Chagas Disease Clinical Research

Platform

Newsletter

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Rapid tests in Colombia

A strategic decision to transform diagnosis in Latin America

Mini-documentary *The Children of the Sierra*

Integrating Western medicine and the ancestral knowledge of the Wiwa people

Bolivia in focus

National plan prioritizes timely diagnosis and comprehensive treatment for Chagas. The country is also advancing clinical research

Chagas: a race with many obstacles

Stéphane Hugonnet (DNDi Latin America)

There are about 6 million people living with *T. cruzi* infection, but only 10% are diagnosed, and fewer than 1% receive treatment. Against this backdrop, the World Health Organization's (WHO) goal for this decade feels as urgent as it is unreachable: halting Chagas disease transmission through all four known routes (vectorial, oral, congenital, blood transfusion), while reaching 75% treatment coverage for the eligible population in 15 of the 41 affected countries. This goal is part of WHO's 2021–2030 roadmap for neglected tropical diseases, but the obstacles remain enormous. In this issue, we discuss some of these challenges, while also highlighting progress and new perspectives in the fight against the disease, especially in Latin America.

The availability of comprehensive screening and diagnostic services—particularly in underserved areas—remains limited. Since rapid diagnostic tests (RDTs) are not widely available in primary healthcare, many cases are diagnosed late, which increases the risk of chronic complications. Strengthening laboratory capacity and integrating routine screening and diagnosis into primary care are therefore essential. In this edition, we present Colombia's RDT strategy, based on studies led by the National Institute of Health (INS) with support from DNDi. We also highlight Bolivia's Five-Year Strategic Plan, which, among other measures, prioritizes primary care in an effort to strengthen the entire healthcare service network and change the reality of a country that currently bears the heaviest burden of Chagas disease.

Vector control is also insufficient in many parts of the world. Although vector elimination programmes have reduced transmission in some regions, residual pockets of triatomine insects persist due to inadequate surveillance, insecticide resistance, or environmental and even cultural factors. For this reason, it is essential that initiatives be implemented in a sustainable way and that they incorporate the knowledge of the communities involved. This was the case in 2024 in the Sierra Nevada region of Colombia, where more than 1,500 people from the Wiwa community received diagnosis and treatment following efforts carried out in partnership with local spiritual leaders. The experience is documented in *The Children of the Sierra*.

Speaking of children, we also feature the Ibero-American Initiative on Congenital Chagas, launched during the Ibero-American Summit of Heads of State and Government in 2021 and renewed in 2024, under the slogan *"No Baby with Chagas: The Path to New Generations Free of Chagas."* Early diagnosis in children can lead to good treatment outcomes, but it is also crucial to address vertical transmission of the disease (the most common form of transmission). This requires strengthening prenatal screening and ensuring access to diagnosis and treatment for girl and women of childbearing age.

Treatment options are another critical challenge in the race against Chagas disease. With only two available drugs—both requiring long courses of administration, carrying a high incidence of adverse effects, and contraindicated for pregnant women—a large portion of the eligible population either never begins or does not complete treatment. Shorter (and safer) regimens and new medicines are urgently needed, along with biomarkers to evaluate treatment response.

The good news is that a new drug, oxaborole AN2-502998, has entered early-stage trials. Even more encouraging, the expert team behind Open Chagas—an open-innovation platform led by DNDi—is reviewing research projects (spanning small molecules, natural products, and therapeutic repurposing/combination approaches) which could pave the way for new strategies against the disease. Learn more about oxaborole and follow the progress of Open Chagas.

The list of challenges and alarming statistics does not end here—nor does the list of promising initiatives and actions, as the following pages will show. What is fundamentally needed is to unlock funding, reverse political disengagement, and prioritize Chagas disease control in national health agendas with international support. The barriers are historic and complex, but they are not insurmountable. Overcoming them requires integrated, multisectoral strategies.

Finally, this edition brings a few updates. These changes reflect the opinions of our readers—gathered through an online survey—reinforce our commitment to transparency and access to information, and, most importantly, highlight the voices of patients, communities, healthcare professionals, and researchers in DNDi's initiatives and partnerships.

We wish you an excellent read. °

Summary

This edition is dedicated to all people impacted by Chagas disease, especially María Eusebia (cover photo) and the people of the Sierra Nevada de Santa Marta in Colombia, who are featured in the mini-documentary *The Children of the Sierra.*

Cover photo: Neil Brandvold/DNDi

Photo: Mamadou Diop/DNDi

AN2-502998, a novel oxaborole drug candidate under investigation for chronic Chagas disease

Rianna Stefanakis (AN2 Therapeutics)

Oxaboroles are novel, boron-containing small molecule therapeutics that have shown great promise for infectious diseases and other therapeutic areas. Oxaboroles were pioneered by Anacor Pharmaceuticals (now Pfizer) and boron chemistry is being continued at AN2 Therapeutics, a California, USA-based company founded by former Anacor scientists. There are several clinical-stage oxaboroles (acoziborole for HAT, epetraborole for NTM and melioidosis, ganfeborole for TB, and DNDI-6148 for leishmaniasis), and two are FDA-approved (crisaborole and tavaborole).

