African sleeping sickness is a severe disease in Boma, DRC that takes the lives of many. To counter this disease we distributed ITN’s in Boma using a similar process as used in Tanzania to combat malaria in 2005. Our goal was to distribute ITN’s to 25% of the at risk population of Boma. Based on the success of the Tanzania Net Program, we expect the cases of HAT to decrease significantly over the next year.

Background
Human African trypanosomiasis or HAT has plagued Africa for decades. The disease is spread by the bite of the tsetse fly. The Democratic Republic of the Congo (DRC) reported 5,983 cases of African sleeping sickness in 2012 alone, this accounts for 83% of all cases in Africa. Because of the cases in the DRC over 70 million people are at risk to this disease. A plan or approach is needed to help combat HAT in the DRC.

Goals
- Sell ITNs to 25% of the at-risk population in Boma.
- Provide targeted distribution methods to retailers in order to reach those at risk.
- Market ITNs as a social norm.
- Specifically measure the number of cases of HAT in Boma and spark a downward trend.

References
3. Identification of different trypanosome species in the mid-guts of tsetse flies of the Malanga (Kimpeze) sleeping sickness focus of the Democratic Republic of Congo.

Methods/Process
- Through local distribution, insecticide treated nets will be provided to 25% of the population.
- Nets will be sold through retailers and subsidized by WHO.
- They will be produced in Kinshasa, the countries capital.
- Retailers will be picked based upon their authority in the community and their location.

Conclusion
Implementing this plan provides the people of Boma with more than a decreased rate of HAT. Fewer cases results in economic gains from reduced disease burden. It also benefits those in Boma without jobs as local distributors of nets will provide more job opportunities. The long-term effects of HAT must be recognized to realize how crucial the implementation of this proposal is.