

Integrated household screening and enhanced adherence support to improve detection and care for tuberculosis, HIV, and noncommunicable diseases for people in the Democratic Republic of the Congo.

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.

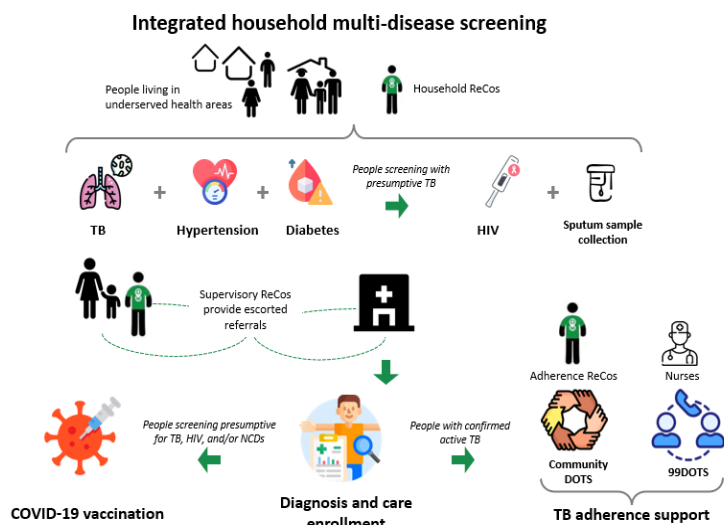
PROOF POINTS

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?



Human-centered design

Design models/tools informed by needs and preferences of targeted populations and service providers.

Continuous quality improvement

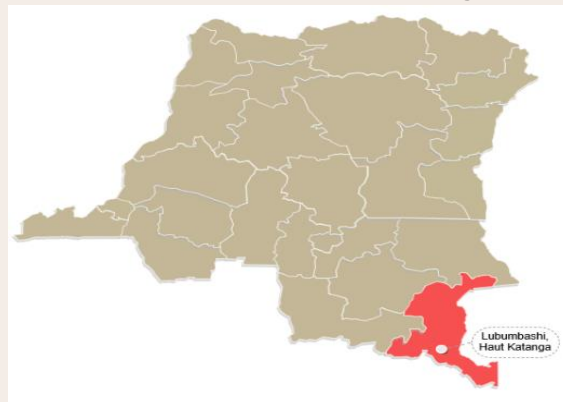
Ongoing data and root cause analyses to refine model throughout implementation.

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

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**.

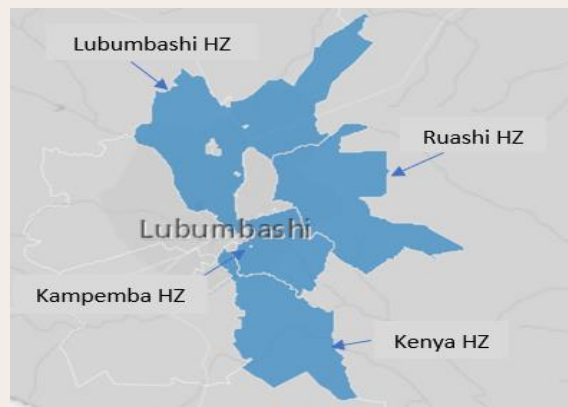
WHERE WE WILL WORK

Democratic Republic of the Congo



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

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



Health systems strengthening



Community service delivery

- Co-creating, testing, and optimizing a model for integrated and decentralized health services.
- Strengthening linkage/referral and adherence support systems.



Digital health & data systems

- Piloting novel digital adherence tool for TB (99DOTS).
- Embedding DHIS2 Tracker module for collecting data on integrated TB/HIV/NCD COVID-19 services.



Health workforce

- 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.



Financing

- Advocating to seek financing to sustain effective project interventions through provincial consultative framework.