

Laboratory Workforce Regulation in Africa's Top 5 HIV Burden Countries

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Overview

- I. Background: global mandates for lab workforce regulation
- II. Methods: online desk review of national lab legislation
- III. Results: national mandates for lab workforce regulation
- IV. Conclusion: strengthening lab regulation for health impact

I. Background: global mandates for lab workforce regulation

- ❑ International Health Regulations (WHO, 2005)
 - Core Capacity Requirements for Surveillance and Response address the need for sufficient human resources and laboratory capacity
- ❑ Political Declaration on HIV and AIDS (UN GA Res. 65/277)
 - “We, Heads of State and Government and representatives of States and Governments ... Support and encourage, through domestic and international funding and the provision of technical assistance, the substantial development of ...laboratory capacity”
- ❑ Regional Economic Cooperation Communities
 - Aim for harmonization, networking & coordination of lab workforce
 - Economic Community of West African States (ECOWAS)
 - East African Community (EAC)
 - Southern African Development Community (SADC)

II. Methods: online desk review of national lab legislation

- ❑ Ministerial Call to Action (ASLM 2012) resolved: “to establish or strengthen National Laboratory Professional Regulatory Councils in every country to ensure the quality of the laboratory workforce...”
- ❑ Also in 2012, ASLM, WHO, and global partners convened at CDC recommended that such Councils perform six key functions:
 - 1) define code of conduct,
 - 2) set minimum training standards,
 - 3) approve curriculum,
 - 4) accredit training institutes,
 - 5) license lab professionals, and
 - 6) standardize lab cadre nomenclature & minimal qualifications

II. Methods: online desk review of national lab legislation

- ❑ Selected five highest HIV burden countries in Africa measured in Disability Adjusted Life Years (DALYs)
 1. South Africa (1st globally at 11,915,619 DALYs). India is 2nd.
 2. Nigeria (3rd globally at 9,011,595 DALYs)
 3. Tanzania (4th globally at 4,674,416 DALYs)
 4. Mozambique (5th globally at 3,853,077 DALYs)
 5. Kenya (6th globally at 3,000,991 DALYs)

II. Methods: online desk review of national lab legislation

- ❑ Compared national lab workforce legislation from these 5 countries to 6 globally recommended criteria**
- ❑ To determine how well aligned national lab legislation is with global guidance and to ascertain gaps**

II. Methods: online desk review of national lab legislation

❑ Kenya

- Medical Laboratory Technicians and Technologists Board Act, 1999

❑ Mozambique

- *No laboratory professional regulatory council established by law*

❑ Nigeria

- Medical Laboratory Science Council of Nigeria Act, 2003

❑ South Africa

- National Health Laboratory Service Act, 2000
- National Health Laboratory Service Amendment Act, 2001
- Health Professions Act, 1974 amended last in 2007

❑ Tanzania

- The Health Laboratory Practitioners Act, 2007 (**see next slide**)

II. Methods: online desk review of national lab legislation

❑ Kenya

- www.kenyalaw.org

❑ Nigeria

- http://www.mlscn.gov.ng/files/mlscn_docs/MLSCN_ACT.pdf

❑ South Africa

- <http://www.hpcs.co.za/Legislation>
- <http://www.gov.za>

❑ Tanzania

- <http://polis.parliament.go.tz/PAMS/docs/22-2007.pdf>

Does national legislation establish the Council and mandate performance of 6 key functions?

Function	Kenya	Nigeria	South Africa	Tanzania
Establish Laboratory Professionals Council	Yes (s.3)	Yes (s.2)	Yes (s. 15 HPA) (s.3 est. NHLSA)	Yes (s.4)
Define Code of Conduct	Yes (s.5)	Yes (s.15)	Yes (s. 1, 3 HPA) (s.27 NHLSA)	Yes (s.6)
Set Minimum Training Standards	Yes (s.5)	Yes (s.4)	Yes (s. 16,61 HPA)	Yes (s.3, 6, 7)
Approve Curriculum	Yes (s.5,40)	Yes (s.12)	Yes (s.16, 61 HPA)	Yes (s.6)
Accredit Training Institutes	Yes (s.5, 18, 40)	Yes (s.4, 13)	Yes (s.15 HPA)	Yes (s.3, 6)
License Laboratory Professionals	Yes (s.20 private sector only)	Yes (s.19 Board may make rules)	Yes (s.17, 24 HPA on Registration Cert.)	Yes (s.6, 14-32 register, roll, & licensee record)
Standardize Cadres and Qualifications	Yes (s.2,15)	Yes (s. 4, 7, 12)	Yes (s. 24 HPA, MTB rules & regs.)	Yes (s.3, 14-32)

III. Results:

national mandates for lab workforce regulation

- ❑ 4 of 5 countries have a Lab Professional Regulatory Council
- ❑ Each Council is mandated to define codes of conduct
- ❑ Each Council is mandated to set training standards, approve curriculum, and accredit training institutes
- ❑ Each Council is mandated to register, enroll, or license lab professionals who meet minimum qualifications
- ❑ Each Act delineates cadres and qualifications or authorizes Council to do so (e.g., Medical Laboratory Board in RSA)
- ❑ The 4 nations' legislative acts are very well-aligned with recommendations issued by ASLM and partners in 2012

IV. Conclusion: strengthening lab regulation for health impact

- ❑ Mozambique could benefit from the establishment of a National Laboratory Professional Regulatory Council.
- ❑ Enabling legal and regulatory frameworks such as those in Kenya, Nigeria, Tanzania and South Africa are necessary but not sufficient.
- ❑ Laws need to be put into practice to increase the quantity and quality of the laboratory professional workforce.

IV. Conclusion: strengthening lab regulation for health impact

- ❑ Monitoring implementation and impact of lab laws:
 - Are minimum training standards regionally harmonized?
 - Are all laboratory preservice training institutes accredited?
 - Is registration and licensure up to date for all lab professionals?

- ❑ Lab Professional Regulatory Councils are mandated to regulate lab workforce and may benefit from assistance

- ❑ Effective regulation and its implementation may lead to improved quantity and quality of lab professionals who then provide more and higher quality diagnostic services for the HIV/AIDS response and the health system overall.

Thank you

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