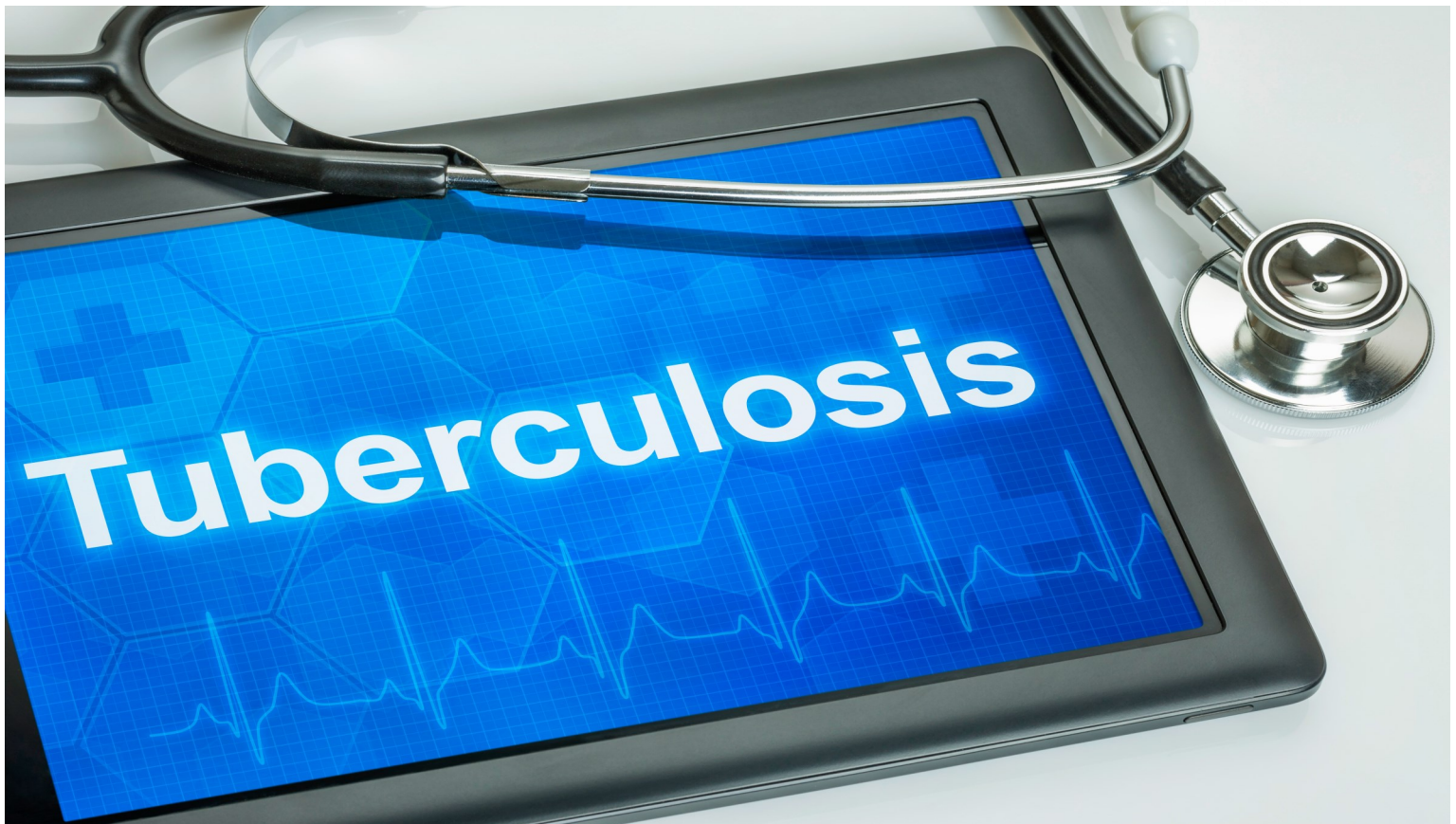


# Newsletter

4th Quarter 2019



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## **S**ADC Ministers Approve Regional TB Framework 2020-2025

In a meeting held in Dar es Salam, Tanzania from 4 to 8 November 2019, the Southern Africa Development Community (SADC) ministers of health and ministers responsible for HIV/AIDS approved the SADC TB strategic framework and its action plan 2020-2025.