AN2-502998 (formerly known as AN15368) is a boron-based, small-molecule oxaborole therapeutic candidate under development for the treatment of chronic *Trypanosoma cruzi* infection, which causes Chagas disease. Existing therapies for chronic Chagas disease offer suboptimal efficacy and are often poorly tolerated. AN2-502998 was discovered by researchers at Anacor in close collaboration with Professor Rick Tarleton at the University of Georgia, USA, a *T. cruzi* biology expert who developed robust in vitro and mouse models of *T. cruzi* infection.

AN2-502998 has the same mechanism of action as acoziborole and demonstrated curative activity in mouse model studies. Importantly, AN2-502998 was also tested in non-human primates (NHPs) with chronic infections of diverse *T. cruzi* genetic types and demonstrated cures that have been maintained for >5 years. NHPs naturally acquire *T. cruzi* infection and develop chronic disease comparable to chronic human Chagas disease, which offers a unique opportunity to de-risk translation to human efficacy versus other experimental infection models.

In August 2025, the drug candidate advanced to a Phase I study in humans (NCT07024589). The sponsor, AN2 Therapeutics, plans to collaborate with DNDi and other Chagas disease experts to inform the AN2-502998 clinical development programme for chronic Chagas disease. A successful development programme could address the large unmet need for novel, more efficacious, and safer therapies for this global public health problem.

Photo: Felipe Abondano/DNDi

PARACHUTE-HF at the European Society of Cardiology Congress

A landmark study on Chagas-related cardiomyopathy conducted across four Latin American countries

Caroline Demacq, **Monica Quijano** and **Claudio Gimpelewicz** (Novartis)
Luis E. Echeverria (Fundación Cardiovascular de Colombia)

The results of PARACHUTE-HF (*Prevention and Reduction of Adverse Outcomes in Chagasic Heart Failure Trial Evaluation*), the first randomized study to assess the use of cardiovascular medication in individuals with chronic Chagas cardiomyopathy (CCC), were presented at the European Society of Cardiology Congress in Madrid, Spain, in August 2025.[1] Developed by Novartis in partnership with the *Instituto Brasileiro de Pesquisa Clínica* (Brazilian Institute of Clinical Research), the study represents a significant step forward in the treatment of CCC—the most severe clinical manifestation of Chagas disease and the leading cause of death among individuals with *Trypanosoma cruzi* infection.

Adult patients diagnosed with Chagas disease from four Latin American countries—Brazil, Argentina, Colombia, and Mexico—took part in this pioneering study (learn more about the study in the September 2023 edition of the **Chagas Disease Clinical Research Platform Newsletter**).

Approximately 30% of individuals affected by Chagas disease progress to chronic Chagas cardiomyopathy, a condition associated with high morbidity and mortality rates. This figure may be underestimated due to persistent challenges in the diagnosis and treatment of the disease. CCC places a considerable burden on healthcare systems, driven by high rates of hospitalization—even in the absence of common comorbidities such as other cardiac disorders, hypertension, or diabetes. Its clinical features, such as focal myocardial fibrosis, arrhythmogenicity, and the formation of ventricular aneurysms,[2] underscore the need for tailored clinical strategies.

Given the absence of a biomarker capable of predicting disease progression, managing *T. cruzi* infection requires a comprehensive, multidisciplinary approach that goes beyond etiological treatment.[3] Routine clinical and electrocardiographic monitoring at the primary care level is essential to identify early signs of cardiac involvement. As the disease can remain asymptomatic for decades, its initial presentation may be sudden death or advanced heart failure, reinforcing the importance of early diagnosis. Once cardiac involvement is confirmed, regular clinical, echocardiographic, and electrocardiographic follow-up is necessary to track disease progression and guide clinical decisions.

Management of heart failure with reduced ejection fraction (HFrEF) in the context of CCC follows standard pharmacological protocols, including renin-angiotensin system inhibitors (ACEIs, ARBs, ARNIs)*, beta-blockers, mineralocorticoid receptor antagonists, and SGLT2is**. However, current recommendations are based on evidence from a broader heart failure population, with limited data specific to Chagas disease.[4],[5] In this context, PARACHUTE-HF marks a key development in the clinical management of this underserved population. ○

*ACEI: angiotensin-converting enzyme inhibitor; ARB: angiotensin II receptor blocker; ARNI: angiotensin receptor neprilysin inhibitor.

**SGLT2i: sodium-glucose cotransporter 2 inhibitor.

[1]Bocchi EA, Echeverria LE, Demacq C, et al. (2024). Sacubitril/Valsartan versus Enalapril in chronic Chagas cardiomyopathy: rationale and design of the PARACHUTE-HF study. *JACC: Heart Failure*, 12(8), 1473-1486.

