

New model for saving millions of lives from Fungal Disease being implemented

GAFFI annual report on fungal diseases: highlights progress but scale of global work still to be done

MANCHESTER, UNITED KINGDOM, March 8, 2017 /EINPresswire.com/ -- GAFFI (Global Action Fund for Fungal Infections) has today published its third [annual report](#) demonstrating progress made in its mission to reduce illness and death associated with fungal disease worldwide.

A new model for reducing illness and death from fungal disease is being implemented in Guatemala and is providing the basis for a new toolkit to effectively educate health professionals, diagnose infections and supply affordable treatment. GAFFI's focus is to leverage this emerging toolkit and work with health professionals, governments and partner organisations to combat fungal infections in AIDS and TB patients.



However, the challenges are complex and large and GAFFI is again calling on global health agencies, decision makers and medical opinion leaders to work with them to do more to save what they believe are over a million preventable deaths every year.

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*Professor David Denning,
President of GAFFI*

GAFFI President Dr David Denning, who is Professor of Infectious Disease in Global Health at The University of Manchester says by mapping the incidence of global disease in the world's worst affected counties, what has become critical is the importance of improved access to antifungal drugs.

He explains: “GAFFI's pioneering project in Guatemala paves the way for other regions and countries. Rapid non-culture tests, fast sample transport, advanced clinical training, mobile phone ordering and results delivery are transformational together. By scaling this and related models across the globe we will achieve our ambitions. In 2017 our key priorities remain establishing improved access for non-culture diagnostics and antifungal drugs.”

A Geneva-based Foundation, GAFFI is the major advocacy and fund raising body for a number of implementing partners, including governments and both national and international global health agencies.

GAFFI achievements in its third year of operation, include:

- In Guatemala 90% of AIDS units have had advanced training in fungal diseases in AIDS, a central

reference laboratory has been equipped with rapid diagnosis equipment and techniques and response time for test results has been reduced from 1+ weeks to 72 hours (or less).

- **Unavailability and price of antifungals:** GAFFI has published its findings on the global availability of generic antifungals in the Journal of Antimicrobial Chemotherapy. Amphotericin B is not available in 42 of 155 (27.1%) countries representing an unserved population of 481 million. Fluconazole was licensed in all 141 (88.6%) countries for which data were available although two countries appear wholly dependent on the Diflucan Partnership Program, which is restricted to HIV/ AIDS patients. Itraconazole is

unavailable in at least 5 of 125 (4.0%): the daily price of itraconazole varies from \$1 to \$102.

Flucytosine is unavailable in 95 of 125 (76.0%) countries, respectively, representing an unserved population of 2,898 million. The daily price of flucytosine varies from \$4.60 to \$1,409.

- **Essential Medicines List applications:** GAFFI has applied to the World Health Organization to add itraconazole, voriconazole and topical natamycin 5% (for fungal keratitis) to the Essential Medicines List.

- **Reducing AIDS deaths:** GAFFI has published a model on how many AIDS deaths could be averted with provision of fungal diagnostics and antifungals in the Journal of the Royal Society Philosophical Transactions B. About 360 000 (24%) of AIDS deaths are attributed to tuberculosis. Fungal infection deaths in AIDS were estimated at more than 700 000 deaths (47%) annually. Rapid diagnostic tools and antifungal agents are available for these diseases and would likely have a major impact in reducing deaths. If factored in with the 90–90–90 antiretroviral campaign rollout and its effect, AIDS deaths could fall to 426,000 annually by 2020 from 1,300,000, with further reductions possible with increased coverage.

- **Defining chronic pulmonary aspergillosis (CPA) for low resource settings:** GAFFI convened a workshop in Liverpool, UK to develop a definition of CPA for centres without fungal diagnostic capability. Colleagues (n=33) from four WHO regions (South-East Asia, African, European, Americas) with an interest in CPA and tuberculosis to consider workable disease definitions for both public health research and clinical care. The workshop output is currently being written up for publication in 2017.

- **Chromoblastomycosis as a Neglected Tropical Disease:** With support from the Ministries of Health in Brazil and Madagascar, GAFFI has proposed to the WHO that chromoblastomycosis be accepted as a Neglected Tropical Disease.

- **Burden of Fungal Diseases:** GAFFI's program of mapping the burden of fungal disease was extended to include published papers for Dominican Republic, Greece, Kenya, the UK and France. Abstracts were submitted to ECCMID for Indonesia, Cameroon, Belarus and Italy. Papers were accepted for publication in a themed issue covering 832 million people in 14 countries: Pakistan, Bangladesh, South Korea, the Philippines, Thailand and Uzbekistan from Asia; Ecuador, Canada, Peru, Guatemala, Chile from the Americas; Portugal from Europe; and Algeria and Egypt from North Africa.

- **GAFFI UK:** To expand its fund raising reach, operational capacity and country advocacy, GAFFI has developed a sister foundation in the UK.

Health professional education: LIFE-Worldwide has developed an online microscopy and histology course, launched in late 2016 at www.microfungi.net. Multiple congresses have been addressed



across the world, and news items and email newsletters mailed to >12,000 health professionals.

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