



## DEMOCRATIC REPUBLIC OF CONGO TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2024

This is an overview of the USAID/Democratic Republic of Congo 2024 Tuberculosis (TB) Roadmap, implemented with the FY 2023 budget. The roadmap was developed in consultation with the National TB Program (NTP) and with the participation of national and international partners involved in TB prevention and care in the country.

The Democratic Republic of the Congo (DRC) is classified by the World Health Organization (WHO) as one of the global high-burden countries for TB, TB/HIV, and multidrug-resistant/rifampicin-resistant TB (MDR/RR-TB). In 2022, 246,119 TB cases were detected, equating to 78 percent of the estimated incidence. Notifications included 1,614 RR/MDR-TB cases, or 26 percent of estimated cases, and 12,597 individuals coinfecting with TB/HIV, or 60 percent of estimated cases. The estimated co-infection rate for TB/HIV is 6.7 cases. The treatment success rate was high at 95 percent for the drug-sensitive cohort registered in 2021 and 91 percent for RR/MDR-TB cases registered in 2020.

The national strategic plan (2021-2023) aligns with WHO's End TB Strategy. It also considers the need to reduce catastrophic costs associated with TB services, estimated to be 56 percent in 2019 and 70 percent of catastrophic cost reduction in 2021. The DRC government recently launched a national strategy toward universal healthcare coverage efforts. In the following National Strategic Plan (NSP) 2024-2028 being developed, the NTP aims to improve all activities contributing to the progressive journey towards the "End of the TB epidemic by 2035". Thus, the framework of this national planning would be to provide quality care centered on suspected people and individuals with TB. The following strategic interventions will be prioritized in this NSP 2024-2028:

- Improving access to care by increasing the coverage of facilities offering the TB package.
- Improving access to rapid molecular diagnostics with Rifampicin susceptibility profile.
- Improved use of digital X-ray with artificial intelligence (AI) as an adjunct to TB screening and diagnosis.
- Strengthening active TB case finding in crucial and vulnerable population groups (at TB risk) with appropriate specific strategies for each subgroup.
- Treatment of TB and DR-TB with short, all-oral regimens, with formulations as recommended by the WHO.
- Care and concerns put the person at the center of everything for good adherence and compliance with treatment.



- Administering TB preventive therapy (TPT) (Prevention) to all at-risk targets after excluding active TB should reduce the progression from TB infection to TB disease.
- Acquisition, storage, distribution, and permanent availability of quality-controlled drugs where individuals are treated.
- Strengthening community support in the fight against TB.
- Removal of human rights and gender-related barriers impedes TB service access.
- Capacity building for employees and service providers.
- Improving coordination, governance, and program management—HR, material and financial resources, guides and directives, monitoring and supervision, etc.—at all levels of the health pyramid.
- Improving steering, partnership, intra- and intersectoral collaboration, and the multisectoral fight against TB in the DRC.

The proposed FY 2023 USAID TB budget for the Democratic Republic of Congo is \$16 million. With this level of funding, USAID will support the following technical areas:

## **REACH**

### *TB diagnosis*

From 2023 to 2024, USAID will continue supporting tuberculosis (TB) diagnostics in the Democratic Republic of the Congo (DRC) through various initiatives and partnerships through the following five steps:

#### **1. Microscopy Network Support:**

- Continue supporting the microscopy network, which remains a primary diagnostic tool across over 2,000 health centers in the country.
- Provide training and quality control for lab supervisors at the provincial level.

#### **2. Molecular Testing with GeneXpert:**

- Continue expanding the GeneXpert network, aiming to have at least one machine in each of the 516 health zones.
- Scaling up GeneXpert machines with the goal of reaching 250 machines by the end of 2023.
- Strengthening the quality of GeneXpert testing, building on improvements seen in recent years.

### **3. Truenat and Digital Mobile X-ray Machines:**

- Utilizing the 38 Truenat instruments and eight digital mobile X-ray machines received in early 2022, continuing to support pediatric TB testing and systematic screening for TB in children aged 0-10.

### **4. Health System Strengthening:**

- Supporting the nationwide network diagnostic assessment (DNA) conducted in 2023, implementing recommendations towards lab accreditation, quality management, maintenance of diagnostic tools, and sample referral system improvement.
- Capacitating the National TB Referral Lab (NRLM) and provincial labs with necessary resources for their mandates.

### **5. Partnership with HETA for Power Supply:**

- Partnering with HETA (Healthcare Electrification and Telecommunication Alliance) to address power supply challenges for running diagnostic tools like GeneXpert, Truenat machines, and ray machines.

### **6. Cultures Network Support:**

- Continue providing technical support and maintenance for the two culture laboratories (Kinshasa and Kisangani) performing TB cultures, focusing on expanding DST capabilities at site levels using GeneXpert machines.

