2025

Institutional Yearbook

RESEARCH | EDUCATION | TECHNICAL COOPERATION

IECS
INSTITUTO DE EFECTIVIDAD CLINICA Y SANITARIA

Content

About us

**We are an independent academic institution affiliated to the University of Buenos Aires School of Medicine.
Since 2002 we are dedicated to research, education, and technical cooperation in health:**

RESEARCH

We conduct clinical and epidemiological research, studies applied to healthcare policies and health services, health technology assessments and economic evaluations, systematic reviews, qualitative studies, and interventions aimed at improving the quality of care and patient safety from a local, regional and global perspective.

EDUCATION

We offer in-person and online training in clinical and health research, as well as the management and evaluation of health programs and policies. Our offerings include a Master's Program in Clinical Effectiveness from the School of Medicine at the University of Buenos Aires (UBA), along with courses, seminars and graduate activities related to the institution's various areas of expertise.

TECHNICAL COOPERATION

We work in collaboration with public agencies, civil society organizations, and private institutions to promote strategies aimed at improving access, quality of care, and implementation of policies and interventions based on scientific evidence.

Headquarters of a CONICET (Argentine National Scientific and Technical Research Council) Executive Unit, a Cochrane center and a WHO collaborating center.

CONICET IECS INSTITUTO DE EFECTIVIDAD CLÍNICA Y SANITARIA

C I E S P

Cochrane Argentina

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

Mission

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

Vision

A world in which everyone achieves the highest possible level of health, and where IECS is an innovative organization and a global leader in building knowledge and designing and implementing health services, programs and policies.

Who we are / Staff

Board of Directors

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IECS Director General.
Director of the Department of Health Technology Assessment and Health Economics

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

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

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DR. GABRIEL LÓPEZ CALLERI
Coordinator of Administrative and Financial Management

LIC. ANDREA MENCÍA
Coordinator of People and Culture

ROMINA MELGAREJO
Coodinator of Systems

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Paula **Vázquez**
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María José **Varco**

Multidisciplinary Teams

The IECS multidisciplinary teams play a key role in the institution's operations, supporting project development and operational management, and strengthening our organizational capabilities.

HTA AND HEALTH ECONOMICS
Carmela **Tuñón**
Cristina **Nuñez**

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Leslie **Urquiza**
Quimey **Lillo**
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Words from the Director

When the Context Becomes More Challenging, Our Contribution Becomes Even More Essential

Year 2025 will be remembered as one of the most challenging years for global health financing. Health development assistance declined by 21% between 2024 and 2025, driven by a 67% reduction—more than US$9 billion—in funding from the United States, following the review of U.S. foreign assistance initiated in January of that year. Since then, many countries have revised their budgets, reducing investments in health and research to respond to worsening economic conditions or to prioritize other sectors, such as defense.

Latin America has not been immune to this trend. The region also faces longstanding structural challenges, investing on average only 0.6% of its GDP in research and development—well below the levels observed in higher-income countries. Argentina has mirrored this pattern.
In addition to the decline in international funding, 2025 brought a significant contraction in public investment in science and the discontinuation of long-standing research funding programs.

In this scenario—one of mounting pressure on health systems and an increasingly uncertain funding environment for research at the global, regional and national levels—producing rigorous evidence is no longer enough. The central challenge is ensuring that evidence informs timely, practical, and sustainable decisions. This is where IECS delivers its greatest strategic value: serving as a bridge between knowledge and action, especially when the conditions surrounding that mission become more adverse.

Over the past decades, IECS has expanded its reach to more than 40 countries, establishing itself as a leading institution in professional training and technical support for public policy. This growth has been guided by a clear mission: generating rigorous, actionable evidence to improve health, particularly in settings where policy decisions have a direct impact on the lives of the most vulnerable populations.

In 2025, despite the challenges described above, IECS continued to strengthen its

position as a leading institution for applied health research in Latin America and the Caribbean. During the year, the Institute managed 182 active projects, launched 79 new ones in partnership with 49 funding organizations. Our leadership was reflected both in the volume of our ongoing project portfolio and in our institutional capacity to coordinate stakeholders, support complex processes, and sustain a scientific agenda aligned with the region's most pressing health priorities. IECS has also expanded its network of alliances with universities, multilateral organizations, development agencies, and international academic networks, further consolidating its role as a strategic technical partner for regional and global initiatives.

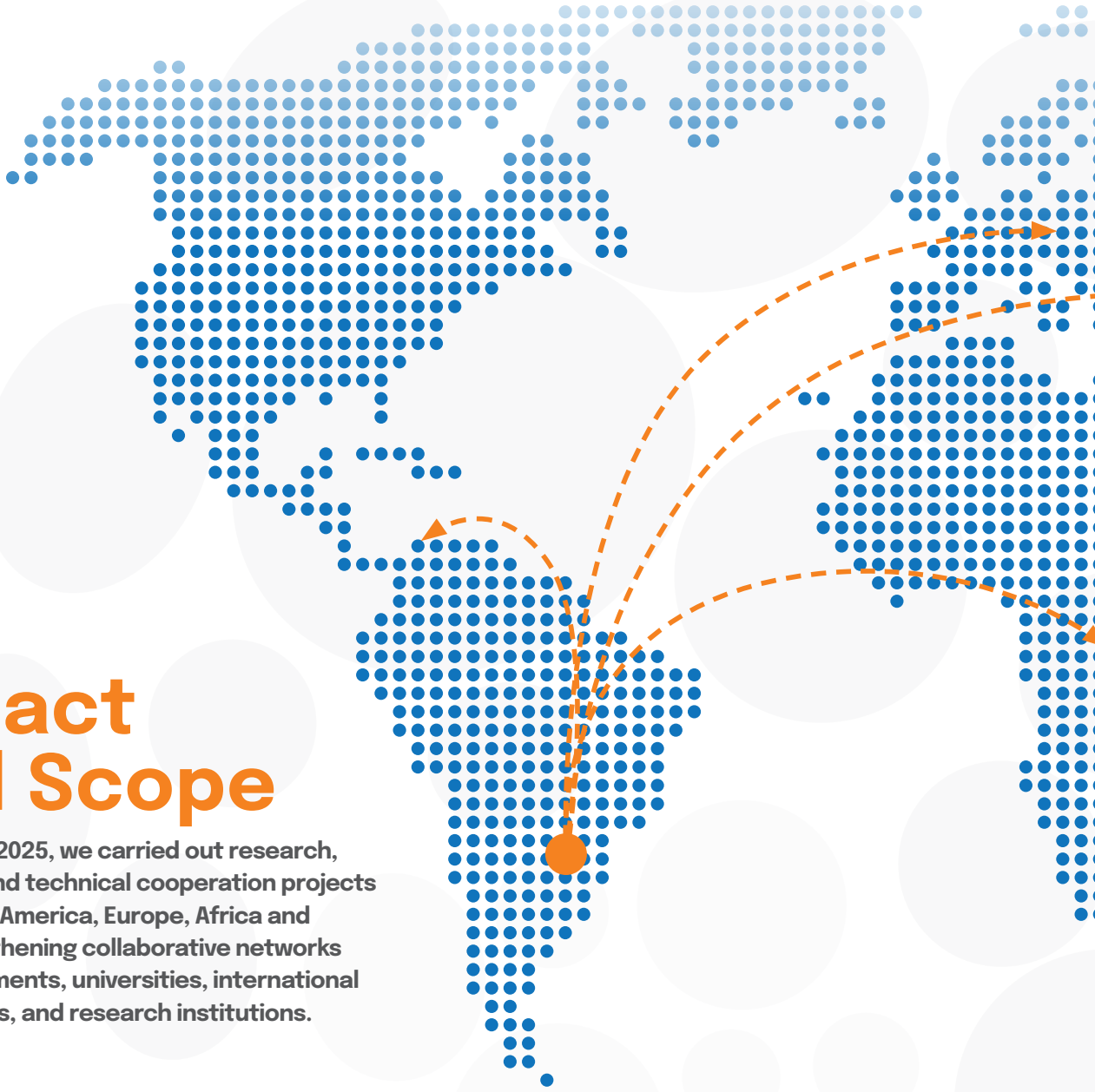
In addition, the year has marked a turning point in our institutional development. We moved forward in the implementation of a new governance structure that clarifies roles and responsibilities while establishing stronger frameworks for deliberation and decision-making processes. At the same time, we further continued the professionalization of our institutional management through updated internal policies, standardized procedures, and the adoption of digital tools to strengthen administration and resource mobilization. Together, these efforts have created an institutional architecture that reflects our team growth and the increasing complexity of our project. It enhances transparency, operational efficiency, and aligns with the standards of leading international funding organizations.

At the same time, 2025 will be remembered as the final full year spent in our offices on Ravignani Street in Palermo, which served as our home for more than a decade. In 2026, we will open the doors of our new headquarters on Lavalleja Street. Having a permanent home represents far more than an operational change. It is a tangible expression of the institution's maturity, our long-term commitment, and an opportunity to strengthen collaboration and further cultivate and consolidate the community that defines IECS.

The global landscape described above is not a temporary background but rather a reflection of a more fundamental transformation in the financing of global health—one whose effects are likely to shape the years ahead. In this context, strengthening the connection between evidence, decision-making, and action is more essential than ever. This next chapter offers an opportunity to further establish IECS as a key participant in Latin America and the Global South, committed to generating relevant knowledge and ensuring that it translates into meaningful improvements in people's health.

Dr. Andrés Pichon-Riviere
IECS Director General

2025 in Figures



Impact and Scope

Throughout 2025, we carried out research, education and technical cooperation projects across Latin America, Europe, Africa and Asia, strengthening collaborative networks with governments, universities, international organizations, and research institutions.

Research

261 **ongoing projects** with funding from **28 countries**

240 research grant applications

106 **scientific articles** published in journals indexed in Medline

52 Health Technology Assessments (HTA) and **47** ultra-rapid patient-oriented evidence reports (Help Desk)

32 Cochrane clinical answers

Education

47 training courses and programs

6 new academic offerings

1,205 professionals participated in our educational activities

57 graduates of the Master's Program in Clinical Effectiveness

Communications and Positioning

+500 media mentions

Development of projects and initiatives in collaboration with international organizations, governments, universities, and research institutions.

