

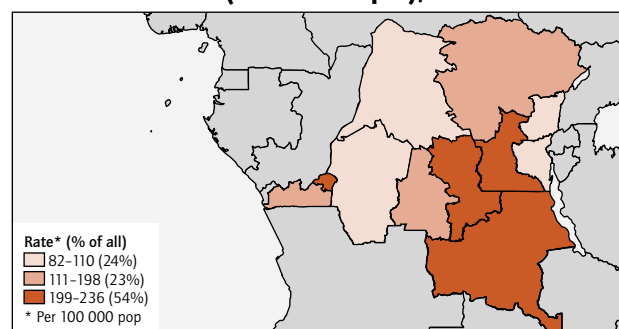
Democratic Republic of the Congo

The case notification rate increased in 2007 following intensive efforts to implement the Stop TB Strategy. Treatment success rates are above target at 86%. Major efforts are required to expand collaborative TB/HIV activities and diagnosis and treatment of MDR-TB. The diagnostic capacity of the NRL has improved and the construction of a larger NRL will be completed in 2008. Recurrent shortages of drugs and supplies, including HIV test kits, need to be addressed. The health system faces considerable obstacles with regard to basic infrastructure, human resources and security problems. TB control is well aligned with the national health plan, the SWAP, and with the Medium-term Expenditure Framework for health. Despite increased funding in recent years, large funding gaps remain.

SURVEILLANCE AND EPIDEMIOLOGY

Population (thousands) ^a	62 636	
Estimates of epidemiological burden, 2007^b	ALL	IN HIV+ PEOPLE
Incidence		
All forms of TB (thousands of new cases per year)	245	14
All forms of TB (new cases per 100 000 pop/year)	392	23
Rate of change in incidence rate (%), 2006-2007	-2.6	-2.1
New ss+ cases (thousands of new cases per year)	109	5.1
New ss+ cases (per 100 000 pop/year)	174	8.1
HIV+ incident TB cases (% of all TB cases)	5.9	—
Prevalence		
All forms of TB (thousands of cases)	417	7.2
All forms of TB (cases per 100 000 pop)	666	12
2015 target for prevalence (cases per 100 000 pop)	138	—
Mortality		
All forms of TB (thousands of deaths per year)	51	6.0
All forms of TB (deaths per 100 000 pop/year)	82	9.6
2015 target for mortality (deaths per 100 000 pop/year)	18	—
Multidrug-resistant TB (MDR-TB)		
MDR-TB among all new TB cases (%)	2.3	—
MDR-TB among previously treated TB cases (%)	10	—

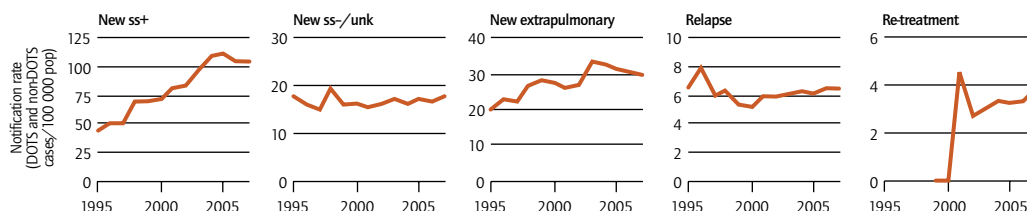
TB notification rate (new and relapse), 2007



