



Funding Request Form

Program Continuation

Allocation Period 2023-2025

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Summary information

Country(s)	Democratic Republic of Congo - DRC
Component(s)	TB/HIV
Planned grant start date(s)	January 1, 2024
Planned grant end date(s)	December 31, 2026
Principal Recipient(s)	PR 1: Ministry of Health PR 2: Selection underway
Currency	USD
Allocation Funding Request Amount	USD 267,574,303 (USD 273,574,303 in total including the USD 6 million in matching funds noted below)
Prioritized Above Allocation Request (PAAR) Amount	USD \$105,812,752
Matching Funds Request Amount (if applicable)	USD \$6,000,000 (US\$4,000,000 to find and treat missing cases and US\$42,000,000 to remove human rights and gender related to TB and HIV)

Refer to the [Program Continuation Instructions](#) for the detailed elements related to each question which should be addressed for a response to be considered complete. The Instructions also include information, resources and a description of necessary documents to be submitted along with this form.

Section 1. Prioritized Request

Module 1	TB Diagnosis, Treatment and Care
Intervention(s)	<p>Screening and diagnosis of and Diagnosis of tuberculosis - Change in programming from current grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Treatment, management and support of tuberculosis - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p>
List of activities	<p><u>Tuberculosis screening and diagnosis:</u> Tuberculosis (TB) remains a public health concern in the DRC with an estimated WHO incidence of 318 (206-455)/100,000 in 2021 (<i>Annex 1: DRC Global TB Report 2022, page 1</i>). With treatment coverage of 70% (214,408 reported incidents or 224 per 100,000), the National TB Control Plan's (PNLT) priority is to find anyone with TB. To do this, the National TB Control Program (PNLT) has adopted a strategy of intensification in the 15 provinces out of the 26 that report 81% of TB cases. In this module we describe the screening and diagnostic activities, based on the lessons learned under the NFM3 and the prioritization resulting from the Country dialogue.</p> <p>The organization of TB control in DRC is integrated at the level of the Health Zone, which is the operational planning unit with 2,083 functional treatment and diagnostic centres (CDTs) in 2021 and about 3,500 treatment centres out of 16,880 health facilities (FOSAs). (<i>Annex 2: Data extracted from the District Health Information System (DHIS2), 2022</i>). With a view to improving access to TB care services, the National TB Control Program (PNLT) has adopted a decentralization strategy for coverage of 5 treatment and diagnostic centres (CDTs) by Health Zone to reach a total of 2,595 treatment and diagnostic centres (CDTs) by the end of 2023. In total, the country will have 341 Xpert machines and 38 TrueNat machines at the end of 2023, which represents a coverage of 18% of treatment and diagnostic centres (CDTs). In view of the reduced number of machines, a system for transporting samples by Community Relays (RECOs) was set up in 16 out of 26 provinces with a request to extend the coverage using C19RM funds. This experiment in 2021 and 2022 in the Prosani-supported provinces (USAID) showed an increase in the number of samples transported (+100%) and the number of reported cases of Rifampicin-resistant tuberculosis (RR-TB) (+50%). (<i>Annex 3: Transport samples experience PROSANI: 26th RALT 2022, page 5</i>). At present, microscopy is still widely used for the diagnosis of TB despite the National TB Control Plan's (PNLT) recommendation to use molecular testing as a first line. In 2021, the network's laboratories performed 85,104 molecular tests and 1,402,284 microscopic tests for TB diagnosis. The external review 2022 also noted that 854/2,083 microscopes (41%) and 45% of the modules of Xpert machines are defective. (<i>Annex 4: PSN Labo LNRM DRC, page 4</i>). With USAID's support, an analysis of the DRC's laboratory network was conducted in early 2023, enabling the National TB Control Program (PNLT) to better structure the interventions outlined in this request for funding to strengthen diagnostics. (<i>Annex 5: TBDNA report National Reference Laboratory for Mycobacterium (LNRM) February 2023</i>)</p>

As part of the NFM3, the National TB Control Program (PNLT) has introduced innovative interventions and more sensitive algorithms (including the use of digital X-ray + computer-aided detection) to diagnose TB in key and vulnerable populations (PCV). These interventions were partly financed using catalytic funds (see Section 2). By the end of 2023, the National TB Control Program (PNLT) will have 10 ultra-portable x-ray units, 10 containers equipped with x-ray units + computer-aided detection to be positioned in high-volume sites, 3 4x4 vehicles equipped with x-ray units + computer-aided detection and 4 equipped trucks. All of this equipment will be used under GC7 to screen for TB, particularly in key and vulnerable populations (PCV).

To achieve 92% treatment coverage in 2026, the National TB Control Program (PNLT) proposes to scale up the following strategies: 1) Extension and optimization of the use of existing molecular diagnostic tools, extending the transport of samples with precise mapping at the Health Zone level; 2) decentralization and extension of quality service offerings, integrated and person-centered TB services; 3) an efficient diagnostic network including trained personnel, maintenance of equipment (maintenance contracts, replacement of modules, microscopes and defective machines), establishment of provincial supervisors for the maintenance of GeneXpert and TrueNat, connectivity solutions (strengthening of Data to Care in Kinshasa and Kongo Central), biosecurity, quality assurance and a continuous input supply system (**Annex 4: Page 44-45**); 4) resistance testing to rifampicin for all bacteriologically confirmed TB patients; 5) implementation of active screening in key and vulnerable populations using computer-aided detection or non-CAD digital radiography with the "TB Village" approach. These activities will be supported and complemented by Health System Strengthening (RSS) activities such as biosecurity through the establishment of incinerators or the maintenance of appliances at the local level.

Activities continued or intensified "See 2020-2022 funding request"

New activities in GC7: Based on the results of the external review (**Annex 6 Checklist external review 2022, page 10**), the following new activities have been identified as necessary to optimize screening and will be implemented in the GC7:

- Buy 138 Xpert machines: 96 health zones out of the 202 that report 70% of patients + strengthen 42 health zones that report 25% of cases (taken into account in the PAAR)
- Provide 65 TrueNat devices for non-Xpert health zones that allow reporting of 11% additional cases to cover 81% of cases (taken into account in the PAAR)
- Open 404 new treatment and diagnostic centres (CDTs) in the 202 health zones (2 /zones) that report 70% of TB patients (taken into account in the PAAR)
- Extension of the quality approach to cover a total of 400 health facilities (FOSAs) by the end of 2025 (see section 2)

Deleted activities:

- Transformation of analog radiological equipment into digital equipment in view of implementation difficulties
- New guidelines and tools developed in 2022
- Cascading training on the new guidelines because completed in 2022 and national guidelines for LAB training ongoing in 2023

Treatment, management and support of tuberculosis: In 2021, the treatment success rate in the DRC for drug-sensitive TB was 94%. Treatment regimens in the national guidelines for TB PATI 6 (**Annex 7: TB National Guidelines PATI Guide 6, page 40-41**) are those recommended by WHO. First-line drugs are mainly covered by the Global Fund grant. All stages of the supply cycle (quantification, ordering, reception, primary storage at the national and secondary level of Regional Distribution Centers (CDRs), distribution at the level of the Health Zone/treatment and diagnostic centres (CDTs) will be respected in order to ensure the availability of medicines in sufficient quantity. In 2021, although treatment success was high, the cure rate remained low at 58%. In GC7, the National TB Control Program (PNLT) plans to improve the healing rate with community involvement and the continued and uninterrupted availability of treatment at the site level by intensifying the following strategies: 1) availability of medicines and

	<p>introduction of the 4-month schedule (2RHZE/2RH) for mild TB in children; 2) support for treatment adherence in treatment and diagnostic centres (CDTs)/treatment centres and at the community level; 3) strengthening of bacteriological control; 4) biannual meetings of the border platform for monitoring the treatment of TB patients living along borders.</p> <p>Activities continued or intensified "See funding request 2020-2022"</p> <p>New activities in GC7: During GC7, the National TB Control Program (PNLT) will implement the 4-month treatment for mild forms of childhood TB based on the national guidelines (PATI-6).</p>
Amount requested	53'066'187 USD (19%)
Expected outcomes	<p>This module will have national coverage with intensified interventions in the 15 provinces out of the 26 that report 81% of TB cases.</p> <p>With the planned interventions, the expected outcomes are:</p> <ul style="list-style-type: none"> - Decrease in incidence from 318/100,000 in 2021 to 311/100,000 in 2026 - Mortality decreased from 44/100,000 in 2021 to 33/100,000 in 2026 - TB treatment coverage increased from 70% in 2021 to 92% in 2026 - Increase in the percentage of patients who received first-line molecular testing from 9.4% in 2021 to 45% in 2026 - Completion of rifampicin resistance testing for at least 80% of bacteriologically confirmed TB patients by 2026 - Increase in treatment success rate in patients with drug-sensitive TB from 94% in 2021 to 95% from 2024 <p>Investments in the PAAR will ensure:</p> <ul style="list-style-type: none"> - The availability of a 4-month safety stock for first-line drugs - The extension of the laboratory network with the purchase of 138 Xpert 10 color machines (plus maintenance), the acquisition of 65 TrueNat machines and 404 new microscopes, the renewal of 30% of the microscope park, the purchase of 20% of the inputs for microscopy, quality control and training of laboratory technicians - Improving the follow-up of cases under treatment with the organization of meetings of the cross-border platform

Module 2	<Diagnosis, Treatment and Management of Drug-Resistant Tuberculosis (DR-TB)>
Intervention(s)	<p>Diagnosis of Drug-Resistant Tuberculosis/Drug Sensitivity Testing (DST) - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Treatment, management and support of drug-resistant tuberculosis (DR-TB) - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p>

<p>List of activities</p>	<p>Diagnosis of Drug-Resistant Tuberculosis (DR-TB): The DRC is among the 10 countries that contribute to 70% of the overall gap between the estimated WHO incidence of drug-resistant TB (DR-TB) in 2021 and the number of drug-resistant TB (DR-TB) patients on treatment (Global Report 2022). Activities targeting drug-resistant TB (DR-TB) are primarily supported by the Global Fund, USAID and the WHO (through Green Light Committee (GLC) support). The 2022 WHO Global Report shows resistance of 1.6% in new TB patients and 17.3% in retreated patients. A new TB drug resistance survey is planned for 2023 with NFM3 funding. The number of reported drug-resistant TB (DR-TB) patients increased from 918 in 2019 to 1,236 in 2021 (+35%). This increase is due to improved access to molecular testing, the use of molecular testing as the initial diagnostic test at the equipped sites, and the implementation of the Plan to Accelerate the Detection of drug-resistant TB (DR-TB) (Appendix 7: page 27). In 2021, 47% of Rifampicin-resistant tuberculosis (Rifampicin-resistant tuberculosis (RR-TB)) patients underwent fluoroquinolone resistance testing with line probe assay (line probe assay [LPA]). By the end of 2023, the DRC will have 106 10-color GeneXpert machines (NFM3, C19RM, USAID) to decentralize access to second-line sensitivity testing in the 27 Provincial Tuberculosis Control Coordinations (CPLTs) (Appendix 8: Guidelines for decentralization of access to second-line sensitivity testing, page 1). During GC7, it is planned to strengthen the National Reference Laboratory for Mycobacterium (LNRM) - TB to carry out the phenotypic resistance tests to bedaquiline, linezolid, pretomanide, delamanid, and carry out the sequencing of <i>Mycobacterium Tuberculosis</i> and to enhance the biosecurity and biosafety of the P3 lab. The new National TB Control Program (PNLT) Guidelines include plans to introduce follow-up of patients after the end of treatment for drug-resistant TB (DR-TB) (2 cultures and BAAR and 2 x-rays per patient every 6 months for 12 months) to identify relapsing patients.</p> <p>Activities continued or intensified "See 2020-2022 funding request"</p> <p>New activities in GC7:</p> <ul style="list-style-type: none"> - Acquire products for phenotypic Bedaquiline, Linezolid, Pretomanid, Delamanid testing and sequencing for the National Reference Laboratory for Mycobacterium (LNRM) - Train staff on new technologies. <p>Reduced activities: The training below is no longer required as the provinces have received 10-color machines and so this activity will only take place at the National Reference Laboratory for Mycobacterium (LNRM)</p> <ul style="list-style-type: none"> - Organize training of 8 National Reference Laboratory for Mycobacterium (LNRM) personnel on line probe assay (LPA) technology. <p>Deleted activities: The program has already developed the Xpert machine mapping (Appendix 9: Mapping of molecular tools TB_PNL) and updates it regularly. Furthermore, drug-resistant TB (DR-TB) contacts are seen free of charge in treatment and diagnostic centres (CDTs) and therefore no longer pay a consultation fee.</p> <ul style="list-style-type: none"> - Conduct an inventory of multidrug-resistant TB (MDR-TB) diagnostic sites in each province (15 people for 5 days in each of the 27 Provincial Tuberculosis Control Coordinations [CPLTs]) - Subsidize the first consultation for 24,690 multidrug-resistant TB (MDR-TB) contact subjects for their first visit to the health facility (FOSA). <p>Treatment, management and support of drug-resistant tuberculosis (DR-TB): Patients with drug-resistant TB (DR-TB) in the DRC are treated at 359 outpatient treatment and diagnostic centres (CDTs) except for bedridden patients receiving treatment who are referred to one of 9 facilities for hospitalization. The percentage of patients with drug-resistant TB (DR-TB) who are notified and put on treatment has been 90% for several years. An MoU exists between GF and USAID for the purchase of SLDs. Thus 65% of needs are covered by the GF and USAID covers the additional 35%. The average time to start treatment was 22 days in 2021 due to the non-</p>
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	<p>pre-positioning of second-line medicinal products at the treatment and diagnostic centre (CDT) level and difficulties in accessing pre-treatment assessments. The treatment success rate of multidrug-resistant TB (MDR-TB) patients increased from 77% in 2019 to 83% in the 2020 cohort. The cure rate remains very low (14%) because follow-up cultures are not done. Patients are provided with nutritional support and transportation costs throughout the course of treatment. Inclusion assessment and biological monitoring of patients remain centralized in the Provincial Tuberculosis Control Coordinations (CPLTs) of the major cities, and 6 provinces are not covered. The NFM3 had provided 10 laboratories with spectrophotometers and ECG.</p> <p>On GC7, four regimens will be used based on patient eligibility criteria: 6-month BPaLM regimen (planned from 2024), BPaL for pre-XDRs (introduced in 2022); 9-month fully oral short regimen with bedaquiline (introduced since 2018); long individualized regimen. The National TB Control Program (PNLT) plans to improve the quality of care for drug-resistant TB (DR-TB) patients through: 1) the purchase and distribution of medicines to the last mile; 2) the pre-positioning of cures at treatment sites; 3) the decentralization of treatment for drug-resistant TB (DR-TB) and the continuation of outpatient treatment; 4) the simplification and adaptation of the pre-treatment evaluation; 5) the strengthening of follow-up during treatment, including cultures 6) support for patients, with the completion of the initial and follow-up evaluation, nutritional kits and transport reimbursement; 7) the use of new technologies (smart pill boxes) and the strengthening of community support; 8) the availability of medicines for managing adverse effects and the strengthening of active drug safety monitoring (aDSM); 9) capacity building for providers through clinical audits.</p> <p>Activities continued or intensified "See funding request 2020-2022"</p> <p>New activities in GC7:</p> <ul style="list-style-type: none"> - Purchase medications to manage the most common adverse reactions for 80% of multidrug-resistant TB (MDR-TB) patients in 519 Health Zones - Set up a pharmacovigilance system for the notification of adverse effects (Included in the PAAR) - Provide each of the 359 health facilities (FOSAs) with smart pill boxes (MERM) to cover 100% of drug-resistant patients (included in the PAAR) - Organize clinical audit missions of multidrug-resistant TB (MDR-TB) patients every six months from the Central Unit to the Provincial Tuberculosis Control Coordinations (CPLTs) with a formal report to be discussed - Organize CCTM meetings on a quarterly basis at the national and provincial levels
Amount requested	8'174'339 USD (3%)
Expected outcomes	<p>This module will have national coverage with intensified interventions in 20 provinces out of the 26 that report 85% of drug-resistant TB (DR-TB) cases.</p> <p>With the planned interventions, the expected outcomes are:</p> <ul style="list-style-type: none"> - Increase in drug-resistant TB (DR-TB) treatment coverage from 20% in 2021 to 40% in 2026 - Increase in the percentage of patients who received the FQ resistance test from 47% in 2021 to 100% in 2026 - Reduction in time to treatment from 22 to 7 days - Increase in reported drug-resistant TB (DR-TB) patients treated for drug-resistant TB (DR-TB) from 90% in 2021 to 100% in 2026 - Increase in the success rate of patients with drug-resistant TB (DR-TB) from 83% of the 2020 cohort to 85% in 2026 <p>Investments in the PAAR will make it possible to:</p> <ul style="list-style-type: none"> - Ensure the availability of SLD drugs for the 3rd year plus its safety stock - Updating MDR-TB technical guides as well as training MDR-TB providers on the new recommendations

	- The provision of MERM pill dispensers to reinforce adherence to treatment for MDR-TB patients - Reinforcement of TB surveillance among healthcare providers with the implementation of X-rays among healthcare providers
Module 3	Prevention of TB/DR-TB
Intervention(s)	<p>Screening/testing for tuberculosis infection - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Preventive treatment - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Infection prevention and control - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p>
List of activities	<p><u>Screening/testing for tuberculosis infection:</u> Tuberculosis prevention is one of the top priorities of the National TB Control Program (PNLT) that was included in the NFM3, in Module 1 - TB Care and Prevention - TB Treatment and Prevention Intervention. Active contact tracing of the index case is a priority activity in the DRC. To date, the National TB Control Program (PNLT) has focused its efforts on clinical screening for TB in children under 5 years of age in contact with TB+ cases (Appendix 7: page 68). The National TB Control Program (PNLT) data for 2021 showed that 51% of presumed child contacts <5 years received clinical screening for TB (70,534/138,834). Of the children screened, 4,405 were symptomatic (6%). Thus, of the presumed contacts under 5 years, 38% benefited from TB preventive treatment (TPT). Testing for latent tuberculous infection using IGRA tests to test contacts older than 5 years was introduced in 2022 in 2 cities (Kinshasa and Lubumbashi) using the USAID iNTP pilot project. Preliminary results showed that 56% of the 715 IGRA tests performed on contacts of TB patients over 5 years of age were positive.</p> <p>Under GC7, the National TB Control Program (PNLT) will: 1) intensify contact investigation with support from community outreach workers (RECOs), 2) strengthen TB preventive treatment (TPT) coverage among child contacts under 5 years of age, and 3) strengthen monitoring and analysis of data on contact investigation results and the number of people eligible for TB preventive treatment (TPT).</p> <p>Activities continued or intensified "See funding request 2020-2022"</p> <p><u>Preventive treatment:</u> The National TB Control Program (PNLT) has just completed a transition phase to the short HP and RH regime in keeping with the circular note dated December 2021. The National TB Control Program (PNLT) guidelines (Appendix 7, pages 68-69) recommend dual therapy for 3 months (HR and HP). National TB Control Program (PNLT) data from 2021 showed that 90% of contact children under 5 identified during contact investigation were started on TB preventive treatment (TPT) (59,419/66,129 of eligible children). Under GC7, community outreach workers (RECOs) will integrate awareness and support activities for people undergoing TB preventive treatment (TPT). An analysis of the TB preventive treatment (TPT) completion rate will be done regularly by the National TB Control Program (PNLT) (implementation of the tools developed).</p>

	<p>Activities continued or intensified "See funding request 2020-2022"</p> <p><u>Infection prevention and control:</u> As part of respiratory transmission infection monitoring, the National TB Control Program (PNLT) makes personal protective equipment available to treatment and diagnostic centres (CDTs), strengthens the knowledge of TB and HIV providers on reducing nosocomial transmission of TB (administrative, environmental and individual protective measures) and provides posters about fighting TB infections in health care settings.</p> <p>Activities continued or intensified "See funding request 2020-2022"</p>
Amount requested	0 USD (0%) appears in the budget. However, the TB preventive treatment (TPT) worth USD 1.4 million is incorrectly classified as under the treatment module in the budget.
Expected outcomes	<p>This module will have national coverage and will help reduce the incidence of TB by focusing on the detection and treatment of latent tuberculous infections and the implementation of TB infection control measures. With the planned interventions, the expected outcomes include strengthening TB preventive treatment (TPT) coverage in contact children under 5 years of age:</p> <ul style="list-style-type: none"> - Number of contacts (children under 5 years of age) of TB patients and TB-free patients who have started TB preventive therapy: 87,232 in 2024; 107,970 in 2025; 131,231 in 2026. <p>Investments made as part of the Global Fund above allocation funding (PAAR) will enable the National TB Control Program (PNLT) to:</p> <ul style="list-style-type: none"> - Expand TB preventive treatment (TPT) in contacts older than 5 years - Implement TB surveillance among health care providers with radiology implementation among health care providers

Module 4	Key and vulnerable populations (PCV)) - TB/DR-TB
Intervention(s)	<p>Key and vulnerable populations (PCV) - Children and adolescents - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Key and vulnerable populations (PCV) - Prisoners/remand centers/detention centers - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Key and vulnerable populations (PCV) - Mobile population (migrants/refugees/internally displaced persons) - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p>

	<p>Key and vulnerable populations (PCV) - Miners and Mining Communities - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p>
	<p>Key and vulnerable populations (PCV) - Urban poor/slum dwellers> - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Intensification <input checked="" type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p>
<p>List of activities</p>	<p>The DRC has introduced screening, diagnosis and care for vulnerable groups as a priority strategic focus. The National TB Control Program (PNLT) implements several strategies for screening these populations for tuberculosis, including: active search using the mobile strategy with the use of digital x-rays with or without computer-aided detection, rapid molecular testing and community participation.</p> <p><u>Key and vulnerable populations (PCV) - Children and adolescents:</u> In 2021, 12% of TB patients reported in the DRC were children, with a national target of 20% (External Review 2022). The activities that were carried out under NFM3 throughout the territory were: 1) training providers on how to manage pediatric TB, 2) subsidizing radiological examinations for presumed child cases, 3) annual active screening campaigns at the school level in collaboration with the school health program, 4) training doctors on reading and interpreting radiographic images in pediatrics, 5) strengthening contact investigation with community outreach worker (RECO) support. In 2021, the National Acute Respiratory Infection Management Control Program (PNIRA), in collaboration with the National TB Control Program (PNLT), revised community care site tools to incorporate the presumptive elements of TB. The goal is to systematically screen for TB at community care sites to refer presumed child cases to health facilities (FOSAs). After a pilot phase, the country has just adopted the new WHO recommendation for the diagnosis of TB in children using the Xpert stool test. Under GC7, the National TB Control Program (PNLT) plans to: 1) develop child and adolescent TB checklists, factsheets and posters; 2) strengthen the GeneXpert network with the introduction of the stool test (module 1); 3) intensify the NFM3 activities involving screening and diagnosing TB in children and adolescents (training, collaboration with other programs, contact tracing, active investigation of TB signs and symptoms in community care sites). These NFM3 activities will be renewed and expanded during GC7. “See the 2020-22 funding request</p> <p>The following new activities have been added</p> <ul style="list-style-type: none"> - Developing child and adolescent TB memoranda, fact sheets and posters <p>Deleted Activities</p> <ul style="list-style-type: none"> - Train provider personnel on the management of pediatric TB: (i) 516 providers of 258 General Referral Hospitals (HGRs) or referral facilities (2 providers/Health Zone) and (ii) 1,298 providers on the management of child TB. - Organize a 5-day workshop for 20 people to update Integrated Management of Childhood Illness (PCIME) algorithms <p><u>Key and vulnerable populations (PCV) - Prisoners/remand centers/detention centers:</u></p> <p>The 2014 National TB Control Program (PNLT) study in Kinshasa and Mbuji-Mayi prisons (<i>Annex 10: Kaswa and Co. Emerg Infect Dis. 2018 Nov;24(11):2029-2035</i>) had shown that the prevalence of tuberculosis in prisons in the DRC was 39 times higher than that of TB in the general population. In 2021, 1,999 TB patients were reported in prison settings. There is very little data available on HIV in prisons in the DRC, however, the activities of the Ministry of Justice (2018) carried out in some prisons in the DRC show an HIV prevalence of 1.6% among prisoners and other people incarcerated.</p>

During NFM3 the country conducted: 1) awareness raising by peer educators and NGOs; 2) active quarterly screening campaigns for persons deprived of liberty in prisons with the use of radio and GeneXpert; 3) food support for TB patients; 4) development and dissemination of posters on TB protection measures in prison settings. These activities will be maintained and strengthened under GC7.

With the support of GIZ, a TB and HIV prison strategic plan has been developed and priority activities will be implemented under GC7 jointly with the National AIDS Control Program (PNLS) to increase TB and HIV testing and management in 9 prisons (Makala, Ndolo, Matadi, Bunia, Goma, Bukavu, Mbuji Mayi, Kananga and Kisangani).

These **activities will continue** "See 2020-2022 funding request".

Activity deleted:

- Organize a poster review workshop on TB protection measures in prisons.

Key and vulnerable populations (PCV) - Mobile population (migrants/refugees/internally displaced persons): The DRC has a large number of internally displaced people. As of January 31, 2023, according to the UNHCR, there were about 6 million internally displaced people (PDIs) <https://www.unhcr.org/democratic-republic-of-the-congo.html> as a result of the conflicts, the vast majority in Nord Kivu, Sud Kivu and Ituri. The strategy of the National TB Control Program (PNLT) for this vulnerable group is active TB screening in camps for refugees and internally displaced persons. Under NFM3, radio screening and awareness campaigns were organized in internally displaced people (PDIs) camps in Ituri and Sud Kivu. For the continuation, these activities will be maintained or enhanced by using 4x4 vehicles equipped with computer-aided detection x-ray units and GeneXpert as well as ultra-portable x-ray units (C19RM grant). Community outreach workers (RECOs) recruited from the same community will be trained and will serve as an interface between the treatment and diagnostic centres (CDTs) and these communities for community-based awareness, orientation and directly-observed treatment (DOT).

Activities maintained: "See 2020-2022 funding request"

The following new activities have been added

- Train peer educators among members of mobile populations.

Key and vulnerable populations (PCV) - Miners and Mining Communities:

Industrial and artisanal mining is intense in some provinces of the DRC. Overcrowding in artisanal mining sites contributes to the spread of TB and HIV. The National TB Control Program (PNLT) monitoring and evaluation system reported 8,084 TB patients among miners. Mobilization/awareness campaigns were organized under NFM3. Under GC7, the National TB Control Program (PNLT) will: 1) increase TB and HIV awareness at mine sites; 2) train peer educators; 3) support community organizations in treatment follow-up, sample transportation and community-based implementation of directly-observed treatment (DOT); 4) advocate for stronger TB engagement with leaders of artisanal miners associations. At the 10 large-scale industrial mines, partnership agreements will be established with the province for the systematic screening of miners and the establishment of a treatment centre within their infirmary to bring the treatment closer to the patient (see module 5).

The following activities will be continued or intensified: (See funding request 2020-2022).

