



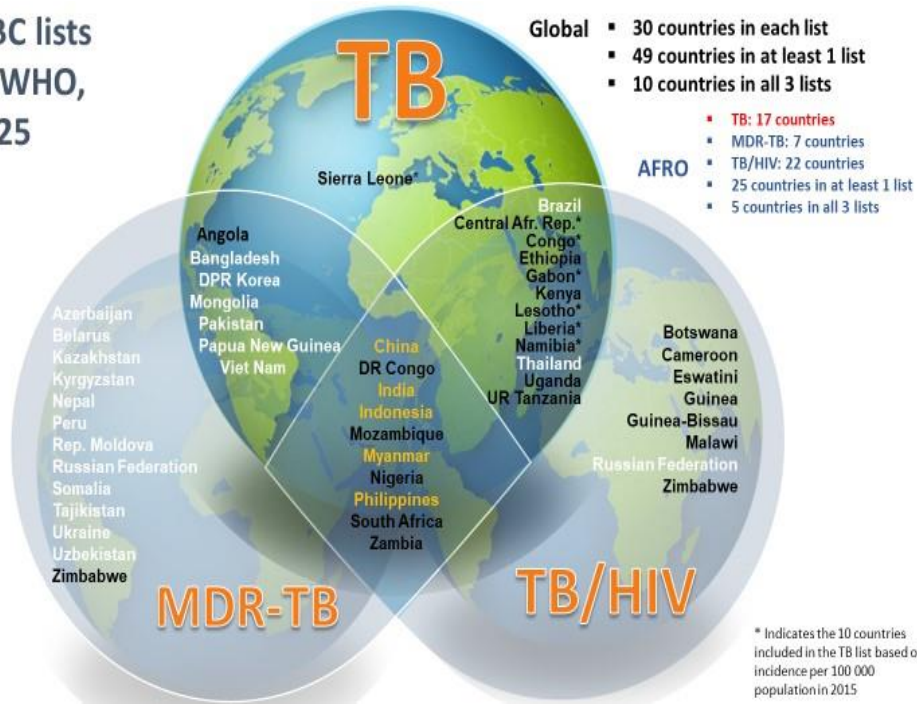
Experiences from a recent programme review in Democratic Republic of Congo

29 November 2022

Annual meeting of the Child and Adolescent TB Working Group

Dr Ramatoulaye Sall
Independent TB consultant

The 3 HBC lists used by WHO, 2021-2025



Afro countries in black

TB Incidence : 319 / 100 000

TB cases : 215 787 TB cases all forms

Surface : 2 345 410 Km²

Population : 89 561 400

Under 15 : 46%

Fertility rate : 6,6 child per woman

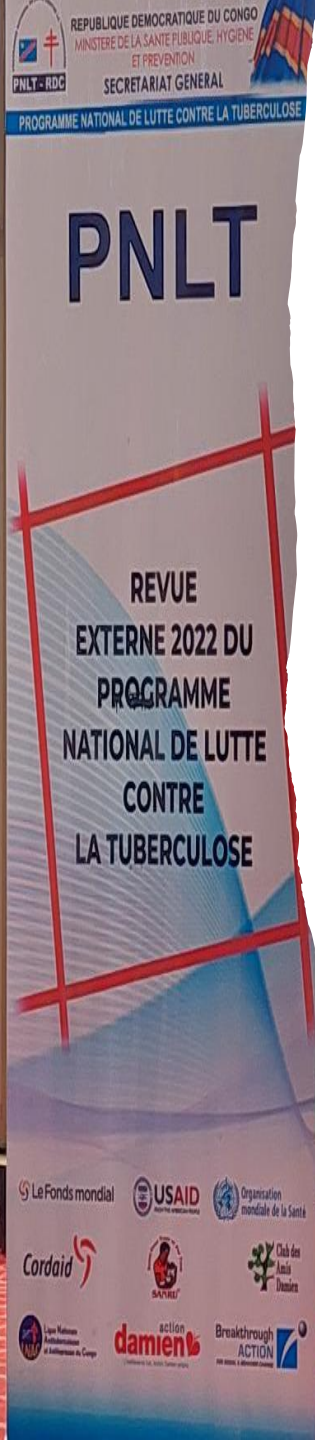
Mortality under 5 : 104/1000 (10%)



DRC external review - 2022

- 4th external review of the NTCP RDC : 7th October - November 1st 2022
- **Objectif** : Measure the performance of the TB Program and develop the 2024-2026 NSP in line with the END-TB strategy
- **Methodology**
 - Planning and preparing for the review : Epidemiological review and preparation of different specific thematic reports
 - Conducting the review in the field with the participation of external evaluator and use of standardize checklist for differents component
 - Writing and finalizing the report of the review, and recommending the steps that need to be taken to improve the national TB programme.

