



Scaling up Diagnostics and Treatment of Chagas disease: the **MSF** experience

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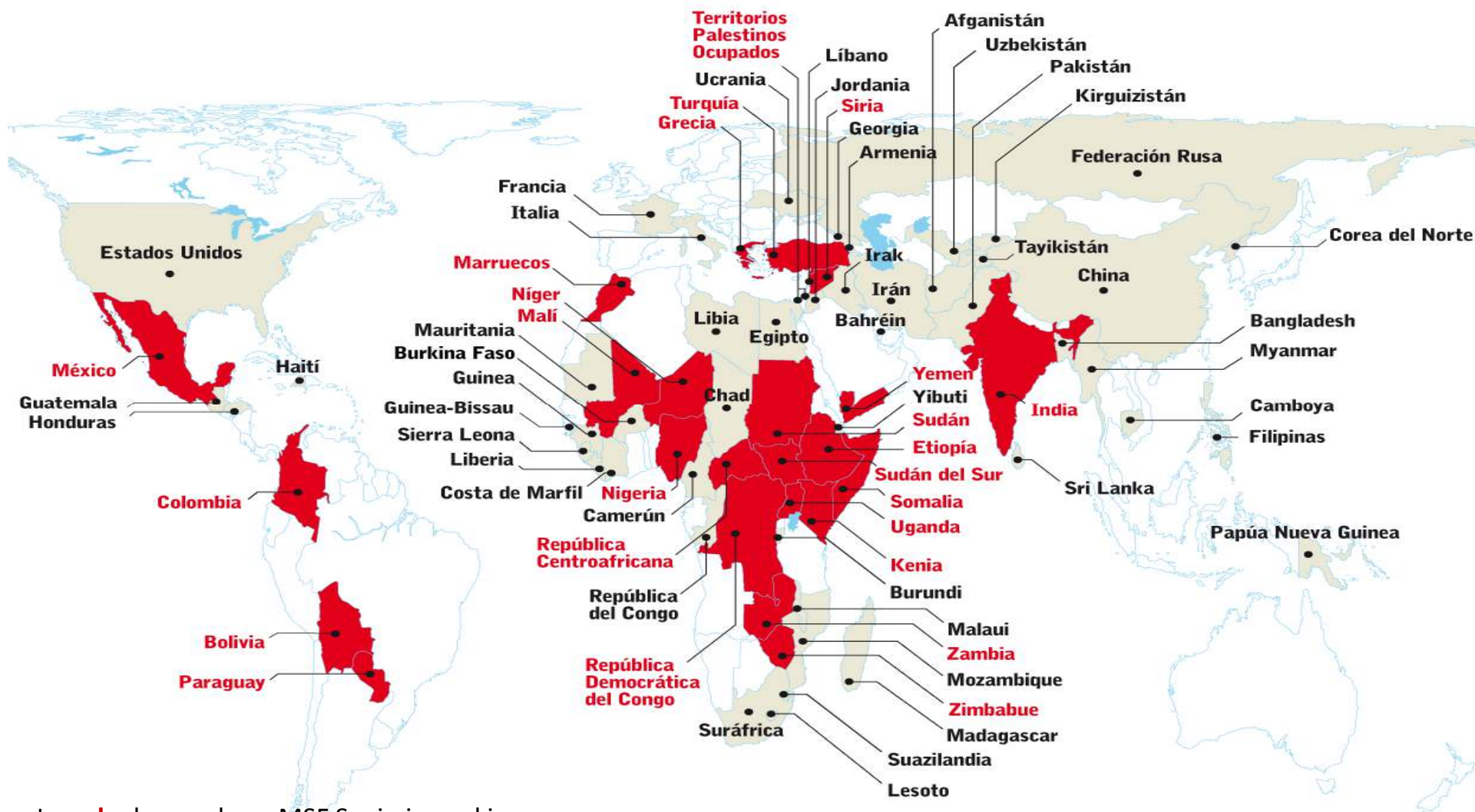
**What
is
MSF?**





MSF stands for Médecins Sans Frontières, an **international medical humanitarian organisation** providing care to populations in distress, victims of natural and man-made disasters, and victims of armed conflict, **regardless of race, religion or political beliefs.**

Working since 1971. More than 40 years providing medical and humanitarian assistance.
Today we work in 372 projects in 72 countries all over the world.



In **red**, places where MSF Spain is working.



Independence of action: the **89%** of our funds come from more than **4,6 millions of partners** and **private donors** in all the world.

More than **2,500 international workers** collaborate with around **29,000 local professionals** in the field.

When

do we

intervene?



Expenses according to MSF interventions

45,2%

Victims of armed conflict



13,8%

Victims of social violence /
exclusion of assistance



21,3%

Coordinations teams (at
capital level)