The following new activities have been added

- Training peer educators from within the mine populations

	<ul style="list-style-type: none"> - Conduct active screening campaigns using Digital x-rays + computer-aided detection in artisanal mining areas <p>Key and vulnerable populations (PCV) - Urban poor/slum dwellers: Under NFM3, active TB screening to reach the peri-urban poor was organized using the “TB Village” approach that uses mobile radio and GeneXpert. In December 2021, 1,088 people in these precarious neighborhoods were screened for TB and 631 had chest X-rays. A total of 33 TB patients were reported and treated, including 3 Rifampicin-resistant tuberculosis (RR-TB) patients (https://www.theglobalfund.org/media/12011/tb_2022-04-quarterly-tuberculosis_update_en.pdf). Five other similar campaigns were organized in 2022 and the results are currently being analyzed. These “TB Village” campaigns will be maintained under GC7. ("See the 2020-2022 funding request.</p>
Amount requested	5'447'221 USD (2%)
Expected outcomes	<ul style="list-style-type: none"> - Increase in the reported percentage of children and adolescents among new TB cases and relapses from 12% to 17% in 2026 - Increase in TB notifications in prisons from 1,939 in 2021 to 2,239 in 2026 <p>Investments in the PAAR will allow:</p> <ul style="list-style-type: none"> - For child and adolescent TB, to build the capacity of service providers at the health zone level but also relays from community sites on active case finding as well as the training of General Hospital of Reference service providers on interpretation X-ray images to detect cases - Maintain nutritional support for prisoners screened for TB as well as the implementation of the TB-HIV strategy in the prison environment

Module 5	Collaboration with other providers and sectors
Intervention(s)	<p>Engagement of private providers for tuberculosis and drug-resistant tuberculosis (TB/DR-TB) care - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Community-based management of tuberculosis and drug-resistant tuberculosis (TB/DR-TB) - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Collaboration with other programs/sectors - Modifications to the program in relation to the existing grant:</p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p>
List of activities	Engagement of private providers for tuberculosis and drug-resistant tuberculosis (TB/DR-TB) care: In public-private mixed collaboration (PPM), the National TB Control Program (PNLT) emphasizes the involvement of private facilities, traditional practitioners,

mining companies and pharmaceutical companies. The non-parameterization of these private facilities in the District Health Information System (DHIS2) means that there is no data on their contribution from 2020. In 2019, the number of TB patients reported in private for-profit facilities accounted for 7% of the reporting. The private faith-based facilities (included in the program) cover 33% of treatment and diagnostic centres (CDTs) but contributed to 40% of reported cases in the same year. The involvement of practitioners is achieved through awareness-raising at the level of the Health Zones but the National TB Control Program (PNLT) does not have information on their contribution to TB notification. Collaborative interventions with businesses will continue under GC7: (1) staff training, (2) availability of data collection and reporting tools, diagnostic tools and products and medicines. These companies send their reports to the National TB Control Program (PNLT) and participate in annual monitoring, data validation and review meetings at the provincial health division level. A strategy for involving private pharmacists in the identification and referral of suspected TB is being finalized and will be implemented in 2023. Under GC7, this strategy will be maintained in the cities of Kinshasa, Haut Katanga, Nord Kivu, Sud Kivu, Matadi and Tshopo for 3 years, involving some 60 pharmacies in the 6 provinces. In addition, the program aims to strengthen collaboration with private for-profit health facilities (FOSAs) other than pharmacies in the same provinces to better integrate them into the fight. Similarly, to make up for their shortfall through additional workload, the National TB Control Program (PNLT) proposes to subsidize care at private facilities for a set amount in order to make all TB services in this sector free of charge. Honoraria will be provided to the dispensaries per presumed case referred and screened for TB; and to private facilities per screened, notified and cured patient.

Activities maintained or intensified "See the 2020-2022 funding request".

The following new activities have been added

- Train managers of private pharmacies with provision of guidance notes (BILOS)
- Train private sector health facility (FOSA) providers on tuberculosis/drug-resistant TB (TB/MDR-TB)
- Provide a reward in the private sector (pharmacies and private facilities) for patients screened)
- Train private sector health facility (FOSA) providers on tuberculosis/drug-resistant TB (TB/MDR-TB)

Community-based management of tuberculosis/drug-resistant TB (TB/MDR-TB): The End TB Strategy and the Global Fund's new strategy that puts communities at the center of the response to the 3 diseases build on community engagement to achieve TB elimination by 2035. As part of NFM3, the National TB Control Program (PNLT) and its community partners have implemented strategies to strengthen screening such as index-based contact tracing and active TB screening of key and vulnerable populations (PCVs). In 2021, community outreach workers (RECOs) directed 37% of presumed TB cases to treatment and diagnostic centres (CDTs). The percentage of TB patients reported (new cases and relapses) through the community outreach workers RECOs) benchmark was 30% in 2021. Treatment success of TB patients followed by the community in 2020 was 97%. The community outreach workers (RECOs) also transported 25,050 treatment and diagnostic centre (CDT) samples to GeneXpert sites in 7 provinces. GC7 includes: 1) strengthening the capacity of community outreach workers (RECOs) on TB in the 24 provinces of intervention, 2) extending the family approach to TB research in children from 12 to 24 provinces, 3) extending TB awareness and screening in health facilities (FOSAs) that offer pediatric services and community care sites in all 24 provinces of intervention, 4) producing and disseminating TB awareness tools (picture box, posters...).

Under CG7, the program seeks to maintain and strengthen the activities that were carried out under NFM3. "See the 2020-2022 funding request."

The following activities have been deleted

	<ul style="list-style-type: none"> - Organize one gratification session per year for multidrug-resistant TB (MDR-TB) patients who successfully complete the course of treatment (a gift valued at \$20 for the expected 2,550 patients) - Organize the supervision missions for community activities by the central level (Supervision from the central level to the Provinces, 13 persons at the rate of one person for each of the 13 provinces visited per semester) - Organize missions to supervise community activities by the provincial level <p>The following new activities have been added</p> <ul style="list-style-type: none"> - Training the community outreach workers (RECOs) at the level of all the Health Zones to improve the delivery of the Community package. (Included in the PAAR) <p><u>Collaboration with other programs/sectors:</u> Raising awareness among religious leaders and traditional practitioners, which will help increase case detection. Organizing World Tuberculosis Day to raise awareness about TB, conduct lobbying, and mobilize additional resources at both the national and provincial levels. These activities will be continued and intensified See funding request 2021-2023</p>
Amount requested	2'304'174 USD (1%)
Expected outcomes	<ul style="list-style-type: none"> • The community contribution to testing will increase from 30% in 2021 to 36% in 2026 <p>Investments in the PAAR will allow:</p> <ul style="list-style-type: none"> - Capacity building of RECOs, members of OACs or civil society, former TB patients on TB, TB-PR, TB-HIV, TB PED and gender and human rights, investigation of TB contacts in 478 HZs.

Module 6	Prevention measures for men who have sex with men and their sexual partners
Intervention(s)	<p>Programming on condoms and lubricating gels for men who have sex with men - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Pre-exposure Prophylaxis (PrEP) Program for men who have sex with men - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Communication on HIV prevention, information and demand creation for men who have sex with men - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Community Empowerment for men who have sex with men - Modifications to the program in relation to the existing grant:</p>

	<input type="checkbox"/> New <input type="checkbox"/> Intensification <input checked="" type="checkbox"/> Renewal or <input type="checkbox"/> Reduction Sexual and reproductive health services, including sexually transmitted infections, hepatitis and post-violence care for men who have sex with men - Modifications to the program in relation to the existing grant: <input type="checkbox"/> New <input type="checkbox"/> Intensification <input checked="" type="checkbox"/> Renewal or <input type="checkbox"/> Reduction <i>Insert new row for each intervention</i> Removing human rights barriers to prevention for men who have sex with men - Modifications to the program in relation to the existing grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction <i>Insert new row for each intervention</i>
List of activities	<p>The 2022 programmatic mapping and population size estimate survey conducted in 9 cities found that the percentage of men who have sex with men who received the prevention package in the six months prior to the survey is unevenly distributed and varies from province to province, ranging from 1% (Lisala and Tshikapa) to 42% in Kinshasa. The percentage of those (men who have sex with men) who experienced an episode of physical or sexual violence in the 12 months before the survey is also unevenly distributed ranging from 2% (Mbandaka) to 53% (Tshikapa) and self-discrimination among men who have sex with men ranges from 0% (Mbandaka) to 39% (Goma). However, this survey carried out in 9 cities selected by convenience does not give statistics on national averages.</p> <p>Programming on condoms and lubricating gels for men who have sex with men: The recent 2022 Survey on Programmatic Mapping and Key Population Size Estimation (Annex 11: Survey on Programmatic Mapping and Estimation of the Size of Key Populations, pages 82-86) informs us that the percentage of men who have sex with men who have always used condoms during anal sex with all occasional sex partners remained low on average for the 9 cities (21% of those surveyed) with variations between cities (1%-Lisala, 6%-Kanaga, 7%-Mbandaka, 19%-Kinshasa, 23%-Goma and 70%-Kalemie). All indicators of systematic condom use are below 21%. As a result, the program envisages the intensification of activities involving the promotion and distribution of condoms and gels, with educational talks/participatory sessions included in the "communication" intervention. Condoms and gels will be distributed through several channels according to the national policy on condoms and lubricating gels (Annex 12: National policy on condoms and lubricating gels) including: identified hot spots, talks, integrated centers, drop-in centers, mobile outreach activities, etc. (See funding request 2020-2022).</p> <p>Pre-exposure Prophylaxis (pre-exposure prophylaxis (PrEP)) Program for men who have sex with men: Implementation of pre-exposure prophylaxis (pre-exposure prophylaxis (PrEP)) during the current grant has been delayed or frozen due to delayed procurement. It is noted that 5.8% of seronegative men who have sex with men benefited from pre-exposure prophylaxis (PrEP) in 2021 (Annex 13: Annual report National AIDS Control Program (PNLS) 202, Page 441). There are strong supports for the implementation of the pre-exposure prophylaxis (PrEP) offer in the DRC (Appendix 14: Pre-exposure Prophylaxis (PrEP) Operational Manual, Annex 15: HIV Integrated Management Guide). As part of GC7, pre-exposure prophylaxis (PrEP) (continuous or intermittent/event) adherence support activities for men who have sex with men will be continued and intensified (See funding</p>

request 2020-2022). The distribution of pre-exposure prophylaxis (PrEP) kits will be done through a differentiated approach involving health facilities (FOSAs), drop-in centers and peer educators.

NOTE: To improve demand, a demand creation plan for eligible key populations with differentiated approaches is planned. This activity is listed in the “Prevention Program Management” module.

Communication on HIV prevention, information and demand creation for men who have sex with men: According to the 2022 Programmatic Mapping Survey and Key Population Size Estimate, the percentage of men who have sex with men who are aware of HIV transmission patterns and dismissive of false beliefs remains a concern and varies from province to province. The lowest percentage is observed in Kananga at 21% and the highest in Lisala at 83%, with a large disparity for the other cities visited. To this end, the program envisages **the intensification of capacity-building activities** for peer educator facilitators, the implementation of participatory sessions, educational talks, night outings of mobile voluntary testing centres and the facilitation of blogs, facebook, twitter, etc. (See funding request 2020-2022).

Community Empowerment for men who have sex with men: There are men who have sex with men organizations involved in the implementation of the activities and involved in the decision-making regarding the HIV program through their representatives. However, there are difficulties in granting legal documents (legal status, standing regulation, legal personality) and legal recognition. Moreover, it appears that these organizations do not have a head office on the one hand and, on the other hand, there is a lack of institutional capacity in most identity organizations (**Annex 16: K-Pop-2022Strategic Plan, pages 18-20**). By the end of NFM3, a mapping of men who have sex with men organizations will be completed and will provide visibility to existing organizations. For GC7, this will involve continuing the activities of NFM3 and implementing the 2022 Key Populations Identity Organizations Strategic Plan by ensuring their institutional capacity building (See funding request 2020-2022).

Sexual and reproductive health services, including sexually transmitted infections, hepatitis and post-violence care for men who have sex with men: According to the Programmatic Mapping Survey and Key Population Size Estimates, the median age at first intercourse generally ranges from 15 to 19 years. According to the 2019 Integrated Biological and Behavioral Surveillance (IBBS) Survey (Table 3.2.7) the proportion of men who have sex with men with at least one sign of a sexually transmitted infection in the previous 12 years ranged from 14% (Kongo Central) to 26% (Haut-Katanga). Likewise, the proportion of men who have sex with men seeking advice from health workers in a clinic or hospital the last time a sign of a sexually transmitted infection was present in the previous 12 months ranged from 60% in Haut-Katanga to 87% in Kinshasa. The availability of medicines to treat sexually transmitted infections is a motivation that improves attendance at health centers. The Hepatitis Screening and Management Program was not included in previous grants. For GC7, the aim will be to strengthen the technical capacity of the integrated centers concerned, to take charge of sexually transmitted infections, hepatitis and malaria as well as screening for tuberculosis (See funding request 2020-2022). In addition, post-exposure prophylaxis (PEP) will continue to be available to all men who have sex with men who are survivors of sexual violence or exposed to at-risk contact (see the “ARV treatment” module).

Removing human rights barriers to prevention for men who have sex with men: these barriers are essentially the persistence of stigma, the most acute form of which is homophobia, discrimination and violence in the community and by law enforcement officials themselves. The proportion of men who have sex with men who experienced an episode of physical or sexual violence in the past 12 months: 59% in Tshikapa, 54% in Goma, 46% in Kindu, 19% in Kinshasa; The proportion of men who have sex with men who reported having experienced an episode of discrimination in the previous 6 months: 54% in Goma, 45% in Tshikapa, 40% in Kindu, 26% in

	<p>Kinshasa, and the proportion of men who have sex with men who reported avoiding treatment for fear of discrimination: 39% in Goma, 27% in Tshikapa, 19% in Kindu, 18% in Kinshasa, 11% in Kananga (Annex 11, pages 94-100). During the GC7, men who have sex with men associations will carry out advocacy activities with specific methodologies adapted to various stakeholders (policy makers, health service providers, law enforcement and religious leaders) (See funding request 2020-2022). The broader human rights and gender activities can be found in the appropriate module.</p> <p>NB: The level of satisfaction of men who have sex with men with the services received will be assessed through Community Led Monitoring (CLM) taken into account in the community systems strengthening.</p>
Amount requested	4'409'982 USD (2%)
Expected outcomes	<ul style="list-style-type: none"> • The percentage of men who have sex with men who have accessed HIV prevention programs increased 1from 5%in 2021 to 71% in 2024 to 95% in 2026 • The percentage of men who have sex with men who have received pre-exposure prophylaxis (PrEP) at least once increased from 46% (6556/14252) in 2024 to 66% (11750/17803) in 2026 • The percentage of men who have sex with men screened for sexually transmitted infections is reduced from 32% in 2024 to 24% in 2026

Module 7	Prevention measures for sex workers, their clients and other sexual partners
Intervention(s)	<p>Condoms and lubricating gels for sex workers - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Pre-exposure Prophylaxis (PrEP) Program for Sex Workers - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Communication on HIV prevention, information and demand creation for sex workers - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Intensification <input checked="" type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Empowering communities for sex workers - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Intensification <input checked="" type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Sexual and reproductive health services, including sexually transmitted infections, hepatitis and post-violence care for sex workers - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Intensification <input checked="" type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p>

	<p><i>Insert new row for each intervention</i></p> <p>Remove human rights barriers to prevention for sex workers - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Intensification <input checked="" type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p><i>Insert new row for each intervention</i></p>
List of activities	<p>GC7 interventions will maintain and expand what has been initiated under NFM3.</p> <p><u>Programming related to condoms and lubricating gels for sex workers:</u> The recent 2022 Survey on Programmatic Mapping and Estimated Key Population Sizes tells us that the percentage of sex workers who always used condoms during sex with paying partners in the six months before the survey remains low, from 6% in Lisala and 64% in Kalemie, an average of 28% for the nine cities surveyed. In 2021, 2,186,387 male condoms, 42,550 female condoms and 60,032 gels were distributed to sex workers. It should be noted that the National AIDS Control Program (PNLS) has put in place a national policy document on condoms and lubricant gels for key populations which makes it possible, among other things, to know the real need for condoms among sex workers. The program envisages the intensification of activities involving the promotion and distribution of condoms and gels, educational talks/participatory sessions included in the "communication" intervention. Condoms and gels will be distributed through several channels according to the national policy on condoms and lubricating gels (Annex 12) including: identified hot spots, talks, integrated centers, drop-in centers, mobile activities, etc. (See funding request 2020-2022).</p> <p><u>Pre-exposure Prophylaxis (PrEP) Program for Sex Workers:</u> Implementation of pre-exposure prophylaxis (PrEP) during the current grant has been delayed or frozen due to delayed procurement. It is noted that 12% of the seronegative sex workers benefited from pre-exposure prophylaxis (PrEP) in 2021 (<i>Annex 13, page 44</i>). There are strong supports for the implementation of the pre-exposure prophylaxis (PrEP) offer in the DRC (<i>Annex 14, 15</i>). As part of the GC7, sex worker orientation to pre-exposure prophylaxis (PrEP) and adherence support activities (continuous or intermittent/event) will be continued and intensified (See 2020-2022 funding request). Pre-exposure prophylaxis (PrEP) kits will be distributed through a differentiated approach involving health facilities (FOSAs), drop-in centers and peer educators. Prevention of sexually transmitted infections in sex workers with pre-exposure prophylaxis (PrEP) is done during visits where people are counseled on the use of condoms.</p> <p><i>NOTE: To improve demand, a demand creation plan for eligible key populations with differentiated approaches is planned. This activity can be found in the "Prevention Program Management" module</i></p> <p><u>Communication on HIV prevention, information and demand creation for sex workers:</u> According to the 2022 Programmatic Mapping Survey and Key Population Size Estimate, the percentage of sex workers who are aware of HIV transmission patterns and reject false beliefs remains a concern and varies from province to province. The lowest percentage is observed in Goma (28%) and the highest in Tshikapa 87%, an average of 50% for the 9 provinces surveyed. The GC7 envisages the intensification of capacity building activities for peer educator facilitators, participatory sessions, educational talks, night outings of mobile voluntary testing centers and facilitation of blogs, facebook, twitters, etc. (See funding request 2020-2022).</p> <p><u>Empowering communities for sex workers:</u> There are sex worker organizations involved in the implementation of the activities and that participate in the decision-making concerning the HIV program through their representatives. However, there are difficulties in</p>

	<p>granting legal documents (legal status, standing regulation, legal personality) and legal recognition. Moreover, it appears that these organizations do not have a head office on the one hand, and on the other hand there is a lack of institutional capacity in most sex worker organizations (Annex 16, pages 18-20). By the end of NFM3, a mapping of sex worker organizations will be completed and will provide visibility to existing organizations. For GC7, this will involve continuing the activities of NFM3 and implementing the 2022 Key Populations Identity Organizations Strategic Plan by providing institutional capacity building (See funding request 2020-2022).</p> <p><u>Sexual and reproductive health services, including sexually transmitted infections, hepatitis and post-violence care for sex workers:</u> According to the Programmatic Mapping Survey and Key Population Size Estimates, the median age at first intercourse generally ranges from 14 to 15 years. The availability of drugs to treat sexually transmitted infections is an incentive that improves attendance at health centers. According to the same survey, the proportion of sex workers who received care for sexually transmitted infections in the previous 6 months varied from 8% to 43% depending on the site, an average of 22% for the 9 cities surveyed. Hepatitis screening and management was not included in previous grants. For GC7, this will involve strengthening the technical platform of the integrated centers concerned, integrating family planning, managing sexually transmitted infections, hepatitis and malaria and screening for tuberculosis (See funding request 2020-2022). In addition, post-exposure prophylaxis (PEP) will continue to be available to all sex workers who are survivors of sexual violence or at high risk of infection (see module “ARV treatment”).</p> <p><u>Remove human rights barriers to prevention for sex workers:</u> According to 2022 programmatic mapping in 9 provinces, the proportion of sex workers who were abused or brutalized in the previous 12 months: 2% in Lisala has 29% in Kindu. On average, 30% of sex workers report having been arrested by the police. According to the same study, the proportion of sex workers who had to avoid seeking health services for fear of being identified as sex workers in the previous 6 months ranged from 1% in Kananga to 20% in Kinshasa, an average of 14% (Annex 11, pages 58-64). In addition to the activities under the module “Reducing Barriers...”, during the GC7, sex worker associations together with their institutional allies will carry out advocacy activities using specific methodologies adapted to the various stakeholders (policy makers, health service providers, law enforcement and religious leaders) and capacity building for sex workers, their protectors, and clients on matters related to gender, human rights, sexual and reproductive health and the fight against stigma.</p> <p><i>NB: The level of satisfaction of sex workers with the services received will be assessed through Community Led Monitoring (CLM) taken into account in the community systems strengthening.</i></p>
Amount requested	12'565'375 USD (5%)
Expected outcomes	<ul style="list-style-type: none"> • The percentage of sex workers who benefited from HIV prevention programs increased from 34% in 2021 to 57% in 2024 to 80% in 2026 • The percentage of sex workers who received pre-exposure prophylaxis (PrEP) at least once increased from 76% (13118/17261) in 2024 to 97% (20914/21562) in 2026 • The percentage of sex workers screened for sexually transmitted infections is down from 25% in 2024 to 19% in 2026
Module 8	Prevention measures for transgender people and their sexual partners

Intervention(s)	Condoms and lubricating gels for transgender people - Modifications to the program in relation to the existing grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction
	Pre-exposure prophylaxis (PrEP) for transgender people - Modifications to the program in relation to the existing grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction
	Communication and information on HIV prevention, creating demand for transgender people - Modifications to the program in relation to the existing grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction
	Empowering the transgender community - Modifications to the program in relation to the existing grant: <input type="checkbox"/> New <input type="checkbox"/> Intensification <input checked="" type="checkbox"/> Renewal or <input type="checkbox"/> Reduction
	<sexual and reproductive health services, including sexually transmitted infections, hepatitis and post-violence care for transgender people - Modifications to the program in relation to the existing grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction <i>Insert new row for each intervention</i>
	Remove human rights barriers to prevention for transgender people - Modifications to the program in relation to the existing grant: <input type="checkbox"/> New <input type="checkbox"/> Intensification <input checked="" type="checkbox"/> Renewal or <input type="checkbox"/> Reduction <i>Insert new row for each intervention</i>
List of activities	<p>No large studies have been conducted in the country to estimate HIV prevalence among transgender people (not included in the 2019 Integrated Biological and Behavioral Surveillance Survey (IBBS). However, the 2022 Programmatic Mapping Survey and Key Population Size Estimate estimates the number at 56,530.</p> <p><u>Condoms and lubricating gels for transgender people:</u> According to the survey of programmatic mapping and estimation of the size of key populations, at least half of transgender people used condoms with regular (54%) and occasional (59%) partners. The number of condoms distributed to transgender people decreased between 2019 and 2020, from 65,495 to 40,553 respectively, and increased in 2021, to 91,236. The program envisages with transgender people the intensification of activities involving the promotion and distribution of condoms and gels, educational talks/participatory sessions included in the "communication" intervention. Condoms and gels will be distributed through several channels according to the national policy on condoms and lubricating gels (Annex 12) including: identified hot spots, talks, integrated centers, drop-in centers, mobile activities, etc. (See funding request 2020-2022).</p>

Pre-exposure prophylaxis (PrEP) for transgender people: Implementation of pre-exposure prophylaxis (PrEP) during the current grant was delayed or frozen due to the delayed supply. It should be noted that 6.7% of seronegative transgender people benefited from pre-exposure prophylaxis (PrEP) in 2021 (**Annex 13, 44**). There are strong supports for the implementation of the pre-exposure prophylaxis (PrEP) offer in the DRC (**Annex 13 and 14**). As part of GC7, men who have sex with men pre-exposure prophylaxis (PrEP) (continuous or intermittent/event) adherence support activities will be **continued and intensified with and for transgender people** (See funding request 2020-2022). The distribution of pre-exposure prophylaxis (PrEP) kits will be done through a differentiated approach involving health facilities (FOSAs), drop-in centers and peer educators TG.

NOTE: To improve demand, a demand creation plan for eligible key populations with differentiated approaches is planned. This activity is listed in the “Prevention Program Management” module.

Communication and information on HIV prevention and creating demand for transgender people: Based on results of the mapping and estimation of the size of key populations, the level of knowledge of transgender people varies from city to city: 23% in Kananga, 33% in Goma, 51% in Kinshasa, 51% in Kalemie, 56% in Kindu and 67% in Mbandaka (**Annex 11, 120-121**). During the period 2021-2022, communication activities were carried out in the community, hot spots and drop-in centres by transgender peer educators. In 2022, an image box was developed (applicable to transgender people) with posters and leaflets on the different themes of the fight against HIV. During the GC7, the program envisages with transgender people **the intensification** of capacity building **activities** for peer educator facilitators, participatory sessions, educational talks, night outings of mobile voluntary testing centers and the facilitation of blogs, facebook, twitters, etc. (See funding request 2020-2022).

Empowering the transgender community: There are transgender organizations involved in the implementation of the activities and involved in the decision-making concerning the HIV program through their representatives. However, there are difficulties in granting legal documents (legal status, standing regulation, legal personality) and legal recognition. Moreover, it appears that these organizations do not have a head office on the one hand and, on the other hand, there is a lack of institutional capacity in most identity organizations (**Annex 16, pages 18-20**). By the end of NFM3, a mapping of transgender organizations will be completed and will provide visibility to existing organizations. For GC7, this will involve continuing the activities of NFM3 and with and for transgender people implementing the 2022 Key Populations Identity Organizations Strategic Plan by providing institutional capacity building (See funding request 2020-2022).

Sexual and reproductive health services, including sexually transmitted infections, hepatitis and post-violence care for transgender people: Based on the results of the mapping and estimation of the size of key populations, transgender people have relative access to care for sexually transmitted infection treatment. Indeed, 81% of those surveyed had access to sexually transmitted infection care in Mbandaka (70% in the 6 months before the survey), 75% in Kinshasa (51% in the previous 6 months), 49% in Goma (31% in the previous 6 months), 26% in Kalemie (4% in the previous 6 months), 16% in Kananga, all in the previous 6 months and 14% in Kindu (1% in the previous 6 months). In 2022, the National AIDS Control Program (PNLS) updated the “sexually transmitted infection management guide” with support from the WHO, which now recommends the use of rapid tests for the diagnosis of most sexually transmitted infections. The services provided to transgender people do not cover hepatitis or mental health. The availability of drugs to treat sexually transmitted infections is an incentive that improves attendance at health centers. The Hepatitis Screening and Management Program was not included in previous grants. For GC7, the aim will be to strengthen the technical capacity of the integrated centers concerned, to manage sexually transmitted infections, hepatitis and malaria as well as screening for tuberculosis

	<p>and treatment of anal condylomas (See funding request 2020-2022). In addition, post-exposure prophylaxis (PEP) will still be available to all transgender people that are survivors of sexual violence or exposed to at-risk contact (see module “ARV treatment”).</p> <p><u>Remove human rights barriers to prevention for transgender people:</u> From 2019 to date, there have been no significant changes in attitudes towards transgender people. Indeed, the 2019 index report noted that 68.5% of transgender people had experienced derogatory attitudes (psychological pressure or manipulation) related to their gender identity. This was confirmed in the programmatic mapping survey, where 46% of transgender people had reported having experienced an episode of discrimination in the previous 6 months in Kalemie, 45% in Kinshasa, 26% in Kanaga, 23% in Mbandaka, 17% in Goma and 8% in Kindu. In addition, 33% of transgender people reported having experienced an episode of physical or sexual violence in the previous 12 months in Kinshasa, 24% in Kananga, 17% in Goma, 14% in Kalemie, 12% in Kindu and 10% in Mbandaka (<i>Annex 11, pages 125-128 ; 130</i>). During the NFM3, several actions were implemented to provide legal and judicial assistance to transgender people (See the module on “Reducing human rights barriers to HIV/TB services”). During the GC7, in addition to the Barrier Reduction module activities, the training of Legal and Judicial Services Mediators among transgender peer educators will continue (See funding request 2020-2022).</p> <p><i>NB: The level of satisfaction of transgender people with the services received will be assessed through Community Led Monitoring (CLM) as reflected in the community systems strengthening.</i></p>
Amount requested	2'893'657 USD (1%)
Expected outcomes	<ul style="list-style-type: none"> • The percentage of transgender people accessing HIV prevention programs increased from 28% in 2024 to 50% in 2026 • The percentage of transgender people who received pre-exposure prophylaxis (PrEP) at least once increased from 41% (2316/5674) in 2024 to 55% (3875/7088) in 2026 • The percentage of transgender people screened for sexually transmitted infections stabilized at 12% in 2026

Module 9	Preventive measures for people who use drugs (injection and non-injection) and their sexual partners
Intervention(s)	<p>Needle and syringe exchange programs for people who inject drugs - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Opioid substitution therapy and other medically- assisted drug treatments for people who inject drugs - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Overdose prevention and management for people who inject drugs - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Intensification <input checked="" type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p>

	<p>Programming for Condoms and Lubricating Gels for People Who Use Drugs - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Pre-exposure Prophylaxis ((PrEP) Program for People Who Use Drugs - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Communication on HIV prevention, information and demand creation for people who use drugs - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Sexual and reproductive health services, including sexually transmitted infections, hepatitis and post-violence care for people who use drugs - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Intensification <input checked="" type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Remove human rights barriers to prevention for people who use drugs - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Intensification <input checked="" type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p>
<p>List of activities</p>	<p>The latest studies put the prevalence of people who inject drugs (people who inject drugs) at 3.9%, according to the 2021-2023 Plan to Strengthen and Expand HIV Services for Key Populations (<i>Annex 17: Plan for Strengthening and Expanding HIV Services for Key Populations 2021-2023, page 3</i>). The intervention strategy consists of integrating into drop-in centers the basic intervention package (communication, condoms distribution, HIV testing and care, sexually transmitted infection care and needle exchange) and complementary interventions (promotion & distribution of syringes, counseling and single-use education, hepatitis B &C screening, opioid substitution therapy and overdose management).</p> <p><u>Needle and syringe programs for people who inject drugs:</u> The 2021 annual report of the National AIDS Control Program (PNLS) reports that HIV positivity among people who inject drugs is 4.16% (396 positive out of 9,499 cases tested). Until 2020, this program was implemented in Kinshasa and partially in four other provinces funded by the Global Fund (Kasai Oriental, Nord Kivu, Sud Kivu and Tshopo). The organization of awareness sessions coupled with people who inject drugs talks was dropped from the grant due to budget constraints. During NFM3, the people who inject drugs management guide was developed in the context of HIV prevention (strategy for needle and syringe distribution, opioid substitution therapy (TSO) prescribing and overdose management). During GC7, the procurement and distribution of low dead space syringes will be continued or even intensified. The program will be implemented by peer educators that source syringes from integrated centers and drop-in centers for distribution at shoot-up points.</p> <p><u>Opioid replacement therapy and other medically assisted drug treatment for people who inject drugs.</u> To date, health services are offered only in Kinshasa, and mainly in the Lemba health zone. During the NFM3, the protocol and policies for Opiate Replacement</p>

Therapy (buprenorphine (Subutex®) and methadone) were developed and reproduction/dissemination is planned for December 2023 to be fully implemented during the GC7. As provided for in the NFM3 grant application, the opioid substitution therapy (TSO) was not purchased and therefore not available by the Global Fund; PEPFAR does not include injecting drug users in its targets. The acquisition and distribution of opioid substitution therapy, referring injecting drug user to specialized facilities, and capacity building for peer educators of injecting drug users and providers on prevention and medically assisted therapy (TMA) are **proposed** during the implementation of the GC7.

