



IPOPI LATIN AMERICAN PID PATIENTS' MEETING

16-17 OCTOBER 2025
BUENOS AIRES, ARGENTINA

an **IPOPI** event

ENCUENTRO DE IPOPI
DE PACIENTES CON IDPS
EN AMÉRICA LATINA



COLLABORATION



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IPOPI was delighted to host the Latin American PID Patients Meeting in Buenos Aires – an energising gathering that brought together patient leaders and healthcare professionals from **13 countries across the region**.

Over two enriching days, participants engaged in a dynamic programme of **lectures, panel discussions, and skill-building workshops**, creating a space for collaboration, empowerment, and shared learning across the region.

The agenda, presentations, participants, and pictures of the meeting are available on the IPOPI website.



Session 1: Welcome & Icebreaker

The meeting opened with **welcome remarks** from IPOPI President Martine Pergent, AAPIDP President Roberta Anido, and representatives from our two sponsors - CSL Behring and Grifols. Participants engaged in the “**Suitcases of Stories**” **icebreaker**, where each brought an item representing their personal journey into PID advocacy. This interactive activity **set the tone for open sharing, building connections, and understanding the diverse motivations** driving PID patient representatives.

Session 2: The State of Latin America

The session provided an overview of **key global trends in PID care**, drawing on insights from IPOPI's Global Stakeholders Summit 2024, alongside an update on **IPOPI's initiatives to support Latin America**.

- **Genomic medicine as a transformative force:** Gene therapy is scientifically viable, but its long-term sustainability depends on **collaborative models, flexible regulation, and recognising therapeutic value beyond immediate clinical outcomes**.
- **The disruptive role of AI and digital health:** Artificial intelligence can reduce the diagnostic odyssey in rare diseases like PIDs by enabling **earlier diagnosis, identification of patient subgroups, personalised monitoring and treatment, and support for clinical decisions and drug development**.
- **Anticipating threats and ensuring sustainable access:** There is a need to **align regulatory policies with ethical and public health principles**, despite differences between countries, and to use tools such as the **PID Life Index** to centralise data and generate real-world evidence.



The session also explored the current PID landscape in Latin America through a **SWOT analysis** carried out by NMOs. Participants identified shared **strengths** (e.g. committed teams, patient networks), **weaknesses** (limited resources and visibility), **opportunities** (partnerships, policy momentum, new technologies), and **threats** (political instability, low recognition of rare diseases).

The **tables below present the SWOT results by country**, summarising the key findings reported by each NMO.

 ARGENTINA	
STRENGTHS	WEAKNESSES
• Very good relationship with doctors; Revival of the community of patients and medical professionals; • Rapid responses to consultations; • Free legal support to patients; • Active collaborations with other NGOs, at national and international level; • Availability of a database of healthcare centres in the country; • Strong dedication and responsiveness to patient needs.	• Difficulty recruiting volunteers for ongoing work and continuity; • Difficulty involving young people in the organisation and getting members to take positions on the board; • Lack of consolidated national data and follow-up; • Lack of visibility outside the PID community; • Difficulty obtaining financial resources for operations.
OPPORTUNITIES	THREATS
• Expand the use of social media to reach more people and share knowledge; • Improve systematisation and follow-up data on patients to strengthen management and measure impact; • Participate in IPOPI activities focused on development, strengthening, and support of NMOs; • Strengthen relationships with organisations in the region due to shared challenges; • Access to global medical knowledge; update medical information and patient support.	• Concentration of medical professionals, specialists, and hospitals in large urban centres; • Inability to maintain a national PID registry; non-compliance with laws requiring judicial action to access treatments; • Lack of resources and volunteers for organisational continuity; difficulty recruiting committed members; • Lack of plasma donations/production for medications; • Delays in receiving medication without depending on government changes; macroeconomic situation; • Underfunding of the public health sector, limiting access to high-cost medications and affecting NGO management.



BOLIVIA

- Psychological support for the patients' parents.
- Medical advice embedded in the Foundation.
- Coordinated trainings and patient support.

- Difficulty finding patients or parents willing to get involved in the foundation;
- Lack of knowledge about PIDs among doctors and general population.



- Adoption of a PID law to secure greater benefits;
- Increase awareness of PIDs among physicians and the general public.

- Political instability;
- Shortage of immunoglobulin and other medications.



BRAZIL

- Good relationship with immunologists;
- Good support for the patients.

