

Pharmaceutical Coordination - MSF International Office - Brussels- Belgium



MSF: Treating patients with Chagas disease and our Campaign

Gemma Ortiz Genovese, Senior Advocacy and Liaison Officer



Medecins Sans Frontieres

- Humanitarian medical NGO, founded in 1971 by a group of French doctors
- Total independence
- Medical assistance to populations in need
- Won the Nobel Peace Prize 10 years ago
- Founded, and funder of Drugs for Neglected Disease initiative (DNDi)



MSF and Chagas Disease

- 10 years of diagnosing and treating patients with Chagas in Nicaragua, Honduras, Guatemala and Bolivia
- Field research
- Advocacy actions –
- Why?

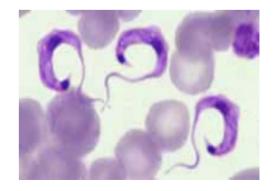






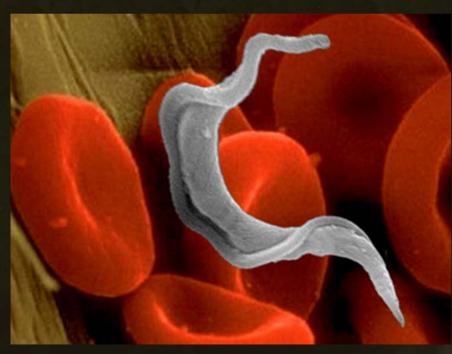
- 100 million people are at risk of infection in Latin America.
- *T. Cruzi* infects an estimated 10-15 millon people.
- 15.000 deaths each year.



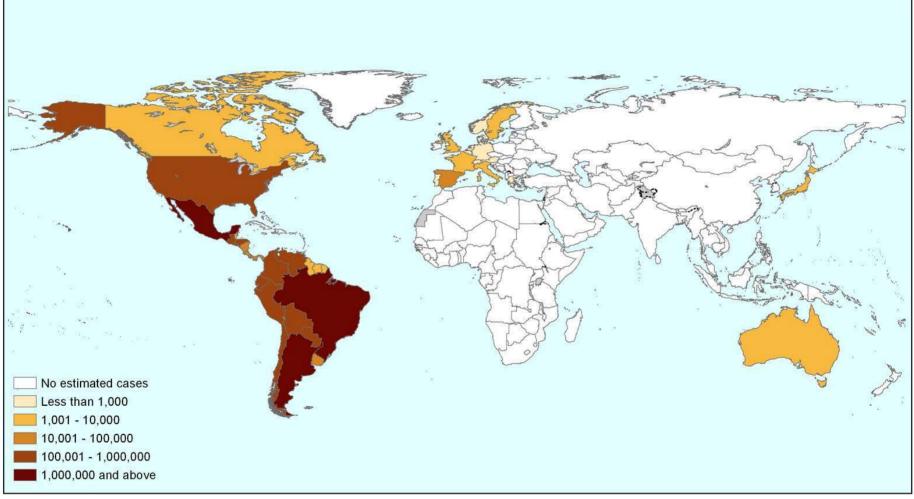




In 100 years time, will people still remeber Chagas disease??



Estimated global population infected by Trypanosoma cruzi, 2009



Sources:

1. OPS/HDM/CD/425-06 Estimación cuantitativa de la enfermedad de Chagas en las Américas.

2. Guerri-Guttenberg RA, Grana D.R., Giuseppe Ambrosio, Milei J. Chagasic cardiomyopathy: Europe is not spared! European Heart Journal (2008); 29: 2587-2591.

3. Schmunis. G. A. Epidemiology of Chagas Disease in non-endemic countries: the role of international migration. Mem Inst Oswaldo Cruz, Rio de Janeiro, Vol. 102(Suppl. I): 75-85, 2007.

4. De Ayala A.P. Pérez-Molina J.A. Norman F., and López-Vélez R.Chagasic cardiomyopathy in inmigrants from Latin America to Spain. Emerging Infectious Disease Volume 15, Number 4–April 2009.

5. According to the numbers of inmigrants registered for 2007in the website of the Japanese Ministry of Justice and estimated seroprevalence for non endemic countries according to

Paricio-Talayero J.M. Vigilancia epidemiológica de la transmisión vertical de la enfermedad de Chagas en tres maternidades de la Comunidad Valenciana. Enferm Infecc Microbiol Clin 2008; 26(10):609-13.



