

Research

Education

Technical  
Cooperation

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# 2021 INSTITUTIONAL YEARBOOK



**IECS**

INSTITUTE FOR  
CLINICAL  
EFFECTIVENESS  
AND HEALTH POLICY



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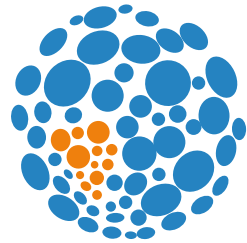
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## ABOUT US



**IECS**  
INSTITUTO DE EFECTIVIDAD  
CLINICA Y SANITARIA

We are an independent academic institution affiliated to the University of Buenos Aires School of Medicine, dedicated since 2002 to:

- » Research
- » Education
- » Technical cooperation

It houses an executive unit of the CONICET (Argentine National Scientific and Technical Research Council), a Cochrane Center and one Collaborating center of the WHO.



Centro Colaborador de la OMS/OPS en  
Evaluación de Tecnologías de la Salud

## ABOUT US

# MISSION

To contribute with improving overall health, creating and promoting the use of the best scientific evidence.



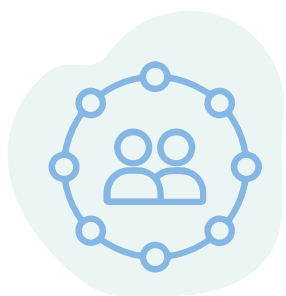
### RESEARCH

We conduct clinical, epidemiological **research** and studies applied to healthcare policies and services, health technology assessments and economic evaluations, systematic reviews, qualitative studies, questionnaire and intervention validation to improve medical care quality and patient's safety with a local, regional and global perspective.



### EDUCATION

We provide training in clinical and health research, management and assessment of health programs and policies. Our academic offer includes the **University of Buenos Aires School of Medicine Master's Degree in Clinical Effectiveness** and different **post-graduate courses and seminars** involving all the fields our institution and its professionals have experience with.



### TECHNICAL COOPERATION

Through a close **collaboration** with public **agencies**, non-governmental organizations and private institutions, we develop strategies that allow improving accessibility and quality of care to promote the implementation of effective evidence-based policies and interventions.



# STAFF

# MANAGEMENT

**DR. EZEQUIEL GARCÍA ELORRIO**

Director of Administration and Director of the Department of Healthcare Quality and Patient Safety

**DR. FERNANDO RUBINSTEIN**

Director of the Department of Education

**DR. VILMA IRAZOLA**

Director of the Department of Research on Chronic Diseases

**DR. ANDRÉS PICHON-RIVIERE**

IECS and Department of Health Technology Assessment and Health Economics Executive Director

**DR. ADOLFO RUBINSTEIN**

Director of the Center for Implementation and Innovation in Health Policies (CIIPS)

**DR. MABEL BERRUETA**

Coordinator of the Statistics, Data Management and Information Systems Unit and Coordinator of the Department of Mother and Child Health Research

**BACHELOR GRISEL JORDÁN**

Director of the Operations Management and Support Unit

**DR. FEDERICO AUGUSTOVSKI**

Director of the Department of Health Technology Assessment and Health Economics



## STAFF

## STEERING COMMITTEE

## COORDINATION



CHAIRMAN  
DR. JOSÉ BELIZÁN



DR. JUAN CARLOS  
VASSALLO



DR. SUSANA  
RODRÍGUEZ



DR. JORGE  
VINACUR



BACHELOR  
LUCIANA  
PELLE

COORDINATOR OF THE  
OPERATIONS MANAGEMENT  
AND SUPPORT UNIT



CLAUDIA  
ARIZAGA

COORDINATOR OF  
ADMINISTRATION AND FINANCE

## STAFF

## COORDINATION



**DR. AGUSTÍN CIAPPONI**  
Director of the Cochrane Argentine Center Coordinator of the IECS-Cochrane Argentine Center



**DR. ANDREA ALCARAZ**  
Coordinator of Health Technology Assessment



**DR. VERÓNICA DUSSEL**  
Coordinator of the Center for Research and Implementation in Palliative Care (CII-CP)



**BACHELOR ALFREDO PALACIOS**  
Coordinator of Health Economics



**DR. VIVIANA RODRÍGUEZ**  
Coordinator of the Department of Healthcare Quality and Patient Safety



**BACHELOR MARÍA BELIZÁN**  
Coordinator of the Qualitative Research on Health Unit



**DR. ARIEL BARDACH**  
Director of the Center for Research on Epidemiology and Public Health (CIESP). IECS-Cochrane Argentine Center and Department of Health Technology Assessment and Health Economics Senior Researcher



**BACHELOR CINTIA CEJAS**  
Coordinator of the Center for Implementation and Innovation in Health Policies (CIIPS)



**DR. SEBASTIÁN GARCÍA MARTÍ**  
Coordinator of the Department of Health Technology Assessment and Health Economics



**BACHELOR MARIANA COMOLLI**  
Coordinator of the Communication Unit



# WHO WE ARE

## RESEARCHERS

Agustina Mazzoni  
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Ayelén Toscani  
Carlos Rojas  
Carolina Prado  
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Eugenia Settecase  
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Federico Cairoli  
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Karen Klein  
Inés Suárez Anzorena  
Javier Roberti  
Juan Pedro Alonso  
Julia Stitzman  
Luz Gibbons  
Lucas Perelli  
Laura Gutiérrez

María Laura Requena  
María Luisa Cafferata  
Mariana Seijo  
Manuel Donato  
Natalí Ini  
Natalia Elorriaga  
Natalia Espínola  
Natalia Hreczuch  
Pablo Gulayin  
Paula Vázquez  
Rosana Poggio  
Roberto Klappenbach  
Sara Reidel  
Simón Fernández Nieves  
Verónica Alfie  
Verónica Pingray  
Verónica Sanguine  
Victoria Sáenz  
Samanta Straminsky  
María Victoria López

## FELLOW RESEARCHERS

Carla Colacci  
Diana Pinto  
Fernando Argento  
María Victoria López  
Marina Guglielmino

Milagros García Díaz  
Milagro Roldán  
Sandra Formia  
Vanessa Ortega

## TRANSDISCIPLINARY TEAMS

### INSTITUTIONAL COMMUNICATION

Mariana Comolli (Coordination)  
Marina Guerrier

### LIBRARY

Daniel Comandé  
Mónica Soria

### PEDAGOGIC COUNSELING

Adriana Sznajder  
Tamara Zysman

### HUMAN RESOURCES

Andrea Mencía  
Marina Bonelli

### IT SUPPORT

Romina Melgarejo (Coordination)  
Rodrigo Alonso

### MARKETING

Marianela Conde (Coordination)  
Magali Botta  
Martina Rocchi

### SEARCH FOR FUNDING

Claudia Arizaga  
Gilda Follietti

### SOCIAL MEDIA

Natalia Galián

### ADMINISTRATION AND FINANCE ANALYSTS AND ASSISTANTS

Ana Redes  
Emilio Allemandi  
Richard del Padre  
Romina Peralta

### OPERATIONS ANALYSTS AND ASSISTANTS

Cecilia Hernández  
Cinthia Pozzolo  
Gabriela Rodríguez  
Joaquín Uzzo  
María Eugenia Serres  
María Harmitton Oliveto  
Marina Bonelli  
Nancy Albornoz  
Pablo Rozengardt (CIESP-CONICET)  
Samanta Padra  
Sol Franco

### DATA MANAGEMENT

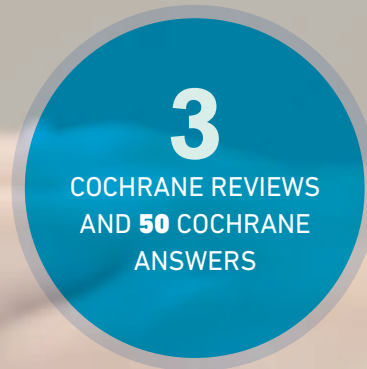
Alvaro Ciganda  
Candela Stella  
Julieta Spagnolo  
Lisandro Di Meo  
Rocío Rodríguez

### MAINTENANCE

Claudia Gallardo  
Olga Ojeda

# 2021 in Figures

## SCIENTIFIC PUBLICATIONS



## EDUCATION



## RESEARCH



## COMMUNICATION



# A Perspective View

IECS ends 2021 ready to celebrate its first 20 years. This takes place at a time the world has just undergone two years that will probably become one of the most transforming and influencing periods in our recent history. How the organizations adjusted and navigated the COVID-19 pandemic highlights the challenges and opportunities lying ahead in the near future.

During these years, IECS has experienced a huge growth and is also transitioning from a small, almost family-like organization to become a more mature and professional institution.

More than 100 people work at IECS everyday (60% investigators, 30% support and operational management staff and 10% fellows). Just in 2021, we conducted 134 projects with

presence in more than 30 countries, with 88 publications in indexed journals and almost a thousand students participating in our educational and Master program.

Accompanying this growth, important units and transversal areas that provide essential support to projects, such as the Data, Qualitative Research and Communication units, the Department of Education and the Support and Operational Management Unit (where Administration, Human Resources, Marketing, Systems and Funding come together) consolidated in IECS.

In addition, although we can speak about metrics or number of documents, publications or projects, or concrete incidence of our work on public policies, we do not lose sight of the fact that **everything we do is the result of our**

**passion for our everyday work. Human resources are the main IECS asset.** Our biggest pride and what defines us as organization.

Our mission is to contribute with improving overall health, creating and promoting the use of the best scientific evidence, now in a world where health and rigorous research have come to receive recognition and attention like never before. This is also the biggest challenge and opportunity that lies ahead.



**Dr. Andrés Pichon-Riviere**  
Executive Director of IECS





# IMPACT OF THE COVID-19 PANDEMIC

## ON PUBLIC POLICIES

“One thing we have learned: Data and scientific evidence have taken a leading role in decision-making. For the first time in the public debate, data has become a critical and fundamental factor in public policy decision making, whether we agree or not with these decisions.”

Dr. Adolfo Rubinstein, Director of the  
CIIPS

## ON HEALTH ECONOMICS

“For the first time, in a long time, health led the public debate in a country marked by discussions about economy. COVID-19 made us see that there is no dichotomy between health and economy. They are both closely related and represent fundamental elements in the wellbeing of every society. This challenges and demands decision makers to work in a systemic and multidisciplinary manner.”

