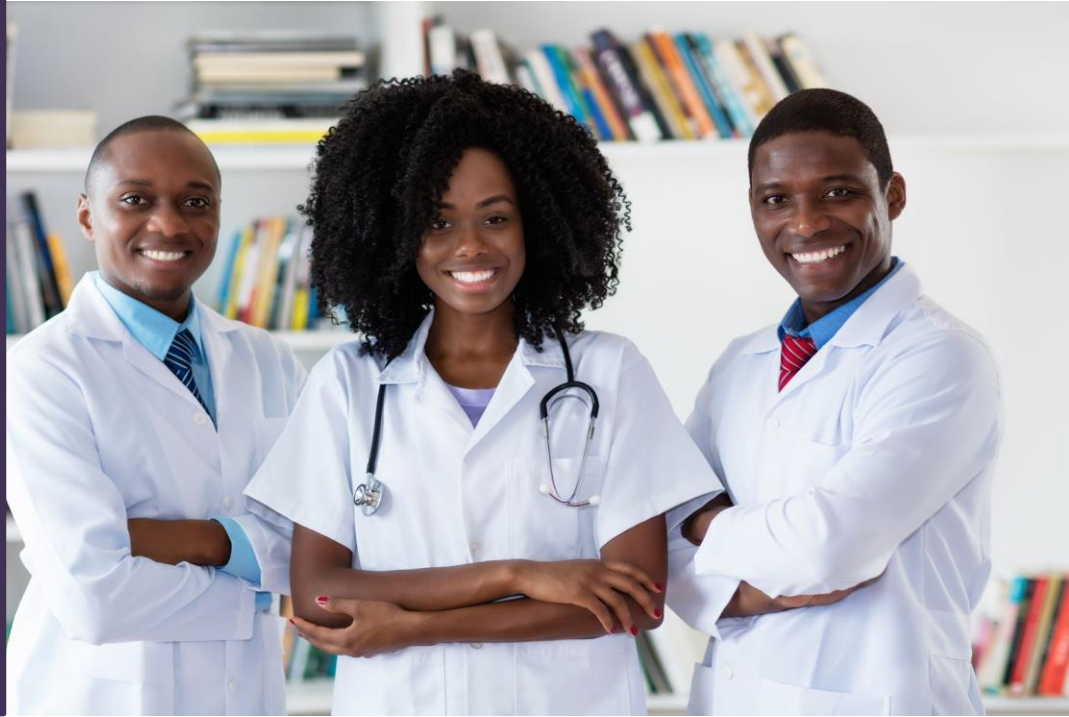




**SOUTHERN
AFRICA**

TB AND HEALTH SYSTEMS SUPPORT
(SATBHSS)
PROJECT



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Maintaining Momentum in Addressing TB in the Light of the COVID-19

We have seen how the world has come together to tackle the COVID-19 pandemic, however it is imperative to ensure that essential services and operations for dealing with the long-standing health problems such as TB continue so as to protect the lives of people with TB and other diseases. Providers of essential health services, including national programmes to combat TB, need to be actively engaged in ensuring an effective and rapid response to COVID-19 while ensuring that TB services are maintained. According to The World Health Organisation (WHO) in an [Information Note](#) released on 12 May 2020, modelling work suggests that if the COVID-19 pandemic led to a global reduction of 25% in expected TB detection for 3 months – a realistic possibility given the levels of disruption in TB services being observed in multiple countries – then we could expect a 13% increase in TB deaths, bringing us back to the levels of TB mortality that we had 5 years ago. The WHO further estimates that between 2020 and 2025 an additional 1.4 million TB deaths could be registered as direct consequence of the COVID-19 pandemic.

Dr. Patrick Lungu, TB Programme Manager in Zambia elaborated on how COVID-19 in Zambia has negatively affected TB Indicators. “Since the notification of the first two cases of COVID-19 in Zambia on 18th March 2020, modification of service delivery was initiated was initiated in response to the outbreak,” says Dr. Lungu.



