Current status of integrated community based TB service delivery and the GF work plan to find missing TB cases

Democratic Republic of Congo
Dr BENGUEYA : Deputy NTP Manager

Community meeting in Addis
Intercontinental Hotel, 11-13 April 2018
History of community engagement in DR Congo

- DRC health strategy is founded on PHC including community engagement - Health Committees (COSA) with community workers (ReCo) responsible for a number of households in the village linked to each health centre
- TB control historically integrated in PHC systematically looking for opportunities to boost performance through effective approaches including ENGAGE-TB
Background: Majors indicators

- 26 provinces
- 517 Health Districts
- 1830 TB health centers
- 76 Xpert Machines
- 3 culture lab
- 1 Hain lab

4/20/2018
Addis Abeba meeting
Background: Majors indicators 2017

- **TB:**
  - 9th World Range,
  - 2nd Africa Range (after RSA and Ethiopia)
  - Detection Rate: 48% (2017)
  - Success rate: 89% (2017)
  - Notification cases: 151,832 (2017, NTP Report)

- **TB-VIH:**
  - 8ème en Afrique,
  - HIV testing: 63%
  - HIV prevalence: 9.9%
  - Cases on ART: 82% (and 90% CTX)

- **TB-PR:**
  - 14ème sur 30 pays,
  - Taux de notification: 12.7%
  - Succès thérapeutique: 80%

- **TB Resources:**
  - LIC: 3% domestic resources,
  - 30% du budget non financé, médicaments gratuits
Background: Detection

![Graph showing the number of tuberculosis cases detection from 1998 to 2017. The number of cases increases significantly over the years. The year 2017 shows the highest number of cases at 151,832.]
Background: success rate

Success rate

<table>
<thead>
<tr>
<th>Year</th>
<th>Success Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>74</td>
</tr>
<tr>
<td>1999</td>
<td>80</td>
</tr>
<tr>
<td>2000</td>
<td>78</td>
</tr>
<tr>
<td>2001</td>
<td>80</td>
</tr>
<tr>
<td>2002</td>
<td>83</td>
</tr>
<tr>
<td>2003</td>
<td>85</td>
</tr>
<tr>
<td>2004</td>
<td>85</td>
</tr>
<tr>
<td>2005</td>
<td>87</td>
</tr>
<tr>
<td>2006</td>
<td>88</td>
</tr>
<tr>
<td>2007</td>
<td>89</td>
</tr>
<tr>
<td>2008</td>
<td>91</td>
</tr>
<tr>
<td>2009</td>
<td>90</td>
</tr>
<tr>
<td>2010</td>
<td>87</td>
</tr>
<tr>
<td>2011</td>
<td>88</td>
</tr>
<tr>
<td>2012</td>
<td>89</td>
</tr>
<tr>
<td>2013</td>
<td>89</td>
</tr>
<tr>
<td>2014</td>
<td>89</td>
</tr>
<tr>
<td>2015</td>
<td>89</td>
</tr>
<tr>
<td>2016</td>
<td>89</td>
</tr>
<tr>
<td>2017</td>
<td>89</td>
</tr>
</tbody>
</table>

89%
Background: HIV Cascade

Cascade Co-infection porte TB en 2017

- Cas notifiés: 151832
- TB testés: 96900
- TB VIH+: 9688
- TB VIH+ S/TARV: 7982
- TB VIH + S/CTX: 8796

63% 9,9% 82% 90%
## Background: Community roles

- **Advocacy**
- **Sensitization**
- **Building capacities (management, training, planning, monitoring)**
- **Money raising (Funds de counterparties)**

### Managerial activities (national level)

- Community sensitization
- Household contact tracing
- Referral of symptomatic
- Referral of persons with TB for HIV testing
- Referral of PLHIV for TB testing
- Transport of specimens for diagnosis
- M&E

### Detection activities (field)

- Psychosocial support for TB, HIV-TB
- DOT support
- Identification of lost to follow up for continuation of treatment
- Follow-up laboratory exams
- ARV and condom distribution to stable PLHIV
- Sputum transport
- M&E

### Accompaniment activities (field)
Key community stakeholders with coverage

• Government :
  – Through health committee (comité de santé)

• Stop TB platform:
  – LNAC
  – CAD
  – Femmeplus
  – 12 new NGO involved in 2017 (after training)

• Global Fund PR (Caritas, Cordaid) :
  – Using Local NGO (HIV NGO and TB NGO)
Implementation mechanism

• **Stages:**
  
  – National consultation (NTP, affected communities and NGOs/CSOs) on community-based TB activities
  
  – Production of national guide for community engagement strengthening in TB and HIV responses
  