14,2%

Victims of endemic diseases /
epidemic



0,2%

Victims of natural
disasters



5,3%

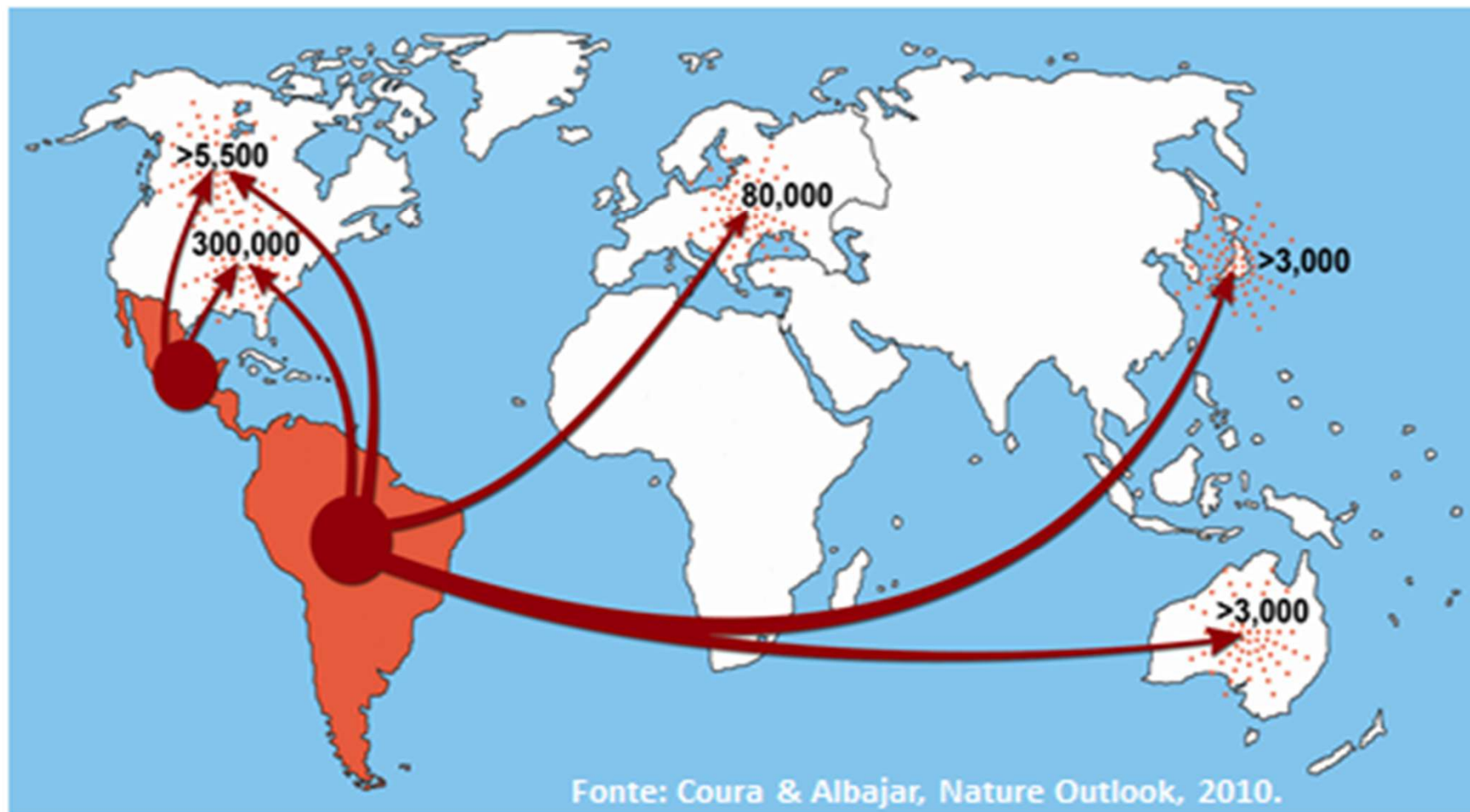
Others (explo
missions, emergency
stock)



DIAGNÓSTICO! DIAGNÓSTICO!
TRATAMIENTO! TRATAMIENTO!



Chagas as global endemic disease





Main efforts dedicated to preventive activities such as vector control

What MSF
has done up
to now ?



