

Democratic Republic of Congo Work Plan

FY 2020

Program Year 2

October 2019–September 2020



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Act | East PROGRAM OVERVIEW

The U.S. Agency for International Development Act to End Neglected Tropical Diseases (NTDs) | East Program (Act | East) supports national NTD programs in reaching World Health Organization goals for NTD control and elimination through proven, cost-effective public health interventions. The (Act | East) Program also provides critical support to countries on their journey to self-reliance, helping them create sustainable programming for NTD control within robust and resilient health systems. The Act | East Program is being implemented by a consortium of partners, led by RTI International and including The Carter Center; Fred Hollows Foundation; IMA World Health; Light for the World; Results for Development (R4D); Save the Children; Sightsavers; and Women Influencing Health, Education, and Rule of Law (WI-HER).

In the Democratic Republic of the Congo, Act | East Program activities are implemented by RTI International.

TABLE OF CONTENTS

List of Tables	iii
ACRONYMS LIST	iv
NARRATIVE.....	1
1. NATIONAL NTD PROGRAM OVERVIEW.....	1
2. Intermediate Results (IR)1 PLANNED ACTIVITIES	1
3. SUSTAINABILITY STRATEGY ACTIVITIES (IR2 and IR3).....	5
APPENDIX 1: Maps	8

LIST OF TABLES

Table 1. Trachoma TF baseline prevalence survey results, FY14–19	1
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ACRONYMS LIST

CDD	Community Drug Distributor
CPS	Provincial Health Coordination Services (<i>Coordination Provinciale des Services de Santé</i>)
DLM	Directorate of Disease Control (<i>Direction de lutte contre la maladie</i>)
DRC	Democratic Republic of the Congo
END Fund	End Neglected Tropical Diseases Fund
ESPEN	Expanded Special Project for the Elimination of NTDs
EU	Evaluation Unit
FY	Fiscal Year
HZ	Health Zone
IR	Intermediate Result
ITI	International Trachoma Initiative
KII	Key informant interview
LF	Lymphatic Filariasis
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MOH	Ministry of Health
NNTDP	National NTD Program
NTD	Neglected Tropical Disease
OV	Onchocerciasis
PC	Preventive Chemotherapy
Q	Quarter
SAFE	Surgery–Antibiotics–Facial cleanliness–Environmental improvements
SCH	Schistosomiasis
STH	Soil-transmitted Helminths
TAP	Trachoma Action Plan
TEC	Trachoma Expert Committee
TEO	Tetracycline Eye Ointment
TF	Trachomatous Inflammation–Follicular
TIS	Trachoma Impact Survey
TRA	Trachoma Rapid Assessment
TT	Trachomatous Trichiasis
USAID	US Agency for International Development
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
ZTH	Zithromax®

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW

The Democratic Republic of the Congo (DRC) is a central-African nation located astride the Equator, with an area of 2,345,409 square kilometers (one-quarter the size of the United States) supporting a population of approximately 88 million with an average density of 42 habitants per square kilometer. DRC is a highly decentralized unitary state comprising 26 provinces, according to the last territorial reform in 2006 (Article 226 of the Constitution of the Third Republic). It has 96 cities, 151 territories, 471 sectors, 261 chiefdoms, 337 urban communes, 267 rural communes, and 5,397 groupings. The only general census of population and housing in DRC was performed in July 1984; current population figures are based on projections of a growth rate of 3.0% was applied to obtain estimates up to 2020.

The DRC *Direction de lutte contre la maladie* (Directorate of Disease Control [DLM]) oversees all disease-focused programs. DRC has 14 endemic neglected tropical diseases (NTDs). They are grouped into two categories. One comprises NTDs that can be treated with preventive chemotherapy (PC), i.e., lymphatic filariasis [LF], soil-transmitted helminths [STH], onchocerciasis [OV], loiasis, schistosomiasis [SCH], and trachoma. The second are NTDs that are treated through case management, i.e., leishmaniasis, leprosy, plague, yaws, rabies, human African trypanosomiasis, and Buruli ulcer.

