and better suited to local living conditions, where medical centres have limited resources and are located in isolated or remote places where patients with sleeping sickness live. We hope to be able to include very soon other African countries affected by Human African trypanosomiasis where the use of NECT will become widespread, as it is done in DRC. This way, we hope to rede- cease the number of new patients with sleeping sickness, dramatically reduce the highly drug-associated human resources implications of the disease.

THE WHO ORGANIZES JOINTLY WITH DNT’S PFLAUG A TRAINING COURSE FOR FRENCH-SPEAKING NURSES ON THE USE OF THE NECT KIT IN SUD ANGOLA. 

In its memo to medias dated 15 to 22 November 2009, the WHO, DRC and DNT announced their joint training course in order to prepare for the use of NECT in the Democratic Republic of Congo. The training course is an important step in the process of the WHO laying the way to support Théodore Boix, who decided to include this training course in order to carry out national policy on HAT treatments. The course was aimed at nurses and doctors in charge of the management of trypanosomiasis patients in their respective countries. The course was organized by the partner, the Republic of Congo with the technical support of the WHO. It was attended by one participant from the Democratic Republic of Congo, one doctor and one nurse, one participant from Central African Republic, one participant from Cameroon, one participant and one deputy of one participant, and three nurses in total. The participants are now expected to take the personal involved in the management of trypanosomiasis patients.

The training program organized by the WHO was well structured, based on experienced facilitators from the DNT, one nurse and one doctor who had participated in the NCT study. Dr. Kadea, head of DNT in Kinshasa, declared: “It is a pilot experience as the only training course in the Democratic Republic of Congo is very poor and in need of support from other African countries, and from the WHO. This is an important step in the training the nurses in the management of sleeping sickness.”

The HAT platform is expanding its network through the training of new members with the potential to contribute in improving the training in the treatment of sleeping sickness.

Dr. Jørgen Roman from WHO, declared: “This training is important to the HAT platform as it is in charge of the management of trypanosomiasis patients. This course is an important step in the process of the WHO to support Théodore Boix in his capacity as the head of the platform.”

As we are approaching the end of 2009, we take this opportunity to thank all our partners and members of the HAT platform for their commitment during the past year. We extend our best wishes to all for 2010, which we hope will carry us further down the road of success.

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The HAT platform is expanding

The human African trypanosomiasis (HAT) platform, created by DNDi in 2005 in Kinshasa, DRC, is a network of specialists from endemic countries, dedicating to strengthening the research and development of new treatments and strategies to control and eliminate HAT in Africa. The platform consists of experts representing the national committees in charge of HAT in five African countries: Cameroon, Chad, Democratic Republic of Congo (DRC), SUV, and Tanzania. It includes experts in clinical research, implementation research, technical support services, and delivery and training services. The platform has contributed significantly to the advancement of the disease, with more than 1500 experts participating in the platform's activities, and has contributed to the development of several new treatments and strategies that have been approved by international agencies and health authorities.

The HAT platform is expanding, as it has now added two more countries to its network: Ethiopia and Tanzania. This brings the total number of member countries to seven, and the platform is expected to continue its growth and expansion.

Central African Republic (CAR)

The Central African Republic is a landlocked country, with constant borders with the countries: Cameroon, Chad, Sudan, Democratic Republic of Congo, and the Republic of the Congo. It has a surface area of 623,996 km2, with an estimated population of 4,500,000 inhabitants and an average of 40,000 inhabitants per km2.

In terms of HAT epidemiology, it is important to note that more than 1,600,000 inhabitants in the Central African Republic are estimated to be exposed to the disease. The prevalence varies between 0.1% and 3% depending on the region and location. The hydatidosis (a disease caused by the free-living larval stage of certain helminths) is a major problem in the country. The endemic focus in Nola and Laayoune, near the Equatorial focus in the Democratic Republic of Congo, is a low-prevalence focus (0.5%).

Chad

The Republic of Chad has a surface area of 1,284,000 km2. It shares borders with six other countries: Libya, Sudan, Niger, Nigeria, Cameroon and the Central African Republic. In 2006, its population was estimated at 9.2 million inhabitants. The population density is 7 inhabitants per km2.

INRB Kinshasa makes progress in the control of human African trypanosomiasis

The INRB (Institut National de Recherche Biomédicale) is a national reference laboratory for public health in Kinshasa, the capital of the Democratic Republic of Congo. The institute houses the national reference laboratory for human African trypanosomiasis (HAT). The laboratory has made notable progress and has provided crucial contributions to the control of sleeping sickness. The laboratory director, Dr. Kambingi, plays an important role on the HAT platform.

The laboratory has recently published a study on the clinical trial NECT-Field in the Journal of Infectious Diseases. The study aimed to evaluate the clinical tolerability, feasibility, and effectiveness of NECT in real-life conditions for late-stage HAT. The study was designed to be conducted in 10 sites across the country, including regions with high and low prevalence of the disease.

The study was conducted between November 2005 and May 2008, and included 310 patients with late-stage HAT. The results showed that NECT was well tolerated and effective in the real-life setting, with a low frequency of adverse events. The study also showed that NECT was feasible to implement in the field.

INRB Kinshasa has made significant progress in the control of human African trypanosomiasis. The laboratory has contributed to the control of sleeping sickness by conducting clinical trials and generating data to support the development of new treatments.

Research updates

The HAT platform is expanding, and new countries are being added to the network. This expansion is expected to contribute to the development of new treatments and strategies to control and eliminate HAT in Africa. The platform is currently working on several projects, including the NECT-Field study, which is ongoing. The platform is also collaborating with local partners to strengthen the research and development of new treatments and strategies to control and eliminate HAT in Africa.