



DEMOCRATIC REPUBLIC OF CONGO TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2023

This is an overview of the USAID/Democratic Republic of Congo (DRC) FY 2023 Tuberculosis (TB) Roadmap, implemented with the FY 2022 budget. Through the annual TB Roadmap process, USAID has worked with National TB Program (NTP) key senior staff, all USAID TB implementing partners, the Global Fund, Action Damien, and community-based organizations.

In 2021, the estimated TB incidence in the DRC was 305,000, and an estimated 49,000 people died from TB, The DRC reported 214,408 case notifications. During 2021, 24 percent of the total notified individuals with bacteriologically confirmed TB were tested for rifampicin resistance. A total of 1,261 individuals were diagnosed with drug-resistant TB, and 1,142 individuals (91 percent) were put on treatment.

Tuberculosis activities are integrated into all levels of the health pyramid nationwide and are being implemented in 26 provinces and 519 health zones. The number of diagnostic and treatment Country Development Cooperation Strategy centers increased from 1746 in 2016 to 2076 in 2021 but still represents less than a quarter of all the primary health centers. The NTP recently updated guidelines for diagnosing and treating TB (PATI-6), and health providers are training on the new guidelines.

The NTP has been implementing active TB case-finding strategies around index cases and the “TB Village” approach, using mobile units to boost diagnosis in at-risk groups and with difficult access to services. Additional innovative approaches for targeted screening of tuberculosis cases in vulnerable/high-risk populations include:

- Introducing new 10-color GeneXpert and TrueNat machines and ultra-portable chest X-ray machines (computer-aided detection, CAD).
- Improving the TB specimen transportation system and the provision of cartridges and reagents.
- Implementing Children’s diagnostics through gastric aspiration and GeneXpert stool testing.
- Integration, collaboration, and coordination.

The proposed FY2022 USAID TB budget for the Democratic Republic of Congo is \$16 million, and with this level of funding, USAID will support the following technical areas:



REACH

TB diagnosis

With USAID support, the country will have received 38 Truenat instruments and eight digital mobile X-Ray machines by early 2022. Two respective training workshops took place, which included the installation of X-ray and Truenat machines and demonstration within the selected provinces.

USAID continues supporting the laboratory system in DRC through several activities, including the nationwide TB Diagnostic Network Assessment (DNA), to be conducted in 2022, leading to specific actions toward lab accreditation of the national reference lab and network improvement. To improve TB detection, different strategies are in place: extension of GeneXpert and its use as an initial diagnostic test, staff capacity building, an MDR-TB acceleration plan with which the provinces will receive close support from the central level, and systematic contact investigation around all MDR-TB cases, among other efforts. With USAID support, the country has worked on a project to decentralize the GeneXpert installation and maintenance by provincial training teams. This will sensibly decrease intervention time when the need arises.

Cultures Network: TB cultures are performed in Lubumbashi and Kisangani provincial laboratories and the National TB Lab in Kinshasa. The latter is the only lab equipped to perform drug sensitivity testing (DST) in the country. However, the country did acquire ten 10-color GeneXpert machines to perform DST at the site level. Seven more GeneXpert machines should arrive in the country soon through USAID funding. USAID will also provide technical support and ensure maintenance for the three culture laboratories—Kinshasa, Lubumbashi, and Kisangani.

Line Probe Assay (LPA) Network: The country has two laboratories equipped to perform line probe assay (LPA): Bukavu and the national TB lab in Kinshasa. Like other networks, its performance depends on a functioning sample transportation system. Every detected individual with MDR-TB needs to have an LPA or a test on the 10-color GeneXpert performed within 30 days of treatment initiation.

Engaging all care providers

As per the National Strategy Plan, the NTP deployed enormous efforts to strengthen supervision and coordination activities at the central level and build capacity at the 27 provincial coordination. Outside the health facilities, the NTP's strategies involve establishing and/or strengthening community-based networks through existing health systems to reinforce community ownership and participation in TB activities. USAID will continue supporting the increase of facility-based case finding by finding cases actively, separating them safely, and treating



them effectively. USAID will engage with the private sector to extend TB services for wider coverage.