- Lack of patient interest in organisational participation;
- Limited human and financial resources.



- Political momentum to support advocacy efforts;
- Support from a recognised public figure or influencer.

- Political and economic instability affecting supply;
- New laws requiring operational adjustments.



CHILE

- Strong team collaboration within the members of the organisation;
- Partnerships with other organisations in Chile;
- Public policy participation;
- Decentralised specialist access; connections with pharmaceutical companies.

- Lack of resources for the organisation's projects;
- Limited funding for patient diagnostic processes;
- Absence of a national patient registry; limited information on specialists nationwide.



- Participation in IPOPI-led meetings;
- Update medical information and patient support;
- Registration of patients and doctors to raise awareness among social media users about the diagnosis of PIDs;
- PID patient national registry.



DOMINICAN REPUBLIC

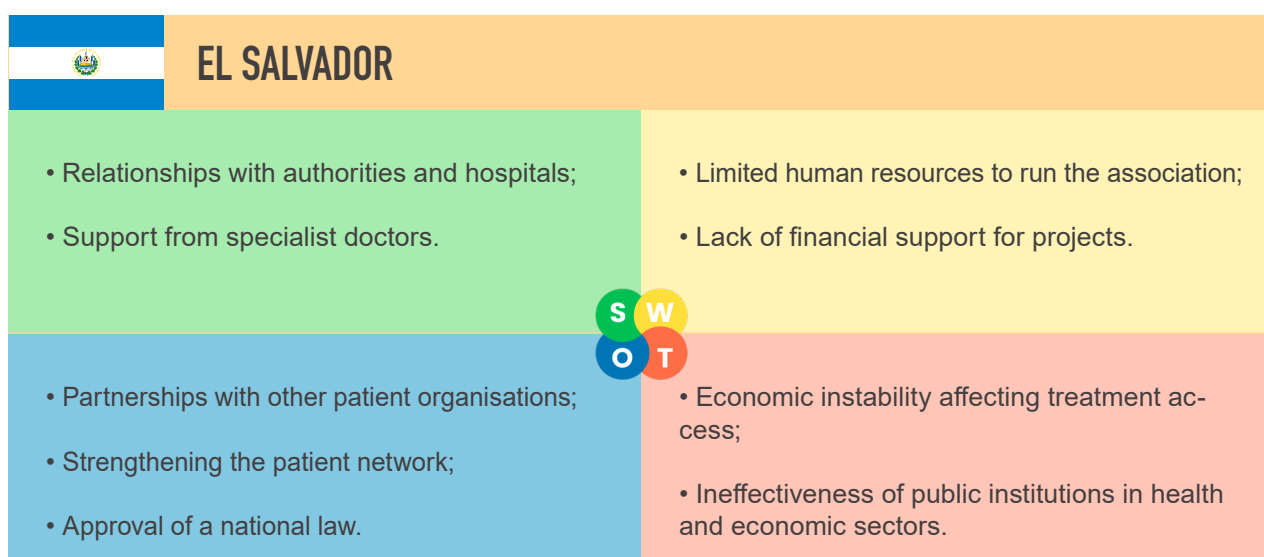
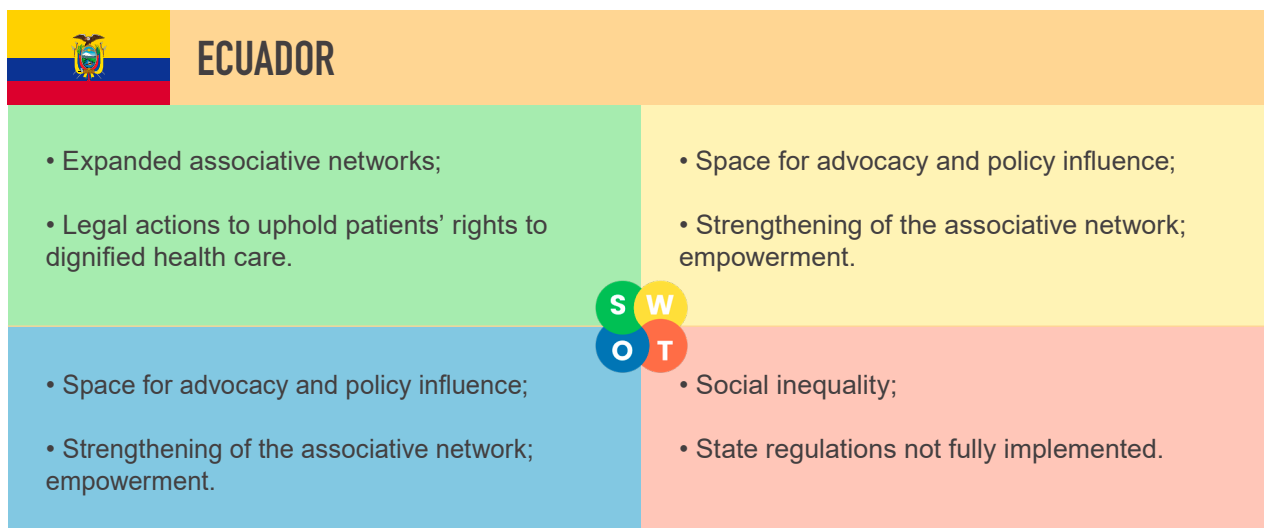
- Gaining meaningful support structures, to be able to offer support based on my knowledge and opportunity.