“This resulted into a low turnout of patients in the outpatient department (OPD) resulting into reduced number of presumptive TB cases being identified, inadvertently, TB notifications plummeted,” said Dr Lungu

“This resulted into a low turnout of patients in the outpatient department (OPD) resulting into reduced number of presumptive TB cases being identified, inadvertently, TB notifications plummeted,” he stated.

Dr Lungu concluded by stating that putting the patients, family and community needs at the center is critical in sustaining the interventions. “Involvement of the patient in planning the care schedule is important to ensure success of the measures, while a steady supply chain is the heartbeat for sustaining TB service provision in the era of COVID 19,” he concluded.

Putting the patients, family and **community needs** at the **center** is critical in sustaining the interventions.

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A **steady supply chain** is the heart beat for sustaining TB service provision in the era of COVID 19.



Below are the *recommendations* on how to maintain momentum in addressing TB in the light of the COVID-19 pandemic in Africa.

Sustaining Screening and Diagnosis:

- o *Maintained access to services.*
 - o *Clear guidance to the general public about where and when to seek services.*
 - o *Education about the overlap in symptoms and presentation of COVID-19 and TB.*
 - o *Leverage Xpert for COVID-19 while maintaining TB services*
 - *Extended operational hours.*
 - *Deployment of additional staff.*
 - *Monitoring and assignment of workload.*
 - *Support specimen transportation.*
 - o *A shift from door-to-door campaigns to a targeted approach (mainly household contact tracing).*
- Geospatial mapping of patients is helpful for this approach.*

Sustaining Treatment:

- o *Orientation of healthcare workers in the adjustment in treatment modalities and provision of job aids.*
- o *A shift from the weekly or monthly prescription with an option of giving enough drugs for the entire intensive or continuation phase.*
- o *Adjusting patient follow ups to telephone calls.*
- o *Strengthening the involvement of family members in the care of the patient.*
- o *Psychosocial and nutritional support is of paramount importance.*

Use of Electronic Platforms in Response to TB in the era of COVID-19:

- o Sustain capacity building, strategic meetings through electronic platforms such ZOOM/Google Teams.
- o Platforms such electronic laboratory information system for speedy transmission of results to both the patient and the care providers and facilitate linkage to care.
- o E- DOT to enhance treatment monitoring during total/partial lockdown.

Re-orient delivery of drug-resistant TB (DR – TB) services amidst COVID-19:

- o Decentralized DR- TB services makes access easier to services.
- o Transition of patients to an all-oral based regimen makes delivery of services easier.
- o For patients on injectable based (Amikacin) regimen community administration is ideal.
- o Keep admission at the barest minimum, only patients warranting admission should be admitted.

Conduct Monitoring and Evaluation of the Interventions:

- o Develop an M&E framework that informs all levels of care and decision making.
- o Establishing a response strategy to respond to the emerging issues is key.
- o Creation of a situation room with all stakeholders involved.
- o Participation of all stakeholders is critical.
- o Following through about emerging issues brings motivation to

Infection prevention and control:

- o Provision of appropriate Personal Protective Equipment (PPE) for healthcare workers in all service points.
- o Establish entry point in facilities and set up patient triage systems.
- o All patients presenting to facilities to put on masks, observe physical distancing and hand hygiene
- o Continued provision of TB Preventive Treatment (TPT) to people living with HIV (PLHIV)
- o Align TPT to antiretroviral therapy (ART) clinic visits and contact tracing and adjusting to multiple month scripting.
- o Decongesting the health facilities by reducing the frequency of visitations.



Innovative Community-Based TB Interventions a Success in Mozambique

In 2019, almost 43% of the people that developed Tuberculosis (TB) were not identified, nor linked to the treatment or reported by health authorities in Mozambique. According to the World Health Organization (WHO), Poor access to the services is among the key factors behind the huge gap between the estimated number of patients and those that are reported. Miners, ex-mine workers and their households, and community members are among the high-risk groups that face several barriers to access the services.