The meeting urged member states to; (i) increase domestic funding initiatives for TB; (ii) develop a budget estimate for the action plan of the SADC TB Strategic Framework 2020-2025; (iii) expedite the implementation of the directive to work with partners; (iv) mobilize additional technical and financial resources to support the Member States to develop national performance improvement plans towards universal access to TB services.

On the political declaration of the High- Level Meeting of the General Assembly, the ministers urged the SADC Member States to continue implementing the “Political Declaration of the High-level Meeting of the General Assembly on the fight against TB”; and Continental Accountability Framework for Action to End TB. The SADC directed the secretariat to continue to monitor the implementation of these continental and global commitments and to provide an update on the progress made against agreed targets in their next meeting.

Ministers also noted the progress of the regional TB projects specifically the SATBHSS and TIMS projects. Ministers urged Member States to strengthen mechanisms for data sharing for the roll-out of the CBRS and RHMIS in the region, and Medical Bureau for Occupational Disease (MBOD) to expedite the process of payment of compensations and report in their next meeting in 2020.

## **C**entre of Excellence Develops a Regional Strategy Plan

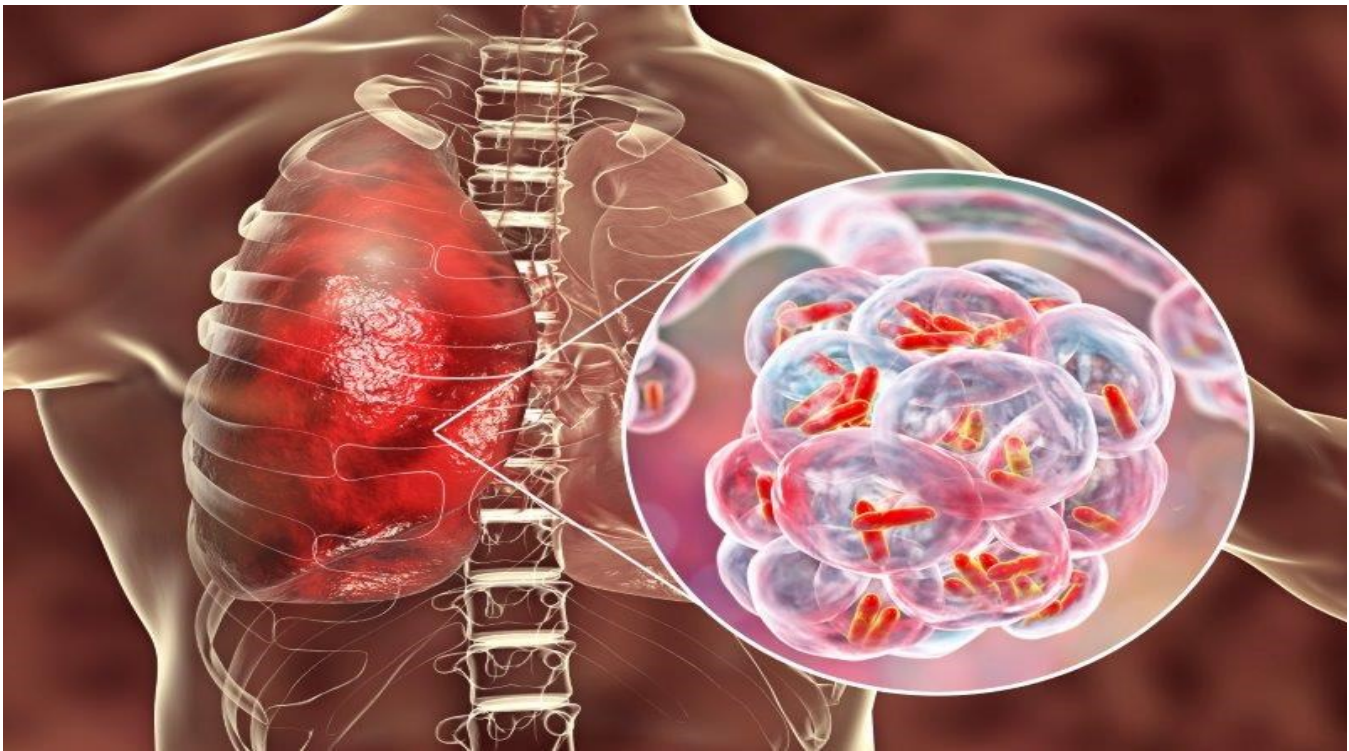
The regional Centre of Excellence (CoE) strategic development session organized by the African Union Development Agency (AUDA-NEPAD), and Government of Zambia was held in Ndola, Zambia on 14-18 October 2020. The strategic session was facilitated by Mrs Chimwemwe Chamdimba and Norman Khoza both from AUDA-NEPAD, supported by University of the Witwatersrand lecturers Mrs Goitsewang Keretsetse and Dr Dingani Moyo. The strategic session was attended by officials from the Ministries of Mines, Health and Labour, and officials from the Compensation Board, industry, unions, and the Occupational Health and Safety Institute (OHSI).

