

 NATIONAL HEALTH
LABORATORY SERVICE

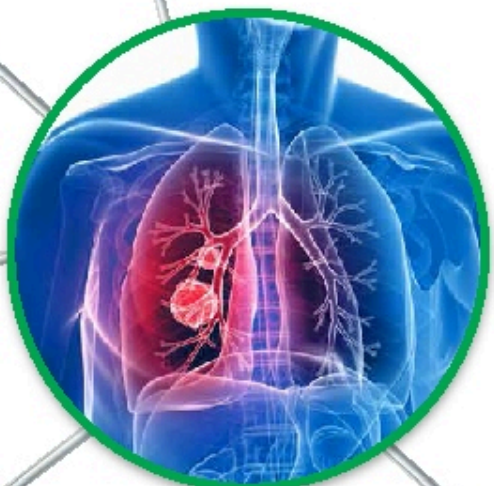
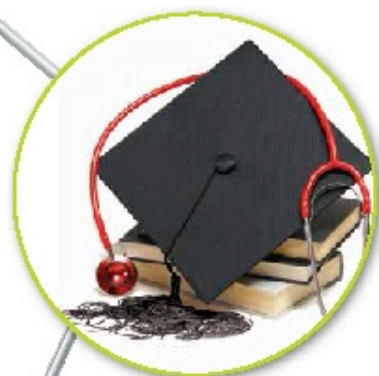
ANNUAL REPORT

2011-2012

The year that was ...

Highlights

10
years





NATIONAL HEALTH LABORATORY SERVICE

NHLS TIMELINE

2001

The NHLS is created through legislation to bring together all laboratories in the public health system, South African Institute for Medical Research (SAIMR) and universities.

2003

The NHLS extends its expertise to include occupational health by taking over the governance of the National Institute for Occupational Health.

2005

The sub-Saharan arm of the genographic project of the National Geographic Society which investigates genetic ancestry is established in the NHLS/Wits Human Genetics Division. The principal researcher, Professor Himla Soodyal, is awarded the Order of Mapungunbwe (bronze) by the State President.

2007

A corporate data warehouse is initiated to provide efficient access to data, mainly focusing on priority health programmes, i.e. HIV, TB and cervical cancer.

A call centre is established to improve accessibility of the public to the NHLS and help build strong customer relations.

2009

To support the Department of Health's priority programmes, new CD4 testing sites are established in rural areas, new TB culture facilities are established and automated FocalPoint cervical cancer screening systems are installed in five tertiary laboratories.

2011

The NHLS is the first laboratory diagnostic service provider on the African continent to use the groundbreaking GeneXpert technology for the diagnosis TB and rifampicin resistance that produces a result in two hours, compared to microscopy and cultures that take up to between 48 hours and four weeks, respectively.

2002

The specialist communicable diseases arm, the National Institute for Communicable Diseases (NICD), is established through merging the National Institute for Virology for virology and the public health microbiology laboratories of the SAIMR for microbiology.

2004

TB management is raised as a priority. The Minister of Science and Technology awards the NHLS a National Research Foundation Centre of Excellence, namely the Centre for Biomedical TB Research to contribute to global research efforts aimed at developing new tools for controlling TB.

2006

The KwaZulu-Natal provincial health laboratories are incorporated into the NHLS – the NHLS can now truly boast that it is a national organisation.

2008

The implementation programme for the new standardised laboratory information system, TrakCare, is launched. This system has many advantages, including a single patient database and simplification of inter-laboratory referrals.

2010

A massive technology roll out which transmits test results to doctors' cell phones dramatically improves result delivery turnaround times, particularly in rural areas.



