

# Scaling up Access to Chagas Disease

A Partnership Model for Access

*Carolina Batista, MD – Geneva  
Health Forum, April 2016*



# Since 1999, from ideas to realization ...



James Orbinski,  
ex-President, MSF Int, 1999



**1999**

First meeting to describe the lack of R&D for neglected diseases  
MSF commits the Nobel Peace Prize money to the DND Working Group  
JAMA article: 'Access to essential drugs in poor countries - a Lost Battle?'

**July 2003**

Creation of DNDi (7 founding members)

**2007**

First DNDi treatment registered...

**2013**

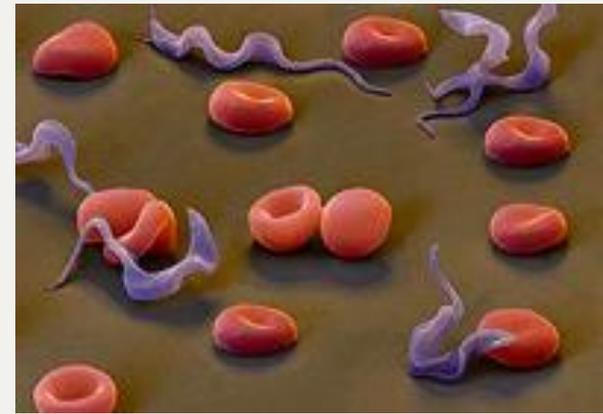
10 years of DNDi and 6 treatments made available

