



DYNAMIQUE D'AFRIQUE FRANCOPHONE POUR LA REPONSE TB

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Rapid assessment of the responses of Nationals TB Programs and CSO to mitigate covid-19 impacts and ensure continuity of TB services in Francophone Africa west and central countries.

With the support of:



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A survey conducted by DRAF TB (Dynamique d'Afrique Francophone pour la reponse contre la Tuberculose), a multi-country network that covers 12 Francophone countries in west and central Africa.

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Opening note

The completion of this work was decided by DRAF TB in April 2020 and the technical support of Stop TB and Alliance Côte d'Ivoire with funding from Expertise France, as part of the regional project to build the capacity of civil society organizations engaged in the fight against tuberculosis in west and central Africa (RECAP-TB AOC). As a reminder, RECAP TB AOC project is being implemented in Cameroon, Niger and Chad under the coordination of Alliance Côte d'Ivoire, in partnership with DRAF TB and Stop TB Partnership.





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Acronyms and abbreviations

Covid-19 (ou SARS-CoV-2)	: severe acute respiratory syndrome Coronavirus 2
GCTA	: Global Coalition of TB Activists
USAID,	: US Agency for International Development
DRAF TB	: Dynamique de la Réponse de la Tuberculose en Afrique Francophone
WARN TB	: West Africa Network of National Tuberculosis Programme
CARN TB	: Central Africa Network of National Tuberculosis Programme
TB	: Tuberculosis
NTP	: National Tuberculosis Programme
TDTC	: Tuberculosis Diagnostic and Treatment Center
ATBC	: Anti-TB Centre
NATC	: National Anti-TB Centre
RHC	: Regional Hospital Centre
MDRT	: Multi-Drug Resistant Tuberculosis
RDV	: Rendez-Vous
CHW	: Community Health Workers



Abstract

Appearing on December 31, 2019 in Wuhan City, China, the new coronavirus, later named Covid-19 by WHO, is caused by the pathogen SARS-CoV-2 (severe acute respiratory syndrome Coronavirus 2). It mainly affects the respiratory system in humans, as does tuberculosis. COVID-19 and tuberculosis are spread primarily through the respiratory tract and are both socially-fuelled and can lead to fear, stigma and discrimination with adverse effects on the health system. Beginning in early April 2020, several situation analyses by partners such as Stop TB partnership in collaboration with GCTA and Global TB caucus and several studies have shown that COVID-19 has severe impacts on health systems and limits continuity of services for people with TB, who are already considered vulnerable.

Thus, after the implementation of the first measures of contingency plans funded by the Global Fund, DRAF-TB and its partners wanted to update the status of the situation at the end of September 2020 and produce recommendations to support advocacy at the regional level in order to improve the situation.

Method: Make a qualitative assessment through an online questionnaire to NTPs and CSO leaders engaged in the fight against TB in 12 Francophone countries in West and Central Africa.

Results: Of 12 countries, 7 actually responded to the questionnaire. The results reveal that two months after the implementation of contingency plans, the impacts of covid-19 on the health system and on continuity of care for TB patients remained the same as at the beginning of the epidemic.

- Status: Although TB services including TB in prison and TBMR have remained open in all countries, overall, in 86% of Francophone countries in West and Central Africa, patients still avoid going to hospital for fear of contracting covid-19. In addition to the fear of contracting covid-19, patients avoid, in particular, going to TB diagnostic and treatment centres for several other reasons such as fear of being stigmatized because TB and Covid-19 show the same signs, the remoteness of health centres, financial difficulties, limited means of transport but above all the measures taken by the government in connection with Covid-19, in particular the fear of being imposed quarantine in the event of a positive diagnosis of Covid-19 once they are in hospital, which could prevent them from working and cut them off from livelihoods.

On the other hand, in all these countries, community health workers continued/resumed home visits, community awareness and referral of suspected cases to health facilities, but without sufficient protective and hygiene equipment such as masks, hydro-alcoholic gels, gloves, etc.). to enable them to ensure the continuity of TB services.

- Responses from NTP and CSOs to these challenges on the ground:
 - At Diagnostic and Treatment sites, community health workers work with health workers to give confidence and bring back people with TB by installing handwashing devices, giving food kits to patients seen in the facilities;
 - In the community, community health workers have resumed active searches for suspected cases, and are going to patients' homes to receive anti-TB endowments for 1 to 3 months (cases in Côte d'Ivoire, Guinea and Chad);
 - For TB in prison and MDR, services were not stopped during covid-19.



