Context: What are we trying to solve for?
- Democratic Republic of the Congo (DRC) ranks among 30 countries with the highest tuberculosis (TB) and TB/HIV burdens globally.
- Case detection is 38% and TB treatment success rates is 84% in Haut-Katanga province (2021).
- 56% of estimated people living with HIV are aware of their HIV status.
- Non-communicable diseases (NCDs) now account for an estimated 34% of deaths in the DRC.
- DRC has one of the lowest COVID-19 vaccination rates globally (estimated 11% vaccinated).
- Healthcare access and uptake, especially in semi-rural, underserved health areas, is hampered by poor infrastructure, limited clinic-based health workforce, and long wait times.

Intervention summary: What is our solution?

**Goal:** Increase detection of TB and associated comorbidities (hypertension [HTN], hyperglycemia, and HIV) and TB completion rates in underserved areas of Haut-Katanga through integrated household (HH) screenings and enhanced community-based and digital TB adherence strategies.

**Objectives:**
1. Deploy integrated HH screenings to accelerate detection of TB and associated comorbidities.
2. Ensure linkage to COVID-19 vaccination and follow-on diagnosis and treatment services for those screening presumptive for TB, HIV, HTN, and hyperglycemia at the HH-level.
3. Introduce enhanced community directly observed therapy, short-course (DOTS) and 99DOTS to improve TB medication adherence.
4. Facilitate sustainability of successful approaches by advocating for inclusion in provincial annual planning processes.

**Expected outcomes:**
- Increased awareness of TB, HIV, and NCD status among people living in underserved health areas of Kampemba and Ruashi HZs through integrated HH screenings.
- Increased access to high-quality diagnostic, care, and COVID-19 vaccination services at linked health facilities through subsidized/escorted referrals and use of strengthened sputum sample transportation system.
- Improved TB treatment completion rates among people confirmed with active TB through 99DOTS and enhanced community DOTS.

**PROOF POINTS**

PATH, through the Integrated HIV/AIDS Project in Haut-Katanga (IHAP-HK), piloted household TB/HIV screening and multi-disease screening campaigns to decentralize screening services to reach people not attending facility-based services.

**Household TB/HIV screening:** Trained *relais communautaires* (community health workers; ReCos) to provide HIV testing services (HTS) during household TB screening campaigns→more than 8,130 people with presumptive TB offered HTS in 17 months, with 1,010 confirmed HIV positive (18%) and 380 confirmed with active TB.

**Multi-disease screening:** Community outreach to schedule bundled, subsidized HIV/NCD/STIs screening at linked facilities→high male engagement (2,860 people participated, 57% males); high acceptability of HTN screening (94% acceptance).
Implementation model: What will this look like in action?

**Integrated household multi-disease screening**

- People living in underserved health areas
- Household RaCos
- TB
- Hypertension
- Diabetes
- HIV
- Sputum sample collection
- Supervisory RaCos provide escorted referrals
- People screening presumptive for TB, HIV, and/or NCD
- People screening with presumptive TB
- People with confirmed active TB
- Adherence RaCos
- Community DOTS
- Tuberculosis (TB)
- COVID-19 vaccination
- Diagnosis and care enrollment
- TB adherence support

**COVID-19 vaccination**

**Implementation area**: 40 underserved health areas in Ruashi and Kampemba HZs.

**Control area**: 35 underserved health areas in Kenya and Lubumbashi HZs.

**Anticipated results (12 months)**: Screen 36,799 people for TB and NCDs at HH-level; offer HH-based HTS and sputum sample collection to 9,200 people with presumptive TB; link 15,131 presumptive people (TB: 9,200; TB/HIV: 1,221; HTN: 2,650; hyperglycemia: 2,061) to clinics for diagnosis and care; provide enhanced community DOTS or 99DOTS to 437 people with TB; and support COVID-19 vaccination for 12,105 presumptive people.

**Health systems strengthening**

- Co-creating, testing, and optimizing a model for integrated and decentralized health services.
- Strengthening linkage/referral and adherence support systems.
- Piloting novel digital adherence tool for TB (99DOTS).
- Embedding DHIS2 Tracker module for collecting data on integrated TB/HIV/NCD COVID-19 services.
- Training 68 ReCos to counsel and screen for TB, HIV, and NCDs and/or provide enhanced TB adherence services.
- Equipping and mentoring 3 nurses to use 99DOTS system.
- Advocating to seek financing to sustain effective project interventions through provincial consultative framework.

**WHERE WE WILL WORK**

Democratic Republic of the Congo

**Abbreviations**: directly observed therapy, short-course, DOTS; non-communicable disease, NCD; relais communautaire (community health worker), ReCo; tuberculosis, TB.

PATH is a global nonprofit dedicated to achieving health equity. With more than 40 years of experience forging multisector partnerships, and with expertise in science, economics, technology, advocacy, and dozens of other specialties, PATH develops and scales up innovative solutions to the world’s most pressing health challenges.

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