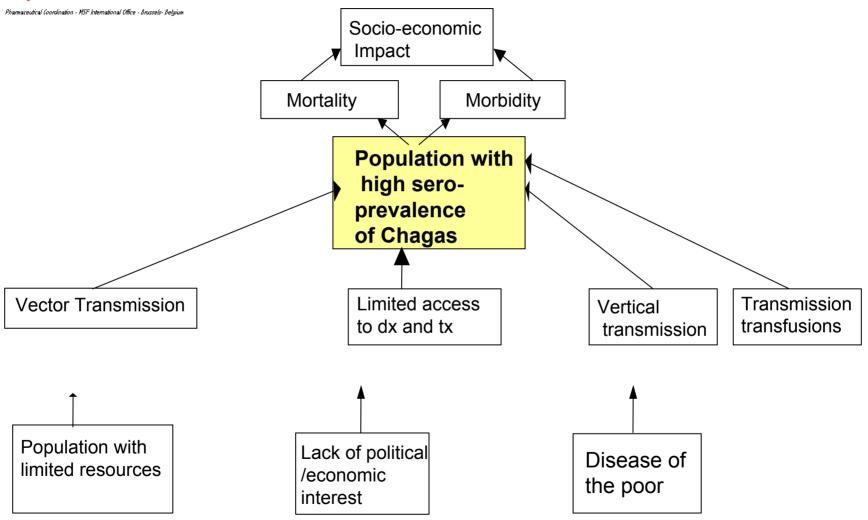
MSF and Chagas: Evolution

Pharmaceutical Coordination - MSF International Office - Brussels- Belgium

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	
Honduras	Under 5's 232 treate	s Rural ed (0.9%)									
Entre Rios - Bolivia				Under 15´s Rural 1450 treated (19.4%)							
Nicaragua				Under 1	5's Rural						
Guatemala						der 14's Rural 4 treated (1.4%)					
Sucre - Bolivia							11(der 18's P)0 treated pid test			
Cochabamba - Bolivia							Under 50's Urban and Peri-urban 600 treated to date				

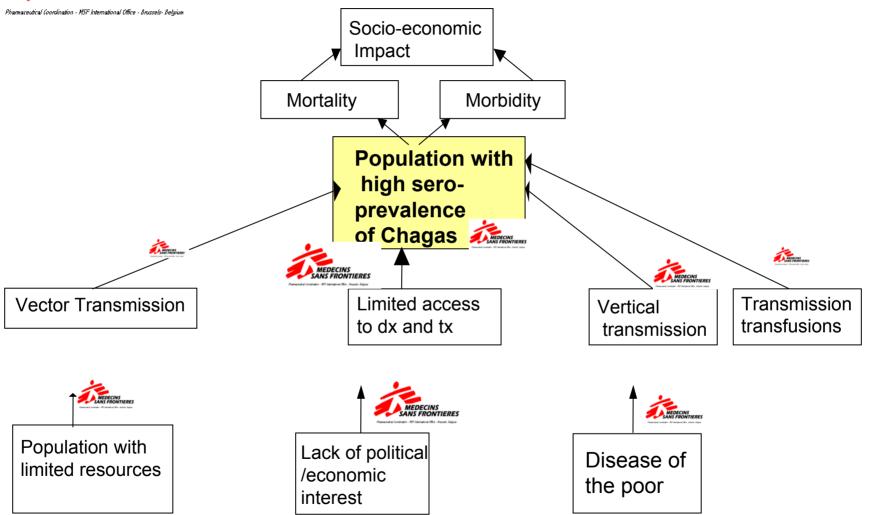
MEDECINS SANS FRONTIERES

MSF Analysis: Problem tree



MSF activities







Chagas in Bolivia



•60% of the country is endemic							
 Population at risk: 	4,000,000						
 Population infected: 	>1 million						
 Causes 15% of adult deaths 							

In Cochabamba, 16% prevalence







Pharmaceutical Coordination - MSF International Office - Brussels- Belgium











Impact of the projects?

- Prevention and Treatment
- Protocols
- Retained trained staff
- Publications
- In 5 health centres
 - 50% non-MSF staff are 'involved'
 - 90% of treatment contacts by non-MSF doctors
 - 50% of screening done by non-MSF nurses
 - 30% of diagnosis done by non-MSF lab staff

- In Entre Rios:
 - Less than 100 children diagnosed and treated in 3 years since project closure
- In Sucre:
 - 1040 of 1080 children diagnosed before MSF departure remain untreated.
- In Bolivia:
 - >99% of adult need unmet
 - 95% of children need unmet



'...every study, every experience, points a finger towards a ...population which lives in extreme poverty, and produces irritation in their governments, being testament to their incapacity to resolve huge economic and social problems.'

Carlos Chagas



The time has come to act!

 In its ten years of experience in the field, MSF has proved that the diagnosis and treatment of Chagas disease, even in remote rural environments, is viable, necessary and ethically beyond question.



Fight on all fronts against Chagas disease:

- Diagnosis of the sick at the primary care level.
- Treatment for children and, wherever possible, for adults, in the primary care system.
- Determining the prevalence of Chagas.
- Reinforcing the supply chains.
- Vector control activities.





- Better diagnostic tests
- More effective and less toxic treatments
- Test of cure
- Better prevention strategies
- Alternative sources of R&D funding for Chagas disease



What MSF identifies as the immediate needs

- Affordable and Accessibile diagnostic tools and drugs
- Secured production of current treatments and distribution of quality essential medicines and diagnosis tools
- Policy change (PAHO 2009, WHA 2010)
- **Integration** of diagnosis and treatment into primary health care and national health services
- **R&D** diagnostic tools and new drugs



Join the campaign!

Pharmaceutical Coordination - MSF International Office - Brussels- Belgium

www.chagas-rompe-el-silencio.com www.chagas-break-the-silence.com





Pharmaceutical Coordination - MSF International Office - Brussels- Belgium