Framework for
conducting reviews
of tuberculosis
programmes



**12 provinces:
representing
60% of the
population**

Health workers
NTP: 13
Provincial authorities: 12
Patients: 41
NGOs/Community Health workers: 41
Institutions:
National Assembly
Provincial Assemblies

**Number of
facilities and
structures
visited : 273**

MoH

- UNITE CENTRALE / PNLT
- LNRM
- DEPOT MEDICAMENTS/PNLT
- PR/CORDAID
- CAGF – SANRU Min Santé,
- **PNIRA**
- **PRONANUT**
- **PNLS**

Partners

WHO

WHO RMCH

WHO Adolescent Health

European Union

Ambassy of Canada

USAID

AD

EGPAF

Chemonics

CORDAID

CAMESKIN

PROSANI

SANRU

ONG, Sociétés civiles,
communauté: LNAC, CAD,

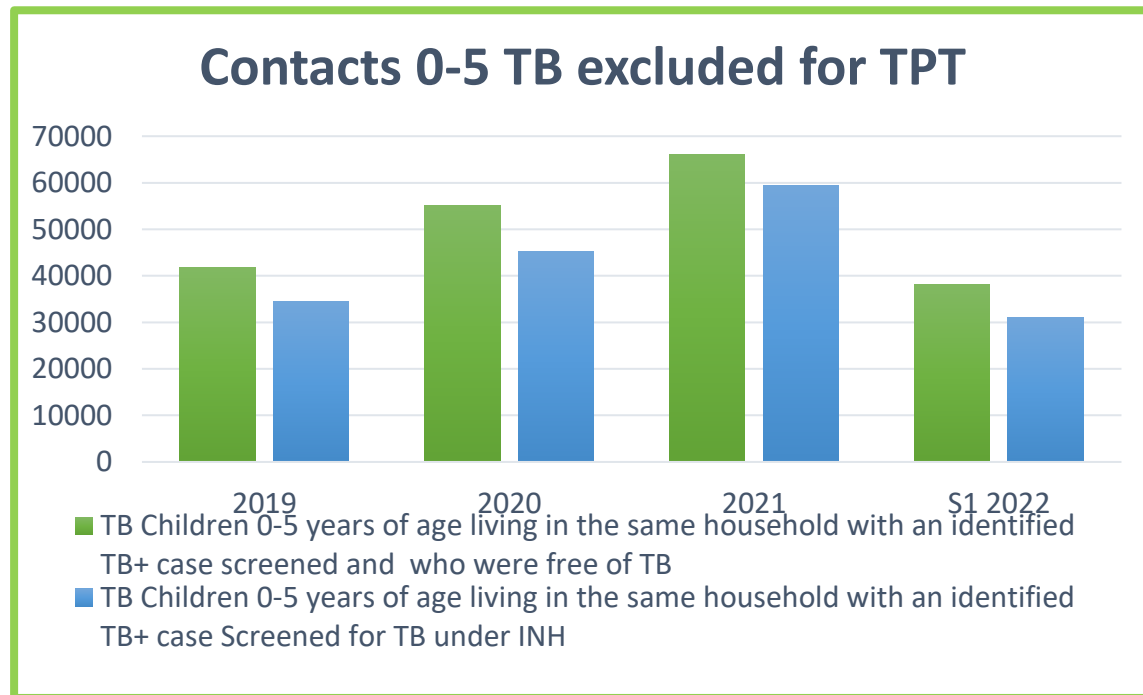
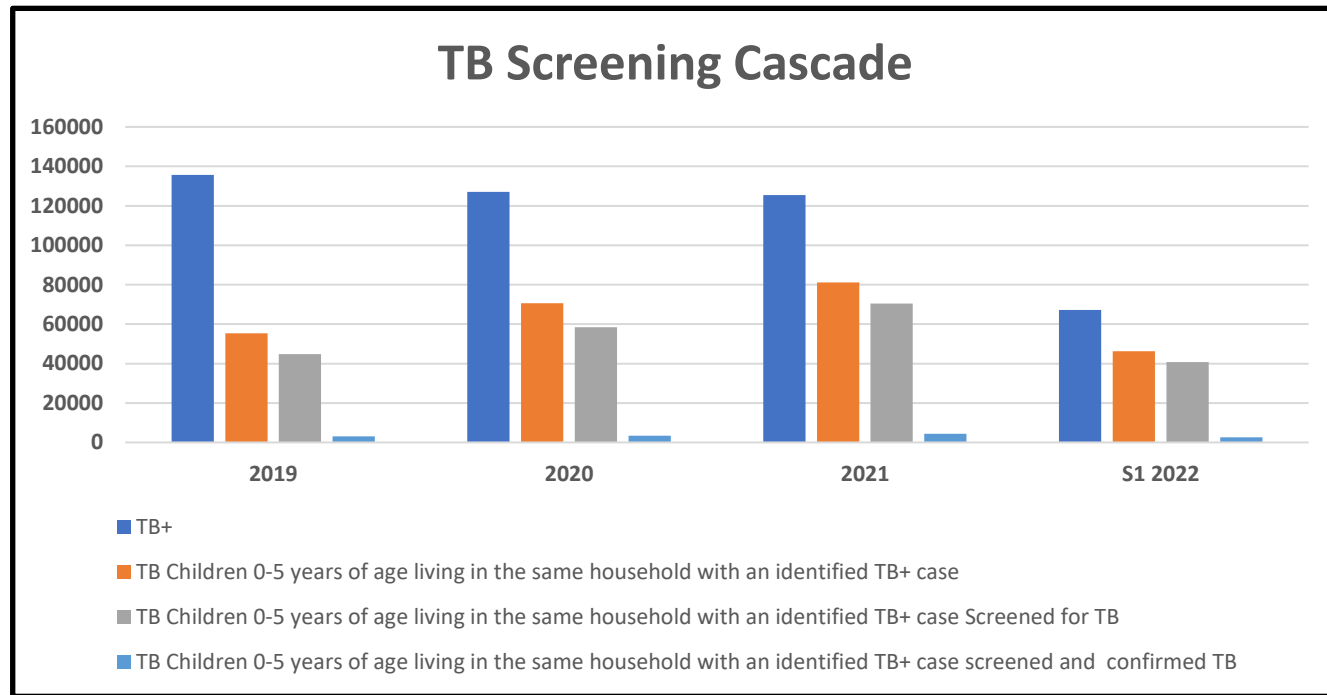
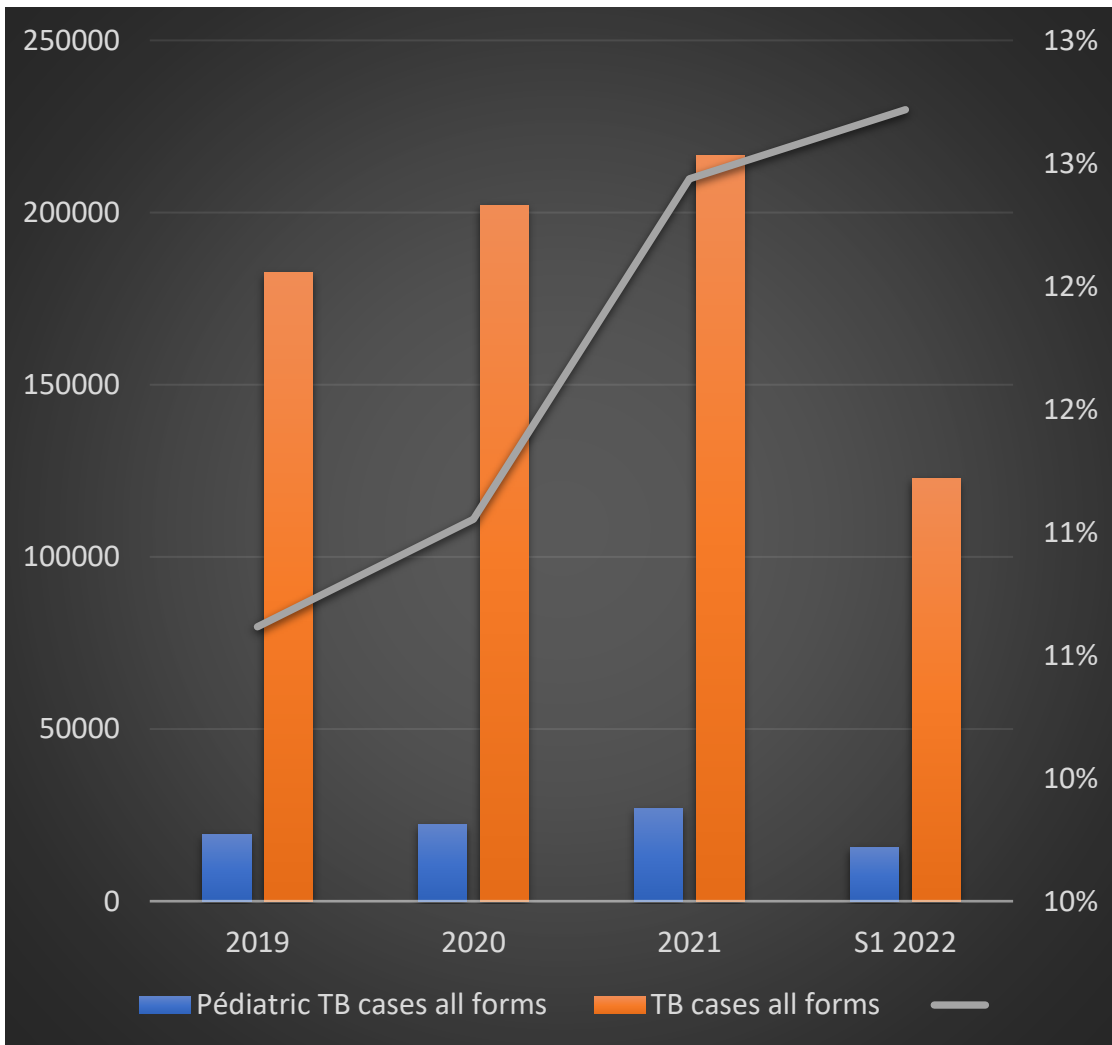
RENADEF, SANRU,

