



TB in the Southern African mining sector and across
the sub-region
STOP TB Partnership Board Meeting
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Framing the Public Health Challenge

- Africa is the only region in the world to have experienced an increase in TB incidence since 1990
- Southern Africa is the epicentre of the HIV epidemic – HIV infection dramatically increases susceptibility to TB
 - In South Africa, 60% of TB suspects are HIV-positive
- TB is particularly acute in South Africa and 4 of its labour-sending neighbours, namely, Lesotho, Mozambique, Swaziland and Zimbabwe
 - All of whom feature in the ‘Top 7’ for per capita incident TB
 - All have reported cases of MDR/XDR-TB

Framing the Public Health Challenge - TB in South African mines

- South Africa's half-a-million mine workers have the highest TB incidence in the world:
 - estimated to be 3,000–7,000 cases per 100,000 population most of whom also HIV positive, some with silicosis
- In 2010/11, 11% of S.A. gold mining sector's miners were infected with TB compared to an industry average of 5%
 - Also, 0.72% miners were infected with silicosis compared to an industry average of 0.31%
- And yet, gold mines have limited TB & HIV services (only 56% of gold mines have TB & HIV services compared to 78% of platinum mines)
 - Unlike platinum mines, most gold mines were built a long time ago, some as far back as the early 20th century & therefore have compromised infrastructure that breeds TB

The public health consequences of TB in mines has been considered a public health crisis since 1903...(World Bank)

So...

...what is Southern Africa doing about this longstanding crisis?

SADC Health Ministers' agreed in November to address this regional health crisis with urgency

- *A Extraordinary Ministerial Meeting on TB in Mines* will take place in April 2012
- End result will be a *SADC Declaration on TB in the Mining Sector*
- Declaration will be signed by SADC Heads of State in August 2012

Coordinated SADC Regional Response

- The process is being coordinated under SADC authority – bringing all 14 member states into the fold
- Government representation will include ministries of:
 - Health
 - Mining/Mineral Resources
 - Finance
 - Labour
- Other representation will be from:
 - Industry leadership
 - Organised labour
 - Civil society
 - Global experts
- Stop TB Partnership Secretariat and World Bank have been supporting this process since October 2010 when the Coordinating Board met in South Africa

Expected Outcomes

1. Regional Action Plan (*Code of Conduct*) to inform TB interventions
2. Harmonisation of policies and protocols (including treatment regimens) across the SADC region
3. Introduction of a regional 'health passport' for all migrant miners (including contract workers)
4. Improved laboratory diagnostic services, including the rolling out of new technologies such as the Genexpert

South Africa is already responding:

HIV Counselling and Testing Campaign (HCT)

- From April 2010 to June 2011, an effort was made to test 15 million South Africans for HIV, also
 - TB screening & testing
 - Non-communicable diseases, including hypertension & diabetes

South Africa is already responding:

HIV Counselling and Testing Campaign – HIV Uptake

Province	15 Month Target	PreTest	Testing Rate	Tested	Target Achieved	Positive	Positivity
Eastern Cape	2,017,693	1,784,091	85%	1,511,670	75%	177,481	12%
Free State	957,889	1,160,997	84%	980,936	102%	157,667	16%
Gauteng	3,349,084	3,174,900	98%	3,119,145	93%	598,741	19%
KwaZulu-Natal	3,059,234	3,686,267	79%	2,920,433	95%	561,057	19%
Limpopo	1,540,604	1,498,031	89%	1,332,651	87%	154,328	12%
Mpumalanga	1,095,823	1,123,017	94%	1,055,899	96%	224,785	21%
North West	998,859	1,291,355	83%	1,066,832	107%	174,113	16%
Northern Cape	337,941	332,935	98%	324,741	96%	28,389	9%
Western Cape	1,607,594	1,089,721	98%	1,063,038	66%	91,364	9%
SA	14,964,721	15,141,314	88%	13,375,345	89%	2,167,925	16%

South Africa is already responding:

HIV Counselling and Testing Campaign – TB Uptake

Province	Screened TB	Screening Rate	Referred	Referral Rate
Eastern Cape	790,016	44%	102,300	13%
Free State	997,367	86%	113,974	11%
Gauteng	857,585	27%	182,776	21%
KwaZulu-Natal	2,292,234	62%	360,055	16%
Limpopo	321,863	21%	25,187	8%
Mpumalanga	600,122	53%	82,197	14%
North West	1,192,123	92%	117,613	10%
Northern Cape	113,081	34%	11,492	10%
Western Cape	722,815	66%	58,029	8%
SA	7,887,206	52%	1,053,623	13%

South Africa is already responding:

