Doenças Negligenciadas

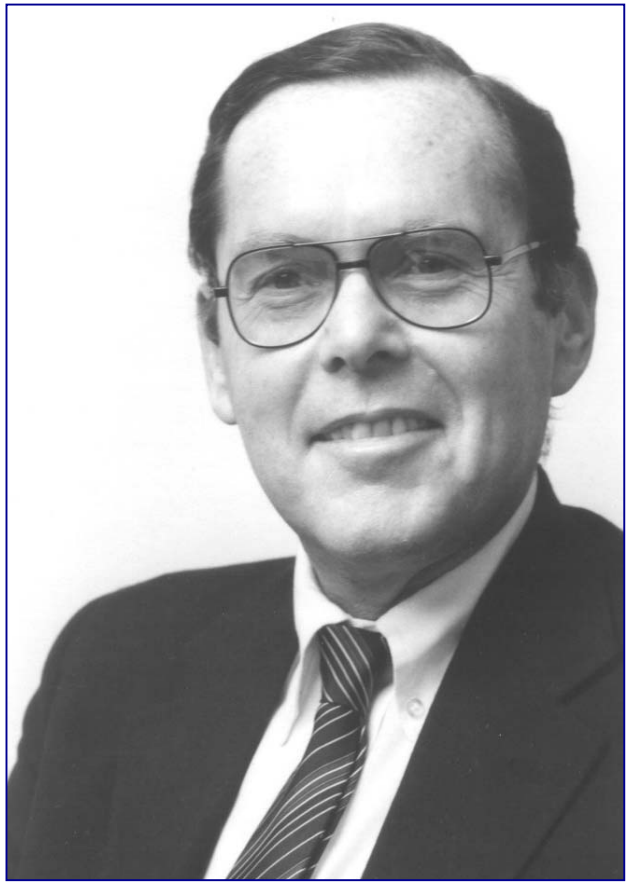
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Estrutura desta apresentação

- Um pouco de história
  - Anos 70
    - Kenneth Warren e a Fundação Rockefeller: "*The Great NeglectedDiseasesofMankind*"
    - TDR: Doenças Tropicais
  - Anos 90
    - Hiato 10/90
  - 2000-2001
    - Objetivos de Desenvolvimento do Milênio
    - Médicos Sem Fronteiras & DNDi
    - Comissão de Macroeconomia e Saúde, OMS
- Conceitos atuais

Kenneth Warren



- Kenneth S. Warren (June 11, 1929 – September 11, 1996) was an American scientist, physician, educator and public health advocate. He was an expert on tropical disease, in particular schistosomiasis.
- Director of the Rockefeller Foundation's Program on the ***Great Neglected Diseases of Mankind***, an international network of research units collaborating on the diseases of poor countries with a focus on malaria

Fundação Rockefeller: *The Great Neglected Diseases of Mankind*

[21]

The great neglected diseases of mankind, or
All the world's an orphanage

KENNETH S. WARREN
The Rockefeller Foundation

In: *Orphan Diseases and Orphan Drugs* (Fulbright Papers, Proceedings of Colloquia, Vol 3), 1986

