

## DEMOCRATIC REPUBLIC OF CONGO TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2022

This is an overview of the USAID/Democratic Republic of Congo (DRC) FY 2022 Tuberculosis (TB) Roadmap, implemented with the FY 2021 budget. It was developed in consultation with the National TB Program (NTP, or 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 drug-resistant TB (DR-TB) burden countries, DRC is ranked twelfth.<sup>1</sup> Over the past several years, the estimated TB incidence for DRC has remained around 300 cases per 100,000.<sup>2</sup> However, the number of TB cases notified has increased from 151,832 in 2017<sup>3</sup> to 200,955 in 2020<sup>4</sup>—representing a 32 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 70 percent of the estimated incident cases were notified in 2020.<sup>5</sup> TB activities in DRC are integrated into all levels of the health system nationwide and are being implemented in 26 provinces and 519 health zones. The NTP’s current National Strategic Plan (NSP) for TB 2021-2023 guides the implementation of all TB activities.

DRC did not have any major TB service disruptions due to the COVID-19 pandemic, as COVID-19 mitigation measures were only implemented in select areas, not nationwide as in other countries. Even though there was a 13 percent increase in case notifications and 15 percent increase in DR-TB case notifications, the number of people newly diagnosed with TB using WHO-recommended rapid diagnostics is still low, at only 4.8 percent. USAID continues to work with in-country partners and stakeholders to monitor and mitigate the impact of subsequent waves of COVID-19 resurgences on TB programming in real time.

The proposed FY 2021 USAID TB budget for the DRC is \$14 million. With this level of funding, USAID will support the following technical areas:

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<sup>1</sup> World Health Organization. Global Tuberculosis Report, 2019.

<sup>2</sup> World Health Organization. Global Tuberculosis Report, 2021.

<sup>3</sup> World Health Organization. Global Tuberculosis Report, 2018.

<sup>4</sup> World Health Organization. Global Tuberculosis Report, 2021.

<sup>5</sup> Ibid.

## **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 GeneXpert; targeting hard-to-reach populations (e.g., people living with HIV/AIDS, 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 will continue to improve and expand access to the TB diagnostic network by procuring molecular diagnostic tools, Line Probe Assays (LPA), supporting installation and maintenance, and building capacity in quality assurance and preventive maintenance. USAID will support the implementation of a multidrug-resistant TB (MDR-TB) acceleration plan to increase the detection of DR-TB through the implementation of systematic contact investigation around all people with MDR-TB. Additionally, USAID will provide technical assistance (TA) to strengthen the TB culture network and sputum transportation system to ensure that all people with MDR-TB receive accurate diagnosis and immediately start appropriate treatment.

### *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. USAID will support the NTP's efforts by engaging community-based organizations (CBOs) in each province. The CBOs will support the community health providers to establish linkages with the health facilities. They will support the specimen transport system, ensure the close monitoring of TB index contacts through contact tracing and monthly reporting, as well as conduct active ACF through mass campaigns in hard-to-reach areas including among small-scale mining, displaced communities, and refugees. Finally, USAID will support integrating TB screening into existing child community sites, such as pneumonia and malaria community sites to ensure early diagnosis of pediatric TB.

## **CURE**

### *Drug-susceptible TB (DS-TB) treatment*

USAID's embedded TB 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 (RCD). USAID will continue to support the NTP's efforts in improving the quality of DS-TB treatment by providing TA in supply chain management, as well as program coordination and management. USAID is directly engaging with the NTP to improve the quality of care for all forms of TB. Additionally, to increase the treatment success rate, activities will focus on: ensuring a reliable stock of first-line medicines, enrolling all people with TB on appropriate treatment, ensuring the availability of community-level support for individuals receiving TB treatment, and integration of the pediatric TB care package.

### *Multidrug-resistant TB (MDR-TB) treatment*

Reducing negative 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. USAID supports early detection and rapid treatment of DR-TB in four high-burden provinces. Specifically, USAID supports the procurement of MDR-TB medicines and tools including extensively drug-resistant TB (XDR-TB) medicines, GeneXpert cartridges, and drug-susceptibility testing (DST) such as line probe assays (LPAs), as well as the recruitment of clinicians to manage people with MDR-TB in high-priority provinces. These activities will not only help the NTP in reducing the delays in treatment initiation, but also in improving the management of adverse drug events. USAID support will also ensure the clinical, biological, and bacteriological monitoring of patients, as well as active TB drug-safety monitoring and management (aDSM) through community-based activities.

## **PREVENT**

### *Prevention*

To help DRC achieve the 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 people with TB and initiating them on TB preventive treatment (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 those with MDR-TB 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. In addition, USAID will introduce interferon-gamma release assays (IGRAs) to ensure screening for TB infection of high-risk groups, as well as support the NTP to introduce the new, shorter TPT regimen for children ages five and above, adult contacts, and people with suppressed immune systems.

## **SUSTAINABLE SYSTEMS**

### *Commitment and sustainability*

As a part of 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 committed 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 High-Level Meeting (UNHLM) on TB. 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 United Nations General Assembly (UNGA) targets, a system to monitor and evaluate not only progress toward these targets but also toward 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 successes and challenges, while also monitoring progress toward implementation of planned activities and achieving set targets; semiannual meetings with the NTP, Global Fund, and other key TB partners; and annual meetings at a higher level between the Government of DRC and USAID leadership to assess progress, as well as a technical meeting between the NTP, its provincial team, Global Fund representatives, USAID, and its implementing partners to discuss progress and challenges and share experiences and lessons learned. Additionally, USAID will continue to monitor progress on a quarterly basis through partners' 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 27 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.