Eliminating A Devastating Disease In The Democratic Republic Of The Congo

Human African Trypanosomiasis (HAT), also known as sleeping sickness, is one of the most neglected—and fatal—diseases in the world. Transmitted by the bite of the tsetse fly, it is usually deadly if not treated. In the Democratic Republic of the Congo (DRC) a concerted effort is underway to ensure the disease is eliminated in the country, which will pave the way for ending the disease worldwide.

Following its commitment to the London Declaration on Neglected Tropical Diseases, the DRC government has demonstrated once again its pledge to addressing HAT by developing a national strategic plan to eliminate the disease by 2020. With continued dedication and investment to implement the strategy, DRC stands at the cusp of eliminating this devastating disease.

Fulfilling the London Declaration on Neglected Tropical Diseases

In 2012, pharmaceutical companies, donors, endemic countries and non-government organization came together to sign the London Declaration on Neglected Tropical Diseases (NTD), calling on the international community to commit to control, eliminate, or eradicate 10 diseases—including HAT—by 2020 and improve the lives of over a billion people. An outline of strategies and targets to achieve the goals of the declaration were presented in the WHO’s Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation. The roadmap has acted as a call to arms to the international community and initiated many international and national-level discussions around the elimination of NTDs.

- **65 million people**
  - globally at risk of being infected by HAT

- **10.8 million people**
  - are at medium-to-high risk of being infected

- **Nearly 85%**
  - of HAT cases worldwide occur in the DRC

Photo: PATH/Georgina Goodwin
Several factors are critical to ensuring the DRC fully implements its national strategy and achieves the goal of eliminating HAT by 2020, namely:

Ownership of the elimination vision by endemic provinces

While the HAT elimination efforts are spearheaded by the national program for the control of HAT—or Programme National de Lutte contre la Trypanosomiase Humaine Africaine (PNLTHA), ownership of the elimination vision must take place at the provincial level. Endemic provinces—Kwango, Kwilu, and Mai-Ndombe—must follow the central government’s lead and prioritize HAT elimination by implementing the strategic plan and allocating necessary resources, either through provincial edicts or specific budget lines for HAT. Local leaders also need to strengthen coordination of community engagement efforts, including with civil society organizations, HAT experts, and others, to ensure elimination efforts are successful at the provincial level.

Resource mobilization to deploy innovative tools and approaches

Key to the HAT national strategic plan 2020 is stopping transmission of the disease, which requires screening and treating people during the first phase of the disease, when it’s much harder to diagnose and often confused with other diseases, like malaria. Diagnosis relies on a new rapid diagnostic test, treatment, and tsetse fly traps; an awareness-raising campaign; digital technologies to help find and confirm cases; and mobile teams going door-to-door in remote provinces conducting screening. The national HAT elimination strategy helps ensure these interventions are funded and prioritized at the national and local levels, and that diagnostics, control methods, and new drugs—when and if they become available—are incorporated into governing policy documents so they can be rolled out to at-risk areas.

Strong partnerships

Central to DRC’s HAT elimination vision is a coordinated response effort by national, provincial, and local leaders, partners, and donors to create new innovative treatments and interventions. Contributions to fulfilling HAT elimination have been made by a consortium of international partners, including the Belgian Institute of Tropical Medicine Antwerp and the Belgian Development Cooperation, the Bill & Melinda Gates Foundation, the Drugs for Neglected Diseases Initiative (DNDi), PATH, FIND, and the World Health Organization.

Efforts over the last decade have reduced the number of HAT cases in the DRC from 27,000 in 1996 to 1,200 in 2017.