



Longitudinal Effects of Community-Based Tuberculosis Support Programmes on Cure Rates in DRC

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Abstract

Tuberculosis (TB) remains a significant public health challenge in the Democratic Republic of Congo (DRC), where cure rates are suboptimal. A mixed-methods approach combining baseline surveys, follow-up interviews, and health record reviews was employed. Data were analysed using logistic regression models with robust standard errors for inference. Community-based support programmes demonstrated a significant positive impact on cure rates (OR = 1.75, CI: 1.45-2.09), particularly among rural populations who received additional nutrition and transportation assistance. The study underscores the importance of community engagement in TB management and highlights the need for tailored support strategies to improve outcomes. Implementation of evidence-based, context-specific interventions is recommended to enhance cure rates and overall public health impact.

Keywords: *African geography, tuberculosis control, community health interventions, longitudinal studies, cure rates, public health, qualitative analysis*

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