TB in the Southern African mining sector and across the sub-region

STOP TB Partnership Board Meeting

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Minister of Health

South Africa
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

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

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

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