With the aim to increase the finding of missing patients of TB at the community level, the National Tuberculosis Program developed and implemented a set of community-based interventions. This package of activities was developed in alignment with the WHO standards. It comprised the following interventions:

- Household contact tracing for TB;
- TB screening among miners and ex-miners including their household contacts and community members;
- Collection and transportation of sputum samples;
- Retrieving of TB patients lost to follow up;
- Linkage of presumptive/detected cases, including children under-five years old, that have been a contact of a TB patient to the services;
- Delivering of TB related education sessions and psychosocial support;
- Conducting interpersonal communication;

The MoH hired a locally based organization to implement the package in Gaza Province, which covered 7 out of 15 target districts.

Figure 1. HCWs conducting household TB screening (left) and delivering health related educational sessions at community level



Gaza Province in the South of Mozambique, is among the settings with the highest proportion of the total population of miners and ex-miners (47%) linked to South Africa Mining Industry. It is also the Province with the highest case notification rate of TB (546 per 100,000 pop) and high prevalence of HIV (24.4%) (TB annual report, Ministry of Health of Mozambique, 2019).

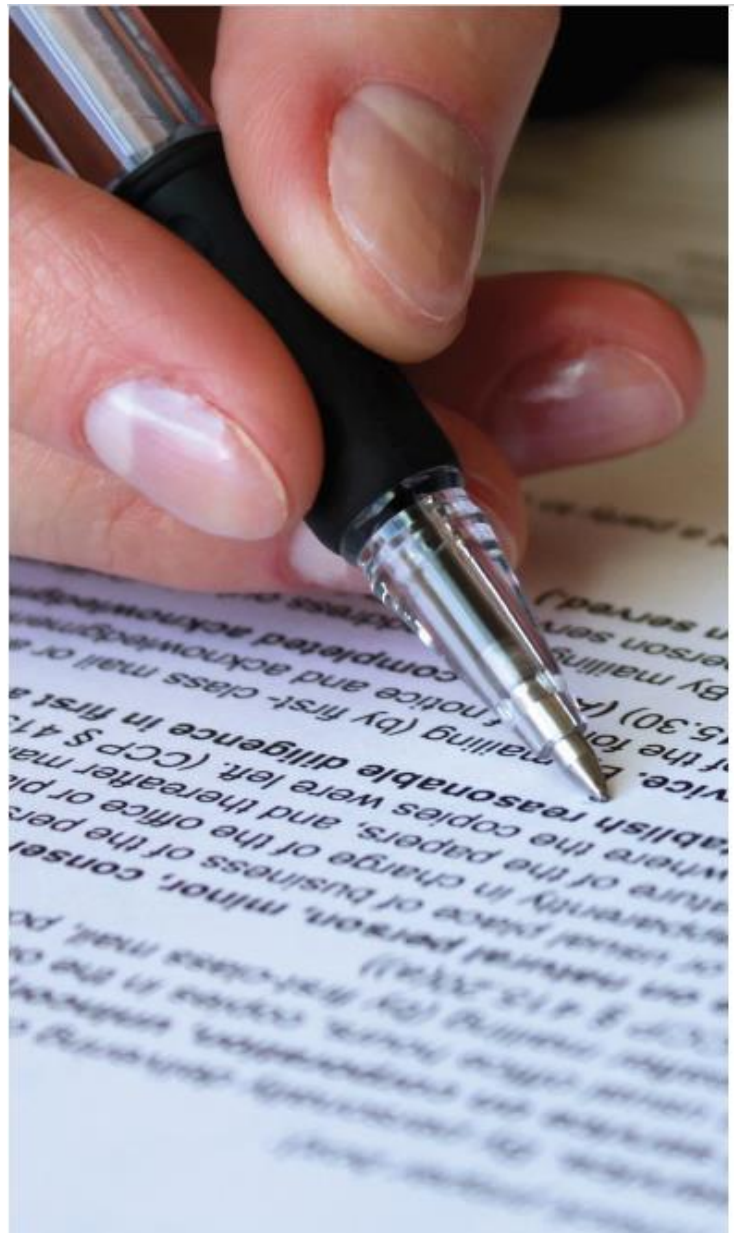
During the first half of 2020, 40613 people (including high-risk groups for TB, household contacts, miner/ex-miner community members) were screened for TB, up from 1853 in 2019. Of those screened, 3% were diagnosed with TB. The proportion of TB bacteriologically confirmed was 31%. Referrals by Community Health Workers (1200) contributed 38% of the total TB cases (3167) diagnosed (all forms). The community-based intervention which focused on high-risk groups in high burden areas were crucial in finding missing patients with TB.

