SADC TB Status & Response to Cross Border TB

Dr. C. Sandy – Senior Programme Officer for TB & Communicable Disease

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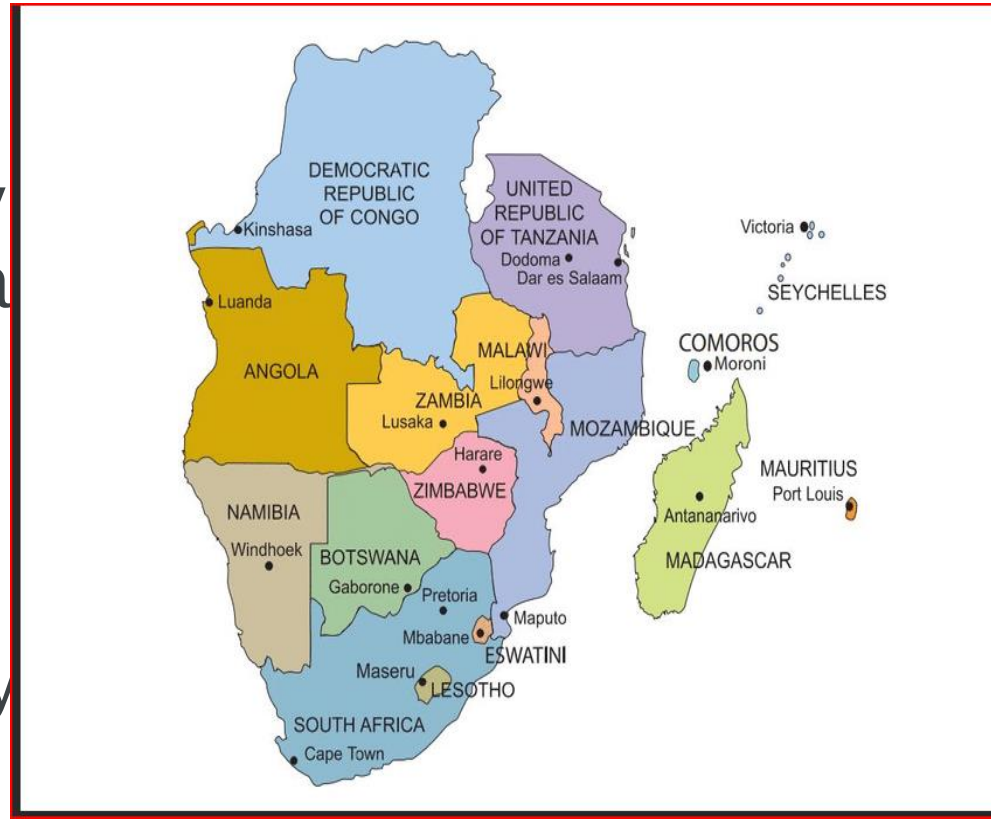
OUTLINE of presentation

- Introduction
- SADC TB Brief
- The SADC Heads of State and Government Declaration on TB in the mining Sector
- Global and Regional Commitments in implementing the Declaration
- Situation Analysis: Regional Initiatives to address TB in the mining Sector
- The Operational Plan

Introduction

- SADC: 16 Member States bound by a common vision and future within a regional community:
  - economic well-being,
  - improvement of the standards of living and quality of life,
  - freedom and social justice and security for the people of Southern Africa
- TB and HIV priority health issues for the Region



Global Expectations: Key SDG and End TB Targets

SDG Target 3.3	By 2030, end the epidemics of AIDS, TB, malaria and neglected tropical diseases, and combat hepatitis, water-borne diseases and other communicable diseases
WHO End TB Strategy	80% reduction in the TB incidence rate (new and relapse cases per 100 000 population per year) by 2030, compared with 2015 2020 milestone: 20% reduction; 2025 milestone: 50% reduction
	90% reduction in the annual number of TB deaths by 2030, compared with 2015 2020 milestone: 35% reduction; 2025 milestone: 75% reduction
	No households affected by TB face catastrophic costs by 2020[a]
UN high-level meeting on TB, 2018	40 million people treated for TB from 2018 to 2022, including: • 3.5 million children • 1.5 million people with drug-resistant TB, including 115 000 children
	At least 30 million people provided with TB preventive treatment from 2018 to 2022, including: • 6 million people living with HIV • 4 million children aged under 5 years and 20 million people in other age groups, who are household contacts of people affected by TB
	Funding of at least US$ 13 billion per year for universal access to TB prevention, diagnosis, treatment and care by 2022
	Funding of at least US$ 2 billion per year for TB research from 2018 to 2022

Pertinent REGIONAL / Continental commitments.