1. BACKGROUND AND OBJECTIVES.

1.1. Background of the assessment.

Appearing on 31 December 2019⁽¹⁾, in the city of Wuhan⁽²⁾ in China, the new coronavirus, later named Covid-19 by WHO is caused by the pathogen SARS-CoV-2⁽³⁾ (severe respiratory acute syndrome Coronavirus 2) - an infectious disease - mainly affecting the respiratory system and manifests itself in pneumonia in humans⁽⁴⁾.

Tuberculosis and COVID-19 both cause respiratory symptoms, including cough and dyspnea, associated with fever and fatigue, and are airborne infectious diseases with significant social and economic impact. The unprecedented Covid-19 pandemic is severely affecting ⁽⁵⁾ people with TB who are generally considered to be more vulnerable due to pre-existing lung damage.

COVID-19 and tuberculosis are spread mainly through the respiratory tract and are both socially motivated and can lead to fear, stigma and discrimination.

Impacts on the health care system and continuity of care for TB patients

As early as early April 2020, situational analyses ⁽⁶⁾ by the Stop TB Partnership Secretariat in collaboration with the Global Coalition of TB Activists (GCTA) showed that 40% of NTPs had indicated that TB control facilities (hospitals, clinics) were being used for the COVID-19 response. All NTPs reported in early April that they were seeing a decrease in the number of people attending TB services and those patients were avoiding or having no opportunity to reach hospitals and medical clinics due to isolation and reduced transportation. Active TB case finding activities had ceased altogether at the beginning of the rise of Covid-19, in addition to the lack of personal protective equipment for demoralized health care providers, with a huge workload. It was also noted that in several countries around the world, including Africa, government measures to curb the COVID-19 pandemic (including confinement, quarantine, curfews, reductions in working hours or even closures of some public services) would cause significant disruption to TB programmes and could have a massive impact on communities and people affected by TB., especially the most vulnerable patients, as raised by the Global TB Caucus reports ⁽⁷⁾. These studies indicated that many patients may avoid or have no opportunity to reach TB diagnostic and treatment centres due to isolation and reduced transportation in Francophone Africa countries.

In fact, an article published ⁽⁸⁾ by Stop TB partnership, in collaboration with Imperial College, Avenir Health, Johns Hopkins University and USAID, on 06 May 2020 showed that each month of interruption of TB services could result in an additional 126,100 deaths per month from tuberculosis between 2020 and 2025; this would mean a reduction of at least 5 to 8 years in the fight against TB, due to the COVID-19 pandemic.

In an article published in June 2020, entitled "COVID-19 in Africa: Community and digital technologies for tuberculosis management," the authors ⁽⁹⁾ stress that local non-governmental organizations and other civil society organizations can play a crucial role in supporting national TB programmes to mitigate the impact of Covid19 on tuberculosis. Given the importance of the continuum of care, the role of these groups, as described in the WHO ENGAGE-TB guide, should be further strengthened to support TB programs during the COVID-19 pandemic and beyond.

At a time when the rest of the world is facing a second wave of more or less virulent and in Africa the number of cases seems to be declining, what is the real situation of the management of tuberculosis patients, particularly in Francophone countries in West and Central Africa?



Is the contingency plans funded by the Global Fund now enabling health systems in Francophone countries in West and Central Africa to be more resilient to the impacts of Covid-19 and to ensure continuity of services for people with TB?

To answer these questions, DRAF-TB conducted a Rapid assessment of the responses of National TB Programs and CSO to mitigate covid-19 impacts and ensure continuity of TB services in Francophone Africa West and Central countries from March to September 2020.

This analysis of the situation, which is consistent with the assessments carried out by other partners since the beginning of the covid-19 epidemic, is an update of the state of play at the end of the third of 2020.

The results of this evaluation will enable DRAF and its partners to conduct advocacy in Francophone Africa West and Central countries with NTP, community organizations involved in the TB response as well as technical and financial partners such as Stop TB, the EU, the Global Fund and WHO to address issues related to gender barriers and human rights in patients' access to TB services during COVID-19.