The Southern Africa Tuberculosis and Health Systems Support (SATBHSS) project is a regional project launched in 2016 with the aim of strengthening the health sector's response to Tuberculosis and occupational lung diseases. It is implemented in four (4) Southern African Development Community (SADC) Member States: Lesotho, Malawi, Mozambique and Zambia. The African Union Development Agency – NEPAD (AUDA-NEPAD) and East, Central and Southern Africa Health Community (ECSA-HC) collaborate to provide technical support in project implementation in the participating countries. The project, which is funded by the World Bank aims at (i) improving the coverage and quality of TB control and occupational lung disease services; (ii) strengthening the regional capacity to manage the burden of TB and occupational lung diseases; and (iii) strengthening country-level and cross-border preparedness and response to disease outbreaks.

The project has placed emphasis on rolling out a standardised package of occupational health services and mining safety standards across the four countries. Project countries have in this regard spearheaded studies in different areas of occupational health and safety, with the view to create and share regional knowledge and support evidence-based policies and interventions. Publication of study results in peer-reviewed journals is an important step for communicating findings while providing an opportunity for the findings to be evaluated by the research community. Furthermore, development and dissemination of policy briefs communicates research findings to a diverse group of stakeholders for better translation of research into improvement of OHS policies and services. This has been identified as a major gap in the region and in the project countries. It is hence fundamental that focus is given on improving research and publication writing skills for increased knowledge exchange and utilization to address OHS challenges. This will increase project scalability and influence OHS and TB policy landscape not only in Southern Africa but in the continent and worldwide. A series of training sessions are therefore being organized to equip OHS practitioners from project countries with knowledge on research and publishing results. The first session will be convened from 14 to 18 November 2020.

Read More [Here](#)

SATBHSS Research and Publication Trainings



Fostering Alignment between the SATBHSS and TIMS

TB in Mines in Southern Africa (TIMS) programme emerged from a recognized need for a regionally coordinated response to the issue of Tuberculosis (TB) and related illnesses among mineworkers, ex-mineworkers and their families and communities. The programme began in January 2016 focused on developing infrastructure, processes and systems as part of a regional initiative to address the TB burden. Participating countries are: Botswana, Lesotho, Namibia, Malawi, Mozambique, Tanzania, South Africa, Swaziland, Zambia, and Zimbabwe. The programme focus areas are (i) TB Care & Prevention (ii) Health Information & M&E (iii) Community Response and Systems (iv) Programme management. TIMS 2 which comes to an end on 31 December 2020, covers the period 2018 to 2020. A new Funding Request covering the period 2021-2023 which builds on the achievements and takes into account challenges faced by TIMS 2 has been submitted to the Global Fund.

To ensure alignment, mechanisms are in place to avoid duplication and ensure complementarity of interventions between the SATBHSS and the TIMS Initiative, regular information sharing and joint planning between TIMS and SATBHSS have been maintained. The two programmes continue to attend each other's coordination forums – The Regional Coordinating Mechanism (RCM) and Regional Advisory Committee (RAC). The 10 countries supported by TIMS also continue to attend the Committee of Practice meetings supported by SATBHSS as well as the Regional M&E Technical Working Group (TWG) established under TIMS programme.