The COE's key strategic objectives include: (i) to prevent and reduce the number of occupational accidents and diseases; (ii) to promote and undertake OHS research; (iii) to undertake evidence-based occupational medical surveillance; (iv) to provide compensation, rehabilitative and return-to-work services for workers in respect of occupational accidents and diseases; (v) to develop and manage an integrated OHS management system to enhance productivity, organisation performance and sustainability; and (vi) to build national and regional capacity for OHS.

The meeting recommended the regional CoE should focus on risk-based OHS management approach. Start with the strengthening of the risk assessment component in order to institute well informed primary prevention including risk-based medical surveillance and control strategies. AUDA-NEPAD will assist the CoE in identifying and recruitment of national and international experts to form the regional centre of excellence technical working group (RCoE-TWG).

*Image: Delegates and Partners during Strategic Session*





## **L**esotho finalises the National Occupational Health and Safety Policy

In 2019, the country embarked on a process to develop the National OSH policy which will set ground for the National OSH Act. Under the SATBHSS project, the Government of Lesotho through the Ministry of Labour and Employment, in collaboration with Workers and Employers organizations, developed the National Occupational Safety and Health Policy (National OSH Policy). The policy aims to prevent accidents and diseases arising out of or occurring in the course of work and the causes of hazards inherent in the working environment in Lesotho.

The National OSH Policy was developed in line with the provisions of ILO Convention No. 155 of 1981 and pronounced the government's commitment to the prevention of occupational accidents, injuries and diseases including lung diseases such as Tuberculosis. It further outlines the principles guiding the national action on OSH, the scope of OSH and the functions and responsibilities of the main stakeholders. By December 2019, the National OSH policy was finalized and will be disseminated in 2020. The Vision of the National OSH policy is to "To create ideal working conditions and environment through the implementation of resilient Occupational Safety and Health National Policy, Strategy as well as operational programmes that enhance sustained economic development through the Decent Work Agenda in the World of Work." The policy in addition indicates the framework for one overarching OSH Act and sector specific regulations which will be developed in the near future.

This is one of the achievements under the SATBHSS project in Lesotho towards strengthening the regulatory framework regarding protecting Basotho against occupational diseases including Tuberculosis hence strengthening the fight against the disease.

# Communities Take Lead In Malawi

Health Care Waste Management (HCWM) in Malawi has, for many years, been a challenge to both public and private health facilities. From the onset, it was anticipated that the SATBHSS Project would generate health care waste through a number of clinical activities including sputum testing or TB detection. Thus, efforts to improve HCWM have always taken precedence and has been considered as a public health, workplace, safety, and environmental concern.