MASTER'S PROGRAM IN CLINICAL EFFECTIVENESS:

A Quarter Century of Education and Leadership in Health

The community of the **Master's Program in Clinical Effectiveness and Health**, originally known as the **Clinical Effectiveness Program (PEC)**, celebrated a quarter century of history with a gathering that brought together more than 100 faculty members, graduates, institutional leaders, academic staff, and IECS researchers. **The event was marked by recognition, reunion, and the celebration of a program that laid the foundation for IECS origins and institutional consolidation.**

Since the launch of its first cohort, with 56 students in 1999, more than 1,100 professionals from Argentina and Latin America have completed the program. Today, they form a network of leaders who conduct research teams, manage institutions, design public policies, and educate new generations of professionals throughout the region.

The Master's Program was created with the mission of fostering a culture of evidence in clinical and health research, strengthening evidence-informed decision-making, and promoting the rigorous evaluation of health interventions. This approach established the methodological and ethical foundations upon which IECS was built and continues to guide its growth and development.

‹ The first PEC cohort included 56 students. Several of them took part in the celebration.

› "I feel that, in some way, we contributed to building a world that approaches evidence, practice, and health decision-making differently", said Dr. Fernando Rubinstein, former PEC Director from 2017 to 2024. At his right, another co-founder, Dr. Adolfo Rubinstein, can be seen.

‹ Dr. Vilma Irazola, Director of the Master's Program, reinforced the commitment to training leaders and transforming health systems through evidence.

› "Another co-founder, Dr. Pichon Riviere, joined Dr. Adolfo Rubinstein in recalling the origins of the Master's Program, which was inspired by a Harvard program.

Red de Egresados
COMUNIDAD PEC

During the celebration, the PEC Alumni Network – PEC Community was launched, an initiative aimed at strengthening connections among cohorts and fostering professional exchange. *(See page 42).*

Students and faculty members from the first cohort, sharing memories and celebrating their reunion.

Directors, faculty members, graduates, academic staff, and IECS researchers came together for an event that celebrated a journey built collectively over time.

"These 25 years reflect the consolidation of a community committed to evidence, quality, and the improvement of health systems. Our challenge is to continue developing leaders capable of transforming healthcare practice and health policies across the region."

Dr. Vilma Irazola

Director of the Master's Program of Clinical Effectiveness

CLICK HERE TO WATCH THE HIGHLIGHTS FROM THE CELEBRATION

IECS hosted the world's leading meeting in health technology assessment

In June 2025, the **Department of HTA and Health Economics** hosted the **Annual Meeting of Health Technology Assessment international (HTAi),** held in Buenos Aires. This was the most relevant international meeting in the field of health technology assessment.
Under the theme "Next Generation Evidence (NextGen Evidence): Diversifying and Strengthening Health Technology Assessment to Address Global Challenges", the congress brought together more than 800 participants from different countries and provided a strategic exchange platform among researchers, decision-makers, international organizations, healthcare professionals, and representatives from academic institutions. Through plenary conferences, workshops, and collaborative sessions, participants discussed the challenges and opportunities associated with emerging sources of evidence. This includes real-world data, digital technologies, sensors, and artificial intelligence-based tools, and their potential to strengthen the role of health technology assessment in transforming health systems. Held for the first time in Argentina **the meeting further consolidated the IECS and the region's position on the international health technology assessment agenda**, promoting approaches aimed at improving equity, sustainability, and people-centered health outcomes across diverse healthcare settings.

HTAi HEALTH TECHNOLOGY ASSESSMENT INTERNATIONAL™

THE LIVING SYSTEMATIC REVIEWS PLATFORM CONTINUES TO GROW

Led and developed by the **Department of Mother and Child Health Research, the Cochrane Argentina Center, and IECS Statistics, Data Management, and Information Systems Unit, "Safe in Pregnancy & Safe in Children" is a collaborative, open-access digital platform that provides real-time updated scientific evidence on vaccines for pregnant women and children**. Its primary objective is to facilitate informed decision-making in public health and clinical settings, particularly during health emergencies or outbreaks of infectious diseases. Throughout 2025, the platform continued to collect and synthesize rigorous scientific evidence on the impact of vaccines against **COVID-19, chikunguña, mpox and Lassa fever**, in pregnant populations and their children. Vaccines against **respiratory syncytial virus** (RSV) were also incorporated into the same analysis. To communicate updates and promote engagement with key stakeholders, the platform also launched its LinkedIn account.

1 **3** **4** Andrés Pichon-Riviere, Federico Augustovski and Adolfo Rubinstein, IECS directors, delivered three plenary sessions, reaffirming the institution's international leadership. **2** The IECS HTA team participated in the HTAi Annual Meeting.

BUDGET IMPACT OF NEW TECHNOLOGIES

A team from the **Department of HTA and Health Economics** established an objective reference framework for 182 countries to anticipate the magnitude of the impact that the introduction of a new medicine, vaccine, diagnostic test, biomedical device, or other technology or intervention may have on the available resources of healthcare systems. "It sheds light on something that was previously unclear and helps systems prepare," said the study's first author, Dr. Andrés Pichon Riviere, IECS Director General. **The study was published in *The Lancet Global Health***.The proposed formula provides decision-makers with practical guidance to **establish budget impact thresholds** ("low," "moderate," "high" and "very high"), thereby supporting better preparedness of health systems to cover the costs associated with new technologies.

WHO CARDIOVASCULAR PREVENTION GUIDELINE

Approximately one-third of global deaths are attributable to cardiovascular diseases, particularly heart attacks and strokes. **Dr. Vilma Irazola**, Director of the Department of Chronic Disease Research, was **invited by the World Health Organization (WHO) to join an international panel of experts** that will develop a new Cardio-vascular Disease Prevention Guideline.

PAHO PROJECTS: TOOLS TO PREVENT AND ELIMINATE DISEASES

In collaboration with the PAHO, the **Department of HTA and Health Economics** developed the second phase of a visualization tool that enables the **estimation of disease burden and the assessment of intervention implementation** en across key health conditions in 11 countries in Latin America and the Caribbean. In addition, together with the Center for Implementation and Innovation in Health Policies (CIIPS), an analysis was conducted to accelerate the Elimination Initiative for maternal/congenital syphilis and cervical cancer in six countries, prioritizing effective technologies and proposing their inclusion in the Revolving Fund and Strategic Fund. The project included a technical cooperation roadmap and an assessment of barriers to access, as well as opportunities for regional innovation or production.

EPIDEMIC THREATS AND MOTHER AND CHILD HEALTH: TOOLKIT

As part of a contract with the World Health Organization (WHO), the **Department of Mother and Child Health Research and the Statistics, Data Management, and Information Systems Unit** contributed to the development of a **toolkit** for the adoption of a core set of outcomes for maternal and neonatal health research and surveillance in response to emerging and ongoing epidemic threats. The toolkit aims at enabling the timely and effective assessment of maternal and neonatal health conditions in the face of emerging and ongoing epidemic threats by integrating epidemiological studies, clinical research on the safety and effectiveness of preventive and therapeutic interventions, and post-authorization surveillance activities.

PRESENCE IN INDIA

With a population of nearly 1.5 billion people, India is the most populous country in the world. Throughout 2025, the Department of HTA and Health Economics strengthened its ties with the country by participating in the Third International Symposium on Health Technology Assessment (ISHTA 2025) in New Delhi, organizing a mentorship program at the country's largest cancer center, and collaborating with the government through its partnership with **The International Decision Support Initiative (iDSI)**, an initiative aimed at improving capacities in health economic evaluation and health decision-making processes.

MEDICINES POLICY

Efficient medicines management is critical to optimizing healthcare delivery and the use of health resources. During 2025, the **CIIPS** consolidated its role as an expert organization in this field and carried out **two projects related to medicines policy.** In the first project, funded by the Center for Global Development (CGD), CIIPS analyzed how the different financing models of the **Ministry of Health essential medicines program REMEDIAR** affect procurement planning, budget execution, and availability of medicines. In the second project, conducted jointly with **HTA and Health Economics** and funded by the PAHO, **CIIPS assessed the capacity of selected countries in the region to produce treatments** for diseases with high or increasing incidence, such as **syphilis** and **cervical cancer**.
See page 16

REFORM OF ARGENTINA'S SOCIAL HEALTH INSURANCE

Decree of Necessity and Urgency (DNU) 70/23, in force since December 2023, introduced **structural changes to Argentina's health system** by deregulating the healthcare insurance system and enabling workers to freely choose between social health insurance [obras sociales] and private prepaid healthcare companies from the beginning of an employment relationship. Within this context of transformation, CIIPS conducted **a real-time analysis of the implementation of this reform**, including a quantitative and qualitative assessment based on in-depth interviews with key stakeholders.

TREATMENT BURDEN IN CHRONIC DISEASES

How do people living with chronic conditions experience the day-to-day management of their health in primary care settings? **The Patient Safety, Quality and Clinical Management Team, and the Qualitative Research Unit at IECS** explored this question in the province of Mendoza by combining qualitative and quantitative methods and applying the Theory of Treatment Burden.

The findings show that **patients face multiple barriers, including difficulties obtaining appointments, long waiting times, challenges accessing medications and diagnostic tests, and significant financial constraints.** Nevertheless, they develop everyday strategies–such as support networks, planning, and the use of emergency services–to sustain their treatments.

CORRECTION OF HYPONATREMIA: A NEW METHODOLOGICAL APPROACH

To assess **correction rates and clinical outcomes in hospitalized adults with severe hyponatremia**, a complication that may affect up to 30% of inpatients, the **Statistics, Data Management, and Information Systems Unit and the Cochrane Argentina Center** at IECS collaborated on the development of an individual participant data (IPD) meta-analysis. This methodological approach integrates and analyzes participant-level data from multiple studies, enabling more accurate and comparable estimates.

WRITING AND PROPOSAL MANAGEMENT

During 2025, the **Project Management Office of the Support and Operations Management Unit** participated in strategic activities organized by the **National Institutes of Health – National Institute of Allergy and Infectious Diseases (NIH/NIAID)**, a leading U.S. agency for biomedical research funding, through international workshops held at **King's College London in London**, which focused on proposal writing and post-award management. These opportunities enabled the team to update their knowledge, strengthen institutional partnerships, and share key lessons learned within IECS.

VALIDATION OF EUROQOL FOUNDATION INSTRUMENTS

Researchers from the **Department of HTA and Health Economics and the Qualitative Health Research Unit** participated in two multinational validation studies–qualitative and psychometric–of two instruments developed by the **EuroQol Foundation: EQ-HWB-9** and **EQ-TIPS**. For the validation of **EQ-HWB-9**, which is particularly relevant for assessing well-being beyond health among older adults, long-term care users, and caregivers, the team worked in collaboration with patient organizations, senior citizen centers, and a nursing home in Buenos Aires. For the validation of **EQ-TIPS,** designed to assess health-related quality of life in children aged 0 to 47 months based on caregiver reports, data were collected from the Garrahan Pediatric Hospital and the Ricardo Gutiérrez Children's Hospital.