- Lack of immunoglobulin at health centres.



- Access to immunoglobulin treatment at hospitals or partner centres for administration;
- Potential positive impact through newborn screening and genetic support.

- Lack of knowledge about PIDs, without having the attention it deserves;
- Absence of patient safety laws to ensure monitoring and protection.





GUATEMALA

- Members' motivation;

- Scarce financial resources;
- Limited medical infrastructure;
- Low knowledge about PIDs, even among some professionals.



- Participation in IPOPI-led meetings;
- Update medical information and patient support;
- Registration of patients and doctors to raise awareness among social media users about the diagnosis of PIDs;
- Alliances with universities and laboratories;
- Regional cooperation and exchange of good practices with other associations supported by IPOPI.
- Potential medical networks

- High cost and limited availability of treatments;
- Inadequate medical care due to lack of knowledge;
- Economic/political instability reducing public and private funding.



MEXICO

- Operational flexibility and agile decision-making; direct and compassionate support (e.g. arranging for patients to receive treatment in their region of residence);
- Clinical and international networks;
- Credibility and trust with families;
- Close relationships that facilitate patient support.

- Small operational team;
- Lack of formal systematization (no patient registry);
- Limited financial resources for activities;
- Reliance on unpaid volunteers' availability.



- Academic volunteering (social service students and interns) for digital and administrative tasks to reduce operational burden;
- Promotion of home-based subcutaneous immunoglobulin for eligible patients to reduce pressure on hospital supply;
- Local calls for small donations or in-kind/logistical support from companies, pharmacies, and foundations;
- Training for first-contact physicians;
- Collaboration with allied physicians.

- Health policies do not prioritise continuous treatment;
- Low availability of ongoing therapies;
- Risk of reduced volunteer participation impacting service continuity.



PERU

- Perseverance and resilience in their fight, so to have the capacity to not give up until they are heard.

- Limited human and financial resources;
- Low visibility and awareness of PID diagnosis.



- IPOPI and global alliances to make PIDs more visible;
- Partnerships with organisations that have influence in public policy in Peru.

- Absence of public policies specific to primary immunodeficiencies;
- Social misinformation minimising or making the disease invisible.



PUERTO RICO

- Commitment and leadership of the founding members, with solid training and dedication to service;
- Recognised credibility within national and international medical communities.

- Limited financial and human resources, restricting execution and expansion of activities;
- Difficulty recruiting patients and families willing to commit to working with the organisation.

- Growth in media and social media coverage highlighting real and impactful patient stories;
- Creation of a system to identify patients with PIDs.

- Lack of consistent public policies for rare or immunologic diseases;
- Shifts in health system priorities could affect continuity of support programs.



URUGUAY

- Strong support from physicians, characterised by openness and willingness to collaborate.

- Limited human and financial resources;
- Low visibility to achieve concrete objectives.

- To join forces with organisations working on Rare Diseases.

- Lack of official recognition of PIDs as rare diseases.



VENEZUELA

- Partial access to immunoglobulin therapy;
- Local hematopoietic transplantation centres;
- Foundation funds several tests for the patients.

- Insufficient immunoglobulin for all patients;
- No subcutaneous immunoglobulin available;
- The socio-economic situation in the country.

- Support to conduct genetic studies for immunodeficient patients;
- Implementation of neonatal screening for SCID.