To improve the HCWM challenge in the SATBHSS Project districts of Malawi, an integrated approach has been promoted that considers management of HCW at health facilities. Furthermore, the approach utilizes already existing structures at health facilities and promotes use of locally available HCWM options/alternatives and also using locally generated resources. This approach was adopted for sustainability purposes.

Execution of this plan started with identifying of the Infection Prevention Committee (IPC) as a structure that is existent and established in the health sector in Malawi. The IPC is required to be functional at each health facility and its roles are mainly to enforce bio-safety and occupational safety of health care staff and workers; and enforce infection control measures for patients and health facilities.

During an assessment in the operation of the revamped IPC in November 2019, it was noted that the health facilities had bought into this idea, without any financial incentive going their way. The standout facility has been Mtuthama Health Centre, found in the agriculture district of Kasungu, central Malawi. Mtunthama Health Centre was a perfect example of how poor HCWM can be. The facility had inadequate latrines, no trash pits, no placenta pits and unsegregated clinical and infectious waste was being dumped in an open area that was easily accessed by community members as per below pictures.

After the community were sensitised by the Mtunthama HC IPC, they took it upon themselves to improve the state of HCWM at the facility. The community, through the Health Centre Management Committee raised funds within themselves to carry out community led initiatives to improve HCW facilities at the facility. The community raised funds by contributing a minimum of MWK2000 for those households that could manage.



With these funds, the community together with the IPC have managed to turn HCWM at the facility to one of the best in the country.

The efforts being made by the community members have also triggered HCW and staff to follow the HCWM process by segregating waste at point of generation which has eased the burden on waste handlers.

# Digital X-Ray Improves Health Care in Malawi

Queen Elizabeth Central Hospital in Blantyre Malawi is one of 5 referral hospitals in the country. As a referral hospital it caters for all referred cases from 8 districts within the Southern Region of Malawi.

To compound the problem, Blantyre does not have a district hospital, hence it is the first point of contact of health services for a majority of the Blantyre population.

It is against this background that the SATBHSS project supported the commissioning of 1 digital x-ray machine at the hospital. This is out of the 6 digital x-ray machines that the Project procured. As part of the package, a number of system support services were introduced including the installation of a storage server for the images; a local area network to support the connectivity of viewing stations to the x-ray machine console; and 15 viewing stations installed in wards and departments to fast track image sharing for interpretation within the requesting wards and departments.

The digital x-ray and associated system came at a time when the hospital was experiencing numerous challenges utilizing the conventional x-ray machines. The challenges arose mostly from the non-availability of chemicals and films leading to failure by most patients to access the services. Another key challenge were the long queues that developed as people were waiting to be x-rayed and those waiting to get the results. Lastly, the quality of quality of images was compromised due to a faulty x-ray processor.

It is therefore not surprising to see the tremendous improvement in service delivery that has come about because of the commissioning of the digital x-ray system within the hospital. Notable among other improvements is the reduced patient waiting time as patient details are processed way and shared with radiography department way ahead of time. This is better understood looking at the facility attending to an average of 150 patients in need of x-ray services per day.

*Image 1: Digital x-ray machine.*

*Image 2: Viewing stations*



# Lesotho Intensifies TB Control in Correctional Institutions

Interventions to control TB amongst high-risk groups remains a priority in Lesotho. Correctional institutions are well identified as high-risk environment, TB burden in prisons can be up to 100 times higher than in the general population and 24% of MDR-TB cases are from correctional institutions or prison settings. Over crowding, poor ventilation, poor personal and environmental hygiene contribute to the exponential spread of infection TB in correctional institutions, and these are common conditions found in most prison settings. The situation of TB in correctional institutions in Lesotho is further aggravated by the high prevalence of HIV among inmates which is estimated at around 31%. TB in correctional inmates poses a high risk for correctional staff, and to the general community due to the high mobility seeking social integration after release.