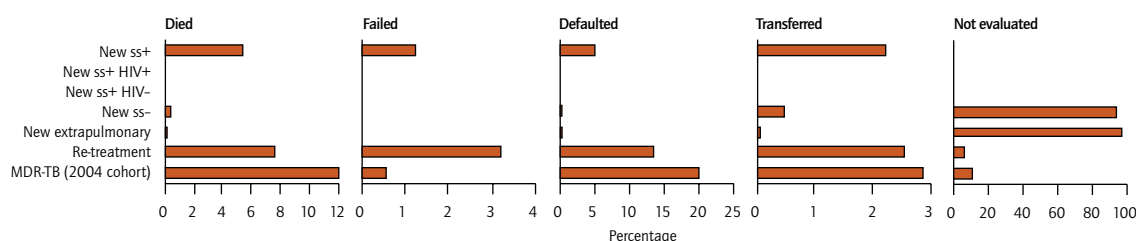
Total notifications, 2007

Notified new and relapse cases (thousands)	100
Notified new and relapse cases (per 100 000 pop/year)	159
Notified new ss+ cases (thousands)	66
Notified new ss+ cases (per 100 000 pop/year)	106
as % of new pulmonary cases	86
sex ratio (male/female)	1.1
DOTS case detection rate (% of estimated new ss+)	61
Notified new extrapulmonary cases (thousands)	19
as % of notified new cases	20
Notified new ss+ cases in children (<15 years) (thousands)	3.2
as % of notified new ss+ cases	4.8

Case notifications



Unfavourable treatment outcomes, 2006 cohorts



	2000	2001	2002	2003	2004	2005	2006	2007
DOTS coverage (%)	70	70	70	75	75	100	100	100
Notification rate (new & relapse cases/100 000 pop)	120	128	132	153	164	165	158	159
% notified new & relapse cases reported under DOTS	100	100	100	100	100	100	100	100
Notification rate (new ss+ cases/100 000 pop)	71	81	83	97	109	111	105	106
% notified new ss+ cases reported under DOTS	100	100	100	100	100	100	100	100
Case detection rate (all new cases, %)	33	33	32	36	38	39	38	39
Case detection rate (new ss+ cases, %)	47	49	47	53	59	60	59	61
Treatment success (new ss+ patients, %)	78	77	78	83	85	85	86	—
Re-treatment success (ss+ patients, %)	—	—	67	72	71	74	67	—

Note: notification, case detection and treatment success rates are for the whole country (i.e. DOTS and non-DOTS cases combined).

DOTS EXPANSION AND ENHANCEMENT

Overview of services for diagnosis of TB and treatment of patients

Description of basic management unit	Health centre or hospital
Number of units (DOTS/total), 2007	1205/1205
Location of NTP services	
Rural	Health centre, referral health centre, hospital
Urban	Health centre, referral health centre
NTP services part of general primary health-care network?	Yes
Location where TB diagnosed	
Rural	Health centre or hospital
Urban	Health centre or hospital
Diagnosis free of charge?	Yes (if TB is confirmed)
Treatment supervised?	All patients in all units
Intensive phase	Health-care worker, community member, family member
Continuation phase	Health-care worker, community member, family member
Category I regimen	2(HRZE)/4(HR)
Treatment free of charge	All patients in all units
External review missions	last: – next: –

Political commitment

National strategic plan?	Yes (2006–2015)
Mechanism for national interagency coordination?	Yes (established 2005)
National Stop TB Partnership?	No (planned –)

Financial indicators, 2009

(see final page for detailed presentation)	%
Government contribution to NTP budget (incl loans)	3.1
Government contribution to total cost TB control (incl loans)	21
Government health spending used for TB control	64
NTP budget funded	30

Per capita health financial indicators, 2009

	US\$
NTP budget per capita	0.8
Total costs for TB control per capita	1.0
Funding gap per capita	0.6
Government health expenditure per capita (2005)	1.7
Total health expenditure per capita (2005)	5.0

Quality-assured bacteriology

National reference laboratory?	Yes
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All TB laboratories performing EQA of smear microscopy or DST under the supervision of the National Reference Laboratory

	Smear				Culture		DST			
	Number	per 100 000	EQA	% adeq perf	Number	per 5 000 000	Number	per 10 000 000	EQA	% adeq perf
2007	1 205	1.9	1 023	60%	1	0.1	1	0.2	1.0	0%
2008	1 545	2.4	1 545	–	1	0.1	1	0.2	1.0	–

Note: for routine diagnosis, there should be at least one laboratory providing smear microscopy per 100 000 population. To provide culture for diagnosis of paediatric, extra-pulmonary and ss-/HIV+ TB, as well as DST of re-treatment and failure cases, most countries will need one culture facility per 5 million population and one DST facility per 10 million population. EQA column shows number of laboratories for which EQA was done. Adeq perf; adequate performance for microscopy based on results of EQA.