1.1.1. Coverage and objectives.

1.1.1.1. Coverage.

This is a qualitative, descriptive evaluation with a programmatic purpose. The method used is an analysis of the situation based on an online questionnaire initially intended for the four countries of RECAP TB AOC project but which has been extended to the 12 member countries of DRAF-TB. The questionnaire was sent simultaneously to representatives of member organizations and NTPs of the following 12 DRAF TB member countries affected by COVID-19: Benin, Burkina Faso, Burundi, Cameroon, Congo Brazzaville, Côte d'Ivoire, Gabon, Guinea, Niger, DRC, Central African Republic, Senegal and Chad. The study took place over 10 days, starting on 13 September 2020.

1.1.2. Goals

- **General Objective.**

To help reduce the impact of the Covid-19 epidemic on the continuity of treatment and care of TB patients in 12 member countries of DRAF TB in order to remove gender and human rights barriers to accessing TB services during COVID-19.

- **Specific goals.**

1. Analyze the situation and report on the impact of Covi-19 on continuity of care for TB patients in the 12 member countries of DRAF TB;
2. To profile the responses of NTP, civil society organisations involved in the fight against TB and TB patient associations to ensure continuity of treatment and care for TB patients;
3. Make recommendations to support the advocacy for continuity of care for TB patients.

1.1.3. Expected Results.

1. An update is made on the impact of Covi-19 on the continuity of care for TB patients in 12 DRAF TB member countries;



2. Measures and needs in each country by NTP, CSOs and TB patient associations committed to TB to ensure continuity of care for TB patients are identified;
3. Recommendations are made to support advocacy to ensure continuity of care for TB-infected patients.



2. METHODOLOGY.

The evaluation was carried out in three key stages:

- **The framing** that led to the development of the ToRs and the rapid evaluation repository;
- **The literature review** that provided an update on situational analyses of the impact of covid-19 on tuberculosis;
- **The collection, analysis of the data** and the finalization of the evaluation report.

Given that the survey was conducted online, an initial analysis of the data was directly online and was subsequently refined or completed under Excel.

The difficulties encountered were mainly related to the non-responses of 5 countries.