Our People, our Pride

- Dr DF Warner, of the MRC/NHLS/UCT Molecular Mycobacteriology Research Unit at the University of Cape Town, was the overall winner of the prestigious 2011 BioVision-Lilly Award in conjunction with the Academy of Sciences for the Developing World (TWAS). The award recognises young researchers from developing countries for outstanding scientific achievements in TB-related research.
- Professor Muriel Meiring, Department of Haematology and Cell Biology, University of the Free State, was awarded a C2 research rating by the NRF which recognises her as an established researcher with a sustained recent record of productivity.
- Professor FJ Burt, of the Department of Medical Microbiology and Virology, University of the Free State, was awarded a C1 NRF rating which recognises her as an established researcher with a sustained recent record of productivity enjoying considerable international recognition.
- Prof MM Ehlers, Department of Medical Microbiology, University of Pretoria, received for the second time a C2 NRF for the next five years (2012 to 2016).
- Dr R Parboosing, Department of Virology, University of KwaZulu-Natal, received the 2011 Discovery Foundation Academic Fellowship Award.
- Dr SG Selabe, of the Department of Virology, University of Limpopo, was the recipient of the university's Best Overall Female Researcher award.
- Dr A van Wyk, Division of Anatomical Pathology, University of Stellenbosch, received the university's medal for the best 2011 Masters student, Faculty of Health Sciences.
- Two lecturers from the Division of Medical Microbiology, University of Stellenbosch, received awards for the most influential lecturer contributing to the academic success of first year medical students four years in a row: Prof A Forder received the award for three consecutive years 2009-2011 and Prof E Wasserman received it in 2012.
- Dr A Capovilla, HIV Pathogenesis Research Laboratory, Department of Molecular Medicine and Haematology, University of the Witwatersrand, was the recipient of the Faculty of Health Sciences Research Prize; this is the most prestigious prize offered by the faculty, and is awarded in recognition of excellence in research.

People affiliated to NHLS



Prof Maureen Coetzee received the unique honour of having a mosquito subgenus named after her: *Coetzemyia* of the genus *Aedes*



Minister Aaron Motsoaledi testing the first GeneXpert analyser.

An exhibition entitled Malaria in Context held at the University of the Witwatersrand's Adler Museum of Medicine and Médecins Sans Frontières/Doctors Without Borders (MSF) South Africa. Attending the opening were Prof Ahmed Wadee, Dean of the Faculty of Health Sciences, Yvonne Chaka Chaka, South African singer and Roll Back Malaria Goodwill Ambassador, who opened the event, and Sagie Pillay, NHLS CEO.



Professor Hendrik Koornhof was honoured with a special award for his life-time contribution and dedication to laboratory medicine. Emeritus Professor Koornhof is an internationally renowned medical microbiologist. At the age of 84, he is still making an invaluable contribution to one of the Department of Health's National Priority Programmes, at the Centre for Tuberculosis NHLS/NICD. Left to right are Prof Jill Murray, Dr Gwen Ramokgopa, Deputy Minister of Health, Prof Hendrik Koornhof and Sagie Pillay



Fourteen executive directors of Tanzania Medical Stores visited the NHLS in September to benchmark their risk management processes and strategies against those of the NHLS. CEO, Sagie Pillay, hosted the group and Risk Manager Jacob Moasa facilitated the event. From left to right back row are: Fredrick Nicolaus, Tadei Mayunga and Dickson Mwamwembe; middle row: Jacob Moasa, Jacob Lulindi, Yahaya Mwachia, Daniel Kimaro, Sagie Pillay, Andrew Kanyika, Joseph Moshi (team leader) and Julius Mselemu; front row: Kheri Joshua, Florida Siang'a, Nicolaus Jeremia, Macrina Nchimbi and Aubray Jackson.



Sagie Pillay

Chief Executive Officer



Adv Sesi Baloyi

Chairperson of the board

MESSAGE FROM THE CEO AND CHAIR OF THE BOARD

Financial year 2011-2012

We are pleased to present the National Health Laboratory Service (NHLS) annual report for 2011/2012, though this year was the NHLS annus horribilis. We experienced the most serious cash flow crisis in the history of the organisation. The cash flow crisis threatened the viability and continued sustainability of the entity. This was attributable primarily to poor payment patterns, especially the provincial departments of health in Gauteng and KwaZulu-Natal (KZN). The collective debt of both provinces was in excess of R1.69 billion, accounting for close to 80% of the total debt of R2.1 billion.

The non-payment by some of the provinces compromised payments to our suppliers. This consequently compromised the efficiency of laboratory services as we reduced the services we could provide, held back on significant capital investments and the filling of critical vacancies. Needless to say, the entity's reputation as a service provider customer and employer was affected as a result.

The KZN Department of Health continues to pay on a flat fee, despite the April 1, 2010 national agreement to migrate to a fee for service model, a fee of R45m per month against consumption of R90m per month. This untenable position cannot continue indefinitely and we are presently awaiting a decision of the arbitrator, appointed by the national Minister of Health to settle the dispute with KZN.

