

COUNTRY PROFILE

Democratic Republic of the Congo

Despite a small increase in the number of clinics providing TB diagnosis and treatment, fewer cases of TB were notified by the Democratic Republic of the Congo in 2006 than in 2005. The reasons for this are unclear – it is possible that the incidence of TB has started to decline but, if so, it is likely that the epidemiology of HIV is part of the explanation. While treatment outcomes for smear-positive patients are good compared with other African countries, very few smear-negative cases are reported, suggesting problems with diagnosis. Coordination with the national AIDS control programme continues to be problematic, and fewer than 2% of TB patients were tested for HIV in 2006. However, the absorptive capacity of the NTP appears to be good, so it is likely that increased funding available in 2007 and 2008 will resolve at least some of these problems.

SURVEILLANCE AND EPIDEMIOLOGY, 2006

Population (thousands)^a 60 644

Estimates of epidemiological burden¹

Incidence (all cases/100 000 pop/yr)	392
Trend in incidence rate (%/yr, 2005–2006) ²	-1.3
Incidence (ss+/100 000 pop/yr)	173
Prevalence (all cases/100 000 pop) ²	647
Mortality (deaths/100 000 pop/yr) ²	84
Of new TB cases, % HIV+ ^b	9.2
Of new TB cases, % MDR-TB ^c	2.4
Of previously treated TB cases, % MDR-TB ^c	9.1

Surveillance and DOTS implementation

Notification rate (new and relapse/100 000 pop/yr)	158
Notification rate (new ss+/100 000 pop/yr)	105
DOTS case detection rate (new ss+, %)	61
DOTS treatment success (new ss+ cases, 2005 cohort, %)	85
Of new pulmonary cases notified under DOTS, % ss+	86
Of new cases notified under DOTS, % extrapulmonary	20
Of new ss+ cases notified under DOTS, % in women	47
Of sub-national reports expected, % received at next reporting level ^d	100

Laboratory services³

Number of laboratories performing smear microscopy	1 069
Number of laboratories performing culture	1
Number of laboratories performing DST	1
Of laboratories performing smear microscopy, % covered by EQA	100

Management of MDR-TB

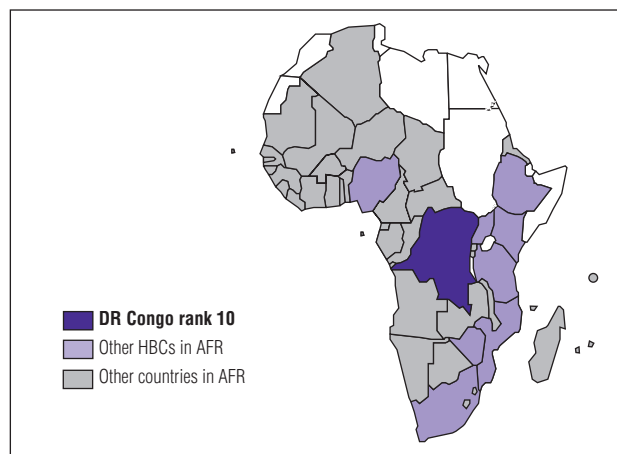
Of new cases notified, % receiving DST at start of treatment	–
Of new cases receiving DST at start of treatment, % MDR-TB	–
Of re-treatment cases notified, % receiving DST	1.3
Of re-treatment cases receiving DST, % MDR-TB	1.3

Collaborative TB/HIV activities

National policy of counselling and testing TB patients for HIV? (for specific groups)	Yes
National surveillance system for HIV-infection in TB patients? Of TB patients (new and re-treatment) notified, % tested for HIV	No
Of TB patients tested for HIV, % HIV+	1
Of HIV+ TB patients detected, % receiving CPT	14
Of HIV+ TB patients detected, % receiving ART	90
	54

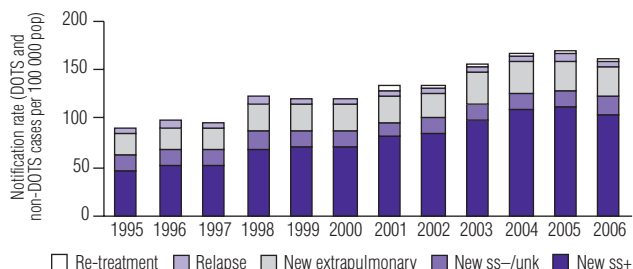
WHO Africa Region (AFR)