Lic. Alfredo Palacios, Coordinator of  
The Health Economics Unit

## IN PATIENTS

“The indirect impact of the pandemic on health and on care processes of other conditions has been relegated during the public discussion of the health emergency. Documenting the experience of patients who have seen their care interrupted or hindered is important to make these other impacts of the pandemic visible. To guarantee continued services during a health crisis is a challenge for health systems.”

María Belizán, Coordinator of the  
Qualitative Research on Health Unit

## ON PALLIATIVE CARE

“Although the importance of accompaniment and quality of life in the face of a serious illness has become visible, we still have not managed to get our legislators to pass a law that guarantees equitable access to palliative care for all people in need of it.”

Dr. Verónica Dussel,  
Coordinator of the  
CII -CP



# WEBINARS

We organized 17 webinars, with access through our **Youtube** channel.



Smoking and Taxes in Latin America.

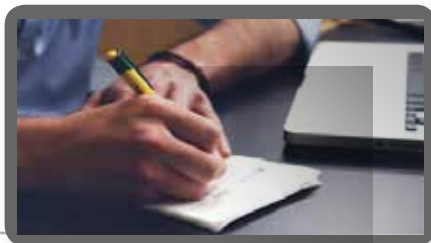
[→Read](#)

Tools to apply a Value Framework of Diagnostic Technologies in decision making.

[→Read](#)

Tools for a Journalistic Approach to Tobacco.

[→Read](#)



Patient safety in times of COVID-19. Recommendations based on evidence

[→Read](#)

Sugar-sweetened beverages

(In English).

[→Read](#)



Sugar-sweetened beverages. Presentation of Results.

[→ Read](#)

Sugar-sweetened beverages in Argentina.

[→Read](#)



Clinical Management Based on Value.

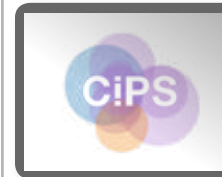
[→Read](#)

COVID-19: How to determine what interventions work?

[→Part I](#)

[→Part II](#)

[→Part III](#)



COVID-19: Challenges for the Argentinean health system and society.

[→Read](#)

How to predict the impact of public policies against COVID-19.

[→Read](#)



Value framework for diagnostic technologies in Latin America.

[→Read](#)



Women leadership in health.

[→Read](#)

Decision making and prioritizing health resources: changes imposed by COVID-19.

[→Read](#)

COVID-19: How do we surf the new wave? A comprehensive look from the perspective of public policies.

[→Read](#)

How do we manage a COVID-19 pandemic in Argentina?

[→Read](#)

Keys to improve effective communication in health. Lessons from the pandemic.

[→Read](#)



## HIGHLIGHTS

### EQUALITY AND GENDER

Gender inequalities pose challenges to the public health policies of those societies that aspire to achieve higher levels of equality. We are proud we are working on this line on three projects. One of them analyzes the **cost of informal care attributable to tobacco use** in Latin America. Another study estimates the **impact of the COVID-19 pandemic on**

**gender inequality**, based on an informal analysis of informal health care in Argentina. This work addresses the economic burden and the effects on the wellbeing of caregivers. Lastly, one project will assess the way in which **unpaid care work** and **lack of access to formal employment** impact health and other dimensions of women's lives.



### RESPONSE TO THE PANDEMIC AND IMPACT OF VACCINATION



During 2020, the **Center for Implementation and Innovation in Health Policies (CIIPS)** and the Department of Health Technology Assessment worked in developing a readiness and response model for the main countries in Latin America and the Caribbean to face the pandemic, with funds from the **Inter-American Development Bank (IDB)**. In 2021, with funds from the **World Health Organization (WHO)**, the model was adapted to anticipate the impact of vaccination in six countries, oriented to measures such as **prioritization of the groups to immunize** or optimal combination of non-pharmaceutical interventions. This project was later extended to 26 countries using new funds from the IDB and considered, in a subgroup of countries, an analysis of **cost-effectiveness of vaccination** versus restrictive measures. Click [here](#).



### DIABETES AND CARDIOVASCULAR DISEASES

These two conditions, which are highly prevalent, continue to be the focus of two projects under way led by the Department of Research on Chronic Diseases, developed in four Argentine provinces: San Juan, La Rioja, Salta and Buenos Aires. The first one, funded by the **World Diabetes Federation (WDF)**, is addressed to prevent and optimize **diabetes care**. The second one, conducted along with the Harvard University

and with a grant from the National Institutes of Health (NIH), aims at evaluating the effect of multiple-component intervention in diagnosing and managing **cardiovascular risk**. During 2021, co-design and qualitative research meetings have been organized with the health teams in order to make a diagnosis of the situation of the different provinces; field work starts in 2022.



## BENEFITS OF RESPONSIVE FEEDING

Responsive or **perceptive** feeding during **early childhood**, when reciprocity between the child and the feeding person is promoted, including a higher “sensitivity” to the child’s **signals of hunger**, is an approach considered key for developing healthy eating habits and preventing **obesity in children**. During 2021, we led the most complete systematic review carried out on the impact of responsive feeding in different outcomes, such as **acceptance and preference of food**, energy and nutrient intake, and early development. This review set the basis for the new World Health Organization (**OMS**) Clinical Practice Guidelines which recommended this approach.

## Technical Consultations

Technical consultations or expert meetings that reach a consensus under a certain work dynamics are a tool some organizations making international recommendations, such as the WHO, use when they need to fill an information gap, especially in controversial subjects or those requiring and urgent response. Our **Department**

**of Mother and Child Health Research** has experience in coordination. Since 2017 and, during 2021, has led a new technical consultation with experts from 16 countries to reach a consensus on useful methods for early detection and treatment of **hemorrhage** during and after **C-section**.



## The CIESP team keeps on growing

When the Center for Research on Epidemiology and Public Health (CIESP), depending both from the IECS-CONICET (Argentine National Scientific and the Technical Research Council), was created five years ago, we were just 11 health investigators and just one career investigator. We ended 2021 with 13 health investigators, two career investigators, two fellows, one administrative employee and project to incorporate additional staff in 2022. A quantitative and qualitative progress that ranks the center and invites us to enthusiastically embrace new challenges.





## HIGHLIGHTS



## HEALTH IN THE AMERICAS

Every five years, the **Pan-American Health Organization (PAHO)** publishes its report: **“Health in the Americas”** which compiles **health indicators, determinant health factors and tendencies** in the period, from all the member countries. In the 2022

issue, our **Center for Implementation and Innovation in Health Policies (CIIPS)** provided technical support in **preparing and updating the report**, including one section with indicators and analysis of the burden and effects of the pandemic on the health systems.

## LAUNCHING THE QUEST LAC NET

IECS, through its **Department of Healthcare Quality, Patient Safety and Clinical Management**, is one of the founders of **QuEST LAC**, a collaborative network for the development of quality evidence for the **transformation of health systems in Latin America and the Caribbean**. This initiative is a linkage and financing platform that generates commitments in different research projects, such as creating an instrument to make the voice of the public heard by health decision makers or the developing monitoring modalities for populations with chronic diseases to know their experience with their care.



## BREAST CANCER: WHAT HAPPENED DURING THE PANDEMIC

Confinement and interrupted or altered supply of health services due to the COVID-19 pandemic posed additional challenges to the patients with chronic diseases. This is the case of those who have **breast cancer**. In this context, in order to identify the **barriers and facilitators for treatment compliance**, a team from the **Qualitative Research Unit** made use of semi-structured interviews with very open questions and other research techniques with 30 women with this condition, which would allow to design **strategies to facilitate effective continued care** in this and other potential health crises in the future. The project was funded with a grant from the National Institute of Cancer (NIC) and, from



the moment the protocol was proposed, it had an active participation through the patient inclusion process.



## HIGHLIGHTS

### WE ARE PART OF 3IE!

As from late 2021, the **IECS- Cochrane Center** became part of an institution associated to the **International Initiative for Impact Evaluation (3IE)**, a prestigious organization with headquarters in Washington

DC, London and New Delhi that summarizes the **evidence for the entire world**. We are proud of this achievement, which arose from an open call for research centers in low- and middle-income countries with competence

in conducting systematic reviews and other types of summary of evidence of topics relevant to social and economic policies.



### WE PARTICIPATED IN THE NEW WHO GUIDELINE FOR HYPERTENSION

Dr. Vilma Irazola, Director of the IECS **Department of Research on Chronic Diseases** was part of a committee made up by 15 experts who prepared the new **World Health Organization (WHO) Guideline for the Pharmacological Management of Hypertension**, the main cardiovascular risk factor. This tool had not been updated for more than 20 years and now provides easy to implement recommendations in several settings, to help countries improve the rate of **patients who detect and control** this disease. "The methodology used to prepare this guideline was strict and clear, with a multidisciplinary and inclusive team. It was based on the extent of certainty of the evidence and the benefit-damage ratio. But it took into account values and preferences, acceptability, feasibility and impact on equity", Dr. Irazola mentioned during its presentation.

### IMPROVE DECISION MAKING IN LATIN AMERICA

A **value framework** is a **set of characteristics** that a health technology (a drug, interventions or medical devices) have, **characteristics** to be considered at the time to decide to **include or exclude** a technology from **the package of benefits/ coverage of a health system**. A value framework that tries to **clearly and explicitly communicate**, what dimensions are important in decision making. In general, they reflect the preferences or values of the different actors involved in building or using this technology. We, at IECS, built the **first value framework for diagnostic technologies in Latin America** and organize **trainings** on this field. Click [here](#) to access all the material (videos, technical reports, images, etc.).



## HIGHLIGHTS

### WE CELEBRATED NINE YEARS AS CENTER COLLABORATING WITH THE WHO

The WHO renewed the collaboration of the IECS Health Technology Assessment Department (ETS) as **Collaboration Center**. This fills us with pride and reinforces our commitment and formally commits ourselves to providing support **to replicate WHO programs at regional and interregional levels**. Also to conduct **research and train human resources** to support health development in nations. Under its leadership, health priorities are established in the region to jointly face those common problems that do not

respect boundaries and that, in many cases, put the sustainability of health systems at risk. This renewal is **valid for four years (2021-2025)**. Read more [here](#)



### CONVALESCENT PLASMA

We participated in a randomized study of COVID-19 convalescent plasma administration to decrease severe disease progression in elderly people with mild symptoms. The results of this works, led by **Dr. Fernando Polack** from the Infant Foundation, were published in the New England Journal of Medicine (NEJM) and allowed to learn the convalescent plasma, with enough **antibodies** and administered within the first 3 days of mild symptom onset, **decreases COVID-19 progression to a severe condition** in elderly people. Read the publication [here](#) and click more information [here](#).