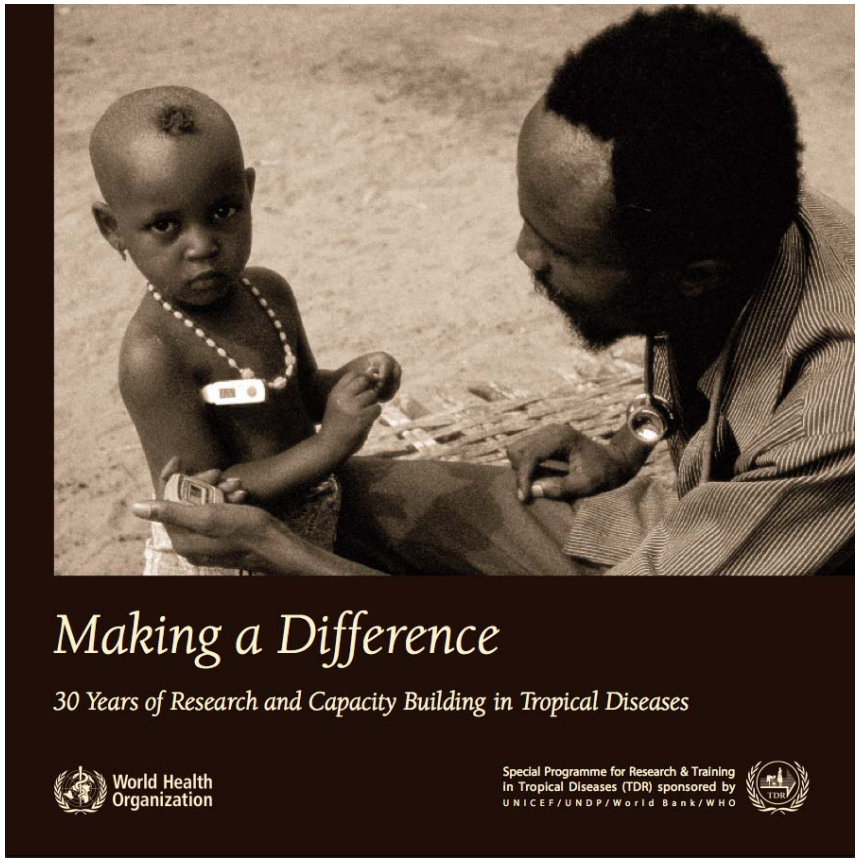
Table 21.2. The prevalence of several of the 'great neglected diseases' and their research funding as compared to cancer

	Prevalence: No. of people (million)	*Funding* ($ million)
Cancer	10	815[a]
Schistosomiasis	200	3
Malaria	300	5
Filariasis	300	< 1
Amebiasis	400	< 1
Ascariasis	1,000	< 1

Note. *(a)* US government only.

TDR For research on diseases of poverty

UNICEF • UNDP • World Bank • WHO



- TDR, a Special Programme for Research and Training in Tropical Diseases, is a global programme of scientific collaboration that helps coordinate, support and influence global efforts to combat a portfolio of major diseases of the poor and disadvantaged.
- Established in 1975, TDR is based at and executed by the World Health Organization (WHO), and is sponsored by the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank and WHO.



Origens do Global Forum e "hiato 10/90"

GlobalForum
FOR HEALTH RESEARCH

Fig. 3.1 World health: contrast in premature mortality burden and allocation of health research funds (percent)

POTENTIAL YEARS OF LIFE LOST [a]

DEVELOPING COUNTRIES 93%

INDUSTRIALIZED COUNTRIES 7%

RESEARCH EXPENDITURE BY PURPOSE [b]

HEALTH PROBLEMS OF INDUSTRIALIZED COUNTRIES 95%

HEALTH PROBLEMS OF DEVELOPING COUNTRIES 5%

Source: a - Commision estimate
b - Commission survey

Objetivos de Desenvolvimento do Milênio (8 Jeitos de Mudar o Mundo)



4 Reduzir a mortalidade na infância

saiba mais >>

As taxas de mortalidade de bebês e crianças até cinco anos caíram em todo o mundo, mas o progresso foi desigual. Quase11 milhões de crianças ao redor do mundo ainda morrem todos os anos antes de completar cinco anos. A maioria por doenças evitáveis ou tratáveis: doenças respiratórias, diarréia, sarampo e malária. A mortalidade infantil é maior em países que têm serviços básicos de saúde precários.



5 Melhorar a saúde materna

saiba mais >>

Complicações na gravidez ou no parto matam mais de meio milhão de mulheres por ano e cerca de 10 milhões ficam com seqüelas. Uma em cada 16 mulheres morre durante o parto na África Subsaariana. O risco é de uma para cada 3,800 em países industrializados. Existem sinais de progresso mesmo em áreas mais críticas, com mais mulheres em idade reprodutiva ganhando acesso a cuidados pré-natais e pós-natais prestados por profissionais de saúde. Os maiores progressos verificados são em países de renda média, como o Brasil.