# DNDi success is only possible through innovative partnerships

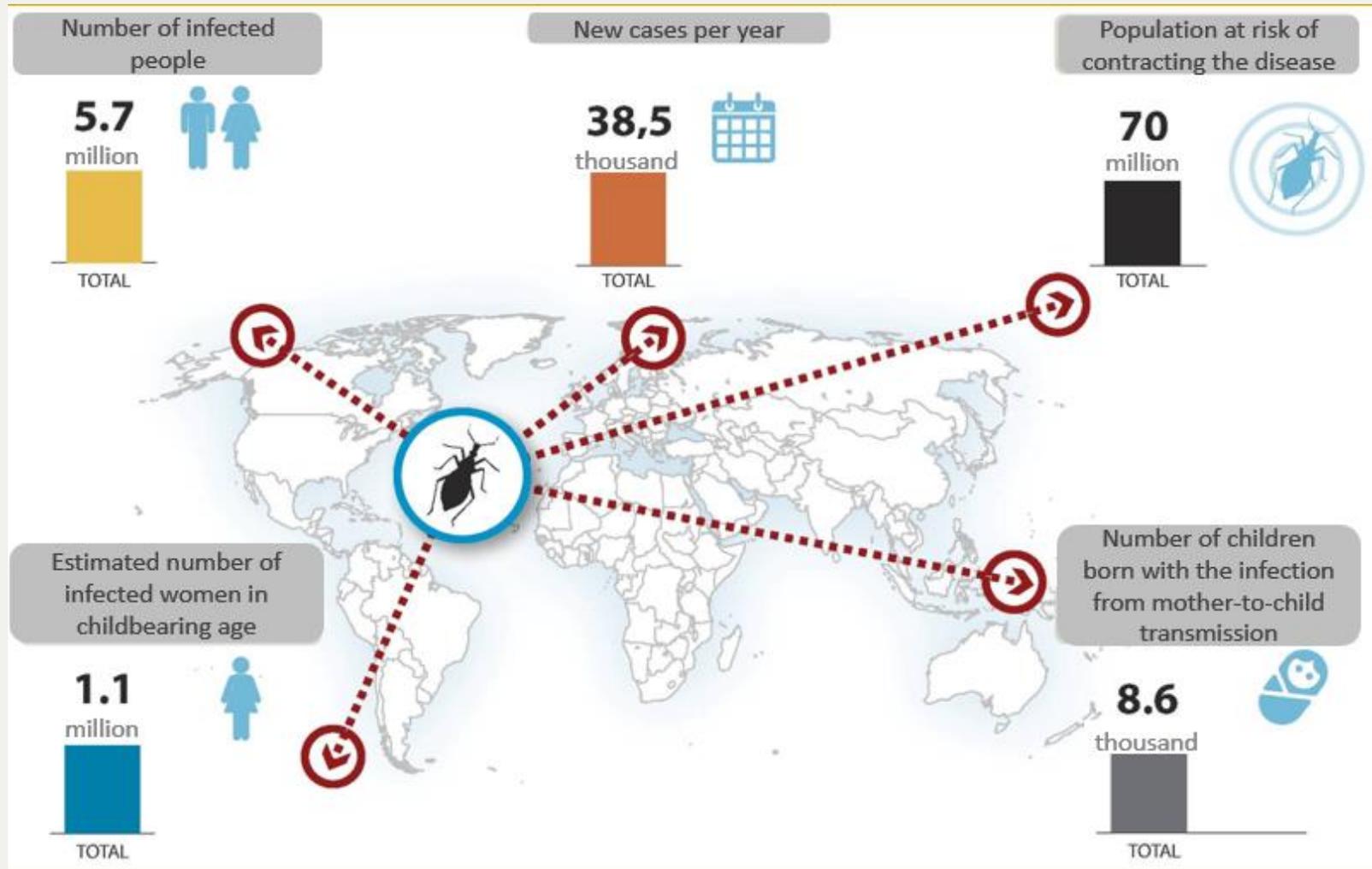


# Chagas disease: An overview

- 6 million cases in Latin America
- Americas: vector transmission. Non-Endemic countries: migration
- Serious long-term complications in 1/3 of infected individuals