2. INTERMEDIATE RESULTS (IR)1 PLANNED ACTIVITIES

Mapping

From FY14 to FY19 the National NTD Program (NNTDP), with the support of the US Agency for International Development (USAID)-funded ENVISION project, evaluated the endemicity of 196 health zones (HZs) through a combination of two evaluation techniques: (1) trachoma baseline prevalence surveys in 149 HZs, and (2) trachoma rapid assessments (TRAs) in 111 HZs.¹ The evaluations were conducted in 15 provinces covering 37.8% of the total 519 HZs and approximately 34% of DRC's estimated population of 98 million people. Of the 149 HZs where baseline surveys were completed, 65 (44%) were identified as endemic with trachomatous inflammation–follicular (TF) \geq 5%, representing an estimated 11.7 million people at risk.

Table 1. Trachoma TF baseline prevalence survey results, FY14–19

Survey Year	TF: < 5%	TF: 5.0 – 9.9%	TF: 10 – 29%	TF \geq 30%	Total HZ
2014	2	5	5	1	13
2015	11	3	4	0	18
2016	3	4	8	0	15
2017	23	11	1	0	35
2018	20	6	4	0	30
2019	25	10	3	0	38
Total	84	39	25	1	149
	59.7%	24.2%	15.4%	0.7%	

¹ It is worth noting that there was overlap between the TRA and baseline HZs, but both surveys were not conducted in all districts.

Mass Drug Administration (MDA) expansion

With ENVISION support, and with Trachoma Expert Committee (TEC) approval for donation of Zithromax® (ZTH), the NNTDP commenced MDA in three HZs in 2016 with the highest prevalence of TF: Pweto (TF=41.6%), Kipushi (TF=16.9%), and Moba (TF=15.3%). The MDA achieved epidemiological coverage of 91.1% in Pweto, 88.6% in Moba, and 88.4% in Kipushi. The TEC approved the expansion of trachoma MDA to a fourth HZ, Kilwa, in 2017. In November 2017 (early FY18), ENVISION supported the second annual MDA of five total in Pweto, the second annual MDA of three total in Kipushi and Moba, and the first of three annual MDA in Kilwa. In August 2018 (late FY18), ENVISION continued its support, and funded the third MDA of five in Pweto, the third MDA of three in Kipushi and Moba, and the second MDA of three in Kilwa.

In August 2020, RTI will provide support under Act | East for MDA in Pweto HZ that will receive its fifth and final of five rounds of treatment.

Trachoma Impact Survey (TIS)

In FY19, with ENVISION support, the NNTDP conducted its first TISs, in Kipushi and Moba HZs. Both districts had results indicating TF prevalence of <5% (0.8% and 1.8%, respectively), allowing ENVISION to stop MDA in two of the districts supported by USAID. In April 2020, RTI will provide support under Act | East for TIS in Kilwa HZ comprised of two EUs.

Plan and Justification for FY20

Trachoma Baseline Mapping

In the last year of implementation, Act | East will support the NNTDP to conduct baseline surveys in 38 EUs and TRA in 52 HZs.

Provincial Assessment

Act | East will provide support to the NNTDP to conduct an assessment in 6 provinces (Sankuru, Kasai, Kasai Central, Kwilu, Kwango and Maniema) to prioritize HZs for baseline surveys using a combination of desk reviews, KII and TRA.

Upon completion of the additional TRAs, the results will be reviewed in conjunction with the clinical records and interviews conducted in the initial assessment process to determine which HZs should be prioritized for mapping.

Comprehensive Trachoma Baseline Surveys

RTI will support the NNTDP to develop a mapping plan that identifies the most eligible evaluation units for future mapping. Mapping will focus initially on the most suspect HZs with successive mapping decisions adjusted based on evidence acquired from newly identified endemic HZs.