6 Combater o HIV/Aids, a malária e outras doenças

saiba mais >>

Todos os dias 6,8 mil pessoas são infectadas pelo vírus HIV e 5.,7 mil morrem em conseqüência da Aids - a maioria por falta de prevenção e tratamento. O número de novas infeccções vem diminuindo, mas o número de pessoas que vivem com a doença continua a aumentar junto com o aumento da população mundial e da maior expectativa de vida dos soropositivos. Houve avanços importantes e o monitoramento progrediu. Mesmo assim, só 28% do número estimado de pessoas que necessitam de tratamento o recebem. A malária mata um milhão de pessoas por ano, principalmente na África. Dois milhões morrem de tuberculose por ano em todo o mundo.

MSF & DNDi: Doenças globais, negligenciadas e mais negligenciadas

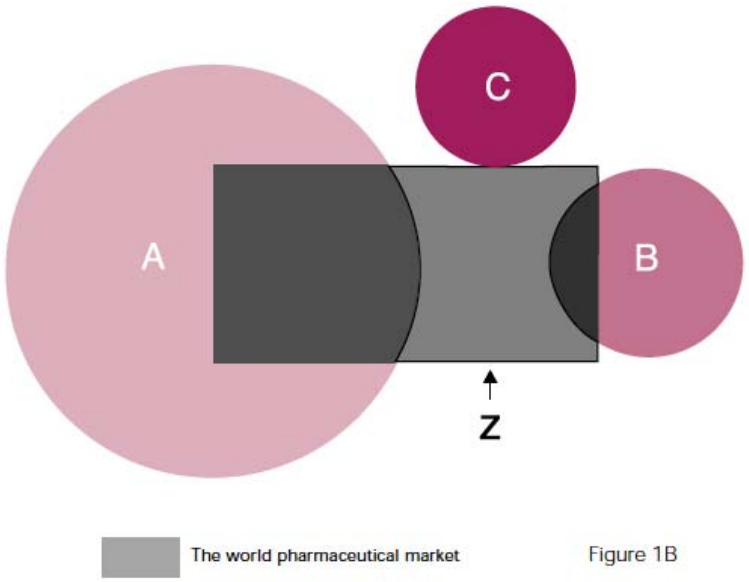


Figure 1B

What kinds of needs does the pharmaceutical market cover?

