

# BUILDING AN ENABLING ENVIRONMENT FOR SCALING UP ACCESS IN CHAGAS – BRIDGING THE GAP BETWEEN PATIENTS AND TREATMENT THROUGH A PARTNERSHIP MODEL

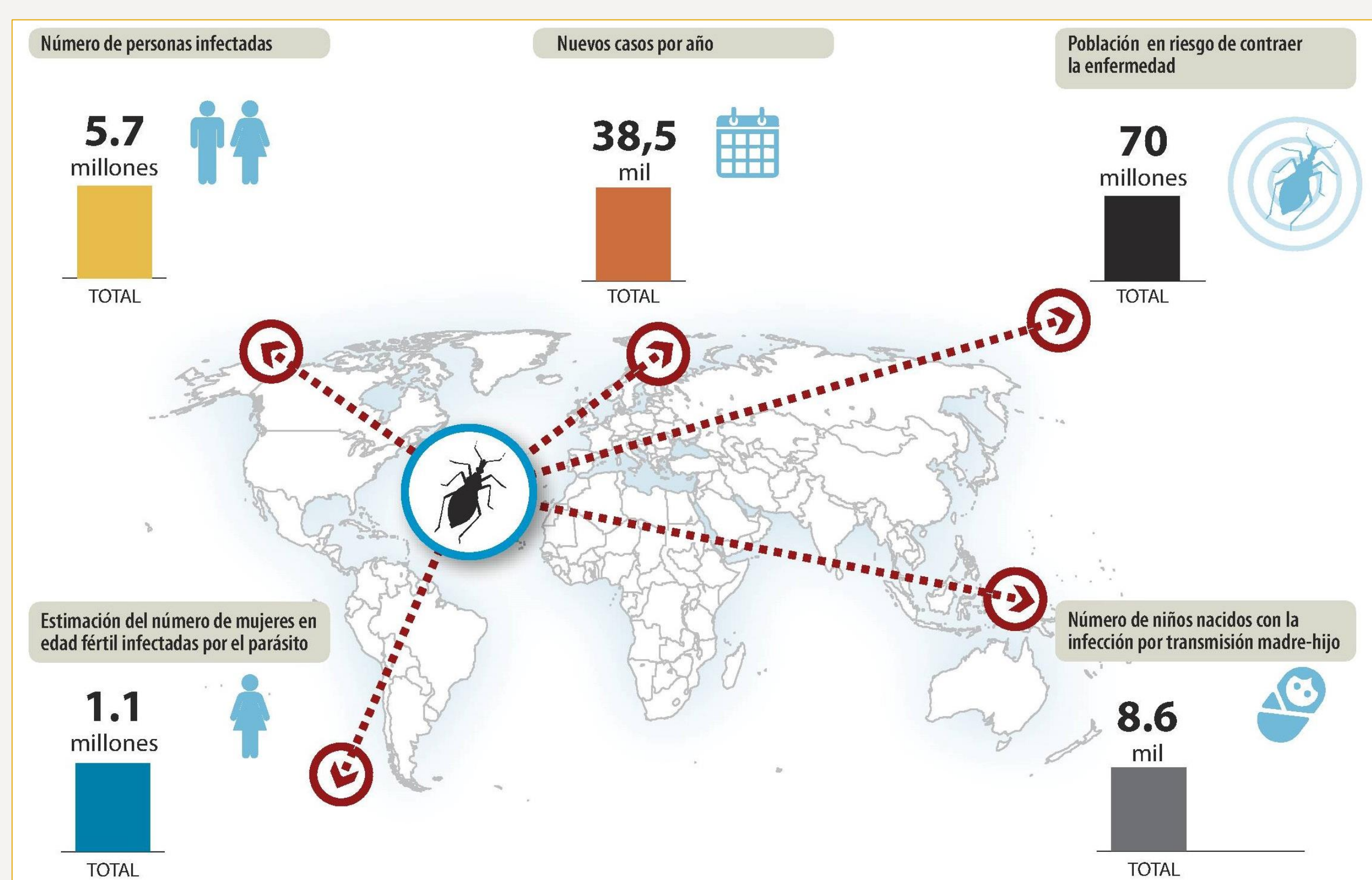
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Drugs for Neglected Diseases initiative (DNDi) – Latin America

