NEWSLETTER · JUNE 2026

Procurement Landscape of *Trypanosoma cruzi* Detection Tools – CUIDA Chagas Project

Strengthening Diagnostics Access Across Latin America

Chagas disease affects an estimated 8 million people worldwide, the majority in Latin America. Despite this burden, access to reliable, affordable diagnostics remains challenging. The **CUIDA Chagas project** — sponsored by Unitaid and the Ministry of Health of Brazil — is working to tackle the procurement, structural, regulatory, and supply-chain barriers that limit diagnostic access across Bolivia, Brazil, Colombia, and Paraguay.

IN-PERSON MEETING ON THE PROCUREMENT LANDSCAPE OF *T. CRUZI* DETECTION TOOLS, CUIDA CHAGAS, SANTA MARTA, COLOMBIA

A Landmark Meeting — Santa Marta, Colombia, June 9–11, 2026

CUIDA Chagas convened important stakeholders – including consortium members, Ministries of Health representatives, healthcare providers, and diagnostics experts – to **validate findings and shape actionable recommendations** developed over months of multidisciplinary virtual workshops. PAHO representatives participated as observers.

The meeting had three core objectives:

01

Consolidate key findings from a comprehensive supply-and-demand analysis across all four countries.

02

Review demand forecasting models under different diagnostic coverage scenarios.

03

Reach consensus on cross-cutting and country-specific procurement and supply chain interventions.

The meeting was the final step of a structured process led by the CUIDA Chagas Equitable Access team over the preceding months. It began with an initial planning workshop, followed by three thematic virtual workshops with country working groups: the first on financing, procurement and supply chains; the second on diagnostic coverage, service delivery and demand forecasting; and the third on prices, affordability and market dynamics. These were complemented by country reports, stakeholder interviews, official data and manufacturer perspectives, helping the team validate assumptions, identify common barriers and refine recommendations.

Over three days, plenary sessions were combined with country-specific subgroup discussions, resulting in a set of cross-country and country-specific recommendations to guide the next phase of CUIDA Chagas and support national decision-making. These aim to help countries turn evidence into action — strengthening procurement systems, reducing supply risks and expanding equitable access to reliable *T. cruzi* testing.

On the final day, participants reviewed supply-side findings from the Technology Landscape and manufacturer interviews, linking the demand and supply dimensions of the procurement landscape.

Cross-Country Barriers & Recommendations

CROSS-COUNTRY BARRIERS	RECOMMENDATIONS
FRAGMENTED PROCUREMENT Diagnostic procurement is fragmented across the health system, from the national to subnational levels in the public sector, and other healthcare institutions in the private and non-for-profit sector, resulting in limited visibility of total demand and procurement coordination, and missed opportunities to achieve lower prices based on consolidated volumes.	Strengthen procurement coordination, improving visibility of demand across all procurement channels, harmonizing technical specifications and reporting systems, and implementing centralized or joint procurement mechanisms. Regional demand aggregation, such as through the PAHO Strategic Fund, could improve affordability, attract suppliers, improve supply security, and reduce costs.
INSUFFICIENT AND TIME-LIMITED FINANCING Funding for Chagas disease diagnostics remains insufficient, uneven, or uncertain across countries, with dependence on time-limited donor support, budget constraints, financing gaps for key populations, and health system transitions that may disrupt sustainable access to testing.	Strengthen long-term domestic financing for diagnostics by improving procurement efficiency, integrating testing into existing financing mechanisms, planning transitions from donor-funded programs, and ensuring continuity during health system reforms. Coordinated advocacy to governments and international partners can support sustainable financing and scale-up of diagnostic services.
VARIABLE TEST QUALITY AND REGULATORY OVERSIGHT Quality assurance and performance evaluation systems vary across countries, with gaps in test validation, quality control, standardized technical requirements, and dissemination of performance data to procurement decision-makers.	Strengthen regulatory coordination, establish harmonized quality standards, expand performance evaluation and quality control systems, and improve sharing of test performance evidence among buyers to support procurement of quality-assured diagnostics.

CROSS-COUNTRY BARRIERS	RECOMMENDATIONS
GAPS IN SCREENING COVERAGE AND FOLLOW-UP Despite expanding access to screening, significant gaps remain in case finding, follow-up, confirmatory testing capacity, and integration of Chagas disease diagnostics into routine maternal and primary healthcare services, resulting in underdiagnosis, incorrect diagnoses, underreporting, and loss to follow-up along the care pathway.	Health systems should expand provider training, strengthen digital monitoring and follow-up systems, decentralize confirmatory testing, and integrate screening into existing maternal and child health programs. Regional collaboration on provider education and monitoring frameworks can further improve coverage and continuity of care. Beyond these development needs, stakeholders also need new, cost-effective technologies that facilitate, improve, and expand opportunities for diagnosing the disease.
REACTIVE FORECASTING AND DATA GAPS Demand planning is largely based on historical consumption rather than actual need, with limited inventory visibility, incomplete reporting, fragmented information systems, and weak demand signals undermining accurate forecasting and supply management.	Strengthen data integration and inventory visibility, improve suspicion/detection, notification at all levels of the health system, and shift forecasting from historical consumption to population- and coverage-based planning. Standardized forecasting tools and coverage models can support more accurate demand estimation and supply planning.
PROCUREMENT AND DISTRIBUTION INEFFICIENCIES Procurement and distribution systems are affected by fragmented purchasing cycles, lengthy procurement processes, poor inventory visibility, short product shelf life, and logistical bottlenecks that increase the risk of stock-outs, wastage, and supplier disengagement.	Improve procurement and supply-chain performance through coordinated purchasing, integrated inventory management, direct delivery to points of use, longer-term contracting, and standardized shelf-life requirements. Regional mechanisms for price transparency, demand aggregation, and multi-year procurement commitments could strengthen supplier participation and reduce costs.
LIMITED PRODUCT AVAILABILITY AND SUPPLIER COMPETITION Limited supplier diversity, market concentration, regulatory and procurement barriers, and fragmented demand reduce the availability and competitiveness of quality-assured diagnostic products across countries.	Expand the supplier base through harmonized technical and regulatory requirements, improved procurement practices, broader product evaluation, and greater market visibility. A regional supplier development approach that provides consolidated demand forecasts and multi-year procurement opportunities could attract additional manufacturers and strengthen market sustainability.