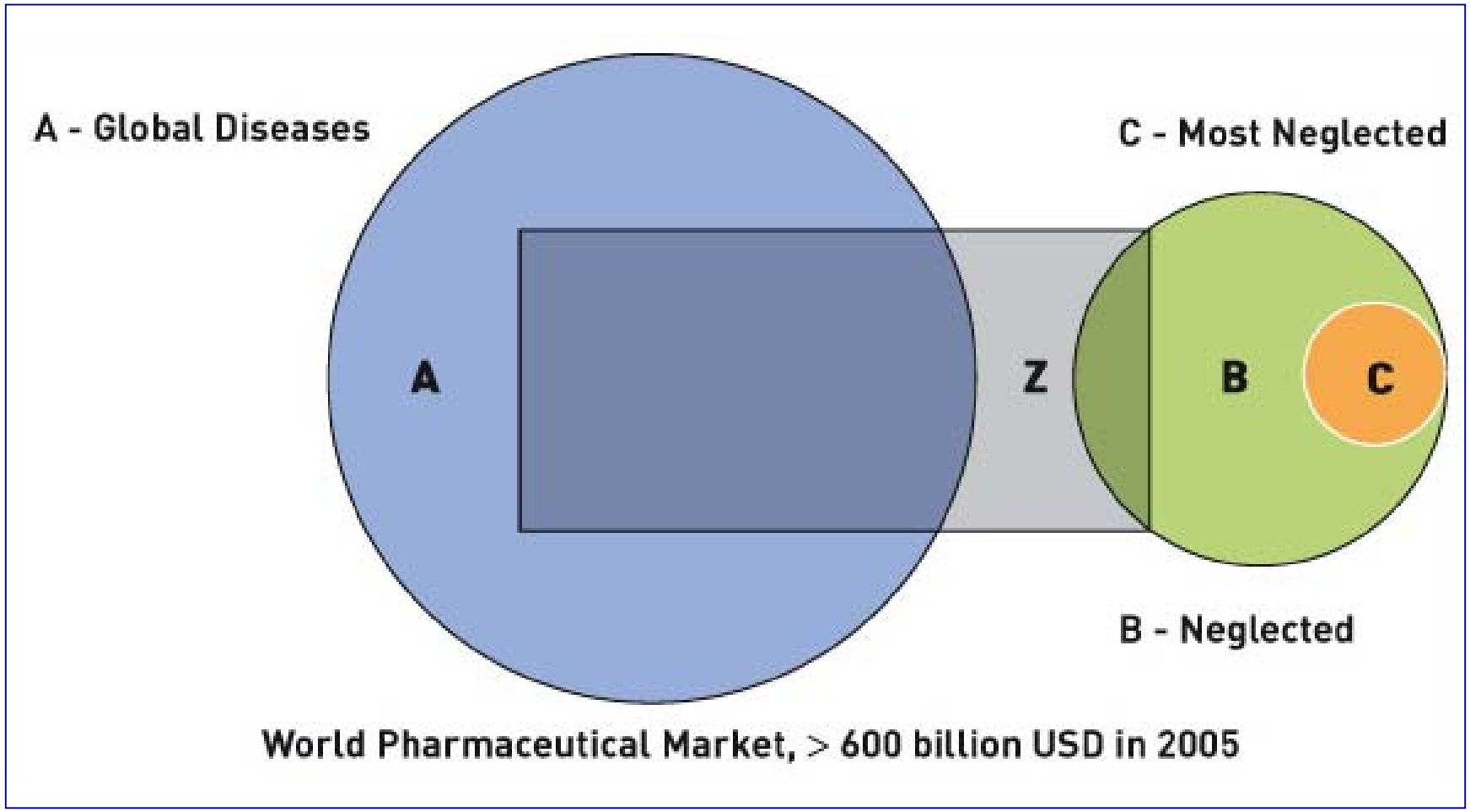
A represents Global Diseases,
such as cancer, cardiovascular diseases, mental illness and neurological disorders, which constitute the major focus of the R&D-based pharmaceutical industry. Although affecting developed and developing countries, most people in developing countries who have needs for drugs to treat these diseases cannot afford them, and are thus not covered by the pharmaceutical market.

B represents Neglected Diseases,
such as malaria and tuberculosis (TB), for which the R&D-based pharmaceutical industry has only marginal interest. Although also affecting people in wealthy countries, for example TB patients or people who get malaria while travelling, these illnesses primarily affect people in developing countries.

C represents the Most Neglected Diseases,
such as sleeping sickness, Chagas disease and leishmaniasis, which exclusively affect people in developing countries. Because most of these patients are too poor to pay for any kind of treatment, they represent virtually no market and for the most part fall outside the scope of the drug industry's R&D efforts, and thus outside the pharmaceutical market.

Z represents the part of the pharmaceutical market for products addressing conditions other than those which are purely medical (such as cellulite, baldness, wrinkles, dieting, stress and jet-lag), which nonetheless represent a highly profitable market segment in wealthy countries.

