Game changers to end TB

Jacqueline Ngozo is the KwaZulu-Natal health department's TB programme manager. She credits strong systems with allowing her department to produce innovative solutions to TB that are helping shape the country's fight against the disease. Photo: Mike Hutchings / Reuters

A sister dedicated to TB

'People are not afraid to sit and say this isn't working and here's how we can make it better'

M&G Reporter

Jacqueline Ngozo was a nurse working at a rural hospital in northern KwaZulu-Natal who had no interest in tuberculosis (TB). She was much more comfortable in her theatre scrubs than she was in dealing with bacteria and Petri dishes.

Then she decided to pursue a masters in public health and on her course list was a class called "the epidemiological basis of TB control".

Behind the class's long name was a central tenet of TB — what Ngozo calls the "golden rule": "If you can just cut transmission and make sure that those who already have TB stay on treatment, then you might be home free."

When she came back to her hospital, she traded in scalpels for masks and begun to co-ordinate TB control efforts among the 20 clinics surrounding the hospital. Today, Ngozo is the KwaZulu-Natal health department's TB programme manager and finds herself at the helm of the TB response in a province considered to be the epicentre of not only the country's TB epidemic but also that of HIV.

We spoke to Ngozo about the province's biggest challenges and what inspires her team to continue to innovate in the fight against TB.

Q: What are the biggest TB challenges facing KwaZulu-Natal?

Our biggest challenge is the transmission of TB and this is evident in cases that have multidrug-resistant-TB but have never had TB before, which really tells us that there is a lot of transmission out there.

The main challenge is that people don't come forward early enough so that we can start them on treatment and cut off the transmission, so we have tried to raise awareness about TB prevention and control. Both in the community and in our health facilities, we make sure we educate people about what to do when you're coughing and simple things to prevent TB like opening windows, especially in long-distance transport. We let them know about the signs and symptoms so they can come to our health facilities and be screened and [told] about adherence to treatment so that people don't default while they are still infectious.

If you can see our outpatient departments, they're overcrowded, and the ventilation is not good. We are lobbying hospital chief executives to seriously look at this. We're asking that they make sure there is good ventilation even if they need to install mechanical ventilation to protect both patients and health care workers. They must also provide the surgical masks for patients and respirators for healthcare workers.

We have strong monitoring systems in place so that we can know early when things aren't working

We are also looking at high transmission areas like taxi ranks, and partner with early childhood development [ECD] sectors. We go to the ECD centres and screen children and teach them about TB, so that they can even look around in their families for anyone who has signs and symptoms. We're trying to include everyone.

Q: What progress have you seen?

We're working to ensure everyone that comes to our health facilities are screened for TB — even if you come with a broken ankle, we'll make sure that we screen you because at that stage we don't know if you have TB or not.

We've seen this working really well. When we started only 11% of people who were coming [to our hospitals and clinics] were screened for TB. Now in the last quarter of 2016, we were sitting at more than 70% of everyone that comes into our health facilities. More than six million people use our health facilities.

Q: What drives your passion for TB and how did that evolve?

I had no interest in TB. I started out as a nurse working in one of our hospitals up north. I thought, let me do a master's in public health. I went back to my hospital just to look at how the TB programme was faring ... TB, it's one of those programmes that's always been in the corner, a little neglected so that touched me. It's a disease that is so very easy to get — it's just a breath away. I thought, how could we not pay attention to something like that? What also struck me was that I was seeing a lot of healthcare workers getting TB — even drug-resistant TB. We started to look at how we could prevent this.

Q: KwaZulu-Natal has piloted a number of innovations in the fight against TB including the creation of "war rooms" and decentralised care. What fuels the province to think differently?

As a province, we get a lot of support, even politically. We have something that is called Operation Sukuma Sakhe that was started by [former KwaZulu-Natal premier] Zweli Mkhize. As part of this, we have "war rooms" where the communities come and talk about their problems, and at that level, they have representatives of all the government departments. So maybe we have a challenge that some people in the area are stopping treatment, we can take it up with the local leaders who are very influential, especially in rural areas. If people hear [about an issue] from their leaders it becomes everyone's problem, not just the local clinic's.

Then there are people that we work with — my principals, my head of department and our MEC Sibongiseni Dhlomo. We have 11 districts, and we have dedicated people in each district that deal with TB and that makes my work a bit easier, because, whatever the challenges, we come together, look at problems and come up with solutions. That helps me a lot to know what works.

Sometimes you can think, at the provincial level, [a project] will work everywhere but you'll find that the districts are different — some are very rural, some are semi-rural and some are urban. Our district managers help me and are very supportive to come up with workable solutions and they are not afraid to try.

Q: What helps you take new ideas from the drawing board to the ground?

We have processes, so we do submissions [for new projects] to lobby our principals to get behind us — and that's where my responsibility is. I think that's the reason why, even at the lowest level, people aren't afraid to try, because you know everyone is behind you.

Also, whatever we try comes with a plan to ensure we have strong monitoring systems in place, so that we can know early when things aren't working. Sometimes you think something will work but it can fail dismally, so we have to be able to pick that up and look at why it's not working — especially because our districts are very different. What works in eThekwini can fail in Nkandla or one of our rural northern provinces.

People are not afraid to sit and say "this isn't working and here's how we can make it better" and, as part of this, we consult health facilities because they will have more answers than we do.