### GRANTS

Four IECS members received research grants awarded by the National Ministry of Health. In 2022, they will be working on:

- » Mortality, clinical sequelae and quality of life after discharge from Intensive Care Units in patients with **COVID-19**.
- » Effectiveness and feasibility of a **mobile health** strategy on adherence to chronic treatment in the COVID-19 pandemic setting.
- » Impact of **reducing sugar use** on the health of children and adolescents by prohibiting advertising, promotion and sponsorship of sugar-sweetened beverages.
- » COVID-19 and **gender inequality**: Analysis of its impact on the economic and health burden due to informal care in health.

Read more [here](#).



## THE IMPORTANCE OF CALCIUM

We are developing several studies on the influence of calcium content in the diet of the mother. One of them, conducted by the IECS and the Bone Biology Laboratory of the Rosario School of Medicine and led by Dr. José Belizán, analyzes if calcium intake is useful to regulate blood pressure in mothers. Hence, prior to becoming pregnant young female rats will receive an adequate calcium diet, a low calcium diet and their offspring will be followed up until old. Meanwhile, other studies address developing and testing strategies to improve calcium intake at population level, i.e., fortified food and water, assessing the impact on blood pressure and prevention of preeclampsia and eclampsia in women of reproductive age.



## LABELING

In Argentina, the Front of Pack Labelling Law was passed and we, at the IECS, are celebrating! Not only because it is a measure that makes information clear and serves as a guide in choosing healthier food but also because we contributed with public debate by generating evidence as to the usefulness of this intervention in reducing the use of sugar-sweetened beverages (click [here](#)). Also, we conducted a study that allowed to show that in the City of Buenos Aires, non-healthy foods have 4 times more space in supermarket shelves than healthy foods (Click [here](#)).



## UNITING LATIN AMERICAN FORCES

Tobacco control in general and tobacco tax policies in particular are essential to achieve the UN Sustainable Development Goals (SDG) by 2030. In this sense, IECS led a synergy project with 5 Latin American countries (called "Synergy") that is aimed at improving the

existing local data and their communication as well as to accelerate the knowledge obtained in tobacco control in the region.

See [videos](#) and images of [Argentina](#), [Colombia](#), [Ecuador](#), [Mexico](#) and [Peru](#).





# Department of Health Technology Assessment and Health Economics

WE WORK IN DEVELOPING KNOWLEDGE AND TOOLS TO GUIDE DECISION MAKING TO ACHIEVE MORE EFFECTIVE, EFFICIENT AND EQUITABLE HEALTH SYSTEMS IN LATIN AMERICA AND THE REST OF THE SOUTHERN HEMISPHERE. DURING 2021, WE DID THE FOLLOWING:



- » Studies to measure the disease burden of **smoking** and its health, economic and social costs in Latin America.
- » Systematic reviews of policies and cases of **disinvestment** in health technologies globally.
- » A **training** program for REBRATS (Brazilian Network of HTA); a **course** for the PAHO/WHO; a course for scientific societies and several regional programs for actors relevant to the health system.
- » 42 **health technology assessments** (12 related to COVID-19)
- » Disease burden and budget impact of public health measures on the use of **sugar-sweetened beverages** in Latin America.
  - » Systematic review of the efficacy of TDMI on **HER2+** breast cancer.
  - » International multicenter study for the development of a new quality of life and wellbeing

tool. (**EQ-HWB**).

- » Impact of **lung cancer** on the quality of life and on the costs of patients and families.
- » Disease burden of **smoking** and cost-effectiveness of flat packaging of tobacco products in **Nigeria**.
- » Study of **EuroQol** mixed methods in seven countries to assess the less desirable health statuses.
- » Estimates of the costs of **colorectal surgery** in Argentina.
- » Analysis of the budget impact of free **Freestyle** in Argentina and Chile.
- » Summary of the evidence on **asthma** management in Argentina.
- » Baricitinib in **atopic dermatitis**.
- » Audits to **improve the quality of care** conducted at the Uruguay National Fund of Resources (FNR).
- » Burden of **Herpes Zoster** disease in Brazil.

#### Cost-effectiveness studies of:

- » **Calcium** for prevention of pre-eclampsia.
- » **Carbetocin vs. oxytocin** for prevention of preeclampsia (protocol).
- » **Upadacitinib** in **ulcerative colitis** (it also included a budget impact analysis).
- » Treat-to-Target (**T2T**) in rheumatoid arthritis in Argentina.

## Dimensions of costs in the health system



We are working in more than 15 **economic evaluations and budget impact analysis** of different topics such as vaccines, drugs, devices, diagnostic tests, high-cost technologies and public health interventions (e.g., COVID-19 vaccines, taxes on sugar-sweetened beverages and tobacco, calcium supplementation and food fortification).

· We are collaborating with the National Committee of Health Technology Assessment (CONETEC) and we are coordinating two **Salud Investiga (Health Does Research)** multicenter projects, dependent on the Argentine National Ministry of Health, about high-cost drugs for orphan diseases and judicialization.  
Read more [here](#).

## Health resources and decision making



For the sixth consecutive year, we were the scientific secretary of the International Society for Health Technology Assessment (HTAi) policy forum, a neutral space where the different actors associated to including health technologies

interact.

This event, with more than a hundred participants from 12 Latin American countries, focused on assessing and promoting discussion processes for a better decision making and allocation of health resources. Read more [here](#).

Our HTA library already has more than 1,300 documents. Click [here](#) to access. In 2021, 20 documents received comments during the public consultation process.  
Read [here](#)

We conducted several projects based on the open R software and the Shiny visualization platform

(from economic evaluations and COVID-19 transmission models with CIIPS, to budget impact analysis).

# IECS-Argentine Cochrane Center

WE ARE AN IBEROAMERICAN COCHRANE NETWORK CENTER. OUR OBJECTIVE IS TO FACILITATE CLINICAL AND SANITARY DECISION MAKING BASED ON THE BEST SCIENTIFIC EVIDENCE AVAILABLE. DURING 2021, WE WORKED ON THE FOLLOWING:

## Systematic reviews of clinical and public health topics:

- » Fixed doses vs. adjusted doses of benznidazole for the treatment of **chronic Chagas disease** in adults. Meta-analysis with data from individual patients.
- » Effect on health of food **fortification** with **calcium**.
- » Mobile device applications to detect **fake** or **adulterated medications**.
- » Geographic accessibility to health services and clinical results in patients with **colorectal cancer**.
- » Epidemiology and economic burden of **gonorrhea** in Latin America and the Caribbean.
- » Safety network meta-analysis of the efficacy and safety of T-DM1 in HER2+ **breast cancer**.
- » State of **disinvestment** in the world.

## Cochrane's Reviews:

- » Interventions to reduce **medication errors** in hospital settings.
- » **Calcium supplementation** for primary care of arterial hypertension.
- » Mini-mental test for early detection of **dementia** in individuals with mild cognitive impairment.
- » Types of **mechanical ventilation support** for adults with lung injury and respiratory distress.

## Reviews on COVID-19:

- » Safety network meta-analysis of the efficacy and safety of **COVID-19 vaccines**.
- » Review of the scope of recommendations for COVID-19 **testing**.
- » Rate of **false negative PCR results** in **COVID-19**.
- » Live systematic

review on the incidence and transmission of asymptomatic infections due to **SARS-CoV-2**.

## Methodologic contributions:

- » We prepared guidelines for the critical assessment of cost-effectiveness systematic reviews.
- » We translated into Spanish an updated guideline for reporting systematic reviews.
- » We conducted several works on statistical and clinical significance.







## COVID-19 vaccines in pregnant women: more information

Two international studies jointly led by our team and by the Department of Mother and Child Health Research reinforce the convenience and safety of COVID-19 vaccination in pregnant women. The first one, an [“umbrella review”](#) or review of 66 systematic reviews of observational studies published in PLOS ONE confirmed that

women who get infected with the SARS-CoV-2 virus during pregnancy may be at a higher risk of [adverse outcomes](#) in pregnancy and delivery,

and a low risk of congenital transmission. Also, a quick review of the generally highly referenced literature and cited by the World Health Organization (WHO) concluded that “there is no evidence of safety concerns associated with pregnancy with COVID-19 vaccines when their components or platforms were used in other vaccines”.

Both projects are part of a line of research that will continue together with the Department of Mother and Child Health Research during 2022 with a [live systematic review](#) to assess the safety and efficacy of vaccines in this population. Click [here](#) to access more information.

We conducted our first study on the epidemiology and disease burden of Herpes Zoster (“shingles”) in Latin America. Click [here](#) to access images with the results.

# Department of Mother and Child Health Research

WE SEEK TO GENERATE EVIDENCE AND DEVELOP INTERVENTIONS THAT CONTRIBUTE TO IMPROVING HEALTH AND WELLBEING OF WOMEN OF CHILDBEARING POTENTIAL AND THEIR BABIES, BEFORE, DURING AND AFTER DELIVERY. DURING 2021, WE WORKED ON THE FOLLOWING:



## **Mother immunization and COVID-19 vaccination:**

- » Level of readiness of sites to carry out active monitoring of **maternal immunization** safety in low and middle-income countries: analysis of the setting.
- » Safety of **COVID-19 vaccines** or their components during pregnancy: systematic review and analysis of the setting.

## **Preeclampsia and eclampsia:**

- » Demonstration of non-inferiority of a lower dose (500 mg) of **calcium** during pregnancy to decrease **preeclampsia** and improve neonatal outcomes.
- » Study of the influence the **calcium** content

has on the mother's diet in relation to **blood pressure** regulation in the descendants.

- » Factors affecting the administration of calcium supplementation during pregnancy to prevent **preeclampsia**: systematic review of mixed methods.

## **Validation of distal indicators of maternal mortality:**

- » Global initiative to end preventable **maternal mortality** (Improving Maternal Health Measurement). Survey conducted on women of reproductive age and healthcare professionals in Salta, Jujuy, La Pampa and Buenos Aires.