## Background

According to WHO there are 5,742,167 people infected with Chagas disease – 20% women of childbearing age. In general, more than 38,000 new cases are estimated per year and 1,171,193 persons develop chronic heart conditions due to the disease. The disease is the largest parasitic killer of the Americas and the epidemiological and clinical burden represents an annual cost of 627,5 million dollars and 806,170 DALYS. Most efforts towards Chagas disease in the last decades have been directed to vector and blood control and the limited focus on treatment has not contributed to a significant change in the epidemiological picture of the disease, despite recent increased political and social awareness and growing evidence of drug efficacy.

## Chagas Disease Epidemiological Numbers



## Methodology

Morbidity and mortality data were reviewed, along with health policies and strategies in Brazil, the Gran Chaco, Colombia, Mexico and USA. Different approaches and models to address Chagas have been implemented in the last years, but most weren't translated into long-term policies, and to date only 1% infected individuals receive treatment.

DNDi's goal is to assess the feasibility of scaling up access through pilot projects in the selected regions. The objective is to define context-specific delivery models, catalyze existing local capacities, translate regional expertise into hands-on operational capacities and support countries to develop sustainable strategies. The project is held in partnership with a wide array of institutions, such as organizations that, with DNDi, comprise the Global Chagas Coalition; local partners, as the MoH and academia; and organizations as PAHO, WHO and FINDECHAGAS.

## Specific Objectives

- Contribute to the design of country/context specific access strategies which are also appropriate to other endemic areas in the region
- Validate the DNDi R&D operational partnership model to initiatives aimed at improving access to health care
- Support countries to develop sustainable implementation strategies
- Translate existing regional expertise and local capacities into hands-on control operational activities

## Recommendations and evidences for treatment

World Health Organization advises that all patients should receive treatment, regardless of the phase in which the disease is.

Treatment for adult patients in chronic phase reduces the possibility of developing complications due to the infection, specially heart diseases.

Several studies conducted during the last years sustain that treatment should also be offered to patients with chronic infection, including asymptomatic cases, and women in childbearing age to prevent congenital chagas.

Recent BENEFIT trial results bring us to conclude the urgent need for early diagnosis and treatment, further studies and efforts on new compounds for Chagas, the need to ensure access to treatment for patients under 18 years old, women of childbearing age and acute cases.

Sources: WHO, Chagas disease in Latin America: an epidemiological update based on 2010 estimates. *Weekly Epidemiological Record*, No. 6, 6 February 2015.  
BENEFIT Trial: Morillo CA et al. Randomized trial of benznidazole for chronic Chagas' cardiomyopathy. *N Engl J Med* 2015 Sep 1.

## Expected Results

Based on these evidences, the Drugs for Neglected Diseases initiative (DNDi) is actively mobilizing endemic countries to develop policies and mechanisms to provide and promote diagnostic and treatment access for neglected populations, by forming working groups with intent to achieve regional consensus. Major effort has focused on the decentralization and simplification of process at primary level care, with focus on operational research. Endemic communities, patients association are mobilized to demand appropriate governmental regulation and health care promoting drug registration. There is an effort to update the health professionals on the new recommendations for treatment and also to promote scientific publications in order to scale up access.

## Preliminary Results: Colombia

DNDi along with Ministry of Health and local organizations conducted a seminar in April 2015 with clear recommendations and settled commitments: a roadmap and a pilot Project led by the Colombian health system and supported by DNDi; the partners also encouraged changes addressed to simplify the diagnostic and therapeutic procedures for Chagas disease in the country.

In the context of the new strategies to be implemented by the Colombian Ministry of Health, the project supported the development of a healthcare roadmap for Chagas disease, considered as a priority disease by the government.

## Conclusion

Despite increased evidence of drug efficacy, no consensus has been reached in endemic countries. DNDi and local stakeholders will work in partnership to demonstrate the feasibility of scaling up access to diagnosis and treatment for Chagas in those areas. The objective is to evaluate which models are adapted to each context and replicated in similar settings and improve overall access. Such models, when successfully implemented can help bridge the gap between infected people and available treatment, changing the current paradigm of the disease.