#### *Engaging all care providers and the linkages among care providers*

In 2023-2024, USAID will continue supporting the National TB Program (NTP) in the Democratic Republic of Congo through various initiatives to strengthen TB control efforts and address key challenges through the following five steps:

#### **1. Facility-Based Case Finding:**

- Support the scaling up of TB Contact Investigation (TBCI) in five provinces, focusing on household and close contacts to improve case detection.
- Training provincial team leads on grant submission and reporting and supplying easy-to-use TBCI reporting forms for community health centers and higher administrative levels.

#### **2. Community-Based Networks:**



- Continue to support establishing and strengthening community-based networks through existing health systems to enhance community ownership and participation in TB activities.

### **3. Private Sector Engagement:**

- Bridging the integration gap of TB services in public and private health centers by targeting private providers who contribute significantly to TB case notifications.
- Engaging with the private sector to extend TB services for broader coverage and mapping all private facilities providing TB care or testing for potential integration into the national TB control network.

### **4. Technical Assistance and Capacity Building:**

- Providing technical assistance and capacity building to enhance TB diagnosis, treatment, and surveillance capabilities across healthcare facilities and laboratories.
- Support will be provided for training, infrastructure development, quality assurance, and data management to improve the overall effectiveness of TB control efforts.

### **5. Power Supply Solutions:**

- Exploring partnerships with HETA to address power supply challenges for running TB diagnostic tools like GeneXpert, Truenat machines, and X-ray machines, ensuring uninterrupted TB diagnostic services.

#### *Community TB care delivery*

Past interventions supported by USAID, such as Active Case Finding combined with TB Contact Investigations, Community-Based Directly Observed Treatment (DOT), sample transportation, and outreach activities, will continue to be reinforced and expanded. Additionally, USAID will provide capacity building and technical assistance to community health workers (CHWs) and healthcare workers (HCWs) involved in TB control efforts to ensure effective implementation of these activities.

#### **CURE**

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

In 2023, USAID will continue supporting the National Tuberculosis Program (NTP) in various capacities to enhance TB treatment outcomes in the Democratic Republic of Congo (DRC) through the following:



1. Improving TB service quality by enhancing diagnostic procedures, treatment protocols, and overall service delivery, ensuring better outcomes.
2. Strengthening supply chains by supporting the NTP's supply chain management efforts by including distributing TB medicines, transporting samples, and ensuring the availability of essential drugs for TB treatment.
3. Providing technical assistance and capacity building by improving the quality and efficiency of laboratory diagnostics for TB.
4. Advancing community support and adherence to treatment regimens, including providing community support for individuals with TB throughout their treatment journey and strengthening adherence mechanisms at both health facility and community levels.

### *MDR-TB treatment*

The DRC NTP has aligned its treatment strategy for MDR TB with the new WHO recommendations; the country went from the use of injectable drugs to the current injectable-free treatment, which has reduced treatment duration for those with MDR and XDR TB. As new evidence and recommendations from WHO become available, the country has started the BPaL regimen for XDR TB-eligible individuals. It will roll out the BPaLM for individuals with RR/MDR TB and other eligible individuals with DR-TB starting July 2024.

USAID continues supporting the early detection and rapid treatment of drug-resistant TB and building local capacity to maintain the GeneXpert network. USAID will increase the procurement of cartridges to improve MDR TB management.

The therapeutic success rate of the 2021 cohort is 87 percent (1075 out of the 1,236 individuals diagnosed). Reducing unfavorable outcomes and improving access and early treatment initiation are priorities.

Emphasis will be placed on the regular supply of second-line drugs, their availability and centralization in a single depot, clinical, biological, and bacteriological patient monitoring, and active drug safety monitoring (aDSM). USAID will emphasize community-based activities.

## **PREVENT**

### *Prevention*

Preventive TB transmission is among the key strategic pillars of the NTP; this area is still very weak, as reported in the current country's national strategic plan. In accordance with the PNLT TBI Policy, a positive Tuberculin Skin Testing (TST) and a positive IGRA test with a normal CXR for children > 5 and Adults are required to start TBI Preventive Therapy. TST and IGRA are not required for PLHIV and Contact of TB index cases at age 25.



The most persistent barriers to scaling up TB infection (TBI) coverage and services country-wide are minimal community involvement, difficulties reaching out to the population in remote and hard-to-reach settings, and insufficient access to IGRA tests and Bi-Preventive therapy regimen (3RH and 3 HP), providers correctly performing and interpreting the Tuberculin Skin Testing (TST) results, Digital X-ray, TB care providers trained on TBI management, especially within the TB Treatment Centers (CT), and activities to perform TBCI in Children > 5 and Adults.