Overdose prevention and management for people who inject drugs. According to the results of the 2022 programmatic mapping survey, 80% of people who inject drugs surveyed overdosed or lost consciousness twice or more after injecting a drug in Mbandaka, 61% in Kananga, 59% in Kinshasa, 58% in Kindu, 53% in Goma, 28% in Kalemie, 26% in Lisala, and 19% in Gemena. In 2021, about 7% of people who inject drugs were reached with HIV prevention messages, given that one of the ways of preventing an overdose is knowledge of the risky situations they are frequently associated with. During NFM3, the National AIDS Control Program (PNLS) produced the HIV Prevention people who inject drugs Management Guide which details the distribution of needles and syringes, opioid substitution therapy (TSO) prescription and overdose management. During GC7, activities continued or intensified include educational talks on overdose prevention, training of medical providers and peer educators on the use of naxolone (or other molecule), acquisition of products, and identification of injectable drug users at high risk of overdose (See funding request 2020-2022).

Programming on condoms and lubricant gels for people who use drugs: According to the programmatic mapping survey, on average 28% of people who inject drugs surveyed used a condom during their last sexual encounter with a regular partner; 48% during their last paid sexual encounter and 46% with an occasional sexual partner. Analysis by city surveyed shows that the problem of condom use is present everywhere to different degrees (Kananga, Goma, Mbandaka, Kalemie, Lisala, Gemena, Kindu, Kinshasa). The 2021 annual report of the National AIDS Control Program (PNLS) indicates that during NFM3 condoms were distributed to people who inject drugs, but the number of condoms was insufficient (122,056 male condoms and 304 female condoms), leading to the development of a national policy on condoms and lubricant gels (Annex 12). During GC7, the acquisition and distribution as well as the quality and quantity of condoms and gels for people who inject drugs will be **intensified** in accordance with the national policy (See funding request 2020-2022). The peer educators of people who inject drugs will distribute condoms and lubricating gels during outings, educational talks and at drop-in centers.

Pre-exposure Prophylaxis (PrEP) Program for People Who Use Drugs:

Implementation of pre-exposure prophylaxis (PrEP) during the current grant has been delayed or frozen due to delayed procurement. It is noted that 2.4% of HIV-negative people who inject drugs benefited from pre-exposure prophylaxis (PrEP) in 2021 (**Annex 13, page 44**). There are strong supports for the implementation of the pre-exposure prophylaxis (PrEP) offer in the DRC (**Annex 14 and 15**). Under GC7, membership support and people who inject drugs orientation activities on pre-exposure prophylaxis (PrEP) (continuous or intermittent/event) will be **continued and intensified** (See funding request 2020-2022). The distribution of pre-exposure prophylaxis (PrEP) kits will be done through a differentiated approach involving health facilities (FOSAs), drop-in centers and peer educators.

NOTE: To improve demand, a demand creation plan for eligible key populations with differentiated approaches is planned. This activity is listed in the “Prevention Program Management” module.

	<p>Communication on HIV prevention, information and demand creation for people who use drugs: According to the results of the 2022 programmatic mapping, on average only 41% of people who inject drugs surveyed know the modes of transmission and reject false beliefs. The analysis by city surveyed shows the level of knowledge is below average in Kananga (21%), Kinshasa (26%), Goma (37%) and Gemena (4%). In all cases, knowledge of the modes of transmission is a challenge for people who inject drugs. During NFM3, according to the 2021 annual report of the National AIDS Control Program (PNLS), an emphasis was placed on awareness-raising, distribution of condoms, lubricating gels, syringes and pre-exposure prophylaxis in health facilities (FOSAs) as well as in the community, and 7,550 people who inject drugs were reached. The activities continued or intensified will concern the training of Peer Educators of people who inject drugs on participatory approaches, life skills, mental hygiene, drugs and HIV, drugs and Hepatitis, drugs and TB, safer sex practices, risk reduction, referring pregnant people who inject drugs for prevention of mother-to-child transmission (PMTCT), offering messages specific to people who inject drugs and visiting the homes of people who inject drugs to raise awareness of drug dependency management, mobile voluntary screening outlets for people who inject drugs, malaria management through drop-in and integrated centers, tuberculosis screening and referring presumed cases of tuberculosis.</p> <p>Community Empowerment for People Who Use Drugs: There are organizations of drug users involved in the implementation of activities and who participate in decision-making regarding the HIV program through their representatives. However, there are difficulties in granting legal documents (legal status, standing regulation, legal personality) and legal recognition. Moreover, it appears that these organizations do not have a head office on the one hand and, on the other hand, there is a lack of institutional capacity in most identity organizations (Annex 16, pages 18-20). By the end of NFM3, a mapping of drug users' organizations will be carried out and will provide visibility to existing organizations. For GC7, this will involve continuing the activities of NFM3 and implementing the 2022 Strategic Plan for Drug-User-Led Organizations by providing institutional capacity building (See funding request 2020-2022).</p> <p>Remove human rights-related barriers to accessing prevention for people who use drugs. According to the results of the programmatic mapping, on average 25% of the injected drug user surveyed said they had experienced an episode of discrimination in the previous 6 months; the percentages are higher in Kinshasa (40%) and Goma (34%). On average, 25% of people who inject drugs reported having experienced an episode of physical or sexual violence in the previous 12 months, with variations from one city to another (43% in Kindu, 34% in Kinshasa, 32% in Gemena, 30% in Goma, 21% in Kananga and 14% in Mbandaka, Kalemia and Lisala). The percentage of people who inject drugs who have already avoided attending health services for fear of being identified as an injecting drug user is 12% on average (5% in Kalemie and 23% in Kinshasa) (Annex 11, pages 159-163). During the NFM3, several actions were implemented to provide legal and judicial assistance to people who inject drugs (see module "Reducing human rights barriers to HIV/TB services"). During GC7, in addition to the Barrier Reduction module activities, the training of legal and judicial service mediators among people who inject drugs peer educators and community dialogs on cultural norms, practices and customs in the sense of acceptance by all will continue (See funding request 2020-2022).</p> <p>NB: people who inject drugs satisfaction with the services received will be assessed through Community Led Monitoring (CLM) as reflected in the community systems strengthening.</p>
Amount requested	3'512'997 USD (1%)
Expected outcomes	<ul style="list-style-type: none"> The percentage of people who use drugs who have accessed HIV prevention programs increased from 24% in 2024 to 45% in 2026 The percentage of people who use drugs who received pre-exposure prophylaxis (PrEP) at least once increased from 36% (3157/8893) in 2024 to 46% (5055/11109) in 2026

	<ul style="list-style-type: none"> The percentage of people who use drugs screened for sexually transmitted infections stabilized at 12% in 2026
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Module 10	Preventive measures for people in prisons or other closed settings
Intervention(s)	<p>Programming related to condoms and lubricating gels for prisoners - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Communication on HIV prevention, creating information and demand for prisoners - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Sexual and reproductive health services, including sexually transmitted infections, hepatitis and post-violence care for people in prison - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Remove human rights-related barriers to prevention for people in prison - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p>
List of activities	<p>Prisons, because of their confined environment, with prison overcrowding of up to 223%, are conducive to the spread of HIV and tuberculosis. The 2018 National TB Control Program (PNLT) study in Kinshasa and Mbuji-Mayi prisons found that TB prevalence in DRC prisons was 40 times higher than TB prevalence in the general population. There is very little data available on HIV in prisons in the DRC, however, the activities of the Ministry of Justice (2018) carried out in a few prisons in the country reveal an HIV prevalence of 1.6% among prisoners and other prisoners. In collaboration with GIZ, a logic for TB and HIV testing in prison settings has been developed and priority activities will be implemented jointly by the two programs for the intensification of testing and the improvement of TB and HIV management in 9 prisons in Kinshasa, Matadi, Ndolo, Bunia, Goma, Bukavu, Mbuji mayi, Kananga and Kisangani. As such, in GC7, the activities of the joint plan will be considered and broken down into interventions that target vulnerable populations for both diseases.</p> <p><u>Programming on condoms and lubricant gels for prisoners:</u> In the DRC, there is no law prohibiting the distribution of condoms in prisons; however, restrictions are attributed to prison managers. In 2022, 16 provincial trainers (2 per province) and 160 peer educators (20 per prison) were trained in 8 prisons in 8 provinces: Makala (Kinshasa), Matadi (Kongo Central), Kisangani (Tshopo), Goma (North Kivu), Bukavu and Kabare (South Kivu), Mbujimayi (Kasai Oriental), and Kananga (Kasai Central). Given the high mobility of prisoners (entry and exit), the program proposes as part of GC7 to maintain activities of permanently available condoms at the prison infirmary, capacity building for providers in the prison environment (prison guards, managers, health workers) and peer educators (See funding request 2020-2022).</p>

	<p><u>The Communication on HIV Prevention, Information Creation and Demand for Prisoners:</u> The September 2022 review of the HIV program shows a significant decrease, of about 16%, in the prison population reached by social and behavior change communication interventions between 2020 and 2021 (30,758 in 2020 compared to 25,888 in 2021). During the GC7, activities will be intensified to increase knowledge of closed settings and build the capacity of peer educators with their inmate peers (see funding request 2020-2022).</p> <p><u>Sexual and reproductive health services, including sexually transmitted infections, hepatitis and post-violence care for people in prison:</u> Sexual and reproductive health and hepatitis services are not integrated into prisons with Global Fund support. But sexual and reproductive health activities are useful in improving the reproductive health knowledge of women in prison with a view to reducing unwanted pregnancies and avoiding abortions with a risk of maternal mortality. Under GC7, the following activities have been identified as new activities:</p> <ul style="list-style-type: none"> • Raise awareness among female prisoners on family planning methods and dual protection in closed settings, • Raise awareness among prisoners about violence, including gender-based violence and attitudes and behaviors aimed at reducing violence. • Treat sexually transmitted infections in prison populations, including syphilis, • Testing and management of HIV-positive and viral hepatitis • Integrate malaria management for key populations in the drop-in and integrated centers, since key populations have always suggested that such integrated management be provided in the centers dedicated to them. • Continue diagnosis and management of TB in prison settings (see module “Key populations TB”). • Training of health care providers in penitentiary institutions on physical and mental health problems related to detention. <p><u>Remove human rights-related barriers to prevention for people in prison:</u> With regard to creating a supportive environment for prison populations, very little data is available. Data on violence, torture, physical attacks, discrimination and stigmatization in prison settings are not systematically captured as a matter of course. Little of the fragmented data is captured by legal and judicial services, except in urban areas. But the 2017 Stigma Index, which surveyed key populations, did not include prisons. This report indicates that access to legal services and legal assistance for victims (key and other vulnerable populations) remains below 30% and the national strategic plan target for 2027 is set at 60% (2023-2027 National Strategic Plan). Capacity building for prison providers (prison guards, managers, health workers) on prison legislation and inmate rights will continue (See funding request 2020-2022).</p>
Amount requested	1'154'707 USD (0%)
Expected outcomes	<ul style="list-style-type: none"> • The percentage of people incarcerated or in closed facilities who have benefited from HIV prevention programs increased from 66% in 2024 to 90% in 2026.
Module 11	Prevention measures for adolescent girls and young women and their male sexual partners in settings with high HIV incidence
Intervention(s)	Sexual and reproductive health services, including sexually transmitted infections, hepatitis and post-violence care for adolescent girls and young women and their male sexual partners in settings with high HIV incidence - Modifications to the program in relation to the existing grant:

	<input checked="" type="checkbox"/> New <input type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction
List of activities	<p>According to the latest estimates from SPECTRUM 2021, the number of new infections in the country in general is estimated at 20,613, of which 23% (4818) are young people aged 15 to 24 years; and 57% of these new infections are concentrated in the following 9 provinces: Kinshasa, Kasai-Oriental, Sankuru, Nord Kivu, Sud Kivu, Haut Katanga, Haut Uele, Kongo Central and Tshopo. Factual information indicates that girls between the ages of 12 and 17 engage in some form of prostitution due to precarious living conditions and live in some neighborhoods of cities that are overcrowded. Interventions for young people should target this group, especially since the prevalence among young people was around 0.7% in 2013 (Annex 18: Demographic and Health Survey (EDS) 2013/2014, page 266) The program plans to conduct programmatic mapping and estimation of this target during GC7 to better understand the problem in the nine identified provinces. A provision will be made in the Global Fund funding above allocation request (PAAR) to cover the cost of implementing the interventions that target this group. Pending the mapping of vulnerable 12- to 17-year-old girls in precarious neighborhoods, some activities will be continued with a view to providing a minimum level of service to targeted youth. These targeted adolescent girls and young girls will be identified in the vicinity of hot spots in disadvantaged neighborhoods through men who have sex with men and sex worker peer educators:</p> <ul style="list-style-type: none"> • Capacity building for care providers at health care facilities on integrated sexually transmitted infections/HIV, sexual and reproductive health and SGBV prevention and care that is adolescent- and youth-friendly • Ensure the supply of products and drugs (condoms, lubricant gel, sexually transmitted infection drugs, post-exposure prophylaxis (PEP) KITs and contraceptives) in drop in centers close to hotspots.
Amount requested	240'700 USD (0%)
Expected outcomes	<ul style="list-style-type: none"> • Condoms are distributed to all adolescent girls and young girls from 12 to 17 in vulnerable neighborhoods and sexually transmitted infection care is provided <p>Investments in the PAAR will make it possible, when the results of the programmatic mapping survey are available, to better target interventions for the benefit of adolescents and young girls from disadvantaged neighbourhoods in the 9 provinces where new infections are highest in the following areas:</p> <ul style="list-style-type: none"> • Programming related to condoms and lubricating gels • Communication on HIV prevention, information and demand creation • Programming related to pre-exposure prophylaxis (PrEP) • Sexual and reproductive health services, including STIs, hepatitis and treatment following violence • Remove human rights barriers that impede access to prevention
Module 12	Prevention Program Management

Intervention(s)	<p>Prevention Program Management - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Intensification <input checked="" type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p>
List of activities	<p>In NFM3, the option was to scale up interventions targeting key populations. In addition to the 10 drop-in centers that existed at the end of 2020, 15 new structures for the care of key populations were added. By the end of 2022, the total number of key population centers had been increased to 25, including 22 drop-in centers and 3 integrated centers. So far, there are 9 provinces with no activities for key populations. Those provinces are: Bas-Uele, Tshuapa, Nord-Ubangi, Sud-Ubangi, Haut-Lomami, Haut-Uele, Mai-Ndombe, Sankuru, and Kwango. Based on the mapping survey and estimation of key population sizes, we can say that in all provinces there are men who have sex with men and sex workers, although there are a few provinces with very few data on transgender people or people who inject drugs. A 2023 evaluation will measure site performance and analyze success and underperformance factors. The results will make it possible to fine-tune the strategies aimed at each target, as well as the service delivery framework. Recipients will be closely involved in this exercise. This will provide an opportunity to review on a case-by-case basis the criteria for the choice of place of implementation of a facility for the care of key populations and the prerequisites for their opening up.</p> <p>As part of GC7, the Program plans to extend services to key populations through the PAAR in accordance with the plan for the extension of HIV services (Annex 17, page 54-55) in the health zones below in the form of integrated centres: 2 in Kinshasa, 1 in Moanda (Kongo Central, 1 in Dibindi (Kasaï Oriental), 1 in Ndesha (Kasaï Central), 1 in Tshikapa (Kasaï), 1 in Lubunga (Tshopo), 1 in Kabinda (Lomami) , 1 in Basankusu (Equateur), 1 in Mambasa (Ituri), 1 in Uvira, 1 in Beni and 1 in Butembo (North Kivu), 1 in Bumba (Mongala), 1 in Moba (Tanganyika). The different modules, written in the context of HIV prevention, are specific to each key population group. There is a series of activities that transcend specific modules, but have a cross-cutting aspect affecting all groups at once. This is the case for training, supervision activities, meetings of working groups for key populations, celebration of special days, reproduction or popularization of the normative documents drawn up, carrying out surveys. Activities continued during the GC7 concern the operation of drop in and integrated centers, capacity building for the core teams of targeted Health Zones, coordinating interventions for key populations, sharing experiences at the international level, as well as adapting approaches to identifying and tracking key populations (See funding request 2020-2022).</p> <p>Some activities have been downgraded because they have been fully implemented and do not require renewal; these are:</p> <ul style="list-style-type: none"> • Organize a meeting to launch and popularize the population program in the targeted provinces in year 1 (16 Provincial Health Divisions), year 2 (4 Provincial Health Divisions), and year 3 (4 Provincial Health Divisions) • Develop integrated tools to facilitate participatory sessions with key populations (men who have sex with men, sex workers, people who inject drugs and transgender people), including information about HIV and TB, sexuality, communication, how to cope with homophobia, sexual identity, gender identity, coming out management. • Developing the National Condom Policy <p>New activities have been identified to facilitate understanding and ownership on the part of the population, including:</p> <ul style="list-style-type: none"> • Translate into national languages (Lingala, Kikongo, Swahili and Twhiluba) and replicate the integrated tools for facilitating participatory sessions with key populations (men who have sex with men, sex workers, people who inject drugs and transgender people), including information about HIV and TB, sexuality, communication, how to cope with homophobia, sexual identity, gender identity and coming out management. • Replicating and popularizing the National Condom Policy

	<ul style="list-style-type: none"> • Update the pre-exposure prophylaxis (PrEP) operational manual integrating demand creation • Develop a plan to create demand for pre-exposure prophylaxis (PrEP) among eligible key populations with differentiated approaches
Amount requested	6'574'655 (2%)
Expected outcomes	<ul style="list-style-type: none"> • Prevention program management is effectively carried out by the National AIDS Control Program (PNLS) <p>Investments in the PAAR will allow:</p> <ul style="list-style-type: none"> • to have an additional safety stock of 3 months in 2026 to guarantee the permanent availability of products intended for key populations. • gradually extend HIV services to key populations in the 25 new integrated centers set up during the 2024-2026 period.

Module 13	Elimination of vertical transmission of HIV, syphilis, and hepatitis B
Intervention(s)	Prevention of HIV incidence in pregnant and breast-feeding women - Modifications to the program in relation to the existing grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction
	Integrated testing of pregnant women for HIV, syphilis, and hepatitis B - Modifications to the program in relation to the existing grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction
	Support for the retention of pregnant and breastfeeding women (institution and community)> - Modifications to the program in relation to the existing grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction
	Postnatal prophylaxis for infants - Modifications to the program in relation to the existing grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction
	Early infant diagnosis and HIV follow-up screening of exposed infants - Modifications to the program in relation to the existing grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction
List of activities	<p>The DRC is one of 21 African countries which make up for more than 90% of all pregnant women infected with HIV and new infections among children. HIV prevalence among pregnant women attending antenatal consultation services (ANC) in 2017 is 2.7% and with a mother-to-child HIV transmission rate reaching around 20% (Annex 19: Summary table Spectrum 6.19). Eliminating mother-to-child transmission of HIV (e-TME) remains a top priority of the national strategic plan. The program's multifaceted response to HIV envisages</p>

reducing the mother-to-child transmission rate to less than 5% by 2027 through an intensification of specific interventions in care settings and in the community. This commitment, which has been repeatedly reiterated in the various versions of the National Plan to Eliminate Transmission of HIV from Mother to Child (PMTCT) since 2012, is explicitly expressed in the plan through interventions and strategies aimed at eliminating mother to child transmission (EMTCT) and the reduction of new pediatric HIV infections. The program is supported technically and financially by several partners, the most important of which are the Global Fund and PEPFAR. However, the situation of the program over the past five years has been marked by inadequate coverage of HIV testing and care in maternal and child health units. The NMF3 analysis showed that 17 provinces had 90% of the country-wide target for prevention of mother-to-child transmission (PMTCT), of which 15 are financed by the Global Fund. These 15 provinces have more than 295 Health Zones covered and would provide a comprehensive package of HIV prevention and care services to NFM3. These 15 provinces are considered priorities for the prevention of mother-to-child transmission (PMTCT), and the program intended to intensify PMTCT (Screening) interventions there, specifically, taking into account the weaknesses of each, while maintaining the provision of basic services in the rest of the provinces. During the GC7, activities in the 15 provinces will be intensified and then those related to the inclusion of the other 9 provinces (Maindombe, Kwilu, Kwango, Nord Ubangi, Sud Ubangi, Mongala, Equateur, Sankuru, and Kasai) will be programmed under the Global Fund prioritized above allocation request (PAAR) while also leveraging the Government's contribution to testing.

Prevention of HIV incidence in pregnant and breast-feeding women: In order to further increase the supply and demand of prevention of mother-to-child transmission (PMTCT) services in the range of strategies, the country also relies on the Communication pillar & Training to improve knowledge and reduce new infections in women who are pregnant, lactating or of childbearing age. At NFM3, out of a total of 5053 health care facilities, educational materials were produced for only about 450 health care facilities, and only 1125 providers were trained out of about 12000 expected. In synergy with the Government of the DRC and other partners including PEPFAR, the implementation of this funding request will contribute significantly to elimination by reducing mother to child transmission from 24% to less than 16%, thereby reducing new infections among exposed children from 8,196 to 4,997 by 2026. Moreover, the percentage of women benefiting from at least one antenatal consultation during pregnancy went from 88% in 2014 (**Annex 18, page 123**) to 90% in 2022. This uptake rate for antenatal consultation¹ (ANC1) is unevenly distributed across provinces. Compared to the average target of 95%, access to antenatal consultation¹ remained lowest in the provinces of Kinshasa (72%), Kongo central (70%), Kwilu (67%), Kasai Central (69%), Kasai (47%), Nord Ubangi (57%), Sud Ubangi (60). In total 10 Provincial Health Divisions have an antenatal consultation rate around 70%. The GC7 funds will therefore be used to step up and continue certain activities, of which the main ones are: organizing antenatal consultation campaigns in low-use Provincial Health Divisions with the involvement of community leaders, offering delivery kits to HIV+ pregnant women carrying out the fourth antenatal consultation, organizing community antenatal consultation in low-use rural Health Zones, organizing mornings of mobilization of doctors and nurses from private health care facilities in big cities with the collaboration of professional organizations (medical and nursing associations) on antenatal consultation/prevention of mother-to-child transmission (PTMCT) and the reporting of related information (strengthening public-private partnership) ¹ and integrating the “antenatal consultation Papa” into all rural structures. Activities continued or intensified include improving the knowledge of pregnant women and care providers about HIV, retaining pregnant women with HIV+ at the unit, coordinating prevention of mother-to-child transmission (PMTCT) activities at all levels, reducing stigma, including internally displaced people in the PTMCT program (See funding request 2020-2022).

¹ Collaboration with the private sector has started in Kinshasa with the support of WHO. It consisted of updating the mapping of public and private structures and those that provide ANC and that have or have not integrated PMTCT. Then, meetings were organized with structures that have not yet integrated PMTCT to identify integration strategies.

The following NFM3 activities have been **discontinued** because they have been fully implemented and do not require continuation; in addition, family planning products are supported by other technical and financial partners (UNFPA, UNDP, TULANE):

- Conduct 4-day integrated family planning training sessions at 790 health facilities (FOSAs) already offering antiretroviral treatment (ART)
- Acquire products for the integration of family planning interventions in 95 associations for people living with HIV (PVVIH)

Integrated testing of pregnant women for HIV, syphilis, and hepatitis B: Screening is offered to pregnant women primarily during antenatal consultation sessions and to a lesser extent in the labor/delivery room and postpartum. The coverage of screening has evolved and remained around 40% between 2021 - 2022 (***Annex 20: DHIS2 synthesis***). It should be noted that in the 15 priority provinces to be provided with tests with support from the Global Fund, only 23% of women seen at an antenatal consultation were tested. This poor performance is due to: the low coverage of prevention of mother-to-child transmission services (PMTCT) (5,277/17,081 health care facilities or 31%, of which 27% are in the 15 provinces funded by the Global Fund), persistent shortages in HIV testing; fear of stigmatization and/or non-collaborating male partner, constraints related to days and fixed hours of antenatal consultations preventing some women from using services. In order to overcome the challenges, apart from specific strategies, tests will be purchased for all Provincial Health Divisions supported by the Global Fund, pregnant women will conduct self-testing (in community sites and less-visited health care facilities), a system of maternity² networks will be established, the "antenatal consultation Papa" strategy will be strengthened, pregnant women will be sought out for follow-up (Annex 21: Mentor Mother Approach), public-private partnership will be strengthened in cities for antenatal consultations and differentiated screening and other entry points such as TB and nutrition will also be exploited to identify cases. There will also be discussions about stepping up active TB screening among pregnant women using antenatal consultation services, the availability of HIV/syphilis/HVB rapid test supplies (tri-test) for all 15 provinces, and educational talks on the importance of antenatal consultation in 8 Provincial Health Divisions (low antenatal consultation Provincial Health Division: Equateur (38%), Kongo Centra (70%), Kwango (70%), Kwilu (67%), Kinshasa (72%), Sud Ubangi (60%), Kasai (47%), Kasai central (69%) (See funding request 2020-2022).