Community TB care delivery

The NTP objective is to reinforce the community ownership of the fight against TB and promote human rights, inclusion, multisectoral, and sustainability. Many community approaches are being applied and will be strengthened within USAID-focused provinces as follows:

- Assigning a defined province to each local community-based organization to directly support TB community workers with linkage to health facilities and using TB dedicated Field Officers working hand in hand with community health workers (CHW) in supporting the TB community-based activities.
- Supporting specimen transportation through dedicated community health workers.
- Ensuring close monitoring of TB index contacts tracing and reporting monthly.
- Conducting active case finding through mass campaigns in hard-to-reach areas such as small-scale mining operations, displaced communities, refugees, and autochthone groups, and generally targeting special populations.
- Integrating TB screening into existing child community site care such as pneumonia and malaria community site care.
- Conducting TB screening, diagnosis, treatment, and care in all prison settings.

CURE

Drug-susceptible TB (DS-TB) treatment

USAID has supported the NTP nationally through its various projects in the distribution of TB medicines, transportation of samples and with its three NTP-based Technical Advisors in the supply chain, M&E, and overall TB program coordination and management. USAID is supporting the NTP in its effort to improve the quality of TB services for MDR-TB, pediatric TB, and TB generally.

Multidrug-resistant TB (MDR-TB) treatment

The DRC NTP aligned its treatment strategy for drug-resistant TB (DR-TB) with the new World Health Organization (WHO) recommendation: injectable-free treatment and reduced treatment duration for individuals with MDR or extensively drug-resistant TB (XDR-TB). In the DRC, managing people diagnosed with DR-TB in the country is not optimal, and while there has been progress in DR-TB detection and treatment, DRC has not been able to reach the DR-TB



targets—NSP, Global Fund, and UN High-Level Meeting on TB targets—for detection because of delays in receiving second-line drugs (SLD), sample transportation issues, lack of qualified laboratories for the pre-therapeutic tests to name a few. In 2021, the country detected 1,261 DR-TB cases out of 6,400 expected. TB services are integrated into the health system at all levels (central, provincial, and peripheral), and every province has detected DR TB cases. The country has 516 health zones (districts). DRC continues supporting early detection and rapid treatment of DR-TB in four high-burden provinces. USAID supports the NTP’s IT team through a grant that is focusing on building local capacity to maintain the GeneXpert network.

PREVENT

Prevention

The NTP and USAID are committed to scaling up TB preventive treatment (TPT), treating TB infection (TBI), and reinforcing infection control measures; USAID will support the NTP in the following areas:

- a) Contact investigation (CI) for household contacts that include adults and children.
- b) TB Infection Prevention and Control. Infection Prevention and Control (IPC) has been well-covered for many years, with an IPC National guideline available at each level of intervention, recently updated to take into consideration the COVID-19 outbreak.
- c) TB preventive therapy, including improved TBI detection and treatment for individuals at high risk of disease progression and recording and reporting of systems for TPT.
- d) Mitigation of clinical and population risk factors for disease progression.

SUSTAINABLE SYSTEMS

Commitment and sustainability

Following the signature of the statement of a partnership between the DRC government through the Ministry of Health (MoH) and USAID in September 2019, the two parties have committed to support the country’s journey toward TB elimination by 2030:

- USAID will remain one of the major donors in the fight against TB and will continue supporting the country based on funds availability.
- The DRC government is engaged to organize and implement universal health coverage for all.
- The NTP is committed to advocating to increase domestic resources allocated to TB services.



- The NTP is advocating for the DRC government to increase the MoH national budget, which will positively impact the TB allocated budget

Capacity and functioning systems

In DRC, the national system for the supply of essential medicines (SNAME), coordinated by the National Program for Supply of Essential Medicines (PNAM), revolves around five main objectives: drug availability, quality-assured drugs, financial accessibility of drugs, good governance and public-private partnership, and financing of the supply system. TB medicines are registered in the national list of essential medicines and purchased through a pool procurement mechanism at the Global Drug facility (GDF) from WHO pre-qualified suppliers, with funding from USAID, the Global Fund, and Action Damien. A memorandum of understanding (MOU) exists between the MoH and its financial and technical partners—USAID, Global Fund, Action Damien—on rationalizing TB interventions; TB medicines and commodities supply and management are included.