## **Care during labor and delivery:**

- » Implementation of the (WHO) Intrapartum Care Guideline to reduce the number of **C-sections** carried out in hospitals in **India**.
- » Development of the **WHO toolkit** for successful implementation of recommendations for intrapartum care: choosing the best strategies and adaptation of selected strategies, in addition to the summaries of evidence from the selected recommendations.
- » Development and coordination of the WHO toolkit evaluation for implementation of **intrapartum care** in **Argentina** and **Tanzania**.

Continued  
↓

## RESEARCH AND TECHNICAL COOPERATION PROJECTS

### Department of Mother and Child Health Research

#### Postpartum hemorrhage:

» Detection and initial treatment of postpartum hemorrhage using the **EMOTIVE** package (University of Birmingham- WHO).

» Early detection and first response to **postpartum hemorrhage** during and after C-section (University of Birmingham- WHO).

Both included technical consultation with experts.

#### Prevention of vertical transmission:

» Short benznidazole treatment to reduce the parasite load in women of reproductive age infected with **Trypanosoma cruzi**.

» A multifaceted intervention to improve access to a comprehensive approach to **Chagas** disease in the first level of care in the province of Chaco, Argentina.

» **Zika virus** infection in pregnant women in **Honduras**- Cohort under follow up since 2016.



## “Toolkit” evaluation

In 2018, the WHO published “Recommendations for intrapartum care for a **positive child birth experience**”. And it also developed a “Toolkit” aimed at supporting its successful implementation, including proposals for actions to change the behavior of managers and healthcare staff, to recognize barriers and facilitators and to adjust strategies to the startup process. To assess the usefulness of this kit in health institutions, as well as the factors promoting or preventing its adoption, our Department is conducting a study in **Argentina** and **Tanzania** that includes two hospitals in each country. The results will be useful to identify toolkit improvements that will allow its large-scale implementation.

Despite the COVID-19 pandemic, **we could interview more than 2,000 women in person** (following the corresponding protocols) and ask them about satisfied demand for **family planning and free healthcare services**.



# Department of Research on Chronic Diseases

WE SEEK TO PROMOTE HEALTH BY GENERATING SCIENTIFIC EVIDENCE AND IMPLEMENTING INTERVENTIONS WHICH MAY ALLOW TO PREVENT CHRONIC DISEASES AND OPTIMIZE THEIR COMPREHENSIVE MANAGEMENT.

The Department is made up by the Center of Excellence in Cardiovascular Health for South America (CESCAS), the Center for Research and Implementation in Palliative Care (CII-CP) and the Center for Excellence in Cancer Research (CEDIC).

## During 2021, these were some of the projects and initiatives we participated in:

- » We identified gaps in the response to needs of the elderly to achieve a **healthy aging**.
- » We assessed the safety and effectiveness of interventions that include components of **perceptive feeding** in boys and girls up to 23 months old.
- » We promoted establishing a regional **community of practice** aimed at developing and consolidating the field of food systems to prevent non-communicable diseases and to influence intersectoral policies and practices.
- » We explored the association between plant-based **eating patterns** and cardiovascular risk factors in a cohort from the Southern Cone.
- » We developed and validated an

- assessment** tool for projects based on the sensitivity of the question of **gender**, to be applied in a research, political incidence and policies oriented to eating systems.
- » We studied the effectiveness and feasibility of a multiple component strategy to increase coverage of the population screening of **colorectal cancer** in vulnerable populations assisted by the public health system.
- » We seek to evaluate if a **mobile health** strategy using educational videos in high blood pressure individuals improve therapeutic adherence in the context of the COVID-19 pandemic.
- » We signed a cooperation agreement with the **Argentina Federation of Cardiology** to prepare and execute joint scientific-academic activities.
- » We tried to characterize the differences in

Continued  
↓

## RESEARCH AND TECHNICAL COOPERATION PROJECTS

### Department of Research on Chronic Diseases

the use of the recommended medication (antihypertensive drugs, statins, antiplatelet and lipid-lowering agents) in individuals with **coronary artery disease** based on their medical insurance coverage in a cohort from the Southern Cone.

- » We continued with a project led by Harvard University (PRIMECare Trial) to assess if a multiple component intervention that uses strategies based on **mobile health**, systems for health decision making and health sponsors is effective and sustainable in preventing **cardiovascular disease** in individuals at high cardiovascular risk.
- » We continued escalating a program to strengthen healthcare services in the first level of care of **diabetes** patients in three provinces of Argentina.
- » We adapted and assessed a multiple component program to optimize outpatient **heart failure** treatment.
- » We analyzed the barriers and facilitators for primary **Type 2 diabetes** prevention in the first level of healthcare in the province of Mendoza.

## Healthy aging

As life expectancy increases, promoting what is called healthy aging becomes significant in public health. From Crónicas, we launched a new line of study in this field and we are leading a project funded with a **Salud Investiga “Dr. Abraam Sonis” grant** from the Argentine National Ministry of Health to assess the different government programs designed to accompany the elderly and to deeply explore the perspective of the recipients.

This work clarified to what an extent the programs **offered** matches the **demands** and expectations of the elderly, which was useful at the time of preparing **recommendations**.

# Center for Research and Implementation in Palliative Care (CII-CP)

WE SEEK TO CONTRIBUTE TO PROVIDE HIGH-QUALITY PALLIATIVE CARE (PC) AT ALL LEVELS OF HEALTH CARE BY GENERATING INFORMATION, KNOWLEDGE AND STRATEGIES TO IMPLEMENT EFFECTIVE PRACTICES, BY STRENGTHENING THE DEVELOPMENT OF A PC NETWORK OF PROVIDERS AND BY SPECIFIC TRAINING. DURING 2021:

- » We published the first qualitative results of the **PediQUEST Response** (Response to symptom suffering in pediatric oncology) intervention study on the barriers to efficacious management of symptoms in children and adolescents with **advanced cancer**.
- » We developed the PediQUEST clinical trial in a new population: Children and adolescents with severe motor and **cognitive**

- impairment**.
- » We participated in a **research network** of pediatric Palliative Care to create evidence aimed at having influence on the development of **public policies** in Latin America.
- » We continue providing **technical advice** for research on pediatric Palliative Care and healthcare institutions and professional societies in Argentina and other countries in the region.





## “Normalization of symptoms” in advanced pediatric cancer

During the training phase for the development of the PediQUEST Response



intervention, we found that patients, parents and all the cancer and palliative care healthcare providers consider pain, nausea, vomiting and other **symptoms** as “normal”, “**acceptable**”, and even “**inevitable**”. This process that we call “normalization of symptoms”, hinders the active search for relief of suffering. To overcome this normalization is essential to improve the quality of life of pediatric patients with advanced cancer and their families.

[Read more](#)

**7**  
provinces in  
Argentina do not have  
a team specialized  
in pediatric PC.

## Where do children and adolescents die in Latin America?

A group of pediatric palliative care healthcare professionals has been working in analyzing death certificates in **12 countries** of the region to create **local data** on where children and adolescents die, based on age and cause of death. This information is a first step towards building evidence that may help **develop** and **plan** palliative care in the pediatric population.

Of the **125 public hospitals** with pediatric and/or neonatal hospitalization in Argentina, treating children and adolescents with complex chronic diseases, **65% do not have a team specialized in pediatric PC in place.**

# Department of Healthcare Quality, Patient Safety and Clinical Management

WE COMPREHENSIVELY SEEK TO IMPROVE THE QUALITY OF CARE OF HEALTH SYSTEMS TO OBTAIN BOTH BETTER RESULTS FOR THE PATIENTS, THEIR FAMILIES AND COMMUNITIES, AND IN HEALTHCARE PROFESSIONALS BY IMPLEMENTING THE BEST EVIDENCE AVAILABLE. DURING 2021:

» We created the **QuEST LAC Center** together with the **Peruvian Cayetano Heredia University**, to become part of the global QuEST Network. Led by the Harvard School of Public Health, aimed at transforming health systems in developing countries, this initiative is funded by the **IDB** and the **COSUDE**.

» We completed the development of collaborations to improve the quality of **COVID-19** and **heart failure** care and we launched three new projects to decrease **surgical site infections**, antibiotic management at intensive care units and a pilot project on management of **antibiotics** in pediatric children in critical care.

» We launched a remote course on **Value-Based Clinical Management** for healthcare professionals.

» We continued supporting technical cooperation to **improve quality and patient safety** with the Uruguay British Hospital and other institutions in Argentina.

» We developed **several remote courses** on the discipline of quality, patient safety and person-centered care for Latin American attendees.

» We supported the development of the cycle of **Latin American Collaborative Forum for Quality and Safety in Healthcare** conferences, with more than 900 attendees to the national Conference and where 52 lecturers presented and shared their experiences.

» We provided support to the work of the **Institute for Health Care Improvement (IHI)** along with the Saint Jude Medical System in Mexico.

» We organized webinars together with **CLICSS** and **ISQua** on sharing Latin American experiences about

improving quality and safety in health.

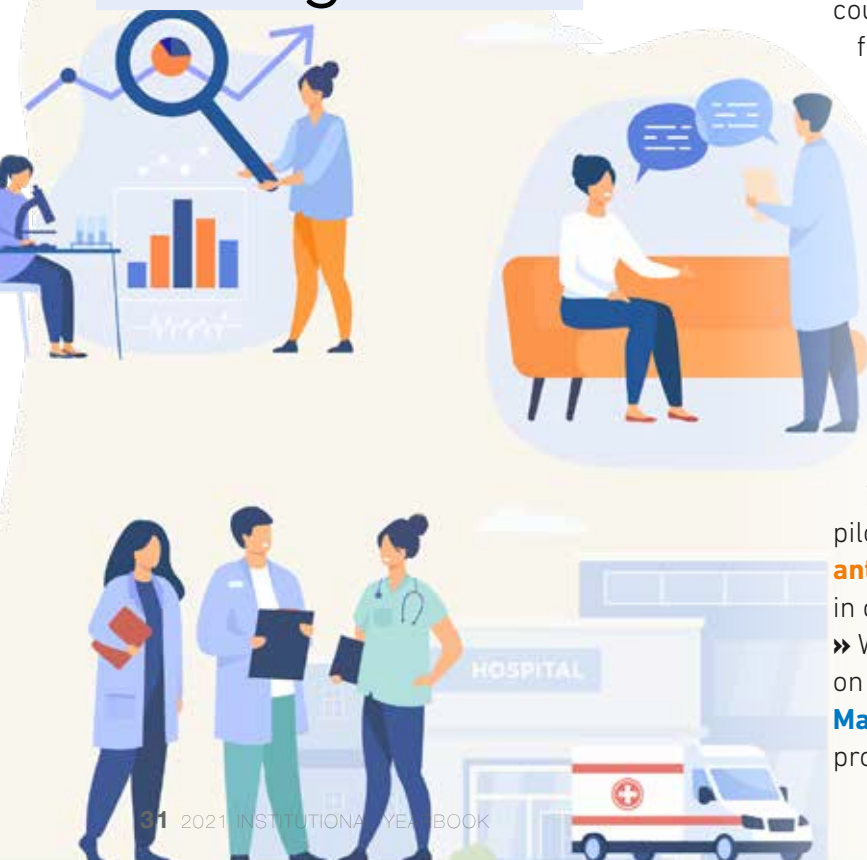
» We joined the Brazil's National Accreditation Organization (**ONA**) to launch a training program on Teamsteps in Portuguese, for the first time in that country.

