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Assessment of 11 laboratories concluded using SLIPTA checklist

Under the Southern Africa Tuberculosis and Health Systems Support (SATBHSS) project, a total of 11 laboratories from Lesotho, Malawi, Mozambique and Zambia have undergone a successful assessment using the World Health Organization Regional Office for Africa (WHO/AFRO) Stepwise Laboratory Quality Improvement Process Towards Accreditation (SLIPTA). This exercise took place from 14th May – 01st June 2018 and is a follow up from the baseline assessment conducted in 2017.

The results and findings from the assessment indicate that on average, the performance of the 11 laboratories was below 50% in management reviews, corrective actions and root cause analysis. The aim of the project is to ensure that each laboratory undergoes a comprehensive quality improvement process with a target of achieving at least 2 Stars by the end of the project. During this assessment, one (1) achieved five stars, one (1) four stars, two (2) three stars, three (3) attained two stars, three (3) attained one star and one (1) received zero stars. A total of 13 laboratories were earmarked for assessment and audit under the SATBHSS project but during this exercise only 11 were audited because two laboratories were undergoing renovations from Lesotho and Zambia.

In each project country, the audit team provided feedback to the Ministry of Health (MoH) during the Centralized De-brief meeting. The meetings were attended by the Permanent Secretary, National TB Program Managers, MoH Laboratory Services Directorates, managers and staff of audited...
laboratories and MoH implementing partners. Overall feedback on performance of the audited laboratories including results (scores and star levels), areas where laboratories performed well, areas of improvement and recommendations are provided during this meeting. The auditors also used these meetings as platform for advocacy for laboratory system strengthening.

The SLIPTA checklist evaluates laboratory performance based on the 12 Quality Systems Essentials (QSEs) that cover requirements for the pre-analytic, analytic and post-analytic phases of the testing services. In order to build capacity of the countries to be able to conduct quality in-country audits, the SATBHSS project trained 26 laboratories from the four project countries in March 2017 in collaboration with African Society for Laboratory Medicine (ASLM). In the 2018 audits, 15 (58%) of the trained auditors underwent competency evaluation and were recommended to ASLM for certification as ASLM SLIPTA auditors. These auditors will also be able to conduct regional audits under the WHO/AFRO SLIPTA program, contributing to regional efforts to strengthen laboratory systems.

After the assessments, two main recommendations came out. Firstly, that there was need to set up a target to attain ISO 15189:2012 International accreditation within 12–24 months for laboratories with three (3) and above with tangible milestones in-between. This recommendation was given based on an assessment of existence of the basic requirements for accreditation that included commitment from management and staff, participation in External Quality Assessments, availability of testing platforms for the TB Testing services expected and existence of required policies and procedures. And secondly, based on the results and findings of the SLIPTA audit the Ministries of Health (MoH) and their partners should jointly develop a plan of action to address the gaps identified during the audits. The plan of action should be accompanied by an effective monitoring and evaluation component for easy follow up to track progress.
Digital Mobile X-Rays to boost TB service delivery in Lesotho

Lesotho is among the 30 High-Burden TB countries in the world, as classified by World Health Organization (WHO) and only 46% of TB cases were detected in 2017. Addressing this challenge requires finding the missing TB cases. Hence, the Ministry of Health of Lesotho has received Digital Mobile X-Rays under the Southern Africa Tuberculosis and Health Systems Support (SATBHSS) Project to improve TB service delivery, especially in the rural communities and find the missing TB cases.

The Digital Mobile X-Rays were delivered to the country on 21st June 2018 and will also be used in the national TB prevalence survey that will begin in July. There are three Digital Mobile X-Rays consisting of two trucks and one van, all fully equipped with X-ray machines, solar panels and a generator. During delivery and inspection of the equipment, the National TB Manager of Lesotho, Dr Liang Bridget Maama-Maime said that this is a comprehensive, innovative approach to finding the missing TB cases in Lesotho, while at the same time bring services to the communities, and empower them to respond to the call for early TB diagnosis, treatment, care and support.

“Arrival of the Digital Mobile X-rays give us hope that the TB prevalence survey will happen. Beyond
that, the X-rays will be used to conduct community based case finding interventions in an effort to find all existing TB cases in Lesotho and eliminate TB as a public health threat," Dr Maama said.

She further said that the Digital Mobile X-rays have additional systems which will assist in TB diagnosis called CAD4TB system. This is able to give colour coding that can ease the process of reading the X-rays by the clinicians. The X-Rays will also play a critical role in the community based TB project that will serve as a Centre of Excellence (CoE) on Community based TB care under the SATBHSS project.