In the perspective of contributing to USAID's Global Tuberculosis (TB) Strategy 2023-2030 target of 30 million eligible individuals with TB preventive treatment, the NTP reviewed its guidelines to scale up the TB cases notification with all forms combined to improve the care treatment as well as the prevention of active tuberculosis by the management of tuberculosis infection in children, adolescents and people living with HIV (PLHIV).

## **INNOVATE**

### *Research*

TB research activities funded by USAID and held in DRC:

- Assessing the factors associated with the mortality of individuals with TB under treatment in Lualaba Province from January to December 2021 through operational research.
- Introducing an extension of stool testing using GeneXpert for the detection of M. Tuberculosis in children.
- Supporting the Drug-Resistant Survey (DRS) in 2023.
- Conducting a prospective cohort Short Rifampicin Resistant Treatment (SHORT) Study in five provinces, namely, Kinshasa, Kongo Central, Haut Katanga, Lualaba, and Kasai Oriental.

### *Scale up of New Tools*

USAID has funded the introducing New Tools project to increase access to rapid and sensitive diagnosis, fill the detection gap for TB, and ensure adequate health coverage for all individuals with TB screened; in the DRC, the following components have been introduced:

- Truenat for molecular diagnosis of TB and Rifampicin resistance at the point of care.
- The ultra-portable chest X-ray equipment provided with software for computer-aided reading of results using artificial intelligence.
- Two QFT Plus tools for diagnosing TB infection with 3RH dual therapy for a target population of HIV-negative contacts over five years.



- Thirty complete courses of treatment of BPALM regimen for MDR TB management.

In addition, USAID will support the expansion of stool-based Gene Xpert testing to detect pediatric TB.

## **SUSTAIN**

### *Commitment and Sustainability*

In line with the signature of the statement of partnership between the DRC government through the Ministry of Health and USAID in September 2019, the two parties have made commitments that will support the country on its journey toward TB elimination by 2030 through the following methods:

- USAID, one of the major donors, is remaining and helping the DRC Government (DRCG) fight against TB based on funds availability with the alignment of the PNLT TB NSP and the Country Health Universal Coverage Strategic Plan (DRC HUC SP).
- The NTP is committing to increasing domestic resources allocated to TB services through Advocacy at the national and subnational governments, including some community leaders and the Private Sector. The CSO will play a key role in resource mobilization as a bridge between all stakeholders.
- Some critical interventions that will be supported with FY23 funds, including the following:
  - Implementing a partnership statement and monitoring; developing more synergy and complementarity between donor agencies for more responsiveness.
  - Increasing domestic resources for the TB program at all levels, especially for essential TB commodities and financial contributions from the private sector and/or non-state partners and training of the TB team, CSO, and other stakeholders on Advocacy, Strategic Communication, Outreach, and Resource mobilization.
  - Improving the NTP processes to develop, implement, and monitor national and sub-national TB strategic plans more efficiently and effectively.
  - Increasing the transparency and accountability of NTP and TB response.
  - Improving mechanisms and activities to promote inclusiveness and involvement of community-based organizations, civil society, medical councils, and professional associations in the TB response and promoting the multi-actor response at all levels.



### *Capacity and functioning systems*

A memorandum of understanding (MOU) exists between the Ministry of Health and its financial and technical partners (USAID, Global Fund, Action Damien) on rationalizing TB interventions. TB medicines, commodities supply, and management are included. This MOU provides that first-line drugs (FLD), including INH for prevention, be funded 100 percent by the Global Fund. For second-line drugs (SLD), USAID will procure 100 percent of the total country needs as well as 100 percent of Genexpert cartridges and 100 percent of XDR-TB drugs.

### *Monitoring and evaluation (M&E) and Health Management Information Systems (HMIS) [and implementation of the Performance-Based Monitoring and Evaluation Framework (PBMEF)]*

A brief description of past interventions to strengthen M&E and HMIS at the national level:

- Directing support in terms of capacity building and training of M&E staff at the national and provincial level
- Designing of M&E training tools
- Supporting the conduct of Routine Data Quality Assessment (RDQA)
- Appointment of STAR M&E Advisors to support M&E activities within the NTP
- Limiting the number of M&E staff at the central level (national) as compared to the number required by the organogram and the number of staff trained in M&E at provincial and local levels.
- Improving internet connectivity to enhance real-time monitoring of TB data activities in the country.
- Providing training and accessibility to DHIS2.

### *Human resources for health (HRH)*

The NTP faces the severe challenge of losing key specialist staff, leaving for better job opportunities. USAID will provide support through TIFA grant performance-based incentives to help retain some key staff. HRH's assessments are conducted through regular supervision/field visits and performance contracts.