[2]Echeverría LE, Marcus R, Novick G, et al. (2020). WHF IASC Roadmap on Chagas Disease. *Global Heart*, 15(1), 26.

[3]Alonso-Padilla J, Losada-Galvan I, Pinazo MJ et al. (2020). State of the art in host-derived biomarkers for Chagas disease prognosis and early assessment of response to anti-Trypanosoma cruzi treatment. *Biochimica et Biophysica Acta (BBA) Molecular Basis of Disease*, 1866(7), 165758.

[4]Marin-Neto JA, Rassi Júnior A, Oliveira GMM, et al. (2022). Brazilian Society of Cardiology guidelines on the diagnosis and treatment of patients with Chagas disease cardiomyopathy. SciELO *Preprints*.

[5]Nunes MCP, Dones W, Morillo CA, Encina JJ, Ribeiro ALP. (2013). Chagas disease: an overview of clinical and epidemiological aspects. *Journal of the American College of Cardiology*, 62(9), 767-776.

Photo: Guilherme Kanso/DNDi

Luiza R. Cruz, DNDi Latin America.

Open Chagas selects six studies

The open innovation platform received 21 submissions, showcasing a diversity of approaches and strong scientific merit

Luiza R. Cruz and **Jadel M. Kratz** (DNDi Latin America)

With the aim of advancing collaborative drug discovery for Chagas disease in the region, the Open Chagas open innovation platform—an initiative led by DNDi—launched a call for proposals last year and received 21 submissions from across Latin America, all with potential to contribute to the development of new treatments. Six of these studies were selected to be part of the platform's next phase.

The proposals came from six countries—Argentina, Brazil, Chile, Colombia, Mexico, and Uruguay—and were evenly distributed across three research areas: small molecules, natural products, and drug repurposing or therapeutic combinations. Notably, 13 of the selected projects are led by women, reflecting the diversity of approaches and the high level of scientific excellence in the region.

Open Chagas was created to accelerate the discovery of drug candidates for Chagas disease through knowledge sharing, capacity building, and regional cooperation. Launched on the occasion of the 10th anniversary of the Lead Optimization Latin America (LOLA) consortium, the platform builds on a decade of experience in collaborative drug discovery. "The objective is to reinforces DNDi's commitment to fostering sustainable partnerships in low- and middle-income countries while advancing open science and accessible innovation", comments Luiza Cruz, discovery manager at DNDi Latin America.

The platform is structured in three phases. In Phase 1 (Research), research groups submit their findings using a standardized submission format. In Phase 2 (Validation), selected proposals receive free technical support, scientific guidance, and training. Finally, in Phase 3 (Consolidation), formal collaborations are established under flexible arrangements, depending on each project's potential and the availability of resources.

At this stage, DNDi's expert team is providing critical analyses and technical feedback to participating research groups and organizing discussion sessions. The next steps include more detailed technical interactions with the selected teams, as well as additional experiments and training activities. ○

Photo: Neil Brandvold/DNDi

Laury Ros Amaya Montero, bacteriologist and lab technician, tests Bernabe Villazon Mojica's baby for Chagas. Sierra Nevada de Santa Marta, Colombia (2024).

Vertical transmission can be prevented

Roberto Chuit and **Marina Gold** (Mundo Sano)

Vertical transmission of Chagas disease, caused by the parasite *Trypanosoma cruzi*, can occur in any country where women living with the disease reside, whether they were born in Latin America or have spent time in Latin American territories.

According to the Pan American Health Organization (PAHO),[1] this mode of transmission is now the most common, with an estimated 9,000 cases detected annually in Latin America alone—surpassing other forms of transmission, such as vector-borne, oral, transfusion, and organ transplantation. The risk of transmission ranges from 0.1% to 6%, depending on the mother's parasite load. In most cases, children are asymptomatic. However, if left untreated, the persistent presence of the parasite can lead to progressive organ damage over time.

Scientific evidence confirms that children with initially positive serology show negative results at the end of antiparasitic treatment, indicating cure. Studies also show that treating girls and women of childbearing age before pregnancy prevents parasite transmission in a high percentage of cases.[2]

In 2021, following a campaign led by Mundo Sano—a nonprofit organization focused on reducing the impact of neglected diseases—together with efforts by several institutions, the Ibero-American Initiative on Congenital Chagas Disease was launched. The initiative originated at the 27th Ibero-American Summit of Heads of State and Government, held in Andorra, with the goal: "No baby with Chagas: the path for new generations free of Chagas". Argentina, Brazil, Colombia, El Salvador, Spain, Guatemala, Honduras, and Paraguay embarked on a coordinated journey to achieve this objective using a multidimensional approach. This includes strategies to control and prevent other forms of transmission and involves the active participation of PAHO, the World Health Organization (WHO), ISGlobal, DNDi, and the Global Chagas Coalition. In 2024, the commitment was renewed through 2030, with Paraguay assuming the presidency of the initiative. ○