In February 2012, the Board, NHLS Executive team, National Director General for Health and the

Minister of Health, separately and collectively, intensified efforts to collect on overdue debt. Through these efforts, we received sufficient payments to enable us to return to some level of normality by the close of the financial year.

As the adage goes "Adversity can be a stimulus", the crisis brought out the resilient nature of the NHLS staff, who emerged amazingly stronger and on the right side of the words of the late Dr Martin Luther King that "The ultimate measure of a person is not where they stand in moments of comfort and convenience, but where they stand in times of challenge and controversy". Our staff demonstrated their ultimate measure in times of challenge, in the most proactive and innovative ways. They, without exception, in their professional and support functions, pulled together to maintain the highest quality standards and acceptable turnaround times under these circumstances. They achieved all this, despite staff constraints, stockouts and specimen logistical problems.

Highlights of the year

Despite the cash flow challenges, we once again demonstrated the excellence and perseverance of the NHLS. We are pleased to highlight some of the achievements for the year under review.

Audit and good governance

We are delighted to report that for the year under review, we again achieved an unqualified report, with no matters of emphasis. We continued to maintain high standards of corporate governance, proper reporting and good accountability. Our statutory requirement deadlines were adhered to.

Delivering an affordable service

Following sustained efforts to drive down costs, we again maintained and delivered a cost-effective service at affordable prices to the public health sectors. For the year under review, we effectively saw an overall test price increase of 0.1%, with the priority programme test pricing (which constitutes 20% of the total revenue), reduced by 5% while for all other tests, there was a below inflation price increase of 3%.

A price comparative report completed this year showed that NHLS prices are well below prices of private providers. On average, our prices are up to 50% below the market, and if we exclude costs for teaching, research and institutes, the difference is even more significant.

Turnaround times

We continue to meet turnaround times (TATs), for all priority tests, except for cytology. While we still face shortages of cytotechnologists, the demand for cytology increased by 46%. Notwithstanding the skills shortage in cytology, we continue to make efforts to improve the TATs. This year we saw the implementation of a pilot specimen tracking system in KwaZulu-Natal, which allows us to measure TAT from specimen collection to delivery of result, at a facility. We continue our efforts to improve our clinic-to-clinic TATs.

Test volumes

In this year, we processed over 80 million tests in 268 labs with 6,826 employees. This was a marginal growth of about 11%, mainly attributable to several gate-keeping initiatives in pilot hospitals in each of the nine provinces. The number of tests for HIV went up by 10%, while cervical smear numbers grew by a phenomenal 17%.

Revenue

The surplus for 2011/2012 was R614m, a seemingly huge figure in relation to previous years. To put this surplus in context, it is important to note that this is as a result of changes in four areas: case mix, cash flow, volume and capex cuts. Changes in case mix, primarily from the unbudgeted GeneXpert revenue and increased demand for more expensive tests contributed to R327m. Cash flow challenges resulted in not filling vacancies and new staff requirements. Capital investments were

also put on hold in the second half of the year, while staff incentive bonuses were not paid out. Also, all travel was cancelled while creditors were not paid within 30 days. Had we been able to run the operations normally, our surplus would have been only marginally over budget.

For the last five years, the most concerning has been the negative trend in the cash flow. This trend is now eroding the excellent base built over the last decade in the NHLS and the institutes. This instability further compromises our ability to attract and retain talent in the organisation.

To ensure the future financial stability of the entity, new and more innovative financing mechanisms need to be explored. This is especially relevant in the context of the introduction of NHI.

Training and research

While the cash flow crisis was debilitating, every effort was made, and successfully so, to protect academic laboratory medicine. Our partnerships with the Faculties of Health Sciences and Universities of Technology, respectively, were strengthened considerably this year. After a robust and interactive engagement with Stellenbosch University and University of Cape Town, we finalised bilateral agreements which are now ready for signature.

We have in training 218 pathologists, 201 medical scientists, 1,388 technologists and 639 technicians. While attracting African pathology registrars continues to be a challenge, on a positive note we saw the overall representation of black pathologists increasing by 5.26% while African female pathologists increased by 16.95% compared to the previous financial year. The total intake of registrars increased from 213 to 224 (5.2%), with African registrar representation increasing by 13%, 42% of these being African females.

