WANTED: LEADERS FOR A TB-FREE WORLD.
YOU CAN MAKE HISTORY. END TB
TB is curable, but also deadly, cautions Deputy Prime Minister of Lesotho

Deputy Prime Minister of the kingdom of Lesotho, Monyane Moleleki reminded the world that TB is curable but still deadly, hence we must do something about it to deliver a TB free world. He was speaking on 23 March 2018 during the regional commemoration of world TB day in Maseru, Lesotho. The theme for world TB day in 2018 is “Wanted: Leaders for a TB-free world” – You can make history. End TB and falls on 24 March 2018.

The Deputy Prime Minister indicated that we must focus on preventive measures and also lower the cost of treatment for TB to deliver a TB free world as envisioned in this years’ world TB day theme. He said that the current cost of treating TB brings with it a severe impact on the economy of some countries, especially the less developed ones. He also challenged the Parliamentarians to do more to end the burden of TB and was encouraged by the work of the Parliamentary Caucus on TB that have been formed at national level.

World Health Organization (WHO) country representative, Dr Cornelia Atsyor said that TB
is the top infectious killer disease in Lesotho. Dr Atsyor emphasized that new infection rates in Lesotho are higher than the average in Africa and this number might double once the missing cases are detected because currently some TB cases remain undetected. She further urged governments to scale up domestic funding for TB control and take responsibility for essential medicines and laboratory supplies.

Dr Atsyor said that since TB is mostly found in marginalized and vulnerable communities, it is important that leadership actions go beyond the health sector to address environmental, economic and other factors that increase the risk of TB infection using a multisectoral approach. She said that it is important to maximize current methods to improve TB detection and called on governments to scale up domestic funding towards TB efforts.

US Ambassador to Lesotho, Rebecca E. Gonzalez also emphasized the need to intensify TB case finding. She said that Lesotho currently has sufficient GeneXpert machines to diagnose all suspected cases of TB but these machines are not used optimally due to stock outs of cartridges, lack of maintenance agreements and limited staff in laboratories. There is also need to build human capacity in this area.

Ambassador Gonzalez also bemoaned the lack of infection control to prevent TB transmission in health facilities and centres by indicating there are exists low cost measures that can help to address this challenge i.e. ensuring patient waiting rooms and consulting rooms at health centres are adequately ventilated. Lesotho has the tools to control TB at present, but these tools are not being used as they should so let us recommit to focussing on what is currently available that can markedly impact TB in Lesotho.

Speaking on behalf of NEPAD Agency CEO, Chimwemwe Chamdimba said that the fight to end TB will not be won if we turn our backs on the intricate movement of people across our borders, and this is what makes this year’s regional joint commemoration of world TB day an important event as it demonstrates the strengthened level of partnerships in Africa.

There is strength in numbers, and working collectively to enhance TB surveillance across national boundaries will undoubtedly add value to the way we will identify the 40% undetected TB cases globally, as well as curtail the spread of TB.

Recognizing this huge burden of TB that the continent bears, the African Union (AU) has taken leadership in coming up with a Common Africa Position (CAP) on TB. The common position is aimed at advancing Africa’s agenda and building consensus while amplifying the African voice on key TB policy issues, ahead of the United Nations General Assembly (UNGA) High Level Meeting on TB. The CAP has received both technical and policy input at different levels.

Parliamentarians have an important role to play in ending TB in Africa

The Deputy Prime Minister hailed the efforts of NEPAD Agency, Pan-African Parliament (PAP) and the AU for bringing together Parliamentarians on the sidelines of the First WHO Global Ministerial Conference on Ending TB in Moscow, Russia to review the Draft Common Africa Position on TB.

He retaliated the important role of Parliamentarians ahead of the First ever High-Level Heads of State Meeting on Ending TB that will take place later in September this year in New York, USA. During this High-Level meeting, Parliamentarians will play a key role in the expected Political Declaration on TB that will be endorsed by Heads of State to strengthen action and investments for the end TB response, saving millions of lives.

