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TIFA Accelerator Series

DR Congo

“It’s a large country with very complex implementation challenges. With support from TIFA, little by little, we’re figuring out how to address these challenges,” explained Dr. Teto Fondacaro, TB/HIV Division Chief, Programme National de Lutte contre la Tuberculose (PNLT).



For World TB Day 2021, the PNLT advocated for additional funds to end TB in DR Congo. Photo credit: PNLT.

The [Democratic Republic of the Congo](#) (DRC) is among the countries most affected by TB in the world. According to World Health Organization (WHO) estimates, 278,000 people in DRC fell ill with TB in 2019. Just 179,000 people were notified, leaving 99,000 people undiagnosed by the national health system and at risk of spreading tuberculosis to those in their households and communities. WHO estimates that approximately [52,000 people died from TB in DRC in 2019](#).

“I think that TIFA contributes to our efforts to reach our objectives to end TB. With the different indicators and targets that we’ve identified in our Strategic Plan, the TIFA support is additional funding that we’ve mobilized to help us reach our targets identified in the Strategic Plan,” Dr. Teto explained. *“From a technical perspective, TIFA helps us to develop our capacity, and from the perspective of our objectives, TIFA allows us to reach our objectives. It’s a system that is very flexible and allows us to move quickly to implementation,”* described Dr. Teto.

In DRC, the PNLT has worked closely with TIFA to co-design and initiate TB commitment grants to accelerate their progress to end TB. *“We’re really pleased because we were supported by the TIFA team from the very beginning through to the signing of the grant. It’s been a good collaboration*

As part of the [Global Accelerator to End TB](#), the [United States Agency for International Development](#) (USAID)-funded Tuberculosis Implementation Framework Agreement (TIFA) project, led by [JSI Research & Training Institute, Inc.](#) with partner [Open Development](#), co-designs TB commitment grants, with national TB programs. TB commitment grants are fixed-amount awards designed to align with national TB strategic plans.

Under TCGs, accountability and funding amounts are based on results—negotiated milestones are tied to payments. Together, national TB programs and USAID identify country priorities, TIFA then works closely with them to develop the grant. TB commitment grants are implemented by National TB Programs. Completed milestones are submitted to and verified by USAID and TIFA.

and it has allowed us to identify weaknesses in our grant writing, and it has driven us to improve our way of planning and budgeting our activities. The support of the TIFA team was truly very beneficial for us,” noted Dr. Teto.

Through one TB commitment grant, the PNLT is partnering with the *Programme National: Infections respiratoires aiguës* (National Program for Acute Respiratory Infections) to update TB pediatric resources and improve the capacity of health workers to detect, diagnose, and treat TB in the DRC through one TB commitment grant.

Limited regular GeneXpert maintenance contributes to delays in the diagnosis of multidrug-resistant (MDR)-TB. Using a TB commitment grant to create teams in six priority provinces, the PNLT is decentralizing GeneXpert maintenance to improve their functionality and increase TB and MDR-TB detection rates. *“For the maintenance of GeneXpert machines, we are conducting trainings in order to decentralize the maintenance. This is a critical problem at our level. We’ve benefitted from this TIFA grant to strengthen the provincial coordination teams so that they can take over. As for sustainability, if we are able to strengthen the staff capacity and decentralize the maintenance to the provincial level, this will facilitate implementation,”* explained Dr. Teto.

The PNLT is also using a TB commitment grant to scale-up drug-resistant (DR)-TB detection in Kasai Oriental, Lualaba, Haut Katanga, and Kinshasa provinces. The PNLT conducts screening visits to detect DR-TB cases, provides transport of presumed cases to health facilities for chest X-rays, as well as supports the provincial TB coordination teams. *“We’re learning and we’re able to capitalize on lessons learned and best practices,”* noted Judier Diala, Chef de service TB/VIH, PNLT.

TB commitment grants are strengthening the capacity of the PNLT to manage its national TB response. *“I think there is very good support that allows us to capitalize on our achievements and allows us to improve how we see things during both project planning and implementation,”* explained Dr. Teto. When asked what he would recommend to other national TB programs, Dr. Teto shared *“We’d advise other NTPs to really look into TIFA if possible – why not use the expertise of DRC to also see how to support other NTPs as they develop their future projects?”*

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I think that TIFA’s model is very flexible for decision-making and for implementation, which allows us to move quickly.

With TIFA, the methodology allows the program to achieve results and targets.

DR. TETO, PNLT

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