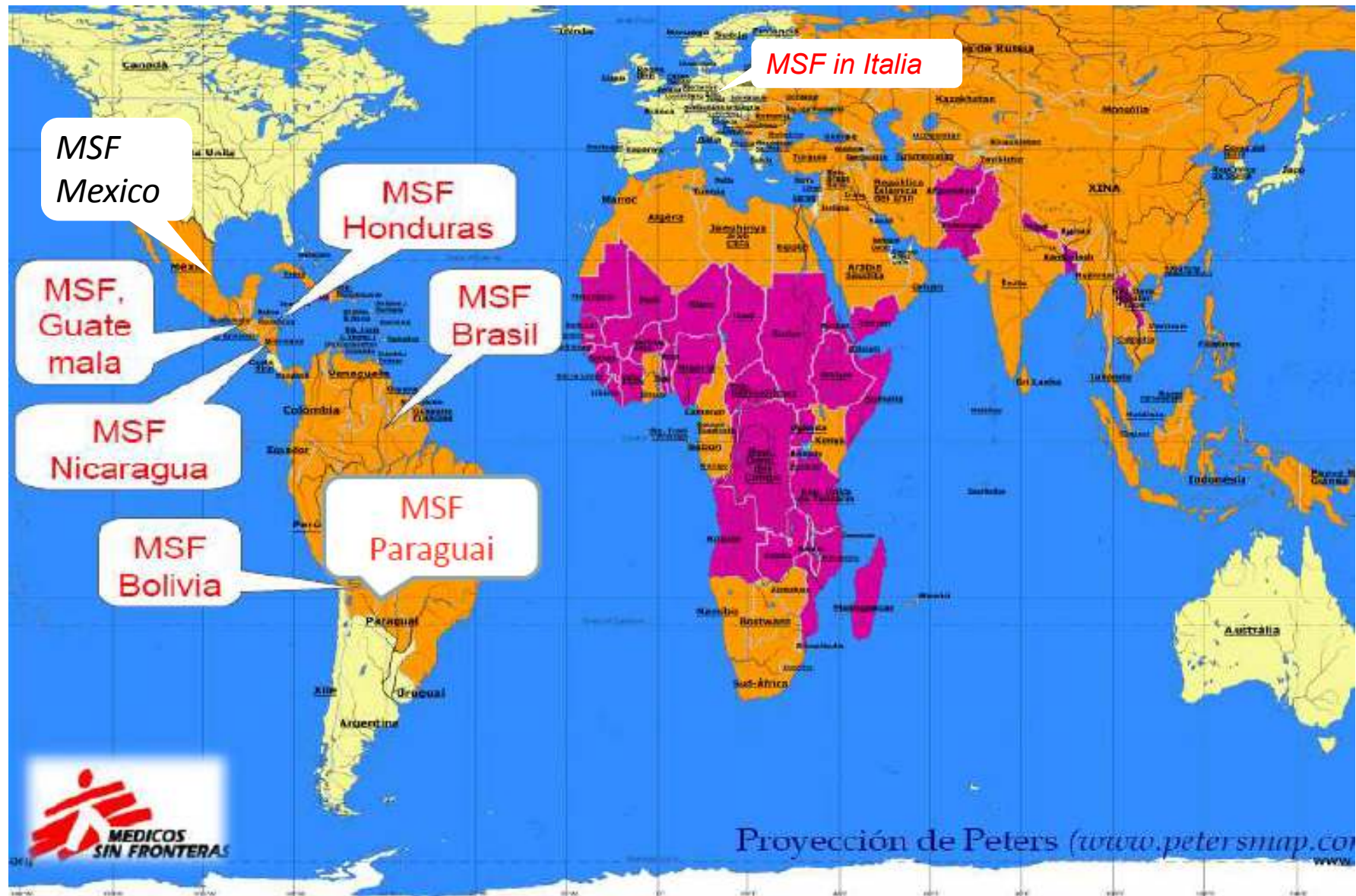
MSFS
started to
work on Chagas
disease since
1999.

Projects were
initially vertical
and focused on
children; adults
started to be
included in 2007.

The main
objective was
to demonstrate the
feasibility of
diagnosis and
treatment and to
advocate for more
support in research
and management of
the disease.

Since 2007,
the importance of
scaling up became
a priority,
introducing the
objective of
integration of the
services at the PHC
MoH structures in
projects in Bolivia,
Paraguay and more
recently in Mexico.

MSF and Chagas



Main activities in collaboration with the National Chagas programs:





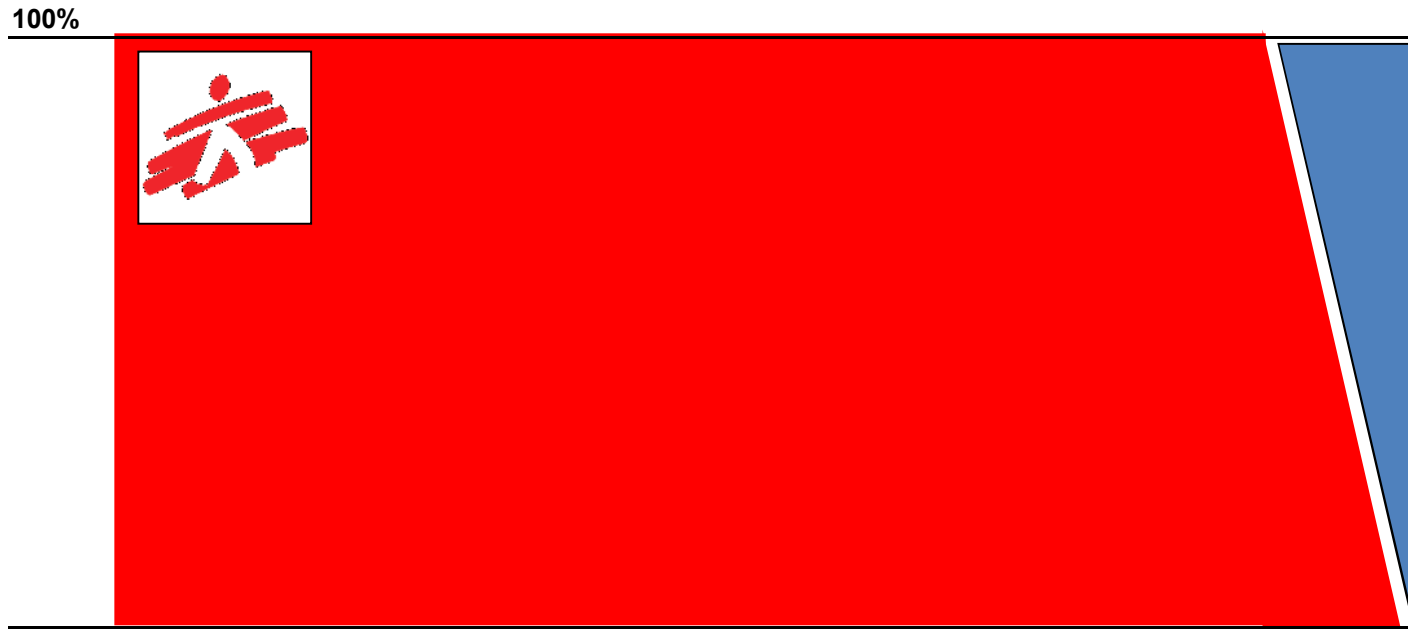
MODELS: WHO, HOW, WHERE

Projects initially vertical, community level, looking for simplification and centered in under 18 years old.