Mounting of the equipment on the Digital Mobile X-rays is said to be excellent and the equipment is of good quality. Additional safety measures will be implemented to stabilize the unit on the trucks and the van and to strengthen the wheels by doubling them at the rear. The drivers will soon be deployed to ensure that the Digital Mobile X-rays begin this journey to finding the missing TB cases and also conducting the national TB prevalence survey in Lesotho.

Zambia launches parliamentary caucus on TB

33% of TB cases remain undetected in Zambia and the Ministry of Health has set a target of reducing TB prevalence by at least 35% by 2020. In order to achieve this, there is need to secure commitment from the leaders, and double efforts and resources to close the funding gap in TB screening, diagnosis and treatment. Responding to this need, 75 parliamentarians have registered and launched the Zambia chapter of the parliamentary caucus on TB. The caucus will advocate for increased funding towards eradicating TB, among others.

The national parliamentary caucus is critical in the fight against TB in Zambia and occupies a key role in convening and coordinating various stakeholders and using the influence of their parliamentary members to hold Ministers and Heads of State to account. This process of establishing the parliamentary caucus in Zambia was spearheaded by Community Initiative for TB, HIV/AIDS and Malaria Plus Related Diseases (CITAMPlus) is in line with the unique global network of parliamentarians united by a shared commitment to end the TB epidemic.
The official launch was graced by second Deputy Speaker of the National Assembly of Zambia Hon. Mwimba Malama and Minister of Health Hon. Dr Chitalu Chilufya. Hon. Dr Chitalu Chilufya commended MPs for being part of the campaign to make Zambia free of TB and for prioritizing the health of the Zambian people.

“Parliamentarians know the corners of their constituencies and will ensure that people are educated about the TB epidemic to meet the 2030 vision of eradicating TB permanently”, Hon. Dr Chilufya said.

Honourable Mwimba Malama commended CITAMplus for spearheading the formation of the parliamentary caucus in Zambia and its resilient fight against TB and the involvement of parliamentarians. He said that the caucus will leverage global and regional caucuses on Tuberculosis to meet its objectives. CITAMPlus Executive Director, Carol Kachenga echoed the words of Mr Malama and said her organization gave itself the mandate to set up and host the TB Caucus Secretariat as one of the many ways to fight TB.

Dr. Christopher Kalila, MP and the interim Chairperson of the Parliamentary Committee on Health said the parliamentary participation will ensure lives of people were spared as TB had consequences on the general population. United Nations (UN) Goodwill Ambassador, Yvonne Chaka Chaka, who was present during the official launch of the Zambia parliamentary caucus on TB, bemoaned the number of people dying from preventable and curable diseases such as TB. She emphasized the importance of domestic funding in sustaining the fight against TB as opposed to reliance on donor funds.

“Africa is blessed with resources that can be used to improve the lives of its people,” she said.
Occupational Health and Safety (OHS) inspection and enforcement is a huge challenge especially in the mining sector in Southern Africa. Inadequate capacity in this niche area continues to compromise the quality of inspections conducted and management of dust and noise exposure, among others. NEPAD Agency conducted a successful training of twenty (15) OHS inspectors from public sector agencies from Lesotho, Malawi, Mozambique, Zambia, and South Africa to build their capacity in conducting comprehensive OHS inspections. The training took place in Chingola, Zambia from 18–22 June 2018.

The participants in the training were drawn from the Ministries of labour and mining and the main objective of the training was to strengthen their capacity to adequately undertake safety inspections with an emphasis on occupational dust exposure management in the mines.

Speaking on behalf of the Director for Mines Safety of Zambia during the official opening, Mr. Malfred Moolela stated that capacity building of OSH inspectors is one of the most important innovative interventions that the project countries can offer in the fight against TB. He further indicated that it is also a meaningful contribution towards the fight against lung diseases and will improve the general health and safety in the interest of workers in the workplace. Mr Moolela encouraged countries to strengthen legalisation to effectively tackle OHS challenges.
The absence of competent enforcement of OSH legislation leads to hazardous conduct of mining and allied operations and mushrooming of conjected/unplanned settlements which contribute to the spread of TB,” Mr Moolela said.

Principal Programme Officer – Policy Specialist from the NEPAD Agency, Mrs Chimwemwe Chamdimba presented the overview of the training and how it fits in to the overall Southern Africa Tuberculosis and Health Systems Support (SATBHSS) project goals and objectives, including the fight against TB and occupational lung diseases in the region and eventually ending TB by 2030. She said that the training directly contributes to addressing the challenge of inadequate human resources to undertake mine inspection and will contribute to improving the quality of inspections, as well as pave the way for regional harmonization of OHS standards and inspection approaches in the Southern African region.