3. RESULTS.

3.1. Geographic perimeter of the survey and profile of respondents.

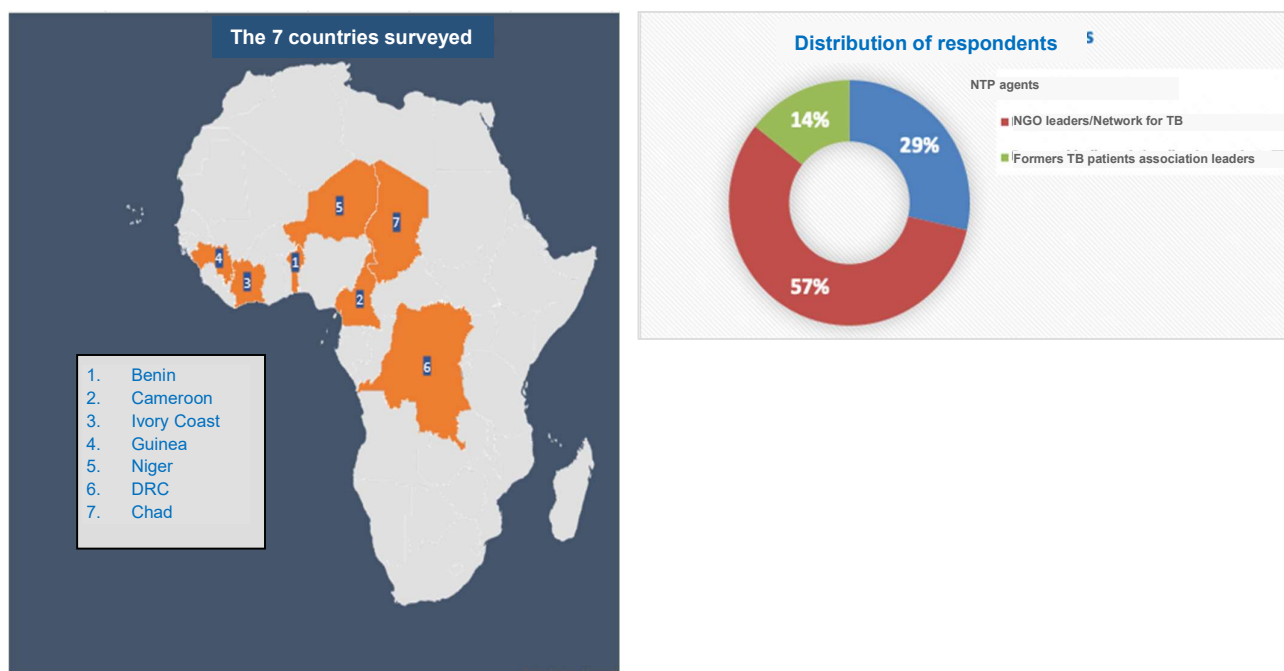


Figure 1 respondent profile.

3.2. Profile of respondents.

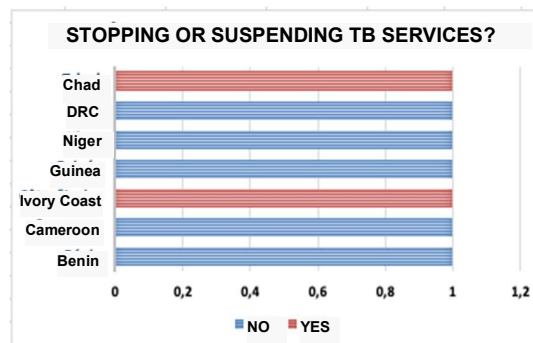
The survey took place from 13 to 21 September 2020. Of the 12 countries requested, seven countries (see map opposite) including 4 from West Africa and 3 from Central Africa responded to the questionnaire. More than half (57%) respondents were leaders of TB networks and organizations, while about one-third (29%) were representatives of the NTP and 14% of associations of former TB patients. In terms of gender, 14% of respondents were women compared to 86% of men. This result is consistent with the representativeness of women among the focal points of DRAF-TB because the Ivory Coast reference is the only woman among the current 12 focal points of DRAF TB.



3.3. Impacts of Covid-19 on TB: States of places in West and Central Africa?

⇒ TB services still available, although strongly disorganized and slowed down.

Overall, since the beginning of the covid-19 epidemic in March 2020, TB diagnostic and treatment services have remained open in all 7 countries. However, community activities have more or less continued in five countries (79% of cases) except in Côte d'Ivoire and Chad where they were suspended from March to June 2020. Since May (for Côte d'Ivoire) and June 2020 (for Chad), all TB services including community services are available in the seven countries.



TB in prison*	<ul style="list-style-type: none"> Overall, in countries TB activities in prisons continued, except in Chad where they were suspended during the beginning of Covid-19. Business has resumed since June 2020.
MDR TB	<ul style="list-style-type: none"> In Cameroon and Chad, with MDR patients interned in a specialized centre, access to treatment and care services has not been interrupted since the beginning of Covid-19; In other countries, NTPs support the transport of MDR patients who travel from their homes to be followed in treatment centres.

*Benin and Guinea: Information on TB activities in prison in Guinea was not available.

⇒ TB services are certainly available but still use low because people with TB avoid going there.

Figure 2 and 3: key challenges in TB patients' access to health services.

Q1	The results of the survey show that in 86% of Francophone countries in West and Central Africa - with the exception of Guinea, patients avoid going to health facilities (hospitals and medical clinics) for fear of contracting Covid-19.
Q2	In 71% of Francophone countries in West and Central Africa - with the exception of Benin and Niger, patients avoid going to TB diagnostic and treatment centres because of the fear of being stigmatized because TB and Covid-19 show the same signs, remoteness from health centres, financial difficulties and reduced transportation.
Q3	In 71% of Francophone countries in West and Central Africa - with the exception of Niger and the DRC, patients avoid going to TB diagnostic and treatment centres because of government-related measures (quarantine, physical distance, limited number of people, etc.).
Q4	In only 43% of Francophone countries in West and Central Africa, TB patients have resumed visits and appointments at TB diagnostic and treatment centres.

<ul style="list-style-type: none"> Overall, in 86% of Francophone countries in West and Central Africa and patients still avoid going to hospital for fear of contracting covid-19. In addition to the fear of contracting covid-19, in 71% of countries, patients avoid, in particular, going to TB diagnostic and treatment centres for several other reasons: remoteness from health centres, financial difficulties, limited means of transport but above all measures taken by the government in connection with Covid-19 (quarantine, physical distance, limited number of groups of people, etc.).