1) Ministers of Health of the African Union elaborated a Common African Position on TB (CAP-TB) whose aim is to ensure a common African voice on concrete actions to end the TB epidemic by 2030.

2) African leaders endorsed the Catalytic Framework to End AIDS, Tuberculosis and Eliminate Malaria in Africa by 2030 .

3) 2012 African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, Tuberculosis and Malaria Response and the Common Africa Position on the Post-2015 Development Agenda

4) November 2017, top political leadership of the SADC Region was party to a “First Global Ministerial Conference on Ending TB in the Sustainable Development Era” Moscow, Russia, aimed at accelerating implementation of the WHO End TB Strategy.

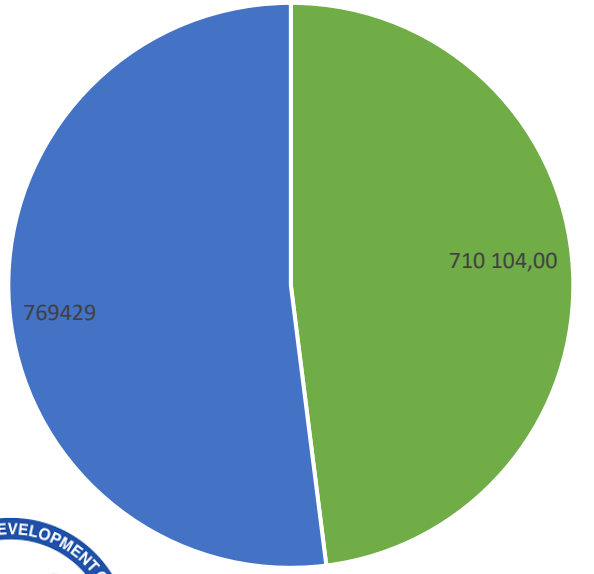
5) At the end of the Conference, a “Moscow Declaration” that informed the first ever UN General Assembly (UNGA) High-Level Meeting on TB held on September 2018 in New York was adopted.

TB IN SADC: UPS AND DOWNS

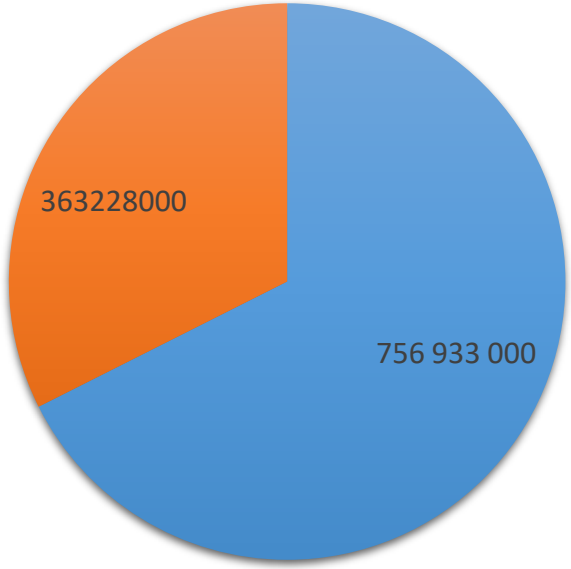
- ❖Achieved main MDG target: Halted and began to reverse TB incidence by 2015
- ❖Zimbabwe and Angola transitioned out of global high TB and high TB/HIV burden countries respectively **BUT:**
- ❑Disproportionate contribution to regional notifications
- ❑Slow decline in TB incidence and deaths since end of MDG era
- ❑Low treatment coverage and treatment success rate relative to global targets
- ❑Falling funding levels (global = below 50% of the target for 2020.)
- ❑Negative impact of COVID-19 pandemic since 2020 on some key indicators – pace of recovery varying by country