Honourable Moshoeshoe Fako, a Member of Parliament (MP) in Lesotho and Chairperson of the portfolio committee on social cluster said that Parliamentarians are making tremendous progress
in efforts to emancipate the world from TB. Hon. Fako mentioned that he has participated in the SATBHSS project first Community of Practise (COP) for economics of TB and sustainable financing which took place in Cape Town, South Africa in February 2018.

He stated that Lesotho has established an MP’s Caucus on TB that is currently reviewing existing mechanisms for accountability in health financing and will develop a road-map for supporting regional and country efforts on strengthening accountability.

The MPs Caucus on TB has already identified approaches and platforms for advocacy on reforms in health financing with specific focus on TB and reducing TB cost of care.

In conclusion, the Hon. MP thanked NEPAD Agency, PAP and AU for galvanizing political support and developing strategies that will amplify the voices of Parliamentarians ahead of the September New York High-Level meeting and beyond for sustained impact. He said that as Members of Parliament they are committed to advancing this course through their law-making oversight and representation functions.

“We stand ready to ensure the interests of our people are represented”, Hon Fako said.

As MPs they are ready to ensure that more is achieved with limited resources, advocate for development and implementation of the public financing model, and support the MP’s Caucus on TB as well as become TB champions in Parliament and organize similar support in their constituencies with community and Church leaders.

The joint training was attended by officers from three (3) provinces namely; North, South and Central. East Central and Southern Africa Health Community (ECSA-HC) organized the joint training in partnership with the Ministry of Health of Malawi under the Southern Africa Tuberculosis and Health Systems Support (SATBHSS) project. One of the aims of the project is to improve regional capacity for disease surveillance, diagnostics, and management of TB and Occupational Lung Diseases and Malawi is taking lead as the Centre of Excellence (COE) in community TB care and integrated Disease Surveillance on the project.

The main objective of the joint training was to build capacity for surveillance and laboratory
recent cholera outbreak in Malawi, a significant amount of time was allocated where a series of scenarios developed by the facilitators were used to review strengths, weaknesses and opportunities for improvement in terms of the country’s preparedness and response from community to government level, and laboratory capacity.

Speaking on behalf of the National TB Manager, Mr. Mabvuto Chiwaula, the National TB Reference Laboratory Manager indicated that this training was the first of its kind where laboratory and surveillance officers are jointly trained. He emphasized that surveillance and outbreak preparedness and response require a joint approach by laboratory and surveillance as well as other sectors like environmental health, water, security, media, education and many others as indicated by the One Health Approach. Therefore, this training served as a platform for establishing a working relationship between surveillance and laboratory officers, which is key in surveillance and outbreak response.

The joint training was delivered in two modules over a period of six days. The first module attended by both surveillance officers and laboratory staff covered general surveillance and laboratory topics while the second module involved only laboratory officers and concentrated more on laboratory technics from preparation and quality control of media to sample collection, transportation, processing and reporting of results. After each didactic session, participants went to the laboratory at Salima District Hospital to put theory into practice. They were taken through the steps of processing and identifying of such organism like Vibrio Cholera, E.Coli, S. Aureus and other non-lactose fermenters of significance like Shigella. Key in Module 2 was the collection and processing of environmental samples. Participants were split into three groups that went on a field visit to the Salima Water Board where they sampled water; two of Salima markets where they sampled different forms of food and the hospital kitchen.

The training was co-facilitated by two Regional experts namely; Mr. Charles Njonjo of Ministry of Health Kenya and Mr. Atek Kagirita of Ministry of Health Uganda. Other facilitators included Dr Talkmore Maruta of ECSA-HC and two local trainers, Mr. Alick Banda and Mr. Edward Chado also conducted the training from the National Microbiology Reference Laboratory the IDSR focal person for Malawi respectively. Facilitators and participants in the joint training proposed the following recommendations:

- To conduct the training close to a facility that is able to offer a laboratory with adequate space, reagents and supplies to ensure all practical are conducted in full.
- Ensure all sensitization, planning meetings and training on surveillance and outbreak preparedness and response have One Health Approach representations (Surveillance, environmental, laboratory and clinicians, veterinary, wildlife)
- Identify laboratories to be strengthened to provide microbiology services such as culture and Drug Susceptibility Testing (DST) as well processing of environmental samples. This include equipment, reagents and supplies, drugs for DST and trained staff.