» We continued the work at the Southern Latin American Office of **Planetree** for healthcare institutions interested in reaching person-centered standards of care, including members in our country and region.

» We created a toolkit of **value-based health initiatives** for sponsors in Argentina's health system.

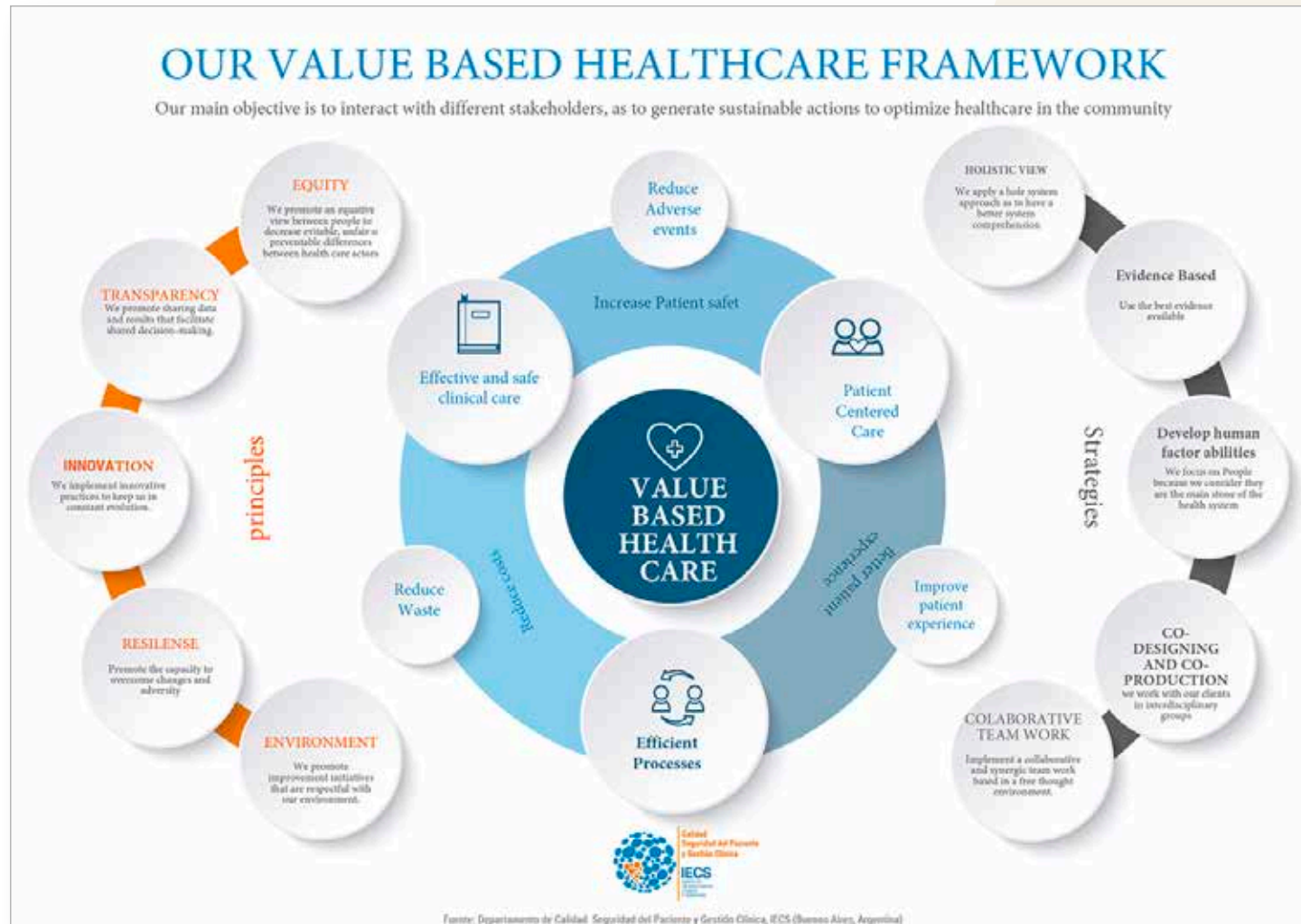
» We contributed to developing one **expert statement** on patient safety aimed at promoting a safer health system in our country.

» We actively collaborated with the province of **Mendoza**, Argentina, in the Provincial Patient Safety Program.



## RESEARCH AND TECHNICAL COOPERATION PROJECTS

Department of Healthcare Quality, Patient Safety and Clinical Management



## Conceptual framework for a value-based health system

The members of our Department, based on evidence and with contributions from international references, created a conceptual framework of what a **value-based health system** means: an approach that seeks to improve the **most important results for patients** patients through efficient use of health resources, rather than focusing on the volume of services provided or on specific processes or products. A timely perspective for decision makers and for **all** those actors interested in transforming the health system.



## RESEARCH AND TECHNICAL COOPERATION PROJECTS



THE CIIPS EXTENDS AS A BRIDGE BETWEEN THE ACADEMY, THE USERS, HEALTH SERVICES AND DECISION MAKERS. WE ANALYZE THE SCIENTIFIC AND EMPIRICAL EVIDENCE USING TOOLS THAT FACILITATE PRIORITIZING HEALTH POLICIES FOR THEIR IMPLEMENTATION.

### During 2021, we worked on the following:

- » Support for municipal implementation and management for prevention, readiness and response to the **COVID-19** pandemic in 23 municipalities in the province of Buenos Aires, Argentina.
- » Preparation of a common entry registration **form** for the PROSUR (Forum for Progress in South America) member countries in order to control COVID-19 virus transmission.
- » Support of the health **information systems** for decision making on how to approach COVID-19 in the Plurinational State of **Bolivia**.
- » Preparation and response of the **health system** to the COVID-19 pandemic in the province of **Corrientes**, Argentina.
- » Modelling of the epidemiological, social and economic impacts of the COVID-19 **vaccination strategies** in Argentina, Brazil, Chile, Colombia,

Mexico and Peru.

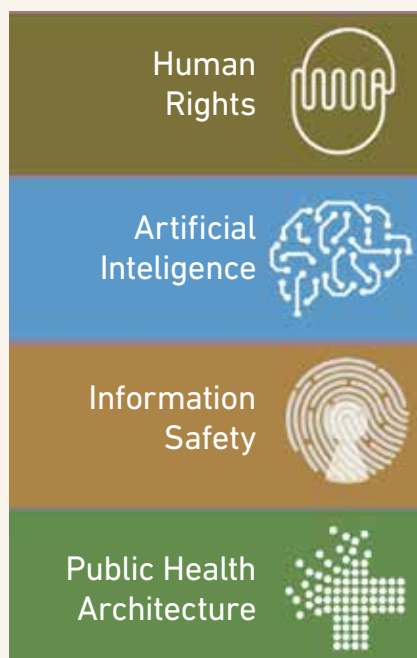
- » Modelling of the epidemiological, social and economic impacts of **COVID-19 vaccination in 26 countries in Latin America and the Caribbean** and the cost-effectiveness assessment of the impact of vaccination strategies.
- » Assessment and challenges of using an **electronic medical record and telemedicine** to sustain access and coverage of primary care services during the COVID-19 pandemic in the province of Mendoza, Argentina.
- » Collaboration in the dissemination of a maturity assessment tool in adopting **artificial intelligence** in Argentina.
- » Analysis of the national and provincial programs addressing cardiovascular health in Argentina.
- » Technical support in preparing the **“Health in the Americas 2022”** report.
- » Development of a Global Guideline for Unique Identification in Health for **person-centered care**.
- » Scoping study on **sexual, reproductive and maternal rights** of vulnerable population in Latin America and the Caribbean.

# Center for Implementation and Innovation in Health Policies

## Eight guiding principles for digital health

With the objective that the benefits of information technologies cease to be the domain of a few and become the right of all, we embarked on a **PAHO project** to generate the necessary knowledge, as well as the appropriate documents and monitoring indicators, that serve as a **"road map"** so that the countries

of the region can adopt and share in the path of **digital transformation** in health through **eight guiding principles**: universal connectivity, digital public goods, inclusive digital health, interoperability, human rights, artificial intelligence, information security and public health architecture.



### INTERDISCIPLINARY VISION

**+ 50 professionals**

(physicians, health specialists, political scientists, social scientists, statisticians, communicators, computer scientists and economists)

**participated in our projects.**

# Center for Research on Epidemiology and Public Health (CIESP)

THE FIRST EXECUTING UNIT OF CONICET WITH A FOCUS ON EPIDEMIOLOGY AND PUBLIC HEALTH, SEEKS TO DEVELOP QUALITY EVIDENCE AND PROMOTE ITS APPLICATION IN HEALTH PROGRAMS AND POLICIES.

## A TWO-WAY BRIDGE FOR THE INTEGRATION OF THE NATIONAL HEALTH RESEARCH SYSTEM

The organization of the **CIESP** aims at strengthening the communicating vessels and acting as a **two-way bridge between basic research** (a traditional focus of the national research system in Argentina) and the **applied research**: clinical, epidemiological and sanitary. Thus, IECS may provide experience and skills when making decisions on setting **priorities** based on the **epidemiology** of the diseases and **health system**, functioning, training of human resources and technical cooperation with national and international agencies. Meanwhile, our integration into CONICET, including a growing

participation in the evaluation commission for doctoral and postdoctoral scholarships in the area of medical sciences, allows us to have influence on the **research agenda** in Argentina, fosters greater exchange with basic investigators in generating protocols and projects, and prioritizes **clinical and health research**.