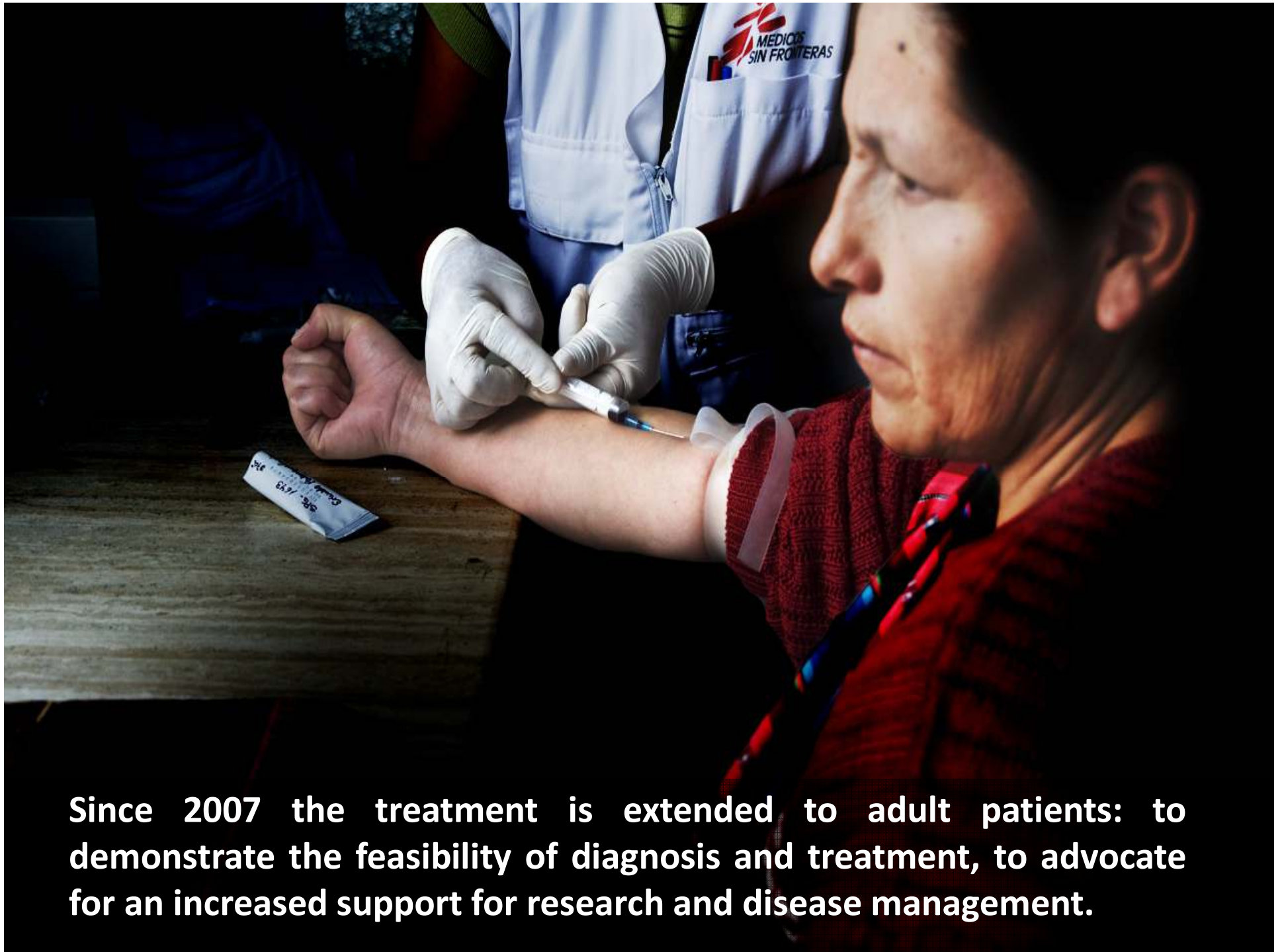
1st Generation of projects Community strategy