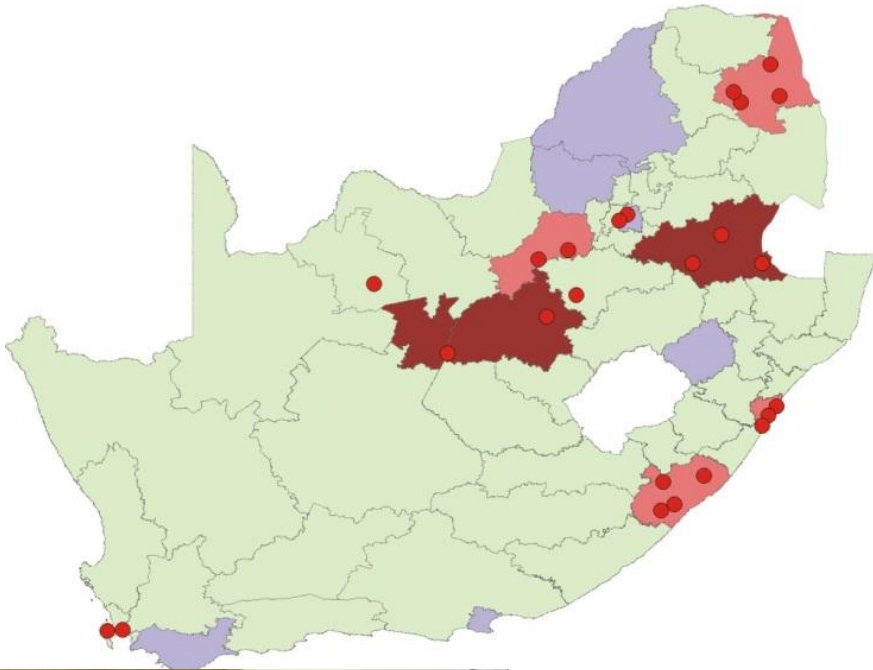
- 3 pronged TB strategy-

A: Intensified Case Finding

- From March 2011, community based teams were established comprising:
 - Each Team comprises 1 Nurse (Team Leader) and 4 Community Health Workers
 - About 190 such teams were established
- Task: To trace known TB cases in 200,000 households from a database of about 400,000 households and
 - Screen family members (contacts) for TB (sputa of suspects is collected at home)
 - Provide counseling and test for HIV (Rapid HIV testing done at home)
 - Refer confirmed cases to health facilities for prompt treatment
- Although increase in notification of cases has been noticed, an audit is being planned by CDC to report in March 2012

South Africa is already responding:

- 3 pronged Strategy- B. Roll out of Genexpert



- 41 machines (including GX 48 installed & currently provide 30% coverage
- Efforts underway to increase coverage to at least 50% by end of 2012
- Support provided by partners, including those from STOP TB (Global Fund, Centre for Diseases Control, Gates Foundation)



South Africa is already responding:

Genexpert tests up to Nov 2011

Laboratory	MTB Detected	MTB Not Detected	Test Unsuccessful	Total	% MTB Detected
Eastern Cape	2455	11,897	439	14,791	16.60
Free State	1913	10,280	11	12,204	15.68
Gauteng	2195	13,629	365	16,189	13.56
Kwa-Zulu Natal	10,592	37,490	1,486	49,568	21.37
Limpopo	1,666	14,924	139	16,729	9.96
Mpumalanga	2,266	10,921	1,017	14,204	15.95
North West	1,957	10,025	406	12,388	15.80
Northern Cape	2,818	14,282	653	17,753	15.87
Western Cape	1,042	5,025	17	6,084	17.13
Grand Total	26,904	128,473	4,533	159,910	16.82

South Africa is already responding:

C. New National Strategic Plan

- A new National Strategic Plan (NSP) which for the first time addresses TB and HIV jointly was launched by the President during commemoration of World AIDS Day in December 2011
- The NSP:
 - Seeks to achieve a long term vision of:
 - Zero TB and HIV infections
 - Zero TB and HIV related deaths
 - Zero TB and HIV related discrimination
 - Identifies high risk groups vulnerable to TB and HIV, including mine workers
 - Calls for all South Africans to be screened and tested for TB and HIV at least once per annum, but more frequently for high risk groups including mine workers
 - Emphasizes human rights & justice for patients & communities

Conclusion

- We thank the Chair of the Stop TB Coordinating Board along with the Executive Secretary for helping to drive this process.
- We recognize the importance of both Secretariat and World Bank engagement to support the drive for regional solutions to the TB and mining issue in Southern Africa.
- We want to highlight that this multisectoral issue – which acutely impacts Southern Africa and for which African leadership is being mobilized – is actually a global issue as well. There are significant mining operations in India and China – cross-continental investments in Africa and globally by other countries, donors, and companies etc.
- We call on this Board to continue to support and scale up these efforts.