Our research output for the year was again very impressive, with 448 peer-reviewed publications. The entity's professional and scientific standing continues to grow considerably both domestically and internationally. In the reporting period we attracted and administered short and medium term research grants to the value of R454.3m.

We are also proud to report that in this year we started a phlebotomy technician course through the newly established NHLS Learning Academy. Recognising the need for good management and leadership skills, we embarked on leadership and management courses for middle and senior management. This was done in partnership with UNISA School of Business Leadership.

A total of 26 employees successfully completed various university-accredited leadership and management development programmes at national qualification framework levels 6, 7 and 8. This initiative addressed the 2010 culture and climate survey findings on managerial capabilities within the organisation.

Adequate and appropriate training of pathologists, technologists, technicians and scientists remains a key strategy for the future to support a strong and effective District Health System.

Quality

Quality remains our focal point in a quest to ensure high laboratory standards are adhered to, to the expectation of the consumers of our services. In the year under review, the number of accredited laboratories increased by 12 - seven tertiary, three regional, one NICD and one NIOH laboratories. This represents an increase of 3%, from 26% in 2011 to 29% in 2012. Three laboratories were prepared for SANAS accreditation but assessments were not conducted during this financial year. Those not enlisted for SANAS accreditation, are periodically subjected to an internal quality assurance programme, to ensure they meet the minimum acceptable quality standards.

The NHLS continues to show its expertise in the quality assurance arena where, after a competitive process, we were selected to be the Quality Assurance Regional Centre of Excellence for the Southern African Development Countries (SADC). This highlights the NHLS' high level of quality standards and the availability of expertise in quality assurance.

The national institutes: NICD and NIOH

The two world class institutes, (National Institute for Communicable Diseases [NICD] and the National

Institute for Occupational Health [NIOH]) continue to support the national Department of Health (NDOH) and provinces with their primary objective of servicing worker and public health needs of all South Africans.

A key development in 2011 was the establishment, in partnership with the NDOH and in collaboration with the Centers for Diseases Control and Prevention (CDC) (USA), of the Southern African Regional Global Disease Detection Programme, of the 8th Global Disease Detection (GDD) centre, the third to be established in Africa.

Professor Shabir Madhi, the Executive Director of the NICD has successfully restructured the NICD to be more responsive to the service and operational research priorities of the NDOH.

The NIOH continues to provide policy advice and technical support to the departments of Health, Labour, Mineral Resources and Public Service and Administration. The expert input by NIOH into the Health and Safety summits of the departments of Mineral Resources and Labour, was a key milestone in promoting the workers' health.

The NIOH Executive Director has focused on implementing the Regulations for the National Cancer Registry (NCR). To ensure that this important mandate is delivered effectively, the NCR will require additional funding from the NDOH. Of particular importance is the attention given to HIV and TB in the workplace.

Like the NHLS, both NICD and NIOH play essential roles in supporting the NDOH to save lives and protect people, the key strategic priorities of the NDOH. Their continued existence and expansion is of strategic importance to the country and the continent. In this regard, the introduction of a national conditional grant to fund their activities is essential to procure.

There is ongoing research collaboration across the NHLS, together with universities, the Medical Research Council, other local research institutes and international organisations. In addition, many of our professional and academic staff participate in international committees and organisations. Links with various multilateral and bilateral agencies have

continued and NIOH's application as a World Health Organization Collaborating Centre was renewed.

Strategic alignment with national Department of Health: The Negotiated Service Level Agreement

In this second year of our five-year strategic plan, we continue to align with the Health Minister's Negotiated Service Level Agreement (NSLA). All our activities are undertaken in close consultation and partnership with the NDOH and the provinces. We remain committed to the national vision of a strong and effective District Health System.

It is estimated that laboratory results form the basis of 60% to 70% of medical decisions. We reaffirm commitment to the Primary Health Care approach, strengthening the District Health System and calls for a better, faster, more effective and affordable diagnostic service. The rapidly growing burden of disease related to non-communicable diseases will impose greater demand for laboratory services for both treatment and prevention programmes. The role and profile of laboratory medicine must be raised. Laboratory medicine must be seen and understood as a fundamental part of the clinical management process, an indispensable part in the management of patients to ensure clinical excellence and sustainability.