Progress made in implementation of TIMS 2 as follows:

a) Occupational Health Service Centres:

The OHSCs provide TB and other occupational health services mainly targeting ex-mineworkers and those found with TB and/or silicosis and worked in the South Africa mines are linked to the Medical Bureau of Occupational Health (MBOD) for compensation. The table below shows the results for mineworker screening to those compensated. A low % of compensation claims are paid due to incomplete documentation.

Read More [Here](#)



Programme indicators	Q8 (Dec. 2019)		
	Result achieved	Targets	% of achievement
# of KPs diagnosed with TB at OHSCs	463	826	56%
# diagnosed with occupational lung diseases	1,806	6,237	29%
# of BME compensation claims submitted	723	1,786	41%
# of BME compensation claims certified compensable	265	715	37%
# of compensation claims paid	135	715	19%

COVID-19 Workplace Response Interventions a Success



The African Union Development Agency - NEPAD (AUDA-NEPAD) in partnership with the African Union Commission (AUC), The International Labour Organisation (ILO), East Central and Southern Africa-Health Community (ECSA-HC), Department of Health South Africa, the National Institute For Occupational Health South Africa (NIOH) and OSH-Africa, successfully launched a series of twelve COVID-19 Workplace Response across Africa. Trainings for all sectors of the economy. The well received trainings took place from 18 May 2020 till 10 July 2020 with over 2158 participants joining the trainings from 33 countries

The overall focus of these trainings was on the implications and management of COVID-19 in the workplace and strengthening Occupational Safety and Health (OSH). Impacts of COVID-19 in the workplace range from an increase of man hours for frontline Health Care Workers, psychological challenges associated with changes in the way work is done, as well as an increase in medical cost and loss of wages. Out of the 12 popular trainings, the top 3 most attended trainings were “Epidemiology and Management of COVID-19 in the Workspace”, followed by “Rational use of Personal Protective Equipment (PPE) during COVID-19”, and “COVID-19 Health Risk Assessment”.

ILO Occupational Safety and Health Specialist Ms Peneyambeko Alina Munkawa said, “The multi-disciplinary in managing OSH and the need to solidify the link with public health started receiving prominent attention. The trainings signify one of Africa’s steps towards addressing challenges and embracing opportunities presented by the pandemic and the future of work” she stated.

“The African region’s economy - as the second most populous region in the world - with only 3% of the global GDP is facing a grim future in the face the COVID-19 pandemic,” said NIOH Public Health Medicines Specialist Dr Muzimkhulu Zungu. He thanked AUDA-NEPAD and its partners for ensuring the trainings were context appropriate, pragmatic and timely, and most importantly for contributing to Africa’s COVID-19 OSH information, tools and skills. The overall feedback from 2158 participants was overall positive, the trainings were mostly described as “informative and insightful”.

Participant Mr Efriam Shilongo, Senior Health Programme Officer from the Namibian Ministry of Health and Social Services, thanked AUDA-NEPAD and partners for the trainings which he described as “excellent” and “expository”, continuing to say that the “the discussions stimulated thinking about the health care workers who are the frontline worker in any diseases outbreak.”

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- Participant Mr Efriam Shilongo, Namibia

African Union COVID-19 / Occupational Safety and Health **GUIDELINES SERIES**

*Workplace Sector Specific
Risk Assessment*

Volume 1



African Union COVID-19 / Occupational Safety and Health **GUIDELINES SERIES**

Mining Industries

Volume 2



COVID-19 OSH guidelines have been developed as reference materials for Member States. They are expected to have an overall positive impact on strengthening OSH and labour productivity in member states.