- Around 10.000 deaths/year
- Globally the economic burden is around U\$ 1 billion
- Less than 1% of infected individuals has access to treatment!



# Chagas disease epidemiological numbers



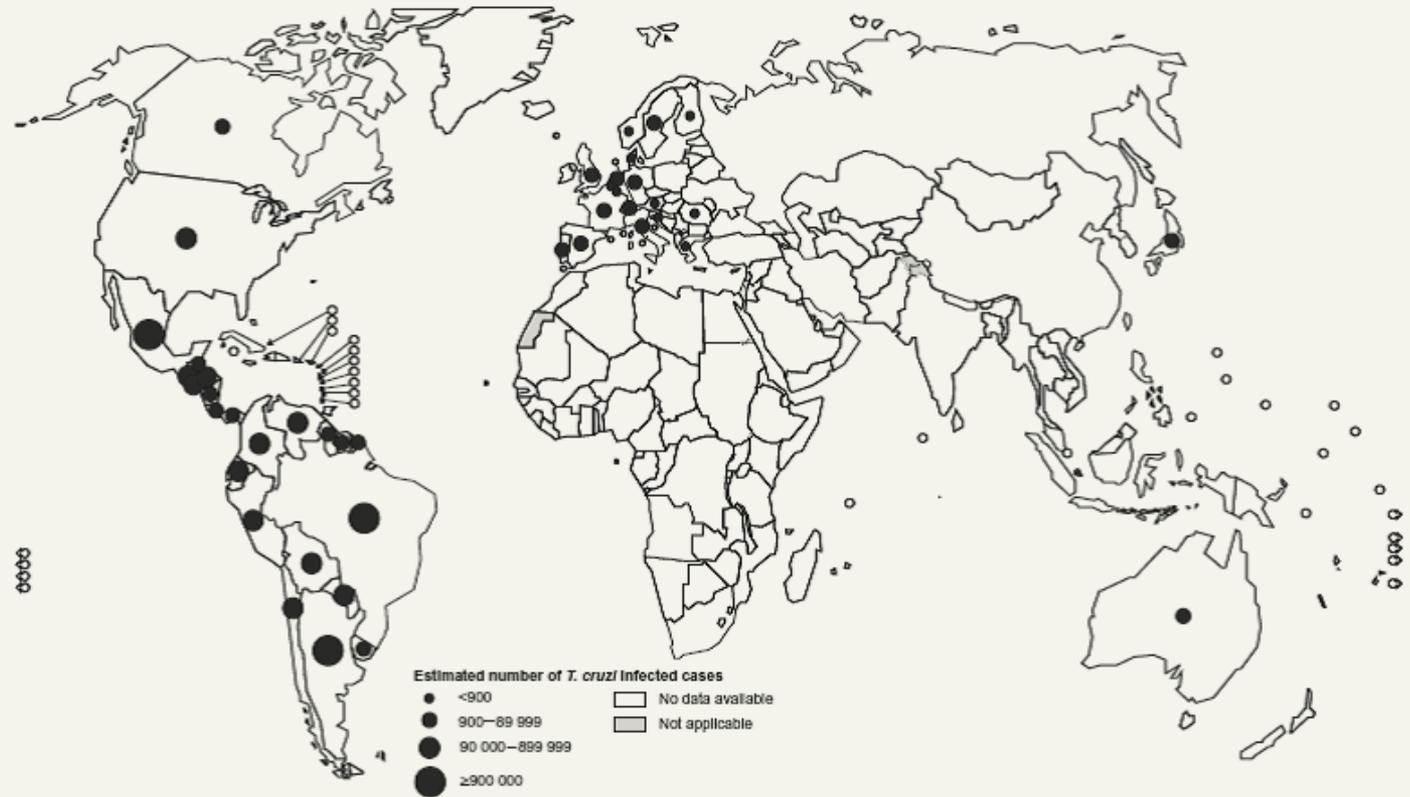
# Chagas disease and the Cycle of Poverty