Malawi is benefitting from improved disease surveillance, one of the key components being strengthened under the project.
Globally, about 40% of Tuberculosis cases remain undetected and the disease is still listed as a neglected. According to Joseph Mthetwa, Senior Health Officer at the Southern African Development Community (SADC), regional political commitment to ending TB exists. Hence, this can be leveraged to advocate and implement innovative and sustainable TB financing models that can increase Member States accountability and improve domestic budget allocation to invest in efforts to end TB in Africa by 2030.

“Improved resource investment to end TB will not only help us to find the missing, undetected TB cases but also increase efforts on TB prevention and treatment”, Mr Mthetwa said.

He was speaking at the 1st Meeting of the Community of Practise (COP) on Economies of Tuberculosis and Sustainable Financing taking place in Cape Town, South Africa from 21 – 23 February 2018 organized by NPEAD Agency. Lesotho, Malawi, Mozambique, Zambia and South Africa have come together to establish the COP to support the development and implementation of innovative models for sustainable financing for TB and reduced direct and indirect cost of care that will increase access to TB treatment. Mozambique is the lead country under the regional coordination of NEPAD Agency and East Central and Southern Africa Health Community (ECSA-HC).

Participants at the 1st COP Meeting discussed best practices and shared lessons on country financial management and accountability systems for health; developed a roadmap for advocacy activities for increasing financing and identified operational research studies to contribute to generation of evidence to inform advocacy for increased allocation of resources to TB and the benefits of investing in TB control and prevention.

One of the key aspects highlighted at the meeting is the need to boost the role of parliamentarians to enhance advocacy to improve domestic funding for TB interventions, and motivate countries and decision makers to embrace investment in innovative Research and Development (R&D). Parliamentarians can play a critical role in addressing the challenge of dwindling domestic financing for TB in African countries.

The Honourable Members of Parliament (MPs) present at the COP were heading delegations from Lesotho, Malawi, Mozambique and Zambia. They called for the inclusive involvement of all stakeholders to turn the tide on TB financing. The Honourable MPs also highlighted the need to increase both financial and human resources towards the TB fight. Honourable MPs, Fako Mofokeng, Mark Michael
Botomani, Valéria Mitelela, and Princess Kasune represented Lesotho, Malawi, Mozambique and Zambia respectively. A delegation from the South Africa Department of Health (DOH) also echoed the above words by stating that it is now time for parliamentarians to take responsibility and advocate for TB financing.

The COP was hosted under the Southern Africa Tuberculosis and Health Systems Support (SATBHSS) Project. African countries can win the TB fight on the continent and improve the health status of its people by implementing innovative, sustainable TB financing models.

**Zonal approach to improve Lesotho–South Africa cross-border disease surveillance**

Lesotho and South Africa are working together in border areas to improve disease surveillance for TB and other diseases.

Given the geographical intricate TB/HIV disease burden and movement of people across the borders of the two countries, Lesotho and South Africa agreed in 2017 to improve cross-border disease surveillance using seven (7) zonal cross-border committees by establishing the Thabo-Mofutsanyana, Leribe and Botha-Bothe (TLB) zonal multi-sectoral cross-border committee to oversee and coordinate cross border health related factors.

A quarterly meeting between the two countries was held in Leribe, Lesotho from 31 January to 01 February 2018 to finalize the Terms of Reference (ToRs) and develop draft Standard Operating Procedures (SOPs). The meeting also produced an operational plan out of work plan agreed by the two countries in 2017 and mapped out the diseases for surveillance at the borders as well as the way forward. The meeting was attended by 24 participants from both Lesotho (Leribe and Botha-Bothe) and South Africa (Thabo Mofutsanyana) districts.