  – Definition of roles and activities in implementation (NTP and community)
  
  – Defining a single monitoring and evaluation system, integrated in the national NTP M&E system including indicators and data collection tools
  
  – Elaboration of training modules for community-based activities
Implementation mechanism

- Mapping of NGOs/other CSOs
- Capacity building of NGOs and other CSOs in community-based delivery of TB services including support for resource mobilization of NGOs
- Signature of MOU between the NTP and selected NGO; negotiated cost of consultation
- Implementation in provinces
- Monitoring and evaluation
Support of implementation

- DRC national: policies is based on PHC (SSP)
- TB Guideline: includes community aspects (PATI 5, éd 2016)
- ENGAGE Guideline: since 2014
- Training/capacity building strategy for CHWs/CVs
  - In 2016: 1146 (445 women and 701 men) vs 1133 planned
- Supervision mechanism
  - NGO: Twice (national to local level) but very insufficient in field
- Monitoring and evaluation of CHW/CV performance
  - NGO: each quarter
  - NTP: coordination meeting
Implementation tools (actualized)

- National guidelines for community based TB activities
  - PATI 5 and ENGAGE TB,
- Referral mechanisms and tools (for presumptive TB)
  - BILO AND FIDESCO,
- Job aids for referral, diagnosis and treatment of TB
  - In training document,
- Recording and reporting tools
  - TB register, Tb lab, TB quarterly report in Health centre
- Tools to ensure treatment completion and patient support
  - TB register, TB lab, TB quarterly report in Health centre
Implementation tools (actualized)
• **Data collection and data flow structure**
  – *BILO (referral presumptive document and follow up document for TDO)*
  – *TB laboratory register (collect)*
  – *TB register (collect)*
  – *Quarterly report (for diagnose health centre and Health District): transmission*

• **Data systems (status of DHIS2 adoption):** *39% of district use it for TB*

• **Data elements collected:** address, sex, age, TB specificities, HIV status, output

• **Indicators used** to track contributions of community health workers/volunteers to:
  - Proportion of referral TB presumptive cases
  - Proportion of new TB case notification through community
  - Proportion of TB accompanied
  - Treatment success rate

• **Geographic coverage** of monitoring and evaluation and related tools
  - All 517 Health District are covered quarterly
  - All 1830 Diagnosis health centre are covered quarterly
**Integration (how, what and who) of TB activities** at community level:

- **National level**: advocacy, money raising, pacification, guidelines
- **Provincial level**: advocacy, money raising, pacification
- **Local level**: detection et follow up activities

**Mechanisms** to support integration:

- **All TB community workers are linked with the TB program according level**
- **There is meeting but not formal board and not regularly** *(we must improve)*
- **NTP supervisions and review include community aspects but there is community supervision held buy NGO Leaders. Grant are very insufficient to cover all community supervisions planed by NTP or NGO**
- **Joint data validation exercises are very low because of lack of grant**
### Mechanisms for coordination of community based TB activities

- There is not a formal NTP-NGO body, but
  - There is an NGO platform called: **Stop TB RDC**
- **What are key functions of this group:**
  - Regulation of community interventions, capacity building, mentoring, advocacies,
  - Concertation of TB-NGO, sharing experiences with others NGO
  - TB Observatory.
- **How frequent are their meetings:** **Quarterly**
- **Any funding support:**
  - *NMF2 by GF 18-2020 ????
  - *OMS ????
  - *Stop TB partnership ????
Challenges, Bottlenecks and Solutions

- **Challenges:**
  - To have communities interventions in all DRC health Districts
  - To show clearly the community contribution on TB (detection, success and many raising)
  - Raising money for community activities

- **Bottlenecks:**
  - **Coordination:**
    - Deficiency of provincial teams (weak NGO involvement) difficulties to regulate and control community interventions in the provinces not covered by the members of the Platform,
    - *Hence, we must increase CSOs/NGO in TB work (in field and provincial level)*
  - **Service delivery:**
    - Poor documentation of community activities done in the field,
    - Partial reporting of community activities and contributions.
    - *Capacity building of CSOs/NGO, increase funding and make tools available.*
  - **Monitoring and evaluation:**
    - Very low supervision in the field for community actors,
    - Not holding community data validation meetings.
    - *Need of support for community M & E.*
Success story (1)

- Community TB day celebration (24 June, 2017) with TB key populations and leaders with a TB specific message

A policeman

A PLWHIV

A catholic preacher
Success story (2)

A autochthone people

A road children (abandoned)

Sensitization

Parliamentary TB coccus created
### Results 1 (for ENGAGE Project 2015)

