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BACKGROUND
The Southern African Tuberculosis and Health Systems Support (SATBHSS) project was launched with the primary aim of strengthening the health sector’s response to tuberculosis (TB) and occupational lung diseases (OLDs) in Lesotho, Malawi, Mozambique, and Zambia. Its key strategic objectives were premised on 1) improving coverage and quality of key TB control and OLD services in targeted geographic areas of the participating countries, and 2) strengthening regional capacity to manage the burden of TB and OLDs. Now at the end of its life cycle, the SATBHSS project has added immense value to the project countries’ TB and OLD programmes. The project concludes with the achievement of critical systems improvement, the creation of a critical mass of experts, and substantial institutional and knowledge capital across the participating countries. This is evidenced by, among other things, improved diagnosis of TB and OLDs, ratification of pertinent occupational safety and health-related International Labour Organization (ILO) conventions, and development of national occupational health services frameworks in the project countries; it has resulted in some exclusive and important achievements and lessons. The project drastically improved several corporate, environmental, and occupational procedures to protect workers, communities, the environment, and businesses.

IMPLEMENTATION METHODOLOGY
The SATBHSS project sought to 1) implement innovative prevention, detection, and treatment of TB, 2) improve regional capacity for disease surveillance, diagnostics, and management of TB and OLDs, and 3) improve operational research and knowledge sharing regarding TB and OLDs.

The SATBHSS project was implemented as an innovative and intelligent strategy, premised on the creation of sustainable systems and programmes that would outlive the project. To this effect, the African Union Development Agency-New Partnership for Africa’s Development (AUDA-NEPAD) took a participatory approach, spearheaded by the project countries under its technical guidance. The fundamental principles of the project were to create a critical mass of in-country experts, create a robust institutional memory about TB and OLDs, and improve mine inspections for silica dust control.

RESULTS
The SATBHSS project has been a game changer in the region, concerning occupational health services, TB management, and mine health inspections. Several remarkable improvements at both country and regional levels have been achieved to date.

Regional centre of excellence on occupational health and safety
The project superintended the establishment of a regional centre of excellence on occupational health and safety (CoE-OHS) located in Kitwe, Zambia. The centre has trained more than 2 000 officials in occupational health and safety, particularly in OLDs and occupational hygiene – activities that are the fundamental to primary prevention interventions. Under the project, the CoE-OHS, supported by the AUDA-NEPAD, developed and implemented a five-year strategic plan, and also developed the centre’s monitoring and evaluation plans. The centre recently completed a sustainability plan, which has not yet been fully implemented and needs further support.

The project is playing a critical role in establishing the African Union Occupational Safety and Health Information System (AU-OSHIS), which is in its advanced stages. This system is a public good, and owned by member states, meaning that they control the data generated. The system is linked to the District Health Information System/Software 2 (DHIS2) and is already available in more than 53 AU member states. However, given the remaining implementation period, it is unlikely that a comprehensive implementation and scaling up will be achieved.

After the completion of the regional baseline study, several recommendations for occupational safety and health policy reforms were followed up. Consequently, several developments were realised, including 1) occupational safety and health policies developed in Lesotho, Malawi, and Zambia, 2) the ratification of several ILO instruments in the form of ILO conventions, and 3) Malawi’s promulgation of the Mines and Minerals Act of 2019. More critical occupational health and safety (OHS) laws are under review, where member states require further technical support and regional harmonisations to ensure that laws align with international best practices.
Human capacity development and training

Through the CoE-OHS project under AUDA-NEPAD, the ILO International Classification of Radiographs of Pneumoconiosis (ILO-ICRP) training curriculum was developed. More than 300 medical doctors and radiologists from the project countries and beyond were trained. The curriculum has proven to be an excellent regional tool that needs to be anchored in AUDA-NEPAD, and the CoE-OHS and AU systems. The countries that participated realised several OLDs improvements, such as increased diagnosis and treatment of TB and management of silicosis among miners, improved diagnosis and management of TB among mining communities and ex-mine workers, and an increase in the number of compensated ex-miners who worked in South Africa, particularly in Lesotho, Eswatini, Mozambique, Malawi, and South Africa.

Under the project, a private sector engagement in TB control survey was conducted, which led to the development of the regional private sector engagement strategy in TB control, roadmaps and implementation, and monitoring and evaluation plans. The private sector engagement in TB strategy has been implemented in four southern African countries and has increased the number of private healthcare providers that screen, test, and treat TB patients. The project also contributed to contact tracing and finding missing TB cases among miners, ex-miners, and their families. Countries also introduced innovations such as the use of a DHIS2-based application for tracking TB patients in the private sector – from screening to treatment completion; incentivising private health facilities to provide TB services at low cost; a contact tracing systems for index cases identified in the private sector; integrating TB into regulatory bodies’ private health facilities assessment tools as well as scaling up traditional healers’ screening and referral of presumptive TB cases. This work inspired the development of the AU Private Sector Engagement (PSE) in Health Framework. The AUDA-NEPAD is responsible for implementing the PSE in Health and the Regional Health Financing Hubs of the Africa Leadership Meeting (ALM).

CONCLUSION

As the project draws to a close, there is a need to sustain the initial investments carried by member states and the World Bank in TB and occupational health and safety, including private sector engagement and financial investment in health. The AUDA-NEPAD, under the Human Capital and Institutional Development (HCID) directorate, should consider establishing an occupational health and safety programme to support member states in scaling up OHS initiatives and harmonising and developing the capacity of government OHS officials.

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