- ❑ Disease is both cause and consequence of poverty
- ❑ Affects the poorest of the poor
- ❑ Patients often live in remote areas
- ❑ Socioeconomic burden weighs on family and community
- ❑ Marginalized & voiceless patients



# Chagas across the globe

## Disease going beyond borders



Source: WORLD HEALTH ORGANIZATION. (2010) *Global distribution of cases of Chagas disease, based on official estimates, 2006–2010*. [Online]

# Chagas Disease – Some Challenges

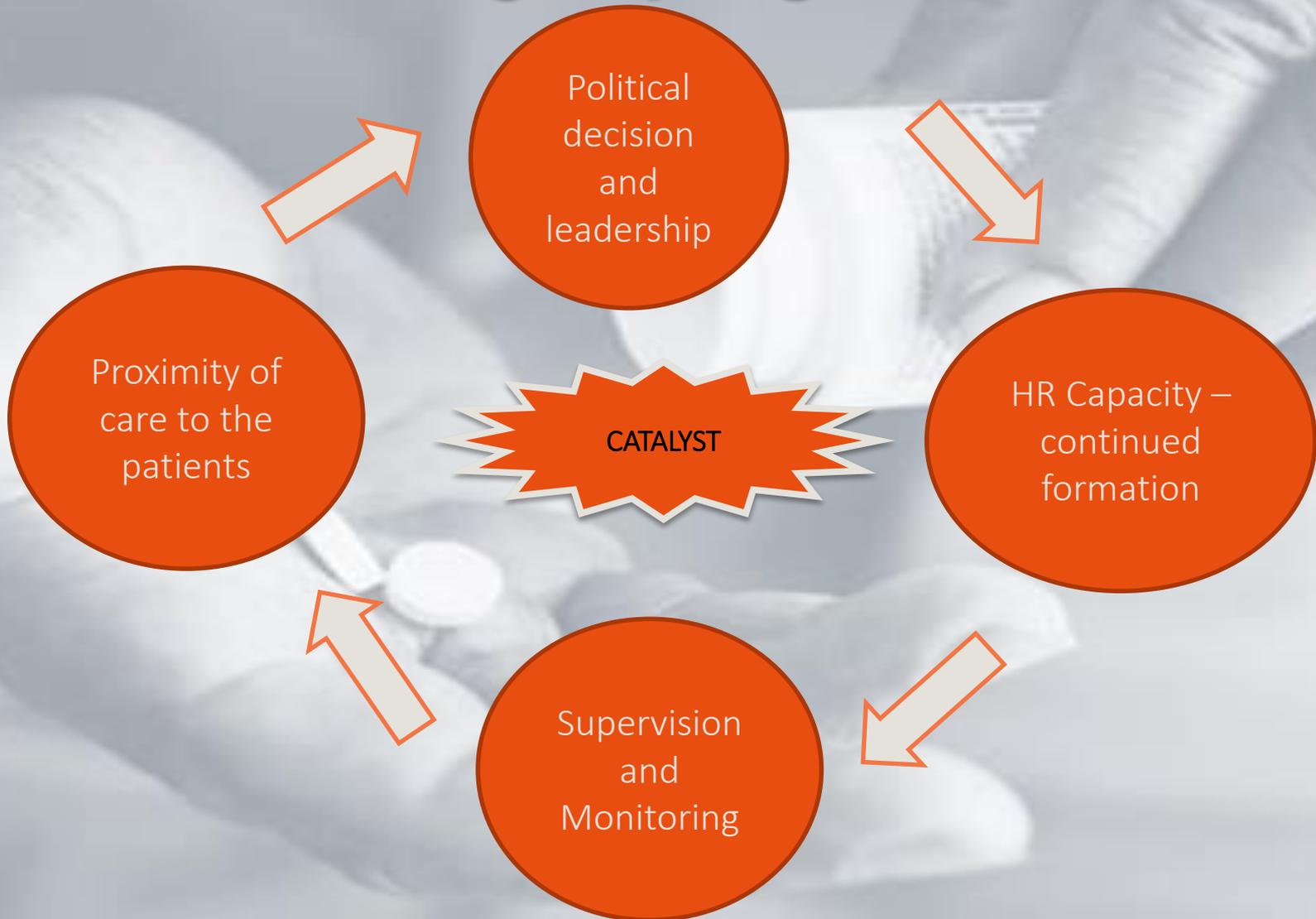
## Limited political will

- Denial of Chagas as a public health problem and/or limited resources
- Unknown disease burden
- Invisible “population”, no political voice

## Limited tools

- Outdated drugs for treatment
- Long treatment with side-effects and unknown efficacy in chronic cases
- Erratic supply of treatment
- Pediatric formulation only developed recently
- Current diagnostic tools not totally adapted to field realities where access to laboratory is scarce

# What do we need for an effective Chagas program?



# Chagas Access Implementation Project: The Rationale

- Despite some advances in the Chagas landscape in the last years, with more political willingness and evidence around treatment of chronically infected patients, no significant changes in access occurred.
- Major Gaps still remain between the estimates of the number of people living with Chagas disease and those actually diagnosed and receiving treatment.



# Chagas Access Implementation Project:

Objective: Demonstrate the feasibility of implementing projects to scale up access in diverse contexts.

- Contribute to the definition of Access models that are applicable to each one of the pilot countries/programs
- Support countries/programs to develop context specific implementation strategies
- Catalyze existing local capacities and translate regional expertise into hands-on operational activities.
- Demonstrate that DNDi partnership model for R&D is also applicable to Access initiatives

# Chagas Access Implementation Project: **Selected Pilot Countries/Regions**



# Consultative Group for Chagas Access Projects

The goal of the working group is to mobilize and connect experts on Chagas to advise the Operational Implementation projects and enable policy change for:

- Diagnostics
- Treatment
- Health Economics
- Implementation
- Operational Research
- Advocacy

The Chagas Consultative Group will ensure that the right questions are asked along the process- from planning to implementation and monitoring its impact

Members include experts from Argentina, Chile, Brazil and Spain.

# Colombia: the first pilot country

## Some factors & favorable contexts

- 1 Recent certificate of elimination of Onchocerciasis;
- 2 Strong social and political movement for access to medicines;
- 3 Willingness to address issues related to the peace process, such as diseases that primarily affect the population living in areas affected by conflict