Rank based on estimated number of incident cases (all forms) in 2006



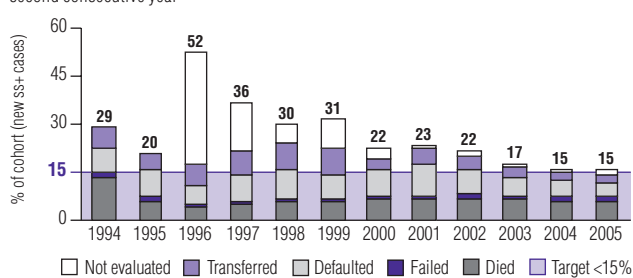
Case notifications

Notifications increased as DOTS coverage expanded, but have now stabilized under full coverage; high ss+ proportion suggests possible under-detection of ss- cases



Unfavourable treatment outcomes, DOTS

Steady improvement in treatment success rates over past 10 years; close to target for second consecutive year



DOTS expansion and enhancement	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
DOTS coverage (%)	47	51	60	60	62	70	70	70	75	75	100	100
DOTS notification rate (new and relapse/100 000 pop)	84	99	94	121	120	120	128	132	153	164	165	158
DOTS notification rate (new ss+/100 000 pop)	42	52	52	69	71	71	81	83	97	109	111	105
DOTS case detection rate (all new cases, %)	33	36	33	40	37	34	34	33	37	39	40	39
DOTS case detection rate (new ss+, %)	41	47	44	54	51	48	50	49	55	61	63	61
Case detection rate within DOTS areas (new ss+, %) ^e	86	91	73	90	82	68	72	70	73	82	63	61
DOTS treatment success (new ss+, %)	80	48	64	70	69	78	77	78	83	85	85	–
DOTS re-treatment success (ss+, %)	72	33	46	31	67	–	–	67	72	71	74	–

IMPLEMENTING THE STOP TB STRATEGY¹

DOTS EXPANSION AND ENHANCEMENT

Political commitment, standardized treatment, and monitoring and evaluation system

Achievements

- Increased number of primary health-care centres offering TB diagnosis and treatment from 1041 to 1069

Planned activities

- Disseminate quality control guidelines and directives for care of TB patients and associated data collection tools

Quality-assured bacteriology

Achievements

- Supplied intermediate and peripheral-level laboratories with materials, reagents and new microscopes
- Revised quality control and supervision guidelines

Planned activities

- Establish laboratories for culture in 2 cities (Kisangani and Lubumbashi); train staff in culture and DST
- Improve management of quality control data

Drug supply and management system

Achievements

- Prepared Global Fund round 6 proposal for strengthening drug management

Planned activities

- Rebuild second warehouse (in eastern part of the country)
- Distribute drugs equitably and effectively
- Provide adequate information regarding use of drugs

TB/HIV, MDR-TB AND OTHER CHALLENGES

Collaborative TB/HIV activities

Achievements

- Implemented collaborative TB/HIV activities in 21 sites in 2 provinces
- Advocated for establishment of a TB/HIV committee
- Trained coordinators (doctors) at provincial level in collaborative TB/HIV activities
- Developed an expansion plan for collaborative TB/HIV activities

Planned activities

- Initiate collaborative TB/HIV activities in at least 125 primary health-care centres
- Train TB providers in HIV counselling and testing and in provision of ART
- Revitalize TB/HIV steering committee

Diagnosis and treatment of multidrug-resistant TB

Achievements

- Revised MDR-TB guidelines
- Prepared and submitted proposal to GLC for an MDR-TB project to treat 1100 patients over a 5-year period
- Trained health-care providers in Kinshasa in management of MDR-TB

Planned activities

- Conduct training and refresher training for health-care providers in management of MDR-TB

High-risk groups and special situations

Achievements

- Provided TB diagnosis and treatment in war-affected areas in east of country (Ituri and Masisi): distributed drugs and provided protection and equipment for staff with assistance from United Nations Mission in the Democratic Republic of the Congo (MONUC)

Planned activities

- None reported

HEALTH SYSTEM STRENGTHENING, INCLUDING HUMAN RESOURCE DEVELOPMENT

Achievements

- Provided finance for central health office and motivated staff of primary health-care clinics
- Conducted preliminary assessment to adapt PAL and developed plan for PAL implementation

Planned activities

- Donate motorcycles and bicycles to zonal health offices
- Develop PAL guidelines and implement PAL activities in pilot sites

ENGAGING ALL CARE PROVIDERS

Achievements

- Conducted situation analysis for PPM
- Identified private health-care facilities, faith-based organizations and companies for collaboration in PPM activities

Planned activities

- Develop PPM guidelines
- Provide anti-TB drugs and laboratory supplies to collaborating providers

¹ Unless otherwise specified, achievements are for financial year 2006; planned activities are for financial year 2007.