- Lack of official recognition of rare diseases;
- Political instability.



Session 3: Improving PID diagnosis in Latin America: From insight to action

Across Latin America, the diagnosis of PIDs continues to be shaped by significant inequality. The region includes **23 countries and more than 600 million people**, with highly diverse healthcare systems. This session focused on how to strengthen PID diagnosis across the region, identifying the **main barriers to access and key opportunities for collaboration**.

Key barriers

- **Low awareness of PID** among primary care doctors, paediatricians, and the general public.
- **Significant underdiagnosis (only 20%) and prolonged diagnostic delays (4-7 years)**, often lasting several years.
- **Limited access to essential diagnostic tools**, including basic immunology tests, genetic testing and specialist referral pathways, make it difficult to confirm an accurate diagnosis.
- **Marked geographical inequalities**, particularly outside capital cities and reference centres.
- **Weak or incomplete patient registries**, limiting the ability to demonstrate unmet needs.
- **Bureaucratic and administrative delays** in approving tests, treatments, and referrals.



Key opportunities

- Deliver **targeted awareness campaigns** using clear, patient-friendly warning signs and social media.
- Strengthen **continuous medical education** through clinical cases, webinars, and shared materials.
- Advocate for **wider access to essential diagnostic tests** (e.g. full blood count and flow cytometry).
- Improve and expand **patient registries**, integrating the patient perspective, to generate valuable data and support evidence-based advocacy.
- Build **strong networks** between patient organisations and doctors to make changes.
- Scale up **newborn screening programmes**, building on experiences such as Brazil's.
- Use **artificial intelligence tools** to support earlier identification of suspected patients.
- Foster **regional collaboration**, enabling more advanced countries to support those with fewer resources.



Session 4: Regional collaboration for improved plasma collection and access

This session focused on understanding the plasma supply chain and the manufacturing process of plasma-derived therapies (PDMPs). Discussions and workshop centered around the following key messages:

- **Latin America faces a critical access gap:** despite representing approximately 8% of the global population, it consumes only 18 kg of immunoglobulin per million inhabitants, compared to 360 kg in North America (approximately 5% of the population)¹.
- **Current Ig use is far below real patient needs:** even the theoretical demand for patients with primary immunodeficiencies (PID) alone is not being met.
- **The main bottleneck is insufficient plasma supply:** limited collection of human plasma, combined with inefficiencies such as **underuse or discard of recovered plasma**, restricts the production of plasma-derived medicines.
- **Different global models exist for plasma collection and fractionation** (public, private, compensated, mixed), but **no single model fully solves the challenge**. Each country must adapt solutions to its context.
- **Key strategic insight: Increasing and optimising plasma collection at national level is essential to contribute to regional and global sufficiency.**
- **Plasma4Life (UNITAR–IPOPI)** is a multi-stakeholder initiative that brings together patients, clinicians, policymakers and experts to analyse gaps and develop country-adapted recommendations to improve plasma collection, optimise its use, and strengthen access to safe, equitable plasma-derived therapies across the region.

The key message for the region: Latin America must increase and optimise plasma collection, reduce waste, protect donors, strengthen regulation, and improve access to immunoglobulin as an essential, life-saving therapy.



¹ Source: Marketing Research Bureau, data communicated by email correspondence to IPOPI, based on 2023 numbers

Session 5: Securing safe and stable immunoglobulin supplies

The session began with an **overview of how PDMPs become available in a country**. The main messages included:

- Access to immunoglobulin depends on multiple interconnected factors, from plasma collection and medicine development to regulatory and market access processes. These include **regulation, marketing authorisation, health technology assessment (HTA), pricing, reimbursement, and procurement**.
- **Marketing authorisation** of safe, efficacious, and good-quality medicines is **essential** and legally binding.
- **HTA assessment** is, normally, a **recommendation** to the Ministry of Health and **not binding**.
- **Pricing and reimbursement decisions are a national competence**, leading to differences in access between countries.
- **Other laws and policies** are also **critical to ensure a stable supply of safe, effective, and quality-assured therapies**.
- **Understanding how the system works is essential** for patient organisations and advocates to navigate access barriers and influence decision-making.