WOMEN'S HEALTH ALLIANCE

IECS joined as a founding organization of the Women's Health Alliance in Argentina, an initiative led by Women in Global Health Argentina that brings together stakeholders from the public and private sectors, academia, and civil society to promote a collaborative agenda aimed at reducing gender inequities in health. Through this participation, the Institute reaffirms its commitment to generating evidence and fostering cross-sector collaboration to **contribute to the development of more equitable, inclusive, and rights-based health systems**.

Department of Health Technology Assessment and Health Economics

We work in developing knowledge and tools to guide stakeholders' decision making processes to achieve more effective, efficient and equitable health systems in Latin America and the rest of the Global South.

2025 PROJECTS

» We conducted a **systematic review of methodologies for the incorporation of health technologies** to assess their applicability within the field of **Traditional Medicine**.
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» Through a systematic review of the evidence, we estimated **how exposure to black carbon affects mortality risk across different diseases**, distinguishing between short and long-term impacts in both the general population and patient populations.

» We continuously updated the scientific evidence through **Living Systematic Reviews (LSRs) on areas such as Respiratory Syncytial Virus (RSV) and COVID-19 vaccines.**

» We investigated the burden of disease, disease progression, and patient pathways for **colorectal cancer in Argentina, Brazil, Mexico, and Colombia** through a comprehensive systematic review.
» We assessed the epidemiological landscape and barriers to **hypothyroidism treatment access across Latin America and the Caribbean (LAC).**

» We examined the **burden of pneumococcal disease** inhigh-risk populations and evaluated the effectiveness of prevention strategies.

» We delivered a course on **Artificial Intelligence and Evidence Synthesis**, in order to build capacity in the use of emerging tools to optimize health data collection and analysis processes.

» We advanced the integration of **equity criteria into health technology assessment processes.**

» We expanded our line of research on **the impact of interventions on quality of life** and on methods of measuring health-related quality of life outcomes.

» We coordinated new **tobacco control** projects focused on smoking cessation policies and the economic impact of emerging forms of use.
» We provided **technical assistance** to government agencies and international

organizations through evidence-based reports, methodological support, and capacity-building activities aimed at strengthening **decision-making on health coverage, financing, and access policies.**

» We continued to conduct **economic evaluations** of different health technologies, applying **cost-effectiveness and budget impact analyses** across different healthcare settings.

» We developed **interactive tools** to facilitate the **interpretation and communication of economic evaluation results and support decision-making**.

Tobacco and Equity

A study conducted by the Department and funded by the United Kingdom's Cancer Research Institute estimated the health and economic burden of tobacco use across socioeconomic groups. The study found that **people with lower incomes not only smoke more, but they also get sick and die more often from tobacco-related causes, and devote a substantially larger share of their income to coping with its consequences.** This finding reinforces the importance of implementing WHO Tobacco Control policies to reduce health inequities.

Traditional Medicine

Of the 194 WHO Member States, 170 have reported the use of herbal medicines, acupuncture, yoga, Indigenous therapies, and other traditional medicine systems, with the highest prevalence in low and middle-income countries. In 2025, we conducted a **systematic methodology review for the incorporation of health technologies** in this field, as part of a project funded by the WHO.

Hospital-based ETESA

We strengthened the IECS ETESA (HTA) Consortium as an integrated platform for the delivery of health technology assessment services, including rapid HTAs, coverage policy, ultra-rapid evidence products designed to support individual clinical case decision-making, and technical responses to court orders and judicial requests. We also fostered **hospital-based HTA** in collaboration with leading tertiary-care institutions such as Hospital Israelita Albert Einstein de San Pablo (Brazil) and Hospital Universitario Austral, providing rapid, **applied assessments to support clinical decision-making, technology adoption, and hospital management.**

IECS Cochrane Argentina Center

We are a member of the Ibero-American Cochrane Network. Our mission is to facilitate clinical and sanitary decision making based on the best scientific evidence available.

IN 2025, WE WORKED ON:

Reviews

» **Maternal and perinatal health results** in epidemic threat contexts.

» Development and implementation of a **value framework** for rapid **health technology assessment** reports.

» A **global platform** for living systematic reviews and meta-analyses on **emerging vaccines** during pregnancy and childhood.

» **Diagnostic usefulness** of **artificial intelligence** software usin non-mydriatic digital retinal imaging for **diabetic retinopathy** screening.

» **Burden of disease** and serotype distribution of **invasive pneumococcal disease** among high-risk patients in Latin America and the Caribbean.

» **Safety, immunogenicity, and efficacy** of **Lassa fever vaccines** in pregnant individuals, children, and adolescents.

» **Safety, immunogenicity, and effectiveness** of **chikungunya** vaccines in pregnant individuals, children, and adolescents

Methodological Manuscript

» Considering **the power of words and the strength of certainty** in the communication and interpretation of research findings.

32 **Cochrane Clinical Answers** were published during the year–evidence-based summaries designed to support rapid decision-making at the point of care.

Pneumococcal Disease Burden

Invasive pneumococcal disease remains a major cause of morbidity and mortality among children and older adults worldwide, particularly due to meningitis, bacteremia, and bacteremic pneumonia. In 2025, we continued our line of research on the burden of disease and serotype distribution of invasive pneumococcal disease, focusing on its **impact on high-risk patients across Latin America and the Caribbean.**

AI for Evidence Synthesis in Health

In 2025, we launched an introductory course providing an overview of current and emerging applications of artificial intelligence (AI) across the different stages of evidence synthesis and systematic reviews. The course explored both the opportunities and the limitations and risks associated with these technologies. Designed for healthcare professionals and advanced students interested in strengthening evidence-informed decision-making, the six-week program combines live sessions with hands-on activities using real-world AI tools. We also established a partnership with Nested Knowledge to implement a state-of-the-art tool for systematic reviews. This experience was subsequently presented at international scientific conferences.

30

years were celebrated in 2025 by the Cochrane Consumer and Community Involvement Network, **a community** of nearly **3,000 people** from **more than 115 countries** who share an interest in health evidence and are committed to helping produce and disseminate it.

Department of Mother and Child Health Research

Through implementation research and the generation of high-quality evidence, we seek to promote the overall well-being of populations through innovative, and interdisciplinary research in sexual, reproductive, and child health. Our goal is to generate evidence that encourages equitable health policies and healthcare practices.

IN 2025, WE WORKED ON:

Maternal and Child Immunization

» We conducted a living systematic review and meta-analysis of the **effectiveness, safety, and immunogenicity of vaccines against COVID-19, Lassa fever, chikungunya, mpox, and respiratory syncytial viruso** (VSR) during pregnancy, childhood, and adolescence.
See page 17

Nutrition

» We led a **systematic review on the global incidence of preeclampsia/eclampsia** and on the updates to calcium intake recommendations.

» We studied the increase and regulation of **calcium content in drinking water** with the aim of improving its nutritional quality.

» We evaluated **appropriate calcium levels in wheat flour and public water supplies** to help improve calcium intake equitably across the Argentine population.

Care during Pregnancy, Childbirth, and the Postpartum Period

» We contributed to the development and pilot testing of a **comprehensive toolkit for the standardized collection, management, and analysis of maternal and neonatal health data in epidemic settings**. The toolkit was designed to support the adoption of the Maternal and Newborn Health in Epidemics Core Outcome Set (MNH-EPI-COS) across diverse settings and to facilitate the timely, accurate, and comparable recording and reporting of key outcomes.
See page 17

» We provided training and mentorship to support the implementation of the **intrapartum care toolkit** at four participating centers within **the Global Maternal and Newborn Platform**.

Prevention and Vertical Transmission

» We continued monitoring **the effects of Zika virus** infection in a cohort of **pregnant women in Honduras**, a study that is since 2016.

Multi-Country Study in Asia and the South Pacific

Between 2023 and 2025, as part of **the Global Maternal and Newborn Health Monitoring Platform (GMP)**, we collaborated with the Data, Statistics, and Information Management Unit in the development, deployment, and monitoring of an online survey involving **5,869 healthcare professionals from 73 hospitals** across **Bangladesh, Fiji, Mongolia, Nepal, Papua New Guinea, the Solomon Islands, Thailand, and Timor-Leste**. The survey assessed adherence to **World Health Organization (WHO)** recommendations on intrapartum and postpartum care. This initiative was carried out in collaboration with **the WHO** and **the Burnet Institute**, in Australia.

Course on Social Determinants of Health

We conducted five courses reaching a total of **70 participants**, including one on **"Strategies and Tools for Addressing Social Determinants of Health in Management Contexts."** In the picture, the course instructors prepare the materials for a program aimed at professionals working in the management of health or social programs and policies, institutional management, healthcare delivery organizations, or research and implementation projects.

Vertical Transmission of Chagas Disease: We completed the BETTY trial

We held the closing meeting of the **BETTY study**, a **randomized clinical trial** that compared a shorter treatment regimen with the standard treatment for **Chagas disease in women of reproductive age**.
The study was conducted in public healthcare centers in the **City of Buenos Aires, Chaco, Santiago del Estero, and Tucumán**. A total of **150 healthcare professionals** from diverse disciplines and backgrounds participated in the study, and **273 women** were screened for eligibility (88 of them were randomized and received treatment).
BETTY is an example of collaborative and rigorous science addressing a neglected disease in resource-limited settings and among vulnerable populations.
Click **here** for more information.

Department of Research on Chronic Diseases

We seek to promote health by generating scientific evidence and implementing interventions to prevent chronic diseases and optimize their comprehensive management.

THROUGHOUT 2025:

» We initiated the final follow-up phase of those participants who completed one year in a study assessing the effectiveness of a **digital decision-support tool to improve cardiovascular risk control.**

» We incorporated the two Argentine sites (La Rioja and Mar del Plata) participating in a project aimed at building research and implementation capacity in **primary care to improve the early diagnosis and treatment of Chronic Obstructive Pulmonary Disease** (COPD) in South America.

» We co-designed a **multicomponent intervention** (digital health, community health workers, and community groups) to support management **among people living with comorbidities** (diabetes, depression, and hypertension).

» We launched a project to assess the **health system's capacity to care for patients with dementia.**

» We conducted a review of the instruments used to assess the **care cascade among patients with diabetes and hypertension,** and developed a new instrument.

» We completed two studies focused on analyzing the value of biomarkers –lipoprotein (a) and C-reactive protein– for optimizing **cardiovascular risk stratification in populations across the region**, using data from the CESCAS cohort.

