



# Chagas disease

## Reimagining the fight against Chagas disease

Although Chagas disease was discovered more than a century ago, it remains a major public health challenge.

~12 000

**DEATHS ANNUALLY**  
caused by Chagas disease globally

~6 m

**PEOPLE**  
affected globally

<1%

**OF CHAGAS DISEASE PATIENTS**  
receive proper treatment

21

**LATIN AMERICAN COUNTRIES**  
are endemic



### **Advocating for an integrated approach to prevent, treat and manage Chagas disease**

Healthcare systems have focused mainly on preventing transmission and on the acute phase of the disease, without a holistic approach that addresses the chronic phase where organ damage complications drive morbidity and mortality.

- The acute phase lasts up to 2 months and is usually asymptomatic or unrecognized.
- During the chronic phase, the disease mainly affects the heart, leading to cardiac disorders in up to 30% of patients, and up to 10% Chagas patients may develop neurological and/or gastrointestinal disorders.
- Chagas cardiomyopathy is the most important clinical manifestation of the disease, resulting in the majority of morbidity and mortality.

### **Improving health outcomes through drug discovery, clinical research and health system strengthening**

Novartis combines expertise in R&D for tropical and cardiovascular diseases.

- Our current efforts aim to deliver anti-parasitic compounds with an improved safety and efficacy profile compared to current available therapies.
- In 2020, the Novartis Institute for Tropical Diseases was awarded a three-year grant from the Wellcome Trust for drug discovery science in cryptosporidiosis and Chagas disease.
- Novartis is running the first multinational, prospective, randomized study in people with heart failure due to chronic Chagas cardiomyopathy to assess the efficacy and safety of sacubitril/valsartan vs. enalapril. The trial should recruit around 900 patients with heart failure and confirmed Chagas disease in Argentina, Brazil, Colombia and Mexico. In addition, the trial includes sub-studies that will help better understand the underlying pathophysiology of Chagas cardiomyopathy (biomarkers, arrhythmia burden, and use of magnetic resonance imaging to evaluate cardiac structure, function and fibrosis).

- Treatment is only as good as the system that delivers it. Across Latin America, we are working with health authorities and other stakeholders on health system strengthening initiatives to promote an integrated approach to patient care, including early Chagas cardiomyopathy diagnosis and access to innovative treatments.

### **Joining forces to fight the disease**

Novartis is taking a bottom-up approach and joining forces with local, regional and global stakeholders to complement ongoing efforts to fight the disease.

- In 2019, Novartis joined the Global Chagas Disease Coalition, an alliance to increase disease awareness and foster synergies in controlling the disease and promoting access to diagnosis and treatment.
- We supported the World Heart Federation and the Inter-American Society of Cardiology in developing an end-to-end roadmap for Chagas disease, published in March 2020<sup>1</sup>. The roadmap explores the patient journey from diagnosis to treatment and provides actionable recommendations.
- In 2020, we signed a collaboration agreement with Barcelona Institute for Global Health (IS Global) to enhance awareness of Chagas disease and improve the wellbeing of Chagas disease patients in Bolivia. We are also working with stakeholders in Argentina, Brazil, Colombia and Mexico to support existing national plans for an integrated care approach to Chagas disease.

### **Expanding access to innovative treatments**

We are committed to expanding access to innovation to ensure no patient is left behind. We are working to implement novel access approaches for our heart failure drug (sacubitril/valsartan) and future novel anti-parasitics for all Chagas disease patients with the goal of ensuring they benefit from the best available therapies at a price they can afford.

1. <https://globalheartjournal.com/articles/10.5334/gh.484/>