

# TB REACH NATIONAL TUBERCULOSIS PROGRAMME

Finding and treating people with TB in

## Democratic Republic Of **Congo** Kasai occidental

- Former TB patients identify TB suspects and combat stigma
- 50% more cases have been found in the project's first nine months compared than in all of 2010
- Project provides economic support to help patients who cannot afford the costs of basic care



**Kasai Occidental Province** – The Democratic Republic of Congo is 10th on the list of the 22 countries with the highest TB (tuberculosis) burden globally and third among African countries. In Kasai Occidental province, the National Leprosy and Tuberculosis Programme (NLTP) is making progress towards better case detection and treatment using innovations developed after a careful analysis of the situation in 18 health zones. The NLPT found that barriers to detection and treatment included: general ignorance about TB; inability of patients to pay for diagnosis and treatment; difficulty of travel to diagnostic centers; and weak laboratory services, and have designed interventions to address them.

The NLTP, is enlisting former TB patients to help identify new suspects and also to spread awareness in their communities. This is helping alleviate strong stigmas associated with the disease and thereby encouraging formerly reluctant people to talk more openly about their symptoms,

to ask questions and to seek help. Additionally, TB suspects are being provided free consultation as well as treatment without charge for those with positive diagnosis. Patients who had previously gone undetected have been identified through the intervention of transporting locally obtained sputum samples to diagnostic centers, a particularly important service since access to many areas of the region is extremely limited. The former TB patients follow up with the new TB patients to ensure adherence to the 6 month treatment and prevent drug resistance from developing. The results are dramatic, with almost 3,000 cases notified through nine months of implementation compared to less than 2,000 in 2010. Although challenged by continuing civil strife, long distances and poor infrastructure, the work continues, strengthening and combining with other initiatives, such as national immunization days to reach the most vulnerable communities.