The training was composed of eight (8) modules as follows; introduction to OHS inspection, OHS management system, and inspectors code of ethical behaviour, and contextualising mining within general OHS. There were also modules on regulatory framework for mining inspections, practical approach to inspection and vulnerable groups. In addition, as part of the modules the facilitators and participants visited Konkola Copper Mines Plc (KCM) for practical sessions.

NEPAD Agency organized the capacity building training in collaboration with International Labour Organization (ILO), government of Zambia (Ministries of Mining, Labour and Health), government of South Africa (departments involved with inspections i.e. Labour, Mineral Resources and Health), International Commission on Occupational Health (ICOH), University of Witwatersrand, National Institute for Occupational Health (NIOH) and the University of Edwardo Mondlane (UED) Centre for Industrial Studies, Safety and Environment (CEISA). After the capacity building training, the regional training manual will be finalized, and regional OHS inspection tools will be developed together with roadmaps for follow up in-country inspection trainings.
Enhancing TB screening among HealthCare Workers

TB remains an occupational risk for HealthCare Workers (HCWs) in Low and Middle-Income Countries (LMICs), with latent TB infection rate ranging from 33 – 79%. 2017 routine data from Malawi and Mozambique indicate that TB in HCW stands at 3.7% and 4.5% respectively, and these figures could increase if targeted data collection methods are used. Hence, HCW in Malawi and Mozambique are at risk of contracting TB within their working environment.

This challenge spreads across many countries in Africa and a lack of specific policies for TB infection control and TB screening among HCW, inadequate mechanisms to ensure compliance to existing policies, passive and non-systematic TB screening in health facilities have compounded this problem. East Central and Southern Africa Health Community (ECSA-HC) in collaboration with NEPAD Agency organized a regional workshop on TB screening among HCW from 25 – 27 April 2018 in Johannesburg, South Africa. The aim of the workshop is to conduct an in-depth situational analysis of the status of countries on implementation of TB infection control and TB care for HCW in Lesotho, Malawi, Mozambique and Zambia – the Southern Africa Tuberculosis and Health Systems (SATBHSS) project participating countries.

During the SATBHSS project Regional Advisory Committee (RAC) held in January 2018 in

Healthcare workers in Mozambique are happy to know their safety is being prioritized as the fight against TB is enhanced
Maseru, Lesotho, it was recommended that ECSA-HC and NEPAD Agency should provide technical assistance for capacity building to scale up TB infection control and TB screening among HCW in project countries. Furthermore, the RAC recommended a thorough review of country policies and guidelines on TB infection control and TB screening as well as to develop the necessary infrastructure to address this problem. It is against this backdrop that this regional gathering has been organized and through this platform, the countries are expected to agree and develop national and regional level activities to scale-up TB screening in HCW. In an effort to enhance knowledge exchange, Lesotho, Malawi, Mozambique, and Zambia made presentations on the current status of TB infection control and TB screening among HCW at national level outlining programmes that highlight lessons learnt and best practices.

A representative from International Labour Organization (ILO), Simphiwe Mabhele highlighted the importance of improving working conditions, work policy safety and performance. He also presented an overview of the HealthWISE package that ILO has developed in collaboration with World Health Organization (WHO). This package has since been demonstrated and applied at selected health facilities from Lesotho, Mozambique and Zambia.

"ILO is already working with NEPAD Agency to identify some areas of collaboration to roll-out the HealthWISE package to the other project countries", Mr. Mabhele said.

The HealthWISE package is meant to serve all health workers at health facilities and not just a selected few. The HealthWISE package approach is not a separate process from the in-country TB infection control programmes currently being implemented. It is an integrated process built on local and existing programmes to strengthen activities in a systematic way.

TB infection control and TB screening among HCW is a growing health concern and makes healthcare workers unease when handling TB patients in health facilities. It was heard from the countries during the workshop that there is a lack of specific policies and proper guidelines on TB screening for HCW at the national level, and that there is a need to standardize policies across different health facilities in-country and also at regional level. In addition, there is need to enhance active TB screening as current efforts are mainly passive. In attendance at the meeting were representatives from Zimbabwe – Biomedical Research for Training institute, brought in specifically to present best practices for learning purposes for the other countries. Zimbabwe is one of the few countries in Africa that has managed to integrate TB infection control and TB screening under the Ministry of Health (MoH) structures to ensure coordination of different activities. The approach used in Zimbabwe was highly recommend by the Centre for Disease Control (CDC) and World Bank (WB) as the best practice for other countries to learn and is very relevant in as it operates in connection with the Infection Control Africa Network (ICAN).
The workshop will lead to building consensus on minimum standards for TB screening and TB Care in HCW that the countries can be expected to implement at the national level. In general, Africa has a duty to look after its healthcare workers in order to achieve socio-economic development and this must also be applied to other working environments to maintain a healthy population and healthy workforce. This contributes to the goals and priority areas associated with the aspiration to achieve a prosperous Africa, based on inclusive growth and sustainable development stipulated in the African Union (AU) Agenda 2063. The workshop was attended by experts from Lesotho, Malawi, Mozambique, and Zambia, as well as NEPAD Agency and ECSA-HC, ILO, CDC and Zimbabwe.