#### Demonstration phase
- 2831 cases (41% of all cases in 33 health centres) during implementation period detected thanks to ENGAGE-TB project
- Treatment success of 93% vs national average of 88%
- Increase in utilization of TB health services thanks to referral of persons with presumptive TB

#### At national level
- National ENGAGE-TB policy for integration of TB into other sectors and engagement of NGOs and development of guide and tools
- Development of indicators and tools integrated in the national NTP system
- Establishment of a national platform for coordination of NGOs and other CSOs (Stop TB DR Congo)
- Establishment of simple standardized tools for household contract tracing
2016:
- 24,810 TB cases was referred by community
- This number showed 18.7% of notification (24,810 vs 132,515)
- 12,410 TB cases was accompanied by community
- This number showed 9.3% of notification (12,410 vs 132,515)

2017:
- 43,307 TB cases was referred by community
- This number showed 28.5% of notification (43,307 vs 151,832)
- 20,273 TB cases was accompanied by community
- This number showed 13.3% of notification (20,273 vs 151,832)
Progress of results 2016-2017

Total TB Cases
- 2016: 132515
- 2017: 151832

TB cases oriented
- 2016: 24810
- 2017: 43307

TB cases accompagnied
- 2016: 12410
- 2017: 20273

14.5% increase from 2016 to 2017.
Country work plans for community based TB activities
### Country work plans for community based TB activities

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Province</th>
<th>District health</th>
<th>Fonds en 2017</th>
<th>Bailleurs</th>
</tr>
</thead>
<tbody>
<tr>
<td>LNAC</td>
<td>12 / 26</td>
<td>89 / 517</td>
<td>301,065,22$</td>
<td>USAID, FM, AD, fonds Propre</td>
</tr>
<tr>
<td>CAD</td>
<td>13 / 26</td>
<td>108 / 517</td>
<td>227,557,97$</td>
<td>USAID, FM, fonds Propre</td>
</tr>
</tbody>
</table>
Country work plans for community based TB activities

• Stated objective:

• By the end of 2020,
  – Increase the coverage of civil society actors on TB work;
  – Strengthen coordination and visibility of "stop TB DRC" platform;
  – Strengthen the capacity of civil society organizations in the detection and monitoring of patients under treatment;
  – Contribute to improving access to TB care for key populations by CSOs actors, particularly through innovative approaches;
  – Provide work tools to civil society actors;
  – Strengthen the capacity of CSOs in resource mobilization
  – Advocate through the government to increase and disburse the TB specific budget line.
Country work plans for community based TB activities

• Activities planned (1):
  – Recruit the new CSOs to join the Stop TB DRC;
  – Install gradually provincial secretariats of Stop TB DRC;
  – Update the mapping of civil society interventions through Stop TB DRC;
  – Organize quarterly meetings of the working group OF Stop TB DRC;
  – Organize the forum meeting; meeting of Stop TB DRC consultation framework, NTPs and partners;
  – Put in place mechanisms for the dissemination and popularization of platform activities (website, radio-TV programs, information media, ....;
• Activities planed (2):
  – Organize activities related to JMT (World TB day);
  – Organize the training of trainers / civil society actors in the fight against TB (detection and follow-up of Treatment);
  – Reproduce and distribute work tools for data collection;
  – Monitor the activities of Stop TB CSOs;
  – Push CSO members to develop innovative approaches targeting special populations;
  – Organize advocacy and resource mobilization meetings with different partners;
  – Put in place an (observatory) mechanism for monitoring the efficient use of all available resources (means) for TB control in the country; etc ....
Country work plans for community based TB activities

- Timelines: 36 months (2018)
- Responsibility: Stop TB RDC Board
- Percentage of the overall budget for community based TB activities: 5,860,650 $ (10%)
Country specific opportunities

• GF TB/VIH 2018 -2020 Grant.
• Catalytic Funds (TB missing cases).
• USAID grant (Challenge TB)
• Domestic funds (Government)
• Own money (volunteers) !!!!!
Anticipated implementation challenges and suggested solutions

- **Money raising:**
  - more advocacies and elaboration of projects

- **Demonstration of community contribution:**
  - Using community documents and monthly monitoring of activities in field (Health districts)
  - Annual community report

- **Sustainability of activities:**
  - Capacity building of NGO, professionalism and more advocacies for changing political and legal environment *(law and increasing domestic fund)*
Acknowledgement

• DRC NTP manager
• DRC « STOP TB » Platform
• Community members
• USAID (CTB-Union)
• Damian Action
• GF/PR
• WHO country office
yes, we have to work for the people and with them