CURRENT SITUATION

Tuberculosis (TB) is one of the leading causes of morbidity and mortality in the Democratic Republic of the Congo (DRC).

- An estimated 220,000 people developed active TB in 2011, of these around half were not detected or notified.
- The TB mortality rate remains very high at about 54 per 100,000.
- In Kinshasa only 20% of the estimated TB cases are notified.
- Of the 2146 health facilities in Kinshasa, only 132 facilities (6%) are notifying TB cases.

THE WHO-CIDA INITIATIVE IN DRC

- The initiative began in 2010, with the aim of addressing low case detection.
- Kinshasa, the capital city with 7.5 million inhabitants, has the highest TB incidence in DRC, four to five times higher than elsewhere.

“Despite challenges on the ground, DRC will attempt to detect 7340 additional TB cases through this initiative.”

Dr Jean Paul Okiata, National TB Control Programme Manager, DRC

INTerventions

1. Intensified hospital engagement

- A large proportion of people with TB present themselves to hospitals. However many TB cases are missed because of: inadequate screening for TB; weak links between hospitals and the national TB programme; and weak adherence to national diagnosis and treatment protocols.

2. Identify TB cases among persons living with HIV

- People living with HIV are not always screened for TB and TB cases are missed.

3. Identify TB cases among household contacts of known TB patients

- Increased and early detection of TB cases, especially among children, can be facilitated through systematic household contact investigation.

4. Systematic screening of people with diabetes

- Like HIV, diabetes increases the risk of getting TB and systematic screening of patients in diabetes clinics can yield additional TB cases.

The WHO-CIDA Initiative

The World Health Organization, through a 3 year grant from the Canadian International Development Agency, is assisting five selected high TB incidence countries (Democratic Republic of Congo, Ghana, The Philippines, Swaziland and Vietnam) in implementing specific approaches that contribute to not only increasing TB case detection in settings where they are applied, but also across the entire country.
**INTERIM ACHIEVEMENTS**

- **4266 TB cases** were detected and **started on treatment** in the **first 18 months** of implementation.

- Nearly **60%** of the **target** set for the project has been reached in **eighteen months** of operation. The project has been slow to start but is expected to accelerate in 2012-2013.

- From a negligible number of contacts being investigated before the CIDA initiative, **74% of index TB cases** had their **contacts listed** and **72% of contacts** listed were **screened for TB** between 2010 and the first quarter of 2012.

**IMPLEMENTATION STEPS**

To launch the interventions the following steps were taken:

- **Development of protocols and standard operating procedures** for the interventions.

- **Sensitization, orientation and training** for staff and community members.

- **Setting up mechanisms for internal coordination** among hospital departments and external networking with peripheral health centres.

- Frequent and **supportive monitoring and supervision**.

**SUSTAINABILITY AND SCALABILITY**

- This initiative focuses on building and strengthening **sustainable linkages** across the **health system** for TB care.

- **Contact investigation** is being integrated into the **national TB control policy**.