» We completed the 12-month follow-up of a study among **paid adult caregivers over 60 years of age in Marcos Paz,** assessing working conditions, health, quality of life, and employment continuity.

» We assessed the **dietary habits in elder adults** (in collaboration with the Hospital Privado de Comunidad de Mar del Plata).

Diabetes Prevention and Care in Vulnerable Populations

In 2025, a project developed in Argentina to **prevent and manage diabetes among vulnerable populations within the public healthcare system** was completed. In collaboration with the National University of the Northeast (UNNE) and the Center for Experimental Endocrinology (CENEXA), and funded by the World Diabetes Foundation (WDF), we have worked since 2021 across **40 primary care centers in San Juan, Salta, and Tandil**.

The main objective was to strengthen early detection and prediabetes, type 2 diabetes, and gestational diabetes follow-up at the primary care level. Key results included, **training 11,000 healthcare team members**across the country, assessing diabetes risk among 21,000 adults to enable timely preventive actions, and **developing digital tools**, such as a dashboard integrated with electronic health records in Tandil.

Healthy Food Environments and Front-of-Pack Labeling

What are the research needs related concerning public policies that promote **healthy food environments in the region**? What role does **gender perspective** play in research and policy advocacy documents addressing **front-of-pack food labeling** and the **regulation of food advertising**? Both topics were addressed in 2025 within the framework of the Community of Practice for Latin America and the Caribbean on Nutrition and Health (COLANSA).

AI and Mental Health

Artificial intelligence (AI) and digital tools are transforming the way mental health is addressed. In 2025, we hosted a free international seminar as part of the COLMA project, bringing together experts from the United States, Ireland, Brazil, and Argentina to share experiences, challenges, and strategies to ensure that innovation translates into meaningful impact for patients and health systems.

Department of Healthcare Quality, Patient Safety and Clinical Management

We seek to innovate, co-design, and sustainably and equitably implement valuable solutions for health systems that ensure the best outcomes centered on people and the environment.

THROUGHOUT 2025:

» We provided **technical cooperation on person-centered care across various institutions in Argentina** (including Sanatorio Finochietto, Sanatorio Las Lomas, Sanatorio Otamendi, and Hospital Austral), Uruguay (Hospital Británico de Uruguay), and Chile (Clínica Alemana, Clínica Dávila, and Hospital Mutual de Seguridad).

» We moved forward in the study on the **adaptation to pediatric critical care and the implementation of the Batz Guide** to engage patients in their care and in preventing adverse events during healthcare delivery.

» We led an **educational initiative for current and future** healthcare service **leaders** focused on clinical management, quality of care, and patient safety.

» We began working at different districts and institutions on the **redesign of disease-specific care services**: breast cancer (Mendoza), chronic obstructive pulmonary disease (Clínica Santa Isabel), and lung cancer (Hospital Austral). This experience can serve as an input and source of inspiration to expand and further develop this approach in other settings.

ANTIMICROBIALS

Steering toward Appropriate Use

With more than 1,250 recorded attendances across 14 sessions over six months, **the Antimicrobial Stewardship Program (PROA) of The Global Health Network Latin America and the Caribbean Community of Practice** was carried out in 2025. **The Global Health Network Latinoamérica y el Caribe**. The initiative, in which IECS participates through its Department of Quality, Patient Safety, and Clinical Management has become **a leading training platform for healthcare professionals across the region to address the challenge of antimicrobial resistance.**

Twinning with the Province of Jujuy

As part of The Global Health Network Latin America and the Caribbean project, **we established an institutional "twinning" partnership with the Province of Jujuy to optimize antibiotic stewardship programs across 23 public hospitals in the province.** Each type of organization will participate in collaborative initiatives tailored to its level of complexity and model of care delivery.

Diabetes Care

How can we improve the experience and clinical outcomes of people living with type 2 diabetes who are treated in the public healthcare sector? In 2025, the IECS Department of Healthcare Quality, Patient Safety and Clinical Management began planning the **SARA-D randomized study, which will implement a "coproduction" approach during three years to redesign the treatment model in the Province of Mendoza**.

The study is funded by the National Institute for Health and Care Research (NIHR) and IECS. The Qualitative Research Unit and the Statistics, Data Management, and Information Systems Unit are also participating in the project.

Patient Safety

In October 2025 **Law 27.797 on Healthcare Quality and Safety, known as the "Nicolás Law",** was enacted. **Members of the IECS Department of Quality, Patient Safety, and Clinical Management contributed to its development from the very beginning**. The law's relevance extends beyond the regulatory sphere: it provides a framework for institutionalizing quality and safety practices through continuity, measurement, and improvement.

"The law opens concrete opportunities for improvement. The next step is to support its implementation so that these improvements can be sustained over time through institutional capacities and steady work within healthcare teams.".

Center for Implementation and Innovation in Health Policies (CIIPS)

Through evidence and innovative approaches, we contribute to improving health policies and provide guidance to decision-makers and healthcare organizations at a global, regional, and national level.

THROUGHOUT 2025:

» We led the Latin America Center for Artificial Intelligence and Health (CLIAS), providing technical and financial support to researchers across the region in the development of 15 responsible artificial intelligence projects applied to health, promoting its ethical use and translation into scalable public policies.

» We analyzed data from the Salud Mesoamérica Initiative (SMI), a public-private partnership between the Bill & Melinda Gates Foundation, the Carlos Slim Foundation, the governments of Canada and Spain, eight countries in the region, and the Inter-American Development Bank (IDB). The aim was to identify opportunities for improving maternal and child primary healthcare in vulnerable areas of Mesoamerica.

» We evaluated the effectiveness and cost-effectiveness of a WhatsApp-based medical appointment reminder system in public hospitals in the Autonomous City of Buenos Aires, applying behavioral science principles to reduce outpatient appointment no-shows, in collaboration with the Ministry of Health of the Autonomous City of Buenos Aires.

» We evaluated health information systems in Barbados and Jamaica, analyzing public health system processes, variations in clinical practice, healthcare professional use of time, and patient experience, generating evidence to support the implementation of an electronic health record system to improve quality and continuity of care.

» We highlighted gender inequalities in death causes in Argentina, through Vital Statistics, developing graphic tools and indicators that facilitate the analysis of health inequities and support evidence-informed decision-making, as part of an initiative led by Vital Strategies / Bloomberg Philanthropies.

» We co-created together with the Tandil community, a multicomponent intervention integrating workshops, training, and an interactive chatbot in order to improve access to sexual and reproductive health, and mental health services among adolescents with exclusive public healthcare coverage.

» We analyzed how funding for NonCommunicable Diseases (NCDs) is mobilized and allocated across Latin America and the Caribbean, with the aim of identifying current practices, structural constraints, and

opportunities to strengthen health financing for chronic diseases in the region, within the framework of the Financing Accelerator Network (FAN) for NCDs.

» We developed an interactive mathematical modeling platform to estimate the epidemiological and economic impact of the interventions prioritized by the PAHO and WHO in Latin America and the Caribbean, expanding an existing digital tool to support global health decision-making.

» We created an interactive and user-friendly web platform for healthcare personnel in Granada that integrates local health surveillance guidelines with search, structured navigation, and download functionalities, facilitating routine use and updates by health authorities.

» We analyzed the management of Chronic Obstructive Pulmonary Disease (COPD) in Argentina through a policy and clinical guideline review, interviews with key stakeholders, and a multisectoral dialogue process. These helped develop concrete recommendations to strengthen the health system response to this disease.

» We collaborated on the development of a framework to assess the impact of AI-based solutions applied to sexual, reproductive, and maternal health in low and middle-income countries.

» We participated in a regional dialogue on the redesign of the global health architecture, as part of an academic consortium led by Tecnológico de Monterrey, together with Universidad Mayor and Jamaica's Universidad de West Indies, and supported by the Wellcome Trust, to position Latin America and the Caribbean's priorities in global forums where the international health agenda is shaped.

Diploma Program in Data Intelligence

With certification from the University of Buenos Aires (UBA) School of Medicine, members of our Center, led by Dr. Alejandro López Osornio and Dr. Martín Diaz Maffini, launched the **Diploma Program in Health Data Intelligence for Decision-Making**, The program is aimed at professionals seeking to incorporate digital health, data science, and artificial intelligence tools into the design of clinical interventions, healthcare management, and policy development.

The diploma program incorporated innovative teaching methodologies and interdisciplinary approaches, contributing to the training of professionals capable of translating data into decisions within real-world health system contexts.

Gender Inequities

Our work on the analysis and visualization of gender inequities using vital statistics data, , one of 13 globally selected projects under the Data for Health initiative from Bloomberg Philanthropies and Vital Strategies, **was recognized as being of national interest by the Argentine National Chamber of Deputies**. This recognition recognizes the value of a tool that highlights gender gaps in mortality, providing key evidence for guiding more equitable public policies.

For more information about the working guidelines, publications and initiatives developed throughout the year, visit **2025 CIIPS YEARBOOK.**

Center for Research on Epidemiology and Public Health (CIESP)

We are the first CONICET executive unit focused on epidemiology and public health, dedicated to generating high-quality evidence and promoting its application in health programs, services, and policies.

The CIESP, a CONICET executive unit based at IECS, continued to strengthen the integration and complementarity between both institutions, **reinforcing its mission to produce relevant knowledge and useful tools to address priority public health challenges, support evidence-informed decision-making, and generate sustainable impacts on the lives of individuals and populations**.
To this end, the Center maintained and expanded its participation in multicenter collaborative projects, and in initiatives aimed at strengthening local research capacity.

THROUGHOUT 2025:

» We consolidated a **hub with a living systematic review and meta-analysis visualization platform** aimed at maintaining up-to-date evidence on the effectiveness and safety of vaccines for emerging infectious and vaccine-preventable diseases. The platform allows users to explore results across different populations (including pregnant individuals, children, and other priority groups), facilitating its use through technical teams and decision-makers.

» We advanced the development and application of tools to support health policy decisions, including a **budget impact analysis calculator for influenza vaccination in Argentina**.

» We strengthened regional initiatives focused on **modeling the health and economic impact of implementing taxes and other measures from the MPOWER strategy**, a key tools for regulations and regulatory frameworks aimed at reducing tobacco use in the region.

» We evaluated the potential impact of population-level strategies **to increase calcium intake, such as fortification of drinking water and flour**, in order to prevent preeclampsia and other critical pregnancy outcomes.

» We analyzed the effectiveness of a **WhatsApp-based appointment**

reminder strategy, achieving a significant reduction in outpatient appointment no-shows.