Under the Southern Africa Tuberculosis and Health Systems (SATBHSS) project it was resolved that the project participating countries; Lesotho, Malawi, Mozambique and Zambia establish a total of 24 zones in their respective regions to tackle health related concerns. The 7 zones between Lesotho and South Africa form part of this regional approach to improving disease surveillance across borders in the Southern region.

The main purpose on these 7 zones identified in the 2017 meeting between Lesotho and South Africa is to improve cross border collaboration in surveillance, using the one-health approach. The Terms of Reference (TORs) were discussed and adopted by the two countries to guide the collaboration on cross-border diseases surveillance and it was agreed that even though the main focus is on TB and HIV, other diseases will also be considered such as Listeriosis that affect the two countries and also touch on cross-border movement of people and goods.

In addition, the 2018 operational work plan was developed by the two countries based on the quick gains using the available budgets and the activities that were already budgeted in the project. The framework for the SOPs was also developed and will be finalized later. It was also agreed that the next quarterly meeting will take place in May 2018 where different stakeholders will present progress made on the agreed assignments. Participants also agreed to brief other stakeholders about the concept of the cross border disease surveillance.
Multistakeholder collaboration to improve TB control in correction services of Lesotho

Twenty (20) health officers from correctional facilities in Lesotho comprising nurses, environmental specialists, pharmacists, health managers and monitoring and evaluation officer, were trained as trainers on TB infection control for correctional services, in line with international standards for TB control in correctional services. The training took place in Mohale district in Lesotho, from 19 – 23 March 2018.

The training was an initiative from the kingdom of Lesotho. The East, Central and Southern Africa Health Community (ECSA-HC), under the Southern Africa TB and health system support project (SATBHSSP) helped coordinate a training facilitated by national and international stakeholders engaged on TB infection control. The 5-day training targeted health officers from 11 correctional facilities, regional and central level units of the correctional health services. The training was facilitated by the country team, namely, Ministry of Health-NTP and Lesotho Correctional Services, in collaboration with the East, Central and Southern Africa Health Community (ECSA-HC) and Biomedical Research Institute from Zimbabwe (BRTI).

Correctional facilities or prisons are an important reservoir of TB infection in most parts of the world, but particularly in countries that have a high incidence of TB and HIV, such as Lesotho. TB burden in correctional facilities or prisons can be up to 100 times higher than in the general population. Worldwide, 24% of MDR-TB cases are from prison settings. Overcrowding, poor hygiene and inadequate ventilation contribute to the spread of infection. In addition to this, factors such as poor human resources (number and skills), largely contributes to perpetuation of infection cycle and to the unbearable burden of TB in inmates and staff in correctional facilities.

One of the mandates of the SATBHSS project is to "Mobilize communities to enhance active TB detection in key populations and strengthen their linkage to care" and correctional inmates are a key target group in the project. In addition to bearing a high burden of TB, correctional inmates are part of the community and are a highly mobile population, posing a significant risk to their families and communities.

The training was aimed at providing a framework and general guidance for effective prevention and control of TB in correctional facilities; and strengthen the capacity of correctional facilities' health staff to deliver training on infection control and reinforce implementation of measures in correctional facilities.

The trainees were very motivated and actively participating. There were important gaps identified in the implementation of infection control measures, standardization of procedures, infrastructure compliance with infection control standards, and collaboration with health department.

By the end of the training trainees developed a draft infection control plan for each facility and a cascade training plan; a draft SoP to standardize the procedures in correctional facilities was developed and discussed; and recommendations and follow-up actions to strengthen advocacy to improve infrastructure development and collaboration between correctional facilities and public health departments were agreed.
African Union (AU) ministers of health and parliamentarians meeting on the sidelines of the First WHO Global Ministerial Conference on Ending TB reviewed the Draft Common Africa Position on TB. The draft advances Africa’s position and builds consensus while amplifying the African voice on key TB policy issues, ahead of the 2018 United Nations General Assembly High Level Meeting on TB.