As part of the HIV Counselling and Testing drive during the TB testing campaign, we supported several NDOH and provincial campaigns across the country, including the mobile testing unit on World TB Day.

Board and executive support

On behalf of the Board, we cannot express enough gratitude to all our staff for making NHLS the outstanding organisation it has become over the last decade. We remain indebted to both the honourable Ministers of Health and Finance, for their direct intervention to alleviate the cash flow situation and ensure service normalisation. The engagement with the Minister of Health was at all

times understanding and encouraging, for which we are most grateful. Our appreciation is also extended to the Director General of NDOH and her officials, for their availability and support at all times.

We thank the affected provincial health departments for their understanding at the points when services were not up to the optimal due to the cash flow challenges. It was gratifying to see a collective effort from provinces, on planning and executing strategies to offer better and more affordable ways of delivering laboratory services in their regions in the circumstances. The Executive team had a tough year. Their resilience was stretched to almost breaking point, but they persevered and were resolute. We must record our appreciation to them for steering and keeping afloat the NHLS ship through turbulent waters.

The Board members, Chair and Board Committee experienced challenging times, made more difficult by being down to a small team of 11. They, like our most cherished staff, went beyond the call of normal duty to lead and to provide guidance without reservation in the most difficult circumstances.

Conclusion

We had another successful year despite the cash flow set back in the year. We closed the year with a majority of our yearly targets achieved. Collectively, we made significant strides in delivering a better, faster and cheaper service. In this year of uncertainty, increased workloads and staff vacancies, our employees stayed the course and showed their resilience by making personal sacrifices, working smarter and putting in more hours. The faith in our employees was reaffirmed once again, by their passionate, proactive and positive attitude, all with the objective of being customer centric: "Putting the patient first".

Our many thanks to all Board Members, for giving the CEO and the Executive team the freedom and flexibility to manage while providing strategic guidance and direction.

Adv Sesi Baloyi
Chairperson

Sagie Pillay
Chief Executive Officer

Human Resources

A 10-year human resources plan was developed.

A reward and recognition strategy and policy was formalised and approved by the Board.

The human resources system was automated, configured and integrated.

Milestones for the newly established NHLS learning academy were:

- 26 employees completed various university-accredited leadership and management development programmes;
- 39 learners enrolled for a 24-month phlebotomy learnership programme in April 2011; and
- 59 employees were enrolled in the Adult Basic Education and Training (ABET) numeracy and literacy programme.

"NHLS is exploring a more robust targeted, innovative and cost-effective service delivery model"

Information Technology

TrakCare Lab phase 2 kicked off in July 2011.

Specimen tracking was developed in Trakcare Lab laboratory information system (LIS) and tested in KwaZulu-Natal, in order to improve logistics and enhance the ability of the NHLS to report on health facility-to-laboratory turnaround times.

The SMS results programme was enhanced to include CD4, viral load and PCR test results.

Enhancements were made to the TrakCare Lab WebViewer to improve usability.

Electronic gate-keeping rules to reduce the unnecessary ordering of tests, thus resulting in significant cost savings, were introduced at Chris Hani Baragwanath Hospital.

42 GeneXpert analysers were interfaced on TrakCare and Disa*Lab LIS systems.

IT service levels improved from 39% to 81%.

Capacity and performance of the Corporate Data Warehouse were enhanced by the acquisition of the Netezza data warehouse appliance servers.

An online data capture system was developed to streamline the capturing of hard copy reports, and online coding of malignancies for the National Cancer Registry.

"TrakCare Lab rollout sees 81 labs implemented in the Northern Region"

Communication, Marketing and Public Relations

A tool was developed and implemented to access the customer satisfaction index; the ensuing survey recorded 3.5 out of 5 satisfaction.

An online news and information service for internal and external audiences was introduced. This included posting the bi-monthly staff newsletter, LabRap, on the intranet; introduction of Laboratory Times to send out daily e-mail alerts and weekly digests of news to staff; interactive intranet function; and regular updating of the website.

Special activities and projects were organised, including close collaboration with the national and provincial health departments on their priority programme campaigns.