## RESEARCH AND TECHNICAL COOPERATION PROJECTS

### Center for Research on Epidemiology and Public Health (CIESP)

The center, based at IECS and also depending on the **CONICET**, underwent a process of maturation, strengthening and institutional organization. In addition to increasing the number of investigators, it also grew in the number of publications and access to funding: 4 subsidies have been awarded and 3 projects are under way. Also, authorities were renewed, **Dr. Ariel Bardach has been confirmed as Director for four years.**

#### Main contributions:

Some strengths of the CIESP are deployed in the following fields:

» **Epidemiological approach** for decisions on setting priorities.

» **Implementation research** on topics or hypotheses resulting from basic, clinical and epidemiological studies.

» **Summary of evidence**, systematic reviews and meta-analysis.

» **Health technology assessments** and economic evaluations for sanitary decisions, resource allocation and measurement of the potential impact of the research outcomes.

» Studies on **disease burden**.

» Training human resources in **research methodology**.

» Methodological support for **research protocols** and **statistical analysis**.

### RESEARCH LINES

The CIESP works in priority health areas in Argentina: research on cardio-metabolic and chronic pulmonary diseases and risk factors for chronic diseases; economic evaluations of new technologies, programs and health policies; and research in maternal and perinatal health.

## NEW CALLS

During 2021 we called for applications for **CONICET doctoral scholarships**, as well as for admission to the investigator career, the health research career or the professional and technical support career, generating a recruitment system and management of interested applicants. We plan to continue in this line during 2022, which represents an attractive opportunity for recently graduated health professionals or social scientists who have a vocation for research.

**We are waiting for you!**



# Qualitative Research on Health Unit

OUR OBJECTIVE IS TO DEVELOP RESEARCH WITH AN INTERDISCIPLINARY APPROACH IN ORDER TO STUDY FACTORS DETERMINANT OF HEALTH IN THE POPULATION. WE WORK IN EFFECTIVE INTERVENTIONS CULTURALLY ADJUSTED TO DIFFERENT SETTINGS.



## During 2021, we participated in our own vaccination projects:

- » Study on the factors influencing parents on **the decision of vaccinating** their children in Argentina.
- » Systematic review of **vaccination hesitancy** in low and middle-income countries.
- » Research on hesitancy in **adult vaccination** in Argentina.

We also transversally collaborated with several areas in IECS, including projects on the **voice of patients**, lung **cancer** treatment or **surgical site infection** (with the Department of Healthcare Quality, Patient Safety and Clinical Management); analysis of active monitoring systems in **maternal vaccination** in low and middle-income countries and the **WHO** "toolkit" for intrapartum care (with the Department of

Mother and Child Health); and interviews on **relevant health characteristics** (EuroQol) (with the Department of Health Technology Assessment and Health Economics). In addition, upon the WHO/PAHO request, we participated in developing materials for a training course on target interventions against **resistance to antimicrobial agents** to be carried out in 2022.

## We launched a training program

THE **QUALITATIVE RESEARCH ON HEALTH PROGRAM** IS AIMED AT INTRODUCING AND PROVIDING **PRACTICAL TOOLS** FOR **RESEARCH DESIGN AND IMPLEMENTATION** USING **QUALITATIVE METHODS AND TECHNIQUES** IN THE FIELD OF **HEALTH**.

Launched in 2021 and taught by members of the Unit, it includes three courses: Uses of qualitative research for designing and evaluating health interventions; Qualitative techniques for data collection, interviews and focus groups and observation; and Techniques for qualitative data analysis.

The first cohort included 44 students (from Argentina and other Latin American countries), who appreciated the need for this training offer and expressed a high level of satisfaction with the contents and professors in a survey.

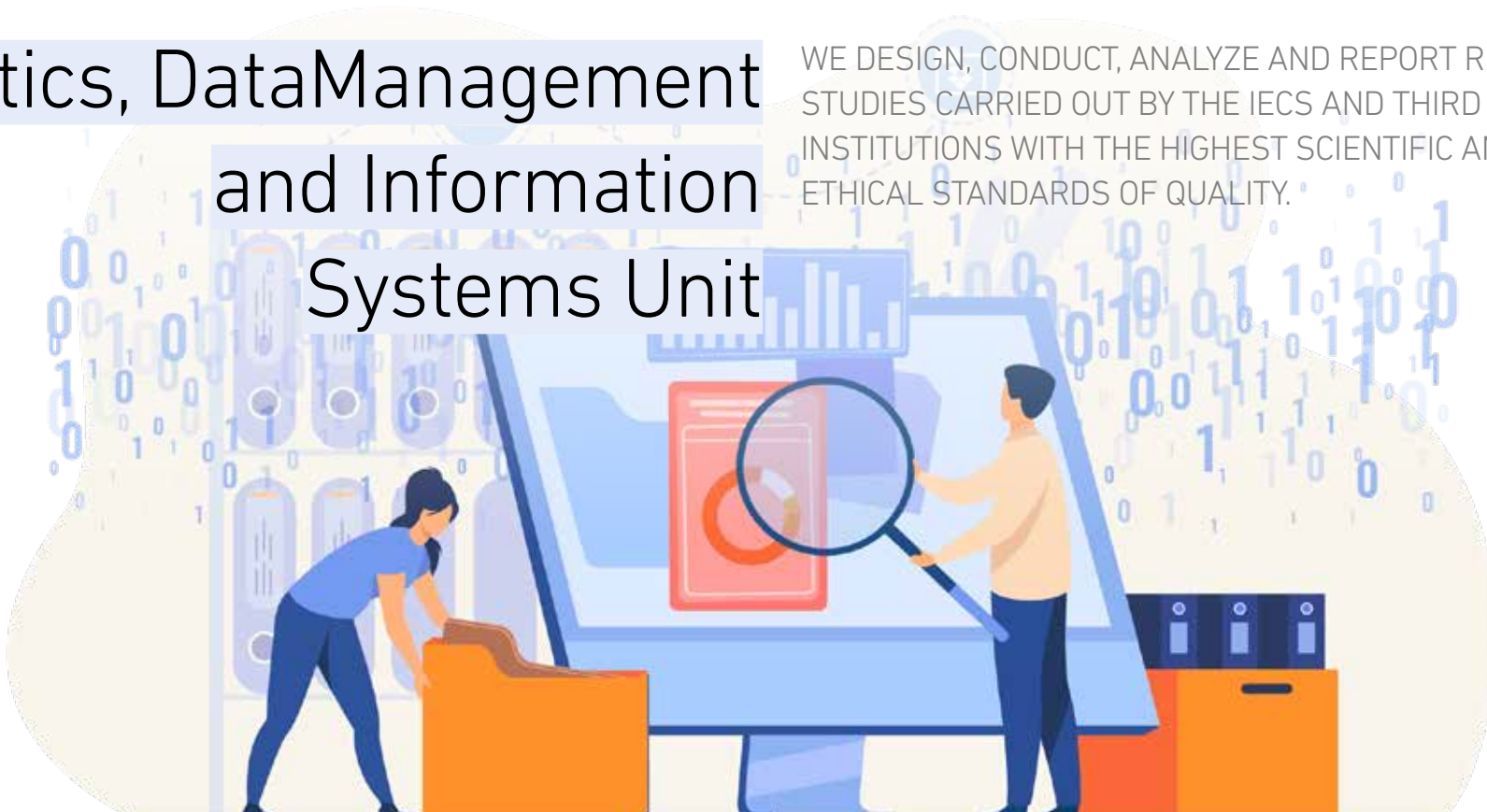
For more information click [here](#).

Qualitative methods are key to ensure viable health interventions, culturally adequate and with chances of success.



# Statistics, Data Management and Information Systems Unit

WE DESIGN, CONDUCT, ANALYZE AND REPORT RESEARCH STUDIES CARRIED OUT BY THE IECS AND THIRD PARTY INSTITUTIONS WITH THE HIGHEST SCIENTIFIC AND ETHICAL STANDARDS OF QUALITY.



We were responsible for data management and statistical analysis of **clinical research trials** with different designs.



## Improvements in REDCap functionality

Although REDCap is a renowned web application to capture research data that may be used without programmers, members of the Data Unit continue making improvements in developing “customized” **external modules** to adjust the system to the needs of investigators and projects, **speeding up everyday practice in studies.**

For example, some forms may be not visible for some users or the information can be viewed in tables, as well as customized data boards and have information automatically blocked once entered.

These improvements are possible thanks to the IECS experience, which has had with the use of this tool since 2014.

We are continuously looking for monitoring tools and algorithms for early detection of data quality deviation.

# Department of Education

WE DEVELOPED TRAINING PROPOSALS FOR CLINICAL RESEARCH, PROGRAM IMPLEMENTATION AND HEALTH POLICY MANAGEMENT AND PROVIDE PEDAGOGICAL ASSISTANCE TO OUR TRAINERS.

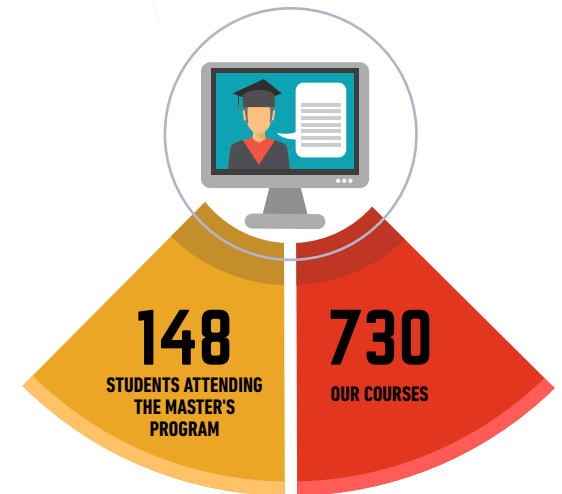


During 2021, we consolidated and enhanced our virtual training proposal. The movement that began in 2020 as an emergency solution in view of the pandemic has come to stay and to allow us to train individuals all across Argentina and Latin America. The programs are currently organized in **weekly synchronous meetings** combined

## 100% VIRTUAL MASTER'S DEGREE IN CLINICAL EFFECTIVENESS

with **asynchronous activities**. This activity is supplemented with **thesis workshops** during the second year. Also, we have included **content integration** activities which were welcomed by the program attendees. Our 22 teams of teachers have included **new roles** (tutors and assistants) and, together, have produced more than one hundred recorded classes. We are progressing towards a better use of the tools that the **technology**. We have promoted

the use of no **Moodle** resources: wikis, glossaries, books, interactive videos and consultations. We are heading towards a harmonious integration of innovative tools which add to the trajectory of a postgraduate degree of excellence. Virtual mode facilitates **better attendance of students** from other geographical areas. We have students from Brazil, Chile, Colombia, Ecuador, Peru, Mexico and El Salvador.



