The Secretary of the WHO expert Committee on
The Selection and Use of Essential Medicines Policy,
Access and Rational Use
Department of Medicines Policy and Standards
World Health Organization (WHO)
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To whom it may concern,

The Board of Management of the Eastern Africa Network for Trypanosomiasis (EANETT) is happy to endorse DNDI’s application for the inclusion of Nifurtimox-Eflornithine-Combination-Therapy (NECT) in the WHO’s Essential Medicines List (EML) for the treatment of Stage 2 Trypanosoma brucei gambiense sleeping sickness.

EANETT member countries have experienced the devastating effects of this fatal but treatable disease, whose management continues to be dogged by the highly toxic drugs which are also difficult to administer. The drugs are very few and treatment failure has been reported to all existing molecules. Eflornithine monotherapy requires 56 round-the clock infusions over a period of 14 days. The reduction in Eflornithine injections in the combination therapy from 56 to 14 with treatment duration to 10 days is indeed a great improvement to the existing treatments. We are happy that the combination, developed to international standards, is well tolerated and is as efficacious as Eflornithine monotherapy. Patients can now receive infusions twice a day only. In addition, the two molecules exhibit different modes of action, indicating that drug resistance is unlikely to occur.

EANETT, which has its secretariat in Tanzania, is comprised of the following institutions/countries: Trypanosomiasis Research Centre – Kenya Agricultural Research Institute (TRC-KARI), Kenya; Livestock Health Research Institute (LIRI) – Uganda; Tropical Medicine Research Institute (TMRI), Sudan; the National Institute for Medical Research (NIMRI), Tanzania; the Tsetse and Trypanosomiasis Research Institute (TTRI), Tanzania; Medical School of the University of Blantyre, Malawi; and the Swiss Tropical Institute (STI), Basel. The network was inaugurated in November 2000. Its aim is 'To strengthen collaboration in research, training and control of human and animal trypanosomiasis, with a view to reducing the risk of infection, mortality and morbidity in man and to minimize losses of domestic animals in the areas affected by the human disease.'
As the EANETT Board, we believe that the combination therapy will go a long way in alleviating suffering of patients in disease-endemic countries who have been severely affected by the scourge of sleeping sickness. We therefore highly recommend the inclusion of NECT into the WHO Model List for Essential Medicines by WHO expert committee on the Selection and Use of Essential Medicines

Thank you

Dr Grace Murilla
Chairperson, EANETT Board of Management