

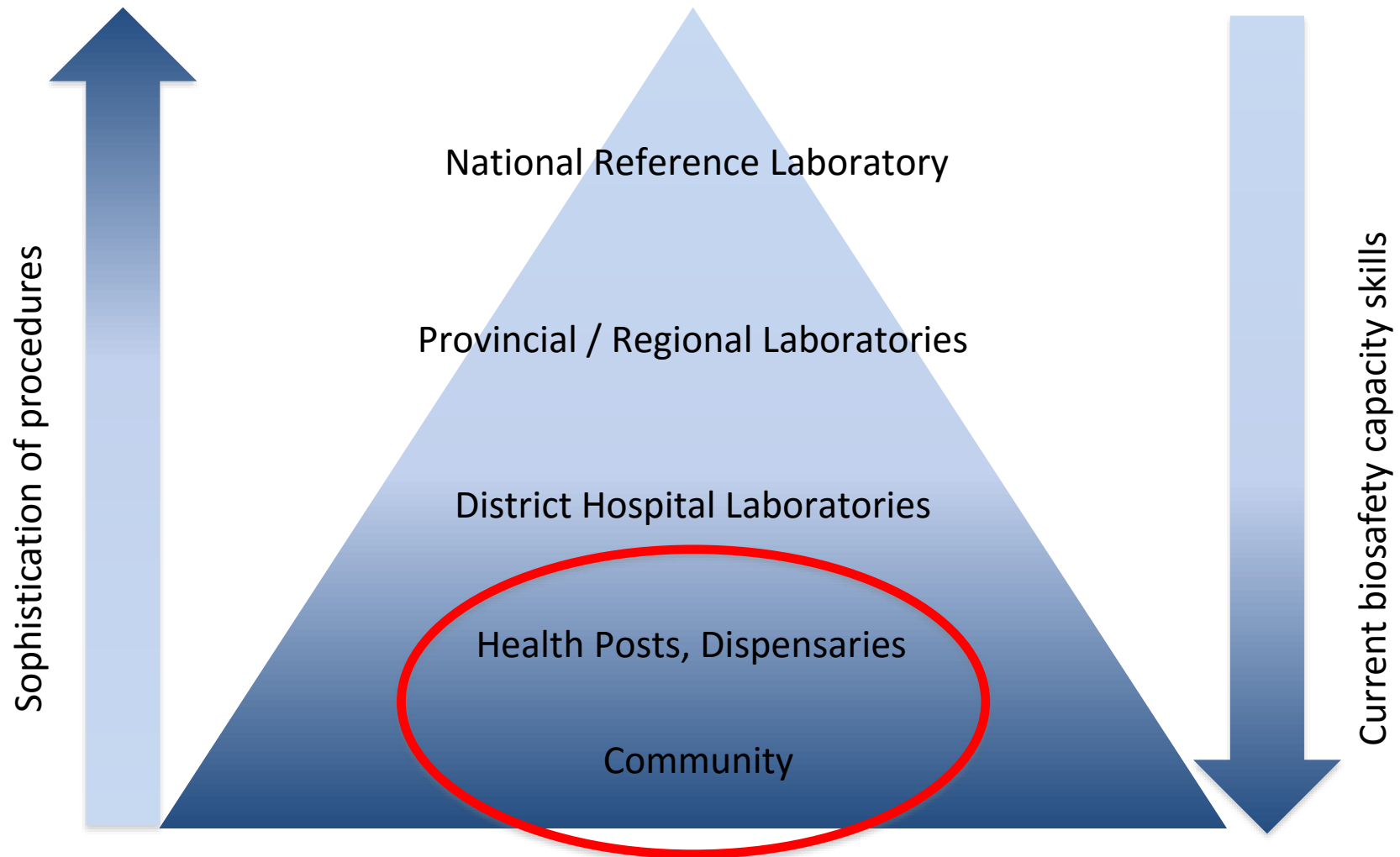
Public Health Laboratory Workforce Development in Africa for Surveillance Laboratory Networks and Clinical Care

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Africa CDC Workshop on Laboratory Networks, Addis Ababa, March
27-29, 2017



Tiered Network of Diagnostic Capacity



Laboratory Workforce Development

- The laboratory workforce demands of surveillance and clinical care are significant
 - Essential clinical diagnostic testing skills
 - IDSR-based capacity for surveillance and outbreak investigation
- The diagnostic-related workforce: laboratory scientists and technicians, community health workers, pathologists, clinicians, etc

Surveillance

- Effective IDSR can save lives, reduce the intensity of outbreaks (Somda *et al.*, 2010) and enable countries achieve IHR requirements
- Requires basic surveillance capacities at each level from community to national levels
- Ability to identify, collect and communicate and respond to the right samples and data is important, especially at community levels