In FY20, Act | East will provide support and supervision to the NNTDP to conduct baseline prevalence surveys in 38 EUs.

- The first seven EUs are found in Tshuapa (3 EU), Sankuru (2 EU), and Tshopo (2 EU). These selected HZs are either adjacent to or in close proximity to HZs already determined to be endemic. Results from these surveys will either confirm the limits of the Tshuapa focal point or validate the continuation of the prevalence focal area which will help inform mapping decisions to be made following the provincial assessments.
- One additional EU in Tanganyika province is surrounded by HZs of known endemicity status but was not mapped due to security concerns. This HZ will be mapped in FY20.

- The remaining 30 EUs will be selected for baseline surveys following the provincial assessments taking place in Sankuru, Kasai, Kasai Central, Kwilu, Kwango and Maniema provinces. These selected HZs are either adjacent to or in close proximity to 6 HZs already determined to be endemic. Results from these surveys will either confirm the limits of the Tshuapa focal point or validate the continuation of the prevalence focal area which will help inform mapping decisions to be made following the provincial assessments.

Certification of Trachoma Eye Graders

RTI will provide support to recertify 20 of the most experienced eye examiners and certify up to 20 new eye graders in FY20 Q3 using the Tropical Data certification methodology. The certification tests will be conducted immediately prior to implementing the planned surveys to ensure the results of the prevalence surveys are based on accurate diagnoses of persons examined. The certification will be led by certified master trainers from RTI and the DRC Ministry of Health (MOH) over the course of three days in a remote location where TF prevalence is confirmed to be high.

In addition to the Tropical Data trachoma grader certification, three complimentary trainings will take place and are included in the budget narrative: a refresher training for graders and recorders for 90 people, a refresher training for surveyors for ten people, and a planning and TOT workshop for central and provincial supervisors for 12 people.

TIS

The NNTDP through Act | East support will conduct a TIS in April 2020 (FY20 Q3) in Kilwa HZ six months after the third round of MDA treatment. Kilwa will be divided into two EUs due to population size. RTI will provide support; the TIS will be conducted by experienced prevalence survey teams and supervisors following World Health Organization (WHO) guidelines. Kilwa has demonstrated a high level of MDA implementation and coverage and is expected to pass its TIS.

Trachoma MDA

Through Act| East support the NNTDP will conduct MDA in one HZ in FY20: the final MDA round of five annual rounds in Pweto HZ. The NNTDP will continue implementing the new International Trachoma Initiative (ITI) dosing guidelines adopted in 2018, which advise providing children up to the age of 7 years with ZTH pediatric oral suspension to minimize risk of choking. MDA includes social mobilization, training, and supervision.

MDA Data Review and Validation

RTI staff will provide support for one provincial-level data validation meeting to review accuracy and quality of the data collected by community drug distributors (CDDs). Attendees will include the provincial NTD coordinator, HZ senior staff, health workers, and RTI staff to determine whether the distribution data for the drugs are accurate. During the meeting, HZ and provincial teams will present the MDA data that they have collected. MOH staff will review the health area data collectively to identify problems or trends in the MDA. The data validation meeting is an opportunity to provide technical training to provincial and zonal teams in use of MS Excel to analyze data. Finally, RTI staff will use the meetings to provide feedback to staff at all levels about how the MDA went and to share aggregate provincial data with HZ-level stakeholders.

Coverage Survey

A post-MDA coverage survey was conducted in Pweto in 2018 that indicated a treatment coverage of 68% compared to a reported coverage of 78%. Problems contributing to the low coverage were the movement of the population due to cultivation. Many CDDs reportedly did not undertake their assigned

work after training. Based on the results of this coverage survey, the timing of MDA was adjusted to precede the cultivation season and to mobilize community leaders to enforce CDD participation in delivering MDA. A coverage survey will be implemented in October 2019 (FY20 Q1) following the fourth round of MDA in September (FY19) to determine if MDA coverage has improved to meet the minimum standard of 80% coverage. Coverage surveys are conducted by MOH personnel from outside the target HZ.