[1] Pan American Health Organization. *Update on the estimated prevalence of Chagas disease in endemic countries in the Americas*. 2018 [Internet]. Washington (DC): OPS; 17 Jun. 2025 [cited on July 20, 2025]. https://iris.paho.org/handle/10665.2/68811

[2] Moraes FCAd, Souza MEC, Dal Moro L, Donadon IB, da Silva ER, de Souza DdSM, et al. (2024) *Prevention of congenital Chagas disease by trypanocidal treatment in women of reproductive age: a meta-analysis of observational studies*. PLoS Negl Trop Dis 18(9): e0012407. https://doi.org/10.1371/journal.pntd.0012407

Photo: Fábio Nascimento/DNDi

Waiting room at a health facility in Bolivia.

A turning point

Bolivia's national plan strengthens the healthcare network for Chagas disease and cardiovascular conditions

Mirko Rojas Cortez (Fundación Sanit)

With the highest global burden of Chagas disease, Bolivia is advancing a coordinated, innovative, and people-centred response. The validation of the new Five-Year Strategic Plan (2024–2028) marks a turning point, prioritizing primary healthcare, equity, and intersectoral collaboration under the leadership of the Ministry of Health, with support from the Pan American Health Organization (PAHO) and the World Health Organization (WHO).

This vision is being put into practice through the strengthening of the healthcare network—from community clinics to tertiary hospitals—with a focus on timely diagnosis, comprehensive treatment, and care for cardiovascular complications among vulnerable populations. Implementation is carried out in coordination with health regulatory authorities.

Bolivia is also emerging as a leader in clinical research. Trials such as NuestroBen (DNDi–ELEA) aim to shorten benznidazole treatment to improve tolerability and adherence. Simultaneously, the *Tratamiento Etiológico en Estadio Crónico de la Enfermedad de Chagas* (Etiological Treatment in the Chronic Stage of Chagas Disease – TESEO) study (UTEP–ISGlobal–CEADES) is exploring optimized treatment regimens and biomarkers to enable more personalized care. These initiatives reflect a national commitment to aligning scientific advancement with local needs.

In parallel, regions like the Chaco are piloting innovative models of comprehensive care through projects such as the *Centro de Atención y Apoyo al Control del Chagas* (Care and Support Centre for Chagas Control – CAYAC) and *Fortalecimiento de Redes de Salud en el Chaco Boliviano* (Strengthening Health Networks in the Bolivian Chaco – FORSA Chaco-BOL), led by SANIT, ISGlobal, DNDi, Novartis, and other partners, with support from Novartis and AECID. These models combine participatory vector control, continuing professional education, updated care protocols, equipment provision and training, and streamlined referral systems, all of which are supported by strong community engagement. These actions form part of a broader R&D and innovation strategy that guides collective efforts to strengthen local institutions.

Although the challenge of controlling Chagas disease in Bolivia is significant, the country has a clear path forward. Bolivia is firmly committed to building a sustainable, evidence-based model to reduce the burden of Chagas disease and improve health outcomes for those most in need. ○

Colombia's experience with rapid tests

Strategic decision helps transform Chagas diagnosis in Latin America

Diogo Galvão (DNDi Latin America)
Maryi Lorena Segura Alba (Instituto Nacional de Salud Colombia)

Colombia has taken a historic step by incorporating rapid diagnostic tests (RDTs) into its national algorithm for Chagas disease—a strategic move to expand diagnostic access for underserved populations living in rural, Indigenous, and hard-to-reach areas. This updated guideline is based on evidence from studies led by the National Institute of Health (INS), with support from DNDi, which confirmed the strong performance of RDTs in both laboratory and field conditions.

Unlike conventional methods such as ELISA, which require laboratory infrastructure, RDTs can be deployed in primary health care settings, including community-based interventions. These tests yield reliable results within minutes. While proper training is essential, they do not require highly specialized personnel, enabling a more agile response and broader coverage without compromising the quality of care. This is especially relevant for meeting goals such as the elimination of vertical transmission (ETMI Plus[1]).

Colombia's strategy also includes mechanisms to ensure sound implementation practices, continuous quality monitoring, and the promotion of joint procurement through the Pan American Health Organization (PAHO) Strategic Fund. This experience demonstrates that equitable access to decentralized, simplified diagnostics is achievable when there is political will, robust technical evidence, and strong stakeholder collaboration. As more people living with *T. cruzi* infection are identified, timely treatment becomes increasingly accessible.

The adoption of RDTs not only as a screening tool, but also as a definitive diagnostic method, is essential to transforming the regional response to Chagas disease. Sharing Colombia's experience with other endemic countries can help accelerate this much-needed shift throughout Latin America. o

[1] Framework for the Elimination of Vertical Transmission of HIV, Syphilis, Hepatitis, and Chagas Disease - PAHO/WHO | Pan American Health Organization.