NUMBER OF STUDENTS:

**103** in first year

**45** in second year

HISTORICAL RECORD

CAMPUS CLASSROOMS:

**22** subjects

**3** thesis workshops

**2** integrating activities

Secretary

Counselling

Resources for teachers

Virtual meetings



## POSTGRADUATE TRAINING COURSES

**29**  
COURSES

### TRAINING AREAS

MANAGEMENT,  
QUALITY AND SAFETY IN  
HEALTHCARE  
(15 courses)

[Read the academic offer](#)

HEALTH TECHNOLOGY  
ASSESSMENTS AND ECONOMIC  
EVALUATIONS  
(13 courses)

[Read the academic offer](#)

MEDICINE BASED ON EVIDENCE,  
META-ANALYSIS AND  
SYSTEMATIC REVIEWS  
(4 courses)

[Read the academic offer](#)

ADVANCED RESEARCH  
METHODS AND APPLIED  
STATISTICS  
(18 courses)

[Read the academic offer](#)

HEALTH POLICIES  
(7 courses)

[Read the academic offer](#)

**730** STUDENTS ENROLLED  
IN OUR COURSES

## GRANTS

IECS has a grant program for applied clinical research training and decision making in health.

In **2021** we awarded

**11**

grants for the Master's Degree (5 for second year and 8 second year).

## NUEVOS CURSOS

**Design, management and implementation of health interventions, programs and projects**

(Organized by the CIIPS in agreement with the CEMIC University Institute).

**Advance health policies program**

(Organized by the CIIPS in agreement with the Torcuato Di Tella University).

**Concepts and standards in clinical research project assessment.**

**Value frameworks for diagnostic technologies oriented to investigators/decision makers**

(open training sessions of the HTA Department).

**We also fully renewed the program of many of our proposals, which can be accessed by clicking [here](#).**

### STUDENT'S FEEDBACK:

*"The campus and the predisposition and perseverance of teachers were of great help."*

*"Had we not have the classes recorded, we wouldn't have been able to review the contents."*

*"Thanks to the use of videos explaining theory, we could take advantage of the synchronous classes to consult our doubts or discuss more practical topics with the teacher."*

# Communication Unit

WE CONCEIVE COMMUNICATION AS A SPACE FOR SOCIAL TRANSFORMATION THAT IS WHY WE DEVELOP ACTIONS AND PRODUCTS THAT SEEK TO PROMOTE UNDERSTANDING, PARTICIPATION AND DIALOG.

## NEW NEWSLETTER

We renewed the traditional "Boletín IECS" (IECS Report), a bimonthly free-of-charge digital publication sent by mail to more than 22,000 subscribers. Now, it has a new format, **friendlier and easy to read.**

In a few minutes, it provides access to **publications in scientific journals, researches**, information about **courses**, and an editorial, and new **sections with video content.**

To receive it, please visit [www.iecs.org.ar](http://www.iecs.org.ar) At the left bottom, you will read: "Subscribe to our newsletter", enter your e-mail address, and that's it!



## NOTICIAS



## HISTORICAL RECORD

We have had the highest number of appearances in mass media in our entire history. We exceeded

# 370

The topics that impacted the most in the press included: smoking, sugar-sweetened beverages, COVID-19, alcohol and cardiovascular disease.



# NOT JUST SMOKE

In relation to a research project on smoking in Latin America, we embarked in organizing products such as:



↑ Videos on tobacco taxes



Campaigns in social media



For more information, visit [www.iecs.org.ar/tabaco](http://www.iecs.org.ar/tabaco)



One webinar for journalists



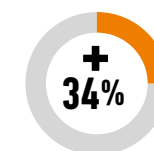
Infographics



## INFORMATION AT A GLANCE

To bring the results of our research closer to health decision makers and the general population, we began to prepare visual abstracts, documents that summarize, in an illustrated and concise way, the contents of a paper. Read [here](#) this visual abstract on Herpes Zoster (a condition known as “shingles”).

## SOCIAL MEDIA



Facebook

34% more followers in 1 year.



# Operations Management and Support Unit

A LARGE TEAM OF ADMINISTRATIVE, ACCOUNTING AND INFORMATION TECHNOLOGY STAFF WORKS TRANSVERSALLY TO CONTRIBUTE WITH THE WORK, STRUCTURE AND MANAGEMENT OF IECS.



## MARKETING

With the goal of student satisfaction in mind, we developed and drafted different processes that allowed us to achieve synergy among the different areas of the IECS. In addition, the image criteria were unified to strengthen and improve the visual identity.



## SOCIAL MEDIA

With the aim of showing institutional dynamism, connecting with our followers with easy-to-understand information and expanding the digital community, we added a social communicator to the “IECS team”, who manages our social networks, working transversally with all the areas at IECS.

## WE MANAGE:

**163**

**PROJECTS**

on research, education and technical cooperation.

**901**

**STUDENTS**

We improved the management procedures and reports that support decision making.

## SYSTEMS

We carried out internal training on the use of **Zoom meeting** and **Zoom webinar** tools.

We provided technical assistance in all the webinars carried out.

We prepared **process handbooks**, that standardized and optimized internal work processes.

## HH. RR.

We implemented the “**on-boarding**” and “**off-boarding**” processes, with a special focus on the entire cycle of the collaborator, working in synergy with Management and Systems.



## DEVELOPMENT OF PROPOSALS AND PROJECT MANAGEMENT

We established **procedure handbooks** that provide tools, processes and standards to develop increasingly competitive proposals and to improve funding opportunities.

\* We submitted our proposals to 14 new funders.

# PUBLICATIONS

## MOTHER AND CHILD HEALTH

> The development of the **WHO Labour Care Guide**: an international survey of maternity care providers. **Pingray V**, Bonet M, **Berrueta M**, **Mazzoni A**, **Belizán M**, Keil N, Vogel J, **Althabe F**, Oladapo OT. *Reproductive Health* 2021;18(1):66.

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> **Herpes zster** epidemiology in Latin America: A systematic review and meta-analysis. **Bardach AE**, Palermo C, Alconada T, Sandoval M, **Balan DJ**, Nieto Guevara J, Gomez J, **Ciapponi A**. *PLoS One*. 2021;16(8):e0255877.

> Mobile **Tuberculosis Treatment Support Tools** to Increase Treatment Success in Patients with Tuberculosis in Argentina: Protocol for a Randomized Controlled Trial. Iribarren S, Milligan H, Goodwin K, Aguilar Vidrio OA, Chirico C, Telles H, **Morelli D**, Lutz B, Sprecher J, **Rubinstein F**. *JMIR Research Protocols* 2021;10(6):e28094.

> Efficacy and safety of **opioid therapy** guided by

“It is noteworthy that after every disaster, be it a natural disaster, a major disease outbreak like Ebola or a financial crisis, we all reaffirm our commitment to building resilient health systems. Sadly, if nothing else, this pandemic has demonstrated that our continuing failure to deliver on this commitment does indeed carry a high price tag in terms of the millions of lives lost and economies that are destroyed.”

*Dr. Carissa F. Ettienne,  
Director of the Pan-American Health Organization (PAHO)*

pharmacogenetics: a systematic review. **Rodrguez Cairol F**, Appiani F, Sambade JM, **Comand D**, Camacho Arteaga L, **Ciapponi A**. *Pharmacogenomics*. 2021;22(9):573-586.

> High versus low positive end-expiratory pressure (PEEP) levels for mechanically ventilated adult patients with **acute lung injury** and acute respiratory distress syndrome.

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> Training Public Health Students in Racial Justice and **Health Equity** : A Systematic Review. **Chandler CE**, **Williams CR**, Turner MW, Shanahan ME. *Public Health Reports* 2021:333549211015665.

# REUNION DAY

After two years of “home office” imposed by the pandemic, the IECS team met in person. The so longed teamwork day included projects, hugs and fun.



In the morning, we worked in teams. And in the afternoon (after enjoying our traditional “IECS barbecue”), we had team games and informal conversation.



This was a day full of team spirit, **commitment** and **motivation**. We carried out group activities in which we shared points of view and had active listening that allowed us to make a **balance** of our present and to design guidelines for the **future** of IECS, an organization that, for 19 years, has been built with the contribution of each of its members. The **collaborative** work carried out during the day, with the participation of the different departments included debates where we could identify our **strengths** and areas of improvement. Open air games, competitions and sports were also part of a day where we were **all winners**.



# MEET OUR TEAM

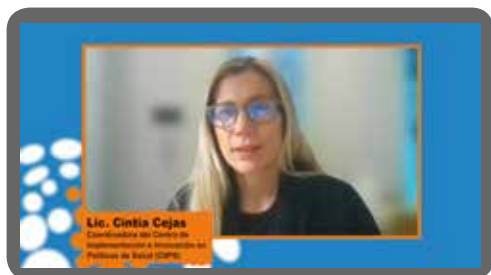
Meet some of our research staff members.



## DR. VERÓNICA ALFIE

How she moved from the hospital to scientific papers.

READ



## LIC. CINTIA CEJAS

The role of Political Sciences in the field of health.

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## DR. PABLO GULAYÍN

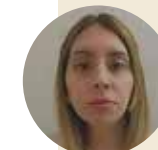
The importance of cardiovascular prevention.

