek a mechanism that makes it possible for authorities from national blood banks and the National Reference Laboratories in IPCA Member Countries to participate in upcoming IPCA meetings.
24. *For the IPCA Intergovernmental Commission:* Expand the name of the Initiative to include the area of medical care: henceforth the name of the Initiative will be the *Initiative of the Countries of Central America for Control of Vector-Borne and Transfusional Transmission and Medical Care for Chagas Disease*.
25. Prepare a goal analysis based on IPCA's broad experience in the Subregion in the area of the etiological treatment of Chagas patients whose disease is in its acute stage or who have recent or chronic infection.
26. Recognize the technical and financial contribution made to the Subregion by the Japan International Cooperation Agency (JICA), at the same time requesting that JICA continue to provide support and follow-up for current Chagas disease surveillance and control projects in El Salvador, Guatemala, and Honduras, along with a possible extension to other countries of the Subregion such as Nicaragua, Costa Rica, and Belize.
27. *Recognize the progress made in Guatemala:* The members of the IPCA Intergovernmental Commission wish to recognize Guatemala for that country's intensive and thorough work in the area of vector control, such that it has brought the country close to its goal of eliminating *R. prolixus*—the primary objective of the Initiative.

28. Maintain coverage for the serological screening of blood donors as it has been achieved by all the countries of the Subregion; this constitutes a very important achievement that will ensure reaching one of the IPCA objectives, namely to ensure that all blood banks participate in programs for external performance evaluation in the serology of infectious agents transmitted through blood, that they include in questionnaires questions aimed at selecting out possible donors infected with *T. cruzi*, and that they provide care to seropositive donors.
29. *For the various governmental organisms involved in building or improving housing in poverty-stricken areas, as well as NGOs and international cooperation agencies involved in this activity:* Develop projects in Chagas-endemic areas currently under control and where the Secretary General of the Central American Integration System (*Sistema de Integración Centroamericana* / [SICA](#)) is carrying out housing-related activities.
30. Ask the IPCA Technical Secretariat to explore possible mechanisms to facilitate the consultants in the Communicable Disease Unit at the PAHO/WHO Country Offices so that they might accompany the National Chagas Programs and participate in the meetings of the IPCA Intergovernmental Technical Commission.
31. Ask the IPCA Technical Secretariat incorporate a report on IPCA, via the corresponding Pre-RESSCAD* mechanisms, to into the agenda for RESSCAD 2007, so that they can familiarize subregional health-sector authorities with the progress made as well as with process and impact results. Furthermore, in RESSCAD 2007 they should bring up characteristic key points of the Initiative proposed as short-term solutions, with a view to passing a resolution to bring them about.
32. *For the IPCA Technical Secretariat:* Make a report to the PAHO/WHO Executive Committee on the progress made in each IPCA Member Country.
33. *For the countries:* Develop projects with international cooperation agencies with mechanisms to ensure the availability of funding from national counterparts.
34. Prepare a situation report on Chagas disease in Central America that includes all aspects (socioeconomic, political, administrative, technical, and health) involved in control of the disease, which can serve as tool for knowledge, strategic planning, information to authorities and donors, and comparative studies between countries.
 - *For the IPCA Technical Secretariat:* Prepare the terms of reference and search for funding for this report.
35. In light of the great progress achieved in the elimination of *Rhodnius prolixus* from the Central American territory,
 - Carry out spraying interventions in areas where this vector has been found.
 - Maintain follow-up, supervision, and evaluation activities *vis-à-vis* disease-control interventions.
 - Strengthen entomological surveillance through community participation.
36. *For the countries of the Subregion:* At the next IPCA meeting, present biennial national plans with operational goals as instruments for the development and continuity of surveillance and control activities.

* RESSCAD = *Reunión del Sector Salud de Centroamérica y República Dominicana* (Meeting of the Health Sector of Central America and the Dominican Republic), held every two years for the past 39 years. The Pre-RESSCADs take place during intervening years as preparation for the next meeting. See [XX RESSCAD](#).