Evolution of diagnostic simplification

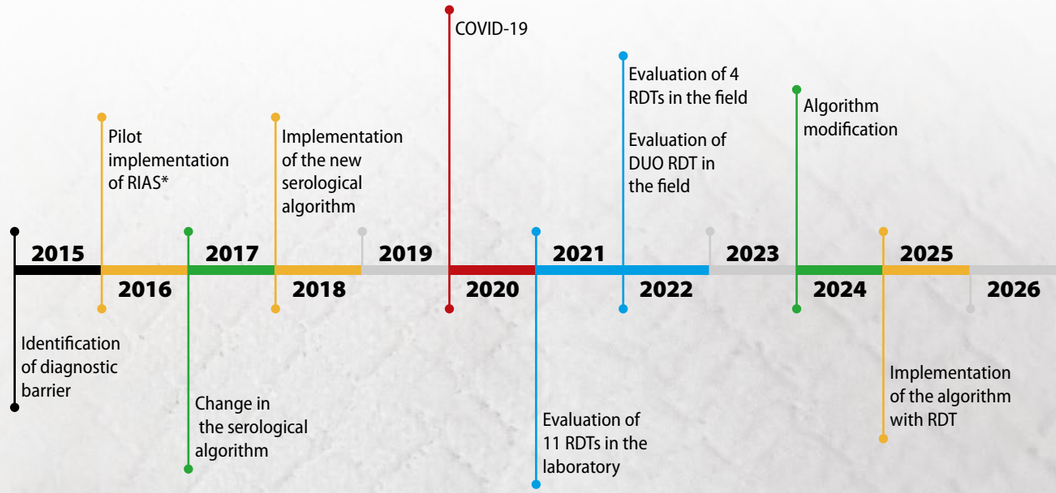
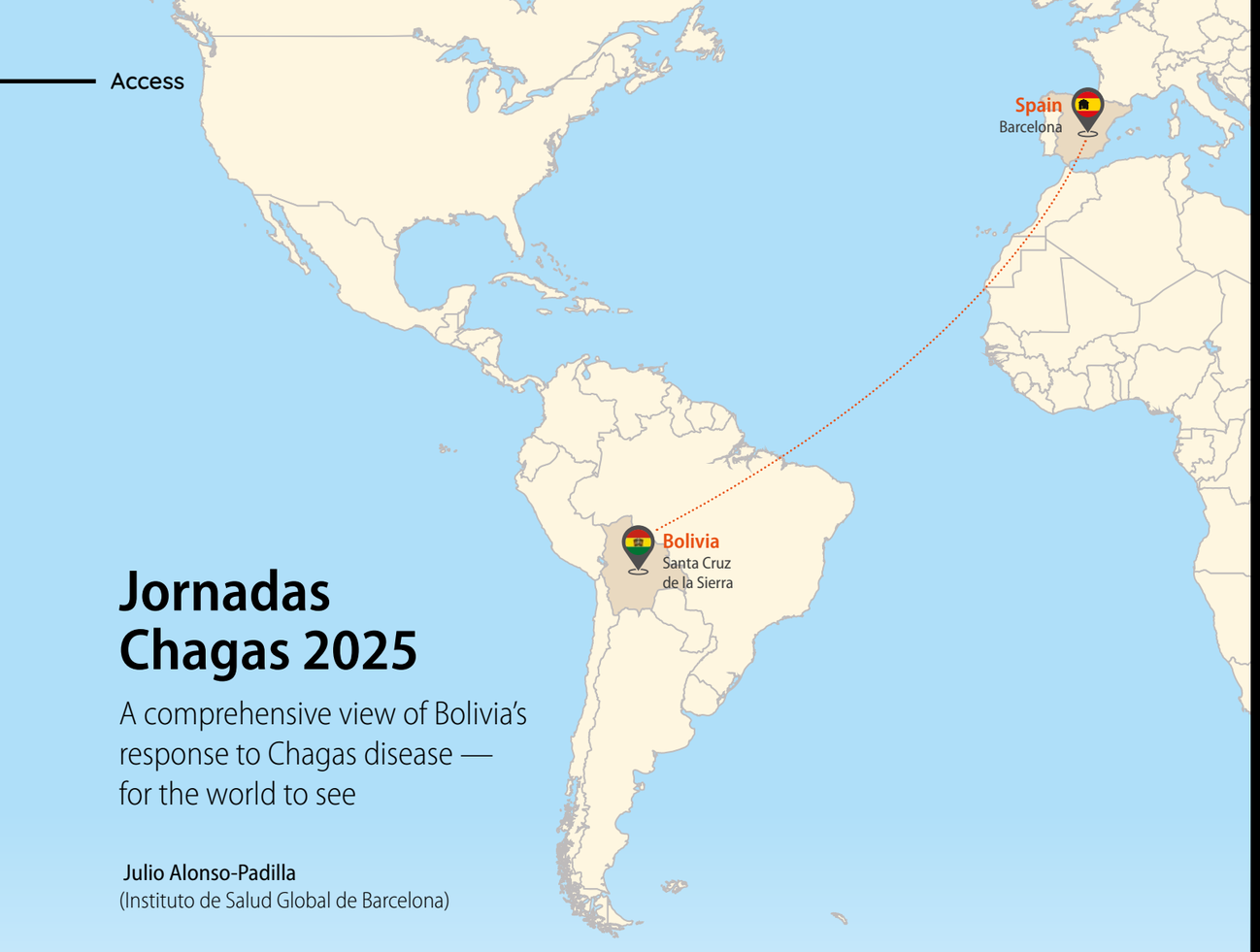