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## NEW INCORPORATIONS



**Lic. Andrea Mencía**, Human Resources Manager



**Cinthia Pozzolo**, secretary of HTA and Health Economics



**Dra. Eugenia Settecasse**, Department of Mother and Child Health Research's Investigator



**Lic. Marina Guerrier**, Communication Secretary



**Lic. Natalia Galián**, Social Media Manager



**Pablo Rozengardt**, CIESP-CONICET Secretary



**Lic. Tamara Zysman**, Education Analyst



# CONGRATULATIONS TO...

## DR. JOSÉ BELIZÁN

He received the 2021 Carlos Slim award to health in the category of **"a career in research"** for his contribution to health during pregnancy. Belizán observed that preparing corn tortillas (with high calcium content) as the Mayas did, was key to decrease the cases of **preeclampsia**, hypertension which is the main cause of maternal death in the world. He studied this for four decades and his finding made the WHO incorporate calcium supplementation as an international recommendation. This finding earned him this recognition that **fills us with pride**. Watch video [here](#).

## DR. ANDRÉS PICHON-RIVIERE

The Executive Director of IECS was appointed Full Professor of **Public Health**, a compulsory subject at the University of Buenos Aires School of Medicine, where he has been an adjunct professor since 2003. In addition, he is part of the Steering Committee of the **Master's Degree in Clinical Effectiveness** of that house of studies. [Read more.](#)

## LIC. NATALÍ INI AND DR. ARIEL BARDACH

The CONICET awarded Natalí a **doctoral scholarship**. She will work at the Center for Research on Epidemiology and Public Health (CIESP) and will be devoted to a project whose title is: "Public debates around vaccination and characterization of critical groups in vaccination policies. [Read more](#) She will co-directed by **Dr. Ariel Bardach**, who in 2021 revalidated, by competition, his position as **Director** of the Center for 4 years. [Read more here.](#)

## DR. AGUSTÍN CIAPPONI

He was reelected to cover to vacancies reserved for authors in the **Cochrane Council** (Consejo Cochrane) In the elections, in which only authors of Cochrane reviews participated, Ciapponi was the most voted candidate. [Read more.](#)

The 17-member Cochrane Council is an advisory body of the Governing Board and Central Executive Team, ensuring that the Cochrane Groups maintain an effective voice in Cochrane's strategic decision-making and operational implementation.

## OUR 2021 INTERNS. We welcome:



**Dr. Marina Guglielmino**, Pediatrician and **Dr. Milagro Roldán**, Family Doctor, who became part of the Department of Healthcare Quality, Patient Safety and Clinical Management.



**Dr. Sandra Formia** and **Dr. Vanesa Ortega**, both physicians specialized in Gynecology and Obstetrics, started working in the Department of Mother and Child Health Research.



**Dr. Carla Colaci**, a physician that became part of the Department of Health Technology Assessment and Health Economics.



## “WE DO OUR BIT TO MAKE EQUITABLE HEALTH DECISIONS”

She was the first intern at IECS and today, as Coordinator of Health Technology Assessment (HTA), she manages projects in different Latin American countries. After 17 years working at the institution, she assures she enjoys conducting research which is used in specific health policies. How she feels about inequities of the system and how she lives being a woman devoted to science.

Until the last moment, she was not sure whether to choose Medicine or Nuclear Physics, but her family history influenced on her decision. “I was raised at the Piñero Hospital, in Flores, a neighborhood in the city of Buenos Aires. My mother was an employee at the Nutrition office and always took me when I was on vacations or she had to work on holidays. I remember the screams of the psychiatric patients, who were in front of where we were; of collecting eucalyptus leaves in a large internal patio, which were later boiled and used as an inhalation bronchodilator; playing with other children in the vaccination center; and the incessant flow of patients and relatives

coming and going, some laughing, others were serious, others crying... All the human feelings on parade”, recalls Dr. Andrea Alcaraz, Cardiologist, Master in Clinical Effectiveness and, at present, Coordinator of Health Technology Assessment (HTA) at IECS.

### **When was it you became interested in Cardiology?**

I have always liked intellectually challenging things, and Cardiology is something for Medicine nerds (laughs). I liked the challenge of not being able to see the heart, because it's inside the body, and to discover what your patient has, requires an entire mental development of algorithms. So, when I

graduated, I did the residency at the Sanatorio Méndez: one year of Internal Medicine and three of Cardiology, with the advantage that we could rotate at different centers (like the Fundación Favaloro and the Italian and Argerich hospitals).

**How did you get to research?**

Cardiology is one of the specialties that is mostly based on evidence. And, once at the hospital, I had contact with some investigators and I loved what they were doing. So I started looking for training opportunities. I applied for the IECS grant when I was doing the last year of my residency and I entered, when IECS was a very little institution, but with very smart people oriented to public policies and also research. Thus, I started participating in different projects. In parallel, I was doing calls or seeing patients at the office and I was studying the **Master's Degree of Clinical Effectiveness**, which is two years long and opened my mind.

**How?**

It changed my perspective. I was not working at the hospital in a role with too much responsibility (Coronary Care Coordination). When doing my practice, after completing the Master's degree, I became aware of how decisions are made in a service or hospital. I saw that sometimes expensive state-of-the-art imaging equipment shown at a conference is claimed and invested in and there is no basic medication for patients. And this does not happen in just one center, how more frequently

this could occur at higher levels, as in social security or a ministry? That is how my interest in health grew more comprehensively. It was a round trip. When I was invited to become part of IECS as Coordinator of Health Technology Assessment (HTA) in 2021, I did not hesitate because I had that motivation. I used to think: "I need to get my hands on public health, because there are a thousand things that can be improved".

**And how can you "get your hands in public health" by means of health technology assessments?**

Because you work with health coverage decision makers. At IECS, we have a **consortium** made up by thirty very important institutions from Argentina, which based on **our reports**, which are based on evidence and are impartial, determine if it is fair allotting resources to cover a certain drug because it saves lives or improves quality of life and equity, or is used in other proven interventions. If you cannot make a good diagnosis of the situation and decisions are discretionary, you will surely end up investing the few resources you have poorly. Then, the impact you may have on the population health is huge!

**But, they are unseen patients...**

Sure. Patients are not seen as when you see them in a consultation. But you have faith in the system, from then onwards, it works. Because, as you have been "on the other side", you understand that the system provides a conceptual framework and is like



Giving training in Costa Rica.



At an event organized by the PAHO/WHO.



an incentive to make the best decision possible for coverage. It also helps the health providers themselves. As long as we are able to provide technical support, involving all the actors affected, incorporating the patients' voice in the process, we are doing our bit for equitable decision making.

**How much does inequity bother you?**

A lot. Since I was a kid, I did care about improving equity. I could never understand why there were people who did not have anything to eat while others were getting down from the latest cars at the doors of a church. In hospitals, you face similar situations. There is the patient who comes earlier or screams louder; they obtain more things (appointments, treatments) than the ones who cannot arrive earlier or cannot scream. That is why, when I work on documents that are the support for the Ministry of Health or other health decision makers to make the best decision possible for coverage at national level, I feel that I did my bit for that construction to happen and I gives me plenty of satisfaction.

**You actively participated in projects about smoking and sugar-sweetened beverages which resulted in specific public policies, such as an increase in tobacco taxes or**

**front-of-pack labelling. How do you feel about it**

A feeling of mission accomplished. For those of us who like applied research, the greatest aspiration is to achieve concrete results, to promote changes that empower people and protect vulnerable populations. It is like the glory. The fact that a policy change is generated or that a note appears in a newspaper about the findings of a certain investigation gives me more satisfaction than the fact that there is a man from Australia reading a model review paper.

**Has being a woman presented an additional challenge along your career?**

I think that as a woman, I have always had additional barriers. Since I was five! Not at university, but in Cardiology, there is a super-macho environment. I lived that in different places I worked at. In this sense, at IECS, there has always been more willingness to change than in the "social average" and when a situation is marked, there is a positive response, open-mindedness. Also, being a woman is an advantage at the time of facing research related with gender, because you can understand the subject from a different perspective. This is to show that we do not have to always see the empty half of the glass! ●

“For those of us who like applied research, the greatest aspiration is to achieve concrete results, to promote changes that empower people and protect vulnerable populations.”

PERSONAL X-RAY

**EDUCATION:** physician graduated from the University of Buenos Aires (UBA). Specialist in Cardiology and Master in Clinical Effectiveness, a diploma obtained at the University of Buenos Aires, School of Medicine.

**SCIENTIFIC PUBLICATIONS:** More than 30 journals indexed in PubMed, including *Lancet Global Health* y BMC Public Health.

**A PLACE IN THE WORLD YOU WOULD LIKE TO VISIT:** Grecia.

**A SPORT:** skating when she was 7 to 14 years old, having obtained regional trophies. “I also watched Formula 1 with my mom”.

**A HOBBY:** tango dancing.

**A SINGER:** Silvio Rodríguez. “Thanks to his music I made friends in different parts of the world”.

**A MOVIE:** Star Wars and other science fiction movies

**FAMILIA:** Her husband is a Biologist and she has two children: 13 and 7 years old.

# FUNDING

WE WORK WITH INTERNATIONAL AND GOVERNMENT AGENCIES, ACADEMIC INSTITUTIONS AND WITH OTHER PRIVATE, PUBLIC AND SOCIAL SECURITY HEALTH FUNDERS.

## GOVERNMENTS, GOVERNMENT AGENCIES AND FOUNDATIONS

- World Health Organization (WHO)
- Pan American Health Organization (PAHO)
- Inter-American Development Bank (IDB)
- World Bank (WB)
- National Institutes of Health (NIH)
- World Diabetes Foundation (WDF)
- The International Development Research Centre (IDRC)
- Gates Foundation
- UNICEF
- World Heart Federation (WHF)
- Fondo Nacional de Recursos (FNR)
- Health Technology Assessment International (HTAi)
- The Professional Society for Health Economics and Outcomes Research (ISPOR)
- Fundación Interamericana del Corazón Argentina (FIC)
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- Foundation for the Fight against Neurological Diseases in Childhood (FLENI)
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- Fundación INECO

## ACADEMIC INSTITUTIONS

- Tulane University
- Harvard University
- University of Birmingham
- University of California San Francisco
- The London School of Hygiene & Tropical Medicine (LSHTM)
- Tufts Medical Center
- Institute of Nutrition of Central America and Panama

- Torcuato Di Tella University

## PRIVATE INSTITUTIONS

- Argentina Chamber of Medicine Specialties (CAEME)
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- Amgen
- California School Employees Association (CSEA)
- Centro de Estudos e Pesquisa em Saúde Coletiva (CEPESC)
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