An attractive exhibition stand was designed to display the NHLS' activities at major medical congresses.

"Total advertising value of R24 701 787.84 generated from April 2011 to November 2011"



Regional Laboratory Services

Laboratory service is a cornerstone in patient diagnosis and care. The greatest concern globally is the cost of laboratory service in healthcare management. The current trend internationally is to reduce the cost of laboratory service, as the cost driver has been identified as over servicing. The NHLS' four regions, namely the Central, Coastal, KwaZulu-Natal and Northern regions, are working together with South Africa's provincial departments of health in ensuring that there is rational use of laboratory service to ensure appropriate management and control of costs in laboratory service.

Central

New tests introduced: everolimus, sirolimus and vitamins D2 and D3 breakdown; paroxysmal nocturnal haemoglobinuria by flow cytometry.

CD4 samples tested increased from 874,470 to 934,168 (6.4%).

Viral load samples tested increased from 329,016 to 413,402 (20.4%).

HIV PCR samples increased from 70,210 to 73,000 (3.8%).

TB testing: 90,421 samples were tested with the GeneXpert technology while less sensitive microscopy testing reduced by 12.3% from 1,003,037 samples in 2010/2011 to 879,374 in 2011/2012.

Coastal

New tests introduced: CTD screen: for the diagnosis of autoimmune diseases, most commonly systemic lupus erythematosus; cardiolipin IgM antibodies and B2-glycoprotein IgG and IgM; anti-tissue transglutaminase IgG and IgA; and anti-deaminated gliadin IgG and IgA.

GeneXpert TB testing has been rolled out at four sites in the Western Cape and in eight laboratories in the Eastern Cape.

TB microscopy in the Eastern Cape decreased from 934,726 to 932,009, while in the Western

Cape these increased from 435,211 to 460,095, over the previous financial year. TB cultures in Eastern Cape increased by 26%, from 192,926 to 243,785 whereas in Western Cape a 3% decline from 231,389 to 224,734 was seen. The net effect is a 7% increase in total TBs in the region.

Smears for cervical cancer screening decreased in the Eastern Cape but increased by 9% in the Western Cape.

CD4, viral load and HIV PCR testing increased by 20%.

A mobile laboratory was set up at Caledon Hospital in the Western Cape in May 2011 in a partnership between the NHLS, the provincial health department and Fraunhofer Institute for Biomedical Engineering in Germany. The mobile laboratory provides laboratory services, including the new GeneXpert technology for TB, to the rural Overberg district.

KwaZulu-Natal

Overall, test volumes increased by 20%, from 17,053,325 in the previous financial year to 20,384,747 specimens. This was mainly due to CD4 and viral load testing increasing by 22% and TB microscopy by 9%.

Turnaround times improved greatly, particularly for priority programme testing, achieving set targets for TB microscopy (92.87%), CD4 (86.09%) and viral load (81.60%).

GeneXpert TB testing was rolled out to a further 18 laboratories, increasing the total number of sites for the region to 24.

Northern

Viral load testing increased by 14%.

Direct TB microscopy increased by 29%.

The GeneXpert TB testing system was rolled out to six sites.

CD4 and HIV PCR volumes increased by 22% and 5%, respectively.

Cervical cancer screening tests increased by 15%.

National Priority Programmes

New CD4 testing facilities opened at Vryburg, Worcester, Upington and Khayelitsha. Two sites received upgraded CD4 facilities to improve work flow and accommodate increasing volumes of tests, namely Kalafong and Tembisa laboratories.

From March 2011 through to March 2012, the NHLS performed 311,1176 Xpert MTB/RIF tests in the public sector. Current national coverage of the GeneXpert is ~23% with 100% coverage in high burden TB districts initiated in a pilot study. Test numbers are increasing rapidly (8-10% monthly).

In 2010, an average of 29 drug resistance tests were processed per month, while in 2012 this average increased by 134% to 86 tests per month.



The NHLS CEO, Sagie Pillay (pictured centre) and NHLS volunteers from laboratories from surrounding areas at the World TB Day event at the mining complex in Carletonville

ACADEMIC AFFAIRS, RESEARCH
AND QUALITY ASSURANCE
ANNUAL REVIEW 2011 - 2012



Academic Affairs and Quality Assurance

Substantial progress has been made on the individual bilateral agreements with the universities. These bilateral agreements are required in the Umbrella Agreements which govern the relationship between the NHLS and the universities and universities of technology.