PROSANI

CAGF

CHAI

Pediatric TB Data DRC 2019- S1 2022



Findings of DRC's external review – Good practices

- Effective Pediatric TB committee
- Use of Xpert/Ultra as an initial test for the diagnosis of TB in children;
- Access to X-ray for children with presumptive TB is free for the patient
- Incentives for contacts for the referral to health facilities (transportation fees)
- Active involvement of community workers in contact tracing including children

- Existence of good local practices and conclusive pilot studies in the detection of TB among children (EGPAF, TIFA/USAID, UNITAID)

Results :Number Needed to Screen by Entry Points

Number Needed to Screen to Identify One Pediatric TB Case (NNS) Feb 2019-June 2021

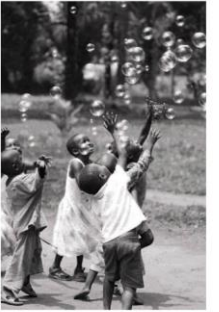
Entry Point	0-14y screened (#)	0-14 y diagnosed with TB (#)	Needed to screen to identify one TB case (NNS)
OPD	68,496	2,282	30
IPD	5,739	145	40
Nutrition	823	108	8
MCH	123,835	7	17,690
HIV	1,489	43	35

Findings of DRC's external review – Challenges

- Lack of stand alone national strategy for the management of child and adolescent TB
- Insufficient coordination with programs (PRONANUT, PNIRA, PNSA) and child survival partners (Save the children, Chai etc.)
- Insufficient training of child and adolescent TB providers with low TB detection in malnutrition sites and other pre-school clinical services
- Insufficient coverage of Xpert
- Insufficient active contact tracing
- Stock out of paediatric anti-TB drugs