In addition to the renewed NFM3 activities, the country intends to (i) conduct a survey to better understand the root causes of losses in 4 major cities of the country (Goma - 42%, Nord Ubangi - 72%), Kwangol - 79% and Mbuji mayi - 46%) in order to propose improvement strategies, (ii) define strategies and mechanisms for the implementation of screening and case management of HVB in prevention of mother-to-child transmission (PMTCT) and then update the various guides accordingly in order to improve the quality of services and (iii) promote the use of self-testing of pregnant women at community sites and low-use health facilities (FOSAs) for referral of reactive cases to maternity wards for prevention of mother-to-child transmission (PMTCT). The **new activities** identified are:

- Organize 1 workshop on screening and case management of HVB in the prevention of mother-to-child transmission (PMTCT)
- Develop and update the PMTCT Modules and Guide
- Train senior teams from 5 Health Zones/Provincial Health Divisions in 5 low-testing provinces on establishing maternity networks to expand the availability of HIV testing and antiretroviral treatment and reach more pregnant women living with HIV
- Provide weekly follow-up by mentor mothers of positive cases identified at antenatal consultation or maternity wards to strengthen their link to treatment in 20 Health Zones from 4 above-mentioned provinces (kwilu, kasai Oriental, Kinshasa, Kasai central)

² This involves the establishment of a maternity network without a PMTCT packet that will be attached to a structure with a PMTCT packet. Option 1: sample transport, results reporting and provision of management inputs; Option 2: satellite site screening, transfer of positive cases to health care facilities with prevention of mother-to-child transmission (PMTCT) services for the continuum of care

- Promote the use of self-testing in partners of pregnant women to direct reactive cases to health facilities (FOSAs) for case management
- Organize, within the communities, the identification and referral of pregnant women to maternity clinics in the community and in sex worker groups
- Organize provider training sessions on reducing stigma and discrimination in care settings
- Conduct a mid-term evaluation of the country's plan for eliminating mother to child transmission
- Conduct an annual HIV/prevention of mother-to-child transmission site performance review and award top 10 sites per province

The Maternal Health Survey of Sex Workers and their children will not be renewed under GC7 as it has been completed and only the remaining task which may happen in 2023 is publication of the results; hence **the activity discontinued** under GC7 is:

- Organize a survey/Study on the maternal health of sex workers and their children

Retention Support for Pregnant and Lactating Women (Institution and Community): In recent years, the country has recorded a loss of pregnant/breastfeeding HIV+ women between the time of testing and the time of antiretroviral treatment (about 10% in 2016, 20% in 2020 and 31% in 2021). An analysis done by the Provincial Health Divisions in 2020 showed high loss rates in the following 8 provinces: Bas Uele, Tshopo, Sud Kivu, Nord Kivu, Maniema, Ituri, Kasai Central and Kasai Oriental. With the NMF3, the Coach teams were trained to support these Health Zones. Those efforts enabled the program to reduce the losses to 22% by 2022. The retention of pregnant women on antiretroviral treatment within the cohort is around 80%. The main reasons identified include: (i) the low notification of pregnant women previously tested and on antiretroviral treatment, due to the fact that the indicator was not monitored by providers; (ii) the failure of providers to meet the initiation deadline for antiretroviral treatment (test-treat); (iii) the poor support for providers from the management teams of the health zones and implementing partners; (iv) the high loss of pregnant women who tested positive, generally linked to stigma and discrimination (or fear of stigma after diagnosis). In general, the 8 provinces with high loss will discuss revitalizing activities (Mentor mothers), develop differentiated approaches for the delivery of ARVs in groups of pregnant women HIV+, ensure weekly follow-up of HIV+ cases to benefit from ARVs, provide coaching and Monitoring and build the capacity of providers at health care facilities on human rights. This improvement strategy will be extended to four other provinces (high loss Provincial Health Divisions: Kinshasa (250/390 or 64%); Tanganyika (43/85 or 51%), Kwilu (94/122 or 77%) and Nord Ubangi (57/74 or 77%) (**Annex 22: PTME Results file2022**). Under the GC7, activities will **continue or be intensified** in order to focus on improving the follow-up of mothers and their children, organizing monitoring, improving adherence and retention of HIV+ pregnant and breastfeeding women, and organizing home visits to find pregnant, positive breastfeeding women and exposed children lost to follow-up (See funding request 2020-2022).

As part of the renewal of NFM3, it is necessary to take into account **new activities** to be implemented by community workers to improve the follow-up of mothers and their children, as well as retention and sharing of serological status with male partners:

- Building the capacity of community organizations (mentors) with respect to the prevention of mother-to-child transmission (training, tools, transportation, communication, supervision, etc.)
- Organize Psychosocial Support Cells (CAPS) in 10 Provincial Health Divisions (Tshopo, Haut Kataga, Kinshasa, Lualaba, Bas Uele, Nord Kivu, Sud Kivu, Haut Uele, Kongo central and Haut Iomami) with a large number of HIV+ women
- Develop Community Health Worker/Mentor Mothers Management Modules and Tools
- Organize educational chat sessions for male partners of HIV+ pregnant women (antenatal consultation Papa)
- Offer a delivery kit to HIV+ pregnant women completing the fourth antenatal consultation through self-support groups
- Expanding community-based delivery of antiretrovirals to pregnant women (Mentors, Women's Club)

	<p>Postnatal prophylaxis for infants: Antiretroviral prophylaxis is given immediately after birth to exposed newborns. Programmatic data indicate that 75% of exposed children received Antiretroviral prophylaxis in 2021 compared to 67% in 2022. It should be noted that 5,799 children exposed out of 8,826, or 66%, benefited from prophylaxis with cotrimoxazole. The main reasons for this underperformance include: (i) frequent stockouts of pediatric antiretroviral supplies; (ii) stigma and discrimination in care settings and even self-stigmatization; (iv) low level of awareness and support for women identified as HIV+ by community workers. To improve the performance of this indicator, the country is relying on a review of the management and distribution of medicines to ensure that the quantities distributed correspond to the number of children exposed. GC7 will also focus on scaling up and even continuing activities already captured in the Retention Support and Incidence Prevention interventions, including capacity building for stakeholders, Mother-Child monitoring, and training for Mentor Mothers (See funding request 2020-2022). In a humanitarian emergency, the referral system will be strengthened (Ensuring the expansion of health facilities (FOSAs) in terms of their capacity to offer quality services to mothers and their children: qualified providers, equipped health facilities (FOSAs) and the availability of essential products), as will local communities in the management of referrals and counterreferrals of mothers and their children: identification, counseling for screening and monitoring of antiretroviral medication intake.</p> <p>Early infant diagnosis and HIV follow-up testing of exposed infants: Early detection of exposed children is recommended within two months of birth. In 2021, only 30% of exposed children were tested early, compared to 35% in 2022. This performance has remained around 25-30% over the last 5 years due to several factors, including recurring stockouts of products and the ineffectiveness of community-based monitoring systems for the mother-child couple. Apart from product needs, the program, through GC7, will focus on follow-up activities for mother-baby pairs, which are already captured in interventions to be intensified in support of retention, including: training for mentor mothers, tracing exposed children through home visits and training providers (See funding request 2020-2022).</p> <p>In terms of new activities, there will be a proposal to ensure that one incentive ticket (transport) is paid per exposed child who will benefit from early detection (Polymerase chain reaction testing). In contexts with a high burden of HIV-related morbidity, particularly among sex workers and women in humanitarian emergencies, catch-up HIV testing in the last trimester or postpartum will be scheduled for women who are HIV-negative or of unknown status. Pre-exposure prophylaxis (PrEP) will also be offered to this category of women.</p>
Amount requested	14'305'005 USD (5%)
Expected outcomes	<ul style="list-style-type: none"> • The percentage of pregnant women who know their HIV status increased from 32% in 2021 to 67% in 2024 and to 81% in 2026 • The percentage of HIV-exposed infants who received HIV virologic testing within 2 months of birth increased from 9% in 2021 to 28% in 2024 and to 51% in 2026. • The percentage of women receiving antenatal care who were screened for syphilis increased from 80% in 2024 to 90% in 2026. <p>The investments in the PAAR will make it possible to extend screening in the 9 provinces not sufficiently covered by PMTCT interventions.</p>
Module 14	Differentiated HIV testing services

Intervention(s)	<p>Community-level screening for key population programs - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Screening at the health facility (FOSA) level, outside of programs for key populations and adolescent girls and young women - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Community-based screening programs for adolescent girls and young women and their male sexual partners - Modifications to the program in relation to the existing grant:</p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Self-screening for programs for key populations - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p>
List of activities	<p>Community-level testing for key population programs: Testing in this intervention concerns testing at the level of drop-in and integrated centers. According to the 2021 Annual Report, testing services (provider-initiated testing and counseling (DCIP) and mobile and fixed voluntary testing centres) tested 112,117 key populations with an overall HIV status of 5.99% (6,718) and the group-specific HIV status is: 6.64% for sex workers; 5.27% for men who have sex with men; 5.56% for transgender people and 4.16% for people who inject drugs. These results show that testing key populations is a great opportunity to increase the coverage of the 1st 95. Involving peer educators as HIV testing ambassadors (sharing information and encouraging potential clients in a snowball effect) is a highly effective approach for key populations and adolescents, and the Enhanced Peer Outreach Approach (EPOA) is one of many models that could be used in this case. In the context of program continuation, the program envisages continuing the provision of HIV testing products, strengthening and mentoring of peer educators and providers to create demand for testing, offer testing services, support for self-testing and linking with care services (See funding request 2020-2022).</p> <p>Testing at the health facility (FOSA) level, outside of programs for key populations and adolescent girls and young women: Testing activities are also offered to other population groups including children, adolescents and youth through the use of the screening tool (Appendix 23: Operational Manual for Targeted Screening, pages 19-23). Testing in this category is low with only 41% of children aged 0-14 years HIV who know their status compared to 91% for adults HIV+ (2021 annual report). This underperformance is linked to: the low integration of pediatric case management in health care facilities with full HIV package, the low exploitation of all the entry points providing positive cases (TB, prevention of mother-to-child transmission, voluntary testing centres, provider-initiated testing and counseling, hospitalization, nutrition, expanded programme of immunization, etc.); the constraint of the law on adolescent testing; as well as the low level of community involvement in identifying and supporting children. With the NFM3, testing of children was limited only to index-testing, but in the light of new recommendations from the Global Alliance, new interventions targeting children, adolescents and young people will be implemented within the framework of the GC7. Activities continued or intensified focus on community-based HIV testing of children presumed to have HIV living in orphanages, schools and children's shelters; community-based mechanisms for strengthening HIV testing and linking to care services, and the availability of HIV testing products (See funding request 2020-2022).</p>

The GC7 is an opportunity to implement the new pediatric case management strategies which are: (i) **the PACE** (Pediatric Acceleration Case Funding Effort) strategy implemented by EGPAF which optimizes the identification of HIV+ children through the testing of biological children of HIV+ patients; (ii) the integration of the Pediatric case management package into all facilities that have the full HIV case management package and into the programs of Maternal, Newborn and Child Health (iii) the optimization of testing of children at all entry points providing positive cases in addition to the TB entry point...are opportunities to boost the identification of HIV+ children.

The new activities are:

- Expand the targeted testing of children and adolescents to include all health care facilities with HIV packages
- Integrate targeted HIV testing of children into Maternal, Newborn and Child Health programs
- Organize HIV+ child research through the testing of biological children of HIV+ women (**initiative of the Pediatric Acceleration Case Funding Effort**) in the 15 priority Provincial Health Divisions (Progressive integration starting from 3 Provincial Health Divisions including Kongo Central, Haut-Uele for year 1).
- Advocate at the government and parliamentary levels for changes to the law in favor of access to adolescent testing and free access to care for survivors of sexual violence;
- Integrating Child testing into Community Care Sites
- Support community-based HIV testing of children presumed to have HIV: targeted testing in orphanages and children's shelters with the involvement of their officials who will have been briefed ahead of time
- Arrange administration of assisted self-testing for biological children >18 months of HIV+ mothers in the health areas.

Community-based testing programs for adolescent girls and young women and their male sexual partners: for this intervention, more emphasis will be placed on the male partner with application of the risk assessment tool. Community-based testing interventions make it possible to reach more men and should be tailored to men's needs to maximize their participation, including through flexible schedules, multiple follow-up visits, and convenient, private access to care. Integrating HIV testing with chronic disease testing can reduce stigma and increase program effectiveness. As part of the program continuation, the availability of HIV testing products will be **continued** (See funding request 2020-2022).

With GC7, activities will be implemented to improve access to and uptake of HIV testing and HIV prevention information and services for adult men, targets that are often difficult to access in terms of their occupations and working hours, and also on the testing of men in settings specific to these populations. The **new activities** are:

1. Support community-based HIV testing of adolescent girls: targeted testing in orphanages and children's shelters with the involvement of their officials who will have been briefed ahead of time
2. Expand community-based testing of men using mobile strategies and the risk assessment tool: Mobile clinics, home-based testing, testing in places frequented by men (workplaces, celebrations, sports, churches, etc.)
3. Implementing Assisted Self-Testing in High-Risk Men
4. Incorporate assisted reporting of women's partners into routine testing
5. Advocate with the Government and Parliament for the revision of the age of access to screening and for free care of cases of survivors of sexual violence.

Self-testing for programs for key populations: In addition to drop-in centers for key populations, community-based testing activities are also planned to improve recruitment and testing among key populations. There will be discussions on promoting self-testing especially in the context of network monitoring for the most hidden groups. (**Appendix 14, page 21-22**) through peer outreach,

	<p>coaching on self-testing use and linking to care facilities for positive cases identified through self-testing using the 3-test algorithm for confirming or refuting the diagnosis. Activities continued or intensified relate to the provision of HIV testing products, the implementation of the enhanced peer outreach approach (EPOA), and the strengthening and mentoring of providers and peer educators of key populations (see funding request 2020-2022).</p> <p>The Program also plans to offer self-testing to clients with STIs or other risk factors as well as volunteers (taken into account in the PAAR).</p>
Amount requested	6'483'921 USD (2%)
Expected outcomes	<ul style="list-style-type: none"> • The percentage of SWs who have been tested for HIV and who know their results has increased from 22% in 2021 to 56% in 2024 then to 81% in 2026 • The percentage of MSM who have been tested for HIV and who know their results has increased from 27% in 2021 to 71% in 2024 and then to 95% in 2026 • The percentage of TG having been screened for HIV and who know their result has increased from 7% in 2021 to 30% in 2024 and then to 53% in 2026 <p>The percentage of IDUs having been tested for HIV and who know their results has increased from 26% in 2024 to 48% in 2026</p> <p>The percentage of prison populations having been tested for HIV and who know their results has increased from 16% in 2021 to 68% in 2024 and then to 91% in 2026</p> <ul style="list-style-type: none"> • The percentage of HIV self-test kits distributed increased from 64% in 2024 to 86% in 2026 <p>The investments in the PAAR will make it possible to recruit more clients for screening by offering self-testing to those with STIs or other risk factors.</p>

Module 15	Treatment, care and support
Intervention(s)	<p>HIV treatment and differentiated service delivery - Adults (15 years of age and older) - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>HIV Treatment and Differentiated Service Delivery - Children (under 15 years) - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Treatment follow-up - Viral load and toxicity of antiretrovirals - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Integrated management of common co-infections and co-morbidities (adults and children) - Modifications to the program in relation to the existing grant:</p>

	<input checked="" type="checkbox"/> New <input type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction Diagnosis and management of advanced disease (adults and children) - Modifications to the program in relation to the existing grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction
List of activities	<p><u>HIV treatment and differentiated service delivery - Adults (15 years of age and older):</u> The number of people living with HIV on antiretrovirals has increased greatly in the last 5 years, from 42% (213,195/501,649) in 2017 to 88% (444,499/506,405 people living with HIV) in 2021 (<i>Annex 13: page 31</i>). This is linked to the increase in zonal and intrazonal coverage, the increasing improvements in targeted testing, and the implementation of differentiated approaches to treatment with the involvement of community actors and the private sector. In the context of patient-centered care, the country has opted for the integration of differentiated antiretroviral refill models in stable people living with HIV. The country plans to further diversify these models by integrating community distribution and other individual models alongside those already implemented. Continued or intensified activities will focus on the permanent availability of care inputs, improving the quality of differentiated care delivery, extending differentiated care approaches, updating the guidelines for differentiated HIV and HIV/TB co-infection service delivery, improving the quality of services, etc. and coordination of activities (See funding request 2020-2022).</p> <p>Innovations for adults focus on the optimal response of the treatment program in the general population and in humanitarian emergencies: providing services to beneficiaries in emergencies. Thus, the new activities are:</p> <ul style="list-style-type: none"> • Implement peer-to-peer relay approach in areas of humanitarian emergencies (delivery of antiretrovirals and other drugs at home or at sites of convenience); • Set up mobile clinics in 6 provinces in humanitarian situations (Ituri, Nord Kivu, Sud Kivu, Maniema, Mai Ndombe, Kasai), to provide the complete consideration package (screening, treatment and biological monitoring), taken into account in the PAAR; • Implement the family-refill (grouped) approach to antiretrovirals and other drugs in the community; • Expand group refill of antiretrovirals in self-supporting groups as well as drop-in and integrated centers, etc. • Update the guide to integrated care for people living with HIV in the DRC • Organize cascading training for providers on the complete package for people living with HIV (last training was done in 2016) (taken into account in the PAAR) • Conduct community-based recipient evaluations of the availability and accessibility of and satisfaction with HIV services (community-led monitoring/Observatory) in 5 provinces • Organize once (1) a year workshops for community stakeholders involved in the fight against HIV to share experiences • Arrange for 2- 6 months of observed treatment with community-based workers and community care sites in specific cases of HIV+ children (HIV/TB coinfecting children and children in treatment failure) • Implement psychosocial support cells in 5 Provincial Health Divisions (10 health care facilities/Health Zones and 1 cell/health care facilities) for the benefit of key populations PLHIV, adolescents and young PLHIV and PLHIV in general in order to improve their retention in the active list, • Implement the distribution of ARVs to stable patients in private pharmacies (taken into account in the PAAR)

Activities to be discontinued are: the activities to be discontinued here have been or will be completed during NFM3, of which there are three:

- Provide comprehensive training in the 62 new health zones
- Organize a national workshop to develop tools for joint TB/HIV information management

HIV Treatment and Differentiated Service Delivery - Children (under 15 years): Programmatic results show the persistence of striking inequalities in the provision of treatment for children (38%) and that of adults (88%); this situation is linked to: (i) the low coverage of the pediatric HIV package in the HIV health care facilities, (ii) the low recruitment of children (45% early infant diagnosis), (iii) the delay in launching the Transition to pDTG, (iv) the low level of follow-up with mother-child pairs and (vi) the low level of promotion of community-based approaches to support and follow-up for HIV+ children. For example, the program, with the support of its partners, has developed two plans for pediatric care, including the Accelerated Plan for the Management of HIV Infection in Children and Adolescents and the Global Alliance for the Elimination of AIDS in Children Country Action Plan. **Continued and intensified activities** focus on the permanent availability of pediatric antiretrovirals and screening inputs, capacity building for care and community providers, community monitoring, integration of pediatric care into private facilities including pediatric clinics, setting up of self-support groups for youth and adolescents (JADOs) in health care facilities and in the community and coordination of interventions (See funding request 2020-2022).

Integrating pediatric HIV activities into children's programs and/or services will be an opportunity to target children and increase coverage to achieve global goals. The use of peers (parents or guardians) will be a strength in terms of tackling recruitment and quality care of HIV-infected children and adolescents. Therefore, these **new activities** have emerged:

- Implement the approach of integrating assisted self-testing into the community by giving testing kits to trained peers (parents/guardians)
- Establish a Pediatric Alliance Platform to monitor the implementation of the Country Alliance Plan
- Develop image boxes to educate parents of HIV and HIV+ and adolescents about pediatric care including the benefits of having an undetectable viral load (including the pediatric care community)
- Organize quarterly meetings of parent/guardian support groups for HIV+ children.

Deleted activities: activity already performed

- Organize a 2-day TB/HIV coinfection briefing workshop for nutritionists and pediatricians in 9 major cities of the country. (Kinshasa, Goma, Kisangani, Kananga, Mbuji-Mayi, Bukavu, Bunia, Matadi, Mbandaka) 30 participants per 2-day workshop

Treatment monitoring - Viral load and toxicity of antiretrovirals: Access to viral load measurement among people living with HIV remains a high priority for the DRC as according to Spectrum estimates (**Annex 19**), coverage is 43% (196,987/457,031) of those eligible. This poor performance is linked to several factors, including the low functionality of conventional equipment (Maniema and Kasai Oriental) for viral load measurement with uneven geographical distribution; (ii) the low availability of viral load reagents; (iii) the low demand for viral load measurement by clinicians and community organizations; (iv) the partial use of GeneXpert points of care, available in the country; (vi) the difficulties related to sample transport and the rendering of results, the absence or poor maintenance of equipment. For early infant diagnosis in exposed children, performance was 15% in 2021 according to Spectrum V6.19 estimates. This poor performance could be explained by: (i) the low availability of sample collection kits and reagents for early infant diagnosis, (ii) the low exploitation of GeneXpert points of care, (iii) the recurrent platform failures, (iv) the difficulties in transporting and rendering results; (v) the low involvement of the community in the retention to mother-child pairs in health care facilities. The activities to be

continued are the creation of an antiretroviral resistance detection unit, the parameterization of all GeneXpert points of care in HIV DX software (viral load/early infant diagnosis), capacity building for healthcare and community providers, coordination, demand creation, curative or preventive maintenance, waste management and supplies of reagents and other consumables for viral load boosting (See funding request 2020-2022).

The proposed **new activities** meet the urgent needs of the country to improve the traceability of samples and the speed of rendering results by using NTIC, the supply of reagents and other consumables for new molecular biology laboratories, including m-PIMAs, integration into the quality control and accreditation/certification process of the various molecular biology laboratories and the organization of satellite ESS around the Hubs to strengthen the collection and transport of VL and EID samples as well as the implementation focal points in each province who will be dedicated to collecting samples in advanced strategies for viral load and EID. The activities selected are included in the PAAR.

Integrated management of common co-infections and co-morbidities (adults and children): In addition to the management of HIV/TB co-infection (see TB/HIV module), the country also emphasizes the integration of activities related to HIV and Hepatitis co-infection and other co-morbidities (Cervical cancer, diabetes and high blood pressure). However, it should be noted that the management of these co-infections is not yet subsidized and faces a serious problem with the supply of testing products and drugs. With regard to hepatitis B, it should be noted that in 2021, 4% of people living with HIV at the start of antiretroviral treatment (4,431/100,500) were tested, with a seropositivity rate of 3.6%. These patients did not pose any management problems because they were already on TDF/3TC (2021 National AIDS Control Program (PNLS) Annual Report). Similarly, 3,529 people living with HIV at the beginning of antiretroviral treatment were tested for hepatitis C virus, there was a seropositivity rate of 3.6% of which 7.9% received combination therapy. Effective management of this co-infection requires the National AIDS Control Program (PNLS) to build capacity among providers, mobilize additional resources to ensure supply of products to facilities, and calibrate the GeneXpert. For cervical cancer, the opportunistic infections (IO) mapping survey (***Annex 24: Opportunistic Infections Mapping Survey, page 28 ; 29***) had shown a Human papilloma virus prevalence of 6.3% in 2016. It should also be noted that in the patient-centered management approach, certain co-morbidities will also need to be taken into account such as diabetes and high blood pressure; hence the need to integrate them into the GC7.

The new activities will ensure the holistic management of people living with HIV to reduce the risk of progression to life-threatening complications, including:

1. Integrate HIV/hepatitis and Human papilloma virus management in 10 provinces, including 5 in the Global Fund prioritized above allocation request Global Fund prioritized above allocation request (PAAR);
2. Integrate diabetes and hypertension management into key population-friendly centers and then plan to include people living with HIV in the Global Fund prioritized above allocation request (PAAR)
3. Establish secure online platforms for consultations, counseling and psychological help for key HIV+ populations;
4. Establish basic mental health units at the community level (prevention, early treatment, rehabilitation of patients with emotional and social disorders...) in user-friendly and integrated centers;
5. Train community center workers in HIV, TB and basic mental health packages (detect, prevent and refer);
6. Organize routine screening for tuberculosis, hypertension, hepatitis B and C, cervical cancer, diabetes, anal fissures for key HIV+ populations at health care facilities.

	<p>Diagnosis and management of advanced disease (adults and children): The situation of advanced HIV disease remains worrying with 12% of enrollments received at stage 3 or 4 according to the 2021 annual report; In the NFM3 cycle, with technical support from MSF, the country achieved coverage for 5 health facilities (FOSAs) in 5 provinces (Haut Uele and Ituri, Kasai Orientale, Kinshasa, Kongo Centrale). It should be noted that this support enabled the transfer of skills in the care of patients at the advanced stage of HIV from MSF to the Program. However, as the needs to be covered are still considerable, the expansion of these interventions is necessary with at least one specialized care facility for the care of these patients in each province; in view of the high cost of implementing the strategy, the country proposes to enhance the existing units using the indicative allocation and then 10 others under the Global Fund prioritized above allocation request (PAAR). The activities continued and intensified relate to the operating package for the 5 existing units, namely the products for testing and management of opportunistic infections (IOs), sexually transmitted infections, laboratory equipment and materials, training, follow-up mission, hospitalization costs and nutritional support; Community support (See funding request 2020-2022</p>
Amount requested	87'129'034 USD (32%)
Expected outcomes	<ul style="list-style-type: none"> • The percentage of adults (15 years and older) on antiretroviral treatment among all adults living with HIV increased from 94% in 2024 to 100% in 2026 • The percentage of children (under 15 years) on antiretroviral treatment among all children living with HIV increased from 56% in 2024 to 81% in 2026 • The percentage of people living with HIV and on antiretroviral treatment who have a viral load test score increased from 38% in 2021 to 62% 2024 and to 81% in 2026. <p>Investments in the PAAR will make it possible to:</p> <ul style="list-style-type: none"> - build the capacity of service providers on the complete care package for PLHIV - improve the retention in the active list of key populations, adolescents and young PLHIV and PLHIV - to organize interventions in the 6 provinces in humanitarian situations - to improve the biological follow-up of patients undergoing treatment - to extend the management of the disease at an advanced stage to 10 additional provinces
Module 16	Tuberculosis/HIV
Intervention(s)	<p>Tuberculosis/HIV - Concerted Interventions - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Intensification <input checked="" type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p>
	<p>Tuberculosis/HIV - Screening, testing and diagnosis - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Intensification <input checked="" type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p>
	<p>Tuberculosis/HIV - Treatment and management - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Intensification <input checked="" type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p>

	<p>Tuberculosis/HIV - Prevention - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Intensification <input checked="" type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p>
<p>List of activities</p>	<p>Data from the 2021 National TB and AIDS Control Programs (PNLT-PNLS) annual reports show a rate of 8% of HIV-infected TB patients and more than 9% of people living with HIV who have had TB in the DRC in the same year (Annex 25: Annex 23: Situation of TB-HIV coinfection, 26th RALT 2022, pages 8 and 13). According to WHO recommendations, the needs of HIV/TB Co-infected patients should be addressed globally regardless of the entry point through which they are diagnosed. In the DRC, there are two models of how these services are organized: the integrative model where HIV and TB care is delivered in one point of care (one team); and the collaborative model where the patient is cared for by two different units within a health facility that share the same information and products for co-infected patients. This strategy is called One Stop Shop or "Guichet unique" in French. In 2022, 91% (1,944/2,133) treatment and diagnostic centres (CDTs) operated under the One-Stop Shop Strategy. Forty-four (44) of the 519 (8%) Health Zones in the country have not yet integrated HIV activities and this is a real handicap for the implementation of the one-stop shop and for offering HIV testing to TB patients, thus reducing the number co-infected people who are on anti-tuberculosis drugs who get cured.</p> <p>Tuberculosis/HIV - Concerted Interventions: Each year, the two programs develop a joint Operational Action Plan (PAO) with a national roadmap that allows them to track the co-infection activities across the country. At the provincial level, the two co-ordination teams are doing the same and are therefore undertaking joint TB-HIV co-infection activities. TB-HIV Task Force meetings are held regularly at all levels to identify all implementation challenges and appropriate solutions. Joint monitoring is conducted semi-annually from the national level to the provinces, and quarterly from the zones to the support sites in order to enhance the functionality of the one-stop shop at the operational level. Each year, the two programs conduct a joint annual review to assess the performance of TB-HIV collaboration and make recommendations to stakeholders to improve the performance of the theme. In 2022, the two programs developed joint tools to report TB-HIV co-infection data, which will help address data mismatches that have persisted for several years. The effective and concerted implementation of the activities by the two programs improves the care of those affected, identifies all bottlenecks and addresses them through concerted and effective action. The following activities will be continued or intensified: "See 2020-2022 funding request"</p> <p>New activities: Strengthening the coordination of TB-HIV interventions includes expanding the integrated TB-HIV service offering in health units and calls for actions from both the HIV and TB programs. To increase HIV coverage, the National AIDS Control Program (PNLS) plans to expand HIV care to 100% of Health Zones through training of 44 Health Zones not yet covered. The National AIDS Control Program (PNLS) is committed to providing TB sites with HIV testing for early detection. For the management of co-infected cases, the integration of the HIV package in the 44 new zones will be done as a priority in the treatment and diagnostic centres (CDTs), preferably with Xpert testing. For treatment and diagnostic centres (CDTs) where HIV services will not be available, a networking system will allow referral to the nearest HIV site in the area. In addition, to improve the delivery of TB screening services to people living with HIV tracked at sites, the National AIDS Control Program (PNLS) has planned for laboratories with ABBOTT platform without TB screening services to install an Xpert machine in collaboration with the National TB Control Program (PNLT) with regular staffing of TB-compliant support, products and staff reinforcements. In addition, the involvement of community stakeholders in the implementation of TB-HIV activities will boost collaborative activities through awareness-raising for demand creation, referral of suspected TB and HIV cases, and also bring services closer to the populations and thus reduce costs related to patient travel (community-based directly observed treatment and antiretroviral treatment). This will boost TB-HIV collaboration, but above all improve the management of coinfected patients by involving community partners.</p>

- Provide 3 laboratories with ABBOTT platforms with 5 10-color GeneXpert machines: National AIDS Referral Laboratory (LNRS) 3, Labo Provincial Lab in Goma 1 and Provincial Lab in Kisangani 1.
- Equip the 10 health facilities (FOSAs) for advanced HIV cases (5 current, and 5 additional in year 3) of TB lipoarabinomannan (LAM) (40 patients per site)
- Integrate TB screening of HIV+ children and adolescents in community care sites and integrated centers)
- Organize once (1) a year workshops for TB/HIV community stakeholders at the provincial level to share experiences
- Organize directly observed treatment with antiretroviral/anti-TB drugs in children for 2 to 6 months by community workers and in community care sites.
- Update the HIV/TB Treatment Guide in DRC
- Ensure the continued availability of TB/HIV co-infection management products: TB and HIV drugs, prophylaxis drugs (Co-trimoxazole and TB preventive treatment)

Tuberculosis/HIV - Screening, testing and diagnosis: The WHO guidelines, the 2021 Co-infection Guide as well as the national HIV and TB management guides have detailed algorithms for cross-testing. The Xpert test is used as the first-line test in people living with HIV and TB Lam and is recommended for those with CD4 counts <at 50 copies/ml (advanced AIDS) and in hospitalized patients. Xray screening for TB, as recommended by the WHO, is indicated only at sites where radiography availability is unlimited. In 2021, the TB-HIV co-infection cascade shows that 77% of TB patients knew their HIV status, of whom 8% were co-infected with HIV... For the HIV gateway, 78% of enrolled people living with HIV (78,473/100,500) were screened for TB with a TB seropositivity of 9% among people living with HIV screened during the same period. To increase access to diagnosis of both diseases, the National TB Control Program (PNLT) plans to include HIV sites in the list of facilities that are covered by the system for transporting treatment and diagnostic centre (CDT) and treatment centre (CT) samples to Xpert sites. The following activities will be continued or intensified: "See the 2020-2022 funding request."