EMPOWERING PEOPLE WITH TB, AND COMMUNITIES

Advocacy, communication and social mobilization

Achievements

- Organized World TB Day events
- Updated social mobilization guidelines

Planned activities

- Organize World TB Day events
- Update messages on TB and develop tools for communication
- Develop advocacy guide

Community participation in TB care

Achievements

- Trained members of community-based organizations to provide support to TB patients, including treatment supervision for bedridden patients, in 200 out of 515 zones
- Encouraged community participation in World TB Day celebrations

Planned activities

- Increase number of zones where members of community-based organizations are trained in patient support

Patients' Charter

Achievements

- Distributed Patients' Charter to all 23 provinces

Planned activities

- Translate Patients' Charter into 4 national languages
- Request inclusion of Patients' Charter when country places order through GDF
- Distribute Patients' Charter in all 1069 primary health-care centres

RESEARCH, INCLUDING SPECIAL SURVEYS AND IMPACT MEASUREMENT

Achievements

- Completed KAP study for TB
- Conducted study of rifampicin resistance in failure cases in Kinshasa

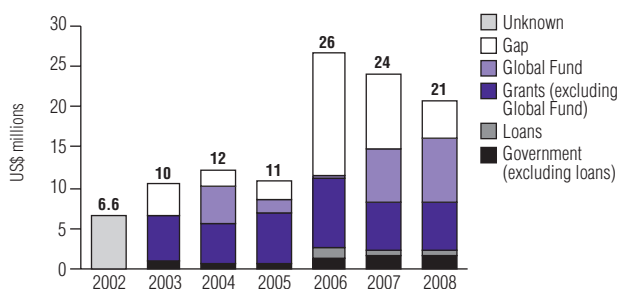
Planned activities

- Conduct seroprevalence study among new TB cases in Kinshasa city
- Evaluate effect on case-finding of "missed opportunities": failure to investigate TB in people presenting at health-care services

FINANCING THE STOP TB STRATEGY

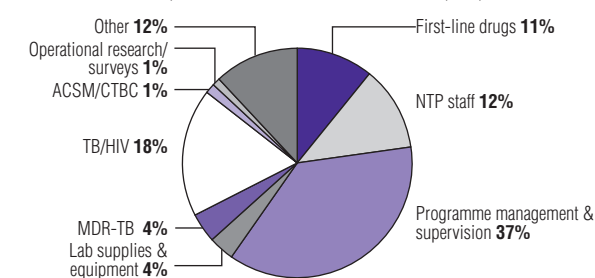
NTP budget by source of funding

Increased funding from the Global Fund and decreased funding gap since 2006



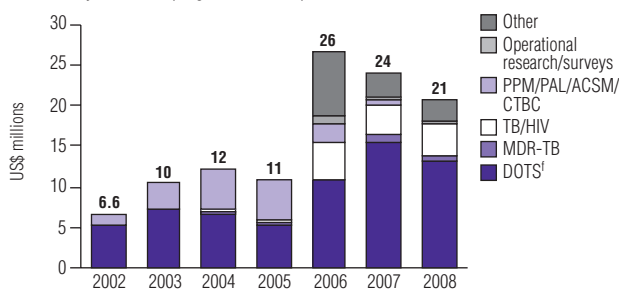
NTP budget by line item, 2008

Largest shares of the budget are for component 1 of the Stop TB Strategy (DOTS expansion and enhancement: 65%) and for collaborative TB/HIV activities (18%)



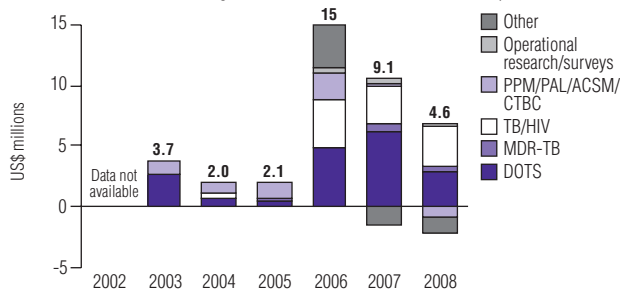
NTP budget by line item

Stable budget for collaborative TB/HIV activities since 2006; increased budget for DOTS in 2007 mainly for routine programme and supervision activities