Country's plan for the uptake of the WHO-2022 children and adolescent recommendations

- Elaboration of a pediatric and adolescent TB national roadmap that will provide operational guidance to enhance decentralized and family-centred, integrated models of care and scale up innovative good practices identified for TB detection in children in collaboration with programs and partners involved in child and adolescent survival
- Update of the guidelines (Uptake of the detection with Ultra in stool, algorithm, shorter regimens, Bedaquiline and Delamanid for children with DR-TB)
- Scale up TPT : Adopt the short regimen (3HP) and extending TPT to children aged 5 to 14
- Extend the nutritional support to children with TB disease
- Ensure sufficient supply of pediatric TB drugs



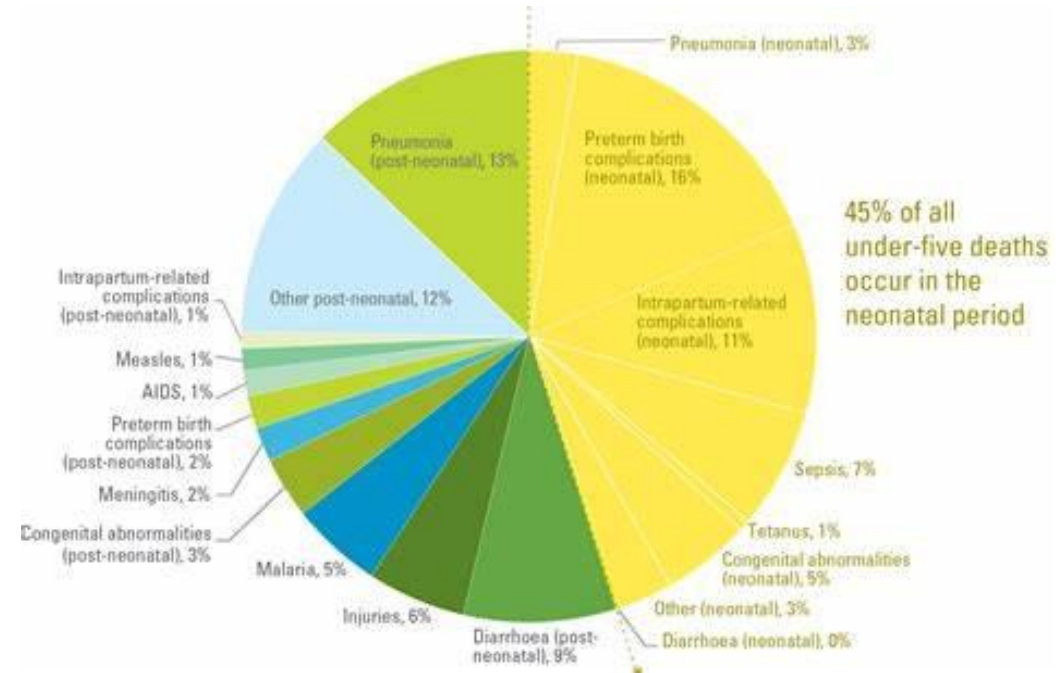
Plan de renforcement de la lutte contre la tuberculose de l'enfant et de l'adolescent en République démographique du Congo
2023 -2027



Guide national de prise en charge de la tuberculose de l'enfant et de l'adolescent en République démographique du Congo

Lessons learned

- External review is an opportunity for the country to evaluate the progress made in the period and to identify new eras of collaborations and partners
- Epidemiological review must give us more data in order to address childhood TB (e.g. on pneumonia, nutrition etc)
- Involvement of country in the research agenda facilitates the adoption of the WHO recommendations
- It is today crucial and urgent to activate the integration of TB in the top list of childcauses of death if we want to lever the TB active case detection among front line workers



Causes of death <5 years

We need to be here



Acknowledgments

- NTP/DRC
 - Dr Michel Kaswa
 - Dr Grace Bolie
 - Dr Romain Kibadi
- Health workers involved in TB in DRC
- TB patients and affected families
- GTB
 - Dr Sabine Verkuijl
 - Dr Annemieke Brands