Photo: Pascal DuBois/DNDi

Timeline based on data from the Instituto Nacional de Salud (Colombia) and DNDi.

*Comprehensive healthcare roadmaps.



Jornadas Chagas 2025

A comprehensive view of Bolivia's response to Chagas disease — for the world to see

Julio Alonso-Padilla
(Instituto de Salud Global de Barcelona)

The Chagas Disease Conference (*Jornadas Chagas*) was held outside Barcelona (Spain) for the first time, with Santa Cruz de la Sierra, Bolivia, chosen as the host city for this important gathering. Over the course of two days, the Spanish Cooperation Training Center transformed into a dynamic space for dialogue and exchange, bringing together more than 480 participants from 33 countries and connecting scientific knowledge, clinical practice, and social engagement.

Now in its 19th edition, the conference focused on two key areas: ensuring access to comprehensive care for people affected by the disease and addressing cardiovascular complications—one of the leading causes of Chagas-related morbidity and mortality. Presentations ranged from national strategies to cutting-edge research, sharing progress in early diagnosis, treatment, vector control, and clinical management. Highlights included innovative tools such as PURE-LAMP[1] technology and new compounds under investigation.

Training played a central role in the conference. Clinical sessions were paired with hands-on workshops on resuscitation and electrocardiography, in addition to oral presentations and participatory sessions that fostered cross-disciplinary and cross-context dialogue. The communications component was also prominent, with sessions on information, education, and communication, as well as creative awareness initiatives in both rural and urban environments.

The presence of networks such as NHEPACHA and the Global Chagas Coalition underscored a shared belief: advancing toward equitable, accessible, and continuous care is only possible through cooperation between endemic and non-endemic countries.

This was not just another edition of *Jornadas Chagas*—it marked a turning point. When knowledge is shared, barriers come down, and affected individuals are placed at the centre, the impact is real. This is the path forward. ○

[1]LAMP (loop-mediated isothermal amplification) is a nucleic acid amplification technique that operates at a constant temperature, unlike PCR (polymerase chain reaction), which requires thermal cycling. This makes LAMP a simpler, faster, and more portable method, ideal for use in resource-limited settings.

Photo: Natália Veras/DNDi

Screening of the mini-documentary *The Children of the Sierra* for residents of a Wiwa community.

Mini-documentary *The Children of the Sierra*

Combining Indigenous knowledge and medical expertise in the treatment of Chagas disease

Vânia Alves (DNDi Latin America)

The integration of ancestral knowledge from the Wiwa people with Western medical science on Chagas disease is the focus of the mini-documentary *The Children of the Sierra*, released in June by DNDi. The film documents a 2024 project that brought diagnostic testing and treatment to over 1,500 residents living in Colombia's Sierra Nevada de Santa Marta region.

Of those tested, 14% were found to be living with *Trypanosoma cruzi* infection and approximately 90% began treatment shortly after receiving their diagnosis—a rate significantly higher than the global average.

This success was made possible by a culturally sensitive approach that integrated local beliefs and healing practices. Developed through a partnership including DNDi, the Wiwa Yugumaiun Bunkuanarrua Tayrona Indigenous Organization (OWYBT), the Dusakawi IPSI and Dusakawi EPSI health institutions, and the municipal government, the initiative respects the spiritual and cultural heritage of the Wiwa people.

In the film, Indigenous leaders discuss the Wiwa worldview and their connection to nature, including their perspective on *pitos*, the triatomine insects that transmit Chagas disease. "We didn't think that this little guy could be so harmful and cause so many problems, including death," says José María Martínez, representative of the Indigenous organization Dusakawi IPSI. He explains that for the Wiwa, *pitos* cannot be eradicated, as all living beings have a purpose.

The film goes on to show how the tension between vector control and traditional beliefs was resolved through the involvement of the Wiwa's spiritual leaders, the *mamos*.