Under the SATBHSS project, Lesotho has undertaken a series of intervention to control TB in correctional institutions. Through the support of ECSA-HC and the Centre for Disease Control (CDC), Lesotho undertook capacity building training workshop for health service providers deployed in correctional institutions on TB infection prevention and control in correctional settings, developed TB Guidelines and related Standard Operating Procedures (SOPs) to ensure standardization and quality of care across all correctional institutions. This is a remarkable achievement as Lesotho is one of the few countries to develop TB guidelines and SOPs for correctional institution settings.

The TB Guidelines are aimed at providing practical approaches for reducing risk of TB amongst inmates, reducing transmission to safety of staff, fellow inmates, visitors of correctional institutions and general population upon inmates' release. In addition to this guide, four specific standard operating procedures developed in order to guide correction staff in; (i) ensuring appropriate environmental precautions for the elimination of TB and airborne disease transmission in correctional institution; (ii) intensifying and implementing systematic Tuberculosis screening targeting inmates and correctional staff, in order to ensure early diagnosis, treatment, quality outcomes, and interruption of the infectiousness cycle in correctional (iii) establishing and implementing isolation precautions to reduce spread amongst correctional population; (iv) implementing contact investigation within the correctional institution and inmates families and communities, as well as early recognition and effective management of TB outbreaks.



Following the various interventions, substantial improvement has been achieved in establishing the infection control committees, conducting baseline assessments of the risk of TB and developing infection control plans while and strengthening systematic screening. The total TB notifications has risen from 60 in 2018 to 75 TB cases by end of 2019. With current interventions, TB detection rates at point at entry into the prison in 2019 is recorded at 116 TB cases in 100,000 population, and this is an indication that correctional facilities are able to diagnose TB early and treat such cases to avoid further infection.

## **C**entre of Excellence in Lesotho Improves Livelihoods

According to the World Health Organisation (WHO), Lesotho is one of the 30 high burden countries for Tuberculosis (TB) and TB/HIV coinfection rates in the world, with an estimated annual incidence of 611 TB cases per 100,000 populations, thus making it number one in the world. The treatment success rate remained stagnant at 76% for the past five years and short of reaching the END-TB strategy of 90% by 2025. Despite the interventions by the Ministry of Health (MOH) mostly at health facility level, the TB, TB/HIV and MDR-TB burden remains high, and the performance of TB Control seem to be stagnant.

In response to the situation the MOH under the Southern Africa Tuberculosis and Health System Strengthening (SATBHSS) Project is implementing the Centre of Excellence (COE) - Community TB Care in two (2) out of the six high districts for TB in Lesotho, namely Leribe and Berea.. The CoE is a community based TB care model aimed at increasing the coverage and quality of active TB screening, improve treatment outcomes, strengthening TB prevention and psychosocial support, in order to attain universal health coverage for TB care and eliminate TB by 2030, in line with the 3<sup>rd</sup> pillar of sustainable development goals and End TB strategy. The CoE in Leribe district provide the following services;(i) Use of mobile digital X-ray for TB screening at community level; (ii) Door-to-door screening by Village Health Workers (VHW); (iii) creation of sustainable funding for community based TB care through performance based funding and establishment of income generation cooperatives of village health workers.

Since July 2019, 1,635 VHWs were trained on the TB screening, DOTs provision at community level, and monitoring of symptomatic TB patients with negative sputum test for further TB investigation. The VHWs also perform contract tracing and monitor TB preventive therapy among children under five years and refer them to the nearest facility. About 28 VHW Cooperatives have been formed and aligned to the health facilities in Leribe. The CoE has picked-up well and with promising results. From September to November 2019 there were 75 cases detected through door-to-door and mobile X-ray, and this represents 9% of all TB cases notified by the pilot district (Leribe) in 2018, in only 3 months of implementation. Since October 2019, the CoE has reached 5 councils, cumulatively 886 clients were screened for TB, HIV and Non-Communicable Disease (NCD) symptoms, resulting in 10 TB cases bacteriologically confirmed, which translates into a case detection of 1128 per 100,000, a yield which is higher than the TB incidence estimated for Lesotho and four times more than the national level yield for TB detection.

