



DEMOCRATIC REPUBLIC OF CONGO TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2021

This is an overview of the USAID/Democratic Republic of Congo (DRC) FY 2021 Tuberculosis (TB) Roadmap, implemented with FY 2020 budget. It was developed in consultation with the National TB Program (NTP, PNLT in French) and with the participation of national and international partners involved in TB prevention and care in the country.

Among the top 30 high TB burden countries, DRC is ranked ninth; and among high DR-TB burden countries DRC is ranked twelfth.¹ Over the past several years, the estimated TB incidence for DRC has remained around 300 per 100,000.² However, the number of TB cases notified has increased from 151,832 in 2017³ to 178,527 in 2019⁴ – representing an 18 percent increase in overall TB case notifications. While there has been an increase in TB case detection, persisting challenges remain in closing the gap in case notification and estimated TB incidence – only about 64 percent of the estimated incident cases were notified in 2019.⁵ TB activities in DRC are integrated into all levels of the health systems nationwide and are being implemented in 26 provinces and 519 health zones. The NTP’s current National Strategic Plan for TB 2021-2023 guides the implementation of all TB activities.

The proposed FY 2020 USAID TB budget for the Democratic Republic of Congo is \$14 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

Improving TB detection is a top priority in DRC in the fight to end TB. Areas of intervention include: improving access to TB services; scaling-up the use of new molecular diagnostics like Xpert® MTB/RIF (GeneXpert); targeting hard-to-reach populations (e.g. TB/HIV patients, children, inmates, and miners); strengthening community involvement; and building the capacity of healthcare providers. USAID plays a critical role in implementing and advancing these activities. USAID provides support to nine out of the 26 provinces by building the capacity of staff at all levels in TB and procuring diagnostics like GeneXpert instruments and cartridges, and line probe assays (LPAs). Moving forward, USAID will continue to improve and expand access to the TB

¹ World Health Organization. *Global Tuberculosis Report, 2019*.

² World Health Organization. *Global Tuberculosis Report, 2020*.

³ World Health Organization. *Global Tuberculosis Report, 2018*.

⁴ World Health Organization. *Global Tuberculosis Report, 2020*.

⁵ Ibid.

diagnostic network by providing technical assistance (TA), procuring more commodities, conducting research, and more. This support will help the country scale-up use and access to the latest molecular technologies. More specifically, USAID will help DRC implement the use of GeneXpert as the initial TB diagnosis test as well as helping to strengthen the specimen transport system to allow for expedited testing, detection, and treatment initiation. Additionally, USAID will expand access to TB services by increasing the number of health centers and facilities that provide TB diagnostic, treatment, and care support.

Engaging all care providers

With the increase in the number of public and private health centers and facilities that provide TB service delivery, USAID will ensure that these centers are equipped with TB care packages and proper diagnostic equipment and access to capacity building activities, like training, on TB services. Additionally, DRC will implement active case finding (ACF) interventions by all providers at all facility entry points, including maternal and child services and community care sites.

Community TB care delivery

To further support the established community-based network, the NTP recognizes the importance of reinforcing community ownership in the fight against TB and promoting human rights inclusion and sustainability in TB programming. Community involvement is key in reaching, diagnosing, treating, caring, and curing every person with TB. To ensure that TB cases are not missed within communities, a specific TB package will be included in the training for all community healthcare workers across all provinces. Additionally, systematic contact investigation activities and awareness campaigns, sensitization events, and the creation and dissemination of behavioral change messaging for vulnerable populations (e.g. TB/HIV patients, miners, inmates, refugees, etc.) will recognize the importance of and include communities including the community healthcare workers. By empowering community healthcare workers through these activities, they will be able to provide their communities with the necessary services or refer people in need of care to health centers. Because community care centers without medical professionals receive and treat a large number of under-five children, these centers will become an effective way to screen for TB.