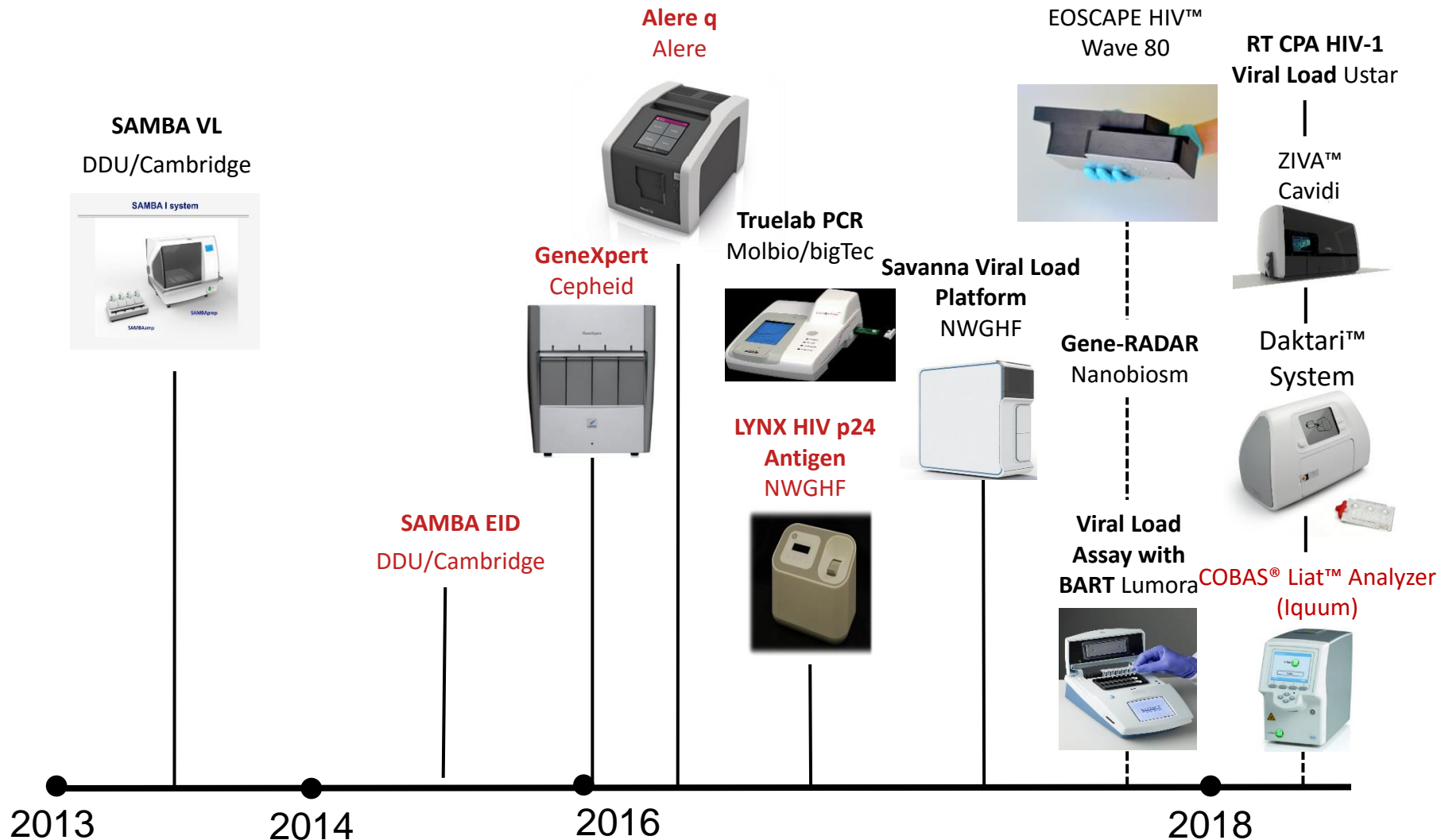
Clinical diagnostics

“Time for an essential diagnostics list”