The lecture was followed by an **interactive discussion among participants**, highlighting **key challenges and experiences in the region**:

- **Limited availability of immunoglobulin** across many Latin American countries, with **few brands accessible** and **very restricted access to subcutaneous** administration.
- The importance of **pharmacovigilance and adverse event reporting**, alongside the need for patient organisations to support and educate patients on how to report side effects effectively.
- Concerns that **patients may avoid reporting adverse effects due to fear of losing access to treatment** in contexts with limited therapeutic alternatives.
- Recognition that **treatment safety depends not only on the product itself**, but also on **proper administration practices**, including infusion protocols, storage conditions, transport, and maintenance of the cold chain.
- Several examples highlighted that **shortages are not always true product shortages** but may result from **procurement issues, delayed payments, reimbursement challenges, or distribution failures**.
- **Frequent product switching and supply interruptions** were identified as factors that can **compromise treatment continuity and patient safety**.
- **Patient organisations were seen as playing a bridging role**: helping patients understand processes, raising recurring concerns with clinicians and authorities, and supporting collective advocacy.



Session 6: Lifelong care in PID

This session explored how to ensure continuous, high-quality care for people with primary immunodeficiencies across all stages of life, from childhood to older age, integrating both clinical management and mental wellbeing.

- **Transition is a process, not a moment:** Moving from paediatric to adult care should start early (around 12–14 years) and be gradual, structured, and supported. It must focus on building patient independence, knowledge, and self-management—not just transferring medical records.
- **Continuity is essential:** Strong coordination between paediatric and adult teams, full medical handover, and multidisciplinary support help prevent gaps in care.
- **Adult care requires ongoing re-evaluation:** Regular re-evaluation is crucial, as PID can change, with risks of long-term complications requiring proactive and personalised follow-up.
- **Ageing brings new complexities:** Symptoms may be wrongly attributed to ageing, delaying diagnosis or care. As patients live longer, management must address comorbidities (e.g. cancer, cardiovascular disease), changing treatment tolerance, and reduced ability to self-manage, requiring regular reassessment of medication, nutrition, mobility, and vaccination.
- **Mental health is integral to care:** Living with PID affects emotional well-being. Key issues include stress, fatigue, fear, isolation, and treatment burden. Peer support (e.g. workshops, patient groups) helps reduce loneliness, build coping strategies, and empower patients.

This was followed by a **panel discussion**, which **highlighted the following:**

- **Many patients face a loss of structured care when moving from paediatric to adult services**, highlighting the need for formal transition pathways and better coordination between teams.
- **Effective PID management** requires **integrating physical care with mental health**, social support, and quality of life considerations at every age.
- **Isolation and mental wellbeing need more attention:** Across adolescence, adulthood, and older age, loneliness and emotional burden are common; peer groups and safe spaces (including virtual ones) are valuable tools to support patients.
- As patients live longer, **care models must address changing clinical risks, comorbidities, and dependency**, while maintaining patient autonomy and ensuring ongoing support networks.

- There is an **urgent need to train more adult immunologists** and **raise awareness among non-specialists** to improve diagnosis, referral, and long-term care.
- **Strong role for patient organisations:** They provide education, peer support, and emotional guidance during transition, and help patients navigate health systems, especially where formal programmes are lacking.

Session 7: Advocacy in action – treatment access

In this session, participants explored treatment landscapes, antimicrobial resistance, and advocacy strategies. Role-playing exercises allowed attendees to practice engaging policymakers, insurers, and hospital directors, developing actionable messages to advocate for treatment access.

Key take-home messages:

- Define and agree on clear roles and responsibilities before meetings.
- Carefully consider and prepare the materials to be presented.
- Conduct background research on the stakeholder(s) you are meeting with in advance.
- Establish clear objectives and expected outcomes for the meeting.
- Plan concrete follow-up actions after the meeting.
- Ensure agreement on maintaining ongoing communication with stakeholders.



Session 8: Mastering Fundraising for NMOs

In this session, participants engaged in a round-table discussion to share experiences and explore ways to enhance funding opportunities. It was also an excellent chance to gain insights from sponsor representatives on best practices for collaborating with industry partners to secure support for initiatives that improve care for PID patients in their respective countries.