SADC TB Burden High

52% of All TB Notifications in AFRO (WHO, 2021) from SADC



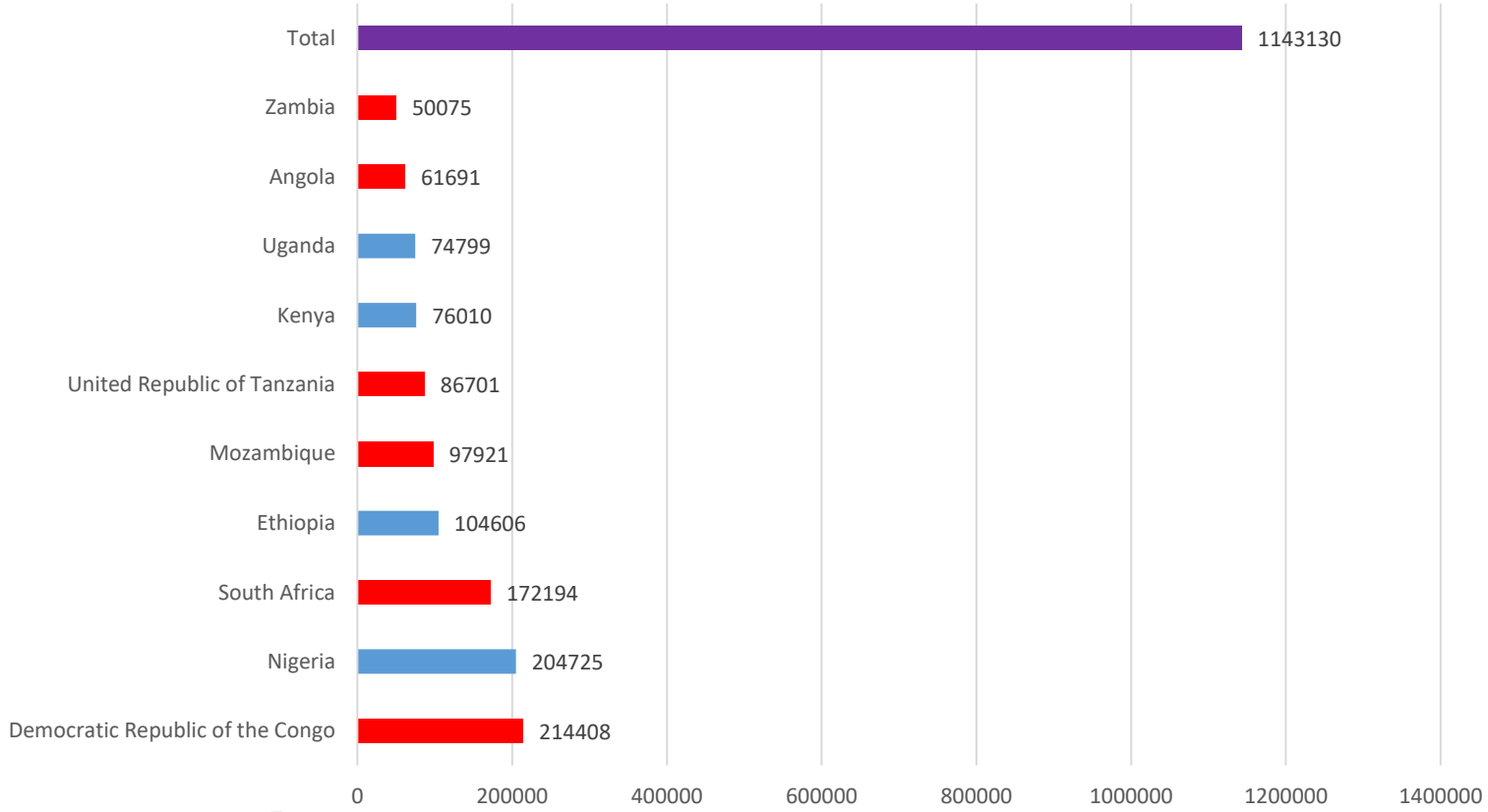
32% of AFRO Population from SADC



Fostering Regional Cooperation for Better Health

TIMS
TB IN MINING SECTOR IN SOUTHERN AFRICA

Top 10 AFRO Countries for TB (WHO,2021)