‘To end the TB epidemic we must ensure universal access to high quality TB services including diagnostics, drugs, digital technologies and standards of care for all forms of TB and ensure attention to high risk groups and vulnerable populations. This requires sustained leadership and multisectoral collaboration’ said Hon. Dr Pakishe Aaron Motsoaledi, the Minister of Health of the Republic of South Africa.

The Common Africa Position epitomizes the implementation of the Catalytic Framework to end AIDS, TB and Malaria in Africa by 2030 which sets bold and ambitious targets to end TB by 2030 that are aligned to the Global End TB Strategy. The Common Africa Position seeks to ensure sufficient and sustainable financing and universal coverage of TB care and prevention backed by science, research and innovation.

Africa has made significant strides in controlling TB over the years. However the latest WHO Global TB Report released two weeks ago shows that much needs to be done to end the epidemic. TB incidence rates in the region are the highest per population and the current rate of decline of TB incidence is not adequate to end the epidemic by 2030. As a region, Africa accounts for 25 to 28% of notified TB cases every year. Africa is home to 16 of the 30 global TB high burden countries. Recent TB prevalence surveys have shown that many countries in Africa are missing half of the existing TB cases partly due to continued use of diagnostic technologies that have known low yield, inadequate coverage with primary health services, and inadequate collaboration with the private sector and communities, among others. Treatment coverage in Africa? is currently estimated at 49%.

Persistent high levels of TB/HIV co-infection mean that it remains a significant risk factor continuing to drive the TB epidemic in some settings especially in East and Southern Africa. Drug resistant TB exists widely and only half of diagnosed cases are receiving effective treatment, and only 68% of those on treatment are being cured. The 2017 WHO Global TB report shows inadequate investments in TB. Domestic financing accounts for only 26% of TB funding, while 41% of needs remain unfunded.

“We need to take decisive action towards financing TB. Without question, funding shortfalls are among the main reasons why we may trip and not reach the end TB targets. We will need to expand access to patient-centred diagnosis, treatment and care through universal coverage with modern high yielding diagnostic tools, quality assured modern medicines and regimens, and social protection which leaves no one behind, especially poor and marginalised populations” said Dr. Matshidiso Moeti, WHO Regional Director for Africa.

The Common Africa Position addresses six key areas which are promoting leadership, country ownership, governance and accountability; universal and equitable access to prevention, diagnosis, treatment, care and support; access to affordable and quality assured medicines, commodities and technologies; research and innovation; health financing and strategic information.
TB is real, preventable and can be conquered in Africa

Lesotho hosts 3rd Regional Advisory Committee on TB

According to the World Health Organization (WHO), TB is the ninth leading cause of death worldwide and the leading cause from a single infectious agent, ranking above HIV/AIDS in 2016.\(^1\) In the same year, there was an estimated 1.7 million TB-related deaths worldwide. Deputy Minister of Health of Lesotho, Mrs Manthabiseng Phohleli, says that part of the solution to tackling the burden of TB in Africa requires that we enhance the scope of current efforts and embrace innovative approaches to roll back the disease.

“We have to expand the scope and target underserved communities in our countries to win the fight and conquer TB in Africa”, Mrs Phohleli said.

Mrs Phohleli was speaking during the 3rd Regional Advisory Committee (RAC) of the Southern Africa Tuberculosis and Health Systems Support (SATBHSS) Project that is taking place in Maseru, Lesotho from 23 – 25 January 2018. She also highlighted the importance of adopting multi-sectoral, multi-ministerial and cross-country approaches to conquer TB together. During the Meeting, Lesotho also accepted the Chair of the RAC which was handed over to them by the predecessor, the Government of the Republic of Mozambique.
Representing Southern African Development Community (SADC), Senior Health Officer, Joseph Mthetwa emphasized on the need to strengthen partnerships and integrate efforts in the SADC region to address the burden of TB.

He further stated that during the SADC Joint Meeting for Ministers of Health and Ministers responsible for HIV/AIDS in 2017, the Ministers noted progress that both the SATBHSS Project and TB in the Mines Project have realized in the region in line with indicators to mitigate TB and responding to the 2012 SADC Declaration on Tuberculosis in the Mining Sector.