Guatemala, Honduras, Nicaragua, Bolivia

Responsible of activities



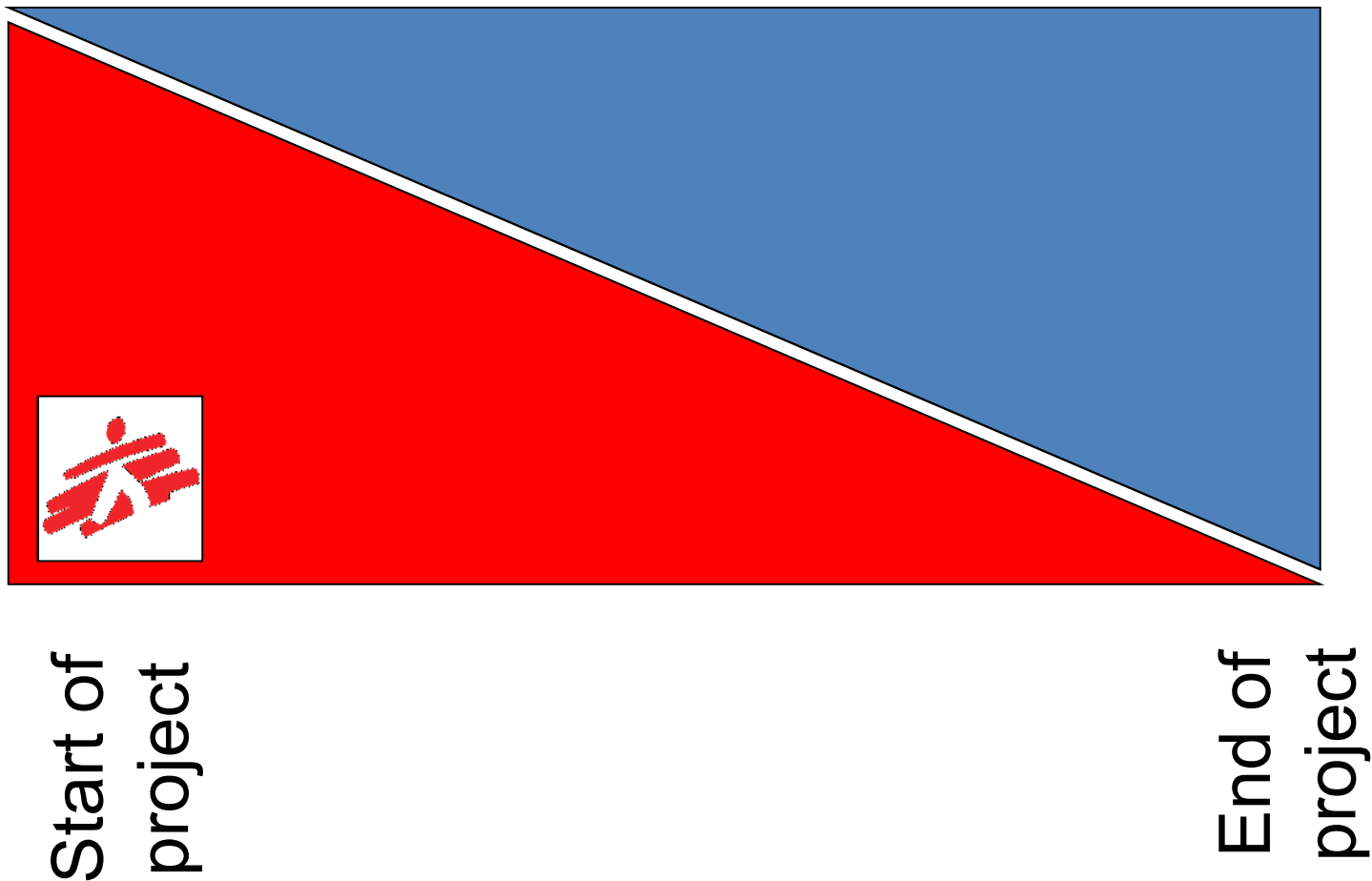
End of project



Since 2007 the treatment is extended to adult patients: to demonstrate the feasibility of diagnosis and treatment, to advocate for an increased support for research and disease management.

