SSG & PM: Issues of Access to VL treatments

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Outline

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3. LEAP Objectives
4. SSG & PM Clinical Trials and PV summary
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Introduction

Visceral Leishmaniasis (VL) - most deadly parasitic disease after malaria

29,000 to 56,000 new cases every year in Eastern Africa and affects poorest people in arid regions.

For over 70 years, SSG alone was the first line VL treatment in Eastern Africa

VL treatment access challenge
In 2003, a group of Eastern African scientists and institutions came together to form LEAP.

LEAP collaborates with DNDi, MSF, IOWH – India, IDA, TDR and industry partners in Visceral Leishmaniasis (VL) R&D work in East Africa.

SUDAN: 3 sites (Kassab, Dooka, Um El Kher)
- Univ. of Khartoum
- Federal Ministry of Health

ETHIOPIA: 3 sites (Abdurafi, Arba Minch, Gondar)
- Addis Ababa Univ.
- Gndar Univ.
- DACA
- Ministry of Health

KENYA: 2 sites (Kacheliba, Kimalel)
- KEMRI
- Ministry of Health

UGANDA: 1 site (Amudat)
- Makerere Univ.
- Ministry of Health
Objectives of LEAP – SSG & PM

• To evaluate shorter course (17 days) combination of PM+SSG as alternative treatment for VL - ✓ achieved

• To build capacity involving stakeholders early in the trials - ✓ achieved

• To register PM as new treatment for VL in East Africa (Sudan, Ethiopia, Kenya & Uganda - as supported by data) - ✓ mostly achieved
<table>
<thead>
<tr>
<th>Study</th>
<th>Phase</th>
<th>Drug</th>
<th>No.</th>
<th>Countries</th>
<th>Results</th>
</tr>
</thead>
</table>
| LEAP 104A           | III   | SSG/PM   | 405  | KE, SU, UG, ET  | • Studies **completed 2009**  
• Overall **efficacy** SSG & PM at **6 months 91%**  
• The combination appeared to be as efficacious and safe as the standard treatment with SSG with **no differences** seen between **sites and countries**  
• The combination is **cheaper** and of **shorter duration**, thereby offering a potential advantage **for health care providers and patients**  
• **Registration recommended** for the combination in Sudan, Ethiopia, Kenya and Uganda after the CTs |
| LEAP 104B           | III   | SSG/PM   | 702  | KE, SU, UG, ET  |                                                                                                                                                                                                       |
| LEAP 0104A (Dose Finding study) | II    | PM       | 42   | SU              |                                                                                                                                                                                                       |
| PV                  | IV    | SSG/PMM  | 3100  | KE, SU, UG, ET  | • Study **completed 2014**  
• Overall **effectiveness** of **95%** at EOT and overall mortality rate of **0.9%**  
• Efficacy at **EOT lower** for patients > **50y**: 81.4%; for HIV-VL co-infected patients: **55.6%** |

DNDi
Drug for Neglected Disease Initiative

Innovation for Access Symposium
Innovation for Access Symposium

SSG & PM timeline

- LEAP 0104 A
- LEAP 0104 B
- PV study 2011-2013
- WHO recommends SSG&PM
- PM Dose finding

PV study 2011-2013

WHO recommends SSG&PM

PM Dose finding

LEAP 0104 B

LEAP 0104 A

2003

2010

2006

2003

2010

2006

2014
SSG & PM access achievements

• Early success
  – immediate incorporation and acceptance of SSG & PM to Essential Medicines List and the revision National Guidelines
  – WHO recommended SSG & PM as first line VL treatment in E Africa.

• Continued advocacy and lobbying based on evidence
  – Publications and
  – Policy change

• VL guideline training of health workers done in VL diagnosis & use SSG & PM
Collaborations and partnership for access

- VL guidelines training
- VL Stakeholder meeting to review guidelines
- Community leaders engagement
Publications and Policy

**Running title:** Pharmacovigilance of Sodium Stibogluconate and Paromomycin Treatment in Visceral Leishmaniasis

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## EML, Registration, Availability

<table>
<thead>
<tr>
<th>Product</th>
<th>Countries</th>
<th>Essential Medicines List</th>
<th>Registration status</th>
<th>Availability in health facilities</th>
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</thead>
<tbody>
<tr>
<td><strong>Paromomycin</strong></td>
<td>Ethiopia</td>
<td>Yes</td>
<td>Submitted</td>
<td>+</td>
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<tr>
<td></td>
<td>Kenya</td>
<td>Yes</td>
<td>Registered</td>
<td>+</td>
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<tr>
<td></td>
<td>Uganda</td>
<td>Yes</td>
<td>Registered</td>
<td>+</td>
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<tr>
<td></td>
<td>Sudan</td>
<td>Yes</td>
<td>Submitted</td>
<td>++</td>
</tr>
<tr>
<td><strong>SSG</strong></td>
<td>Ethiopia</td>
<td>Yes</td>
<td>Submitted</td>
<td>++</td>
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<td>++</td>
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<td></td>
<td>Sudan</td>
<td>Yes</td>
<td>Registered</td>
<td>+++</td>
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Challenges

- Slow transition from clinical trial results to patient access
- Low prioritization of VL needs due to lack of data and inadequate advocacy
  - Inadequate funding both national and country (diagnostics, drugs, staffing)
  - Budgeting and procurement ‘complex’
- Adoption VL diagnosis/treatment guidelines
  - Recommended diagnosis, treatment & specialized care facilities not available
  - Pressure in outbreaks, sporadic cases
  - Donated diagnostics and treatments not line with guidelines
  - High staff turnover – inadequate follow up after training, reluctance to change
- Patients presenting late due to distance, culture and traditional treatments
- Patients still not getting SSG &PM
Arid Lands
## Solutions

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<td><strong>3</strong></td>
<td><strong>4</strong></td>
<td><strong>5</strong></td>
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<td>Partnership from early with MOH and Stakeholders</td>
<td>Developing VL data collection and surveillance tools</td>
<td>Sharing data and advocating for budgeting and prioritization of VL in the counties and nationally</td>
<td>Training and follow up refresher trainings of health workers</td>
<td>Long term strategic planning - national and international</td>
</tr>
</tbody>
</table>
Conclusions

1. Early engagement and involvement of stakeholders and regulators is key to early acceptance of new treatments.

2. Scientifically and ethically sound research leads to registration and policy change to use new treatments. This is ongoing in Sudan, Ethiopia, Kenya and Uganda.

3. Significant challenges still to be overcome for the patients to access treatment.

4. Putting patients first includes addressing access needs. SSG&PM is effective, safe, cheaper and of shorter duration. It is not ideal but the best first line in eastern Africa.
Acknowledgements

• **All our patients**
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