In the two months of implementation substantial opportunities for improving TB management at community level were identified. These include the quality of sputum which requires strengthening (58% of all sputum submitted to the laboratory were of good quality); turn-around time for sputum test is beyond the 3 days standard, and this is crucial to provide timely treatment and reduce infectiousness in the community.



# **E**CSA Health Community supports the ZIMOZA Cross Border Committee Meeting

East Central and Southern Africa Health Community (ECSA-HC) in collaboration with the Republics of Mozambique, Zambia and Zimbabwe convened a multi-sectorial cross-border disease surveillance meeting from 7<sup>th</sup> – 9<sup>th</sup> October 2019 in Luangwa, Zambia under the Southern Africa Health Systems Support Project (SATBHSP). This was a first meeting of its kind as three countries sharing common borders due to the Luanga and Zambezi river confluence convened to discuss and develop a joint 2019/2020 work plan on cross border preparedness and response. During the meeting countries concretized on the ZIMOZA cross border initiative, evaluated the preparedness of the Port of Health services available in each country, ultimately developing a joint cross border disease preparedness and response plan. A Table top simulation exercise on Ebola to test available preparedness and response plans was also conducted.

Participants included the District Commissioner of Luangwa, officers from the security, immigration, human health, veterinary, environmental health, port health, local trader’s association and the Zambia National Public Health institute. Dr Maruta of ECSA-HC and Mr Mateva Colleen, Dr Maimuna and Dr Kapina represented their respective countries of Zimbabwe, Mozambique and Zambia. The meeting was officially opened by Mr Ndlovu, the District Commissioner – Luangwa who appreciated the commitment by the 3 districts from the 3 countries in prioritizing cross- border collaboration. During the meeting, the significant movement of people between Mozambique – Zambia – Zimbabwe for various reasons including trade (Fish), extending to Democratic Republic of Congo was noted. Participants were also concerned about the stretched and porous borderlines which pose a challenge for preparation and response to events of public health concern and acknowledged the limited cross-border diseases control and surveillance capacity as surrounding residents seek for health services from the nearest and convenient health facilities despite cross border jurisdictions.



Agreed upon recommendations from the meeting included; (i) merging and expansion of the ZIMOZA taskforce with defines functions; (ii) establishment of multi-lingual systems which will entail development standardized of multi-lingual patient referral forms; (iii) review of Ebola preparedness and response plans,

strengthening capacity for disease surveillance and response to events of public health.

# **M**alawi Test Its Ebola Preparedness

The Public Health Institute of Malawi whose responsibility is to implement the World Health Organization's (WHO) International Health Regulations (IHR 2005), in collaboration with WHO, Norwegian Institute of Public Health, Centres for Disease

Control and Prevention and East Central and Southern Africa Health Community organized and implemented a Field Simulation Exercise for Ebola preparedness at Mbilima Border Post which covered the districts of Chitipa and Karonga. Even though Malawi has not reported any cases of Ebola, the simulation exercise is part of the Government's continued preparedness efforts following the WHO declaration of DRC Ebola as a public health emergency of international in July 2019.

A field simulation exercise (FSX) simulates a real event as closely as possible by simulating actual response conditions by putting the system under immense stress to respond. Hence it is able to test and evaluate most functions of the emergency preparedness and response plan as it test the system in a very close to real life situation as participants are blinded. The Field Simulation Exercise tested six areas of Ebola preparedness and response that included (i) Ebola alert management system at Points of Entry (PoE) (ii) Ebola suspect case management at the Isolation Centre (iii) Ebola suspect case management at the Ebola Treatment Unit (iv) Coordination and information flow of Ebola Virus Disease (EVD) positive results from the Laboratory to district and national level (v) management of a confirmed case of EVD at the Ebola Treatment Unit and (vi) Coordination structures and functions between the District and National Level.