Trachoma Action Plan Workshop (details in budget narrative)

The NNTDP adopted its National Trachoma Control Plan of 2016–2020 in 2016. The plan was developed before DRC had developed data on the extent and scale of trachoma disease in the country. The NNTDP has requested support to update and expand its trachoma action plan (TAP). Act | East will provide support to the NNTDP to conduct the TAP, including 3 preliminary working group meetings for information and data collection, partner identification, and review of WHO guidelines, intervention opportunities, and resource needs.

The TAP workshop will include national, provincial and district health officials, district water and sanitation officials, supply chain managers, international partners supporting trachoma, including Expanded Special Project for the Elimination of NTDs (ESPEN), End Neglected Tropical Diseases (END) Fund, and Sightsavers, and water, sanitation, and hygiene (WASH) NGOs. The TAP workshop will be led by an experienced facilitator to guide the workshop participants to evaluate and develop specific action steps for A, F, E trachoma interventions. The overall elements of the trachomatous trichiasis (TT) surgery plan, developed in 2019, will also be included in the TAP to address the Surgery aspect of the SAFE strategy.

The draft TAP will be finalized after the meeting and submitted to all participants at the planning meeting so any final input can be obtained prior to completion.

3. SUSTAINABILITY STRATEGY ACTIVITIES (IR2 AND IR3)

Data Security and Management

Plan for FY20

Initiating data management and security interventions will not be possible due to the limited time frame for concluding Act | East's priority for mapping. As a result, this activity is removed from the FY20 WP.

Drug Management

Act | East plans to procure tetracycline eye ointment (TEO) for use in DRC during Act | East-supported trachoma MDA, mapping, and TIS. Other implementing partners fund TEO for their geographic areas, and RTI has provided them with information about TEO sources and estimated costs to assist in their planning.

Upon completion of MDA activities, the NNTDP, in conjunction with the *Coordination Provinciale des Services de Santé* (Provincial Health Coordination Services [CPS]), checks the quantities of drugs returned to the HZ offices against the CDD distribution records to confirm the quantities of drug distributed, damaged, or lost. Per MOH policy, all empty drug containers are collected, counted, and then destroyed.

Plan for FY20

Drug Shipment from National Warehouse to Province

Kinshasa will be the primary point of entry to facilitate and expedite the importation of the donated ZTH. The DRC MOH cannot provide the resources necessary to transport the ZTH from Kinshasa to the provincial medical stores supporting the HZ to be treated. Therefore, RTI will support the transportation of the ZTH to the provincial drug stores of the *Centrale d'Achat des Médicaments Essentiels de Lubumbashi* (Central Store of Essential Drugs of Lubumbashi [CAMELU]).

Drug Shipment from Province to Health Zone

ZTH and TEO will be stored in CAMELU's provincial warehouse in Lubumbashi after arrival and between MDAs. RTI will support the transportation of the ZTH and TEO to the HZ level before the planned MDA in Pweto HZ.

Drug Shipment from Health Zone Level to Trachoma Distribution Points

Prior to the MDA, Pweto HZ will transport TEO and ZTH to the health areas and distribution sites. The HZ office is responsible for organizing the distribution to the field. The HZs require sufficient time before the MDA to organize and transport the drugs, which requires planning and provincial-level guidance.

Reverse Supply Chain

Following the MDA, the provincial pharmacist will travel to the HZs to verify any remaining ZTH and TEO are accounted for and will take the inventory back to provincial medical stores. At the provincial level, remaining drugs will be verified by the central-level pharmacist.