MSF & DNDi: Global, Neglected and Most Neglected Diseases



OMS: Comissão de Macroeconomia e Saúde

- ***Type I diseases*** are incident in both rich and poor countries, with large numbers of vulnerable population in each
- ***Type II diseases*** are incident in both rich and poor countries, but with a substantial proportion of the cases in the poor countries
- ***Type III dise****ases* are those that are overwhelmingly or exclusively incident in the developing countries
- Type II diseases are often termed *neglected diseases*and Type III diseases *very neglected diseases*

WHO Commission on Macroeconomics and Health. Macroeconomics and Health: Investing in Health for Economic Development. Report of the Commission on Macroeconomics and Health. *World Health Organization,* **2001**, 1-200

OMS: Doenças Tropicais Negligenciadas

- **Neglected tropical diseases** are a symptom of poverty and disadvantage. Those most affected are the poorest populations often living in remote, rural areas, urban slums or in conflict zones. With little political voice, neglected tropical diseases have a low profile and status in public health priorities
- Although medically diverse, neglected tropical diseases share features that allow them to persist in conditions of poverty, where they cluster and frequently overlap. Over 1 billion people – one sixth of the world's population – suffer from one or more neglected tropical diseases

PLoS NEGLECTED TROPICAL DISEASES

a peer-reviewed open-access journal published by the Public Library of Science

- PLoS Neglected Tropical Diseases *is an open access journal devoted to the pathology, epidemiology, prevention, treatment and control of the* **neglected tropical diseases (NTDs***), as well as public policy relevant to this group of diseases.*
- *The NTDs are defined as a group of* ***poverty-promoting*** *chronic infectious diseases, which primarily occur in rural areas and poor urban areas of low-income and middle-income countries. They are* ***poverty-promoting*** *because of their impact on child health and development, pregnancy, and worker productivity, as well as their stigmatizing features.*

Doenças Tropicais Negligenciadas, segundo PLoS-NTD

- Protozoaninfections
  - Amebiasis
  - Balantidiasis
  - Chagas Disease
  - Giardiasis
  - Human African Trypanosomiasis
  - Leishmaniasis
- Viral infections
  - Dengue
  - Japanese encephalitis
  - Jungle yellow fever
  - Other arboviralinfections
  - Rabies
  - Rift Valley fever
  - Viral hemorrhagic fevers
- Helminthinfections
  - Taeniasis-Cysticercosis
  - Dracunculiasis
  - Echinococcosis
  - Food-borne Trematodiases
  - Loiasis
  - Lymphatic Filariasis
  - Onchocerciasis
  - Schistosomiasis
  - Soil-transmitted Helminthiases (Ascariasis, Hookworm Diseases, Trichuriasis, Strongyloidiasis)
  - Toxocariasisand other Larva Migrans

Doenças Tropicais Negligenciadas, segundo PLoS-NTD

- Bacterialinfections
  - Bartonella
  - Bovine Tuberculosis in Humans
  - Buruli Ulcer
  - Cholera
  - Enteric pathogens (Shigella, Salmonella, *E. coli*)
  - Leprosy
  - Leptospirosis
  - Relapsing Fever
  - Trachoma
  - Treponematoses(Bejel, Pinta, Syphilis, Yaws)
- Fungal Infections
  - Mycetoma
  - Paracoccidiomycosis
- Ectoparasitic Infections
  - Scabies
  - Myiasis

Evolução do conceito “Doenças Negligenciadas”

- Conceito inicial: Rockfeller, TDR
  - Recursos insuficientes para pesquisa (biomédica)
  - Definidas globalmente (= lista das doenças do TDR)
- Conceito MSF/DNDi & OMS
  - Doenças negligenciadas pela indústria farmacêutica
  - Distribuição geográfica: Países em desenvolvimento
  - Resultantes da pobreza
- Conceito atual
  - Doenças promotoras da pobreza
  - Cada país define suas prioridades

inct-idn

instituto nacional de ciência e tecnologia **de inovação em doenças negligenciadas**



CDTS/Fiocruz, sede do INCT-IDN: *Instituto Nacional de Ciência e Tecnologia em Inovação em Doenças Negligenciadas* (CNPq/Decit/FAPERJ)



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