» We developed a **mobile application designed to optimize follow-up and improve tuberculosis treatment outcomes**.

» We contributed to research on patient safety and quality of care, including evaluations of collaborative initiatives aimed at **optimizing antibiotic use and strengthening the timely detection and management of respiratory infections**.

» We published studies related to the **prevention and management of chronic diseases**, such as hypertension and diabetes, including implementation experiences of the HEARTS model and digital messaging-based strategies to improve care processes and health outcomes.

» We promoted projects focused on evaluating policies and programs that foster **healthy environments as key pillars in addressing obesity, diabetes, and cardiovascular diseases**.

Scientific Output

In 2025, **80 publications featured authors with CIESP affiliation**. Scientific output reflected a broad and diverse research agenda, with a strong focus on applied research and the strengthening of evidence-informed decision-making.

Communication and Marketing Unit

Through comprehensive institutional communication strategies, scientific outreach, and academic and digital marketing, we have worked across the organization to strengthen the visibility, positioning, and impact of the initiatives developed in research, education, and technical cooperation.

THROUGHOUT 2025:

» We promoted campaigns and content aimed at academic, institutional, and social communities, **fostering clear, accessible, and evidence-based communication.**

» We enhanced the **dissemination of projects, publications, institutional activities, and events** through communication, marketing, media relations, social media, audiovisual content, and digital platform development strategies.

» We promoted **strategic processes related to organizational culture and digital transformation**.

114 videos produced

16 webinars delivered

68 academic outreach and promotional campaigns

555 media appearances

46.700 followers in institutional social media channels

11 activities with live coverage

Live Coverage of Events, Visits, and Academic Activities

Real-time content generation for social media and institutional channels, including audiovisual coverage, interviews, photographic records, and sharing of key highlights.

Twenty-five years of the Master's Program in Clinical Effectiveness

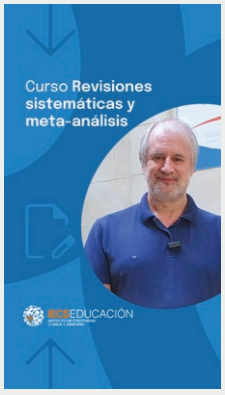
Tobacco and Equity Meeting

HTAi Annual Conference Buenos Aires

Value-Based Health Care Event

Integrated Communication, Marketing, and Academic Program Promotion Strategy

Integrated campaigns and initiatives **to position the academic offering**, expand the reach of educational programs, and strengthen outreach, inquiry, and enrollment processes.



Academic Activity Coverage

Throughout the year, we provided **coverage of various IECS academic and institutional activities**. These included the simulation of the Federal Health Council (COFESA), held as part of the closing activities of the Master's Program in Clinical Effectiveness. During this exercise, students took on the roles of health ministers, representatives of scientific societies, patients, and international organizations, applying the knowledge and skills acquired throughout their training.

Launching the internal institutional newsletter

A **new internal communication channel** designed to strengthen information sharing, foster organizational culture, and increase the visibility of institutional initiatives, teams, and projects.

Qualitative Research on Health Unit

At the Qualitative Research on Health Unit, we work to improve public health through the analysis of health, illness, healthcare, and caregiving processes using methods and approaches from the social sciences. We are a multidisciplinary team with extensive expertise in the sociology of health, medical anthropology, health communication, and psychology.

THROUGHOUT 2025:

» We conducted a qualitative study to identify indicators of needs, risks, and opportunities for the **development of self-regulation in children aged 0–6 years**, in collaboration with the Applied Neurobiology Unit at CEMIC.

» We collaborated on a pilot and evaluation project of the **MNH-EPI-COS Data Collection and Analysis Toolkit**, a core result set for maternal and perinatal health research and surveillance in the context of current or emerging epidemics. The project was implemented in five countries (India, Rwanda, Honduras, Brazil, and the United Kingdom) under a WHO contract.

» We participated in a **multicountry study led by the EuroQol Foundation to conduct content validation and psychometric evaluation of EQ-TIPS, a new instrument designed to measure health-related quality of life in children aged 0–3 years**. In Argentina, data were collected at the Garrahan and Gutiérrez pediatric hospitals.

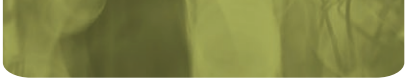
» We conducted the content validation in Argentina of a **new EuroQol instrument, the EQ-HWB-9, which measures health and well-being in patients and caregivers**. The instrument was subsequently administered in a geriatric care facility in the City of Buenos Aires.

» We participated in the collection of qualitative data through interviews with healthcare professionals as part of a **project monitoring and evaluating digital transformation in hospitals in Barbados**.

» We conducted **co-design workshops to redesign care models for patients with conditions** such as lung cancer, breast cancer, and chronic obstructive pulmonary disease.

» We documented the **experiences of patients with tuberculosis using digital tools** to improve treatment adherence.

» We contributed to the **redesign of primary healthcare systems for chronic diseases**, with a particular focus on diabetes care in Mendoza, Argentina. As



part of this project, we conducted a pilot study in two primary care centers to evaluate a co-designed intervention.

» We worked on a study in Tandil examining **barriers and facilitators to adolescent access to sexual and reproductive health and mental health services** incorporating a gender perspective.

New Qualitative Data Analysis Workshop

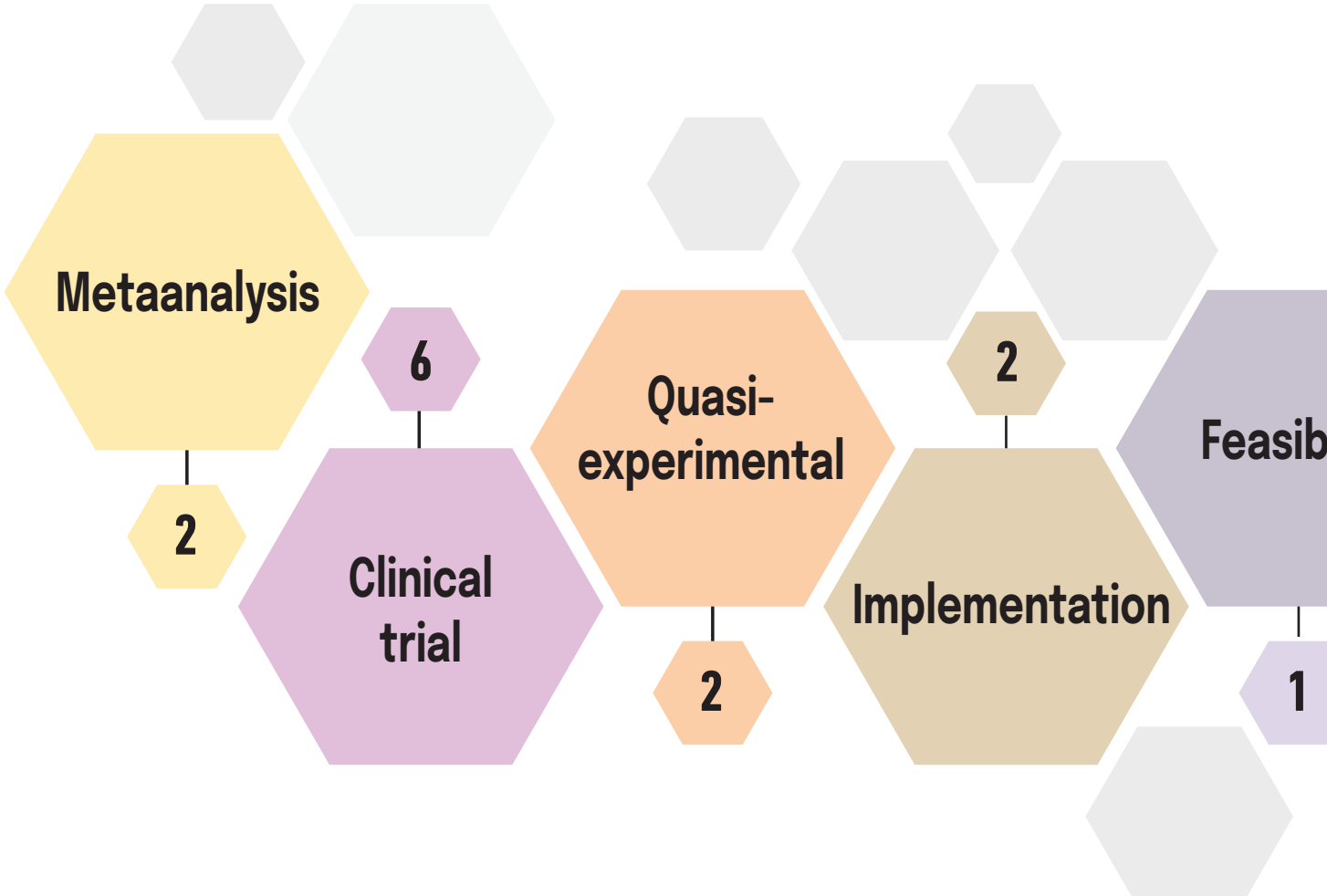
In 2025, the team organized and delivered the first edition of the **Qualitative Data Analysis Workshop**, which brought together 19 professionals from a range of disciplines. The workshop was designed to provide **practical training in qualitative data analysis**, using interview data from real-world health research projects. Participants worked on inductive and deductive coding strategies, codebook development, and the creation of analytical matrices to organize findings, among other key methodological tasks.

Statistics, Data Management and Information Systems Unit

We are an interdisciplinary team that designs, conducts, analyzes, and reports research studies for IECS and external institutions. Our vision is to serve as a bridge between data and knowledge, continuously advancing towards innovation.