APPENDIX 1: MAPS

Figure 2. Trachoma Endemicity in DRC

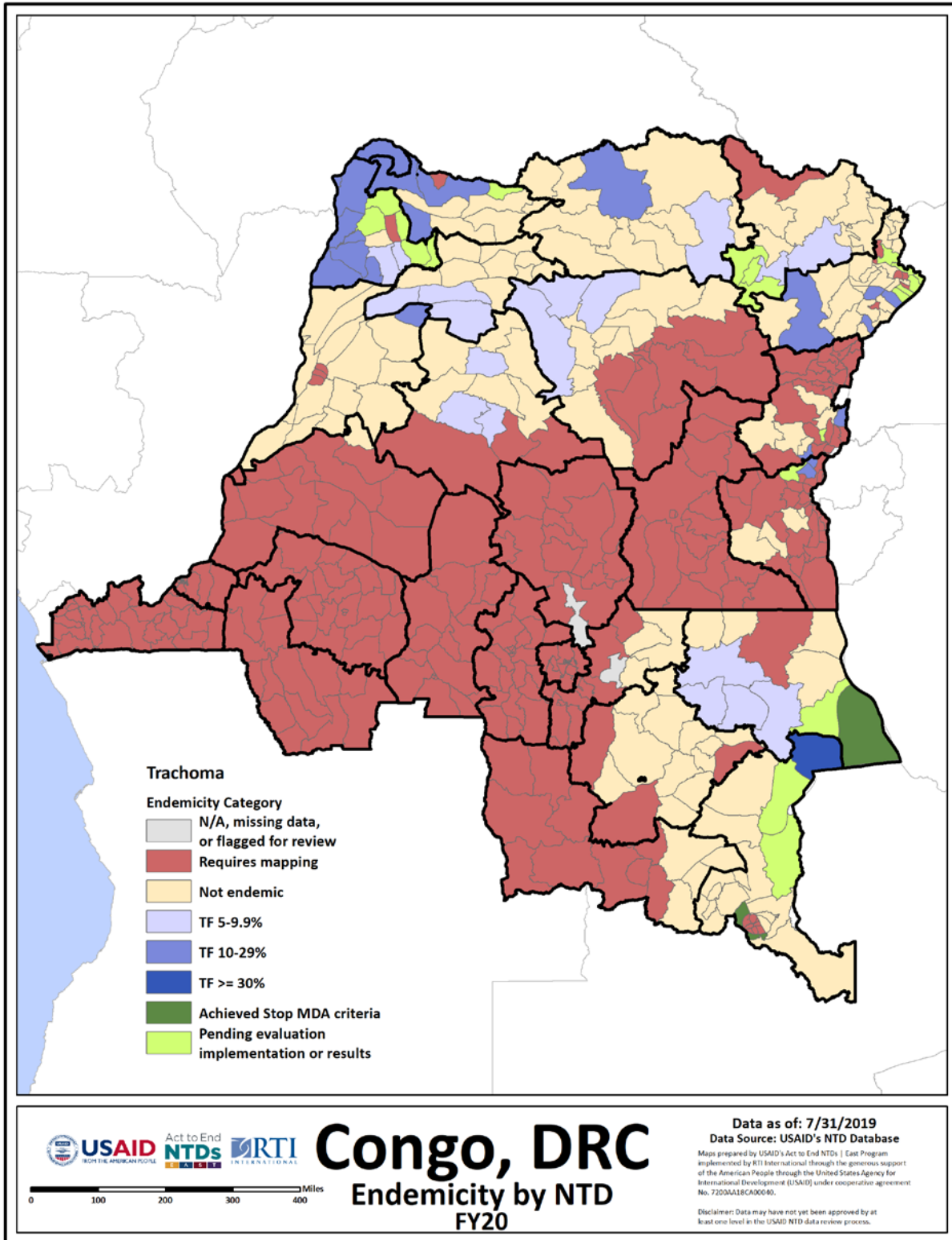


Figure 2. Status of