Community health workers on the front line against TB and Covid-19 but without personal protective equipment in several countries.

Q5	In about 29% - in Côte d'Ivoire and Chad - community health workers had stopped active case finding activities and home visits of TB patients at the beginning of the covid-19 pandemic, due to lack of masks, from March to June 2020.
Q6	In Benin, Côte d'Ivoire and Chad, community health workers have resumed home visits for TB patients but do not have protective and hygiene equipment such as masks, hydro-alcoholic gels, gloves, etc.).
Q7	In countries such as Chad, Niger and the DRC, community health workers continued home visits for TB patients despite the lack of protective and hygiene equipment such as hydro-alcoholic gels, gloves, masks, etc.) thereby running the risk of being contaminated

Overall, with the exception of Côte d'Ivoire and Chad (which suspended community activities, while CHW had protective equipment), community health workers continued home visits, presence/permanence at health facilities, community outreach and case reference, etc.). But without protective and hygiene equipment such as masks, alcoholic hydrogels, gloves, etc. to enable them to ensure the continuity of TB services.

3.4. Responses from NTP and CSO to mitigate covid-19 impacts and ensure continuity of diagnostic, treatment and care services?

Given the challenges described above, how do NTP and civil society organizations adapt their strategies to mitigate the adverse effects of covid-19 and ensure the continuity of TB services in the 7 countries surveyed.

Since the covid-19 pandemic, national TB programmes (NTP) have adapted their reception, consultation and treatment services in health facilities to strengthen hospital prevention, infection control and hygiene measures for both TB and Covid-19. These new provisions complement or relate to the government's measures.



3.4.1. General Responses.

	Benin (2 measures)	Cameroon (3 measures)	Ivory Coast (8 measures)	Guinea (5 measures)	Niger (4 measures)	DRC (3 measures)	Chad (6 measures)
We continue to provide site permanence (in health centres) to receive patients while ensuring that they comply with distance measures of at least 1 to 2 metres	No	✓	✓	✓	✓	✓	✓
During the first moments of covid-19, we gave TB patients anti-TB drugs for 1 to 3 months to avoid treatment fractures.	No	✓	✓	✓	✓	No	✓
Currently, we continue to distribute TB drugs in the community at home and patients continue to come to their health facilities (health/paramedics or community health workers go home to supply TB patients with TB drugs)	No	No	✓	✓	No	No	✓



We distribute (or plan to distribute) individual protective equipment (masks, hydro-alcoholic gels, handwashing devices, etc.) to TB patients when they show up in diagnostic and treatment facilities.	✓	No	No	No	✓	No	✓
We distribute (or plan to distribute) individual protective equipment (masks, hydro-alcoholic gel, handwashing device, etc.) to community health workers before they resume home visits to patients or any other activity in the community.	✓	No	✓	No	No	No	✓
We continue to provide one or more of the following activities: home visit, surveys, referrals for people with coughs of more than 2 weeks to health centres, etc.	No	✓	✓	✓	✓	✓	✓
We have provided financial support to patients to ensure their transportation so that they can pick up their TB drug endowment.	No	No	✓	No	No	No	No
We have increased appeal funding to allow community health workers to call and ensure that patients do not run out of TB drugs or are observing.	No	No	✓	No	No	No	No
We continue to provide active community screening (e.g., collecting and conveying sputum samples, calibrating blades and transporting them to CDTs).	No	No	✓	✓	No	✓	No

Since funding the covid-19 contingency plans funded by the Global Fund, all Francophone countries in West and Central Africa have taken steps to ensure the continuity or resumption of TB control activities. As shown in the table above, Côte d'Ivoire, Chad and Guinea have taken the most measures (6 to 8 measures) to mitigate the impacts of Covid-19 to ensure the continuity of TB services. The main responses from countries are :

➔ In Diagnostic and Treatment Centres (DTC).

- **Permanence of community workers on TDC sites:** In 86%, community health workers were kept permanently on health facilities to receive patients, educate them about TB and COVID-19, ensure compliance with barrier measures against covid-19 such as distancing at least 1 to 2 meters and hand washing and planning home services.