- Contribute nearly 80% of AFRO TB burden
- 6 out of 10 Countries from SADC

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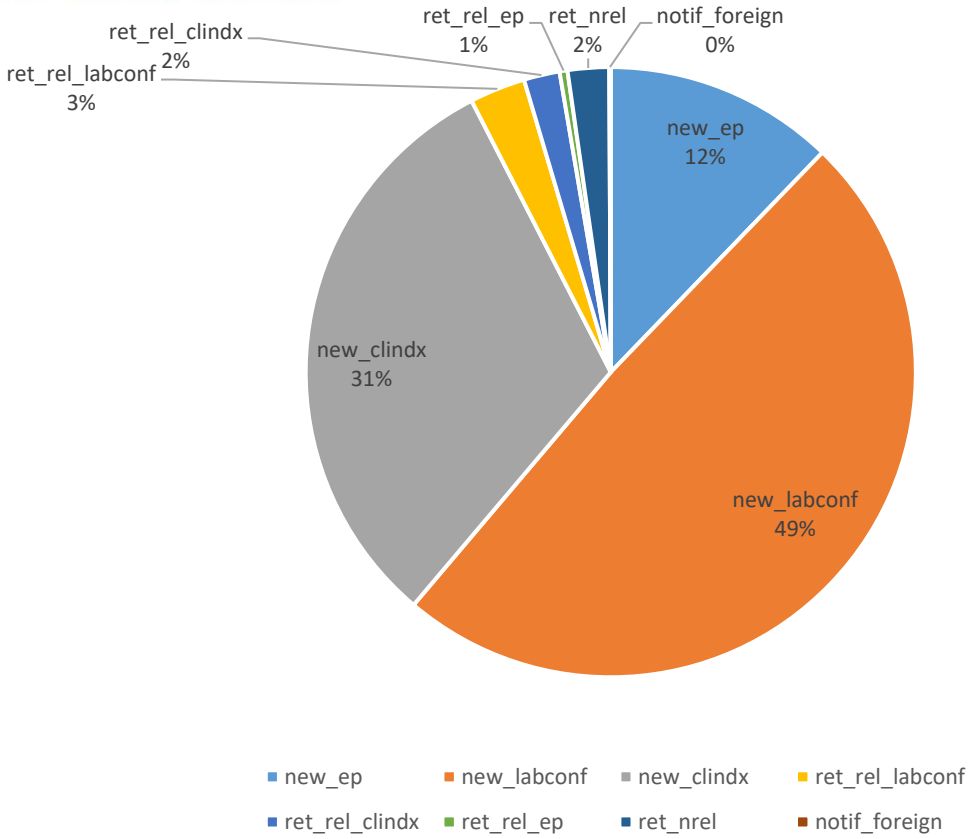
TIMS
TB IN MINING SECTOR IN SOUTHERN AFRICA

Characteristics of TB in SADC



- Only 49% of New TB was Laboratory confirmed
- 31% of TB clinically diagnosed

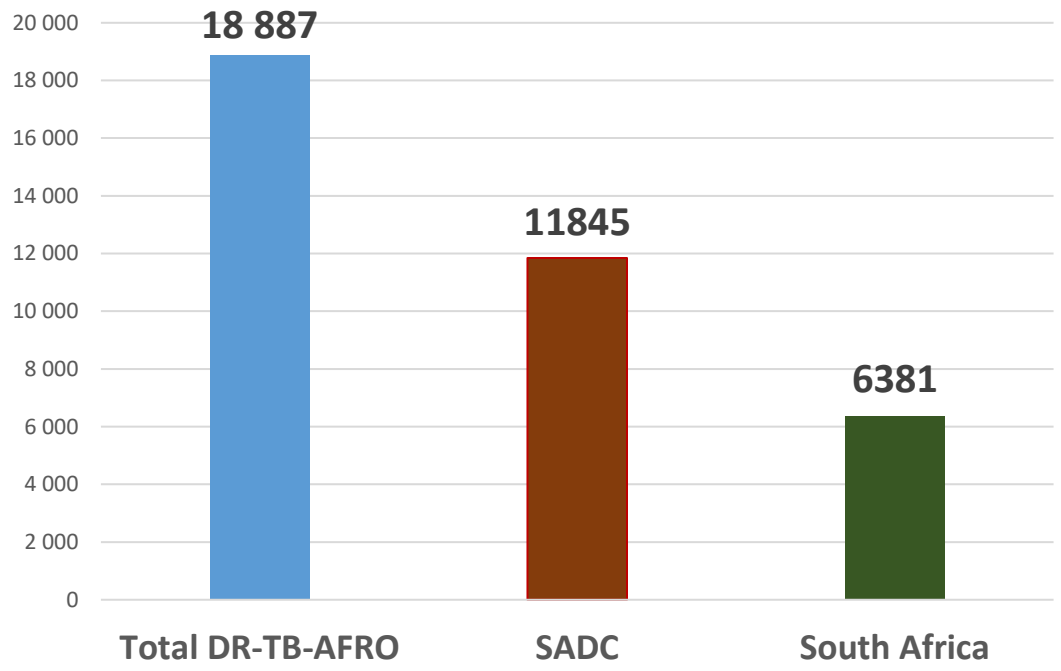
SADC
SOUTHERN AFRICAN DEVELOPMENT COMMUNITY
TOWARDS A COMMON FUTURE

ECSA HEALTH COMMUNITY

AUDA-NEPAD
AFRICAN UNION DEVELOPMENT AGENCY

TIMS
TB IN MINING SECTOR IN SOUTHERN AFRICA

DR-TB Status in 2021



- 63% of AFRO DR-TB Notifications from SADC
- 34% of AFRO DR-TB Notifications from South Africa
- 54% of SADC DR-TB notifications from South Africa
- Diagnostic access and capacity still poor in most Member States

