The Torewa Project addresses health in the remote river community of Torewa, which is located along the Beni River in the municipality of Apolo in the department of La Paz, Bolivia.

**Background**

**Torewa**
- Department: La Paz
- Municipality: Apolo
- Population: 273
- Families: 46
- Languages: Spanish, Cechuan, Aymara, Chimani
- Nearest medical access: 3 hr downstream

**Why Torewa?**
Torewa was chosen as a community of interest due to the relatively high number of cases of leishmaniasis observed during a recent medical mission trip organized by Cup of Cold Water Ministries/Project Helping Hands.

**Cup of Cold Water Ministries**
Cup of Cold Waters Ministries (CCWM) is a faith-based organization whose focus is on education and medical care to remote communities in Bolivia. CCWM partners with Project Helping Hands, a non-affiliated, not-for-profit organization, to provide health and medical intervention programs for those lacking access.

**What is Leishmaniasis?**
Leishmaniasis is a flesh-eating, parasitic illness caused by the protozoa Leishmania and transmitted by the sandfly. Cutaneous leishmaniasis, the most common form of leishmaniasis, causes open sores and scars on exposed areas of the skin (i.e. face, arms, legs). The recommended treatment is glucantime.

**Data and Methods**
Suspected past and current cases of leishmaniasis were documented according to the guidelines suggested by the Bolivian Ministry of Health (see below). Each scar/lesion was documented with a photo.

**Background**

1) Define the burden of leishmaniasis on the community of Torewa
2) Assess the geographical area and general lifestyle of the community to develop an understanding of possible risk factors for leishmaniasis
3) Gain insight into the perceptions of the locals regarding leishmaniasis

**Objectives**

1) The number of documented suspected cases in the last three years was high (6.2/100 persons). These numbers likely represent an underestimation of true incidence due to the remote layout of the community and time constraints of the investigation.
2) Several known risk factors for leishmaniasis are present in Torewa, such as forested areas, ideal environment for sandflies, and lack of resources. Further investigation is required in order to isolate specific risk factors present within the community.
3) Those interviewed in the community recognize mosquitos (or mosquito-like insects) as the cause of leishmaniasis. The predominant local treatment of the lesions is herbs, such as culpa, ivanto, siyaya, and matico. The majority of those who used glucantime treatment were not able to afford the full number of doses and did not complete the treatment.

**Results**

<table>
<thead>
<tr>
<th>Lesions/Scars</th>
<th>Cases observed ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Cutaneous</td>
<td>3</td>
</tr>
<tr>
<td>Fast Cutaneous (ear)</td>
<td>18</td>
</tr>
<tr>
<td>Active Mucocutaneous</td>
<td>2</td>
</tr>
<tr>
<td>Total Suspected Cases</td>
<td>23</td>
</tr>
</tbody>
</table>

Summary of results of leishmaniasis investigation

**Conclusions**

- There has been a relatively high incidence of leishmaniasis in Torewa over the last three years
- Recommended treatment is not administered due to lack of access and resources
- Though traveling to remote communities requires both time and monetary commitments, becoming well-acquainted with the community and their needs is the first step toward interventions to improve community health
- Follow-up: Through local networking established on this initial trip, CCWM has been able to pay for a healthcare provider to live in Torewa for one month to administer the recommended full treatment (glucantime) for those affected

**References**


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