- In Ivory Coast, COLTMR (the network of TB NGOs) and Alliance Côte d'Ivoire supported the PNLT to install hand-washing devices at the entrance of health facilities.

- To encourage patients to re-visit DTC:

- In Côte d'Ivoire, COLTMR and Alliance Côte d'Ivoire support the NTP by distributing hygiene kits (bleach and detergent) to health facilities to strengthen measures to prevent and control TB and covid-19 infections and
- At the same time, Alliance Côte d'Ivoire provides special food support by **distributing food kits to patients** who come to health facilities for TB diagnosis, screening and treatment.





➡ In the community :

- **Home endowment of anti-TB drug to patients 1 to 3 months of age.**
 - With the exception of Benin and the DRC, all countries in central West Africa provided TB patients with TB 1 to 3 months at the start of the covid-19 outbreak;
 - In Guinea, Côte d'Ivoire and Chad, community distribution of TB control at home continued from June 2020, while ensuring that patients continued to come to their screening.
 - In Côte d'Ivoire, appeal funding allows community health workers to call and ensure that patients do not lack anti-TB drugs and are observant while reminding TB patients of their check-up date.
- **Endowment of community health workers in personal protective equipment.**
 - In Benin, Chad and Côte d'Ivoire, community health workers have been equipped with personal protective equipment (masks, hydro-alcoholic gel, hand washing device, etc.) to enable them to carry out home visits to patients or for any other activity in the community.
- **To get patients back into health facilities: Community Mobilization and Advocacy.**
 - Artists, religious leaders and public men and women have been mobilized to raise awareness of the need to protect against covid-19 but also on the importance of getting TB tested and treated in health facilities in case of long-term coughs.



3.4.2. TB in prison

It was towards detainees that fewer measures were taken to mitigate the impacts of Covid-19 in all the countries surveyed. Only Côte d'Ivoire has conducted advocacy activities with the judicial authorities that have led to alternative sentences for new detainees with covid-19 or to isolate them in separate cells. In addition, hygiene kits were distributed to the country's 33 prisons, which include TB control.



3.4.3. MRD TB

The main steps taken to ensure continuity of services to the MRD TB are presented in the table below. All the time these measures existed before the health crisis of Covid-19.



	Benin	Cameroon	Ivory Coast	Guinea	Niger	DRC	Chad
The transport of MRD TB patients is taken care of by the NTP or by our NGO.	No	Yes	Yes	Non	Yes	No	No
Medical or paramedics travel to the homes of MRD TB patients to ensure continuity of treatment and seamless care.	No	No	No	No	No	No	No
Community health workers travel to MRD TB patients' homes to ensure continuity of treatment and seamless care.	No	No	✓	No	No	✓	✓
The follow-up of MDR patients does not apply to our organization's mandate.	✓	No	No	✓	No	No	No



4. DISCUSSION

1. The status of the impacts of Covid-19 on TB:

- a. The results of the DRAF-TB survey reveal that in all Francophone countries in West and Central Africa, health facilities remained open but with low patient use. This DRAF TB survey shows that in 86% of West and Central African countries patients avoid going to hospitals and medical clinics for fear of being contaminated by Covid-19. Compared to other regions of the world, these results confirm the findings of the joint stop TB and GCTA survey⁽⁶⁾ which showed as early as April 2020, that 40% of NTPs reported that to the extent that TB control facilities (hospitals, clinics) are used for the COVID-19 response, they observed a decrease in the number of people attending TB services.
- b. It is also noted that the DRAF-TB study shows that in 71% of countries, in addition to the fear of contracting covid-19, patients in particular avoid going to TB diagnostic and treatment centres for several other reasons: remoteness from health centres, financial difficulties, limited means of transport but especially measures taken by the government in connection with covid-19 (quarantine, physical distance, wearing masks, limited number of groups of people, etc.) This result confirms the hypothesis of the Global TB Caucus⁽⁷⁾ and Stop TB studies cited above that already in April 2020 in several countries around the world, including Africa, government measures taken to curb the COVID-19 pandemic (including containment, quarantines, curfews, reductions in working hours or even closures of some public services) would cause significant disruption to TB programmes and many patients could avoid or would have no opportunity to reach TB diagnostic and treatment centres due to isolation and reduced transportation.
- c. In 29% of Francophone countries in West and Central Africa, active TB case finding activities, usually carried out by community health workers, had ceased altogether at the beginning of the rise of covid-19, as found by the stop TB and GCTA study in early April 2020.
- d. Of particular concern is the lack of personal protective equipment for community health workers, both during their tenure in health facilities to receive TB patients and during community activities (including TB case finding and home visits).