SADC
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Fostering Regional Cooperation for Better Health

Migration and TB

- Challenges

- Difficulties in accessing healthcare services
- Lack of health insurance
- Language barriers
- Limited understanding of the health-care system in the destination country
- Discrimination
- Sharing of Migrant Health Data

- Results

- Delays in seeking TB diagnosis and treatment,
- TB treatment interruption, resulting in poor treatment outcome
- Drug resistant TB (MDR-TB)
- Estimation of the size and impact of migrant TB not well documented

TB in the Mining sector in SADC Region.

TB a significant problem in the mining sector in the SADC Region

- SADC **accounts disproportionately** to African TB burden
- Mining sector harbors especially **high rates of TB, TB/HIV and ORODs** …at least three times higher than in the general population.
  - Mineworkers exposed to **multiple TB risk factors**:
    - ***Prolonged exposure to silica dust, poor living conditions****, and* ***high HIV*** *prevalence*
  - Mining sector associated with significant levels of **cross-country migrations**: e.g **40% of mineworkers** in the Republic of South Africa's mines originating from **Mozambique, Swaziland, and Lesotho**.
  - There is **circular movement** of mineworkers across provincial and national borders
  - There is general **poor cross border health referral systems**, and **mostly non harmonized** management practices

Negative factors to combating TB in the mining sector

1) **Poor or no access to health and social services for mine workers, ex-mineworkers, families and communities**
2) **Absence of effective cross-border medical referral mechanisms within the Southern African Region**
3) **Non-harmonization of medicines and treatment regimens for managing both TB and HIV/AIDS**
4) **Inadequate or lack of legal and regulatory frameworks to facilitate care and rights of miners and ex-miners**
5) **Inadequate or lack of legal frameworks and mechanisms for financial compensation of mineworkers and ex-miners with TB, Silicosis and other occupational respiratory diseases**
6) **Lack of or inadequate medical surveillance programs and postemployment follow-up schemes,**
7) **Funding for programmatic intervention,**
8) **Lack of information among mineworkers, ex-mineworkers, employers, trade unions and governments about their roles, rights and responsibilities.**

The SADC Heads of State and Government Declaration on TB in the Mining Sector (Maputo, 2012)

Arose from recognition of disproportionately high TB and TB/HIV burden in the mining sector, was aimed at scaling up regionwide responses to key contributory factors to the TB explosion in the mining sector, notably:

1) Eliminating occupational and environmental conditions fueling high rates of TB and HIV transmission in the mines
2) Actively looking for people with TB and HIV within the mining community and providing prompt quality treatment;
3) Actively seeking former mine workers who could have TB; and
4) Creating legal and regulatory frameworks to protect rights and provide legitimate compensation for occupational diseases among current and ex-miners.

SADC Declaration

Strategic goal of the Declaration

To help achieve zero new TB, HIV infection and silicosis, and zero TB, HIV or Silicosis deaths