System for managing drug supplies and laboratory equipment

	Central level			Peripheral level		
	2005	2006	2007	2005	2006	2007
Stock-outs of laboratory supplies?	–	No	No	–	Some units	No
Stock-outs of first-line anti-TB drugs?	No	No	Yes	Yes	Some units	Some units

Monitoring and evaluation system, and impact measurement

NTP publishes annual report?	No	Burden and impact assessment		last	next
% of BMUs reporting to next level in 2007		In-depth analysis of routine surveillance data	Yes	2005	2010
Case-finding	100%	Prevalence of disease survey	No	–	–
Treatment outcomes	100%	Prevalence of infection survey	No	–	–
		Drug resistance survey	Yes, sub-national	1999	–
		Mortality survey	No	–	–
		Analysis of vital registration data	No	–	–

MDR-TB, TB/HIV AND OTHER CHALLENGES

	2005	2006	2007
	Number (% of estimated ss+ MDR-TB)		
Estimated incidence of ss+ MDR cases	4 087	4 112	4 137
Diagnosed and notified	178 (4.4%)	118 (2.9%)	82 (2.0%)
Registered for treatment	178 (4.4%)	118 (2.9%)	79 (1.9%)
GLC	0	0	0
non-GLC	178	118	79

MDR-TB, TB/HIV AND OTHER CHALLENGES (continued)

Detection and treatment of HIV in TB patients, 2007

TB patients for whom the HIV test result was known	14 484
as % of all notified TB patients	14
TB patients with positive HIV test	2 129
as % of all estimated HIV+ TB cases	15
HIV+ TB patients started or continued on CPT	2 015
as % of HIV+ TB patients notified	95
HIV+ TB patients started or continued on ART	419
as % of HIV+ TB patients notified	20

Screening for TB in HIV-positive patients, 2007

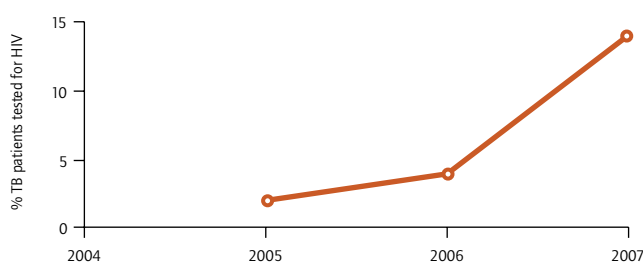
HIV+ patients in HIV care or ART register	277 202
Screened for TB	—
as % of HIV+ patients in HIV care or ART register	—
Started on TB treatment	—
as % of HIV+ patients in HIV care or ART register	—
Started on IPT	—
as % of HIV+ patients without TB in HIV care or ART register	—

High-risk groups, 2007

Number of close contacts of ss+ TB patients screened	—
Number of TB cases identified among contacts	—
% of contacts with TB	—
Contacts started on IPT	—
% of contacts without TB on IPT	—

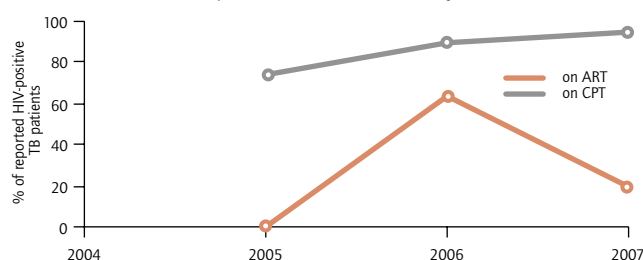
HIV testing for TB patients

The proportion of TB patients screened for HIV has increased steadily over the past three years but remains low



CPT and ART for HIV-positive TB patients

The proportion of patients receiving ART has declined by two thirds from 2006 to 2007 while the provision of CPT has steadily increased



CONTRIBUTING TO HEALTH SYSTEM STRENGTHENING

Limited basic infrastructure, shortage of human resources and security problems in several areas are challenges affecting health systems in general and TB control in particular. The NTP is addressing these challenges jointly with other stakeholders by aligning its NTP plan with the national health plan, the SWAP and the Medium-term Expenditure Framework for health.