Schroeder et al.,
NEJM, 2016

Selected Laboratory Tests That Are Required for Use of Medicines on the WHO Model List of Essential Medicines (EML).		
Test	No. of Medicines on EML	EML Categories
Complete blood count	136	Affecting blood; anesthetics; antidotes; antiepileptics; antihepatitis; anti-infectives; antimigraine; antiparkinsonism; blood products; cardiovascular; dermatologic; diuretics; gastrointestinal; hormones; immunologics; ophthalmic; oxytocics; palliative; psychiatric; rheumatologic
Liver enzymes	104	Anesthetics; antidotes; antiepileptics; antihepatitis; antiinfectives; anti-migraine; antiparkinsonism; cardiovascular; diuretics; gastrointestinal; hormones; oxytocics; palliative; psychiatric; rheumatologic; vitamins
Renal function	92	Anesthetics; antiallergics; antidotes; antiepileptics; antihepatitis; anti-infectives; antimigraine; antiparkinsonism; blood products; cardiovascular; diagnostic agents; diuretics; ear, nose, and throat; gastrointestinal; hormones; immunologics; palliative; psychiatric; respiratory; rheumatologic
Microscopy	85	Antiinfectives; blood products; dermatologic; hormones
Urinalysis	64	Anesthetics; antidotes; antiepileptics; antihepatitis; antiinfectives; blood products; cardiovascular; electrolyte solutions; gastrointestinal; hormones; immunologics; oxytocics; psychiatric
Nucleic acid testing, microbiology	62	Antihepatitis; antiinfectives; hormones; immunologics; ophthalmic
Electrolytes	56	Anesthetics; antiallergics; antidotes; antiinfectives; cardiovascular; diuretics; electrolyte solutions; ear, nose, and throat; gastrointestinal; hormones; ophthalmic; palliative; psychiatric; respiratory
Microbiologic culture (includes drug sensitivities)	51	Antiinfectives; dermatologic; immunologics; ophthalmic
Glucose	42	Affecting blood; antiallergics; antidotes; antiinfectives; cardiovascular; electrolyte solutions; gastrointestinal; hormones; immunologics; neonatal; palliative; psychiatric
Antigen testing (microbiology)	42	Antihepatitis; antiinfectives; gastrointestinal; immunologics
Serology (microbiology)	41	Antihepatitis; antiinfectives; hormones; muscle relaxants; ophthalmic
Human chorionic gonadotropin	30	Affecting blood; antidotes; antihepatitis; antiinfectives; hormones; immunologics; psychiatric
Biochemical bacterial typing	27	Antiinfectives; immunologics; ophthalmic
Lipid panel	24	Antiinfectives; cardiovascular; hormones; psychiatric
Lymphocyte CD4	21	Antiinfectives; immunologics
Blood-gas testing	18	Affecting blood; anesthetics; antidotes; antiinfectives; electrolyte solutions; hormones; muscle relaxants; neonatal
Coagulation function	14	Affecting blood; antiepileptics; antiinfectives; blood products; hormones; immunologics; psychiatric
Glycated hemoglobin	11	Antiinfectives; cardiovascular; hormones; immunologics; neonatal; psychiatric
Calcium	10	Antiallergics; antidotes; cardiovascular; diuretics; ear, nose, and throat; gastrointestinal; palliative; respiratory; vitamins

POC diagnostics products: available and pipeline*



*Estimated as of December 2014; timeline and sequence may change.---- No market launch date set by company.
Platforms in **red** have specific EID assay.

Workforce development examples

- African Field Epidemiology Network (AFENET)
- Strengthening Laboratory Management Towards Accreditation (SLMTA)
- Community Quality Corps and Laboratory Corp Initiatives



Public Health Disease Surveillance and Effective Response Systems

- Field epidemiology and laboratory training programs in over 13 countries in Africa - over 10 years and hundreds trained
- Training public health personnel in Integrated Disease Surveillance & Response and data management.
- Joint training of epidemiologists, veterinarians, and laboratory technicians, in line with the “One Health” initiative.



AFRICAN FIELD
EPIDEMIOLOGY NETWORK



AFRICAN
One Health e-Surveillance Initiative (OHSI)

- The One Health e-Surveillance Initiative develops strategic plans for implementing One Health electronic surveillance within the context of Integrated Disease Surveillance and Response (IDSR) and the International Health Regulations (IHR) 2005.
- The project is implemented in five pilot countries; Burkina Faso, Cameroon, Kenya, Nigeria and Uganda

Strengthening Laboratory Management Toward Accreditation

An Innovative Tool for Quality Improvement

A *structured* quality improvement program that teaches laboratory managers *how to* implement *practical* Quality Management Systems using *available resources*

Designed to achieve *immediate, measurable* results

Launched in 2009 by WHO AFRO concurrently with the stepwise laboratory accreditation preparation scheme (branded SLIPTA in 2011)

The SLMTA Process

Content



Implementation



Impact

**Baseline
Audit**

**Exit
Audit**

**Workshop
#1**

Improvement
Projects
(3 months)

**Workshop
#2**

Improvement
Projects
(3 months)

**Workshop
#3**

Improvement
Projects
(3 months)