As a result, an update on the work of the two projects will be presented to the SADC Heads of State Summit in 2018.

World Bank (WB) representative, Mrs Janet Entwistle reminded participants that they must not lose sight of the individuals that bare the reality of the effects of the TB epidemic.

She stated that TB disproportionately impacts the poorest, therefore cross-country collaboration on the SATBHSS Project provides an opportunity to tackle this problem together and contribute to alleviating poverty on the continent.

“TB is real, it is preventable and can be conquered if we work together”, Mrs Entwistle said.

Principle Secretary (PS) at the Ministry of Health in Malawi, Dr Dan Namarika said that they are pleased to be part of this project because it brings opportunities to strengthen collaboration within the country between Ministries and also at the regional level between countries. Director of Public Health at the Ministry of Health in Zambia, Dr Andrew Silumesi said that they are committed to making the best use of the resources provided by the World Bank to improve the quality and delivery of TB services in the country.

Permanent Secretary (PS) in the Ministry of Health in Mozambique, Dr Zacarias Zindoga said that even though it is preventable and curable, TB is the leading cause of death among communicable diseases. Hence, the efforts adopted under the SATBHSS project must be embraced to achieve the desired impact at the country level, as well as at regional level.

Mozambique was Chair of the RAC in 2017. Permanent Secretary (PS) in the Ministry of Health of Lesotho, Mr Monaphathi Maraka put emphasis on the need for multi-sectoral approaches to sustain efforts on the fight against TB. He further stated that our similarities and relationships are more important than our differences, and these can be harnessed to improve current efforts to address the burden of TB together.

Prof. Yoswa Dambisya, the Director General (DG) at East Central and Southern Africa Health Community (ECSA-HC) presented the meeting objectives of the 3rd RAC. He stated that the 3rd RAC Meeting aims at carrying out joint review of the progress in the implementation of the project in year one and review work plans for year two.

Prof. Dambisya also said that the meeting provides strategic advice on key issues including the approach for implementation of health care workers TB screening program, compensation approaches and TB management among key populations.

Representing NEPAD Agency, Principal Programme Officer—Policy Specialist, Chimwemwe Chamdimba re-affirmed the commitment of the African Union (AU) leadership and NEPAD Agency in fighting the burden of TB in Africa in line with the targets outlined in the Catalytic Framework to end AIDS, TB and Malaria in Africa by 2030 and aligned to the WHO Global End TB Strategy.

She said that there is need for consented efforts to win the war against TB together and in future, expand these efforts to more countries in Africa.

The 3rd RAC Meeting brought together senior representatives and technical experts from Ministries of Health, Labour, Mines and Minerals from Lesotho, Malawi, Mozambique and Zambia, representatives from the World Bank (WB), NEPAD Agency, ECSA-HC, SADC as well as other development partners and stakeholders.

The project participating countries presented the work implemented at national level in the first year of implementation of the project in 2017 and presented their work plans for the second year, 2018. NEPAD Agency and ECSA-HC also provided their work plans for 2018 and implementation status in 2017.

The 3rd RAC provided an opportunity to review and reflect on the work accomplished so far on the SATBHSS Project and brainstorm how to refine implementation strategies in year two to maximize impact.
The Occupational Health and Safety Institute of Zambia called for strong political will and commitment to address Tuberculosis (TB) and HIV-related issues in the mining sector. The institute's Executive Director Dr Conrad Mwansa said that the rates of TB in the mines were three times higher as compared to the general population, which could be attributed to exposure to silica dust, silicosis, poor ventilation, overcrowding and high rates of HIV transmission, among other factors.

Dr Mwansa said that TB in the mines could be reduced through the implementation of various methods which require a multi-sectoral approach as one method was insufficient to eliminate the disease. He said that protecting workers in the mines from dust exposure and TB could be a complex and challenging problem as it involved a multi-sectoral approach.

