

TB REACH NATIONAL TUBERCULOSIS PROGRAMME

Finding and treating people with TB in

Democratic Republic Of **Congo** Equateur

- Focus on indigenous pygmy and other semi-nomadic groups helps find TB cases in a dense rainforest area
- 30% increase in case detection over 2010 figures
- Involving local community leaders has helped acceptance of the project in some of the most hard to reach and isolated areas



Equateur Province - The dense equatorial forest and high rainfall in the central region of the Democratic Republic of Congo make for continually poor road conditions, where roads even exist. This is one of the greatest deterrents for tuberculosis (TB) case detection in the area; access to health centers from remote villages is extremely difficult. Added to this is the wide cultural diversity in Equateur province, each sector with its own taboos and traditions. For instance, the Kitawala sect opposes Western health care in general and the indigenous pygmies, already discriminated against, will not share health services with the Bantu or the area's resident and semi-nomadic fisher people.

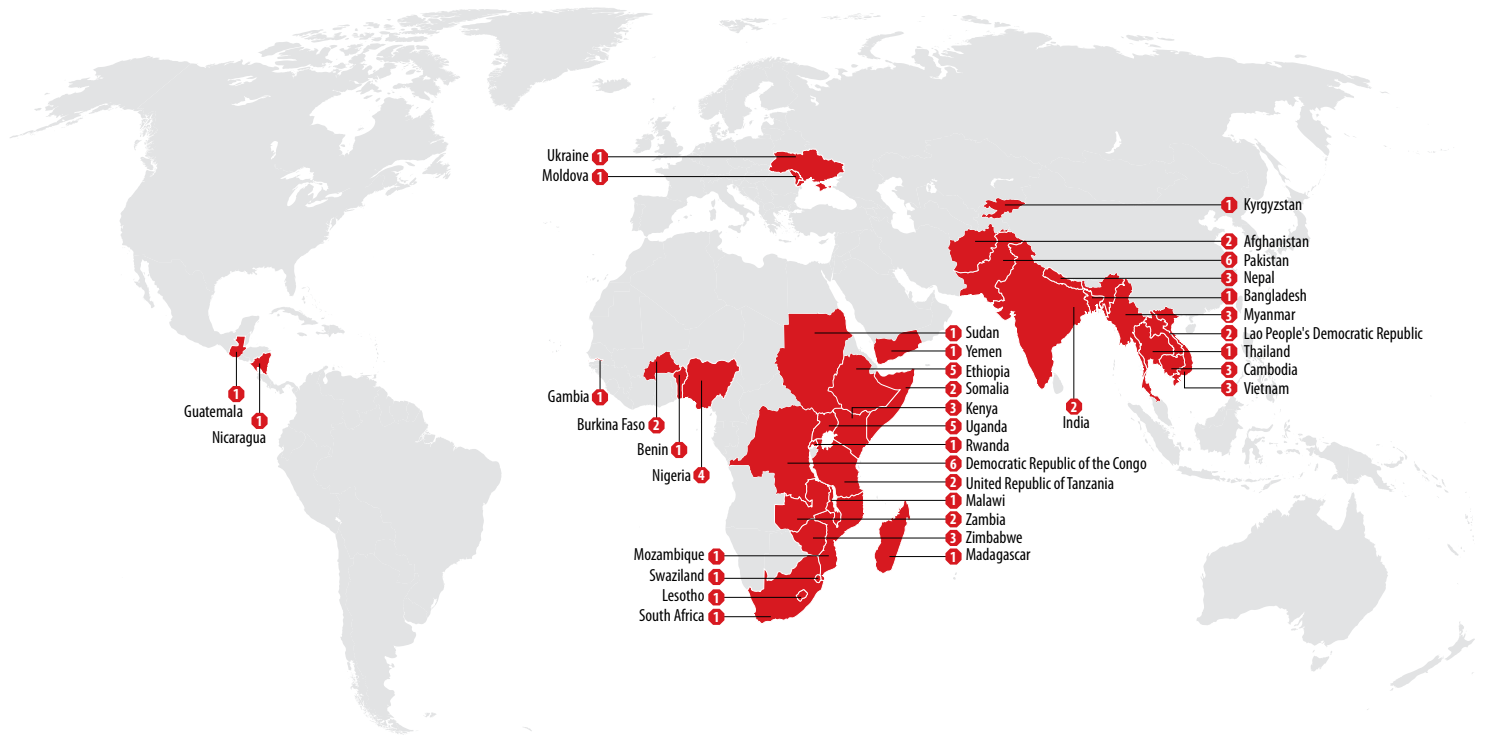
To combat these conditions and improve case detection, the National Leprosy and Tuberculosis Programme has designed several intervention packages that take into account the capacity of each area to accept and implement them. Volunteer

teams are being trained to go directly into the villages of special population groups to identify, in culturally sensitive ways, contacts of those already diagnosed with the disease. Sputum samples are obtained from those persons with signs of TB.

The samples are transported to distant diagnostic centers by bicycle and canoe where necessary and returned in the same fashion. This has made it unnecessary for the patient to undertake the onerous and often impracticable journey him/herself, thus increasing the number of identified cases and helping stop transmission. Local leaders, traditional and religious, as well as local administrative authorities have been enlisted to help involve community members. Although behavioral changes are slow, they are beginning to show results. There has been a significant increase in case detection with an increase of almost 1,000 TB cases compared to 2010 figures after nine months of activities.

TB REACH

FINDING AND TREATING PEOPLE WITH TB IN THE WORLD'S POOREST COMMUNITIES



Finding 140,000 new cases means saving 70,000 lives and preventing 1.4 million new infections.

More than **nine million people** around the world become ill with tuberculosis (TB) each year. About one-third of them fail to get an accurate diagnosis or effective treatment and are more likely to die from this curable disease. TB REACH offers a lifeline to people among this missing 3 million by finding and treating people in the poorest, most vulnerable communities in the world. In areas with limited or non-existent TB care, TB REACH supports innovative and effective techniques to find people with TB quickly, avert deaths, stop TB from spreading, and halt the development of drug-resistant strains.

- TB REACH was launched in 2010 and will run until 2016, thanks to a **CAD\$ 120 million** grant from the Canadian International Development Agency.
- TB REACH is committed to getting funds to projects with a very short turnaround time.
- In its first 18 months, TB REACH committed nearly **\$50 million to 75 projects in 36 countries** aiming to find and treat more than **140,000** people with TB who would otherwise have gone undiagnosed.
- Finding 140,000 new cases means saving 70,000 lives and preventing 1.4 million new infections. Scaling up successful TB REACH projects would multiply these figures.

Stop TB Partnership

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