**Behavioral
Changes &
Laboratory
Improvement**

**Site
Visits**

**Site
Visits**

**Site
Visits**

**Exit
Score
[AFTER]**

-

**Baseline
Score
[BEFORE]**

=

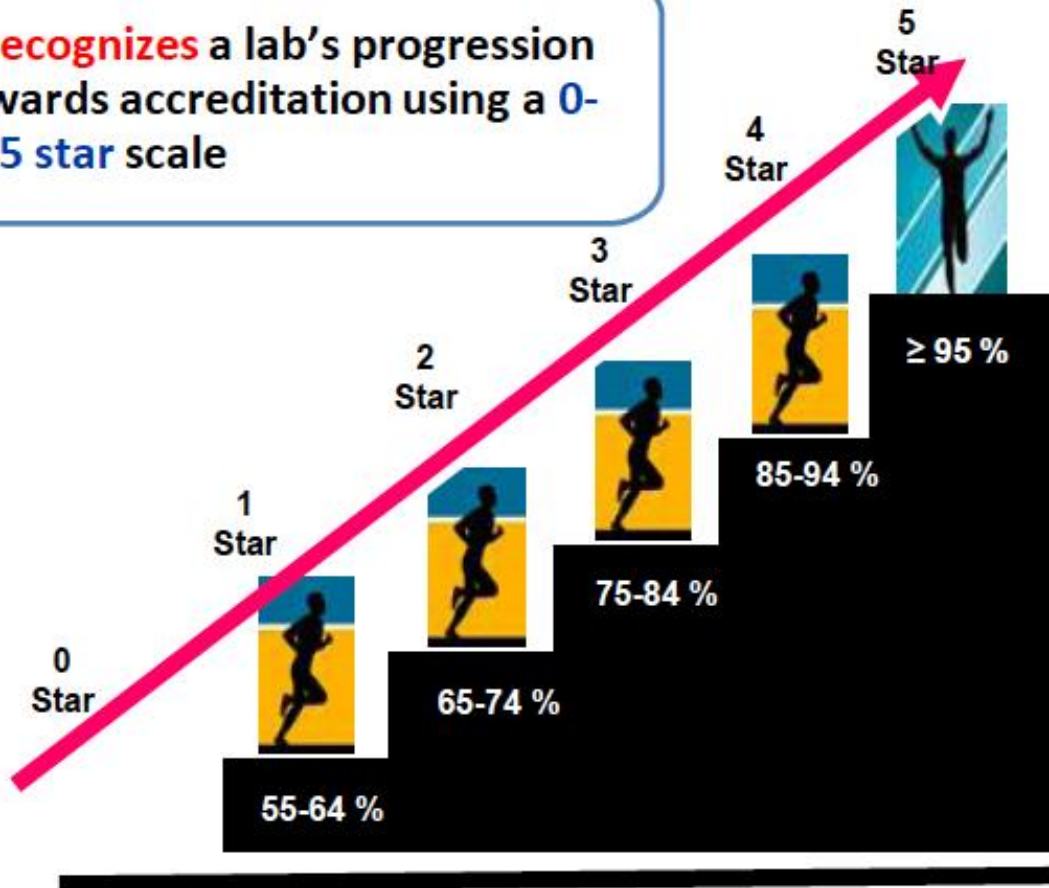
**SLMTA
Effect**

Stepwise Laboratory Quality Improvement Process Towards Accreditation



It **measures** the level of quality using an ISO 15189-based audit checklist with **111** items totaling **258** points

It **recognizes** a lab's progression towards accreditation using a **0-to-5 star** scale