Overview of a health facilities in Côte d'Ivoire during Covid-19

As can be seen, as we can see, as of September 2020, the impact of covid-19 on TB services remained the same as at the beginning of the outbreak in March 2020 in Francophone countries in West and Central Africa with a health system that has certainly reorganized but is struggling to be used because patients are avoiding TB services. In addition, community health workers are on the front line but without physical protective equipment against SARS-CoV-2.

2. Responses from CSOs and NTPs to mitigate the impacts of covid-19 and ensure the continuity of TB services:

The DRAF-TB survey showed that many strategies and responses have been (or are in the process of being) provided by NTPs and especially by civil society organizations to mitigate the impacts of



covid-19 and ensure continuity of services for TB patients. Moreover, as the article by Koura and Collaborators (June 2020) demonstrates, local non-governmental organizations and other civil society organizations can play a crucial role in supporting national TB programmes to mitigate the impact of Covid19 on tuberculosis. Given the importance of the continuum of care, the role of these groups, as described in the WHO ENGAGE-TB guide, should be further strengthened to support TB programmes during the COVID-19 pandemic and beyond, if countries take into account recommendations on community engagement.



5. RECOMMENDATIONS

To ensure continuity of care for TB patients in the context of covid-19, CSOs and NTP made the following recommendations in the DRAF-TB survey:

Faiblesses/défis identifiés	Recommandations	Responsable
Recommandations des OSC de TB et association d'anciens patients de TB		
In 86% of countries, TB patients avoid coming to health facilities for TB diagnosis, screening and treatment for the following reasons: Fear of contracting covid-19, stigmatization of patients seen in health centre who also manage covid-19, fear of quarantine at the risk of not being able to work to support their families during the time of quarantine, distance from health centre and financial difficulties to pay for transport during covid-19, etc.	<ol style="list-style-type: none"> 1) Strengthen communication and awareness to reduce stigma, discrimination and human rights violations of TB patients in the context of covid-19 ; 2) Remove all consultation fees for any patients with signs of TB, which is the first barrier to care ; 3) Strengthen the reference and counter-reference system between TB centre and Covid-19 screening structures ; 4) Empower community health workers to ensure active community screening (e.g., collecting and conveying sputum samples, calibrating blades and transporting to health centre) in the context of covid-19 to increase demand and hence notification of the stigmatization of health facilities that also support covid-19 patients ; 5) Strengthen social mobilization, communication and advocacy to encourage patients to return to TB diagnostic and treatment services ; 6) Provide CHW for transporting spitting samples to laboratories ; 	<ul style="list-style-type: none"> - All countries ; - DRAF TB ; - All countries except Ivory Coast and DRC ; - All countries except Ivory Coast and DRC.
While patients avoid attending hospital and notification could be drastically reduced, with the exception of Côte d'Ivoire, Guinea and DRC, other countries in West and Central Africa have not provided the means for community health workers to ensure active community screening (e.g. the collection and conveyance of spitting samples), calibration of blades and transport to health facilities) in the context of covid-19		
With the exception of Benin, all countries allow community health workers to be permanently on treatment sites to ensure that people with TB are complying with barrier measures (wearing masks, washing hands, distancing at least 1 to 2 metres in the sorting room, etc.).	<ol style="list-style-type: none"> 7) Allow community health workers to provide permanent services at health centre to ensure that people with TB are complying with barrier measures (wearing masks, washing hands, distancing themselves from the sorting room at least 1 to 2 metres, etc.). 	<ul style="list-style-type: none"> - Benin ; - DRAF TB.
With the exception of Côte d'Ivoire, Guinea and Chad, other countries in West and Central Africa do not allow community health workers to go home to supply TB patients, while almost all of these patients avoid access to health centre for fear of contracting covid-19.	<ol style="list-style-type: none"> 8) Introduce a system of staffing drugs for 1 to 3 months or distributing TB drugs at home to supply TB patients in this context of covid-19. 	<ul style="list-style-type: none"> - Benin ; - Cameroon ; - Niger ; - DRC ; - DRAF TB.
With the exception of Benin, Niger and Chad, other countries in West and Central Africa do not distribute (or do not plan to distribute)	<ol style="list-style-type: none"> 9) Provide protective equipment to TB patients seen in health centre (at least 	<ul style="list-style-type: none"> - Cameroon ;



