Background

- TB activities are in all 516 health zones that the country has.
- 1622 out of 2017 or 79% of diagnostic and treatment centers participate in TB activities.
- The NTP covers all 26 provinces with 27 provincial coordinating offices.
- The HIV program covers 300 HZ out of the 516 found in DRC.

Co-infection TB/HIV Data

- 260 out of the 516 health zones in DRC participate in TB/HIV activities.

Process

- Development of TB/HIV road map by both programs.
- Investment framework for interventions for High risk populations exists.
- Key populations taken into consideration.
- Government engagement (will to contribute to funds).

FEEDBACKS CONSIDERED

- GF team (content and document quality).
- UNAIDS team (Gender, key populations...).
- WHO team (epidemiology, reference data, key population, vulnerable groups for TB, TB/VIH and MDR TB...).
- UNICEF/EPF (Pediatric HIV extension in ART facilities, Option B+).
- PEPFAR/USD AID Team (key populations, MDR TB, community, integrated services).
- World Bank team (PBF experience).

Conclusion

- Budget determined prior to defining country needs.
- A number of gap not taken into consideration in the NFM for both programs.
- Single submission has been mainly to the TB advantage of the the HIV in terms of activities funded.
- Country targets for co-infection not considered in NFM.