World Health Organization

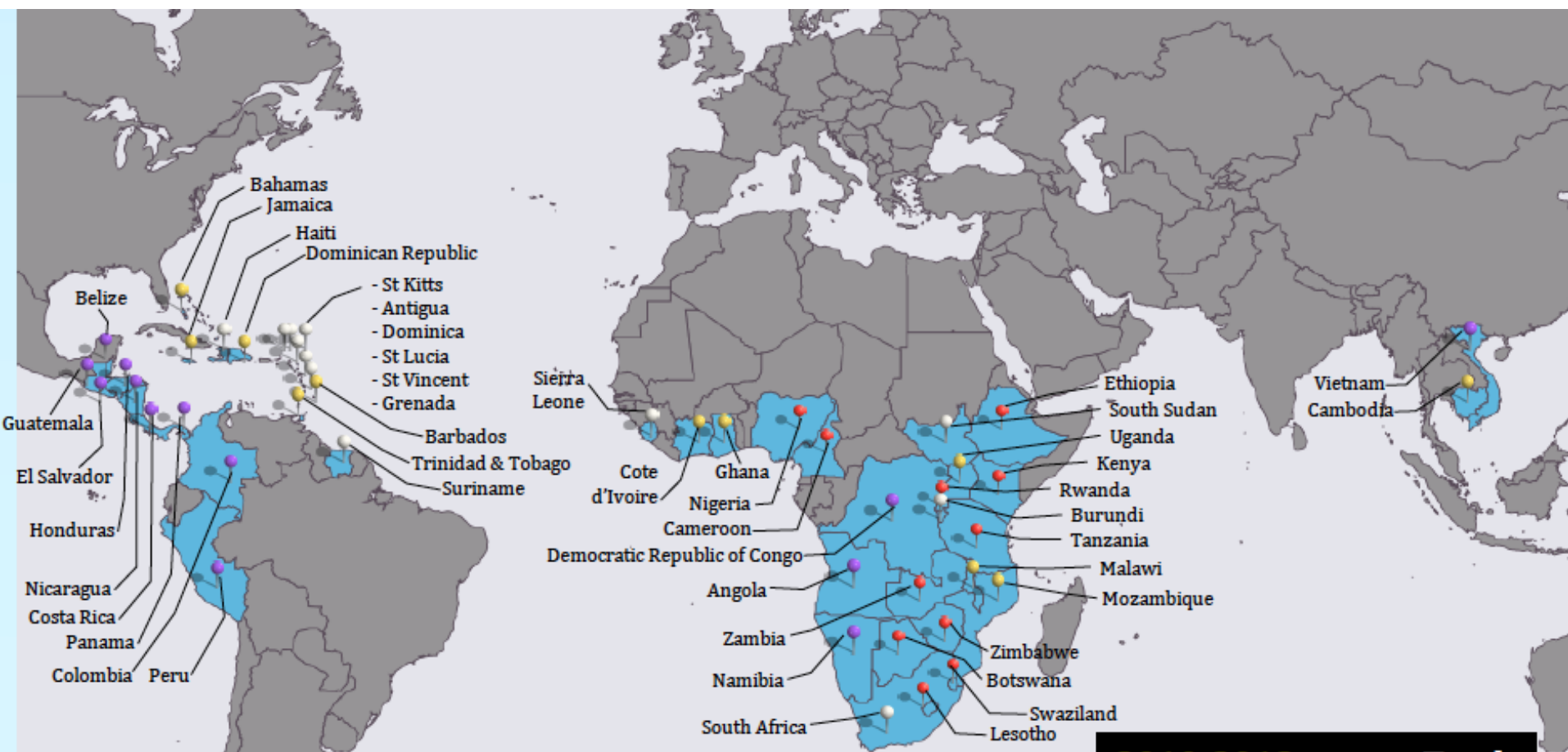
REGIONAL OFFICE FOR

Africa



Stepwise Laboratory Quality Improvement Process Towards Accreditation (SLIPTA) Checklist

Audit Sections	Score
Section 1: Documents and Records	25
Section 2: Management Reviews	17
Section 3: Organization & Personnel	20
Section 4: Client Management & Customer Service	8
Section 5: Equipment	30
Section 6: Internal Audit	10
Section 7: Purchasing & Inventory	30
Section 8: Process Control and Internal & External Quality Assessment	33
Section 9: Information Management	18
Section 10: Corrective Action	12
Section 11: Occurrence Management & Process Improvement	12
Section 12: Facilities and Safety	43
TOTAL SCORE	258



Year when SLMTA was initiated:



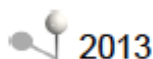
2010



2011



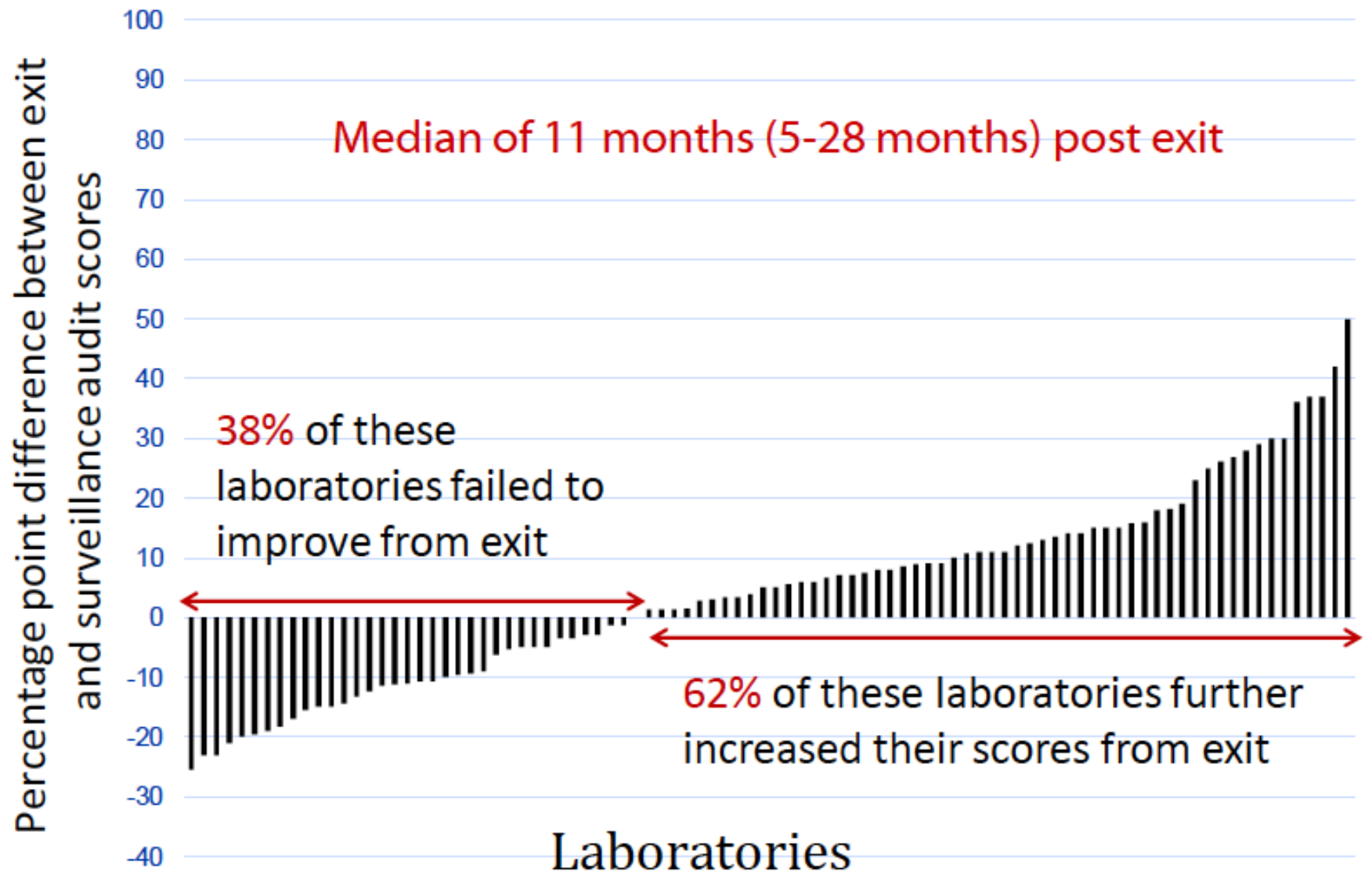
2012



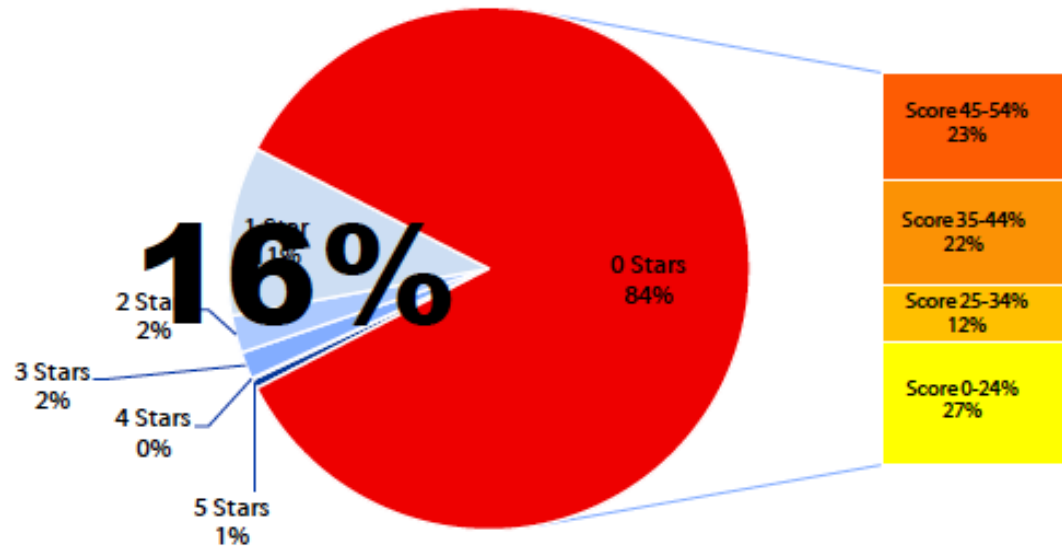
2013

2010-2013	Total
# countries	47
# labs enrolled	617
# people trained	1,923

Lab performance improvement after SLMTA



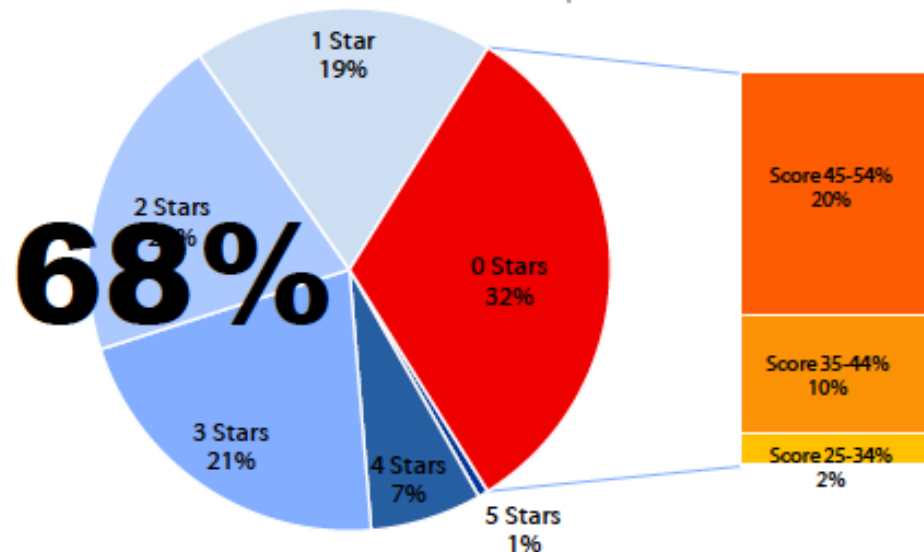
Estimated proportion of 43.5 million laboratory tests performed by star level before and after SLMTA implementation (n=302)