Academic teaching

The number of pathologists qualifying increased from 28 in 2010 to 44 in 2011 while the number of medical scientists qualifying rose from 23 to 42 during the same periods. A total of 156 medical technologists and 206 medical technicians were qualified.

Research grants

The total value of grants administered by the NHLS in the year under review is R454,288,967.10. A total of 112 new grants were awarded to the value R16,422,382.26. The average value of the awards is R146,628.26 per award, with the most valued at R90,000.00 per award.

Research output

Peer-reviewed publications authored/co-authored by staff in the NHLS university departments, the NICD and NIOH numbered 448.

Accreditation

The number of accredited laboratories increased by seven tertiary, three regional, one NICD and one NIOH laboratories.

Proficiency testing

Total number of enrolments in proficiency testing (PT) schemes increased by 9%, from 2,868 in 2011-2012 to 3,183 in 2011-2012. These participants include NHLS laboratories, South African private sector laboratories and laboratories from Africa, Eastern Europe and the Middle East.

New units

The Technology Assessment Unit was launched.

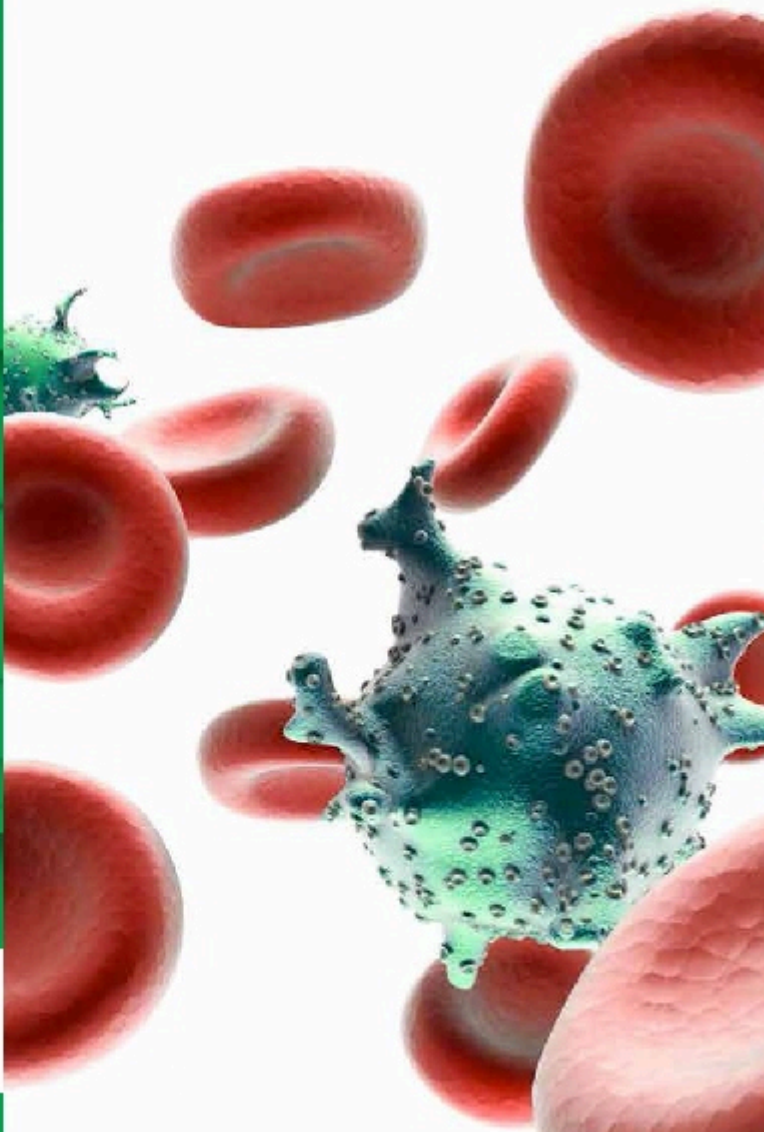
The Information Management Unit was established to provide enabling information to assist in organisational strategic decision-making and to enhance clinical and operational management.