personal protective equipment (masks, hydro-alcoholic gel, handwashing device, etc.) to TB patients when they arrive in TB diagnostic and treatment facilities.	masks, and if possible hydro-alcoholic gels, etc.).	<ul style="list-style-type: none"> - Ivory Coast ; - Guinea ; - DRC ; - DRAF TB.
With the exception of Benin, Côte d'Ivoire and Chad, other countries in West and Central Africa do not distribute (or plan to distribute) personal protective equipment (masks, hydro-alcoholic gel, gloves, etc.) to community health workers before they resume home visits to patients or any other activity in the community.	10) Provide community health workers with protective equipment against covid-19 (surgical masks, hydro-alcoholic gels, gloves, etc.).	<ul style="list-style-type: none"> - Cameroon ; - Guinea ; - Niger ; - DRC ; - DRAF TB.
While patients avoid attending hospital and notification could be drastically reduced, with the exception of Côte d'Ivoire, countries in West and Central Africa have not equipped community health workers with communications (call credits and Internet data) to allow them to call and ensure that patients do not lack anti-TB or observing drugs.	11) Provide community health workers with communications (call credits and Internet data) for community patient follow-up (recall of appointments, follow-up of side effects and adherence to treatment via WhatsApp, Messenger, etc.).	<ul style="list-style-type: none"> - All countries except Ivory Coast ; - DRAF TB.
Weakness of CSOs and former patient associations in resources and rolling stock to monitor and monitor activities in rural communities far from TB health services.	12) Provide focal points/regional supervisors of CSOs and former TB patient associations with rolling stock (vehicles, motorbikes) for monitoring/monitoring activities 13) Provide TB community health workers with travel (bikes, motorbikes) to reach rural populations furthest from DTCs.	<ul style="list-style-type: none"> - Benin ; - Guinea.
Absence or weakness of the incentives or per diems of motivation of community health workers.	14) Give/improve CHW motivational bonuses.	<ul style="list-style-type: none"> - Guinea ; - Chad.
Recommendations of the NTPs		
In some countries, such as Cameroon, health workers are not adequately equipped with protective equipment against TB and covid-19 (surgical masks, hydro-alcoholic gels, gloves, etc.).	15) Provide protective equipment and equipment to health workers (surgical masks, hydro-alcoholic gels, gloves, etc.); 16) Implement the covid-19 contingency plans of countries funded by the Global Fund.	<ul style="list-style-type: none"> - Cameroon ; - Ivory Coast.



CONCLUSION

The DRAF-TB study found that the negative impacts of covid-19 on TB services did not significantly change from March 2020 to September 2020. Overall, in 86% of Francophone countries in West and Central Africa, patients still avoid going to hospital for fear of contracting covid-19 and in 71% of these countries, in addition to the fear of contracting covid-19, patients in particular avoid going to TB diagnostic and treatment centres for several other reasons: the fear of being stigmatized because TB and Covid-19 show the same signs, the remoteness of health centres, financial difficulties, limited means of transport but above all the measures taken by the government in connection with Covid-19 (quarantine, physical distance, limited number of groups of people, etc.).

To ensure the continuity of TB services and mitigate these impacts of Covid-19, community health workers have remained on the front line, in support of NTPs, to strengthen patient protection measures in treatment centre, maintain sites, strengthen home visits, community mobilization and referral of suspected TB cases to generate demand, but without protective and hygiene equipment such as hydro-alcoholic gels, gloves, masks. In some countries CSOs have provided food support and hygiene kits to people with TB in health centres and prisons, while mobilizing media men, artists and religious guides to raise awareness about TB and encouraging patients to return to hospitals including Treatment centres.

In a context marked by human resource constraints and poor access to health facilities, it is imperative to strengthen innovative community approaches and the involvement of NGOs and TB associations to minimize the risk of discontinuation of treatment and improve the quality of life of TB patients. This is all the more crucial as the COVID-19 pandemic could continue or return seasonally. From this perspective, community participation is undoubtedly a cost-effective alternative.



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