FIGURES

Throughout 2025, we worked on the following types of studies:

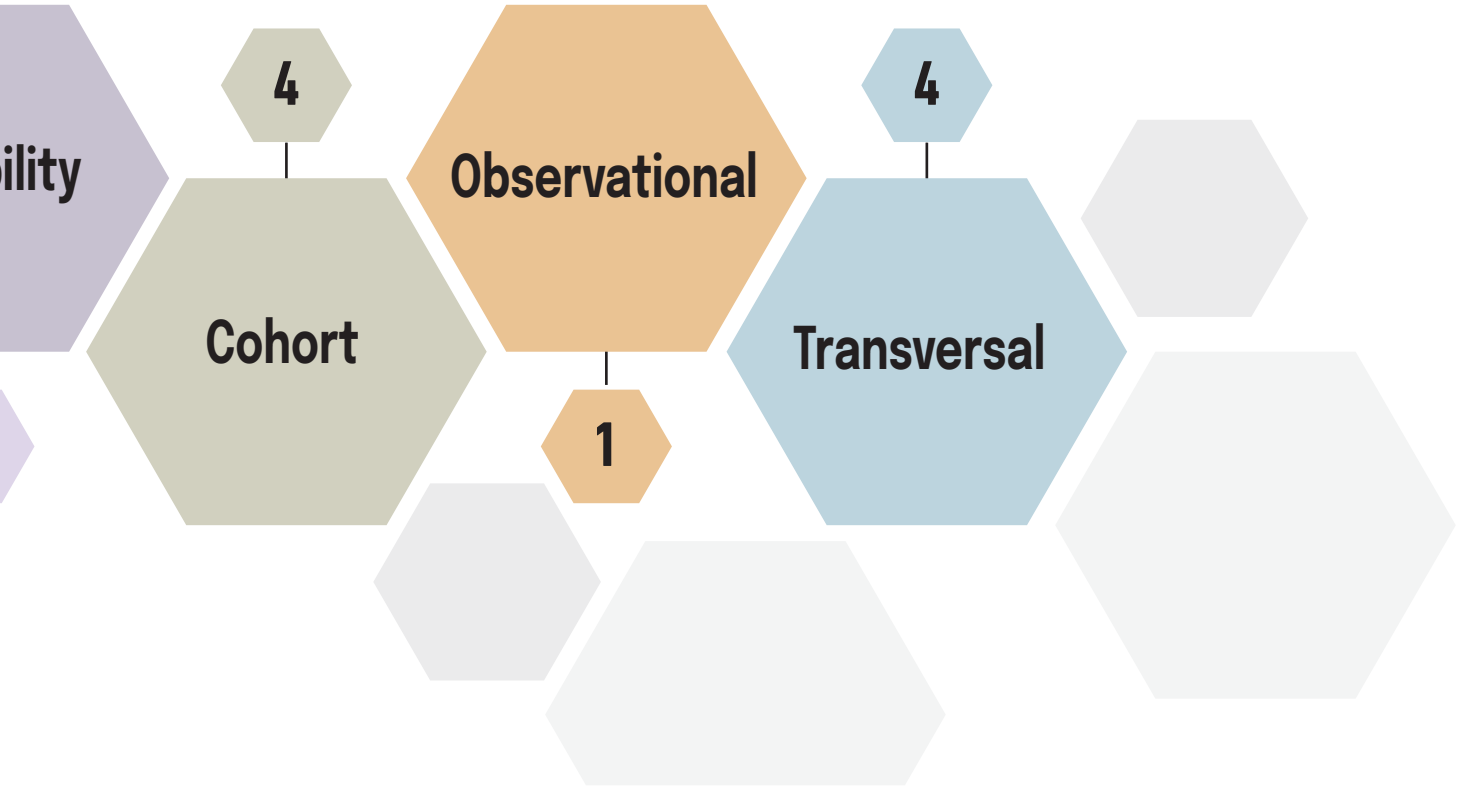


Monitoring in SARA-D

In 2025, the IECS Department of Quality, Patient Safety, and Clinical Management launched the SARA-D clinical trial in the province of Mendoza. In this context, the Unit played a strategic role in the design and implementation of the Risk-Based Monitoring (RBM) Plan and Monitoring Manual, developed in accordance with Good Clinical Practice (GCP) guidelines and applicable regulatory requirements. These instruments set the strategy for Source Data Verification (SDV) and Source Data Review (SDR), as well as risk prioritization, consolidating a systematic and preventive approach to quality assurance. **The Unit coordinates the monitoring team, integrates on-site and centralized monitoring activities, and -through ongoing reviews and systematic validations- strengthens the quality, traceability, and reliability of the information.**

Strategic Partners

The Unit continues to strengthen its role as a **strategic partner and key collaborator for teams designing and conducting academic clinical trials**. This year, we expanded our contribution by providing Quality Assurance (QA) and Medical Coding services, bringing methodological rigor and international standards to a WHO-led clinical trial. In addition, in line with European Union recommendations for the collection of rare disease data, our REDCap-specialized development team served as a strategic partner to the Research Team at Vall d'Hebron Research Institute in Barcelona, Spain, supporting the optimization of the system architecture. This work improved the efficiency of information management and enabled the development of ETL processes that facilitate the collection and standardization of clinical data across hospitals, thereby strengthening both academic and clinical research projects.



Operations Management and Support Unit

We are a transversal unit composed of 22 professionals in five key areas playing a strategic role as a fundamental pillar for the efficient, safe, and sustainable development projects and the overall operations of IECS.

BUILDING INSTITUTIONAL CAPACITY TO SCALE UP THE IMPACT ON HEALTH

IECS impact depends not only on scientific and academic excellence. It is also grounded in the institutional capacity that enables ideas to be transformed into projects, funding into implementation, and strategy into results.

Through a transversal approach, the Operations Management and Support Unit **brings together people, processes, technology, and resources to ensure that the organization operates according to international standards and is positioned for sustained growth and greater impact.**

THROUGHOUT 2025, we consolidated practices aimed at:

» **strengthening** project management and international funding.

» **professionalizing** operational and administrative processes.

» **developing** technological and information infrastructure to support decision-making.

» **supporting** organizational growth.

» **aligning** operations with strategic planning.

These capabilities are not directly reflected in institutional indicators of scientific and academic work.

However, the possibility to sustain complex projects, operate across multiple regulatory environments, and scale up regional initiatives depends on a strong, professionalized, and sustainable operational foundation.

Building institutional capacity is not a peripheral component of research, but rather a necessary condition for its meaningful impact.

In a regional context where many scientific organizations face the challenge of growing without losing cohesion, **strengthening organizational capacity becomes a strategic investment.**

Creation of the Regional Bridge to Excellence in Grants Management Community

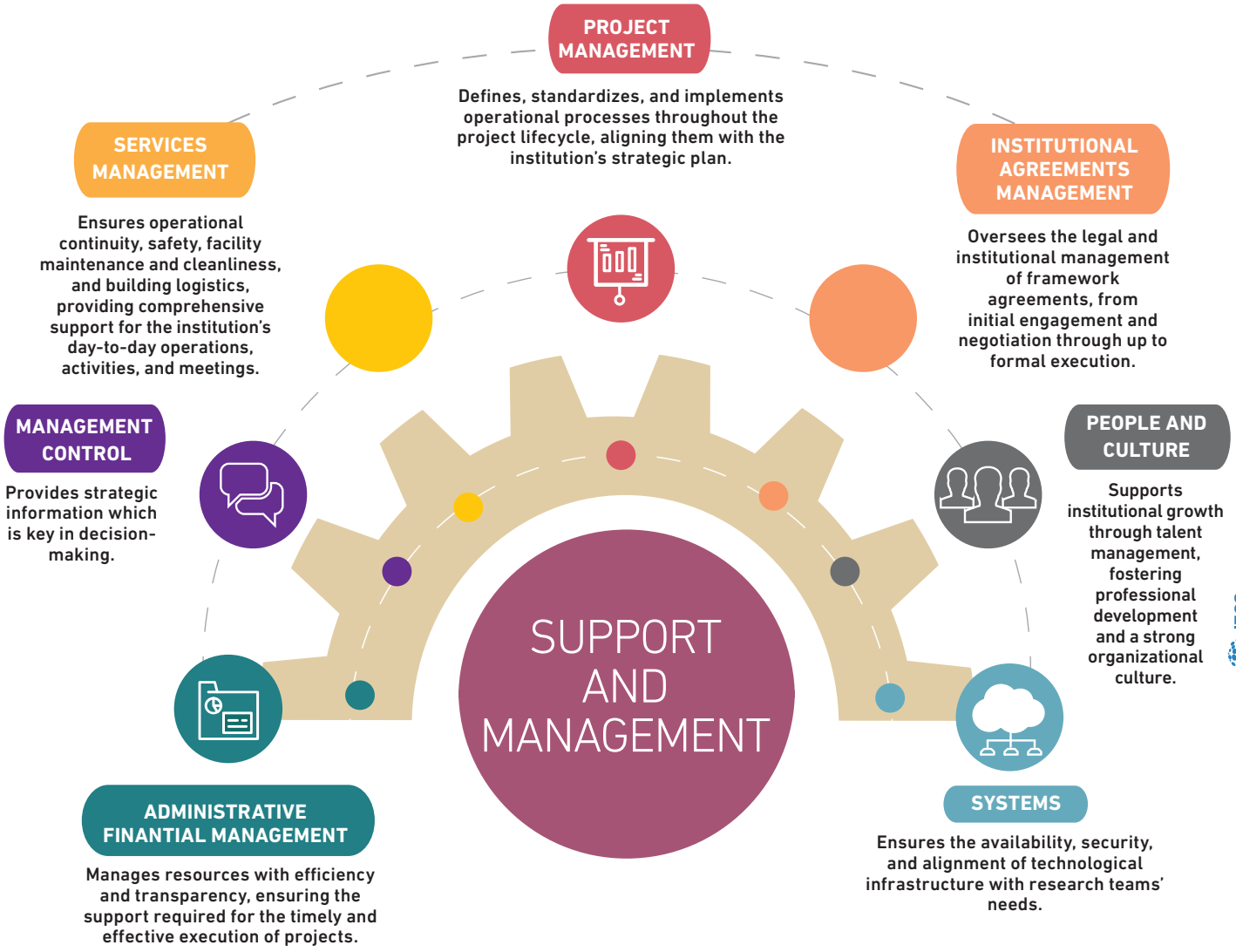
One of the major milestones of 2025 was the launch of the **Bridge to Excellence in Grants & Research Management Community of Practice**, a regional initiative funded by the NIH/NIAID and led by IECS.

Bridge aims to strengthen institutional capacity for health research fund management across Latin America and the Caribbean by promoting good practices, quality standards, and professionalization processes. **The initiative further positioned IECS as a regional leader in research administration and international grants management.**

Bridge by the Numbers: Regional Reach and Institutional Participation

The official launch of Bridge took place through a regional online event that highlighted both the strong interest in and the need to strengthen research management across the region.

The event attracted **213 registrants, 131 active participants**, representation from **13 countries** and participation from **70 institutions** across Latin America and the Caribbean. These figures established Bridge as a regional platform for collaboration, capacity building, and shared learning.



Education Unit

We develop educational and training programs and provide instructional support to our faculty and trainers.

PEC Alumni Community

In 2025, as part of the 25th anniversary of the Master's Program in Clinical Effectiveness (PEC), the IECS Education Unit launched the **IECS-UBA Master's Program in Clinical Effectiveness Alumni Network,** known as the PEC Alumni Community (CE-PEC). The initiative is aimed at building and strengthening a community that fosters professional connections, knowledge and experience sharing, and strategic engagement with IECS, thus creating a sustainable space that generates value for both alumni and the institution. The initiative was officially presented during the PEC 25th Anniversary Celebration *(see page. 12)*.