New activities: To increase access to diagnosis of both diseases for both populations, the National TB Control Program (PNLT) plans to include HIV sites in the list of facilities that are covered by the system for transporting treatment and diagnostic centre (CDT) and treatment centre (CT) samples to Xpert sites.

- Integrate HIV sites into the treatment and diagnostic centres (CDTs) and treatment centre (CT) sample transport circuit to Xpert sites
- Annually support 4 educational/Health Zone talks on prevention, diagnosis and treatment of TB in adults and children living with HIV

Tuberculosis/HIV - Treatment and management: This is done in accordance with updated guidelines made available to providers by both programs: Any HIV/TB co-infected patient should start antiretroviral treatment (TDF/3TC/DTG) within 2 weeks of initiation of anti-tuberculosis therapy. If using DTG, always **add a dose of DTG in the evening** (the same dose as given in the morning) because rifampicin decreases its half-life. People living with HIV receive antituberculosis drugs according to their classification (drug-sensitive TB or multidrug-resistant TB (MDR-TB)) while monitoring for adverse drug reactions. In 2021, the data collected indicate an antiretroviral treatment initiation rate of 83% and 80% for cotrimoxazole for co-infected patients, while the therapeutic success rate was 86% in co-infected patients of the 2020 cohort with a death rate of 8%. Co-infected patients benefit from the National TB Control Program (PNLT) treatment follow-up support package for all patients regardless of status. The one-stop shop offers the patient the HIV support package with the involvement of peer educators.

The following activities will be **continued or intensified**: "See the 2020-2022 funding request."

	<p><u>Tuberculosis/HIV - Prevention:</u> Prevention of TB/HIV co-infection is part of a cross-cutting effort to reduce the burden of TB and HIV. Prevention of HIV infection in TB patients is achieved through all interventions implemented by the National AIDS Control Program (PNLS) (voluntary testing, condom use, good fidelity, abstinence), but for people living with HIV, apart from the individual and administrative measures implemented under infection prevention and control measures (wearing masks, separating people living with HIV patients from TB patients when providing care in the one-stop shop without discrimination). Prevention of TB burden in people living with HIV is done according to the recommendations for TB preventive treatment (TPT) initiation in people living with HIV who are TB-free. Thus, the National AIDS Control Program (PNLS) and the National TB Control Program (PNLT) recommend for people living with HIV in whom TB has been excluded, a preventive treatment consisting of either 3RH or 3HP in people living with HIV on 1st line treatment or 6H for people living with HIV on second line treatment. In 2021, 55,640 (78%) of the 71,421 people living with HIV who screened TB-free received TB preventive treatment (TPT). The following activities will be continued or intensified: "See 2020-2022 funding request"</p>
Amount requested	11'805'900 USD (4%)
Expected outcomes	<ul style="list-style-type: none"> - All patients with TB are screened for HIV - 95% of TB cases tested for HIV+ are placed on antiretrovirals - All people living with HIV on antiretroviral treatment are actively screened for TB - All people living with HIV and diagnosed as TB+ benefit from TB treatment - All people living with HIV who do not have active TB are put on TB preventive treatment (TPT) - Collaborative activities take place: joint Operational Action Plan (PAO) development and roadmap - 100% of people living with HIV who began antiretroviral treatment were screened for TB - 100% of people living with HIV currently on antiretroviral therapy have started TB preventive treatment (TPT) <p>Investments in the PAAR will allow the 2 programs to:</p> <ul style="list-style-type: none"> - to organize the community TDO of children co-infected with TBVIH - to integrate TB screening in ADO advice centers and CEICAs - ensure systematic and annual screening for TB and HIV among healthcare providers
Module 17	Reduce human rights barriers to HIV/TB services
Intervention(s)	<p>Elimination of stigma and discrimination in all contexts - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Legal Education ("Know Your Rights") - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Ensuring non-discriminatory healthcare services - Modifications to the program in relation to the existing grant:</p>

	<input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction
	Improving access to justice - Modifications to the program in relation to the existing grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction
	Ensuring the application of fundamental rights - Modifications to the program in relation to the existing grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction
	Improving laws, regulations and policies related to HIV and HIV/TB co-infection - Modifications to the program in relation to the existing grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction
	Reducing all HIV-related discrimination based on gender, harmful gender norms, and violence against women and girls in all their diversity - Modifications to the program in relation to the existing grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction
	Community mobilization and advocacy for human rights - Modifications to the program in relation to the existing grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction
List of activities	<p>DRC has been one of the countries participating in the "Breaking Down Barriers" (BDB) initiative and has benefited from the third cycle of the Matching Fund for Human Rights. A multi-year strategic plan for human rights, developed under the BDB initiative, was adopted (Annex 28: Five-year plan to eliminate human rights and gender barriers to HIV and TB services in DRC 2021-2025). The absence of a steering committee is a challenge to ensure its governance and the availability of funding. With NFM3 grants, a HUB approach (see Appendix 26 for its description: Report on the visit to Kinshasa and Matadi Gender and Human Rights hubs, Cordaid 2022, pages 5-6) was initiated to offer a comprehensive package of HIV/TB services (medical, psychosocial, legal, judicial) in a specific geographical/city space. Thus, with the support of the Global Fund in the current grant, 6 HUBs³ are now operational and have made it possible to offer comprehensive services to victims of rights violations. Despite these efforts, people living with HIV, TB patients, survivors of sexual and gender-based violence, key populations and other vulnerable groups still face barriers that limit access to health rights related to HIV, TB and other related services, due to misinterpretation of certain legal texts and the weight of culture and religion. The challenges are:</p> <ul style="list-style-type: none"> - Insufficient coverage of the supply of HR services: insufficient number of trained paralegals, insufficient number of legal clinics, health zones not trained, insufficient number of awareness sessions, including those on community radios and in the markets, - Insufficient knowledge of media professionals on the issue of human rights, HIV, TB and key populations to guide programs as well as the insufficient number of open days and awareness sessions in friendly centres, CAS, support groups. - Lack of supervision at the base and insufficient support from social workers. <p>In GC7 the focus will be on strengthening the six current HUBs to ensure a quality human rights response in an effective manner, support to actors in the field (paralegals, peer educators, clinic providers different Hubs) through regular trainings and mentoring,</p>

³ Kinshasa, Kindu, Mbuji-mayi, Goma, Kisangani, and Matadi

mental health support will be provided and the adequacy with the number of paralegals on HIV-TB will be assessed and addressed. Human rights programs will be closely monitored through a strengthened monitoring and evaluation framework. The human rights agenda will be part of the regular monitoring mission of the PR/SR.

For program sustainability and to ensure broader reach, integration of human rights programs into existing opportunities - integration of human rights into initial and in-service trainings for health workers/ law enforcement, for example - will be carried out.

Elimination of stigma and discrimination in all contexts: DRC is part of the Global Partnership to Eliminate HIV-related Stigma and Discrimination (with funding for several activities funded by UNAIDS and UNDP). The proposed activities are:

- Conduct the stigma 2.0 index study (a separate TB study will be conducted as part of NFM3)
- Training of community actors and care providers (because they are not targeted in NFM3) on Gender and Human Rights HIV/TB in the 6 Provincial Health Divisions (Kongo Central, Maniema, Tshopo, Kinshasa, Mbuji-Mayi and Goma)
- The strengthening of the framework for the coordination of actors implementing gender and human rights interventions related to HIV/TB at the national and provincial levels (National AIDS Control Program (PNLS), National TB Control Program (PNLT), CORDAID, RENADEF, UCOP+, LNAC, PASCO, and CIELS pour le monde du travail, Ministry of Justice ...) in coordination with community systems strengthening.
- The mobilization of religious and community leaders
- Community-led monitoring (under RSSH)

Legal Education ("Know Your Rights"): Several activities initiated at NFM3 will be intensified or continued:

(i) the popularization of information on the promotion of gender and human rights, (ii) the development of a training module and the definition of intervention kits for peer counselors and community paralegals as well as (iii) the revision of community tools for HIV awareness by including aspects related to TB-related gender and human rights (See funding request 2020-2022).

In view of the importance of knowledge of rights for better access to justice, GC7 plans to introduce activities aimed at strengthening the skills of communities (including key populations) to increase their knowledge of their rights related to HIV and TB and thus to ensure that they prevail over the involvement of school/academic communities on gender and human rights topics related to HIV and TB.

Thus, **the proposed new activities are:**

- Production and dissemination of HIV-related human rights messages to patients through communication media: Picture boxes, leaflets, t-shirts, bracelets, ...
- Community support, use of technology platforms for reporting/denunciation and documentation of sexual violence and human rights violations in the Hubs
- Coordination and REFRESH meetings on the activities of Paralegals in order to share experiences with supporting people living with HIV, key populations, TB Patients and vulnerable persons
- Raising awareness of HIV-related human rights among people living with HIV, key populations, TB patients and vulnerable people at private sector centers of interest and for care providers (health facilities (FOSAs), drop-in centers, TB treatment and diagnostic centres (CDTs), communities, etc.) by Paralegals in the Hubs
- Initiation and support of "Gender and Human Rights Campuses" to encourage students to work on the theme of stigma and discrimination without taboos
- Training of women, adolescent girls and key populations on knowing their rights for equitable access to HIV and TB services (school and out-of-school), in the 6 hubs.

Ensure non-discriminatory healthcare provision: In the next allocation, the activities to be intensified or maintained as such are: strengthening the capacities of peer educators to fight against self-stigma for the promotion of health, well-being and non-discrimination; discussion sessions on attitudes and practices of discriminatory and stigmatizing acts and behaviors between public and private health care providers, legal clinics, PLHIV, KP, TB patients and vulnerable populations who are survivors of rape. (See funding request 2020-2022)

In GC7, the proposed new interventions will strengthen the mechanism to address stigma, discrimination and inequities in care settings.

The new activities proposed are:

- The operationalization of the HIV/TB guide to combatting stigma and discrimination and fostering respect for human rights in health care settings, including private and community care settings
- Development and dissemination of the guidance note by the Ministry of Health for HIV and sexual and reproductive health for teenagers and young people
- Support for ongoing CLM activities (UCOP+, Femme Plus, etc. – included in RSSH)
- Training of central trainers and providers at health facilities (FOSAs) and drop-in centers for people living with HIV, TB patients, survivors of sexual violence and key populations on the diverse themes of gender and human rights
- Training health workers as HIV-TB anti-discrimination champions
- Stakeholder and Stakeholder Collaborative Learning Meetings on Removing Barriers to Access to Health Services for adolescent girls and young women

Improving access to justice: In addition to lawyers who provide legal and judicial services, paralegals who are community members are trained and act as legal assistants. They provide their peers (people living with HIV, key populations, TB Patients and other vulnerable people) with community support services. Under the NFM3, 11 legal clinics are funded in 6 hubs and UNDP funds 5 legal clinics in 5 cities for better access to justice for men who have sex with men, transgender people, sex workers, people living with HIV and TB patients. Despite all these interventions, the need for access to justice remains enormous.

For the GC7, it is important to strengthen existing legal clinics by combining the use of a computer tool (Yeba mibeko) with the pro deo/pro bono services of national bars, which are already guaranteed by Congolese criminal law. **Thus, the new activities are:**

- Community support (support, legal education, psychological assistance, referral to care structures) provided by paralegals in Hubs to people living with HIV, key populations, TB patients and vulnerable persons who are victims of sexual violence and human rights violations
- The establishment and operation of the technological platform for legal education, notification of complaints (whistleblowing), referrals and psychological assistance. Duplicate...to be removed elsewhere
- Development of a framework to work with the different bars in the country to train some lawyers in the field of HIV, TB and human rights in order to extend the coverage of access to justice of people living with HIV and key populations through the existing mechanism of pro deo/ pro bono services.
- Revitalizing the framework for consultation⁴ (Working Group) Rights and HIV-TB involving key stakeholders such as the newly appointed members of the National Human Rights Commission.

⁴ The consultation framework will be organized in the Hubs once a quarter under the lead of the NACP. The NACD, RENADEF, UCOP+, LNAC, PASCO, the Police, the PNSA, the PNSR take part. But the ideal would be that the Health Zones of coverage as well as the police forces whose judicial authorities also participate in it as well as one or two representatives of the human rights commission

- Strengthen efforts to integrate awareness-raising on sexual and gender-based violence and rights in the context of HIV and tuberculosis into the initial and ongoing training of law enforcement agencies (police, magistrates, etc.);
- The system of referring victims by the Police in the 8 Hubs, to the support structures (health facilities (FOSAs), Legal Clinics...).

Improving laws, regulations and policies related to HIV and HIV/TB co-infection: The Congolese legal environment has improved significantly in terms of legal texts. Despite these advances in legal reforms, there are still some areas that require attention. These include the problem of parental authorization to screen minors and the weak popularization of the principle of the best interests of the child guaranteed in the legislation and the lack of clarity regarding the protection of the rights of TB patients. LNAC and RACOF worked with the TB Caucus and the National Assembly Human Rights Committee to revise laws on independent screening of minors and the extension of legal protection to TB patients. In addition, punitive law enforcement practices based on misinterpretation of the law should be addressed. Thus, the following activities are to be **intensified or maintained as is** (i) advocacy with political and administrative authorities and parliamentarians for the harmonization of the legal provisions of the different health laws in order to remove the existing contradictions, (ii) the revitalization of the TB Parliamentarians Caucus and the (iii) popularization of the new provisions of the laws at all levels on the protection of individuals and their rights (See funding request 2020-2022).

For GC7, it would therefore be important to push for updates to reforms and programs for a more protective environment. In order to better inform the design, revision and implementation of strategies/activities in synergy with other actors, **new activities** are planned:

- Updating the Evaluation of the Legal Environment for the HIV and TB Response
- Advocacy by civil society organizations with the legislator to amend the provisions of existing laws, regulations and policies related to HIV and integrate TB aspects including key populations (Coherence analysis and identification of contradictions)
- Advocacy by civil society organizations with the relevant state actors for clarification through existing legal and/or administrative channels such as guidelines or guidance notes on the application of the principle of the best interests of the child in the case of the screening of minors and on the interpretation of the provisions on good morals.

Reducing all HIV-related discrimination based on gender, harmful gender norms, and violence against women and girls in all their diversity: Sociocultural attitudes, practices and beliefs combine and continue to impose a heavy burden of stigma and discrimination against women and girls, particularly adolescent girls and young women, and limit their access to HIV, sexual reproductive health and TB services. Within families and communities, high levels of stigma and shame surround survivors of sexual and gender-based violence (SGBV), particularly those living with HIV. The situation continues to be more ambiguous and difficult for men who have sex with men, sex workers of all genders and transgender people. Faced with this broad context of gender stigma and other harmful norms, the country has made efforts to improve the situation. As a result, the number of people living with HIV and vulnerable survivors of sexual violence accessing basic social services increased from 1,260 in 2018 to 10,757 in 2021 (***Annex 27: HIV/AIDS Response Strategic Plan 2023-2027, page 23***) while strengthening stakeholder engagement to improve referral of gender-based violence survivors. The **activities to be intensified** are:

- Raising awareness of human rights for and by the activists of the Association of Women Lawyers;
- Taking into account the monitoring of gender-based violence and intimate partner violence (Women Plus, the Congolese Union of People Living with HIV (UCOP+) and through outreach workers in the community-led monitoring mechanisms;
- Referral to Paralegals and Legal Clinics for psycho-social and legal support.
- Advocacy with religious and community leaders and other opinion makers to reduce gender-based violence and intimate partner violence

	<p>Community engagement and advocacy for human rights: Stigma and discrimination remain heightened in the community due to harmful gender norms (marriages of young people being married to old traditional chiefs, levirate and sororate, non-acceptance of LGBT sexual orientation and the guilt/repudiation of women victims of sexual violence. Flagship advocacy and community mobilization interventions on human rights were already been developed in the previous grant (LNAC advocacy sessions with political and economic decision-makers and parliamentarians on the mobilization of local resources in 10 Provincial Health Divisions accompanied by palpable actions in Mbuji Mayi prison for TB patients, meetings on the modification of laws held with community organizations, radio and television programs on the Promotion of existing services including their mapping, as well as training of paralegals as social mediators/legal assistants and support workers for referring the survivors of sexual violence to the appropriate services. For the next grant, more activity is planned in relation to the organization of advocacy sessions on the political commitment of the authorities to mobilize local resources for the fight against TB integrating the gender and human rights aspects (see funding request 2020-2022).</p> <p>To reach new horizons in the next application, two new activities are planned:</p> <ul style="list-style-type: none"> - the establishment of listening and community exchange clubs⁵ on HIV-TB-related programs related to Gender and Human Rights with a view to improving community awareness (opinion leaders, religious leaders, etc.) - advocacy training for community stakeholders from civil society organizations in 4 Provincial Health Divisions (Katanga, Lualaba, Nord Kivu and Tshopo).
Amount requested	8'506'511 USD (3%)
Expected outcomes	<ul style="list-style-type: none"> • Stigma and discrimination against people living with HIV and TB patients will be reduced during the implementation of GC7 in the coverage areas of HUBs and community observatories • HIV and TB-related human rights violations in health care settings are documented by the center and treated in keeping with the protocol • HIV cases, key populations, i.e. transgender, men who have sex with men, sex workers, people who inject drugs, detainees, survivors of sexual violence/survivors of gender-based violence, orphans and vulnerable children as well as patients with human papillomavirus and TB who are discriminated against and abused in different settings receive psychosocial, legal and legal assistance in HUB and community observatory coverage areas • At least 90% of cases of stigmatization and discrimination and any other form of violence against people living with HIV, key populations transgender people, men who have sex with men, sex workers, people who inject drugs, detainees, survivors of sexual violence/survivors of gender-based violence, orphans and vulnerable children as well as human papillomavirus and TB patients are denounced and reported to the structures defending and protecting individual rights • in HUB coverage cities • At least 90% of key populations, people living with HIV, survivors of sexual violence, survivors of gender-based violence and TB patients know their rights and duties in HUB coverage cities • At least 90% of key populations, people living with HIV, survivors of sexual violence, survivors of gender-based violence and TB patients are not subject to bullying and discrimination in the health care setting in the cities covered by HUBs and community observatories

⁵ This activity consists of setting up small discussion groups during radio and television broadcasts. The paralegals will facilitate the various groups on the themes listened to. The community will be informed beforehand of the broadcast program for these programs.

Module 18	Resilient and Sustainable Systems for Health (SRPS): monitoring and evaluation systems
Intervention(s)	<p>Routine Data Reporting - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Intensification <input checked="" type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>HIV, TB and malaria surveillance - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Data quality - Modifications to the program in relation to the existing grant:</p> <p>New <input type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Analyses, assessments, reviews and use of data - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p> <p>Investigation - Modifications to the program in relation to the existing grant:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction</p>
List of activities	<p>The current grant has made it possible to make progress on HIV and TB monitoring and evaluation. Today, the National Health Information System (SNIS) division provides centralized management of the District Health Information System (DHIS2), which is considered the country's baseline. Similarly, the country has been able to standardize and harmonize HIV and TB data collection tools and all data is integrated into the DHIS2 platform. Significant efforts have been made to improve data availability and the completeness and timeliness of reporting for both HIV and TB. However, weaknesses in the HIV and TB monitoring and evaluation system persist, particularly those related to data quality, analysis and dissemination. Obtaining disaggregated, consistent and accurate data is a brake on improving the quality of the data; the use of the reported data is limited and is not accessible for effective decision-making. Compared to data collection tools, the long lead time (around 8 months) between ordering copies and making them available in healthcare facilities poses a significant challenge for traceability of information flows for better decision-making. Similarly, for HIV, community data are not captured nationally, and private sector data are partially captured. There are other difficulties which have an impact on the quality of HIV data, namely those related to plans to change the system (TIER NET), a decision made by the technical and financial partners (PTFs) that does not favor scaling up the digitization of monitoring people living with HIV. It also includes problems related to the lack of interoperability between the different systems in place DHIS2, TIER NET, Data to care, DATIM, etc. One of the weaknesses of the DHIS2 platform set up is that it does not allow the development of functions for improving the quality of the data, for example the visualization of the data for better analysis and reporting. The significant increase in the active HIV file today (around 500,000), as well as the number of TB patients reported each year, requires that work be done to put in place a single coding system that would make it possible to provide quality follow-up for antiretroviral patients and TB patients who are screened and treated (duplication, underestimation, overestimation, etc.). The configuration needed to show the private contribution was not done.</p> <p>As a result, there is a lack of monitoring, verification and validation visits, which makes it difficult to ensure continuity in provider capacity building. Similarly, some surveys and studies are not being systematically updated to provide not only quantitative but also</p>

qualitative data and to better understand the dynamics of the HIV and TB epidemics in the DRC. The interventions in this module will strengthen the HIV and TB monitoring and evaluation system and improve the dissemination of strategic information for decision-making and improvement of programmatic results.

Routine data reporting: Routine data reporting is done on the basis of standardized and harmonized data collection tools. This data is integrated into the National Health Information System (SNIS) through the District Health Information (DHIS2) platform. Reporting tools are the single canvas (canevas unique) for the general population, the complementary canvas for key populations, and the treatment and diagnostic centres (CDTs) quarterly reports. This intervention begins with the collection of data using cards and registers. The latter will feed into the reporting canvas which are then transmitted to the central offices to the Health Zone for entry in the DHIS2 after validation. The following activities will be **continued or intensified** to provide health facility (FOSA) assessments with harmonized and updated data collection and reporting tools. Likewise, the available computer hardware is at times obsolete, underperforming, or even non-existent in some places. It is therefore necessary to equip the M&E division as well as the co-ordination and sub-co-ordination teams with suitable and efficient IT equipment.

- Replicate tools for collecting and reporting HIV and TB data. The implementation of this activity is planned for 2026. For TB tools, reproduction is planned annually in 2024, 2025 and 2026.
- Provide the HIV M&E division with 8 computers, the provincial coordination teams with 48 computers, and the sub-coordination teams with 2.

HIV, TB and malaria surveillance:

This 2024-2026 grant will focus on strengthening people-centered surveillance. This intervention will better track HIV and sexually transmitted infections and trends to provide critical information needed to improve activities and assess their impact. For TB, this will involve building capacity at all levels, including through the departure of trained staff who are being replaced by new ones. In addition, the TB Program will benefit from USAID support for the implementation of an individualized registration system for MDR-TB patients during 2023. The activity that will be **continued or intensified** will highlight the patient-centered monitoring approach which is also an activity linked to routine reporting:

- Implement person-centered HIV surveillance in the development of standards and guidelines.
- Build capacity of providers at all levels of HIV and TB.

The proposed new activities under GC7 funding will improve HIV and Syphilis routine surveillance and data, HIV case reporting, and production of health zone-wide estimates.

- Conduct a feasibility study on HIV and Syphilis serosurveillance based on routine data as a prerequisite before conducting the serosurveillance survey in 2023 and developing an action plan.
- Implement a patient-centered HIV case reporting system in DRC
- Produce decentralized estimates at the Provincial (24) and Health Zone (468) levels

Deleted activities: The country is abandoning this method because it is expensive and to valorize routine data

- Arrange HIV and syphilis surveillance at sentinel sites for pregnant women attending antenatal consultation

Data quality: Improving data quality is a key priority of this module as it measures progress towards eliminating HIV and TB as public health issues. In view of the difficulties mentioned above, this grant will make it possible to set up a new system to individually monitor people living with HIV that is adapted to potentially replace the Tier. NET and develop its interoperability with existing systems by building on the unique identifier code (UIC), training trainers in the new individual management software, setting up meetings that focus

on improving data analysis through capacity building for providers, and carrying out monitoring and evaluation visits for the various interventions.

For TB, the main plans are to organize supervision meetings and data validation meetings and to organize data quality analyses to improve data quality. The following activities will be **continued or intensified**:

- Hold quarterly data validation and analysis meetings in 27 Provincial Tuberculosis Control Coordination Offices (CPLTs)
- Organize RDQAs (Routine Data Quality Audits) on the quality of HIV and TB services and data at all levels
- Organize Data Quality Audit s(DQAs) on TB and HIV data and performance quality at all levels each year
- Train 4 staff in TB and HIV monitoring and evaluation at the central level
- Support quarterly TB and HIV supervision from the central level to the provinces
- Support quarterly TB and HIV supervision from the provincial level to Health Zones in: 11 Provincial Health Divisions for HIV and 26 for TB

New activities proposed under this grant include:

- Certifying the HIV active file
- Exploring a new computerized system for the individual management of people living with HIV
- Create an HIV Dashboard for visualization of important data that will enable better analysis and dissemination of strategic information in the District Health Information System (DHIS2).
- Organize quarterly HIV data analysis meetings at the provincial coordination level
- Provide Internet connection and miscellaneous purchases as part of the new Software for Individual people living with HIV Tracking
- Provide financial support for DHIS2 interoperability and the new HIV system
- Ensure monitoring and evaluation visits of the implementation of HIV program interventions
- Organize training of provincial trainers on software for individual management of people living with HIV
- Provide staff motivation for monitoring the new software for individual people living with HIV
- Conduct individual HIV patient follow-up missions with another system by provincial HIV coordination office/Provincial Health Division teams

Activities removed focus on changing TierNet through the implementation of an alternative individual tracking system for people living with HIV

- Support missions to exchange experiences with the University of Cape Town for the Central Level & Data for the HIV component
- Check TierNet status in Provincial Health Divisions that have implemented the TierNet Software for the HIV component
- Provide Internet connection and miscellaneous purchases as part of TierNet Software functionality for the HIV component
- Provide financial support for DHIS2 and TierNet interoperability in 2021 for the HIV component
- Scale-up TierNet for the HIV component
- Seek technical assistance in monitoring and evaluation of the TB DHIS2 and TierNet framework
- Install TierNet software for individual multidrug-resistant TB (MDR-TB) and HIV-TB patient encoding

Analyses, evaluations, reviews and use of data: The grant will focus on strengthening the culture of evaluation, analysis and use of data to improve the production of policy information and facilitate decision-making for HIV and TB. Activities to be **continued or intensified** are:

- Conduct the mid-term review of the National Strategic Plan for AIDS (2023-2027) and its external review and development of the new National Strategic Plan in 2026.
- Conduct the 2024-2028 Mid-Term Review of the National Strategic Plan for TB and its external review and development of the new National Strategic Plan for TB in 2026.
- Conduct an external evaluation of the National AIDS Control Program (PNLS) and National TB Control Program (PNLT)
- Organize the annual program review meeting (a review of TB activities at the national level)
- Conduct the 3 annual reviews of the National AIDS Control Program (PNLS) programs. These reviews create a framework for sharing with all stakeholders the implementation and evaluation of the Health Sector Strategic Plan made operational through the Operational Action Plan (PAO). This activity will be maintained as it was partially carried out as part of the NFM3 grant
- Organize semi-annual meetings to monitor grant implementation and validate Progress Update and Disbursement Request (PUDR) data
- Train central level managers, Provincial Framework Teams (ECPs), Health Zone Executive Teams (ECZS), and HIV providers in monitoring and evaluation
- Publish articles and abstracts on HIV and TB for better use and dissemination of HIV and TB information

The **new activity** will consist of conducting the mid-term and final review of the Monitoring and Evaluation Plan (PSE) in order to continuously update and improve the monitoring and evaluation framework, as well as its ownership by all stakeholders. Also, the review of the Health Sector Strategic Plan is planned. Quarterly data analytics will strengthen the quality of data for good decision-making.