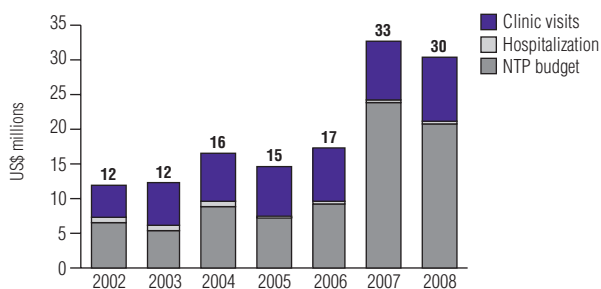
NTP funding gap by line item

Funding gap within DOTS mainly for routine programme management and supervision activities; about 80% of funding needs for TB/HIV remain unfunded; surplus for "Other"



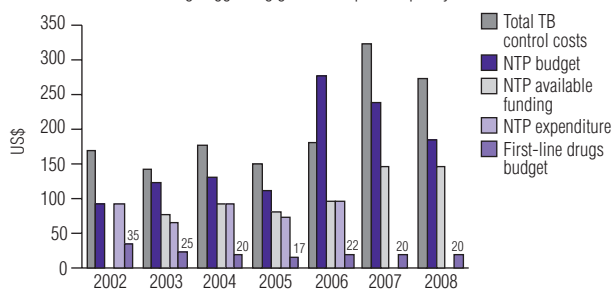
Total TB control costs by line item⁴

Cost of clinic visits based on 76 visits for new patients during treatment



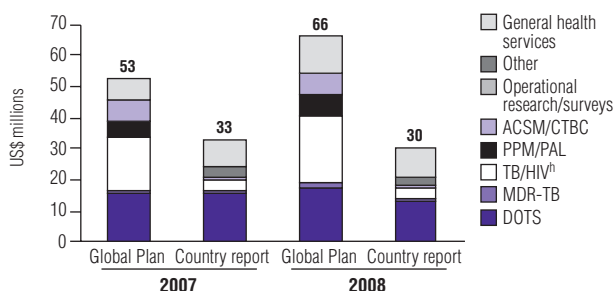
Per patient costs, budgets and expenditures⁵

Increased costs per patient with peak in 2007; increased expenditure per patient which is similar to available funding suggesting good absorption capacity



Comparison of country report and Global Plan:⁹ total TB control costs, 2007–2008

Like other African HBCs, main difference between Global Plan and country report is TB/HIV and ACSM/CTBC



NTP budget and funding gap by Stop TB Strategy component

(US\$ millions)	2007		2008	
	BUDGET	GAP	BUDGET	GAP
DOTS expansion and enhancement	16	6.2	13	2.9
TB/HIV, MDR-TB and other challenges	4.5	3.7	4.6	3.7
Health system strengthening	0	0	0	0
Engage all care providers	0	0	0	0
People with TB, and communities	0.5	0.3	0.3	-0.7
Research	0.4	0.3	0.3	0.1
Other	2.9	-1.3	2.4	-1.5

Financial indicators for TB

Government contribution to NTP budget (including loans)	10%	12%
Government contribution to total cost TB control (including loans)	34%	40%
NTP budget funded	62%	78%
<i>Per capita health financial indicators (US\$)</i>		
NTP budget per capita	0.4	0.3
Total costs for TB control per capita	0.5	0.5
Funding gap per capita	0.1	0.1
Government health expenditure per capita (2004)		1.3
Total health expenditure per capita (2004)		4.7

SOURCES, METHODS AND ABBREVIATIONS

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

- Incidence, prevalence and mortality estimates include patients infected with HIV. Incidence estimate originally based on assumption of 45% ss+ case detection rate in 1997 (DOTS and non-DOTS combined). Trend in incidence estimated from 3-year moving average of notifications from those countries in region judged to be detecting an unchanging proportion of cases.
 - MDG and STB Partnership indicators shown in bold. Targets are 70% case detection of smear-positive cases under DOTS, 85% treatment success, to ensure that the incidence rate is falling by 2015, and to reduce incidence rates and halve 1990 prevalence and mortality rates by 2015. Estimates for 1990 are prevalence 267/100 000 pop and mortality 35/100 000 pop/yr.
 - For routine diagnosis, there should be at least one laboratory providing smear microscopy per 100 000 population. To provide culture for diagnosis of paediatric, extrapulmonary and ss-/HIV+ TB, as well as DST for re-treatment and failure cases, most countries will need one culture facility per 5 million population and one DST facility per 10 million population.
 - Total TB control costs for 2002–2006 are based on expenditure, whereas those for 2007–2008 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.
 - NTP available funding for 2004–2006 is based on the amount of funding actually received, using retrospective data; available funding for 2002–2003 and 2007–2008 is based on prospectively reported budget data, and estimated as the total budget minus any reported funding gap.
- indicates not available; pop, population; ss+, sputum smear-positive; ss-, sputum smear-negative pulmonary; unk, pulmonary – sputum smear not done or result unknown; yr, year.