Finding and treating people with TB in

Democratic Republic Of Congo Katanga

- Volunteers and former TB patients are improving access to care, providing sputum transport and educating communities
- More cases have been detected in the first 9 months of activities than in the whole of 2010
- Other funders are covering the increase in demand for drugs and patients are continuing treatment





Katanga Province - Although the Democratic Republic of Congo has huge numbers of tuberculosis (TB) cases, many people remain undetected, transmit disease to others and eventually die due to poor access to care and exacerbated by a lack of understanding of TB. The National Leprosy and Tuberculosis Programme is addressing this issue through a number of innovative approaches,

In communities with the lowest detection rates, active screening of the contacts of TB patients is being carried out by trained community volunteers and former TB patients. A network of satellite health centers is in place to gather sputum samples from those identified as TB suspects and, thanks to a programme subsidy, these samples are transported to a central diagnostic laboratory without the patient having to leave his village. The consultation and diagnosis are free for those unable to pay, thus removing a great obstacle to identifying and treating those suffering from the disease.

Community participation is critical for the project. To encourage people to go to the

local satellite health centers for testing, radio broadcasts are being used to inform and educate people about the signs and treatment of TB. Former TB patients have also been enlisted to share their experience of treatment with the community at large and with primary school pupils whose early education is important.

People in the past have resorted to traditional medicine to treat their symptoms, often continuing to spread the disease before dying. Thanks to the support of community volunteers, healthseeking behaviours are changing as people see the benefits of visiting satellite centers for diagnosis and treatment. Particularly in the populations that have formerly not been used to attending health centers for care, detection rates have gone up. Province wide, the numbers of the most infectious cases identified has increased more than 25% through the first 9 months of the project. Due to the increase, additional drugs were needed to treat this new and growing number of patients. The NLTP has ensured this as treatment has kept up with diagnosis.