Zambia pilots data collection tools for TB baseline assessment

Zambia has recorded headway after successfully completing a pilot of the questionnaires for the baseline assessment for the Southern Africa Tuberculosis and Health Systems Support (SATBHSS) Project survey on Tuberculosis. The pilot was conducted in selected public and private health facilities, as well as firms around Lusaka district, following a training of data collectors and uploading the data collection tools on electronic devices (tablets). The approach of using electronic data collection is envisaged to contribute to high quality data and reduce time from data collection to reporting as the data will be uploaded in real time.

This was revealed during a technical assistance visit to Zambia conducted by East Central and Southern Africa Health Community (ECSA-HC) from 21 – 31 May 2018. Prior to the visit, ECSA-HC and World Bank (WB) received and provided their input in to the inception report and protocol that was submitted by Zambia Institute of Policy Analysis and Research (ZIPAR), the firm contracted to undertake the baseline survey in Zambia.

A review meeting was held to look at the findings from the pilot and it was agreed that the data collection tools be updated based on feedback received from the pilot. Other administrative issues were discussed and action points agreed for efficient roll-out of the baseline survey in Zambia.

While in Zambia, ECSA-HC took the opportunity to also follow up on activities being done after the Operational Research (OR) training conducted in 2017. It was discovered that one of the two studies earmarked was already being implemented by the National TB Programme (NTP) in collaboration with the Tropical Diseases Research Centre and, the Occupational Health and Safety Institute.
April - June 2018

(OHSI). The study is entitled ‘Incidence, pattern and treatment outcomes of patients with tuberculosis among miners and ex-miners, Zambia from 2010-2015 - A retrospective cohort study’. Although the lead investigator for the study is Tropical Diseases Research Centre (TDRC), it was explained that the study is collaborative in nature, with the involvement and support from the NTP-Ministry of Health (MOH) and the Occupational Health and Safety Institute (OHSI).

This study is particularly important as it will generate information for systems strengthening, enforcement of regulatory policies and guidelines for control and prevention of TB in the mines and may also lead to reinforcement of evidence towards review of legislation. Based on the review of the collected, cleaned and preliminary analysed data, recommendations for improvement of data quality and timely completion of the study were made. During the technical assistance mission, ECSA-HC was able to meet with key personnel from the MOH, ZIPAR, TDRC, National TB Reference Laboratory (CDL), health workers at selected clinics and the World Bank, among others.

*Ending TB burden in Southern Africa through innovative approaches*

One third of the world’s TB burden is in Southern Africa. Addressing this problem requires breaking silos and working across national borders. NEPAD Agency and East Central and Southern Africa Health Community (ECSA-HC) organized an interactive satellite session on the sidelines of the 5th South Africa TB Conference in Durban, South Africa on 13 June to increase synergies of innovative regional efforts to tackle the TB burden.

During the session, Lesotho, Malawi, Mozambique and Zambia and Zimbabwe shared experiences on their respective Centres of Excellence (CoE) in TB control implemented under the Southern Africa Tuberculosis and Health Systems Support (SATBHSS) project. Opening the session, ECSA-HC
Director General, Prof. Yoswa Dambisya bemoaned the burden of TB in the region.

“Southern Africa has the highest number of TB cases, and the highest number of missing TB cases,” Prof. Dambisya said.

Prof. Dambisya briefly outlined the work ECSA-HC is doing to assist countries in East and Southern Africa to address the TB burden. He stressed the importance of improving the diagnostic capacity for TB in Africa and also strengthening TB reference laboratories.

Dr Llang Bridget Maama-Maime presented challenges and successes of the implementation of TB care for cross-border miners and also the importance of digital mobile X-rays for improving community TB care in Lesotho. Mr Isaias Dambe from Malawi focussed on how the country is innovatively integrating mobile technology for increased detection of missing TB cases through the e-Health system that has been rolled out. Dr Fwasa Singogo highlighted the lessons learnt in addressing Occupational Health and Safety (OHS) challenges through legislative reforms in Zambia, with particular focus mining.