Practical Approach to Lung Health (PAL), 2007

Number of health-care facilities providing PAL services	0	As % of total number of health-care facilities	0
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ENGAGING ALL CARE PROVIDERS

Public-public and public-private approaches (PPM), 2007

	Number collaborating (total number of providers)		% total notified TB	
	Diagnosed	Treated	Diagnosed	Treated
Public sector	— (-)	—	—	—
Private sector	551 (-)	—	—	—

International Standards for Tuberculosis Care (ISTC)

ISTC endorsed by professional organizations?	No
ISTC included in medical curriculum?	Yes

EMPOWERING PEOPLE WITH TB, AND COMMUNITIES

Advocacy, communication and social mobilization (ACSM)

A KAP survey is planned for 2009.

Community participation in TB care and Patients' Charter

Communities have been involved in TB control in five areas, through inclusion of family or community members as treatment supporters. However, no administrative area has full coverage of community-based services. One large patient organization is involved in TB treatment in 33 health centres in the capital and is committed to expanding a wide range of activities. TB indicators in the area have been steadily increasing since community-based services were launched in 1999.

ENABLING AND PROMOTING RESEARCH

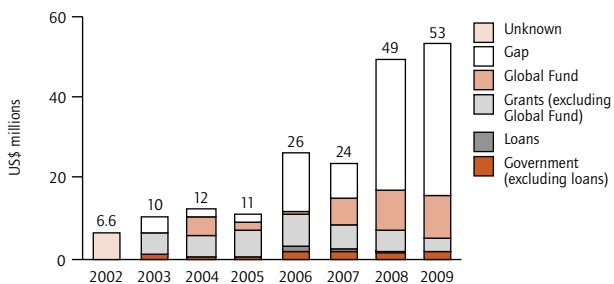
Programme-based operational research, 2007

Operational research budget (% of NTP budget)	1.7%
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FINANCING

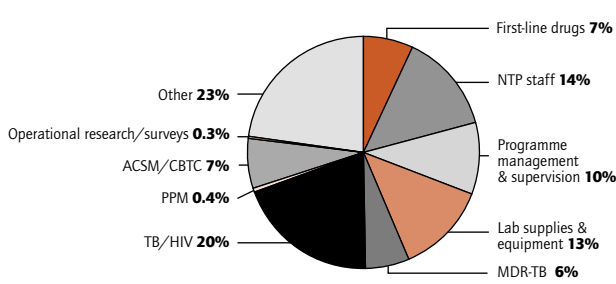
a. NTP budget by source of funding

Large increase in budget since 2008 after major revision of strategic plan and budget; funding has grown but large funding gap remains



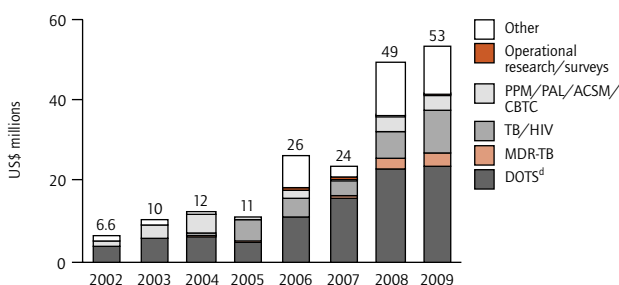
b. NTP budget line items in 2009

Largest share of budget is for DOTS (44%), Other (23%) and collaborative TB/HIV activities (20%)



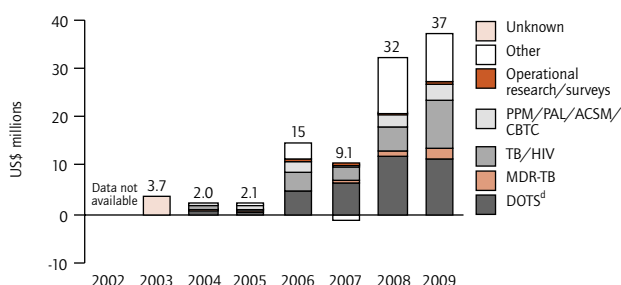
c. NTP budget by line item

Within DOTS, increased budget is for NTP staff and laboratory supplies and equipment; also noticeable increase in budget for TB/HIV and ACSM