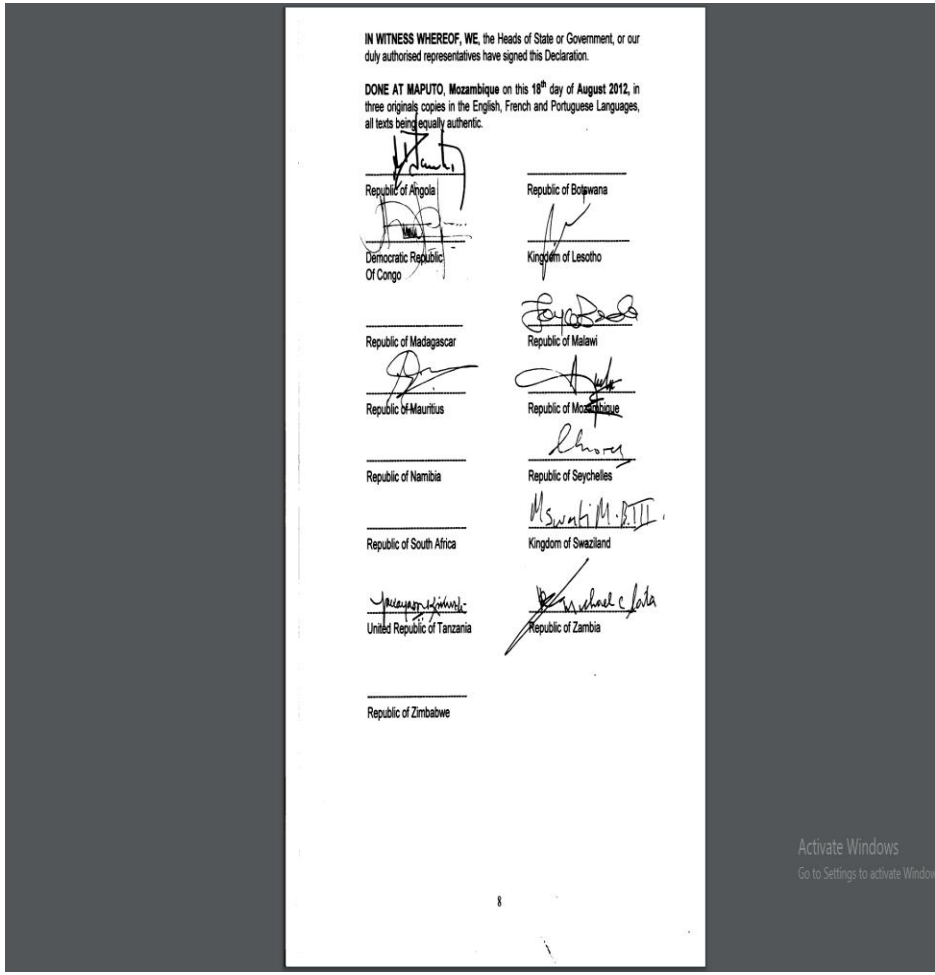
Objectives

1) Give operational guidance and strategic direction to eliminate occupational TB in mines and to achieve zero new HIV infections, zero deaths and zero discrimination in the Mining Sector;

2)Provide principles and minimum standards regarding occupational TB, TB and HIV, Silicosis and other occupational respiratory diseases in the mining sector;

3) Provide framework for consultations on effective measures to address the challenges of TB, HIV, Silicosis and other occupational respiratory disease challenges in the mining sector; and

4) Provide an instrument for resource mobilization.



IN WITNESS WHEREOF, WE, the Heads of State or Government, or our duly authorised representatives have signed this Declaration.

DONE AT MAPUTO, Mozambique on this 18th day of August 2012, in three originals copies in the English, French and Portuguese Languages, all texts being equally authentic.

Republic of Angola

Republic of Botswana

Democratic Republic Of Congo

Kingdom of Lesotho

Republic of Madagascar

Republic of Malawi

Republic of Mauritius

Republic of Mozambique

Republic of Namibia

Republic of Seychelles

Republic of South Africa

Kingdom of Swaziland

United Republic of Tanzania

Republic of Zambia

Republic of Zimbabwe

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The SADC Heads of State and Government Declaration on TB in the Mining Sector (Maputo, 2012)

The Declaration identifies and recommends actions in **six priority** areas, namely:

1. **Prevention** of occupational TB, HIV, Silicosis and other occupational respiratory diseases

2. **Screening and Testing** for TB, HIV, Silicosis and other occupational respiratory diseases

3. Provision of **HIV counselling** services

4. **Treatment, care and support** of persons with TB, HIV, Silicosis and other occupational respiratory diseases

5. Provision of personal, environmental and administrative TB and HIV Infection Prevention and Control **(IPC)** services

6. Strengthening **health information systems** for monitoring and tracking the occurrence of TB, HIV, Silicosis and other occupational respiratory diseases.

Overview of Situation of implementation to date

1: Southern Africa Tuberculosis and Health Systems Support (SATBHSS) project

- World Bank supported since 2016 with overall objective of improving coverage and quality of key TB control and occupational lung disease services **in four target countries, namely, Lesotho, Malawi, Mozambique and Zambia**
  - (i) Innovative Prevention, Detection, and Treatment of TB;
  - (ii) Regional Capacity for Disease Surveillance, Diagnostics, and Management of TB and Occupational Lung Diseases; and
  - Iii Regional Learning and Innovation, and Project Management.