Mozambique brought attention to decentralizing the management of Multi-Drug Resistant (MDR-TB) through a presentation made by Dr Ivan Manhica. All the countries are establishing CoEs in these specific areas that will benefit the region as a whole and serve as specialized areas of knowledge. A representative from the Healthcare Associated TB Infection Prevention Project (HATIPP) Zimbabwe, Dr Junior Mutsvangwa shared their experiences and insights on early TB detection and treatment, as well as the need to address the occupational risk of TB among healthcare workers.

Representing NEPAD Agency and also Chair of the session, Chimwemwe Chamdimba, the Principal Programme Officer – Policy Specialist, reminded participants about the importance of effective collaboration and strong partnerships to hasten synergies in a multi-dimensional manner. She highlighted the need to strengthen disease surveillance to effectively address the TB burden across national boundaries in a globalized world with increased immigration. The satellite session concluded with a panel discussion involving representatives from the TB in the Mines (TIMS) project, World Bank (WB), International Organization for Migration (IOM) and the Ex-TB Miners Association.
Improving Cross-Border disease surveillance in Malawi and Mozambique

Joint integrated health outbreak investigation and response in border zones classified as high risk for disease outbreaks is one of the key priority areas of the One Health Approach, which aims to improve coordination of cross-border disease surveillance (including other health disasters) between countries. Under the Southern Africa Tuberculosis and Health Systems Support (SATBHSS) project, Cross-Border Surveillance Committees have been established between Malawi and Zambia, and Lesotho and South Africa to address challenges of disease control and improve disease surveillance across borders, especially Tuberculosis.

East Central and Southern Africa Health Community (ECSA-HC) organized a joint meeting in Mozambique from 07 – 10 May 2018 to facilitate the establishment and operationalization of the Malawi–Mozambique cross-border surveillance committee. The cross-border zonal committee was established between the districts of Mozambique - Moatize, Tsangano; Chifunde, Macanga and Angonia from the Tete Province, while in Malawi it involved the following districts; Lilongwe, Dedza, Ntcheu, Mwanza, and Chikwawa.

The meeting was officially opened by Moatize District Administrator, Mrs Maria José Torcida who said there was no other more appropriate time for the two countries to meet than now to strengthen cross-border collaboration as diseases know no boundaries. In addition, the Provincila Medical Director, Dr Carla Mosse Lazaro appreciated the recent joint efforts by the two countries to control cholera epidemics and encouraged the meeting to come up with functional plans to prevent, respond and control this disease in border zones.

After the cross border committee was constituted, it’s Terms of Reference (TORs) and annual work plan for the year 2018 was developed highlighting joint activities to be implemented between Malawi and Mozambique. The cross border surveillance committee also agreed on modalities that could help to enhance current joint cross border activities for improved disease surveillance and synergy between these activities. ECSA-HC is collaborating with SATBHSS project countries (Lesotho, Malawi, Mozambique and Zambia) and other Southern African Development Community (SADC) countries as well as other stakeholders to facilitate the establishment and operationalization of cross-border disease surveillance committees in high risk border zones to address the burden of TB and other diseases.
TB Reference Laboratory refurbished in Lesotho

NEW RECEPTION AREA OF THE LABORATORY
E-Health for Community TB Care Intervention in Malawi

**E-Health Champions**
E-Health is implemented through 3 key personnel whose main role is to assist patients:

1. **Community volunteers**
2. **Health surveillance assistants**
3. **Laboratory officers**

**Key benefits of the E-Health system**

1. Minimizes diagnostic and treatment delays across the health delivery system.
2. Improves patient care through timely information sharing and feedback.
3. Real-time patient tracking from sample collection to testing, results and treatment.

**How the E-Health process works**

1. Community Volunteers collect the samples from the patients at the community sputum collection points.
2. Using a Mobile Phone the community volunteer registers the patients in the system using a unique barcode and submits patient information.
3. Once the patient's information is submitted, the community volunteer takes the samples to the Health surveillance assistant who receives the sample and registers the patient at the hospital register for tracking.
4. The health surveillance assistant then makes a laboratory request in the system for the testing of the samples.
5. The sample is then submitted to the laboratory for testing and a request is made on the type of test to be carried out.
6. Once the laboratory officer receives the sample, he automatically knows what type of tests to be carried out.
7. When the tests are done, the Community Volunteer and the patient get an SMS that the results are out and they must visit the hospital.