- Organize the mid-term and final review of the Health Sector Strategic Plan (PSSS 2023-2027)
- Conduct the mid-term and final review of the Monitoring and Evaluation Plan (PSE)
- Break the PSE down into a provincial workplan to facilitate its ownership
- Hold quarterly HIV data analysis meetings at the provincial coordination level for 20 people per Provincial Health Division for 3 days (25 provincial National AIDS Control Program (PNLS) coordination offices).
- Organize the provincial review for data validation
- Produce an annual epidemiological bulletin for the dissemination of TB information. A partnership with Kinshasa's school of public health will support the National TB Control Program (PNLT) in the design of this newsletter.

Deleted activities: To strengthen data analysis at the provincial level, quarterly data validation meetings will be replaced by data analysis meetings.

- Organize quarterly data validation meetings at the provincial HIV coordination level of 25 Provincial National AIDS Control Program (PNLS) Coordination Offices. This activity is being replaced by the GC7 grant review meetings.

Surveys: This grant will systematize the updating of the programmatic mapping survey of the estimation of the size of key populations and the bio-behavioral survey of key populations (sex workers, men who have sex with men, people who inject drugs and transgender people) at risk of HIV infection in 20 provinces. Also, the Pharmacoresistance Surveillance Survey will monitor and respond to resistance to antiretrovirals and anti-TB drugs. Activities to be **continued or intensified** are:

	<ul style="list-style-type: none"> Organize a survey of the programmatic mapping of the estimated size of key populations in 20 additional cities. Organize annual science days at the national level. They make it possible to disseminate and share research results and experiences Conduct operational research on barriers and inequities to accessing HIV services Update the research agenda by identifying research topics in the 24 provinces receiving Global Fund support Conduct two operational studies: one on latent TB and one on TB/HIV co-infection in children <p>The new activities</p> <ul style="list-style-type: none"> Updating standards and guidelines on research and monitoring Conduct a Bio-behavioral survey of key populations (sex workers, men who have sex with men, people who inject drugs and transgender people) at risk of HIV infection in 20 provinces Conduct the HIV antiretroviral Pharmacovigilance Surveillance Survey Conduct an assessment of approaches to differentiated care in health facilities (FOSAs) and in the community Conduct a study on mapping of sexually transmitted infection syndromes among key populations (sex workers, people who inject drugs and men who have sex with men) Conduct operational research on key population losses in the care cascade (screening, antiretroviral treatment and viral load). Introduce publications on best practices for different HIV interventions and create links to access them through District Health Information System (DHIS2) and other National AIDS Control Program (PNLS) websites, etc. This activity will require the establishment of a validation committee and the development of a good practice manual. Conduct a satisfaction survey of key populations that use HIV services Evaluation of the Impact of HIV Programs in the General Population (PHIA), taken into account in the PAAR Involve national experts in national, regional and international conferences through abstracts and presentations. Conduct a study of the mortality of tuberculosis patients on anti-tuberculosis treatment Conduct a study on risk factors for multidrug-resistant TB (MDR-TB) in the DRC Conduct a study on the impact of community involvement in the fight against TB <p>Deleted Activities</p> <ul style="list-style-type: none"> Mapping vocational training and socio-economic support opportunities for young people Conduct a comparative prevalence pilot survey in two provinces with different geographic profiles (low-notification mountain region and high-notification plains region) Conduct operational research at the level of the 25 Health Zones (99 TB treatment and diagnostic centres (CDTs)) that reported more than 20% of pediatric TB cases. Organize operational research on weight assessment of 0-14 year old children to improve management of pediatric TB cases
Amount requested	10'525'710 USD (4%)
Expected outcomes	<ul style="list-style-type: none"> The percentage of expected monthly reports that were actually received is 99% in 2026 The percentage of monthly reports submitted that were received on time in accordance with national guidelines is 91% in 2026 <p>Investments in the PAAR in addition to the financial contribution of PEPFAR will make it possible to have comprehensive quality data on the HIV epidemic.</p>

Module 19	Program Management
Intervention(s)	Coordination and management of national disease control programs - Modifications to the program in relation to the existing grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Intensification <input type="checkbox"/> Renewal or <input type="checkbox"/> Reduction
List of activities	<p>The National TB Control Plan's (PNLT) mission is to control TB and eventually eliminate it as a public health problem across the DRC. To do this, the program is responsible for the design and direction of national TB policy. The fight against tuberculosis is integrated in the 519 Health Zones distributed over the country's 26 provinces (27 Provincial Coordination Offices with 2 Coordination Offices for the province of Kongo Central). The Central Unit is currently operating with 6 divisions. The provincial level is comprised of the Provincial Health Division (PHD), which includes a Provincial Tuberculosis Control Coordination Office. The latter are responsible for providing technical support (training, supervision, supervision of staff in the Health Zones structures) and logistical support for the activities of these 2 programs at the level of each province. This level also organized a provincial referral laboratory for mycobacteria whose function is the supervision and quality control of ZN, auramine examinations, preparation of reagents, maintenance of equipment, training of the peripheral level, etc. The peripheral level consists of the treatment and diagnostic centers (CDTs), the operational unit for the fight against TB (it has the equipment to diagnose TB using a number of tools: microscope, Xpert, Truenat, etc.). A around each treatment and diagnostic centre (CDT) there is a constellation of treatment centers which are involved in referring presumed cases of TB, transporting samples, treating TB patients diagnosed with TB at the treatment and diagnostic centres (CDTs), patient follow-up, etc. All these activities are carried out under the leadership of the Health Zone management team. The National TB Control Program (PNLT) employs 531 staff, 98 at the central unit level and 433 at the provincial level. There is no updated organic framework for the National TB Control Program (PNLT). The human resources management plan (recruitment, appropriate profile, replacement plan) does not exist. There is a low motivation among trained and experienced executives resulting in a massive departure (10 in 2021). Only 45% of executives receive a salary or bonus.</p> <p>For the HIV Program, program management is a key element in the effective implementation of activities. Indeed, the program faces some challenges that were highlighted during the last program review in 2022. The main challenges identified in this review are programmatic (inadequate coverage of TB-HIV interventions in 44 health zones with no coverage for HIV packages, poor capacity of the program to update prevalence data and conduct operational research, etc.); human resources management (low motivation of staff and recurrent instability of staff in whom the program has invested); financial resources management (almost total dependence on external funding, administrative burden in disbursement procedures, low absorption of financial resources, lack of appropriate software for financial management at the program level, more than 50% of program staff do not receive the Global Fund bonus, etc.); Management of material resources (lack of infrastructure specific to the National AIDS Control Program (PNLS) Directorate and for certain coordination; Insufficient office equipment (computers, furniture, tables, etc.) both at the national management level and at the level of the HIV provincial coordination offices, obsolete rolling stock for the Directorate and provincial coordination, etc.). Activities continued or intensified for the two programs relate to ensuring the functioning of the programs, organizing quarterly evaluations, paying the staff from provincial directorates and co-ordination offices and holding program, community, private and partner concertation meetings.</p> <p>New activities in GC7:</p>

TB Component

- Acquire 9 vehicles including 5 for the 5 currently unstaffed Provincial Tuberculosis Control Coordination Offices (CPLTs), 3 for the National TB Control Program (PNLT) Directorate, and 1 for the Global Fund TB National TB Control Program (PNLT) Project Manager
- Acquire 6 computer kits for the National TB Control Program (PNLT) Central Unit and 12 kits for the Provincial Tuberculosis Control Coordinations (CPLTs) Offices.
- Acquire a 25 KVA generator for the Central Unit/National TB Control Program
- Acquire 4 complete sets of projection equipment (LCD)
- Participation in international conferences
- Organize the Inter-University Diploma course on HIV, Tuberculosis, Hepatitis and other Comorbidities,
- Support the holding of semi-annual consultation meetings (National TB Control Program (PNLT) and technical and financial partners (PTFs))
- Support the quarterly operations of the Central Unit
- Support the quarterly operations of the Provincial Tuberculosis Control Coordination Offices (CPLTs).

HIV Component

- Acquire 20 Jeep 4X4 vehicles, including 15 for TB (for the 5 currently unstaffed Provincial Tuberculosis Control Coordination Offices (CPLTs), 3 for the National TB Control Program (PNLT) Directorate, 6 for Divisions and 1 for the Global Fund TB National TB Control Program (PNLT) Project Manager) and 7 for the National AIDS Control Program (PNLS) (coordination of Tshopo, Nord Kivu, Kongo Central, Maniema, Kwilu and 2 for the Directorate)
- Participate in international conferences
- Provide 5 provincial HIV coordination offices with motorcycles (Tshopo, Ituri, Equateur, Tshuapa, Mairi, and Mairi)
- Provide 2 Provincial Coordination Offices with outboard motors (Tshopo and Equateur).
- Organize the Inter-University Diploma course on HIV, Tuberculosis, Hepatitis and other Co-morbidities,
- Support the holding of the semi-annual consultation meetings (National AIDS Control Program (PNLS) and technical and financial partners (PTFs))
- Contribute to the operation and management of the programs of Ministry of Health Principal Recipient and the Civil Society Principal Recipient
- Contribute to the functioning of the WHO Technical Assistant
- Contribute to the operation and payment of salaries of HIV and TB project managers and their assistants
- Develop a GC7 Grant Technical Assistance Plan

TB/HIV component

- Organize Central Unit quarterly monitoring missions to Provincial Tuberculosis Control Coordination Offices (CPLTs)
- Organize quarterly supervision missions from the Provincial Tuberculosis Control Coordination Offices (CPLTs) to the Health Zones

Deleted activities:

- Develop a National TB Control Program (PNLT) Human Resources Development Plan (30-day contract with a National Consultant). Fees for Consulting Training are planned for 2023 under NFM3;
- Organize training for 32 national and provincial finance managers on the management of Tom pro software

Amount requested	33'418'306 USD (12%)
Expected outcomes	<ul style="list-style-type: none"> • Strengthening the coordination of TB and HIV activities across the country • Capacity-building and better working conditions for the managers of the National TB Control Program (PNLT) and the National AIDS Control Program (PNLS) • Improvement of working conditions

Section 2. Matching Funds (if applicable)

2.1. Research and treatment of drug-sensitive and drug-resistant TB patients lost to follow-up US\$4,000,000

On the NFM3, the DRC has benefited from catalytic funds of US\$10 million that were aimed at reporting and putting on treatment at least 30% of additional TB cases by the end of 2023. This funding has focused on active TB research in key and vulnerable groups (PCV) and the implementation of the Quality Approach (QAP) to improving TB cascade and detection in health facilities (FOSAs). Through the implementation of the new interventions, the expansion of the molecular testing network and enhanced sample transport, the National TB Control Program (PNLT) reported 13,453 additional cases in 2021 (National TB Control Program (PNLT), validated data) and 30,271 in 2022 (National TB Control Program (PNLT), validated data). The proportion of children among reported TB cases increased from 11.1% in 2020 to 12.5% in 2021. The number of TB patients reported in vulnerable groups in 2021 was 7,784 contact subjects, 7,046 people living with HIV, 1,999 persons deprived of their liberty, and 8,084 minors. (Annex 28: RALT Report 2022, Lubumbashi, page 13).

A strategy for involving private pharmacy pharmacists in referring presumed cases of TBs to treatment and diagnostic centres (CDTs) is being validated and will be implemented in 2023.

The “PQE” quality approach began in late 2021 at 30 pilot health facilities (FOSAs) in Kinshasa. This strategic intervention resulted in 7,841 TB patients being reported in 2022 *versus* 4,957 in 2021 at the pilot health facilities (FOSAs), an increase of 58% (**Annexe 29 : Synthesis report of the quality approach, page 18**). Based on the results achieved and lessons learned during the pilot phase, the National TB Control Program (PNLT) plans to expand to 70 new health facilities (FOSAs) in Kinshasa and 60 health facilities in Kwilu and Kwango in 2023.

The National TB Control Program (PNLT) was able to mobilize additional funding from USAID (TIFA Fund) to implement and expand these interventions in other provinces. Two publications were produced by the National TB Control Program (PNLT) and published by the Global Fund to share the results achieved: https://www.theglobalfund.org/media/12011/tb_2022-04-quarterly-tuberculosis_update_en.pdf, page 8 and

https://www.theglobalfund.org/media/12850/tb_2023-01-quarterly-tuberculosis_update_en.pdf, page 9) GC7 foresees the continuation of interventions that have shown the greatest impact based on the lessons learned from the NFM3. Investments foreseen in particular in Modules 1, 4 and 5, include the intensification of strategies to reduce the gap of missing cases of TB, in particular in key and vulnerable populations (PCV) for a total of USD 4 million.

The matching funds allocated to the country for the GC7 (USD 4 million) will make it possible to expand use of the Quality Approach (QAP) in the other 8 major cities (Mbuji Mayi, Kananga, Goma, Bukavu, Lubumbashi, Kisangani, Mbandaka, Lisala) to cover a total of 400 health facilities (FOSAs) by the end of 2025. The Provincial Tuberculosis Control Coordination Office in Maniema will be covered using USAID funding. The results obtained in the city of Kinshasa point to a significant increase in reporting, particularly in the priority health facilities (FOSAs) that are very popular. The pilot phase made it possible to adjust activities, provide for greater involvement of the management teams of the Health Zones and review the tools on the basis of feedback from the providers with a view to improving efficiency. Key activities include establishing PQE focal points in health facilities (FOSAs), building the capacity of health facility (FOSA) providers at entry point to actively search for TB among their clients, strengthening links between these entry points and the treatment and diagnostic centres (CDTs), facilitating access to TB diagnostic testing, and monthly monitoring of the contribution of health facility (FOSA) entry points to TB notification.

To support this activity, the remaining \$173,529 in catalytic funds will help finance the transport of samples to these intervention areas.

2.2. Stepping up programs to address human rights and gender barriers - US\$2,000,000

The catalytic fund has effectively enabled the DRC to reduce barriers to accessing HIV and TB services. The availability and use of services was optimized in 6 hubs/cities covering 56 areas that allowed people living with HIV, TB patients, transgender people, men who have sex with men, people who inject drugs and prisoners to access services without discrimination. The significant increase in access to and use of services by specific groups was facilitated by the hubs approach. The synergy between the various components, namely: HIV-TB Observatories (community-led monitoring), Key population drop-in centers, legal clinics, health training, police, youth centers (adolescent girls and young women), community paralegals, One Impact community-led monitoring, and community-based training and awareness-raising on gender and human rights, have made it possible to reduce barriers (mid-term evaluations, programmatic reports, field visit mission reports, etc.). The Mid-Term Evaluation on Gender and Human Rights Programs (***Annex 30: Mid-Term Evaluation Global Fund Breaking Barriers Initiative, pages 7; 24; 27; 30; 31; 33; 35; 36; 40-45***) showed good scores on some interventions by gender and human rights programs in the DRC aimed at reducing discrimination in access to services for specific groups, although TB scores were not available (ND).

The programs implemented, through the nine strategic priorities of the five-year plan to remove “leave no one behind” barriers, also consisted of training law enforcement officers and care providers, community awareness raising among the general public, raising awareness among the targets concerned about “knowing your rights”, legal care and psychosocial support for specific targets that have been discriminated against and violated, referral to care services related to HIV and TB as well as advocacy for law reforms, mainly on articles concerning the testing of minors and anti-discrimination provisions for TB patients. These interventions have been strengthened by community engagement activities conducted by community paralegals directed at each target. The governance and coordination of these programs was ensured by a coordination framework composed of the National AIDS Control Program (PNLS), National TB Control Program (PNLT), Cordaid, and RENADEF programs in collaboration with the health district chief medical office of each hub. Some results up to the third quarter of 2022 by: Transgender people, people who inject drugs, men who have sex with men, sex workers, survivors of sexual violence and survivors of gender-based violence show that 3,878 cases of gender-based violence and human rights psychosocial care, gender-based violence and human rights legal care 3,649, gender-based violence and human rights judicial care 834, gender-based violence and human rights cases having benefited from community support 3,503, gender-based violence and human rights cases referred 1,005).

Under the new allocation, the country expects to maintain and strengthen interventions that have demonstrated change in 6 existing hubs in the first year and to increase them in 2 cities of Bukavu and Kalemie based on the needs criteria and the existence of the prerequisites of the non-integrated and integrated legal clinical components and drop-in center. For the first year of this new grant, 11 legal clinics, 25 drop-in centers (22 non-integrated and 3 integrated), a significant increase in community paralegals, 6 HIV-TB observatories, 10 adolescent girls and young women associations, training of care providers and upgrading of paralegals, mentor mothers, adolescent girls and young women peer educators, and investigators from the Observatories/CLM will be provided in a humanitarian context. The country expects to raise awareness among communities through the media, focusing on new information and communication technologies that promote gender equality in access to HIV and TB services (Yeba MIBEKO App “knowing about rights”).

For the second year, DRC also intends to add 3 new HIV-TB Observatories, and 6 legal clinics; increase community awareness and training of community paralegals.

To ensure good governance, coordination and monitoring and evaluation of the gender and human rights programs, the framework for consultation will be strengthened by the involvement of other key actors (the health district chief medical officer, the country’s focal point of the Ministry of Justice). With the five-year plan, the country expects to mobilize other partners to align with the plan’s strategic priorities.

Section 3. What has changed? Update on the epidemiological context and national policies and strategies

The summary of the TB and HIV context and policies/strategies are summarized below and comments are provided per component.

3.1. Tuberculosis Component

A. Epidemiological background of the country

☐ Yes ☒ No

B. Normative guidance or technical approaches adopted within the national policy or strategy for the program since the last funding request

☒ Yes ☐ No

At the policy and strategy level, with the support of the NFM3 grant and technical partners, the National TB Control Program (PNLT) has revised several guidelines that are already in place, including: 1) the use of molecular testing as the initial test in all sites equipped with machines (GeneXpert, TrueNat); 2) tests to exclude resistance to other drugs (line probe assay (LPA), GXP10 colors...) in Rifampicin-resistant tuberculosis (RR-TB) patients; 3) strategies and instructions on the use of innovative tools such as digital radio with CAD/AI for TB screening, 4) the adoption of the 4-month regimen for drug-sensitive TB in children based on WHO recommendations, 5) the six-month oral short regimens (BPaL and BPaLM) for drug-resistant TB (DR-TB) patients, 6) development of bi-directional TB and COVID-19 testing algorithms, 7) improved sample transport to improve access to molecular diagnostic tests, 8) existence and implementation of plans to intensify TB and drug-resistant TB (DR-TB) testing targeting certain key and vulnerable populations (people living with HIV, TB-PS and drug-resistant TB case contacts, prison populations, minors, internally displaced people, populations on the outskirts of cities, etc.) with the involvement of community actors, 9) support, fight against stigmatization and promotion of patients' rights, 10) support for TB-PR patients (completion of pre-treatment and follow-up evaluations, nutritional support and transport costs), 11) attention to the quality of care offered to patients and the management of antituberculosis drugs, 12) adoption of short plans for TB preventive treatment (TPT) (3RH, 3HP). The National TB Control Program (PNLT) also wants to perform a test for resistance to rifampicin in bacteriologically confirmed TB patients and a resistance test to at least INH and FQ in Rifampicin-resistant tuberculosis (RR-TB) patients (*essential element TB number 1.3. TB Briefing Note, allocation period 2023-2025*).

3.2. HIV Component

C. Epidemiological background of the country

☐ Yes ☒ No

D. Normative guidance or technical approaches adopted within the national policy or strategy for the program since the last funding request

☒ Yes ☐ No

As regards the normative guidelines or technical approaches adopted in the framework of the national policy and strategy applied to the program since the last funding request, mention may be made of: i) the change of treatment regimen based on tenofovir, lamivudine and dolutegravir (TLD) with an emphasis on

pediatric case management (optimization of pediatric antiretroviral treatment with pDTG); ii) the monitoring of patients based on viral load (undetectable viral load), iii) TB preventive treatment (TPT) (3RH, 3HP and INH) after the exclusion of TB in children under 5 years of age and people living with HIV, iv) the development of targeting tools in the program (risk assessment by population: children, adults, key populations), Job aids for different screening algorithms; (v) development of the activity package for the care of patients with advanced HIV based on the most frequent opportunistic infections and (vi) differentiated care provision for the general population and children (multi-month dispensing, Community Drug Distribution Stations; Community group antiretrovirals; Club d'adherence; quick circuit, dispensing of ARVs in pharmacies, etc.). For the key populations, several guides have been developed to better frame interventions for them (how to implement the minimum package of activities and image boxes specific to each group), to introduce people who inject drugs management in the context of HIV, to define condom distribution standards (quantities, distribution channel) and to use rapid testing to diagnose sexually transmitted infections. However, pre-exposure prophylaxis (PrEP) standards have not yet been updated and will be updated by the end of 2023.

Section 4. What hasn't changed? Maintaining relevance and impact

This section discusses the lessons learned from the implementation of NFM3 and the expected impact of programs under the 7th funding cycle.

Tuberculosis Component

The NFM3 application had concentrated the bulk of TB control activities in the 15 provinces with high TB burdens, which account for 81% of the patients reported by the National TB Control Program (PNLT).

The DRC has advocated universal screening with the use of GeneXpert as an initial test at least at sites with a molecular diagnostic tool. In the context of the Covid-19 response, the laboratory network was strengthened with 212 new GeneXpert machines to reach a fleet of 341 GeneXpert (of which 106 are 10-color uits) and 38 TrueNat (USAID) by the end of 2023. The sample transport system has been strengthened in all provinces with the involvement of community outreach workers (RECOs).

Under NFM3, the National TB Control Program (PNLT), with the support of its technical and financial partners, implemented a set of strategies and activities that identified 214,408 new cases and relapses and reported 1,236 cases of drug-resistant TB (DR-TB) in 2021. As the epidemiological profile has remained the same, these activities will be renewed and strengthened, especially in the 15 priority provinces. Interventions to strengthen TB screening/diagnosis and management in key and vulnerable populations include: contact tracing around index patients; active TB screening with more sensitive algorithms, including x-ray and computer-aided detection; the community outreach workers (RECOs) activity package that has contributed to TB patient notification and treatment success (97% success rate among patients supported); and combating discrimination and stigma.

The activities implemented in NFM3 achieved by the end of 2021 a treatment success rate of 94% in patients with drug-sensitive TB (DS-TB) (cohort 2020) and 83% in multidrug-resistant TB (MDR-TB) (cohort 2020). Community involvement, actions to promote patient rights and gender issues, and support for nutrition transport, monitoring and management of adverse reactions for patients with drug-resistant TB (DR-TB). The reinforcement of the 3 culture laboratories will be necessary for adequate bacteriological follow-up of the patients with drug-resistant TB (DR-TB).

The proposed management of latent TB infections in contacts under 5 years of age and people living with HIV with dual RH and HP therapy in 2021 covered 59,006 contact children under 5 years of age (xx% of expected contacts) and 55,640 (78% of screened and asymptomatic people living with HIV). Intensification

of TB preventive treatment (TPT) coverage for children under 5 years of age and people living with HIV (allocated amount) and introduction of tests for latent infections with extension of the TB preventive treatment (TPT) target to contacts over 5 years of age will be introduced in GC7 in line with WHO recommendations (Global Fund prioritized above allocation request (PAAR) funding).

HIV Component

Since the submission of the 2020-2022 funding application, the epidemiological profile has not changed, as described in Section 3. As a result, the application targets for prevention have remained the same for key populations such as men who have sex with men, sex workers, transgender people, prison populations, people who inject drugs, and adolescents and youth. HIV services for these populations were delivered through 25 drop-in centers in 17 provinces. The approach used to provide these services is called the "City Approach", which means that the activities of a facility that looks after key populations are not limited to a single health zone within a city. In 2023, an evaluation of the drop-in centers is being conducted by UNAIDS to review the quality of services provided in light of WHO's new consolidated guidelines for key populations in 2022. Although the Program's ambition is to focus on integrated centers, this evaluation will allow resources to be reallocated according to the performance of each drop-in center. In addition, new health zones will be gradually added as integrated centers to strengthen interventions with key populations. Peer educators, recruited by identity organizations from key populations, will continue to provide interventions for their benefit. Tuberculosis screening activities will also continue, and malaria management will be introduced. Regular awareness-raising messages will be disseminated through social media to reach key and vulnerable populations. The Government is also encouraged to recommend to all NGOs involved in humanitarian emergencies that they integrate aspects of care for key populations into their programs, given that internally displaced persons remain vulnerable.

For adolescents and young people, a reorientation of interventions will be necessary to better target this group. Adolescent girls and young girls in poor neighborhoods were observed engaging in prostitution to provide for themselves and their families. The program plans to reach this segment of the population in the nine provinces where new infections are high with this funding cycle.

With a vertical transmission rate of 20% and coverage of prevention of mother-to-child transmission (PMTCT) services at 31%, HIV testing has been carried out in only 17 so-called priority provinces, including 15 funded by the Global Fund. The program will continue to cover the 17 provinces by stepping up actions using the indicative allocation and then take into account the other 9 provinces in the Global Fund prioritized above allocation request (PAAR). It will also seek to improve the quality of human resources, expand the coverage of GeneXpert's devices, strengthen the involvement of community and private sector actors, offer pre-exposure prophylaxis (PrEP) and second screening to high-risk women (sex workers, women in humanitarian emergencies) and step up the active search for TB cases among pregnant women and children using antenatal consultation services.

The proportion of people living with HIV taking antiretrovirals increased from 48% in 2018 to 82% in 2021, while pediatric performance remained low, ranging from 23% in 2018 to 38% in 2021. The low quality of pre- and post-test counseling, the lack of systematization of the "test-treat" strategy, the weakness in the referral of cases screened at the community level for further treatment and the low coverage of viral load (51%) are challenges to be addressed. The program aims to strengthen HIV+ adult care and then focus on pediatric care in line with the strategy of the new Global Alliance. Specifically, this will include strengthening differentiated approaches to care delivery (including advanced AIDS care) and community engagement, improving the identification of pediatric cases, retention of people living with HIV, improving viral load coverage, and expanding management of HIV-Hepatitis co-infection and other comorbidities. For the management of advanced AIDS, in addition to the 5 units of care set up in the NFM3, another 10 other units will be set up, including 5 in the Global Fund prioritized above allocation request (PAAR).

TB/HIV collaborative activities that were significantly strengthened in the NFM3 with the expansion of the one-stop shop in 94% (1944/2071) of treatment and diagnostic centres (CDTs) will be maintained. By 2026, implementation of this strategy will allow 95% of HIV cases to be tested, at least 95% of co-infected patients to be put on antiretrovirals and co-trimoxazole, 100% of people living with HIV to be actively tested for TB, and up to 95% of New HIV cases to be put on TB preventive treatment (TPT) by 2026. Analysis of

this data shows gaps at all levels of the cascade. The interventions proposed by the two programs aim to reinvigorate joint and collaborative activities between the National TB Control Program (PNLT) and the National AIDS Control Program (PNLS) at the national and provincial levels, in order to continue expanding the one-stop shop in health zones with the implementation of activities to strengthen the capacity of providers in health care institutions (coaching, formative supervision, etc.). This explains the implementation of enhanced and/or innovative activities in the treatment and diagnostic centres (CDTs) or the community with the aim of hoping for improved performance of the implementation of the HIV/TB theme.

