IMPROVING OUTCOMES FOR PATIENTS
WITH FUNGAL INFECTIONS ACROSS THE WORLD
A ROAD MAP FOR THE NEXT DECADE

From the Global Action Fund for Fungal Infections (GAFFI) to global and national health policy-makers

About 11.5 million life-threatening fungal infections and over 1.5 million deaths occur every year. We face a major challenge to improve this dismal situation. Recent advances in diagnostics, robust screening programs and improved access to low cost antifungal drugs provide an unparalleled opportunity to reduce the burdens of ill health and death, especially in those with HIV/AIDS.

In this 10 year roadmap, we call upon governments, policy makers and international health agencies to:

• Support the goal of reducing AIDS deaths to under 500,000 by 2020, with a determined focus on the commonest lethal fungal infections cryptococcal meningitis, Pneumocystis pneumonia, disseminated histoplasmosis and chronic pulmonary aspergillosis after tuberculosis.

• By 2025, ensure that 95% of people with serious fungal disease are diagnosed and 95% treated (95-95).

DEATHS from fungal infections in AIDS are estimated at 700,000 annually, nearly half the total. Concrete steps to improve diagnosis and access to therapy, including a screen and treat program for pre-symptomatic cryptococcal disease could realistically reduce deaths by 457,000 by 2020, if over 60% of patients are reached.

GAFFI seeks to improve existing health capacity and calls for at least one expert in fungal disease diagnostics in each country to provide the combination of critical mass, scale for economy and quality, surveillance data and a training focus. Strong clinical links are very important for hospital integration and education.

By 2025, our goal is to ensure that 95% of people with serious fungal disease are diagnosed and 95% treated.

‘A lot of fungal diseases are really easily curable, so only a little bit of money could help so much.’

Julie Darwin
A patient with allergic and chronic aspergillosis
To accomplish these goals in each country, we need to:

- Ensure that affordable diagnostic tests for all common and uncommon fungal infections are made available and focused on rapid, non-culture testing.
- Develop a network of expert clinicians and ‘train the trainer’ programs, supported by clinical guidelines.
- Ensure distribution of antifungal agents on the WHO Essential Medicine List to reach all those who need them.

Implementing a program of screen and treat for the 2 top killer fungal diseases in AIDS would cost ~$30 per HIV patient, about $2300 per life saved, with additional huge benefits for others with less severe fungal disease.

By implementing these basic measures, GAFFI is confident that 95% of people with serious fungal disease will be diagnosed and 95% will be treated. This constitutes GAFFI’s goal for the next 10 years encapsulated as ‘95-95 by 2025’.

The key antifungal amphotericin B was first used in the late 1950’s and is still unavailable in 72 countries. It is critically important for fungal meningitis cure.

Fungal infections account for a large proportion of AIDS deaths despite increased provision of anti-retrovirals.

Public health mycology is a non-existent discipline, which needs fostering by Schools of Public Health, scholarship programs, development of surveillance networks and incorporation into mainstream global health institutions.

If the medicine is out there, I don’t understand why everyone can’t get it. It just doesn’t make sense to not get those drugs out here.’

Woodrow Maitland-Brown
a patient with fungal disease