Key take-home messages:

- **Start with a clear strategy:** Define your organisation's long-term goals (3–4 years) and annual priorities. Funding should support a clear plan.
- **Link funding to concrete needs:** Identify patient needs first, then design specific and meaningful activities and budgets to address them.
- **Prepare early and be realistic:** Develop proposals in advance (ideally by year-end) and include detailed, transparent budgets covering both project and operational costs.
- **Tailor proposals to each funder:** Align requests with sponsors' priorities and compliance requirements; adapt language (e.g. focus on education/awareness) and offer scalable options (basic vs expanded).
- **Diversify funding sources:** Avoid reliance on a single sponsor—explore partnerships with multiple companies, universities, and CSR programmes.
- **Demonstrate impact and build trust:** Provide clear reporting on how funds are used and the outcomes achieved to strengthen long-term relationships.
- **Protect independence and use available support:** Stay transparent, maintain autonomy, and leverage tools like the IPOPI fundraising toolkit and NMO Support Programme.





Conclusion

The meeting highlighted clear priorities for improving PID care in Latin America: **earlier diagnosis, reliable access to immunoglobulin, structured transition to adult care, and stronger support for ageing patients.** Across all sessions, participants emphasised the **need to strengthen national systems** through better **data, increased awareness among healthcare professionals, and more trained adult immunologists.**

At the same time, the meeting reinforced the **role of patient organisations as key drivers of change**, supporting patients, connecting stakeholders, and leading advocacy efforts at national level. Continued **regional collaboration and knowledge-sharing** will be essential to turn these priorities into concrete improvements in care and access.



*This meeting was made possible thanks to the support of **CSL Behring** and **GRIFOLS***

ANEX I - AGENDA

PROGRAMME

OCTOBER 16 (MORNING)

TIMINGS	CONTENT	SPEAKERS
08:30 - 08:50	Registration	
Session 1 – Welcome Session Moderator: Martine Pergent, IPOPI President		
08:50 - 09:00	Welcome remarks from IPOPI	Martine Pergent, IPOPI President
09:00 - 09:05	Welcome remarks to Argentina from AAPIDP	Roberta Anido, AAPIDP President
09:05 - 09:10	Welcome remarks from sponsors	CSL Behring and Grifols
09:10 - 10:00	Icebreaker “Suitcases of Stories”	Miriam Ferreira, IPOPI NMO Programmes Manager
10:00 - 10:30 Coffee Break		
Session 2 – The state of Latin America Moderator: Roberta Anido, IPOPI Regional Board Member		
10:30 - 10:40	Introduce the workshop	Miriam Ferreira, IPOPI NMO Programmes Manager
10:40 - 11:45	Where are we at? - SWOT analysis	Miriam Ferreira, IPOPI NMO Programmes Manager
11:25 - 11:45	Mapping the Region Group sharing and Discussion	Roberta Anido and Miriam Ferreira
11:45 - 12:00	Navigating disruption in the PID landscape: embracing opportunities and anticipating threats in the next ten years	Prof Silvia Sánchez-Ramón, Spain
12:00 - 12:15	Leveraging Global Action into Regional Progress	Martine Pergent, IPOPI President
12:15 - 13:45 Lunch Break		

PROGRAMME

OCTOBER 16 (AFTERNOON)

TIMINGS	CONTENT	SPEAKERS
Session 3 – Improving PID Diagnosis in Latin America: From Insight to Action <i>Moderator: Martine Pergent, IPOPI President</i>		
13:45 - 14:00	Breaking Barriers: Improve PID Diagnosis in Latin America	Dr Lorena Regairaz, LASID President
14:00 - 14:10	From Patients to Partners: Enhancing PID Diagnosis Together	Fabiana Monteagudo, Argentina Tracey Tang, Peru
14:10 - 14:25	Is Artificial Intelligence a Vector for Meaningful Change in PID Diagnosis?	Dr Carolina Prando, Brazil
12:25 - 12:55	From Pilot to Policy: Advancing Newborn Screening for PID in Latin America	Prof Antonio Condino-Neto, Brazil
14:40 - 14:50	Questions & Answers	
14:50 - 15:20	Panel Discussion: Collaboration to improve PID diagnosis in Latin America	Dr Lorena Regairaz, LASID President; Dr Carolina Prando, Brazil; Prof Antonio Condino-Neto, Brazil; Fabiana Monteagudo, Argentina; Tracey Tang, Peru
15:20 - 15:50	IPOPI Group Picture	
15:30 - 16:00 Coffee Break		
Session 4 – Regional Collaboration for Improved Plasma Collection and Access <i>Moderator: Miriam Ferreira, NMO Programmes Manager</i>		
16:00 - 16:10	Understanding the plasma chain: from collection to patient access	Roberta Anido, IPOPI Regional Board Member
16:10 - 16:20	Where does your country stand about plasma collection?	Roberta Anido and Leire Solis
16:20 - 16:35	The Current Reality: Where Do We Stand? What's Working Elsewhere?	Leire Solis, IPOPI Health Policy and Advocacy Director
16:35 - 16:45	Global Examples to Learn From: UNITAR case	Dr María Susana Pisarello, Argentina
16:45 - 17:30	Workshop: Building an Awareness Campaign	Roberta Anido and Leire Solis
17:30 - 17:50	Collective Planning: One Regional Campaign	Roberta Anido and Leire Solis
17:50 - 17:55	Day Wrap-up	Roberta Anido, IPOPI Regional Board Member