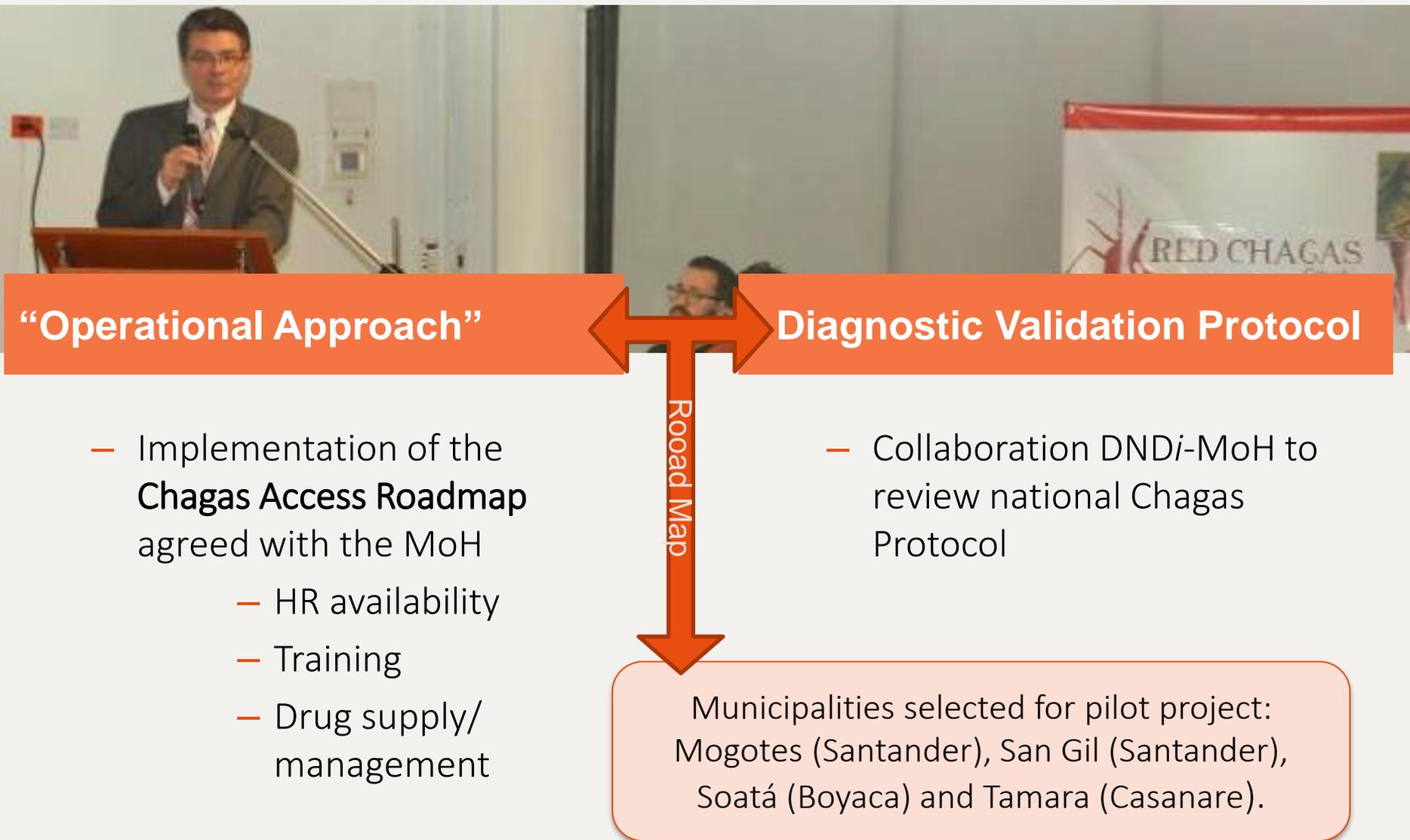
# Access Plan for Chagas in Colombia: DNDi initial approach for access



## Results in 2015:

- Colombian Access Seminar
- Access support team operating in Colombia
- Elaboration of the RoadMap for Chagas
- Evaluation of endemic municipalities to select pilot projects
- **Development of Diagnostic Validation Protocol**
- **Pilot Project proposal**

# Colombia – Main Outcomes



# Preliminary results: Colombia

- Together with the Ministry of Health and local organizations, DNDi conducted a seminar in April 2015, resulting in clear recommendations and agreed commitments
- The project assisted the development of a comprehensive roadmap for Chagas. The MoH recognized Chagas as a priority disease and provided the political support for the activities
- DNDi and local stakeholders will work together 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, in order to be replicated in similar settings and improve overall access. Strategies should be developed with the engagement and contribution of all those involved, especially the affected populations.

# US Access Implementation Project

US Pilot Implementation  
Project



## Objectives

- Identify and address barriers to access diagnosis and treatment for Chagas patients in the U.S.
- Explore the feasibility of scaling up diagnosis and treatment for Chagas patients
- Support existing treatment providers to document and expand their programs. (Starting with the Chagas Disease Center of Excellence at Olive View-UCLA Medical Center as pilot site).

# Mexico Implementation Project

## Short term approach

Short term: Examine Existing pathways

2016-17

- Objective**
- Lobby government to create in-roads for broader program
  - Focus on existing identified patient areas and blood banks (expand to other states outside DF)
- Activities**
- Raise awareness of congenital Chagas
  - Work with MoH and other partners to understand burden of disease, continue to meet with key stakeholders in-country
  - Potentially examine blood bank samples for confirmation
  - Assess costs associated with treatment and diagnosis timing
  - Link stakeholders with online courses





Give neglected patients  
a voice. They exist and  
must be heard.

Thank you.

**DNDi**

Drugs for Neglected Diseases *initiative*



# THANK YOU

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