“Most African countries lack basic organized systems and infrastructure for Occupational Health and Safety, some have fragmented policy guidance responses on PPE, Isolation, infection prevention and control,” said AUDA-NEPAD Principal Policy Officer Ms Chimwemwe Chamdimba who played a lead role in implementing the COVID-19 Workplace Response.

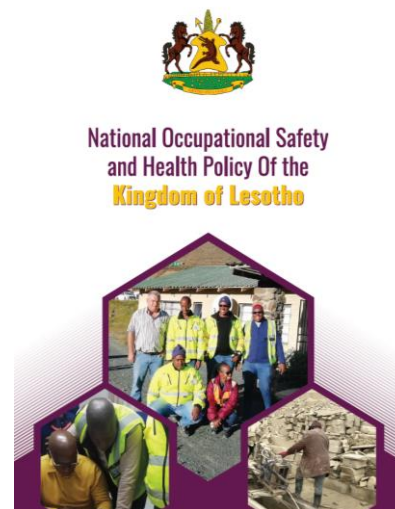
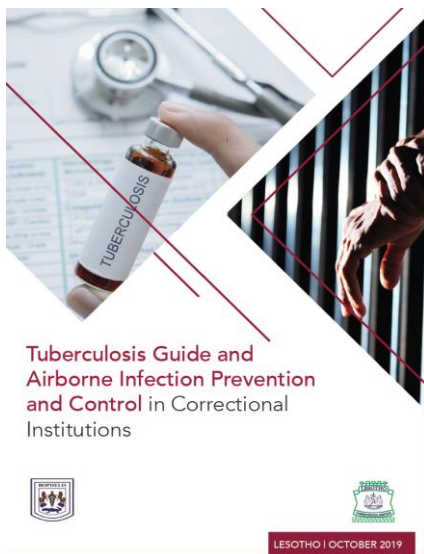
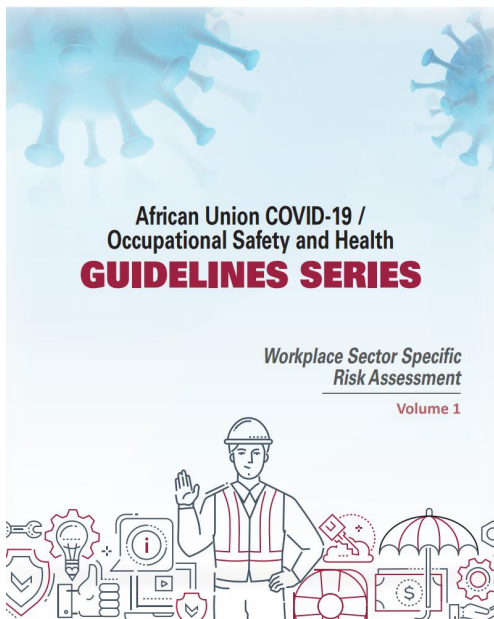
“The COVID-19 OSH guidelines aim to address the OSH gaps in Africa, there is a lack of technical guidelines for managing workplace programs such as risk assessment and medical surveillance, we have also seen gaps in the informal sector which are due to neglect and poor regulation in terms of OSH,” concluded Ms Chamdimba.

There are a total of 6 COVID-19 OSH Guidelines which focus on; (i) COVID-19/OSH Risk Management Guidelines (ii) COVID-19/OSH Guidelines for Mining Industry, (iii) COVID-19/OSH Guidelines for Occupational Safety and Health and Wellness of Health Workers ,(iv) COVID-19/OSH Guideline for Educational Sector, (v) COVID-19/OSH Guidelines for Food and Retail Sector, (vi) COVID-19/OSH Clinical Occupational Health Guidelines. The aim of these guidelines is to help close the OSH gaps and strengthen response capacity in member states in light of the COVID-19 pandemic.

To download COVID-19/OSH Clinical Occupational Health Guidelines [HERE](#)



Key knowledge products



Publications found [here](#)

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