Actions implemented during the year to support the development of the alumni network included:

- Inviting alumni to participate in selected weekly **internal IECS project meetings**.
- Launching a **Linkedin group** to encourage interaction and networking among program graduates.
- Administering a second alumni survey to **better understand graduates' profiles**, their opinions of the PEC program, and its **impact on their academic and professional journeys**.
- Delivering a **free R programming course** that attracted more than 70 individuals enrolled.

UBA Certification

In 2025, collaboration with the **University of Buenos Aires (UBA) School of Medicine** was further strengthened, with the institution providing academic endorsement through the certification of various IECS training programs, including the **"Diploma Program in Health Data Intelligence for Decision-Making."**

Master Program in Clinical Effectiveness

1st year: **49 students**

2nd year: **35 students**

14 students oriented to Clinical Research and Epidemiology
16 students oriented to Health Technology Assessment and Economic Evaluation
5 students oriented to Clinical Management an Quality of Care in Health Organizations

Our educational programs reached a total of:

1.205 students from **22 countries**, including:

Argentina,
Colombia,
Brazil,
the United States,
Anguilla,
Barbados,
Canada,
Jamaica.

Satisfaction with the courses

52% Extremely satisfied

42% Satisfied

New Courses

In 2025, the course offering was expanded, with the following as the main new additions:

- Qualitative Data Analysis Workshop
- **Pharmaceutical Policy: Access, Regulation, Market, and Innovation**
- Intensive Workshop on Improving Patient Flow in Healthcare Institutions
- **Practical Applications of Generative Artificial Intelligence for Research**
- Artificial Intelligence for Health Evidence Synthesis
- **Strategies and Tools for Addressing Social Determinants of Health in Management Settings**

Committees

COMMITTEE FOR EQUAL RIGHTS, DIVERSITY AND GENDER EQUITY (CIDDEG)

PURPOSE: To foster an inclusive organizational culture by promoting gender equity and helping to build a workplace environment free from violence, harassment, and discrimination.

ADVANCES IN 2025

- **We renewed most of the Committee's membership**, strengthening its consolidation and incorporating representatives from DUCs that had not previously participated, while maintaining a strong level of institutional commitment and engagement.
- We participated in activities organized through the **PARES** Program, led by the **Women's Secretariat of the Government of the City of Buenos Aires**, sharing experiences and good practices related to the development of equality policies across organizations.
- We conducted focus groups as part of the **Equality Plan [Plan para la igualdad]** to enrich the institutional assessment and survey emerging perspectives and needs.
- We continued working on the revision of the **Protocol for the Prevention, Guidance, Response, and Elimination of Discrimination, Harassment, and Violence in the Workplace from a Gender Perspective**, advancing towards its formal presentation and implementation in 2026.

CIDDEG
Comité por la Igualdad de Derechos, la Diversidad y la Equidad de Género

TRAINING AND TALENT DEVELOPMENT COMMITTEE (CCDT)

PURPOSE: To manage, promote and facilitate the continuous training of all IECS staff.

2025 ACHIEVEMENTS

- Provided funding to support **12 individual professional training**.
- Funded the participation of **three staff members** members in the US Federal Funding: Grant Writing & Post-Award Workshop held in London.
- Organized a **Grant writing workshop** led by experts from the institution.
- Conducted a **survey to assess the experience of applying for scholarships** and to identify training and professional development interests.
- Designed a **scholarship tracking tool** to evaluate satisfaction with funded training activities and to ensure accountability among individuals who received support from the CCDT.
- Continued to promote **IECS's educational and training opportunities**.
- Continued to manage the allocated budget responsibly and transparently through a **standardized applicant evaluation system.**

It's been **three years** since the Committee was created. Since then, it has awarded more than **60 scholarships** providing **over USD 50,000** in funding and will continue working to foster the continuous training of all members of the IECS community.

Project Meetings

Share, enrich, inspire, grow.
In 2025, 34 Project Meetings were held, consolidating this space as a **key forum for knowledge exchange, interdisciplinary collaboration, and strengthening the IECS community**.
Every Monday, members of departments, units, centers, and committees shared research updates, management experiences, methodological innovations, and institutional projects, creating opportunities to learn, discuss, and develop new initiatives together. Throughout the year, the meetings also featured specialists from Argentina, the Netherlands, the United Kingdom, and Australia, as well as Master's Program in Clinical Effectiveness (PEC) graduates. Their contributions brought new perspectives, experiences, and insights, enriching discussions and strengthening ties with the national and international academic and scientific communities.

SOME OF THE TOPICS ADDRESSED DURING THE 2025 PROJECT MEETINGS INCLUDED:

» **Clinical and methodological research:** best practices in grants administration, clinical trials, and strategies to strengthen the quality and relevance of research.
» **Inequalities and population health:** projects aimed at analyzing and highlighting gender inequalities in mortality and other health indicators.
» **Innovation in the use and communication of evidence:** new tools for data visualization and for communicating research findings in more accessible ways.
» **Health technology assessment:** tools to support evidence-informed decision-making, including cost-effectiveness thresholds and budget impact analysis.
» **Person-centered outcomes:** progress in evaluating instruments to measure quality of life and well-being.
» **Implementation and improvement of health services:** redesign of care processes and co-design of interventions to strengthen health services.
» **Research quality:** initiatives to promote the generation of more consistent, useful, and relevant evidence.
» **Health policies and systems:** organization, financing, and challenges of health systems.
» **Vaccines and emerging diseases:** evidence on vaccine safety, efficacy, and immunogenicity.
» **Sustainability and innovation in health:** experiences aimed at advancing more sustainable and effective health systems.
» **Institutional development:** CIESP growth and establishment of the Master's Program in Clinical Effectiveness Alumni Network.
» **Organizational learning:** exchanging experiences, reflecting on decision-making, and strengthening interdisciplinary collaboration.

34 meetings | More than 30 topics addressed
Project Meetings continued to serve as a key space for sharing progress, sparking new conversations, and strengthening connections across teams, while also incorporating perspectives and experiences from national and international experts.

Scientific Publications

HEALTH ECONOMICS AND ETESA (HTA)

■ **Pichon-Riviere A, Rodríguez-Cairoli F**, Drummond M, **Espinola N, García-Martí S, Augustovski F**. Affordability decision rules: a systematic review and framework for categorising budget impact thresholds across health systems. *Lancet Glob Health*. 2025;13(12):e2027-e2040

> **Alcaraz A, Argento F, Alfie V, García Martí S, Bardach A, Ciapponi A, Augustovski F, Pichon-Riviere A**. Development and implementation of a value framework for rapid health technology assessment reports: enhancing evidence-informed decision making in resource-constrained settings. *Int J Technol Assess Health Care*. 2025;41(1):e58.

> **Alcaraz A, Navarro E, Alfie V, Perelli L, García Martí S, Ciapponi A, Bardach A, Pichon-Riviere A, Augustovski F**. Design and Implementation of a Stakeholder Consultation Process for Rapid Health Technology Assessments in Argentina. *Arch Med Res*. 2025;56(1):103093.

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> **Bardach A, Ballivian J, Moreno C, Navarro E, Luxardo R**, Kyaw MH, Spinardi J, Mendoza CF, Carballo CM, **Loudet CI, Espinola N.** Disease and Economic Burden of COVID-19 in the Prevaccine Era in a Fragmented Health System: The Argentine Case. *Value Health Reg Issues*. 2025;48:101137.

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> **Espinola N, Rodríguez Cairoli F, Rojas-Roque C,** Luna PC, Kanevsky D, Migliazza V, **Pichon-Riviere A**. Budget impact and cost per responder analysis of upadacitinib for the treatment of moderate to severe atopic dermatitis from the perspective of the social security and the private sector in Argentina. *Expert Rev Pharmacoecon Outcomes Res*. 2025;25(1):101-111.

> **García Martí S, Stacco V, Pichon-Riviere A, Augustovski F, Alcaraz A,** Espinoza MA. Navigating the future: horizon scanning and early dialogue in health technology assessment in Latin America. *Int J Technol Assess Health Care*. 2025;41(1):e42.

> **Silvestrini C, Perelli L, Alcaraz A, Espinola N, Argento F.** Budget impact of low-dose computed tomography screening for lung cancer in Argentina. *Expert Rev Pharmacoecon Outcomes Res*. 2025;25(5):689-696.

CHRONIC DISEASES

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"It is important to tailor digital interventions to improve adherence to tuberculosis treatment and address the diverse needs of patients."

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OTHER LINES OF RESEARCH

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"Temporary abstinence from smartphone use and social media activity could mitigate the negative effects of technology overuse on adolescent well-being."

Valuable Resources

In 2025, we incorporated 9 members into our team:

Department of Health Technology Assessment (ETESA) and Health Economics:

Mariana Latorraca
Researcher

María José Varco
Researcher

Karina Rofman
Research Fellow

Cristina Nuñez
Assistant

Department of Research on Chronic Diseases:

Milena Korin
Researc
Fellow

Gloria Rosselló
Research
Fellow

Centro de Implementación e Innovación en Políticas de Salud (CIIPS):

María Eugenia Chaparro
Research
Fellow

Gabriela Goenaga
Assistant

Operations

Susana Sánchez
IT Support

Internal Mobility and Professional Development

Throughout 2025, several IECS staff members took on new challenges and responsibilities, reflecting opportunities for career growth and professional development within the organization.

In the Department of Health Technology Assessment (ETESA), **Valentina Stacco** moved from Project Coordinator to Researcher.

At the Center for Health Policy Research (CIIPS), **Martín Sabán** moved from Research Fellow to Researcher.

In the Quality Department, **Sol Herrera** joined the team as an Assistant after previously working in Project Management.

In Operations, **Marina Bonelli** took on the role of General Operations Assistant after working as a Human Resources Assistant, while **Ana Zambra** moved from Human Resources Assistant to Institutional Agreements Management.

CONGRATULATIONS...

» Dr. Camila Volij completed her participation in the prestigious **Takemi Program in International Health de la Universidad de Harvard**, becoming the first Argentine to be selected for this renowned international academic program.

» Dr. Fernando Argento was selected to serve as **Principal Investigator for a new project funded by the EuroQol Research Foundation**. The study will examine the quality of life of caregivers of children aged 0 to 4, a phenomenon known as the *spillover effect,* which explores how one person's health condition can affect the well-being of those who care for them. The study will collect data from Argentina, Australia, Canada, Germany, and Singapore.