The short documentary premiered right there, in Sierra Nevada de Santa Marta, with the community featured in the film. With a duration of nine minutes, *The Children of the Sierra* is available on DNDi's YouTube channel. It is well worth a watch. ○

Watch the mini-documentary.

The Challenges of Chagas

Overcoming fragmented approaches remains essential

Vânia Alves (DNDi Latin America)

In an interview with the **Chagas Disease Clinical Research Platform Newsletter**, Dr Héctor Coto, regional adviser for communicable diseases at the Pan American Health Organization/World Health Organization (PAHO/WHO), discussed advances and obstacles in the prevention and management of Chagas disease. Focusing on present realities and the resources currently available to improve access, diagnosis, and treatment, Dr Coto highlighted the role of rapid tests, which help decentralize diagnosis and speed up primary care. He also emphasized the broad availability of the medications nifurtimox and benznidazole in the region, ensured through international procurement mechanisms and donations. At the same time, he underscored the historical factors that continue to delay control and elimination of the disease, including socioeconomic and geographic barriers and the limited capacity of health systems.

What are the most significant advances in recent years in terms of diagnosis and treatment of Chagas disease in Latin America?

There have been many technical advances in recent years. I see very positively, for example, the enormous efforts to decentralize diagnosis. One of these tools is the use of rapid diagnostic tests. While current evidence does not yet support their use as a definitive diagnostic method — limiting their application to screenings, epidemiological studies, or populations in hard-to-reach areas — they have been a step forward.

As for treatment, there is robust evidence on the efficacy of benznidazole and nifurtimox, particularly in the early stages of infection and among paediatric patients. Recent studies are also exploring shorter or intermittent regimens, with encouraging results in terms of safety and adherence.

Is there any country or recent initiative that could serve as a model for the region?

The intergovernmental plans for horizontal technical cooperation — known as the Sub-Regional Initiatives for the Prevention and Control of Chagas Disease — launched by endemic countries in 1991 with the support of the Pan American Health Organization (PAHO), through its role as Technical Secretariat, are good examples to follow.

Almost all of the challenges we face in controlling, preventing, and managing the infection are multifactorial and shaped by realities that often go beyond the technical knowledge of the disease.

Héctor Coto

What are the main obstacles preventing more people from being diagnosed and treated?

That is a question I believe many decision-makers in endemic countries ask themselves. Almost all of the challenges we face in controlling, preventing, and managing the infection are multifactorial and shaped by realities that often go beyond the technical knowledge of the disease.

The barriers to accessing diagnosis and treatment are geographic, economic, and social. In addition, the limited capacity of health systems is reflected in the insufficient integration of etiological diagnosis into primary care and the difficulties in accessing treatment — despite the availability of nifurtimox and benznidazole.

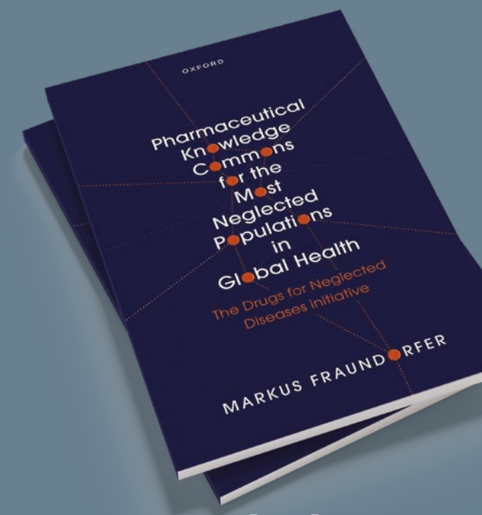
What needs to be done to meet the WHO goal of halting Chagas transmission and providing treatment to 75 per cent of those living with the disease by 2030?

It is necessary to move beyond fragmented interventions and advance toward integrated, sustainable strategies that prioritize early diagnosis, effective access to treatment, and comprehensive surveillance. In this context, we must not forget that Chagas disease is a vector-borne illness. In endemic areas, the focus must always remain on the vector.

Financing for the development of new treatments for Chagas disease remains a challenge. How can sustainable resources be secured and greater investment encouraged in this area?

Research and development of new drugs for the treatment of *T. cruzi* infection are indeed part of the reality of Chagas control. However, I believe that just as important is redoubling efforts to increase the number of people treated with the drugs already available — benznidazole and nifurtimox — which today are widely accessible to countries in the region through international procurement mechanisms and donations coordinated by PAHO/WHO.

While strategies such as public investment in national research and development plans, international alliances for technical and financial cooperation, incentives for industry through joint purchasing and market commitments, and the strengthening of regional clinical research platforms are all essential to ensuring sustainable resources and spurring the development of new molecules, it is crucial to recognize that the greatest immediate public health benefit will come from expanding access to and effective use of the treatments already at hand. ○



Recommended reading

Book about DNDi, released in September, has a chapter on Chagas disease

In his new book, *Pharmaceutical Knowledge Commons for the Most Neglected Populations in Global Health*, Markus Fraundorfer, Associate Professor of Global Governance at the University of Leeds, presents how DNDi has been shaping global policy on neglected tropical diseases over the past twenty years. The author highlights aspects of DNDi's collaborative governance model, delving into three neglected diseases: Chagas disease, leishmaniasis, and sleeping sickness.