The systems demonstrated strengths in preparedness and response in a number of areas that included screening and isolation services at port of entry, coordination of different agencies at the port of entry, quick response by the District Rapid Response Team, infection control practices, availability of ETU in Karonga and case management team with needed supplies to manage symptoms, capacity to collect and transport samples, risk communication measures and coordination between port of entry, district and national teams in response to the emergency. However, there were noted areas for improvement including increasing human resource capacity at port of entry, practice and enforcement of infection control measures, need for alternative means for communication to alleviate network challenges, dissemination of Standard Operating Procedures, inclusion of standby response team willing to manage Ebola suspects, inclusion of psychosocial support experts in the case management team and specimen chain of custody

An action plan was developed following the recommendations and will be managed by the PHIM and reported to the Ministry of Health and Population Services and partners for progress.

## **H**uman and Skill Capacity Strengthening: Lesotho

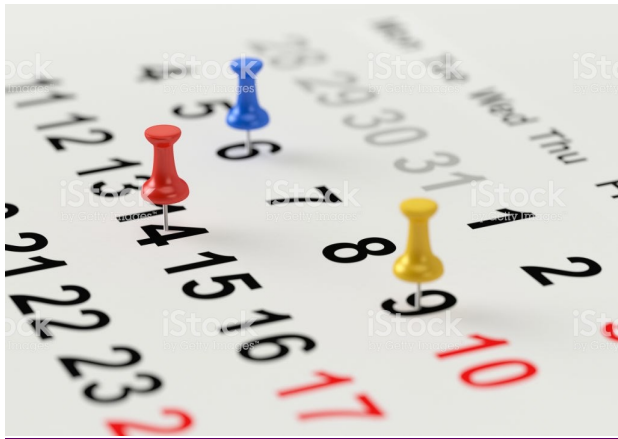
AUDA-NEPAD-Lesotho Occupational Health and Safety Technical Mission (TA). The TA was held in Maseru, Lesotho, from 4 to 8 November 2019. The TA was provided to the country regarding the development of occupational health and safety (OHS) inspectors compliance tools and action plan templates and training the inspectors on the basic use of occupational hygiene equipment. A collaborative meeting with the National University of Lesotho to discuss the development of an OHS short course also took place. Present in the meeting were Dr Dingani Moyo and Prof Aiyuk, Dean of the Faculty of Health Sciences, Dr Daniel Masekameni (the University of the Witwatersrand, and SAIOH Gauteng Branch chair) and Norman Khoza (AUDA-NEPAD OHS Specialist).

## **O**HS Inspectors Training in Malawi

AUDA-NEPAD conducted an occupational health and safety (OHS) inspectors training course at Mponela, Malawi, from 11 to 15 November 2019. The training included the basic principles of risk assessment, occupational hygiene legislation, and techniques on how to use occupational hygiene instrumentation. The delegates completed a practical risk assessment and used the equipment on a field visit to a quarry. The training facilitators were Mrs Julie Hills (SAIOH Academy), Mr Moses Mokone (NIOH) and Mr Norman Khoza (AUDA-NEPAD OHS Specialist), Dr Dingani Moyo (OSHAfrica and consultant) and Ms Carol Mthethwa (Senior Inspector: Department of Employment and Labour: RSA).



*Julie Hills, Dr Moyo, Caro Mthethwa, Norman Khoza and Mr Mokone with OHS Inspectors in Mponela, Malawi (photo: Moses Mokone)*



## Upcoming Q1 Events

- World TB Day Commemoration – 24 –25 March 2020, Lusaka Zambia.
- Training for Nurses on basic OHS – audiometry and lung functioning – 30 March –3 April 2020, Johannesburg, South Africa.
- Occupational Health and Safety Information System (OHASIS) and implementations workshop, 16– 20 March 2020. Lusaka/Kitwe, Zambia.
- Regional Advisory Committee, 11 –13 February 2020. Lilongwe Malawi.
- B Reader Training, 17 –21 February 2020. Kitwa Zambia.
- Occupational Hygiene Training, 16 –20 March 2020. Chingola/Kitwa Zambia
- Quarterly oversight country visit by RCM and Lesotho Chamber of Mines – 18 –20 February 2020, Maseru and greater Lesotho.



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