Contribution to the development of and access to a new treatment combination
Between 2005 and 2012, the HAT platform participated in clinical trials of the nitrofurantoine-eflornithine combination therapy (NECT) and the Phase IV study NECT-Field. NECT is now used as first line therapy for the treatment of all stage 2 T.b gambiense HAT patients in the 13 endemic countries. NECT is included on the WHO list of essential medicines for adults and children.

Participation in four clinical trials
Between 2006 and 2017, the HAT Platform participated in three Phase II/III clinical trials on fexinidazole. Results will be submitted to the regulatory authorities by the end of 2017. Finally, the HAT Platform is involved in a phase II/III clinical trial on acobzorolite.

Its contribution to these studies consisted in:
• Facilitating the training of investigators and site staff in preparation for the clinical trials mentioned above, and an additional clinical trial on fexinidazole, the first inclusions for which occurred in the 4th quarter of 2016 in the DRC.
• Facilitating the meeting of investigators on NECT, NECT-Field, fexinidazole, and acobzorolite
• Conducting exploratory missions with FIND for studies on HAT rapid diagnostic tests
• Contact with regulatory authorities and ethics committees

OVER 400 PEOPLE TRAINED IN 22 TRAINING SESSIONS

<table>
<thead>
<tr>
<th>TRAINING</th>
<th>NUMBER OF PEOPLE TRAINED</th>
<th>VENUE AND YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training of physicians on clinical examination of the patient (25)</td>
<td>Kinshasa 2012</td>
<td></td>
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<tr>
<td>Training of clinical research monitors (13)</td>
<td>Kampala 2008</td>
<td></td>
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<tr>
<td>Participation in ICAT6 at Kinshasa (18)</td>
<td>Kinshasa 2014</td>
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<tr>
<td>HAT training in Dinamadi health district (30)</td>
<td>Dinamadi 2015</td>
<td></td>
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<tr>
<td>HAT Clinical training in South Sudan (41)</td>
<td>Juba 2015</td>
<td></td>
</tr>
<tr>
<td>Training of Guinean physician in DRC (1)</td>
<td>Kinshasa 2014</td>
<td></td>
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<tr>
<td>Training of laboratory technicians from South Sudan in DRC (3)</td>
<td>Kinshasa 2016</td>
<td></td>
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<tr>
<td>Training of Mobile team technicians on HAT diagnostic in DRC (36)</td>
<td>Kinshasa 2016</td>
<td></td>
</tr>
<tr>
<td>Waste management training in clinical trial sites in DRC (182)</td>
<td>Mushio, Vanga, Bagata and Masi 2016</td>
<td></td>
</tr>
</tbody>
</table>

18 newsletters published in French and English
Television and radio presentations were also given on the co-administration therapy, NECT, for the treatment of stage II HAT

4 scientific meetings jointly organized with EANETT

Steering committee meetings are held annually and the HAT platform ensures that its members participate in the biannual meetings of the International Scientific Council on Research and Control of Trypanosomiasis. In addition, the coordinator of the HAT platform generally gives scientific presentations at scientific congresses.

12 years of adapting our approach to the realities on the ground

OBJECTIVES
• Strengthen research capacity
• Improve the research landscape
• Develop operational research
• Support ethics committees
• Mobilize internal and external resources
• Develop partnerships with other research networks
• Ensure internal and external communication

THE EVOLUTION OF TOOLS IN THE FIGHT AGAINST HAT

13 years ago Melarsoprol: Toxic, resistant Eflornithine: Unavailable
Since 2009 NECT Improved therapy 2017 Fexinidazole Oral treatment (10 days)
Future objective Acobzorolite Single-dose, oral treatment

Towards better tolerated, oral and usable medicines at the village level
Towards the elimination of HAT

CONCLUSION
Through the HAT platform, local partners are involved in research and are the first to benefit from the results. The HAT platform facilitates capacity building and the conduct of studies under difficult conditions, in accordance with international standards and ethical and quality requirements, in particular with respect to the upgrading of staff and infrastructure. The HAT platform has created synergy between endemic countries in the region, and multilateral exchanges have been established. We need to continue to strengthen this synergy through increasing collaboration with other platforms and organizations, such as the African Network for Drugs and Diagnostics Innovation (ANDI), Eastern African Network for Trypanosomosis (EANETT), Pan African TSETSE and Trypanosomiasis Eradication Campaign (PATTEC), Organization for the control of endemic diseases in Central Africa (OCEAC), etc.

The HAT platform continues to use an approach adapted to the reality on the ground, which allows local partners, who are the users of the results, to be the main actors. National programs use the research results to adapt their national policies.

MEMBERS OF THE HAT PLATFORM
Launched in August 2005 in Kinshasa

National sleeping sickness control program and research institutions/ universities of the most affected countries

INTERNATIONAL RESEARCH GROUP:
DNDi, FIND, Swiss TPH, ITM Antwerp, IRD (France)
MSF project University of Edinburgh.

International NGO:
WHO
Others partners:
INZI project/
University of Edinburgh
INRB, CDC, TRC-KARI, University of Makerere...

Others platforms:
EANETT

MEMBERS OF THE HAT PLATFORM

D.R. CONGO
CENTRAL AFRICAN REPUBLIC
CHAD
SUDAN
REPUBLIC OF guinea
REPUBLIC OF CONGO
SOUTH SUDAN
UGANDA
ANGOLA

12 years of adapting our approach to the realities on the ground

ACHIEVEMENTS SINCE 2005

Training of laboratory technicians from South Sudan in DRC
Awareness training of HAT investigators meeting

CONCLUSION
Through the HAT platform, local partners are involved in research and are the first to benefit from the results. The HAT platform facilitates capacity building and the conduct of studies under difficult conditions, in accordance with international standards and ethical and quality requirements, in particular with respect to the upgrading of staff and infrastructure. The HAT platform has created synergy between endemic countries in the region, and multilateral exchanges have been established. We need to continue to strengthen this synergy through increasing collaboration with other platforms and organizations, such as the African Network for Drugs and Diagnostics Innovation (ANDI), Eastern African Network for Trypanosomosis (EANETT), Pan African TSETSE and Trypanosomiasis Eradication Campaign (PATTEC), Organization for the control of endemic diseases in Central Africa (OCEAC), etc.

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