In terms of TB/HIV and human rights and gender, the DRC has a law protecting the rights of people living with HIV, affected people and vulnerable groups that dates back to 2008; it was revised in 2018. However, the use of and access to HIV-TB services for the target groups by the target groups (people living with HIV, Key Populations, Adolescents and Young Women, TB Patients, etc.) remains limited due to discrimination, stigma and inequalities. Indeed, according to the report of the 2019 stigma index survey report, which remains current, stigma and discrimination among men who have sex with men is still generally observed as 70% were stigmatized by a member of their own family and 50% were afraid to seek treatment because of their status.⁶ To address gender and human rights challenges comprehensively, the DRC has developed a HUBs approach (see annex) and a five-year plan exists to serve as a policy and planning framework for gender and human rights actors.

In the field of TB, there is a detection gap of 31% which represents the missing persons affected by TB. To remedy this situation, 150 civil society actors in 10 Provincial Health Divisions were trained in advocacy and they made a total of 29 pleas. Capacity-building for 50 TB educators and mentor mothers, including 40 people living with HIV, was also carried out. The One Impact tool was used to provide community-based surveillance through the training of patients undergoing treatment as well as providers in 3 provinces.⁷ A steering committee of the Gender and Human Rights Hub was set up to collect data and ensure legal and judicial care for victims of discrimination, stigmatization or gender-based violence in the context of TB and HIV.

For the GC7, it will be a question of strengthening the quality and effectiveness of the interventions in the Hubs and expanding coverage through the establishment of two other hubs in the second year of the grant and two more in the third year because of the vast size of the country. In the meantime, activities will be implemented to update the study on the evaluation of the legal environment and thus initiate evidence-based procedures to reform harmful laws, policies and practices through lobbying authorities and parliamentarians, integrating TB aspects in a more pronounced and clear manner, and placing key and vulnerable populations and communities at the center. Community empowerment will include capacity building and the deployment of patient education campaigns.

⁶ 2017 Key Population Mapping and Size Estimate Survey conducted in 12 provinces

⁷ Mbujimai, Kwilu and South Kivu

Section 5. Strategic Focus Areas

Section common to all 3 applications submitted by the DRC CCM for 2023-2025 (except 5.G)

The Global Fund has approved a new Strategy. Explain whether program design, implementation arrangements and budget need to adapt to fulfil the following Strategy objectives:

Strategy objectives	Already addressed within the current grant(s)?	If further effort/adaptation is needed in the 2023-2025 allocation period: summarize here
A. Maximize people-centered integrated systems for health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partly	<p>The DRC continues to work on integrating services to make access to care for patients as simple and inexpensive as possible:</p> <ul style="list-style-type: none"> - Since the NFM2, significant efforts have been made to ensure the effective integration of HIV and TB services to patients, with the introduction of the one-stop shop. The latter allows patients to obtain services in the same health facility, and at lower cost. This was combined with a revision of the reporting tools of the National Program for Reproductive Health (PNSR) where the HIV variables to be captured for prevention of mother-to-child transmission were integrated. For community care sites, this grant is intended to integrate TB services (with screening for signs of TB and referral to the testing center) and HIV services with rapid testing and even self-testing, and referral to the care site. - The RHSS grant has, since 2020, invested in an integrated package of community relays which covers IMCI and the 3 pandemics. The formation of the RECOS and their actions are now cross-cutting, as well as the community-led monitoring, set up in 3 provinces (Maniema, Kinshasa and Kongo central) targets the 3 pandemics, and beyond the services offered to the FOSA level. - The National AIDS Control Program (PNLS) also includes funding for the joint establishment of a referral system with the Blood Transfusion Program to track suspected HIV positive cases among blood donors on the first test, blood transfusion units to testing sites, and HIV case management (the tests are provided by the CNTS). - In the area of monitoring and evaluation, work will continue and be completed to integrate the data produced by the Community actors into their work with the target population. This is important work, to which the Directorate of the NHIS has already committed, and will provide valuable additional information on the health status of the population, as well as on the activities of community care sites and community-based organizations. - The grant continues the work of establishing community-based care sites, which provide maternal and child health and malaria care to patients living in rural areas and more than 5 kilometers away. - In addition, the efforts initiated during this cycle will be continued to better understand the characteristics and determinants of access to care for the most vulnerable and marginalized populations and to propose activities adapted and commensurate with their expectations: <ul style="list-style-type: none"> - The malaria program had begun a stratification approach by type of vulnerability as part of NFM2 cycle, and then intensified it. In this context, the actors carried out an assessment of the degree of vulnerability of the groups considered to be the most marginalized or fragile in the country. These include populations affected by epidemics, internally displaced people and refugees, minority populations (pygmies), prison populations,

		<p>street children and children in vulnerable situations (orphans and vulnerable children, women in vulnerable situations, and artisanal mining populations. For all of these populations identified as vulnerable, a more detailed examination of specific barriers is conducted, such as: socio-cultural barriers, barriers related to low availability of health services, and geographic barriers. Specific approaches to reaching them have been developed in response to this needs assessment and preliminary results of the MATCHBOX survey:</p> <ul style="list-style-type: none"> - Community-based intermittent preventive treatment (TPI) for Pygmies and pregnant women (extension of the TIP TOP project: Transforming Intermittent Preventive Treatment for Optimal Pregnancy), which allows for administration of intermittent preventive treatment (TPI) at the community level (a pilot project for which the WHO is awaiting evidence) while encouraging women to visit a health facility (FOSA) for full pregnancy follow-up. - For the prevention and care of street children, the program will involve associations for children in vulnerable situations: (OEV: Orphans and Vulnerable Children) for assistance for case management through health centers. All stakeholders will benefit from a free enhanced care session on caring for street children; focal points at the association level will benefit from training and input for the care of street children. Lastly, the aid associations will receive financial and technical support to carry out an information, education and communication activity among street children on the availability of services for the prevention and management of severe malaria in prison settings; it is envisaged to review the technical platform of health facilities (FOSAs) and, finally, for artisanal miners, the mobile Recoversites will be used - The TB grant provides for the mapping of vulnerable populations (indigenous populations, refugees/internally displaced) and the implementation of screening activities with digital radiography. It will also implement community-based directly-observed treatment to prevent patients from having to travel daily to health facilities (FOSAs), with the cost and stigma they often face. - HIV activities are also largely guided by a focus on taking into account the specificities of patients, and offer many actions that put them at the center. Certain segments, in particular key populations, pregnant women and newborns, are considered by the program to be top priorities for the GC7, hence the revitalization of community activities or the implementation of additional approaches: <ul style="list-style-type: none"> - The grant will revitalize community-based activities (mentor mothers), develop differentiated approaches to the delivery of antiretrovirals in groups of HIV+ pregnant women, provide weekly follow-up of HIV+ cases to benefit from antiretrovirals, provide coaching and monitoring in high-loss Provincial Health Divisions,
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		<p>and build capacity for high-loss health care facility providers.</p> <ul style="list-style-type: none"> - Counseling activities and the establishment of community listening and exchange clubs make it possible to learn about the problems faced by people affected by HIV, and to adapt the services offered to them to the greatest extent possible. - Lastly, the program also proposes specific approaches for certain vulnerable groups: <ul style="list-style-type: none"> - Support for mechanisms to strengthen links to health facilities (FOSAs) for refugees, migrants and internally displaced persons diagnosed with HIV+ or Tuberculosis in the community (referrals, support, compensation...) in the 10 Provincial Health Divisions affected by conflict or insecurity. - Support for mechanisms to strengthen ties with miners and members of the mining community tested during the advanced strategy using mobile units, the community and care structures (referrals, support, compensation...) in the 10 Provincial Health Divisions with intense mining activity. - Active TB screening campaigns in slums were also conducted as part of the current cycle through Digital Radiography and will continue as unsanitary neighborhoods provide fertile ground for the spread of TB.
B. Maximize the engagement and leadership of most affected communities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partly	<p>The engagement of the most affected communities continues with this grant. Communities, in all their forms, are heavily involved in expressing needs, delivering services, ensuring continuity of care, and monitoring health services. To this end, the grant provides for a number of activities to strengthen and support community players:</p> <ul style="list-style-type: none"> - All community engagement activities funded through the Health System Strengthening (RSS) grant contribute to strengthening civil society actors, whether they are community relays (RECOS) chosen from villages and neighborhoods, peer educators, or members of community-based organizations. <p>With the NFM3 grant, community engagement and leadership activities began through the revitalization, establishment and strengthening of community participation structures (community activity coordinators (CACs) and health area development committees [CODESAs]) and civil society actors. Civil society is involved and works closely with community participation bodies (CACs at village/street level and CODESAs at health area level, these structures report weekly to the Health Center team for good coordination and community monitoring of activities to ensure the transmission of valuable information on the health status of the population to ensure quality care. The involvement of the community and its leadership in satisfaction surveys for users and their support persons is a key illustration of this, not to mention the suggestions it makes through the suggestion box.</p> <ul style="list-style-type: none"> - However, in order to leave no one behind, it has proved important to involve

other civil society actors in the intelligence, design and execution of high-impact interventions that can empower their roles at the local level. This allocation will include activities to map civil society organizations, networks and platforms, their institutional and organizational enhancements and their structuring into more inclusive platforms. This will allow for meaningful participation in decision-making and will benefit implementation and intervention monitoring in a consensual and inclusive approach. This good coordination of community actors will make it possible to use evidence-based advocacy with health and politico-administrative authorities to address the persistent barriers to health care related to HIV, malaria, COVID-19 and other health problems of the most affected populations.

- **In the delivery of services and the links with care**, many structures are present and work:
 - **Community Relay (RECOs) Provider** or Recosites are responsible for screening and treating patients with uncomplicated malaria fever. They are make the link with health facilities (FOSAs) for complicated malaria. They collect sputum from patients with signs suggestive of TB, refer suspected cases to health facilities (FOSAs) for screening and, if needed, initiation of treatment, and support them in community-based directly-observed treatment. They receive training, have basic equipment to work with (thermometers, scales, blood pressure equipment, rapid malaria tests, spittoons and packaging), and are supervised by a nurse. They participate in the various existing community platforms (community activity coordinators (CACs) and health area development committees [CODESAs]) and link the communities to the first level health facilities (FOSAs).
 - **There are many peer educators:** mentor mothers (who support pregnant women during pregnancy and after childbirth to screen and treat newborns), key peer educators, prison workers (selected from among detainees), internally displaced people (PDIs) and refugee camps, mines, miners and their families. In addition, the installation and expansion of antiretroviral distribution points (PODIs) ensures community distribution in a user-friendly setting, where people living with HIV are welcomed by their peers, counseled and participate in discussion or support groups.
 - **Actions with specific key groups** have already begun during this cycle and will be intensified in GC7, due to the concerning figures emerging from the bio-behavioral study (IBBS), including access to information, prevention, stimulating demand for the use of pre-exposure prophylaxis, adherence support, and linking to care facilities.
- **In community-led monitoring**, there are now 3 ways to monitor the accessibility and quality of health services available to the population:
 - One Impact, implemented by Amis Damiens, for community monitoring in the field of tuberculosis in 5 provinces (Kongo Central, Kinshasa, La Tshopo, Kasai Oriental, Kwilu and South Kivu)

		<ul style="list-style-type: none"> - The Observatory managed by the Congolese Union of People Living with HIV (UCOP+), which monitors HIV and tuberculosis activities in three provinces (Kinshasa, North Kivu and Kasai Oriental) - Community-led monitoring in Maniema with Fondation Femmes Plus, and in Kongo Central and Kinshasa with CNRSC. It integrates the 3 pathologies and supports in Maniema, as well as pilot and direct funding for health training. <p>In addition, communities are engaged in health product supply processes and exercise leadership in monitoring drug availability in health facilities (FOSAs) and community care sites. Indeed, no delivery of medicines can take place at the peripheral level without the Community Representative (CAC). A representative of health area development committees (CODESA) participates, in theory, in the data monitoring meetings, but they do not yet participate in the meetings of the Working Group on Medicinal Products.</p> <p>It is planned to improve this situation in GC7, with systematic participation of a CAC member in the monitoring meetings and in the meetings of the Working Group on Medicinal Products. On the one hand, this participation will allow the community to have a better view of their health problems and the way they analyze them. In addition, it allows for feedback to community platforms (CAC and CODESA) on the health of its population and the emergencies to be addressed.</p>
C. Maximize health equity, gender equality and human rights	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partly	<p>The issue of equity, gender equality and human rights is multi-dimensional and remains a challenge in the DRC. Efforts have been made in previous rounds, and there are now a number of important documents in this area in order to make a diagnosis of the situation: evaluation of the legal framework for the response to HIV, the stigma index of key populations and of people living with HIV and persons affected, gender-specific evaluation of the HIV-tuberculosis response, rapid evaluation of the tools of key populations of tuberculosis in the DRC, etc.</p> <p>On human rights:</p> <p>Despite all this legal arsenal, people living with HIV, TB patients, survivors of gender-based and sexual violence, and key populations and other vulnerable groups still face barriers to accessing HIV-and TB-related health rights, and other related services due to misinterpretation of certain legal texts and cultural and religious weight. Progress was made during this cycle, which will be continued under GC7:</p> <ul style="list-style-type: none"> - With the current round of funding, the country has developed an integrated guide on fighting stigma, discrimination and human rights in healthcare and community settings. The next allocation will include operationalization of the HIV/TB guide to combat stigma, discrimination and respect for human rights in healthcare settings, capacity building for peer educators to combat self-stigma for health promotion, well-being and non-discrimination, discussion sessions on attitudes and practices of discriminatory and stigmatizing acts and behaviors for public and private health facility (FOSA) providers, legal clinics, victims of violence, key populations, TB patients and vulnerable rape survivors; - The TB program includes several core activities to elicit evidence of discrimination against people affected by TB: <ul style="list-style-type: none"> - Assessing TB stigma across all sectors (public and private) with the Stop TB

- tool and developing the Operational Plan to Address TB Stigma;
- The study on TB stigma in the community, health, mining, labor, law and justice sectors (police, prisons, military);
- Support for grassroots associations of former TB patients and key vulnerable TB populations
- Funding of TB paralegals and monitoring of quality of services by the TB community

In addition, citizen monitoring and satisfaction-reporting approaches will be put in place to combat stigma and discrimination, such as suggestion boxes in health facilities (FOSAs), abuse reporting software, and the use of the “mystery shopper” to assess the quality of HIV/TB care in health facilities (FOSAs).

On gender and equality in grants:

When considering and preparing funding requests, stakeholders asked themselves how men and women are affected by the three diseases, how they have access to information, services, resources to cover health expenses, what role they play in the home to promote health...

For the Health System Strengthening (RSS) grant, several interesting reflections emerged and are listed here:

- **In the field of community systems:** Community participation during NFM3 involved a minimum of 30% female participation. However, the equity, gender and human rights aspects were not sufficiently developed. Thus, for the next allocation plans include influencing the country's policies in this area by integrating into the community participation manuals the different training modules and tools, as well as aspects related to gender and human rights. Evidence from community-led monitoring on gender and human rights will serve as a basis for advocacy with authorities and decision makers to remove barriers related to inequalities in care for all vulnerable populations (LGBTI+, sex workers, injection drug users, pregnant women, children under 5, persons with disabilities, etc.). In addition, community activity coordinators and other civil society actors trained on the topic will carry out activities to promote respect for equity, gender equality and human rights for all and by all.
- **For human resources:** health equity was discussed as socially acceptable care requires this gender reflection. Data available to date show that male staff make up 59% of the total workforce, while female staff make up 41%. Satisfaction surveys and feedback from community-led monitoring indicate that this is a barrier to the use of services, particularly for prenatal consultations of pregnant women. The activities of the human resources for health module take this issue into account in two ways: on the one hand, during rationalization, considering whether male staff are acceptable for certain positions will be discussed and, if possible, equally skilled female staff will be encouraged. The same is true of positions of responsibility, whether administrative or medical, since today, of the 41% of women, the majority are in the lowest socio-professional categories. On the other hand, the training modules on primary health care

		<p>will be reviewed with the help of a gender specialist from the gender unit at the Ministry of Health, in order to introduce the issue of gender equality in relation to illness and care.</p> <ul style="list-style-type: none"> - In the field of laboratories, the RESOH Laboratory project co-financed by AFD and the Global Fund includes a gender component. At the end of the intervention, the RESOH-LABO project will have achieved the following results: <ul style="list-style-type: none"> • Women are integrated into the governance of laboratories and of surveillance systems; • Accessibility to quality medical biology examinations is improved, in particular for women • The surveillance system is reinforced and reactive in a One Health strategy; the integration of gender data allows the organization of a more targeted and socially relevant response; • Cross-biomedical and socio-anthropological knowledge of the risks and social determinants of endemics and epidemics is strengthened and used in the context of public policies. - With respect to the National Health Information System (SNIS) and the strategic use of data disaggregated by sex and age, the Directorate is committed to refining its disaggregated data as much as possible, particularly for adolescents, who are at a critical age for fighting new infections. In addition, when revising the format of data monitoring meetings at the health zone level, there are plans to include questions on gender analysis and corresponding epidemiological data. This will allow for a real reflection on the concerning data on maternal mortality, new HIV infections, which are twice as high among girls and women, and gender-specific data on cardiovascular diseases, which predominantly affect women. Likewise, data on violence against girls and women (including sexual violence) are not systematically reported, and so an effort will be made to systematically review the subject in meetings; in addition, providers and area head doctors will be made aware of the importance of providing information on this indicator to assess the extent of the phenomenon. This is a necessary prerequisite for effectively addressing sexual violence, which is a major vector of HIV and the transmission of sexually transmitted infections, as well as serious trauma and family rejection, especially when associated with unintended pregnancies. Lastly, some indicators related to gender equality and respect for human rights are being identified for inclusion in the District Health Information System (DHIS2). It will certainly take time, training and awareness-raising for data on them to be provided and analyzed, but this is a major issue of visibility of the issue and of its consideration for an institutional response, and no longer just a one-off action by civil society actors. - For all 3 programs, gender mainstreaming is an obligation, as socio-economic and cultural determinants influence the health status of girls and women, and guide their behavior in protecting their health and seeking care. There are many peer educators who work with women: mother mentors, women's associations, particularly the civil
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		<p>society actors who develop communication strategies to raise awareness among women about infant and child health, the importance of proper use of mosquito nets, hygiene and prevention of diarrhoeal infection, community relays (RECOs), especially female, to look for women who do not attend antenatal consultations for administration of community-based intermittent preventive treatment (TPI), even though women were not found to be reluctant to disclose their non-apparent pregnancy to male relays during the TIP TOP pilot.</p> <ul style="list-style-type: none"> - The HIV/TB grant has identified, through various studies, regular violations of the rights of adolescent girls and young women and foresees training for women, adolescent girls, young girls and key populations on knowing their rights for equitable access to HIV and TB services (school and out-of-school) in the 8 Hubs. It also provides for numerous awareness-raising activities on the issue of sexual violence, accompanied by a referral system to medical and psychosocial care facilities. - The TB program has included an indicator for the GC7 grant on the proportion of men and women among patients screened and treated. Monitored regularly, this indicator will provide information on further efforts to achieve equitable access to services for men and women. - Finally, to address the fragmentation of the Provincial Health Division (DPS) funding system, the Ministry of Health has introduced the coordination approach to supply chain investments and interventions. See Annex: Health Financing Mapping Report (second half of 2022) <p><i>In terms of equity:</i></p> <p>It should be noted that equity has been a difficult topic in the current cycle: in the HIV response, and due to lack of resources, the targets to be met with the provision of HIV testing have been restricted to pregnant women in 15 so-called priority provinces, and pregnant women in the remaining 9 provinces have not benefited from this service. The same is true for key populations attending the 25 drop-in centers, TB patients and contacts of HIV+ cases (in Global Fund Provincial Health Divisions [DPS FM]). This situation has created a lot of frustration in the sector and in the community, and this new subsidy must avoid these situations of inequity as much as possible.</p> <p>For its part, the TB program has committed to providing information on two indicators of equitable access to treatment for miners and prisoners.</p>
D. Pandemic Preparedness	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially	<p>Since the outbreak of COVID-19, grant-makers from the DRC Global Fund have worked hard to adapt programs to new outbreaks that would disrupt routine testing and care. Mitigation plans have been developed to adapt activities and ensure continuity of care in case of disruptions such as partial lockdowns, border closures or difficulties in accessing health facilities (FOSAs). For example, programs have put in place measures such as door-to-door distribution of mosquito</p>

		<p>nets, delivery of multi-month antiretrovirals, community-based directly-observed treatment and Visio for patient follow-up in the next cycle..</p> <p>Similarly, the National Access to Medicines Program (PNAM) developed its strategic plan for emergency procurement, which did not exist before. On the one hand, it describes the role played by the National Access to Medicines Program in preparing for and meeting the needs of medicines linked to certain recurrent epidemics (cholera, yellow fever, Ebola, measles,...) and in pre-positioning kits in the most frequently affected Provincial Health Division (DPS).</p> <p>In terms of the information system, the Ewars system has been and will continue to be strengthened as it has proven its usefulness in the timely reporting of epidemic events, and interoperability with (District Health Information System (DHIS2) is being achieved.</p> <p>The pandemic preparedness and response actions introduced in the Health System Strengthening (RSS) request are in line with the DRC's PANSS, and prioritize WHO-recommended Integrated Surveillance for Infectious Diseases and Response (SIMR) training, the establishment of the National Center for Epidemiological Intelligence and its provincial versions, and community-based surveillance, delivered by community relays (RECOs) and selected community actors (these activities have been placed in the PAAR pending funding from the remaining available 2022 envelopes)..</p> <p>The significant laboratory scale-up to prepare the country to develop a provincial network of public health laboratories capable of detecting outbreaks and providing a decentralized service to avoid COVID-19 saturation, which was initially diagnosed only in Kinshasa, and genomic sequencing capacity in the provinces. The national health security action plan provides for these investments in the field of the laboratory system (under the leadership of the DLS) in particular those related to one Health, a vision in which projects such as RESOH Labo and REDISSE, and the fight against antimicrobial resistance (AMR) under the leadership of ACOREP.</p> <p>Lastly, it is worth noting the creation of the National Coordinating Council for the Management of Epidemics, Emergencies and Complex Disasters, which is the framework for consultation and decision-making placed under the authority of the Prime Minister, and that of the National Institute of Public Health (INSP) (Ordinance-Law No. 23/009 of 3 March 2023 amending and supplementing Law No. 18/O35 of 13 December 2018 laying down the fundamental principles relating to the organization of public health). Its main tasks are:</p> <ul style="list-style-type: none"> - Ensure the implementation of specific interventions to reduce risks and respond to the occurrence of public health problems, epidemics, disasters and public health emergencies of national or international concern - Mobilize national and international expertise to support efforts to address the adverse effects of epidemics, disasters and public health emergencies; - Ensure the implementation of the International Health Regulations in the Democratic Republic of the Congo; - Provide the technical secretariat for the National Coordinating Council for the Management of Epidemics, Emergencies and Complex Disasters
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<p>E. Sustainability</p> <p>Are there major challenges to the sustainability of the national response?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Partially</p>	<p>The sustainability of the response goes far beyond the issue of funding from the Global Fund, and this section provides elements that are not guarantees, but rather outlines policy, operational, and financial efforts to ensure services continue beyond Global Fund funding.</p> <p>Institutional sustainability: The 3 disease response programs are strong interlocutors today able to produce strategic plans with a budget and mobilize resources from partners such as the Global Fund, but also USAID, Pefar, Japan International Cooperation Agency (JICA), Canadian Co-operation, Expertise France and the French Development Agency (AFD).... They have well-trained staff at the central level and focal points in each Provincial Health Division, namely the program physicians. Thanks to funding over the past 20 years, pandemics are a priority in the National Health Development Plan, and strong markers of the health of the country.</p> <p>Operational Sustainability: The Global Fund has secured funding to fight the three pandemics for 20 years. Its steadiness has created strategic and operational capacities that will last beyond the funding of an external donor. Strategic plans, therapeutic protocols and training providers are all intangible wealth created over the years of the response. They will last beyond funding from the Global Fund.</p> <p>Financial sustainability: The issue of financing health in the DRC is critical, and all the actors involved in the fight against the three pandemics have repeatedly reminded the State of its duty to put at the service of the Congolese people a resilient, sustainable health system accessible to the poorest. On the positive side, the Congolese state has respected its co-financing commitments for several rounds.</p> <p>On the other hand, the lack of investment in the system in general is regrettable. 90% of the funds are used to pay staff salaries, which are not even 100% covered. As for the rest, provincial health divisions need to rely on the support of partners to implement health activities. When a project is stopped, as was the case for Nord Ubangi (whose support from FCDO has stopped), health services operate with their own resources at a minimum. In Kinshasa, apart from funding for salaries, all services are funded by technical and financial partners. The recent commitments that the Head of State has made to the population on establishment of universal health coverage (CSU), one of the flagship components of which is currently free childbirth, require much more government funding, hence the promulgation of the recent law explained below.</p> <p>For the 3 diseases, additional funding from the Ministry of Health does not cover the gaps identified:</p> <ul style="list-style-type: none"> - For malaria, the budget allocated by the Congolese government was 2018 (\$33,000,733), 2019 (\$41,133,546), 2020 (\$37,693,212) and 2021 (\$41,733,352). This represents an annual average of 37,275,830. It is expected that the State will allocate for the next grant (NFM4) 239,041,078 in 2024, 298,970,904 in 2025 and 291,948,604 in 2026. - The table of matching funds shows that the Congolese government honors the payment of salaries and bonuses, as well as some infrastructure rehabilitation, but all the rest is
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		<p>borne by the technical and financial partners (PTFs), making the amounts allocated by the Global Fund indispensable and not very long-lasting.</p> <p>Recent decisions to implement universal health coverage should provide additional resources to the Ministry of Health. This is the meaning of the Ordinance-Law cited above, which establishes the Health Promotion Fund, a public administrative and financial institution with legal personality and management autonomy, to support the national health system. Its tasks shall be to:</p> <ul style="list-style-type: none"> - finance health infrastructure projects, medical equipment and promote local production of specific medicines and inputs; - fund the promotion of traditional medicine; - fund the supply of essential medicines, including contraceptives, vaccines and other public health inputs; - fund health sector governance, planning, and human resources for health development; - subsidize health and pharmaceutical service and care establishments. <p>The Health Promotion Fund is financed in particular by public funding and the contribution of communities, national and international solidarity, investments, authorized partners and a proportion of contributions to the compulsory health insurance scheme as well as by innovative financing. Innovative financing includes a share of mining royalties allocated to the central government, a health promotion tax set at 2% of the cost, insurance and freight value of imported goods, and a share of excise duties levied on unhealthy products, including tobacco, alcoholic, energy and sugar-sweetened beverages, and telecommunications.</p> <p>Great hopes are pinned on this reform, which should provide the health sector with domestic funds to support the roll-out of the roadmap for universal health coverage (CSU).</p>
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F. Domestic Funding and Resource Mobilization

Status of 2020-2022 matching funds commitments for TB, HIV and malaria: Each year, the Democratic Republic of Congo submits the nationally agreed public health expenditures agreed upon with the Global Fund, in accordance with Letter No. 2930/CAB/MIN/Finances 2020 and Letter No. 1250 /CAB/MIN/S/ /DC/ 2020 of December 4, 2020 on the commitment of the Democratic Republic of Congo to Global Fund Project Matching Funds for the 2021-2023 implementation period.

The table below shows the evolution of the Congolese government's financing of public health spending that is linked to all health sector interventions.