PROGRAMME

OCTOBER 17 (MORNING)

TIMINGS	CONTENT	SPEAKERS
Session 5 – Securing Safe and Stable Immunoglobulin Supplies in the Region <i>Moderator: Roberta Anido, IPOPI Regional Board Member</i>		
08:30 - 08:40	Welcome to the 2 nd meeting day	Roberta Anido, IPOPI Regional Board Member
08:40 - 08:50	How Plasma-Derived Medicinal Products Become Available in a Country: From Development to Distribution	Leire Solis, IPOPI Health Policy and Advocacy Director
08:50 - 10:00	Workshop: How to address Immunoglobulin access issues	Leire Solis, IPOPI Health Policy and Advocacy Director
10:00 - 10:30 Coffee Break		
Session 6 – Ensuring Lifelong Care in Primary Immunodeficiencies <i>Moderator: Martine Pergent, IPOPI President</i>		
10:30 - 10:40	Transition of Care – From Paediatrics to Adult Care	Dr Cecilia Poli, Chile
10:40 - 10:50	Adult PID Care – Catching Up with Changing Needs	Prof Klaus Warnatz, Germany
10:50 - 11:00	Golden Years, Complex Needs: PID Care in Elderly Patients	Dr Leila Ferreyra Mufarregue, Argentina
11:00 - 11:10	More Than Physical: Caring for Mental Health in PIDs	MSc Florencia Ugo, Argentina
11:10 - 11:20	Questions & Answers	
16:20 - 12:00	Lightning Talks: What Works in My Country	Roberta Anido and Miriam Ferreira
12:00 - 12:10	Closing Reflections Circle	Martine Pergent and Miriam Ferreira
12:10 - 13:30 Lunch Break		

PROGRAMME

OCTOBER 17 (AFTERNOON)

TIMINGS	CONTENT	SPEAKERS
Session 7 – Advocacy in Action: Making the Case for Treatment Access <i>Moderator: Roberta Anido, IPOPI Regional Board Member</i>		
13:30 - 13:45	Landscape of Treatment Options	Dr Matias Oleastro, Argentina
13:45- 14:00	Combating Infections in the Age of Resistance	
14:00 - 14:10	Questions & Answers	
14:10 - 14:20	Advocacy Foundations	Leire Solis, IPOPI Health Policy and Advocacy Director
14:20 - 15:25	Role Play: Advocacy in Practice	IPOPI Team
15:25 - 15:30	Key learnings and take-home messages	Roberta Anido and Leire Solis
15:30 - 14:00		

ANEX II - PARTICIPANTS



ARGENTINA

Armando Mateo - Dr. Corina Zucchi - Ezequiel Cosma - Gustavo Pena - Fabiana Monteagudo - Macarena Coceres - Natalia Romeo Perla Ferraro - Dr. Corina Zucchi



BOLIVIA

Vivian Kohlberg



BRAZIL

Jucaíra Giusti



CHILE

Karla Araya - Texia Céspedes



ECUADOR

Bernardo Castañeda



EL SALVADOR

Hector Amaya



GUATEMALA

Luisa Galvez



MEXICO

Enrique Suárez - Gabriela Suárez



PARAGUAY

Alice Dure



PERU

Tracey Tang



PUERTO RICO

Blanca Imbert



URUGUAY

Berenice Rodao



VENEZUELA

Maritza Nava



IPOPI

Martine Pergent - President

Roberta Anido - Regional Board Member

Leire Solís - Health Policy and Advocacy Director

Miriam Ferreira - NMO Programmes Manager

Mercedes Muraca - Events and Logistics Coordinator

Rafael Graça - Communications Manager

