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Interview with **Danny Badila, MD-MPH,**

**General Coordinator of Health for Prisoners,
Democratic Republic of Congo (DRC)**



Tuberculosis control in prisons in the Democratic Republic of Congo

At the regional meeting entitled “Advancing community, rights and gender for an equitable response to tuberculosis in Francophone Africa”, held in Yaoundé, Cameroon, from June 11 to 13, 2024, Danny Badila gave us a particularly inspiring and informative interview about tackling tuberculosis in the Democratic Republic of Congo (DRC).

1. Tell us a little about yourself and your organization

I'm Danny Badila Mvula Muanga, epidemiologist physician and general coordinator of the Health for Prisoners (HP) association in the Democratic Republic of Congo. This association, founded on May 19, 2018, aims to contribute in improving access to quality healthcare and to promote the human rights of people in prison. In short, we defend the right to health in prisons and are particularly committed to the fight against tuberculosis and HIV in prisons.

2. What is the current state of tuberculosis in your country?

The DRC is one of the 30 most tuberculosis-affected countries in the world. It also faces a heavy burden of TB/HIV co-infections and multidrug-resistant tuberculosis (MDR-TB). According to the report of the 27th annual review of the National Tuberculosis Control Program, 246,119 cases of tuberculosis in all forms were detected in 2022, of which 12,594 were co-infected with HIV and 1,614 had MDR-TB. Tuberculosis remains a major public health problem in the DRC, particularly due to the low rate of case notification. Detainees are particularly vulnerable to the disease due to conditions of confinement, overcrowding, lack

of ventilation in wards, malnutrition, and other risk behaviors such as smoking. Prisoners suffering from tuberculosis (D-TB) face enormous difficulties in accessing quality care, and are victims of stigmatization and discrimination; prison medical staff also work in difficult conditions and are exposed to the disease. Screening for tuberculosis is not systematic, either on entering or leaving prison. This constitutes a danger for the general population.

3. What was the meaning and importance of your presence at the meeting “Advancing community, rights and gender for an equitable response to tuberculosis in Francophone Africa”, which took place from June 11 to 13, 2024 in Yaoundé, Cameroon?

It was essential for us to take part in this meeting, as it was the first time that French-speaking organizations involved in the fight against tuberculosis had come together to discuss the major challenges facing the region. We were there to represent the voice of people in detention, particularly those with tuberculosis, as they are a key population vulnerable to the disease.



Danny Badila, in the light blue coat, at the Yaoundé meeting.

4. The meeting focused on the Community, Rights and Gender (CRG) approach. What are the main challenges you face in the fight against this disease? How do you integrate this approach into your TB control actions or programs? What opportunities does this approach offer?

The CRG approach to TB control is an equity-based, rights-based and person-centered response; however, the stigma/discrimination experienced by TB patients constitutes a barrier to accessing services and can thus increase the problem of missing TB patients in the community.

The aim was therefore to discuss the importance of involving communities in the fight against tuberculosis, highlighting their central role in efforts to eradicate the disease. This integrative approach aims to include all the components needed to guarantee an equitable response, thus eliminating barriers to access to TB care and services.

The challenges are enormous, especially for interventions to combat tuberculosis and HIV in prisons, which are not sufficiently taken into account in the current Global Fund grant, the implementation of a tuberculosis screening system for prisoners entering and leaving prison, the motivation of prison medical staff, nutritional support and psychosocial support for prisoners suffering from drug-susceptible tuberculosis (D-TB), not forgetting social reintegration programs. Another challenge is that of working in a highly restrictive and dynamic environment.

The opportunity of such an approach is that it pushes us towards multi-sectoral interventions in the fight against tuberculosis, because it's not just about the disease, but also about guaranteeing human dignity.

5. What lessons did you learn from the Yaoundé meeting? What did you retain?

What I have learned from this conference is that there is a fatal gap between what is being done and what should be done. As a result, we need to :

- Strengthen community involvement in the tuberculosis response, particularly for us in prisons, to help close the fatal gap;
- We need to work strategically to remove barriers (social, political and legal) to TB services;
- Advocate for human rights in the project implementation process;
- Set up a good (quality) communication system about the organization and its activities, as poor communication can have a negative impact on the implementation of activities.

6. How does Challenge Facility for Civil Society Round 12 help you carry out your missions and activities?

The [Challenge Facility for Civil Society Round 12 \(CFCS R12\)](#) is providing invaluable support by funding our project to identify and overcome barriers to accessing TB care and services in prison settings. This support is perfectly aligned with our objectives, since our mission is to guarantee prisoners' access to quality healthcare services. Implementing this project also enables us to strengthen our collaboration with stakeholders – be they prison authorities, healthcare providers or prisoners – consolidate the commitment of Health for Prisoners members, and energize our organization.



[OnImpact](#): Joint meeting with civilian and military prison staff, the National Tuberculosis Control Program, the Kinshasa Provincial Tuberculosis Coordination, Club des Amis Damien and Health for Prisoners in July 2024 with the support of STOP TB PARTNERSHIP.

7. What message would you like to convey to communities, technical and financial partners, program managers and political decision-makers about the importance of tuberculosis control and the “Community, Rights and Gender” (CRG) approach?

- To communities: network according to program priorities, mobilize the necessary resources and make a real commitment to closing the gap in the response to tuberculosis;
- Technical and financial partners: mobilize the resources needed to support TB-affected communities and civil society in implementing activities, build capacity and facilitate community access to funding by easing certain access conditions;
- Program managers and political decision-makers: commit and mobilize domestic funds to fight tuberculosis, strengthen collaboration with civil society and communities affected by tuberculosis, and place the problem of tuberculosis, particularly that of key and vulnerable populations, at the heart of political discussions and decisions.

8. Is there a question you would have liked to ask, but which was not asked during this interview?
If so, please feel free to respond.

None.

Thank you.