2: The Southern Africa TB in the Mining Sector (TIMS) Initiative

- ❑ **World Bank supported** . Involved Departments of Health, Mineral Resources, and, Labor, of the **Republics of South Africa, Kingdom of Eswatini, Kingdom of Lesotho and Mozambique.**

- ❑ **Global Fund and the World Bank** piloted innovative initiatives to reduce the rate of TB in the mining sector across 8 countries in Southern Africa: **Zambia, Malawi, Botswana, Swaziland, Namibia, Mozambique, Lesotho and United Republic of Tanzania.**

Declaration Implementation Summary

- Progress has been made
- Pace of implementation has been slow
- Ministers of Health and HIV concerned with the slow pace of Implementation approved an Operational Plan to support Member States in 2022
- Operational Plan aims to facilitate countries to meet the UN SDG Targets, WHO End TB targets, African Continental targets and SADC targets
- Member states now in the process of domesticating the Regional Operational Plan into country Action Plans

The Operational Plan Summary

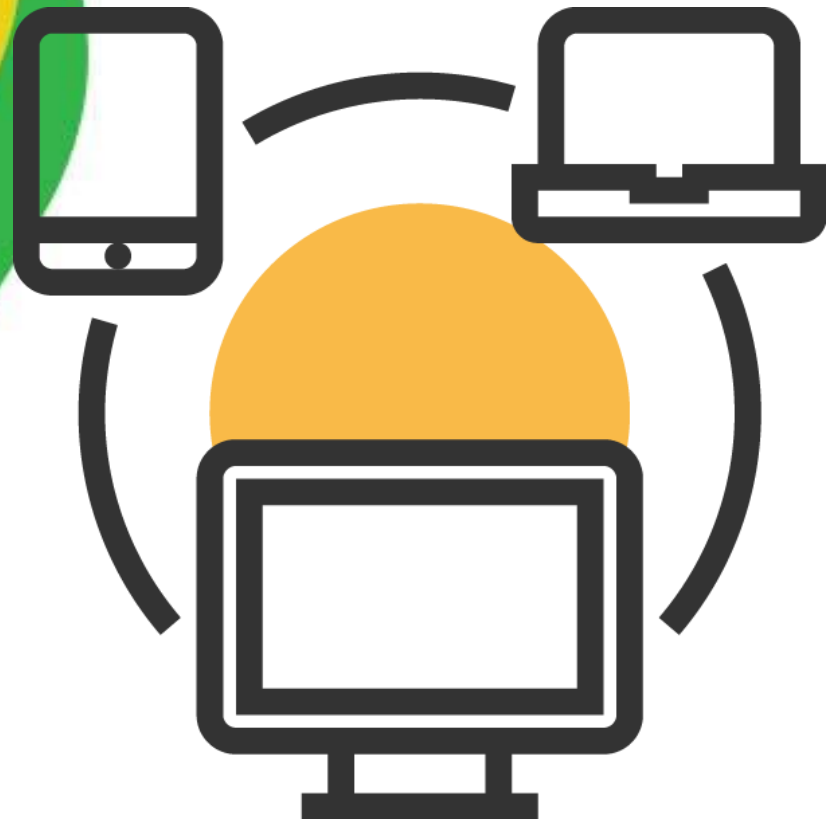
Strategic Objective	Member State level action / activity / key output
1) ***Strengthening Accountability, Coordination and Collaboration*** for TB, HIV, Silicosis and other occupational Respiratory Diseases Control in the Mining Sector at Regional Level	**Plan for operationalizing the Declaration; framework for coordinating communicable diseases and occupational health and safety issues in the mining sector; Task Force on Communicable diseases and OH and Mobile Populations; Inter-Ministerial Commission on TB, HIV and Silicosis Control; and National office for coordinating and facilitating resolution of health issues in the mining sector**
2) ***Promoting a supportive policy and legislative environment*** for TB, HIV, Silicosis and other occupational Respiratory Diseases Control in the Mining Sector in the SADC Region	**Policy classifying TB and Silicosis acquired in the mines as occupational diseases; Legislation on compulsory reporting of TB, Silicosis and other occupational respiratory diseases; Legislation supporting compensation of mineworkers and ex-mineworkers; M & E framework for silica and other dust levels in the mines**
3) ***Strengthening Programmatic interventions*** for TB, HIV, Silicosis and other occupational respiratory Diseases Control in the Mining Sector	**Updated Minimum standards and packages for TB, HIV, Silicosis and other occupational respiratory prevention, treatment, care and support; Updated National Guidelines for ensuring a safe working environment that minimizes exposure to silica dust; funding for programmes implementation**
4) ***Strengthening Surveillance System*** for TB, HIV, Silicosis and other occupational respiratory Diseases Control in the Mining Sector	**Determine TB, HIV and Silicosis burdens; Research and development agenda for TB, HIV, Silicosis and other occupational respiratory diseases; basic and implementation research on TB, HIV, Silicosis and other occupational respiratory diseases interventions; mandatory requirement for occupational disease surveillance and reporting of gender or disaggregated data for TB, Silicosis and ORDs**
5) Strengthening ***Programme Monitoring and Evaluation (M & E)***	**Regulations for monitoring compliance with prescribed controls of dust exposure and silica dust levels in the mines; updated tools for tracking progress towards ending the TB and HIV epidemics, and monitoring Silicosis and other ORDs; standardized system for reporting on TB, Silicosis and ORDs;**
6) ***Strengthening Financing*** for TB, HIV, Silicosis and other occupational respiratory disease interventions	**Increased domestic funding for TB, HIV and Silicosis services; patient cost surveys for TB to track catastrophic costs; legislated social protection programmes for accelerating UHC to TB, HIV, silicosis and ORD conditions;**

