DRC Coordination Meeting
Monday 18 March 2019, Greenville

Present
DFB – Alex Jaucot (Chair) & Pierre Umba (ILEP Country Coordinator)
ALM – Darren Schaupp
Effect:hope – Maneesh Phillip
TLMI – Brent Morgan
ILEP – Monty Mukhier

ILEP Members involved in country
DFB, TLMI, ALM (representative based in Kenya), Effect:hope (support through TLM),
SLC (support through DFB), SMHF (Direct Support to NLP).

DRC situation and National Strategy (Pierre Umba)
- See presentation, prepared in collaboration with the former NLP director & TLM Congo representative (Louis Sabuni).
- Epidemiology: 3,649 new cases of leprosy were detected in DRC in 2017 (highest in Africa). It was noted that DRC had a large population of around 84 million which could explain the high number of new cases detected.
- 9 leprosy burden provinces (Bas-Uele, Haut-Uele, Equateur, Tshuapa, Tshopo, Mai-Ndombe, Sankuru, Tanganyika, Haut Katanga).
- Proportion of women amongst new cases was around 45% over past 10 years.
- Proportion of MB leprosy amongst new cases > 60% over past 10 years.
- Each year at least 100 patients are operated for septic and reconstructive surgery in 6 main surgery operating sites: DF (Moba, Kalemie and Kinshasa), TLM (Kimpese, Tshikaji and Bukavu).
- NLP and partners are considering decentralising septic surgeries in general hospitals of endemic health zones.
- The health system pyramid consists of 3 main levels: Central level (MoH), Provincial level (26 provincial health divisions) and Operational level (516 health zones, 393 general reference centres).
- Regarding the 26 health provinces, DF covers 11, TLM covers 5 (targeted support to endemic health zones), 10 are uncovered.
- National Strategy (2018-2020) is an exciting development that was welcomed by both DFB and TLM.
- Main partners of NLP are DF, ALM, SMHF, TLM & WHO, providing technical financial and logistical support.
The main local partners are Ligue nationale anti-lépreuse et anti-tuberculeuse du Congo (LINAC), Club des Amis Damien (CAD), Organisation des Personnes Affectées par la Lèpre au Congo (OPALCO).

Annual budget contributed by DF, ALM, TLM, SLC, WHO (through Novartis and SMHF) is USD 3,866,740. The DRC government contributes an additional USD 49,324.

Main challenges identified

- Many undetected cases in several health zones.
- Persistence of G2D amongst new cases due to late screening (>10%).
- Poor diagnosis and reaction management lead to development of disabilities.
- Persistence of transmission leading to high proportion of new child cases (>10%).
- Insufficient technical capabilities of the NLP office.
- Lack of budgets for monitoring and evaluation of field activities.
- Shortage of drug supplies to provinces with no active partners.

Possible solutions

- Extend and intensify leprosy detection activities in all 26 provinces.
- Alignment with the national leprosy strategy 2018-2020.
- Integrate leprosy with other NTDs.

Overview of TLM activities and challenges (Brent Morgan)

- TLM has been active in DRC for 55 years. Currently have 7 projects active in 5 provinces.
- Biggest funder is the Swedish government (Swedish mission council). Also, funded by TLM Belgium and TLM Switzerland.
- Reasonable cooperation between TLM and DF in DRC.
- Main challenge is the size of the task of training leprosy workers and CBR rehabilitation bases.
- Considering making TLM Congo an independent NGO.

Overview of ALM activities and challenges (Darren Schaupp)

- ALM traditionally worked in the north-east area, Kimpese (main investment) and Congo Brazzaville.
- Working with NLCP and NTD program to implement AIM initiative, which would give more focused data on where investments should be targeted.
- Cost of mapping DRC at community level will be around USD 160,000.
- Main challenges are that the head of NTD department was powerless and there was a disconnect between the NTD department and the leprosy programme.
Integrated approach is important in understanding where resources overlap, where activities can be combined and where strategic investment makes sense.

Willing to collaborate more and would like more information sharing.

Reconsidering strategy due to main partner going through changes, barrier to investment this year.

Interested in investing in the Kimpese Research Centre, which is now the reference centre for BU.

**Overview of effect:hope activities (Maneesh Phillip)**

- Effect:hope contributes by providing support through TLM Congo.
- Small approach centralised to the Kasai province.
- Supporting DRC for several years, recently moved from just leprosy programs to encompassing an integrated NTD approach (one of few in DRC). Received funding based on the first pilot project which could be used as an example for other projects.
- Partner with ALM on the aim project. Could possibly increase investment in the project depending on funding.

**Areas of possible collaboration in the future (Alex Jaucot)**

- 4 areas of possible collaboration were identified.
  i.  **Training**: National level training.
  ii. **Mapping**: Digitalisation of data collection.
  iii. **Integration**: Increase the integration of leprosy with other NTDs.
  iv. **Gaps**: Drugs don’t arrive at the 10 provinces which are not covered by any partners.

**Follow-up Discussions**

i. **Training**
   The need for quality national level training was discussed and two options were suggested:
   a) Identify people with sufficient English skills to be trained externally.
   b) Identify a French trainer that could come and train people in DRC.
   The cost of training was also discussed, and it was concluded that the actual cost per person should be determined by type (ex: detection) and by level (ex: provincial) in order to determine the total cost to maintain training and consider innovations or changes that could be made to the approach.

ii. **Mapping**
   A few options were discussed including integrating data into DHIS2, training people at community level and asking them to report directly. It was agreed that digital data collection will be a challenge as internet connection is not always available at ground level.
iii. Integration
It was mentioned that although TB and leprosy are separate programs or offices, they are actually integrated and run by the same person at province level. It was suggested that the leprosy strategy should be reconsidered, and more thought should be given to how it relates to the NTD strategy. It was agreed to plan for a pilot integrated project in a few provinces in 2020.

iv. Gaps
It was mentioned that a committee organised by the TB program meets every month to follow and evaluate the supply chain of drugs, and that the TB Staff have been trained at all levels and have the necessary tools to follow and evaluate stock needs. It was suggested that leprosy drugs should start taking the same path and be transported with TB drugs, however, concerns were raised over whether the Global Fund (which supports the TB drugs) would accept that.

Action
A meeting will be organised in Kinshasa to between representatives of TLM, DF, ALM and NLP in Q2 2019 or early Q3 2019 to address the first three areas which are interlinked and look at what could be done for the fourth area (Gaps). The meeting will include a need assessment, settling priorities, defining a timeframe and how efforts could be shared, as a budget. The results should be made available in time to be taken into consideration for the preparation of the 2020 action plans and budgets.