African Centre for Integrated Laboratory Training

ACILT presented training in 23 different courses, attended by 80 NHLS staff and 172 participants from Zimbabwe, Mozambique, Botswana, Malawi, Zambia, Lesotho, Swaziland, Kenya, Tanzania, Ethiopia, Rwanda, Nigeria, Namibia, Cote d'Ivoire, Angola, Uganda, Cameroon, Ghana, Sudan and the Democratic Republic of the Congo.



NATIONAL INSTITUTE FOR
COMMUNICABLE DISEASES
ANNUAL REVIEW 2011 -2012



National Institute for Communicable Diseases

The NICD's 23 separate units were restructured into seven centres to enhance its primary objective of servicing public health needs.

The level-4 biosafety laboratory, which is the only one of its kind in Africa, was officially commissioned, and accredited.

The first “One Health for All in Africa” conference was held, focusing on scrutinising the inter-dependency of humans and animals and subsequent threats faced by each other in the emergence of communicable diseases threats.

The Southern African Regional Global Disease Detection Programme was established to strengthen the global capacity to rapidly detect, accurately identify and contain infectious disease threats that occur internationally.

Accolades

Professor Janusz Paweska was awarded a prestigious statuette of Sapere Auso by the Rector of Wroclaw University of Environmental and Life Sciences, in Poland.

Professor Maureen Coetzee received the following recognitions: African Union Kwame Nkrumah Regional Women Scientists Award; Vice-Chancellor's Research Award; first runner-up, Distinguished Women in Science Award; elected Fellow of the Royal Society of South Africa.

Professor Marietjie Venter and Dr Mignon du Plessis were awarded C (established researcher) ratings by the National Research Foundation. Both were previously rated as Y (promising young researcher).

Professor Hendrik Koornhof received the NHLS Lifetime Achievement Award at the Laboratory Medicine Congress in September 2012.



“NICD is internationally recognised as an important public health resource in South Africa”

NATIONAL INSTITUTE FOR
OCCUPATIONAL HEALTH
ANNUAL REVIEW 2011 -2012



National Institute for Occupational Health

Government & workers

Health and safety inputs were made to Health and Safety Summits of the Department of Mineral Resources and Department of Labour.

All recommendations of HIV/TB in the mining sector technical report were adopted by the Mining Health & Safety Summit.

Secretariat and technical support was provided to the Department of Health on TB in migrant workers; Dr Zungu attended SADC meeting in Angola to deal with this issue.

Prof M Gulumian chaired a Ministerial task team in Agriculture, Forestry and Fisheries.

Technical support was provided to legal teams on behalf of workers in a class action against a significant player in the mining sector (compensation claim).

Employees

OHASIS (Occupational Health and Safety Information System) was successfully implemented; its value is two million Canadian dollars (given free to NHLS and Rights to Africa for the software from University of British Columbia).

International

Substantial links were established with bilateral and multilateral agencies with inputs on Africa-wide and the global front for occupational health and cancer surveillance.

WHO collaborating centre status was renewed for the NIOH (2011 - 2015) with support of the Department of Health.

Internal

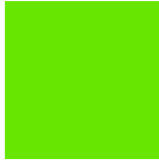
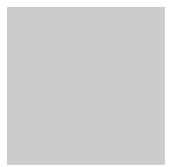
Three laboratories (microbiology, immunology, analytic chemistry) maintained SANAS accreditation and another (pathology) was accredited.

The NIOH is in a world leadership position on research on the toxic effects of gold nano-particles; substantial funding has been received for this work.

“The PATHAUT database is a national resource and contains unique information about disease trends in the mining industry”



NATIONAL HEALTH
LABORATORY SERVICE



National Health Laboratory Service

- Supports the Department of Health in the delivery of laboratory services to all South Africans
- Delivers pathology disciplines through a network of laboratories
- Trains all pathologists for South African health service through its academic division
- Provides specialist services through the NICD, NIOH and NCR
- Is the only manufacturer of anti-venom for South Africa

At the core of the NHLS is next generation pathology excellence that supports the mandate of the Department of Health.

Supporting national health and the wellbeing of all South Africans



NATIONAL HEALTH
LABORATORY SERVICE

NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES



NATIONAL HEALTH
LABORATORY SERVICE

NATIONAL INSTITUTE FOR OCCUPATIONAL HEALTH

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