Before SLMTA

16% of tests
done in
laboratories with
at least 1 star

**23 million tests were done by labs
0 stars before → 1 or ↑ stars**



After SLMTA

68% of tests
done in
laboratories with
at least 1 star

Community Lab Corps and Q-Corps

- Auxiliary health workers
- Health extension workers
- Volunteer community health workers

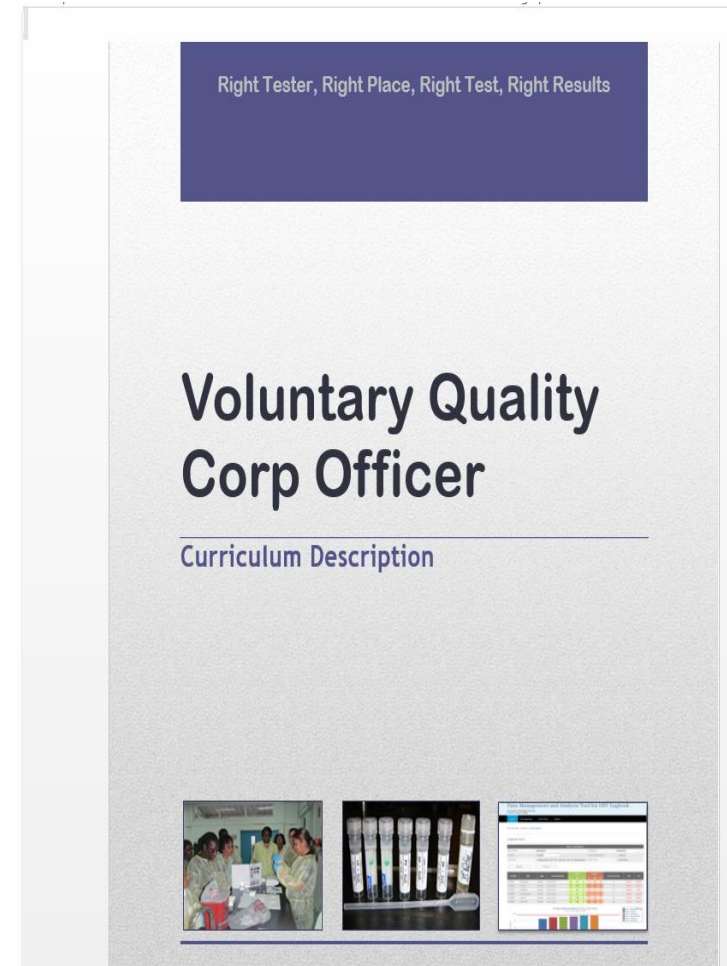


Community lab worker training

- Simple essential diagnostics, e.g. malaria, HIV, Syphilis, Tuberculosis, reproductive health, anaemia, high blood pressure, and diabetes
- Testing quality oversight and supervision
- IDSR-related surveillance and disease outbreak support
- Safe collection packaging, and shipping of specimens for referral testing for clinical, surveillance or outbreak response, safe waste disposal

Quality Corps Volunteer Program

- Innovative approach to assist strengthen Community POCT QA network by
- Helping ensure national coverage of HIV Testing Services
- Increasing the uptake of quality assurance activities in HTC settings.
- Intended to give the opportunity to new graduates or community volunteers to address issues around workforce while gaining invaluable experience.
- Partnership between ASLM and CDC to develop training program



Responsibilities of Q-Corps

Q-Corps Level I

- Deliver logbooks/DTS panels to testing sites
- Collect logbook data from site to district
- DTS panels data from sites to NRL
- Ensure delivery of supplies to the sites