Dr Mwansa said to manage TB, HIV and silicosis and other occupational lung diseases in the mines, there was need for adequate and appropriate legal provisions and finances. He added that standardized packages of occupational safety and health management systems, services and service delivery systems, including the prioritized prevention and early detection and treatment were needed.

Dr Mwansa further said the availability of experienced, trained and skilled human resource was one of the measure needed to manage TB and other occupational diseases. He said apart from a skilled human resource, there was need to get finances to review the relevance and adequacy of the available Occupational Safety Health (OSH) legal provisions and their financing mechanisms with a view to making the needed, country specific and appropriate improvement recommendations.

New Partnership for Africa's Development (NEPAD) Agency Policy Specialist, Chimwemwe Chamdimba said that miners with silicosis or HIV were at increased likelihood of developing TB. Mrs Chamdimba said weak occupational and safety regulatory systems contribute to TB cases in the mines. She said that there are inadequate mine health regulatory capacity in most countries within the Southern African Development Community (SADC) region.

Mrs Chamdimba said that most legislation and regulatory instruments on occupational health and safety within the SADC region were outdated.
Health and communication experts have pleaded with the media to extensively cover Tuberculosis (TB) and other occupational lung diseases to raise awareness among people. The experts from Malawi, Zambia, Mozambique and Lesotho made the plea in Maseru during their three-day symposium on regional TB and Occupational Health Communication Awareness Raising and Information Exchange.

They said people cannot be reached out to with messages about TB and other occupational lung diseases such as silicosis without involvement of the media. Lesotho’s Ministry of Health Public Relations Manager Tumisang Mokoai said many miners and ex-miners who work or worked in South Africa were suffering but not much is being reported. "Many of our people are dying. We need that media indulgence," he said.

Current World Health Organisation (WHO) report indicates that in 2016, 1.7 million people died of TB and 10.4 million fell ill of the disease globally with most of the cases being in Africa.

New Partnership for African Development (NEPAD) Planning and Coordinating Agency organised the meeting for the experts to discuss how to raise awareness for the diseases after noting that many people were being infected due to lack of knowledge.

The four countries are implementing the Southern Africa Tuberculosis and Health Systems Support (SATBHSS) project which was launched in 2016.
Chimwemwe Chamdimba from NEPAD Agency said there was need to create network of journalists whom can be trained on TB and mining issues for them to cover and report right messages.

“We can create a network or a cadre of journalists at the regional or national level to champion coverage of these issues,” she said.

In a rapid reaction to Chamdimba’s proposal, journalists drawn from some public and private media organisations in the four countries, agreed and formed the regional network. The journalists chose Malawi led by Doreen Sonani of Malawi Broadcasting Corporation (MBC) to be first chair of the network. Concurring with Chamdimba, Malawi’s National Tuberculosis (TB) Control Programme Manager Dr James Mpunga said journalists at national level networks should be trained on TB and mining issues for them to cover these areas well.

“We should make sure that what we have started today should bear fruits for the benefit of the people that we intend to reach in this project; and these are, miners, ex-miners and their families,” Dr Mpunga said.
Upcoming Key Events

International Day of Occupational Health, 27-29 April 2018, Nampula, Mozambique

AIDS Watch Africa Experts Meeting, 07-10 May 2018, Kigali, Rwanda

Cross-Border Committee Meeting (Mozambique and Zambia), 07-11 May 2018, Tete Province, Mozambique

SLIPA peer lab assessment, 14-18 May 2018, Lesotho

Training of country teams on health care workers screening - cohort 1, 14-18 May 2018

SLIPA peer lab assessment, 21-25 May 2018, Mozambique

SLIPA peer lab assessment, 28-31 May 2018, Malawi and Zambia

Innovative approaches towards a TB-free Southern Africa, 12 June 2018, Durban, South Africa

5th South Africa TB Conference, 12-15 June 2018, Durban, South Africa

Introduction of Occupational Health and Safety (OHS) Information Systems to Lesotho, 30 May - 03 June 2018, Maseru, Lesotho