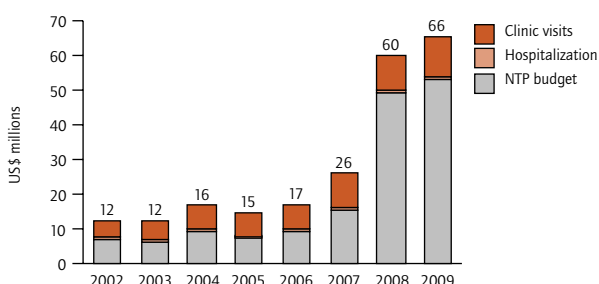
d. NTP funding gap by line item

Funding gaps for all major budget categories; within DOTS in 2008 and 2009 gaps are mainly for dedicated NTP staff and laboratory supplies and equipment



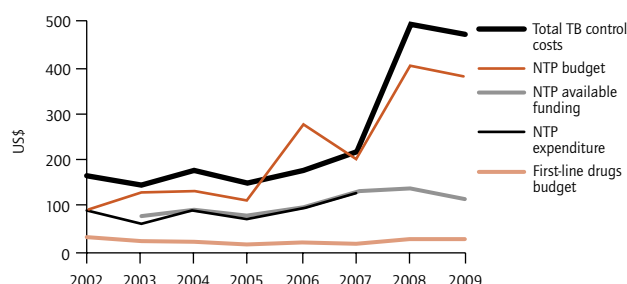
e. Total TB control costs by line item¹

Cost of clinic visits based on 76 visits for new patients during treatment; minimal reliance on hospitalization



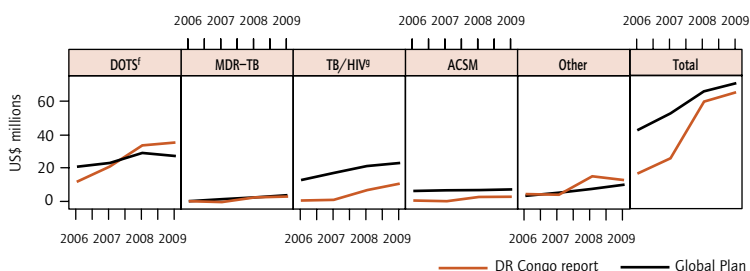
f. Per patient costs, budgets and expenditures²

Increasing cost per patient since 2005 as newer elements of TB control introduced; expenditure similar to available funding suggesting good absorption capacity



g. Global Plan compared with country reports³

Country plan in line with the Global Plan in 2008 and 2009 except for TB/HIV; full implementation requires funding gaps to be closed



h. NTP budget and funding gap by Stop TB Strategy component (US\$ millions)

Component	2009 BUDGET	GAP
DOTS expansion and enhancement	23	11
TB/HIV, MDR-TB and other challenges	14	12
Health system strengthening	0.2	0.2
Engage all care providers	0.2	0.2
People with TB, and communities	3.5	2.9
Research and surveys	0.2	0.2
Other	12	10

SOURCES, METHODS AND ABBREVIATIONS

^{a-g} Please see footnotes page 169.

¹ Total TB control costs for 2002-2007 are based on expenditure, whereas those for 2008-2009 are based on budgets. Estimates of the costs of clinic visits and hospitalization are WHO estimates based on data provided by the NTP and from other sources. See Methods for further details.

² NTP available funding for 2004-2007 is based on the amount of funding actually received, using retrospective data; available funding for 2002-2003 and 2008-2009 is based on prospectively reported budget data, and estimated as the total budget minus any reported funding gap.

- indicates not available or not applicable; pop, population; ss+, sputum smear-positive; ss-, sputum smear-negative pulmonary; unk, pulmonary - sputum smear not done or result unknown.