Q-Corps Level II

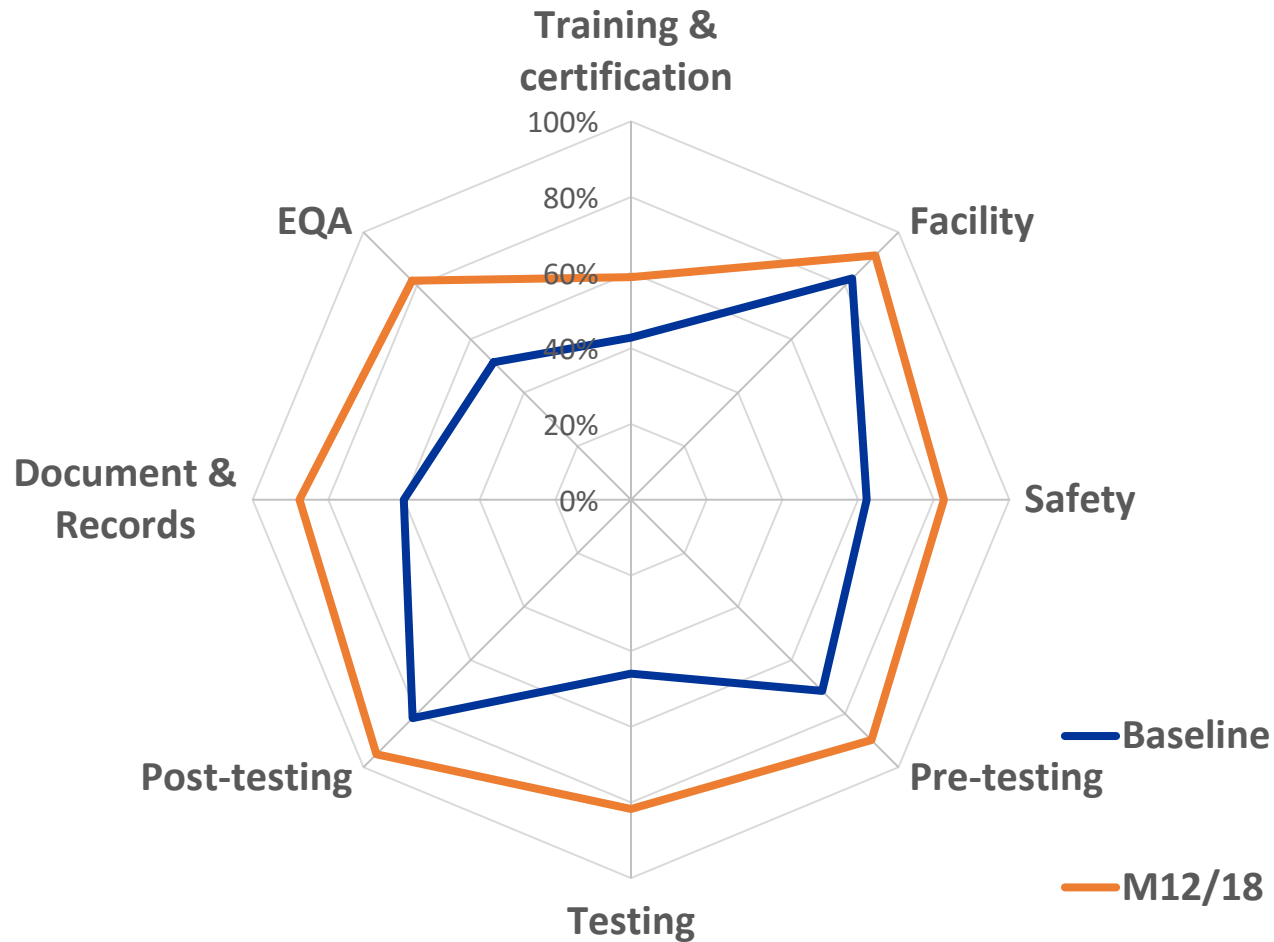
- Assist with training
- Analyze logbook and assessment data
- Track and implement corrective actions
- Conduct site assessments using SPI- RT checklist
- Conduct site level assessment using RTQII M&E tool
- Maintain a functional databases
- Report to regional/national level

Empowering the Q-Corps Volunteers



Country	Target sites	Master trainers trained	Q-Corps trained	# Quarterly site audits
Cameroon	200	7	31	7
Ethiopia	200	26	14	2
Kenya	200	18	8	4
Malawi	200	15	17	7
Tanzania	200	19	32	7
Uganda	200	15	16	5
Zambia	200	15	15	5
Total	1400	115	133	39

Average Site Performance by QSEs across 5 countries (n=830)



Conclusions

- Existing successful models for traditional laboratory workforce development have been in place and scaled up over the past 10 years
- AFENET surveillance training programs have established a strong backbone for surveillance skills-building and can be extended to additional countries
- The SLMTA model is widely established and can be used for other training initiatives

Conclusions

- Community-based workforce development is a major gap and should be prioritized by expanding existing initiatives like Q-Corp and the ASLM Community Laboratory Framework and developing new approaches
- Training on new diagnostic platforms and mHealth systems that reach lower in the health system is a major opportunity to improve both clinical capacity and surveillance