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 counties all over the world.

In red, places where MSF Spain is working.
More than 2,500 international workers collaborate with around 29,000 local professionals in the field.

Independence of action: the 89% of our funds come from more than 4,6 millions of partners and private donors in all the world.
When do we intervene?
Expenses according to MSF interventions

45,2%  
Victims of armed conflict

14,2%  
Victims of endemic diseases / epidemic

13,8%  
Victims of social violence / exclusion of assistance

0,2%  
Victims of natural disasters

21,3%  
Coordinations teams (at capital level)

5,3%  
Others (explo missions, emergency stock)

Fuente: Memoria MSF España 2012.
8 millions
of infected people

25 millions
in risk of infection

12 to 15 thousand
Annual deaths

30 %
of the infections would develop
chronic cardiac lesions that would
require medical treatment

1.1 million
Estimated prevalence in Mexico
according to WHO
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

MSF Mexico

MSF Honduras

MSF Guatemala

MSF Nicaragua

MSF Brasil

MSF Bolivia

MSF Paraguay
Main activities in collaboration with the National Chagas programs:

- Health promotion and education
- Support to vector control
- Capacity building of the health staff in diagnosis and treatment at PHC and secondary level
- Support in the development of protocols and guidelines
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
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

Financing

Socioeconomic

Organization

Regulations

R&D

Budget
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
Insufficient training
Fear or doubts on the feasibility of treatment of medical professionals
• Drug effectiveness
• Adverse effects
  – Drug toxicity
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
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
I don't treat my Chagas patients because I am afraid of side effects.

I do not research and develop for Chagas because there is no fund and prioritization of the need.

I stopped the production because there is no demand and I could not plan the production.

I do not order medications because it is not part of the Public Policy and there is no demand.

We invested in prevention and the problem is almost solved. We need better tools and the private sector does not invest on R&D.

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Neglected cycle of Chagas disease
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

- Prevention
  - Better insecticides
  - Vaccines

- Diagnosis
  - Improvement of tools

- Treatment
  - Less toxic and more effective medicines
  - Affordable medicine prices
  - Treatment for the prevention of vertical transmission

- Heal confirmation
  - Healing test
    (Fundamental for the development of new drugs)
BUT: Much can be done already!!
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!