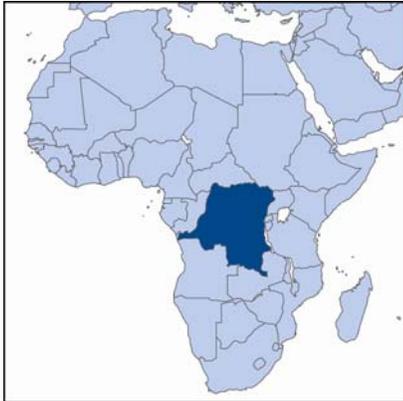




TUBERCULOSIS PROFILE



The Democratic Republic of the Congo (DRC) ranks 11th among the world's 22 high-burden tuberculosis countries. TB is one of the leading causes of death in the country, particularly affecting individuals in their economically productive years. Provisional data from the WHO indicate that the DRC had over 204,000 estimated TB cases in 2004, with an estimated incidence rate of 366 cases per 100,000 people. Case notifications have been steadily rising since the early 1990s, a result of the combined effects of improved case finding and the spread of HIV/AIDS. By the end of 2004, 75 percent of the population had access to Directly Observed Therapy, Short-Course (DOTS).

Since 1981, TB control in the DRC has been integrated with the primary health care system. With international assistance, the National Tuberculosis and Leprosy Program (NTLP) directs the TB program at the provincial level.

Country population	55,852,890
Global rank out of 22 high-burden TB countries	11
Estimated number of new TB cases	204,413
Estimated TB incidence (all cases per 100,000 pop.)	366
DOTS population coverage (%)	75
Rate of new sputum smear-positive (SS+) cases (per 100,000 pop.)	111
DOTS case detection rate (new SS+) (%)	70
DOTS treatment success rate in 2003 (new SS+) (%)	83
Estimated adult TB cases HIV+ (%)	21
New multidrug-resistant TB cases (%)	1.7

Note: All data are for 2004 except where noted otherwise.
Source: Global Tuberculosis Control: WHO Report 2006.

USAID Approach and Key Activities

At the national and health zone levels, USAID provides support for the NTLP as well as for the basic primary health care package that includes family planning, nutrition, policy development, immunization, HIV/AIDS, and disease surveillance and response activities. USAID's overall goal is to help the NTLP expand access to TB services while achieving WHO targets for improved case detection (70 percent) and treatment success rates (85 percent). USAID supports two TB programs: one program is through the Santé Rurale (SANRU) and Catholic Relief Services (CRS) projects, and the second is through the Tuberculosis Control Assistance Project (TB CAP Project). Between 2000 and 2005, USAID funds for TB programming in DRC averaged about \$1.1 million per year.

USAID provides support for the following:

- Reinforcing NTLP coordination in South-Kivu and Maniema provinces
- Assisting the NTLP in improving linkages between TB and HIV/AIDS control activities, including training of health workers and provincial coordinators
- Strengthening the laboratory network, including decentralization of culture capacity, to two regional laboratories
- Providing technical assistance to the national level in coordination and supervision of TB activities
- Improving TB drug management and distribution

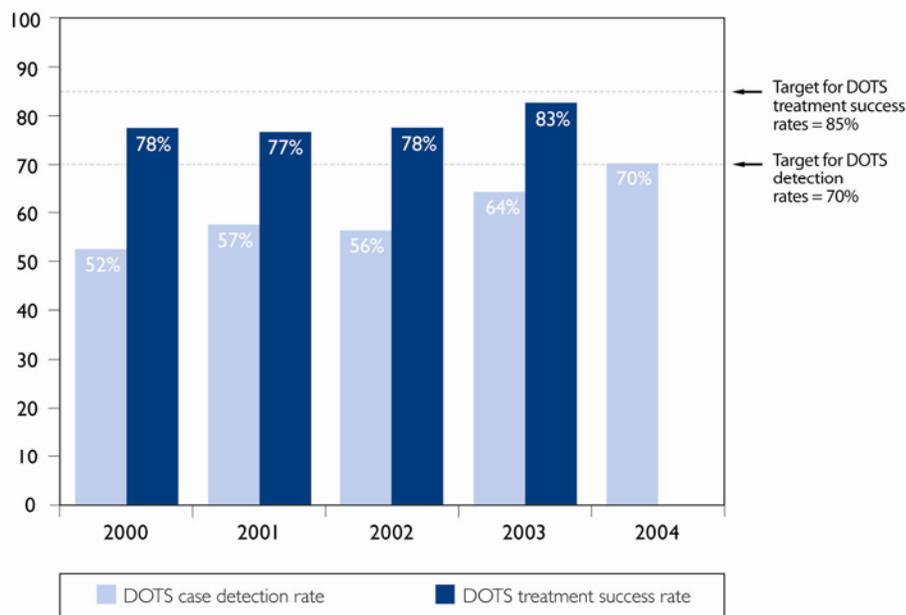
- Developing improved NTLN strategies for expanding DOTS and new policies to address increased drug resistance
- Training nurses in TB case management (detection, treatment, and reporting)
- Improving the microscopic diagnosis of TB among suspected patients at detection and treatment health centers
- Implementing community-based DOTS in Bas Congo province
- Integrating the voluntary counseling and testing (VCT) centers into detection and treatment TB centers in 25 USAID-assisted health centers

USAID Program Achievements

With assistance from implementing partners, USAID's achievements include the following:

- Provided technical assistance to the NTLN and partners, which resulted in an increase in case detection from 51 percent in 2001 to 78 percent in 2005; treatment success increased from 70 percent in 2001 to 83 percent in 2004
- Supported DOTS expansion into 63 health zones
- Supported publication of the national TB policy
- Continued to provide technical assistance, with the HIV/AIDS control program, to integrate a pilot project on the management of patients with TB-HIV co-infection in two health zones in Kinshasa, covering approximately 400,000 inhabitants
- Implemented TB training and supervision in the Kasai, Maniema, Sankuru, Gemena-Lisala, Isiro, Katanga, and Bunia regions
- Conducted TB-HIV/AIDS training
- Provided assistance for drug logistics management

Case Detection and Treatment Success Rates Under DOTS



Note: DOTS treatment success rate for 2004 will be reported in the 2007 Global Report.
Source: Global Tuberculosis Control: WHO Report 2006.

Partnerships

International partnerships currently meet 40 percent of NTLN needs. USAID's main partner for strengthening the capacity of the NTLN is the Tuberculosis Coalition for Technical Assistance (TBCTA Project) implementing the TB CAP Project. TBCTA Project members are the KNCV Tuberculosis Foundation, WHO, the U.S. Centers for Disease Control and Prevention, the International Union Against Tuberculosis and Lung Disease, the American Thoracic Society, and the American Lung Association. USAID also directs funds through Interchurch Medical Assistance to support DOTS activities in the SANRU health zones. In 2003, during its second round, the Global Fund provided \$7.9 million for TB control activities.