Chagas disease is the focus of the third chapter. This section presents analyses of the creation of the Chagas Clinical Research Platform, the production of paediatric benznidazole, the development of new chemical entities (through the Lead Optimization Latin America project), and a series of other activities that contributed to building pharmaceutical knowledge commons aimed at the prevention and control of Chagas disease. ○

Pharmaceutical Knowledge Commons for the Most Neglected Populations in Global Health: The Drugs for Neglected Diseases Initiative

Oxford University Press

Publication: 2025 | English | 304 pages

Mario J. Grijalva during the filming of the series *En moto contra el Chagas* in the city of Cruz del Eje, Córdoba Province, Argentina (2025).

Photo: Mario J. Grijalva/Personal photo archive

On two wheels

Biologist travels across Latin America advising affected communities and building support networks against Chagas disease

Mario J. Grijalva (Infectious and Tropical Disease Institute, Ohio University)

Since 1992, I have dedicated my career to researching Chagas disease, with a primary focus on Ecuador. Early in my work, I found a striking lack of infrastructure and institutional support for biomedical research. During the COVID-19 pandemic, inspired by motorcycle adventurers who shared their journeys on YouTube, I began to wonder whether this format could serve to share my experiences and raise awareness about Chagas disease. That idea gave rise to the video series *En moto contra el Chagas: la batalla oculta de Ecuador* (On a Motorcycle Against Chagas: Ecuador's Hidden Battle). Through this series, I travelled across endemic regions, documenting the realities faced by affected communities, the lack of government response, and the findings of my research group.

After producing 51 episodes and generating growing public interest, I recognized the potential of this approach as a new model for science communication. In 2023, following my departure as director of the *Centro de Investigación para la Salud en América Latina* (Center for Health Research in Latin America – CISeAL), I committed to a more ambitious journey across Latin America. In November 2024, I rode 4,000 kilometres through Argentina. Then, between January and June 2025, I traveled an additional 25,000 kilometres through endemic areas in Argentina, Peru, Bolivia, and Chile. Along the way, I interviewed individuals living with the disease, health professionals, and researchers, using each stop as an opportunity to speak about diagnosis and treatment.

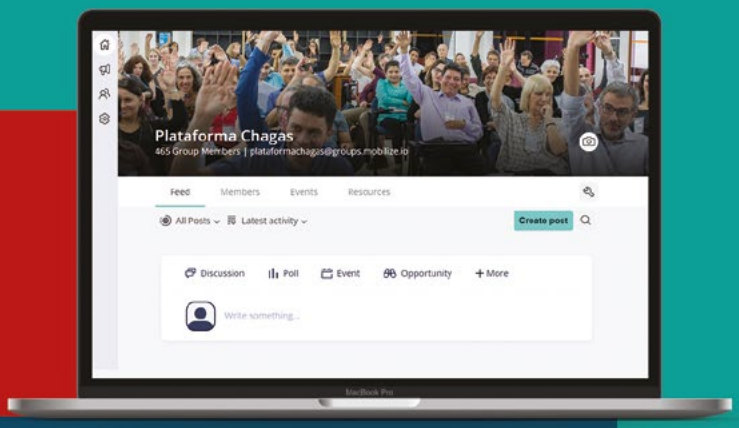
The journey brought countless challenges—hazardous roads, mechanical breakdowns, extreme weather, loneliness, and discouragement. Yet, the resilience of the communities and the dedication of those involved in Chagas prevention, treatment, and control kept me moving forward. The experience also enabled the formation of strong networks, including WhatsApp groups connecting hundreds of people interested in the cause.

The series, which blends adventure with scientific outreach, aims to raise awareness without promoting stigma. Through YouTube and social media, I share informative and engaging content on prevention, diagnosis, and treatment, alongside light-hearted moments and curious facts. After covering more than 33,000 kilometres across five countries, I continue to work on publishing new episodes for each country—spotlighting the current reality of Chagas disease throughout our region. ○

Join the WhatsApp group.

Join the new
Chagas Platform webforum!

In December 2022, we migrated to a **new, more up-to-date** and **user-friendly system**



Access the online platform together with **experts from across the globe** and stay up to date **on the latest in Chagas disease research**

The forum works as a social network in which you can also receive updates sent to your email. Members can interact and post news, facilitating communication among collaborators. We encourage the sharing of documents and scientific papers, the promotion of events and debate, and the possibility of asking questions and making new contacts.

Register using the **link** or the **QR code**

bit.ly/3raknRd

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Best Science for the Most Neglected

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