CROSS BORDER REFERRAL OF TB IN MINERS: PROBLEM STATEMENT

- Prevalence of TB in the mining population far exceeds that of the general population
- Mining populations are highly mobile as labour is sourced from geographic locations distant from mine sites – often across borders
- Migration of workers contributes to a breakdown in continuity of care
- Paper based systems are ineffective as they are lost or defaced in the process of migration

THE CROSS BORDER REFERRAL SYSTEM

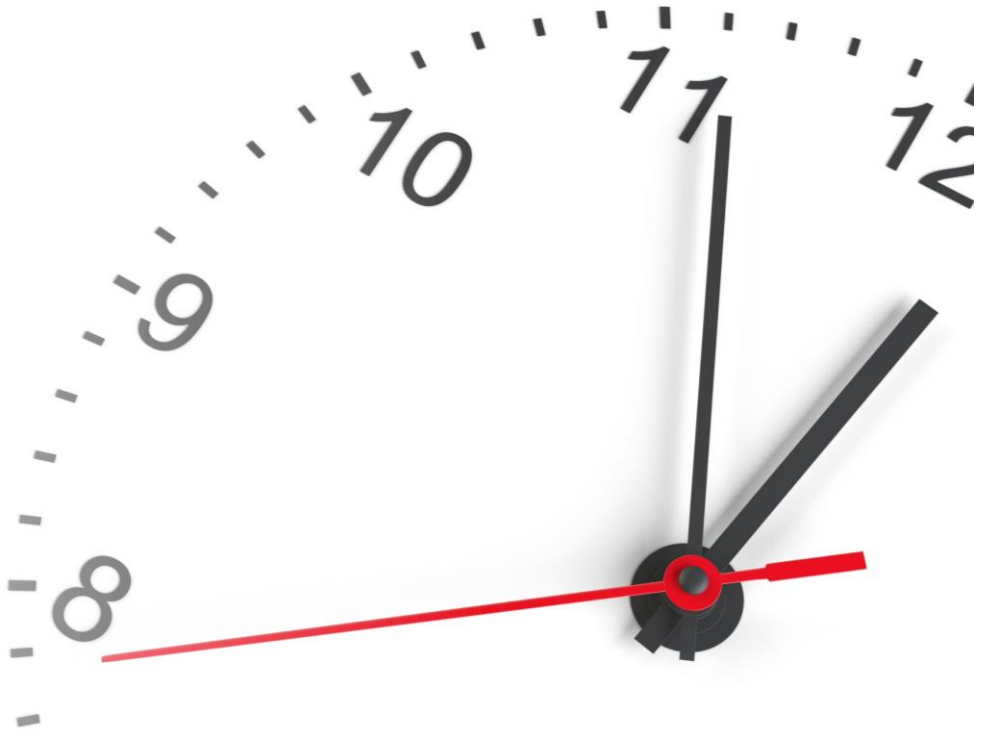
SOLUTION



- Electronic platform that captures medical information, cloud storage and can be accessed once given consent by the patient
- URL on phone to gives to medical personnel access to patient medical records
- If the receiving clinic is known in advance, this URL can be emailed to the clinic personnel

Conclusions

- **The clock is ticking**
- **Renewed commitment and accelerated action in strengthening the National and Regional response measures for Cross Border TB is required urgently for impact**



Declaration 2012 and then What?

Group Work- Review of the SETC TORs

Country Group Assignments

Group A Section (1-7)	Group B Section (8-14)	Group C Section (15-19)
Lesotho	Tanzania	DRC
Mozambique	Malawi	Seychelles
South Africa	Botswana	Zambia
Zimbabwe	Madagascar	Namibia
		Eswatini

Group Processes

- Identify Group Chair and Rapporteur
- Review SETC document up to section 19 i.e page 10- Structure, Flow
- Review focus- relevance, appropriateness, adequacy, clarity
- Amend/add as appropriate on the document as tracked changes
- Prepare power-point slide to reflect proposed changes