Table 1 Evolution of State funding from 2018 to 2022

Indicators	2018	2019	2020	2021*	2022	Source
Budget allocation in million FC						
State budget allocated to the Health Administration	681,715	1,026,734	939,391	1,649,609	1,727,511	ESB-Min Budget
State budget allocated to the Health Function	761,581	1,056,323	981,182	1,709,860	1,766,121	ESB-Min Budget
Overall State budget	8,927,876	9,604,891	9,788,533	15,331,382	20,408,331	ESB-Min Budget
% of the State budget allocated to the Health Administration	7.64%	10.69%	9.60%	10.76%	8.46%	
% of the State budget allocated to the Health function	8.53%	11.00%	10.02%	11.15%	8.65%	
Budget implementation in million FC						
Implementation of State budget allocated to the Health Administration	420,768	573,085	635,916	874,746	524,850 ⁸	ESB-Min Budget
Implementation of State budget allocated to the Health function	508,835	603,622	658,746	922,403	577,206	ESB-Min Budget
State budget allocated to health administration implementation rate	61.72%	55.82%	67.69%	53.03%	30.38%	
State budget allocated to the Health function implementation rate	66.81%	57.14%	67.14%	53.95%	32.68%	
Expenditures in USD million						
Public Health Expenditure	234.85	301.31	341.70	347.12		ESB-Min Budget
Transfers from national revenues of the Public Administration (allocated to Health) (FS1)	223.56	271.54	307.89	302.86		NHA-DRC
Overall Government Expenditure	3,492.43	4,825.46	4,011.86	5,955.10	4,721.01	NHA-DRC
Public expenditure on health as % of total public expenditure	6.72%	6.24%	8.52%	5.83%		NHA-DRC
Transfers from national revenues of the public administration as % of total public expenditure	6.40%	5.63%	7.67%	5.09%		NHA-DRC

Source: Mini Budget/ DGPSB, ESB for 2018-2022 and MPHHP/NHANP NHA Report 2018-2021-DRC
NHA 2021*; are provisional data not yet validated

The 2021 public health expenditure comes from the analysis of the DRC-National Health Accounts, and the 2022 data are those reported up to 31 October 2022 on the implementation of the State budget for the 2022 budget year.

The table below shows the efforts made by the Democratic Republic of Congo to maintain the level of public health spending recorded for the three diseases in 2018-2020 and its increase.

Table 2 Evolution of Government health expenditure on remuneration and Health System Strengthening (RSS) for the 3 diseases

Diseases	Delivery Factors	2018	2019	2020	2018-20		2021	Sources
					Total	Annual average		
HIV	Remuneration	28,928,189	37,015,653	36,899,010	102,842,852	34,280,951	40,591,569	Global Health Expenditure Database (GHED) (2018 & 2019) / Report on GHED (2020)
	Other ^[1]	2,350,126	2,253,290	1,866,631	6,470,047	2,156,682	1,406,492	
	Subtotal	31,278,315	39,268,943	38,765,641	109,312,899	36,437,633	41,998,061	

⁸ ESB_MIN Budget, from ¹ January to 31 October 2022

TB	Remuneration	936,010	1,167,891	1,132,862	3,236,763	1,078,921	1,326,882	Global Health Expenditure Database (GHED) 2018 and 2019/GHED Report (2020)
	Other	148,253	218,021	282,897	649,171	216,390	159,830	
	Subtotal	1,084,263	1,385,912	1,415,759	3,885,934	1,295,311	1,486,712	
Pal	Remuneration	27,529,312	36,065,402	34,570,670	98,165,384	32,721,795	38,268,098	Global Health Expenditure Database (GHED) (2018 & 2019) / Report on GHED (2020)
	Other	5,471,421	5,068,144	3,122,542	13,662,107	4,554,036	3,465,254	
	Subtotal	33,000,733	41,133,546	37,693,212	111,827,491	37,275,830	41,733,352	
Health System Strengthening (RSS)	Health and Social Development Plan (PDSS)	110,703,091	127,110,293	158,191,787	396,005,171	132,001,724	120,784,703	https://projects.worldbank.org/en/projects-operations/project-detail/P147555
	COVID-19	0	0	10,089,386	10,089,386	3,363,129	28,679,178	https://projects.worldbank.org/en/projects-operations/project-detail/P173825
	National Blood Transfusion Center (CNTS)							
	Subtotal	110,703,091	127,110,293	168,281,173	406,094,557	135,364,852	149,463,881	
Total		176,066,402	208,898,694	246,155,785	631,120,881	210,373,627	234,682,006	

The table shows that total public health spending by the Congolese government from 2018 to 2020 is USD 631,120,881, or an average of USD 210,373,627 per year. It can be seen that for this category of public health expenditure, the DRC expenditure amount in 2021 was 234,682,006.

As for **phasing in key programmatic costs**, the DRC has committed to purchase USD 12.9 million in inputs for the three diseases over the 2021-2023 period. The inputs specified in the letter of commitment are antiretrovirals, rapid HIV tests, GeneXpert equipment and/or cartridges, components of the CCM (integrated community care) package, long-lasting insecticidal net (LLINs) (notably for the Kinshasa 2023 campaign), adult Artesunate for injection (120 mg). For example, the table below shows the Congolese government's public health commitments and expenditures in the procurement of specific inputs for the three diseases over the period 2021-2022.

Table 3 commitments and purchases of specific inputs for the 3 diseases from 2021 to 2022

Program	Type of input	Amount committed by the Treasury			Amount with all supporting documents*	Amount remaining to be posted	Supporting documents ⁹	
		2021	2022	2023			Purchase Order or Invoice	Delivery note
HIV	HIV rapid tests	843,245	-	0	843,245.00	0.00	Yes	Yes, delivery note dated 2022
	03 Screening tests, determines, statpak, unigold, Purchase of INPUTS for viral load as well as Lab and Biology equipment and materials	-	3,342,408	0	3,342,808.00	0.00	Yes	Yes
	Molecular for Kindu and Mbuji-Mayi			0				
	S/Total	843,245	3,342,408	0	4,185,653.00	0.00		
TB	Reactive Purchases, Specific Laboratory Inputs and Consumables	522,000	-	0	522,000.00	0.00	Yes	Yes
	Drugs procurement		800,000	0	800,000.00	0.00	Yes	NO
	GenExpert and Cartridges	359,184		0	359,183.80	0.00	Yes	
	Microscopes		400,000	0	400,000.00	0.00	Yes	NO
	S/Total	881,184	1,200,000	0	2,081,183.80	0.00		
Malaria	Artesunate Injection Adult 120 mg		2,268,000	0.00	0.00	2,268,000.00	No	No
		0	0	0	0.00	0.00		
	S/Total		2,268,000		0.00	2,268,000.00		
Grand Total		1,724,429	6,810,408	0	6,266,836.80	2,268,000.00		

The total amount of government expenditures related to matching funds commitments for the purchase of HIV/AIDS, TB and Malaria inputs is USD 8,534,836.80, of which USD 6,266,836.80 has the required documentation and USD 2,268,000.00 of which does not yet have the required documentation, i.e. a cumulative compliance rate of 66% of inputs. However, it should be noted that for 2022, some procurement

⁹ To validate an expenditure incurred for the purchase of inputs, the Global Fund requires 2 types of supporting documents: (1) a purchase order, contract or invoice with the input types and the monetary value of the order; and (2) a delivery note. The expenditure is then validated for the year of the commitment

contracts for inputs and equipment for malaria, tuberculosis and HIV/AIDS are underway (inputs are being delivered). Upon completion of the delivery of all inputs, supporting documentation will be shared with stakeholders.

In general, the 2023 matching funds commitments will be honored because the amounts of the Global Fund projects' counterparts are entered in the budget lines of the Finance Law for each fiscal year.

National funding and resource mobilization for TB and HIV components for the 2023-2025 allocation period:

The Congolese Government, in the budget law for each year's budget year, allocates lines of appropriations for matching funds for the TB and HIV components. In addition to financing from the State budget, the Government has come to an agreement with the International Monetary Fund (IMF) in its budget support, specific lines of credit for the purchase of inputs related to the fight against TB and HIV/AIDS. In addition to paying TB and HIV/AIDS health workers, the government also funds other interventions:

- TB component: operating costs, purchase of laboratory reagents, inputs and consumables, purchase of anti-tuberculosis drugs, GeneXpert machines and cartridges, as well as biomedical equipment such as microscopes, free treatment for tuberculosis patients, support for the celebration of National Tuberculosis Day (NTD), and rehabilitation/construction of treatment and diagnostic centres (CDTs/treatment centres (CTs))
- HIV component: Purchase screening tests, viral load inputs, laboratory equipment and materials and molecular biology for Kindu and Mbuji-Mayi, free care for people living with HIV/AIDS, construction and rehabilitation of health facilities (FOSAs) for HIV/AIDS care, integration of HIV/AIDS into primary health care activities at the level of Hospitals and Health Centers.

Health expenditure tracking and reporting mechanisms used: As for the monitoring and reporting mechanisms used, the National Program of National Accounts of Health, which is a specialized unit of the Ministry of Public Health, Hygiene and Prevention, is the National Focal Point for regular quarterly monitoring of public health expenditures and reports all financial information including the reconstitution of supporting documents related to all expenditures through the mechanisms put in place.

Planned measures to address remaining funding gaps in the TB and HIV components: As regards the measures planned to address the remaining funding gaps in the fight against HIV/AIDS, the Congolese Government has come to an agreement with the International Monetary Fund (IMF) in its budget support, on specific lines of credit for the purchase of inputs of the TB and HIV components. In addition, lines of credit are entered in the Finance Act for each fiscal year. A number of headings are included, such as operating subsidies, remuneration, economic and social interventions, purchases of specific inputs, etc.

G. Program Essentials

In the DRC, apart from the core element of the circumcision program, all other elements have been achieved. However, some key elements of the TB and HIV program are below 50% achievement and are summarized by component in the table below.

Key area of program focus	Reasons	Improvement Strategy
Tuberculosis Component		
1. Routine screening for TB is offered to those most at risk (key and vulnerable populations), including chest x-ray with or without computer-aided detection (currently recommended for people 15 years of age and older).	Screening for TB using chest X-ray with or without computer-aided detection has been initiated in some key and vulnerable populations but coverage remains insufficient. The use of the Xpert stool testing to strengthen diagnosis in children (particularly those under 5 years of age) has not yet been implemented in all treatment and diagnostic centres (CDTs), resulting in missed opportunities in health services. Information on the burden of TB in key and vulnerable populations remains insufficient. TB interventions (awareness and stigma, advocacy, testing and diagnosis, care) for refugees/internally displaced people (IDPs), prisoners, miners and populations living in precarious neighborhoods/slums in major cities need to be strengthened.	<ul style="list-style-type: none"> -Expansion of the Quality Approach (QAP) which will be expanded in Kinshasa and two new Provincial Tuberculosis Control Coordination Offices (CPLTs) in 2023 and in the eight major cities of the DRC, for a total of 400 covered health facilities (FOSAs) under GC7. This approach allows for systematic testing of TB facilities for all health care seekers, including children and adolescents, and for the quality of the TB cascade. - Increase the number of screening campaigns with X-ray and computer-aided detection targeting key and vulnerable populations - Apply the first-line molecular diagnostic algorithm in all treatment and diagnostic centres (CDTs) with GeneXpert and TrueNat devices -Enhance detection in prisons using x-rays and molecular testing and screening on entry and exit - Involve private pharmacies in referring presumed cases of TB to treatment and diagnostic centres (CDTs) - Increase coverage of contact tracing
2. A multi-year plan to ensure universal use of rapid molecular tests as the initial diagnostic test for TB for all presumed cases of the disease, with implementation well underway.	The National TB Control Program (PNLT) has a molecular tools map which is updated regularly. The resources available in the allocation do not allow for the purchase of GeneXpert machines that can be installed according to the National TB Control Program (PNLT) molecular tool expansion plan.	<ul style="list-style-type: none"> - Regular updating of the mapping of molecular tools - Optimize the use of equipment and strengthen the sample transport system - Seek additional funds to provide new health zones with molecular tools, based on National TB Control Program (PNLT) mapping and analysis of priorities (areas with high TB and HIV burden, geographical accessibility, presence of key and vulnerable populations).
3. All people with bacteriologically confirmed tuberculosis undergo at least one resistance test for rifampicin; those with rifampicin-resistant tuberculosis undergo additional testing to rule out resistance to other drugs	Not all TB+ patients are tested for resistance to R in all provinces, Rifampicin-resistant tuberculosis (RR-TB) patients have insufficient access to 2nd-line testing.	<ul style="list-style-type: none"> - Implement the national guideline to perform Xpert or TrueNAT tests on all bacteriologically confirmed TB patients - Optimize the use of 10-color GeneXpert devices (106 available at the end of 2023) with the availability of XDR-TB cartridges, a strengthened sample transport system and popularization of algorithms.
4. The TB diagnostic network works effectively to increase access to testing, including sample transportation, equipment maintenance, connectivity solutions, biosecurity, quality assurance and a procurement system	Transport of samples is to be reinforced, the problem of maintenance for microscopes, Xpert with modules that are rapidly deteriorating, biosecurity and biosecurity to be reinforced.	<ul style="list-style-type: none"> - Strengthen the transportation of samples in all provinces - Implement the maintenance and replacement plan for non-functional modules as soon as possible with regular monitoring of compliance with the maintenance contract

		<ul style="list-style-type: none"> - Put in place provincial supervisors who will have the role of monitoring maintenance in their Provincial Tuberculosis Control Coordination Office - Increase the level of coverage in connection software for molecular diagnostic machines (Data to care) - Strengthen the quality control of microscopy, molecular biology and culture - Increase the supply of laboratory tests and inputs - Strengthen the 3 cultivation laboratories and the entire biosecurity and biosafety network
5. Child-friendly formulations, oral regimens for drug-resistant TB and the four-month treatment regimen for mild drug-sensitive TB are used for treating the disease in children.	The 4-month schedule for children under 15 with uncomplicated TB is not yet in effect	<ul style="list-style-type: none"> - Updating and drawing up of technical sheets, posters, and check lists to take account of these new national recommendations
6. People with drug-resistant TB follow shorter or longer individualized oral regimens, as recommended by the WHO, and receive person-centered support to complete their treatment.	The 6-month Bedaquiline, Pretomanid and Linezolid (BPAL)/Bedaquiline, Pretomanid, Linezolid and Moxifloxacin (BPALM) regimen is already in the national directives but has not yet been applied.	<ul style="list-style-type: none"> - A transition plan to the short 6-month plan will be developed as early as 2023 and second line supplies in the GC7 aligned with these new recommendations.
7. TB preventive treatment (TPT) (including shorter treatment regimens) is available for all eligible people living with HIV (adults and children) and eligible household contacts of people with bacteriologically confirmed pulmonary TB	<p>Short RH and HP 3-month regimens adopted.</p> <p>TB preventive treatment (TPT) coverage in contact children under 5 years of age and people living with HIV to be strengthened.</p> <p>Expansion of TB preventive treatment (TPT) targets to include contacts older than 5 years not yet achieved.</p> <p>Latent tuberculous infection guide not yet popularized.</p>	<ul style="list-style-type: none"> - Scaling-up of national recommendations on the use of 3HP, 3RH schemes. - Increased contact investigation and coverage of TB preventive treatment (TPT) among eligible contact children under 5 years of age - Increased TB preventive treatment (TPT) coverage among people living with HIV. - Updating and popularizing the latent tuberculous infection guide. - Strengthening the follow-up of subjects on TB preventive treatment (TPT). - Expansion of TB preventive treatment (TPT) targets to include contacts over 5 years of age (in the Global Fund prioritized above allocation request (PAAR)).
8. All people living with HIV who have active TB are promptly switched to antiretroviral therapy as recommended.	The antiretroviral take-up rate is below target.	<ul style="list-style-type: none"> - Strengthening of the one stop shop policy. - Strengthening TB-HIV coordination activities. - HIV care in the 44 Health Zones not yet covered.
9 Implement, scale-up and update comprehensive digital real-time case-based TB surveillance systems and analyze and use TB data for decision-making at all levels of TB services.	A lot of inconsistencies in DHIS2 data; these data change with the consultation dates (are not stable) and some important data are not configured	<ul style="list-style-type: none"> - Troubleshooting inconsistencies in DHIS2 data with the DHIS2 team configuration of data not included - Use of digital technology to ensure data reliability. - Electronic register for TB with gateway to the DHIS2.
10. Priority interventions are based on an analysis of the continuum of care throughout the TB treatment process, including for preventive treatment.	<p>Not all screened TB patients are treated.</p> <p>Time to start treatment sometimes long (especially for patients with drug-resistant TB (DR-TB))</p> <p>Follow-up of patients who are lost to follow-up or not evaluated.</p> <p>Difficulties in the supply of medicines and stock-outs.</p>	<ul style="list-style-type: none"> - Reorganization of services - Expansion of the quality approach (QAP) which allows an analysis of the TB cascade - Availability of timelines to facilitate patient follow-up - Establishment of a system to analyze screened and untreated TB patients - Reinforcement of the whole procurement and inventory management (PIM) chain with permanent availability of inputs at the site of use for diagnosis and treatment of patients - Enhanced community involvement (community-based home visits, directly-observed treatment (TDO) recovery of no-shows and follow-up until recovery)

11. The involvement of private health care providers is proportional to their role in providing TB services.	Low involvement of the lucrative private sector.	<ul style="list-style-type: none"> - Strengthening collaboration with private companies - Involvement of private pharmacies in referring presumed cases of TB to treatment and diagnostic centres (CDTs) - Strengthening the system for monitoring private sector involvement
12. Decentralized, ambulatory, community-based, and person-centered home services are provided along the TB continuum of care.	Outpatient care for patients with drug-sensitive TB and drug-resistant TB in place Mainstreaming of gender-based and human rights to be strengthened. Insufficient Community monitoring Awareness guide not available, no basic awareness tools	<ul style="list-style-type: none"> - Development and dissemination of an awareness-raising guide and tools - Strengthening Community support for the distribution of medicines (proximity), home visits and recovery of defaulters - Enhanced training of mentor mothers and collaboration with community stakeholders - Implementation of smart pill boxes for patients with drug-sensitive TB
13. All TB programs must be human rights-based, gender-sensitive, informed by inequality analysis and interventions, and include activities to reduce stigma and discrimination against people living with TB and affected populations, legal education and access to justice, and support for community mobilization, advocacy, and community monitoring for social responsibility.	<ul style="list-style-type: none"> - Advocacy measures put in place by civil society actors but still insufficient - Use of the One impact community monitoring tool through the training of patients undergoing treatment and providers in the 3 provinces of Mbuji-Mayi, Kivu and South Kivu. - Steering committee of the Gender and Human Rights Hub in place to collect data and ensure support legal and judicial protection of victims of discrimination, stigmatization or gender-based violence against people living with TB and HIV. 	<ul style="list-style-type: none"> - Expansion of the geographical coverage of One Impact - Organization of campaigns to publicize the rights of patients, and to lobby political and administrative authorities and parliamentarians - developing multidimensional responses such as promoting human rights and gender in the fight against TB and HIV, supporting social protection activities and supporting TB patients and people living with HIV including key populations, holistic care (medical, psychosocial, legal and judicial) of victims of rights violations, strengthening community involvement and the capacities of community actors
HIV Component		
1. Condoms and lubricants are available for all people at high risk of HIV infection.	The quantities of condoms distributed do not cover the needs of the beneficiaries (consequences of stock-outs and poor promotion of condom use)	Strengthen the capacity of peer educators to promote demand and correct use of condoms and lubricant gels Carry out an annual quantification, taking into account real needs.
2. Pre-exposure prophylaxis is available for all people at high risk of HIV infection, and post-exposure prophylaxis is available for eligible people.	There was no supply of pre-exposure prophylaxis (PrEP) inputs Post-exposure prophylaxis (PEP) is available to survivors of sexual violence and those in at-risk contact with blood or other body fluids.	Ensure a correct supply of pre-exposure prophylaxis (PrEP) inputs and provide appropriate training for providers and peer educators Update the PrEP operational manual incorporating demand generation
3. Harm reduction services are available for people who use drugs.	Needles and syringes are available for people who inject drugs, but stock-outs are common. Inputs for opioid substitution therapy and overdose management are not available	Ensure regular supplies of needles and syringes, opioid substitution therapy (TSO) inputs, and overdose management. Build the capacity of providers and peer educators
5. HIV testing services include HIV self-testing, safe ethical index testing, and social media-based testing.	Only 2 provinces and 18 Health Zones in Kinshasa and 25 drop-in centers carried out the self-test approach among key populations	In addition, from the areas that apply it, there are plans to expand to integrated type structures
7. Rapid diagnostic tests are performed by trained and supervised non-professional providers in addition to health professionals.	Implemented only in community distribution points (PODIs) in 7 provinces	Training of 3 community stakeholders in each functional care facility in the 7 acceleration provinces on routine screening and assisted self-testing is planned
8. Antiretroviral therapy is available for pregnant and breastfeeding women living with HIV to ensure viral suppression.	Loss of HIV+ pregnant women went from 31% in 2021 to 22% in 2022. Low coverage (31%) of prevention of	In general, it will be a question of: revitalizing community activities (mentor mothers), developing

	mother-to-child transmission (PMTCT) services in health care facilities), low level of reporting of pregnant women previously tested for HIV+ and on antiretrovirals, due to lack of indicator monitoring by providers;	differentiated approaches for the delivery of antiretrovirals in groups of HIV+ pregnant women, ensuring weekly follow-up of HIV+ cases to benefit from antiretrovirals, providing coaching and monitoring in high-loss Provincial Health Divisions, and building the capacity of high-loss health facility providers
9. HIV testing, including early diagnosis of infants, is available for all infants exposed to the virus.	Low coverage of prevention of mother-to-child transmission (PMTCT) services (5,053/17,000 health care facilities or 30%), persistent stock-outs of HIV testing supplies; fear of stigma and/or non-collaborating male partner, constraints related to days and fixed hours of antenatal consultations preventing some women from using services. Screening tests for pregnant women covering only 15 Provincial Health Divisions out of 24 supported by the Global Fund	Purchase of Global Fund tests for all 24 Provincial Health Divisions supported by the Global Fund, use of self-testing in pregnant women (at the community site and in less-frequently visited health care facilities), establishment of a system of maternity networks, , organization of research and monitoring of pregnant women (Mentor Mother Approach), strengthening of public-private partnerships in cities for antenatal consultations and differentiated screening, other gateways such as TB and nutrition will also be used to identify cases.
10. All people, regardless of age, sex or gender, who are diagnosed with HIV infection are promptly started on antiretroviral therapy.	Failure to capitalize on the various child-providing gates Limitation of the number of providers trained in the HIV package Poor restitution of training in the HIV package	Make screening and referral of positive cases of HIV+ children available to the care unit in all services targeting children Strengthen the capacities of service providers on the pediatric and global care of PLHIV
12. Management of advanced HIV infection is available.	Implementation in 5 provinces.	The Program aims to have at least one advanced HIV care unit per province. In CG7, it will be a question of consolidating the achievements of the 5 existing units and taking into account 5 provinces10 additional units in the PAAR
13. Support is available to prevent people from falling out of the treatment cascade (including returning to care).	Low community engagement	Advocacy for increasing SSEs with community retention approaches Improved involvement of community actors (key populations, adolescent girls and young PLHIV, pregnant women, etc.) Setting up a self-support group to improve retention in the SSEs
14. CD4 and viral load testing, as well as diagnosis of common comorbidities and co-infections are available for HIV care.	Implementation in 5 provinces.	The Program aims to have at least one advanced HIV care unit per province. In CG7, it will be a question of consolidating the achievements of the 5 existing units and taking into account 10 additional units (PAAR) and the diagnosis of common comorbidities and co-infections of key populations and pregnant women (PAAR)
15. People living with HIV with active TB are promptly started on antiretroviral therapy	Non-100% coverage of health zones by the co-infection package (91%) 18% PLHIV with active tuberculosis were not put on ARVs	Increase therapeutic coverage beyond 82% Organize support activities (supervision, coaching, patient tracking (CAPS))
16. TB preventive treatment is available to all eligible people living with HIV (including children and adolescents)	Non-100% coverage of health zones by the co-infection package (91%) 51% and 75% of eligible PLHIV benefited from preventive therapy, with INH and with HP Out of stocks of inputs Ex-patients who have never taken TPT not taken into account in estimates of need	Ensure uninterrupted availability of inputs Scaling up the short HP regimen to improve patient and provider adherence Provide a buffer stock in the needs estimates for former patients who have never taken TPT

17. HIV-related services (prevention, testing, treatment and care) are available in health facilities (FOSAs), including sexual and reproductive health services, and outside of health facilities (FOSAs), including through community, outreach services, pharmacies and digital platforms.	All health care facilities have been trained on differentiated services, but only 20% of health care facilities use differentiated services.	To improve this, the program plans to set up at least one coach per Health Zone.
21. Legal literacy and access to justice activities are accessible to people living with HIV and key populations.	Legal education activities were carried out through mass awareness raising, television and radio programs, community paralegals, open days of legal clinics etc. but only in 6 cities (hubs: Kinshasa, Goma, Mbuji-Mayi, Matadi, Kindu, Kisangani). This limitation is due to two main factors: (i) the new Hub approach in the country whose conceptualization, learning and ownership by the different multisectoral actors took more time; (ii) insufficient financial resources to cover the deployment of the approach in the 14 reidentified provinces	To scale up the hub approach, it will be formalized (development, adoption of national standards and guidelines), disseminated for ownership by multisectoral actors and allocated a sizeable budget for its implementation.

Section 6. Implementation

Common section for all 3 applications submitted by the DRC CCM for 2023-2025

Do changes need to be made to the implementation arrangements?

☒ Yes ☐ No

The institutional set-up for implementation envisaged by the CCM calls for the Ministry of Public Health, Hygiene and Prevention to continue as Principal Recipient.

As for civil society Principal Recipients, the CCM has opted to launch a transparent and inclusive process to select new Principal Recipients.

Accordingly, two calls for expressions of interest (CEIs) were launched on the national website www.mediacongo.net on February 23, 2023 and on the international website www.dgmarket.fr (<https://www.dgmarket.com/tender/62874895/> <https://www.dgmarket.com/tender/62874913/>) to recruit two civil society Principal Recipients to manage the Malaria and TB/HIV grants.

As the process is underway (the deadline for applications is March 29, 2023), the CCM will sit down to select the most qualified candidates. Thereafter, to ensure compliance and transparency of the process, the Local Fund Agent (LFA) will verify the management capacities of the selected Recipients.

The PRs will be responsible for recruiting SRs, under the coordination of the DRC CCM.

In addition, a logistics provider will be recruited by the Global Fund in collaboration with the CCM in accordance with current procurement procedures and international conventions. The logistics provider will be responsible for the management and supply of all drugs and inputs, including insecticide-treated nets, a task previously performed by the Principal Recipients of civil society.

In order to minimize the risks of fraud in the management of finances, it is necessary to ensure the digitization of supporting documents by training sub-recipients (DPS and civil society SRs) in Tom2Pro and the use of Onedrive.

In relation to PSM (Procurement and Supply Management), stock-outs, overstocks and recorded expiries will be minimized by approving quantified needs for various products (specific drugs, reagents, medical equipment, LLINs, etc.) at the level of national programs and the CCM.

Annex 1: Documents Checklist

Use the list below to verify the completeness of your application package.

This checklist only applies to applicants requested to apply using the Program Continuation application approach. Refer to [the Program Continuation Instructions](#) for details, applicability and resources.¹⁰

Documents Reviewed by the Technical Review Panel

<input checked="" type="checkbox"/>	Funding Request Form
<input checked="" type="checkbox"/>	Performance Framework
<input checked="" type="checkbox"/>	Detailed Budget
<input checked="" type="checkbox"/>	Programmatic Gap Table(s)
<input checked="" type="checkbox"/>	Funding Landscape Table(s)
<input checked="" type="checkbox"/>	Prioritized Above Allocation Request (PAAR)
<input checked="" type="checkbox"/>	Health Product Management Template
<input type="checkbox"/>	Implementation Arrangement Map(s)
<input checked="" type="checkbox"/>	RSSH Gaps and Priorities Annex
<input type="checkbox"/>	Gender Assessment (if available)
<input checked="" type="checkbox"/>	Assessment of Human Rights-related Barriers to Services (if available)
<input checked="" type="checkbox"/>	Essential Data Table(s)
<input checked="" type="checkbox"/>	National Strategic Plans
<input type="checkbox"/>	Innovative Financing Documentation (if applicable)
<input type="checkbox"/>	Supporting Documentation Related to Sustainability and Transition (if available)
<input checked="" type="checkbox"/>	List of Abbreviations and Annexes

Documents Assessed by the Global Fund Secretariat

<input checked="" type="checkbox"/>	Funding Priorities from Civil Society and Communities Annex
<input checked="" type="checkbox"/>	Country Dialogue Narrative
<input checked="" type="checkbox"/>	CCM Endorsement of Funding Request
<input checked="" type="checkbox"/>	CCM Statement of Compliance
<input type="checkbox"/>	Additional documentation to support co-financing requirements
<input type="checkbox"/>	Sexual Exploitation, Abuse and Harassment (SEAH) Risk Assessment (optional)

¹⁰ Program Continuation Instructions - https://www.theglobalfund.org/media/7356/fundingrequest_programcontinuation_instructions_en.pdf