Elimination of Trachoma in DRC

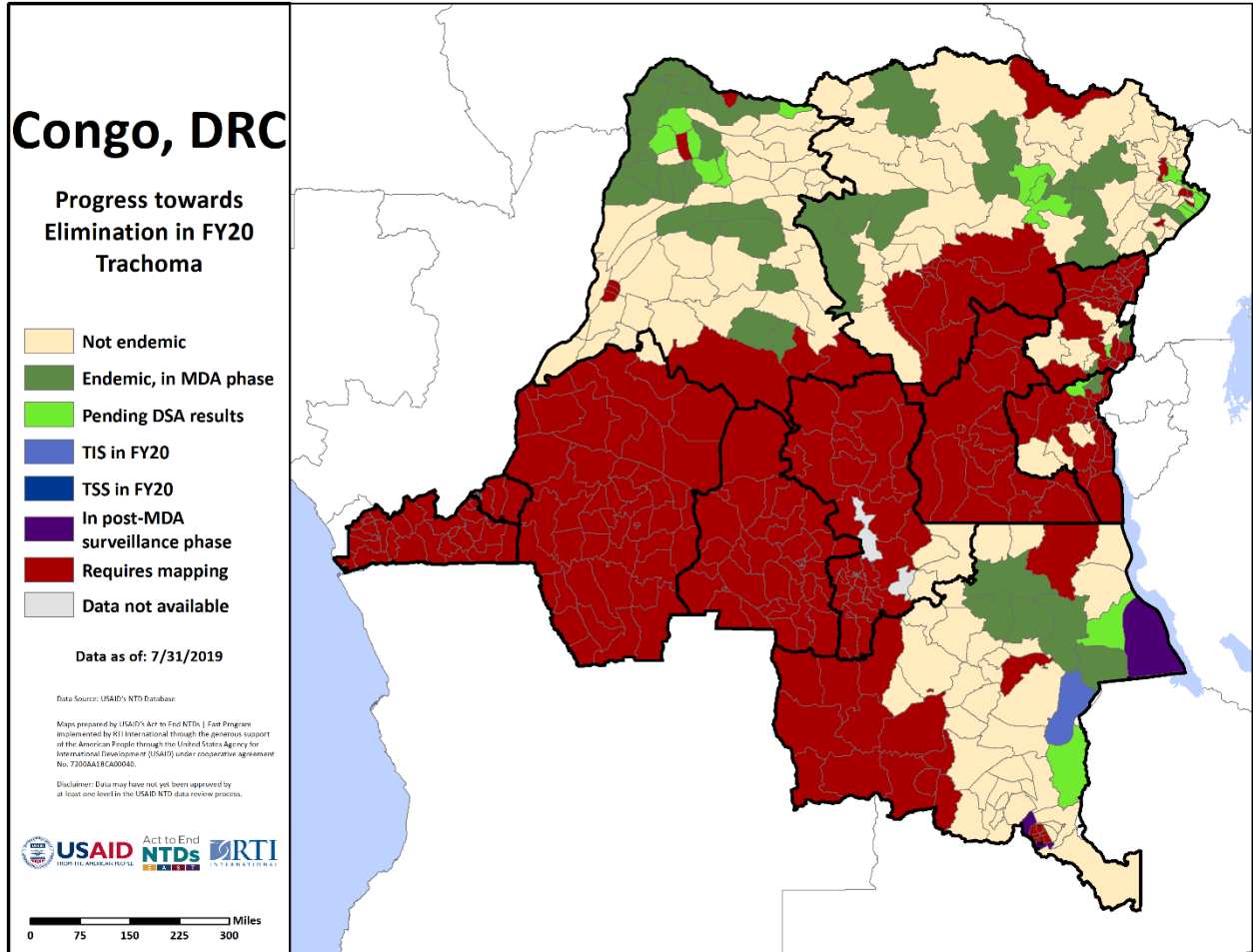


Figure 3. Trachoma MDA Geographic Coverage in DRC