2nd Generation of projects Integration intentions

Bolivia y Paraguay



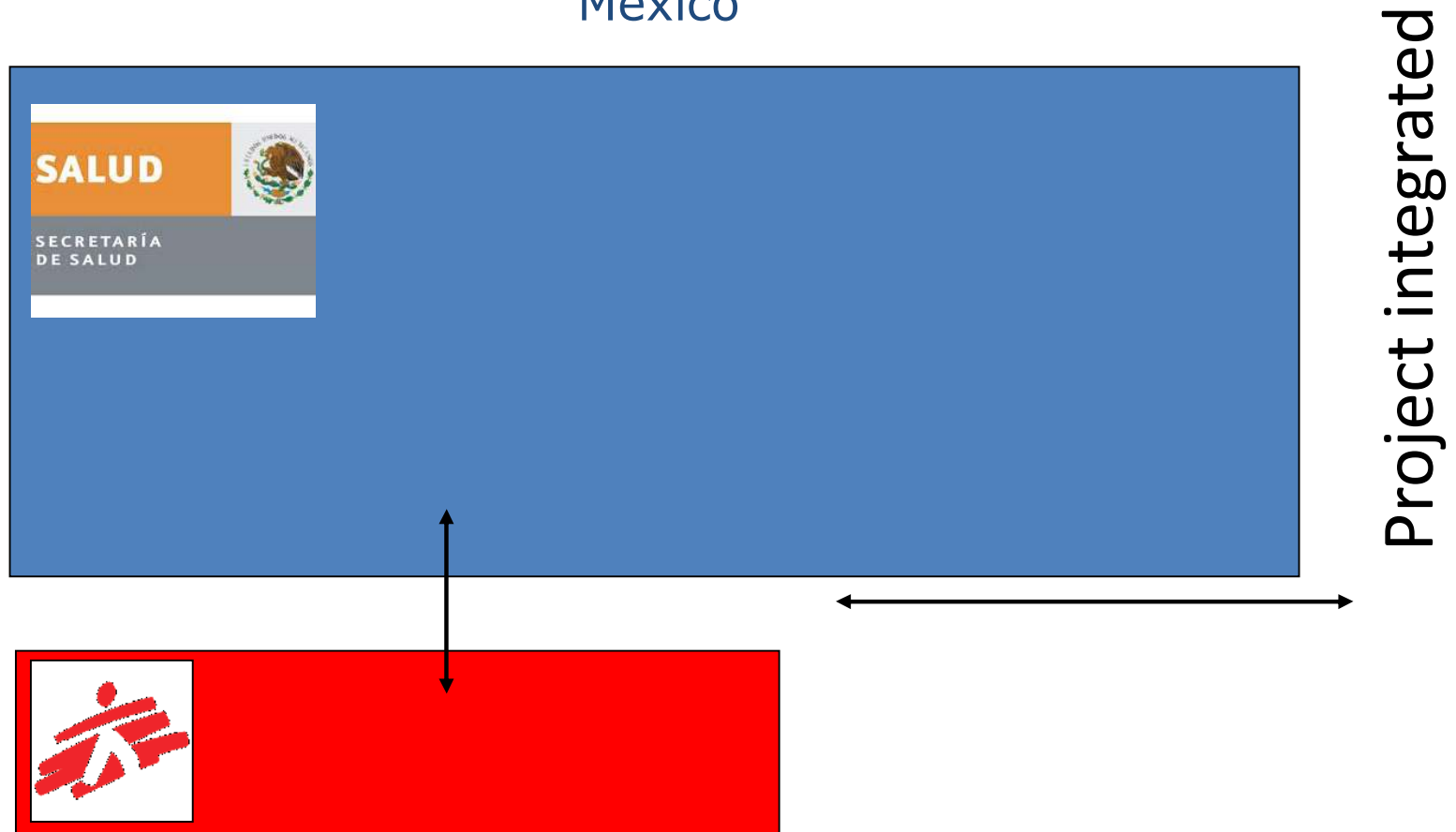


Since 2007, with the objective of the integration of services in the primary health care structures of the Ministry of Health in the projects in Bolivia, Paraguay and more recently in Mexico.

3th Generation of projects

Integral and integrated strategy

México



Some achievements and set backs

- 92,858 patients have been screened
- 9,968 patients confirmed positive
- 8,024 have received treatment
- Increased awareness at the community level: campaigns, school actions, patients associations
- Increasing the awareness and the consensus that to treat children and specially adults is useful, feasible and safe
- Simplification of the model of care has increased access during the time of intervention

Integration to the MoH services has not yet been achieved due to limitations in its adaptation to the local conditions and structural barriers, not allowing so far replicability and sustainability.

Access barriers

Awareness

Regulations

Organization

Financing

R&D

Budget

Socioeconomic



Socioeconomic/Awareness



Poor living conditions and lack of awareness of the affected population.