CURE

Drug-susceptible TB (DS-TB) treatment

Through the use of two embedded NTP technical advisors, USAID has supported the NTP in improving the TB supply chain system and strengthening the diagnostic network. These advisors helped the NTP establish updated directives and guidelines for TB

diagnosis and treatment, and integrated TB medicines into the national essential drug supply system for storage, stock management and distribution at the regional center of distribution (CDR). Additionally, to increase the treatment success rate, activities will focus on: ensuring a reliable stock of first line medicines; enrolling on treatment all TB patients diagnosed; ensuring the availability of community-level support for patients undergoing TB treatment; and integration of the pediatric TB care package.

Multidrug-resistant TB (MDR-TB) treatment

Reducing negative multidrug-resistant TB (MDR-TB) treatment outcomes is a priority for DRC; to achieve this, interventions will focus on expanding access to treatment to increase treatment coverage, ensuring reliable access to second line drugs for TB, and strengthening programmatic management of TB by implementing effective treatment adherence monitoring and proper patient follow-up. Specifically, USAID supports the procurement of MDR-TB including extensively drug resistant TB (XDR-TB) medicines, GeneXpert cartridges, and drug-susceptibility testing (DST) such as LPAs as well as the recruitment of clinicians to manage MDR-TB patients in high priority provinces. These activities will not only help the NTP in reducing the delays in treatment initiation but also improve treatment outcomes.

PREVENT

Prevention

To help DRC achieve TB prevention targets, USAID will reinforce the importance of effective TB prevention activities including infection prevention and control measures. USAID will help in scaling-up of: case finding among under-five children who are contacts of TB patients and initiating them on TB preventive therapy (TPT); intensifying overall contact investigation efforts by increasing contact investigation coverage and increased TPT coverage for all adolescent and adult contacts; TB screening (using GeneXpert) among household contacts of MDR-TB patients and initiating them on TPT; screening and outreach activities among high-risk populations (e.g. inmates, healthcare workers, miners, refugees, internally displaced persons, etc.); and effective infection prevention and control measures.

SELF-RELIANCE

Commitment and sustainability

Through USAID's Global Accelerator to End TB, USAID and the Ministry of Health signed a partnership statement committing to work together to end TB in DRC by 2030. More specifically, in the statement, USAID commits to continue supporting DRC with available resources, and the NTP committed to continuing internal advocacy to increase the

domestic resources for TB as was committed at the United Nations General Assembly High-Level Meeting on TB (UNGA). USAID also played a pivotal role in the development of the NSP and the associated application process for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) grant. As the country works to achieve the ambitious UNGA targets, a system to monitor and evaluate not only progress towards these targets but also towards the commitments made in the Partnership Statement will be established. This system will include: bi-weekly meetings with USAID, embedded TB advisors, and implementing partners focused on discussing success and challenges while also monitoring progress towards implementation of planned activities and achieving set targets; semi-annual meetings with the NTP, Global Fund, and other key TB partners; annual meetings at a higher level between the Government of DRC and USAID leadership to assess progress; and a technical meeting between the NTP, its provincial team, Global Fund representatives, USAID, and its implementing partners to discuss progress, challenges, and share experiences and lessons learned. Additionally, USAID will also continue to monitor progress on a quarterly basis through partner's quarterly reports.

Capacity and functioning systems

The NTP is an effective and well-established program that covers the entire country. TB activities remain effective due to the successful integration of the NTP at all levels of national health structures. At the national level, there are key dedicated and qualified TB personnel; there are an additional 26 TB offices at the provincial level that are responsible for ensuring equitable access to TB prevention, diagnosis, treatment, and care services. Provincial offices in close collaboration with civil society organizations are also responsible for providing continued training and operational support to all health zones and centers, hospitals, and communities. In turn, the national level office is responsible for maintaining and further strengthening these supporting systems by providing refresher training and regular supportive supervision and monitoring at each level of implementation to the provincial level.