» Dr. Ariel Bardach, Director of the Center for Epidemiological and Public Health Research (CIESP) successfully **renewed his appointment through open competition** for another four-year term.

» Mg. Constanza Silvestrini was selected as **one of the recipients of the ISPOR Europe 2025 LMIC Travel Grant**, which supports the participation of professionals from low-and middle-income countries in its annual conference.

» Lic. Sofía Pirsch was **recognized by Transform Health for her contributions** to evidence, equity, and digital health policy as part of its **Women Leaders in Digital Health Database**.

» Mg. Victoria Bruschini was **selected, out of 50 Argentine women, to join MásHacedorasLíderes**, a program launched by Hacedoras de Políticas Públicas and Chevening Argentina.

» Dra. Carolina Prado defended her Master's thesis in Clinical Effectiveness titled *"Factors Associated with Delays in Access to Cancer Treatment and Their Association with Patient Survival."*

» Dr. Natalia Elorriaga received an honorable mention for *"Survey of Research Needs for Implementing Policies to Improve Food Environments in Latin America and the Caribbean"* presented at the 2nd International Public Health Congress of the Argentine Association of Public Health, held in September 2025.

» Dr. Christian Giménez received an honorable mention for *"InChagas Project: A Tele-education Strategy to Promote the Diagnosis and Care of People with Chagas Cardiomyopathy"*, presented at the 2nd International Public Health Congress of the Argentine Association of Public Health, held in September 2025.

Dr. Andrea Alcaraz, **Dr. Facundo Jorro** and **Dr. Pablo Gulayín** were selected **to enter CONICET** as **Health Researchers** with projects focused, respectively, on the development and application of health technology assessment, and disease burden and economic burden models to inform resource allocation and public policy in the region; the timely identification of respiratory infections in primary care; and the timely detection and management of Chagas cardiomyopathy in endemic communities in Argentina.

In compliance with institutional requirements, the **CIESP Board of Directors renewed its membership.** The representatives of the Research Staff are: **Dr. Agustín Ciapponi** (reappointed), **Dr. Sebastián García Martí**, **Dra. Natalia Elorriaga, Dr. Javier Roberti**. The Fellow Representative is **Dr. Juan Pablo Smutny**. and the Professional Support Staff (CPA) Representative is **Lic. Anabella Motta.**

IN FIRST PERSON

The following IECS members share what they do. Meet them!

ANDRÉS PICHON RIVIERE: A Commitment to Building Better Health Systems

CLICK HERE TO WATCH

ANDREA ALCARAZ: Bridging Research and Public Health: Andrea Alcaraz's Work at IECS

CLICK HERE TO WATCH

MARTÍN DÍAZ MAFFINI and his interest in IT applied to health

CLICK HERE TO WATCH

“Health Care Decisions and Resource Allocation Are Two Sides of the Same Coin”

His father was an engineer and his mother a psychoanalyst physician who died when he was 12, Dr. Federico Augustovski describes himself as having “multiple interests,” ranging from opera to almost every form of art. But it was medicine that provided him with a field for professional growth: a family medicine specialist, a Master of Science in Epidemiology from Harvard University, co-founder of IECS, current Director of the institution’s Department of Health Technology Assessment and Health Economics, and former President of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR), Augustovski argues that “when a physician prescribes an unnecessary antibiotic for the flu or orders diagnostic cascades that are not evidence-based, they may not only be harming the patient’s health, but also sacrificing alternative uses of those resources that could have a greater health impact.”

What was your childhood like?

I was born in the city of Buenos Aires. I am “porteño”, but I like to think I come a little bit from the “Jewish gauchos.” I belong to a family who came from Eastern Europe who were fortunate enough to escape conflicts before World War II. I was born two blocks away from the School of Medicine. I lived for a while in Villa Crespo, then in Palermo, a while in Barrio Norte, a while in Belgrano, and now in Almagro. My mother was the “Doctor” a psychoanalyst physician, first university degree in the family. She died, along with my six-year-old sister, when I was 12, long before I knew what I wanted to do with my life, but her influence was always there, latent. My father, an engineer, had a small company that installed audio systems in hotels and businesses. He also had an academic management role at ORT, where he was director of the tertiary education program. I had started the entrance course for the Colegio Nacional de Buenos Aires, but I ended up completing high school partly at the Club Obras Sanitarias School (until it collapsed) and partly at the now-defunct Manuel Dorrego School.

Did you like sports?

I didn’t have any particular inclination toward sports. And I’ve always hated soccer! My mother’s influence was decisive: She would tell me to go to a more “laid-back” school and often emphasized the importance of a “sound mind in a sound body.”

As Co-Director of IECS's Department of Health Technology Assessment and Health Economics, Dr. Federico Augustovski reflects on his career.

How did you make the transition to the School of Medicine? How did that "spark," or calling, to pursue medicine come about?
In high school, I was influenced by a very demanding biology teacher–I think his name was Gambarini–but it's not as though I had a particularly strong calling. In fact, after graduating, I took a career aptitude test, and the two finalists were Biochemistry and Medicine. I chose the latter because of its broader, more versatile, and more humanistic dimension. So I completed the Common Basic Cycle (CBC) and entered the University of Buenos Aires (UBA) School of Medicine.

What kind of student were you?
When did you become interested in research?
Very dedicated. I was the top student in my graduating class and a teaching assistant in Histology and Pharmacology. I was fascinated by knowledge for its own sake. I spent a lot of time in libraries. I also discovered early on that I enjoyed research. I was awarded a research scholarship for students at the Immunogenetics Laboratory of the Hospital de Clínicas, headed by Leonardo Fainboim and Leonardo Satz, who was my scholarship advisor. We studied what are known as genetic polymorphisms of the HLA system, which determines organ compatibility for transplantation.
Later, I worked with another renowned immunologist, Emilio Haas, conducting research on samples from

1 Top student (flag bearer) of Class 1992, UBA School of Medicine.
2 Reading a psychoanalysis text since he was a baby.
3 Lecturing at a conference as Chairman of ISPOR.
4 "Sake Ceremony" at an International Congress in Japan.

kidney patients at dialysis centers. I pipetted, ran electrophoresis tests... but over time I began to get bored with the routine of laboratory work. The excitement of basic research faded; I felt something was missing. Around that time, I had already started my clinical training at the Lanari Institute, where I encountered some of the leading figures in internal medicine. That's when I became interested in a movement that was emerging at the time: Evidence-Based Medicine and clinical epidemiology.

Did you come to realize at that time that much of medical practice was still based on tradition or preconceived notions rather than the scientific method?
I don't know if there was a specific "eureka" moment. I began meeting physicians such as [Jorge] Hevia and [Héctor] Calbosa, who were very up to date and would give me books on the subject. I devoured original research articles in the libraries of the School of Medicine and the National Academy of Medicine. A fellow student and I were very critical of the "art" of medicine when it lacked a scientific basis. We had that youthful arrogance.

How did you choose to pursue a residency in Family Medicine?
At the time, the Family Medicine Unit at Hospital Italiano was headed by "Dolfi" [Adolfo Rubinstein] and Eduardo Epstein–highly accomplished, well-trained, rigorous physicians, strongly committed to evidence-based medicine, with tremendous drive and energy. That attracted me. It was a specialty that incorporated clinical epidemiology into primary care. I spent four years there, including serving as chief resident. During my residency, I did a rotation in Galveston, Texas, and that's where my "first

"A fellow student and I were very critical of the "art" of medicine when it lacked a scientific basis. We had that youthful arrogance."

PERSONAL PROFILE

Education Physician (University of Buenos Aires [UBA); specialist in Family Medicine; Master of Science in Epidemiology (Harvard University)
Scientific publications More than 190 (click **here**)
Musical passion "I'm an opera lover. Monteverdi's L'incoronazione di Poppea (1642) is amazing. The plot is so relevant today that it's striking." He also enjoys artists such as Leonard Cohen and Joni Mitchell.
Current reading Proust's In Search of Lost Time ("I'm reading the second of the seven volumes. It was a book I really wanted to read.")
Film Lucrecia Martel's 2025 documentary Nuestra tierra. "It's harsh, unsettling, profound, and loving."
Place in the world A little house by the river in Britópolis, Uruguay.
Family Two daughters: Mila (21), a psychomotricity student, and Ada (18), an architecture student. He also has a girlfriend and a dog, Trufa, whom they share custody of.
Physical activity Mostly "self-directed" yoga (using an app).

baby" was born: a decision tree on the use of preventive aspirin, which I eventually published in an international internal medicine journal.

And what did you do after completing your residency?
I joined the staff at Hospital Italiano, became an editor of a journal on evidence-based primary care, and also served as a kind of deputy research director of the Family Medicine Unit. That was when Dolfi returned from Harvard, where he had completed a Master's Degree in Epidemiology. Since I was also interested in the field, I applied for and was awarded a Fortabat Foundation scholarship to pursue the degree. I shared the classroom with Ezequiel García Elorrio and Andrés Pichon-Riviere, with whom I had already been developing a friendship since our residency at Hospital Italiano. Those summers in Boston were the seed of what came next: the founding of IECS.

When did your interest in Health Economics and Health Technology Assessment emerge or become more firmly established?
During my master's program, one of the courses I took was called Decision Analysis in Health and Cost-Effectiveness, taught by Milton Weinstein, one of the global pioneers in the field. And that's when I caught the "bug": the desire to incorporate more structured, quantitative, and formal analyses, synthesizing the evidence and looking not only at the clinical or health dimension, but also at the economic side.
When IECS was founded in 1999, we began with a consultancy for the National Superintendency of Health to define the Mandatory Medical Program (PMO). Andrés Pichon-Riviere was the first person hired full-time to build the organizational structure. From day one, health economics and the Cochrane Collaboration were our pillars.

Why should health economics be an area of interest for any physician?
Because resources are limited, both within a health system and in our own households. The physician's pen is the main driver of resource use; health care decisions and resource use are two sides of the same coin.
When a physician prescribes an unnecessary antibiotic for the flu or orders diagnostic cascades that are not evidence-based, it may seem harmless, but they are sacrificing alternative uses of those resources that could have a greater health impact. In other words, you are losing health–you are achieving far less health than could otherwise be achieved. ●

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At IECS, we work in collaboration with international organizations, government agencies, academic institutions, and private-sector organizations that support and strengthen our research, education, and technical cooperation initiatives.

These partnerships reflect the trust that diverse stakeholders place in the quality, independence, and relevance of our work at the local, regional, and global levels.

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