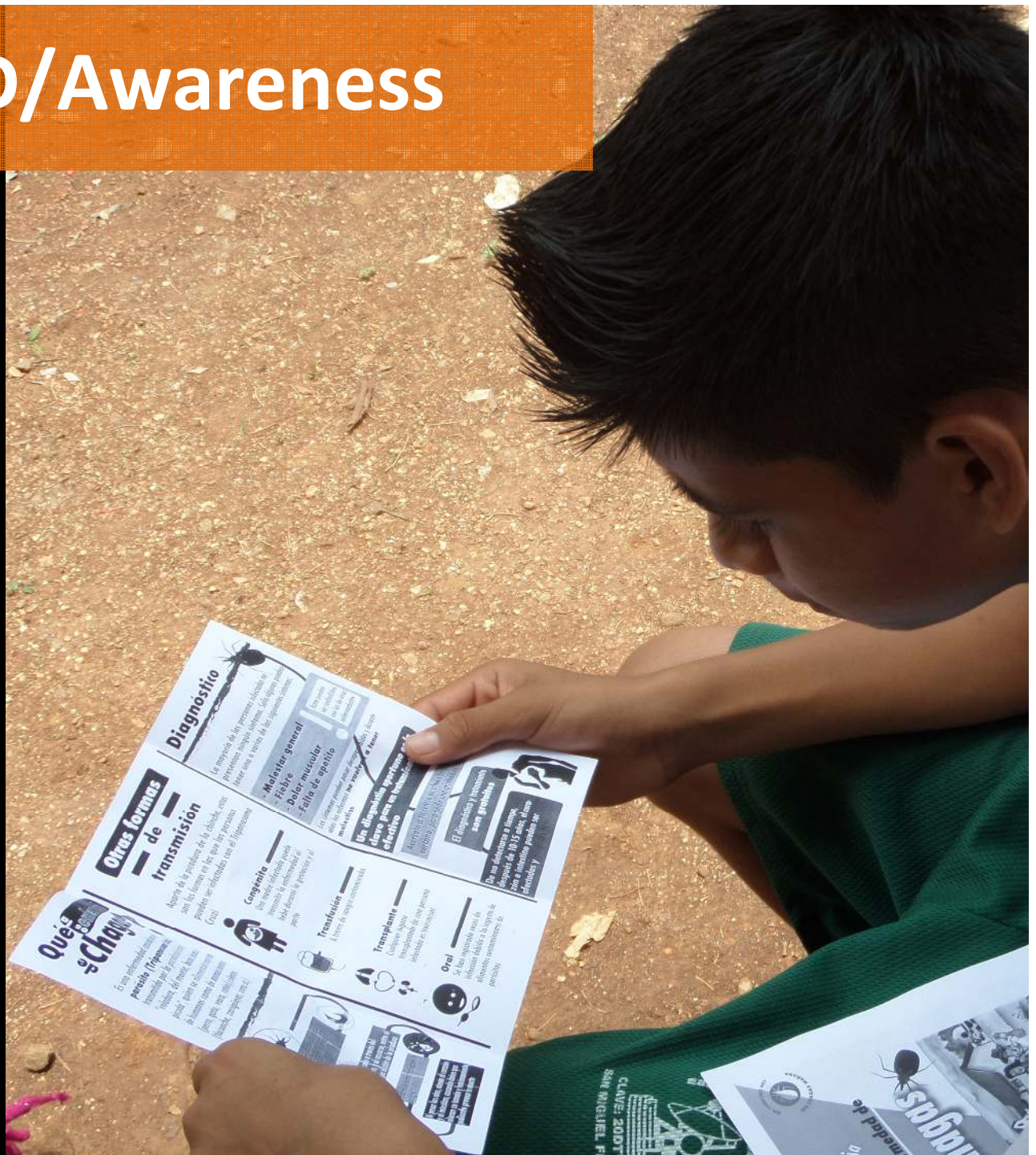
Social/R&D/Awareness

Distance and cost of transportation to the health center

Fear or doubts on the disease

- Side effects
- Toxicity of the drugs

Social stigma



Awareness/Organization



Little knowledge of Chagas disease among the health staff

No guidelines available

No specific training



Awareness/Organization

Insufficient training
Fear or doubts on the feasibility of treatment of medical professionals

- Drug effectiveness
- Adverse effects
 - Drug toxicity

Organization/Regulations/Financing/Budget

Demotivation due to lack of access to diagnosis & treatment and vector control effective system

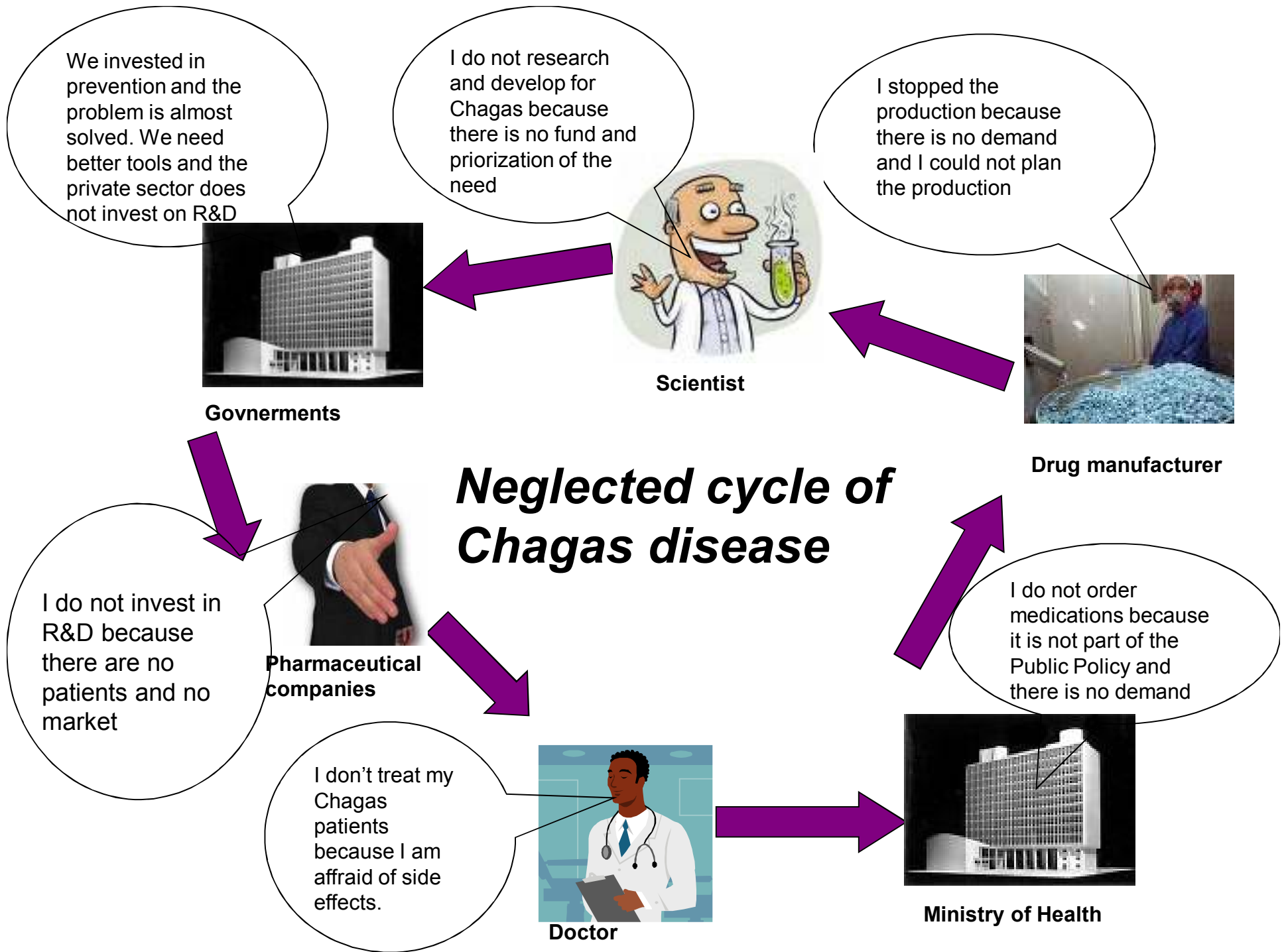
- **Delay in the delivery of the diagnosis results**
- **No treatment available**
- **Delay in the sprays of infested houses**
- **Financial constrains**



Organization/Regulations/Financing/Budget



Lack of national regulatory approval
No commercial licence for importation/no local production
Not included in the essential list
Funds unavailable to purchase the medicines
Insufficient budget to meet the needs
Supply chain problems



**Still most
of affected
population
has no
access to
diagnosis
and
treatment**





What then?