CROSS-COUNTRY BARRIERS	RECOMMENDATIONS
SUPPLY SIDE PERSPECTIVE: MANUFACTURERS INSIGHTS Weak and inconsistent demand discourages new suppliers from entering; regulatory fragmentation results in long registration timelines; procurement processes are opaque, slow and offer limited visibility into subnational tenders; and post-COVID-19 cost pressures have increased production, logistics and air freight costs for urgent orders.	Centralize and publish tender announcements through a single portal for all national authorities and PAHO/WHO. Publish price reference benchmarks by test type and country — without disclosing manufacturer names — to facilitate negotiation. Harmonize regional procurement through the PAHO Strategic Fund, supported by systematic price disclosure. Update the target product profile for diagnosis of *T. cruzi* infection at the point-of-care and strengthen the RDT algorithm evidence base, ensuring public visibility.

Barriers Severity Across Countries

BARRIER	BOLIVIA	BRAZIL	COLOMBIA	PARAGUAY
1. Fragmented Procurement	HIGH	MEDIUM	HIGH	HIGH
2. Financing	HIGH	LOW	MEDIUM	MEDIUM
3. Regulation & Quality	HIGH	LOW	LOW	MEDIUM
4. Test Coverage	HIGH	HIGH	HIGH	HIGH
5. Demand Planning	MEDIUM	HIGH	HIGH	HIGH
6. Procurement & Distribution	HIGH	MEDIUM	MEDIUM	HIGH
7. Product Availability	HIGH	HIGH	LOW	HIGH

HIGH MEDIUM LOW

A MATTER OF HEALTH JUSTICE

Equitable access to Chagas disease diagnostics is not merely a technical or procurement issue — it is a matter of health justice. For too long, the populations most affected by Chagas disease have endured delayed diagnosis, fragmented care pathways and limited access to reliable testing. The recommendations validated during the in-person meeting offer a practical roadmap for addressing these gaps.

By strengthening procurement systems, improving demand forecasting, increasing price transparency and ensuring the availability of quality-assured diagnostic tools, countries and partners can close persistent access gaps. These findings give governments, donors and regional partners a clear basis for coordinated action — advancing timely, affordable and equitable access to *T. cruzi* testing across the region.

PARTICIPANTS

Participants: Adriana Avalos (Paraguay, Ministry of Health); Alfredo Victor Paye Ichuta (Bolivia, INLASA); Aline Ale Beraldo (Brazil, Ministry of Health); Ana Gabriela Herrera (Bolivia, CUIDA Chagas); Andrea Sarmiento (Colombia, Ministry of Health); Andrea Silvestre (Fiocruz / CUIDA Chagas); Camila Garroux (Fiocruz / CUIDA Chagas); Camila Mattos (Fiocruz / CUIDA Chagas); Debbie Vermeij (Fiocruz / CUIDA Chagas); Elvira Idalia Hernandez (Findechagas); Fernanda Alvarenga Cardoso (Brazil, FUNED/MG); Francisco Edilson Ferreira (Brazil, Ministry of Health); Gabriela Chaves (FIND / CUIDA Chagas); Gunther Fred Rios Hoyos (Bolivia, Ministry of Health); Jaime Diaz (Colombia, CUIDA Chagas); Javier Abi Saab (Fiocruz / CUIDA Chagas); Jose Montiel (Paraguay, SENEPA / CUIDA Chagas); Justo Chungara (Bolivia, Ministry of Health); Karen Machado (Brazil, Ministry of Health); Karishma Mutreja (FIND / CUIDA Chagas); Kavi Ramjeet (FIND / CUIDA Chagas); Laura Bohorquez (FIND / CUIDA Chagas); Laura Camila Ospina (Colombia, CUIDA Chagas); Lilian Chena (Paraguay, Central Public Health Laboratory / CUIDA Chagas); Lucas Alcala (Colombia, Ministry of Health); Luiz Villarinho (Fiocruz / CUIDA Chagas); Margarita Ochoa (Colombia, INS / CUIDA Chagas); Martha Torales (Paraguay, Ministry of Health); Mauricio Vera (Colombia, Ministry of Health); Monica Ramirez (Paraguay, SENEPA / CUIDA Chagas); Ronald Lopez (Bolivia, INLASA); Sarah Hingel (FIND / CUIDA Chagas); Sebastian Cañon (SafeStart+); Vidalia Lesmo (Paraguay, SENEPA / CUIDA Chagas); Viviana Rivas (SafeStart+); Yanira Andrea Ramiro (Colombia, INS). **Observers:** Hector Coto (PAHO); Nora Giron (PAHO).

PARTICIPANTS OF THE IN-PERSON MEETING · CUIDA CHAGAS, SANTA MARTA, COLOMBIA, JUNE 2026