We need to understand and have incidence in :

- Factors limiting the extension of coverage of the Chagas National Programs.
- Mechanisms allowing to fulfil the 2010 WHO resolution to implement Chagas diagnosis and treatment at the PHC level.

Challenges



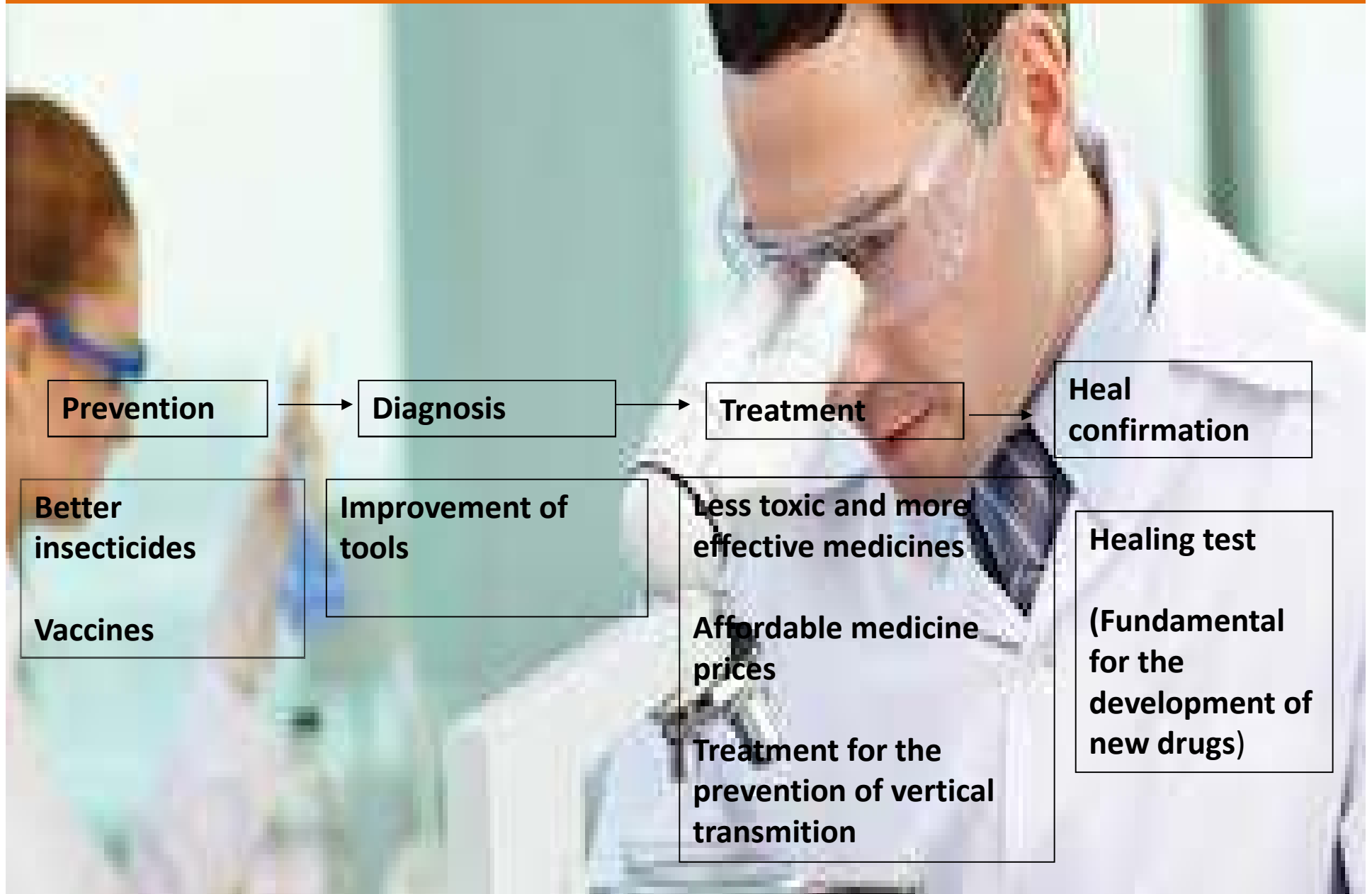
Diagnosis:

- Simplification of algorithm
 - New diagnostic tools (RDT)
- Mechanism facilitating access to new diagnostic tools

Treatment:

- Speed up the drug purchase processes
- Make sure responsibility is assumed at all levels (authorities, health professionals, patients, society)
- **Improve and invest in R&D**

Needs of R&D in Chagas: field perspective





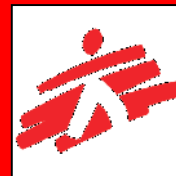
BUT:
Much can be done already!!

Patient testimony

Conclusions

Despite the achievements, **access is still a major problem** due to a number of barriers at the political, organizational, strategic and programmatic levels.

MSF remains committed to improve its approach to make sure models are better adapted to local conditions to make integration more feasible.



The political commitment and active involvement of national and international key actors play a central role if more access to the affected population is to be achieved.

GRACIAS!

