



MEDIA RELEASE FOR IMMEDIATE ISSUE

HEALTH LEADERS LAUNCH 1000 DAY PUSH TO MEET AFRICAN TUBERCULOSIS AND HIV TARGETS

21 March 2013, Mbabane, Swaziland – Health leaders from Africa and international agencies gathered in Swaziland today to launch a fresh offensive against tuberculosis (TB), including TB among people living with HIV.

Armed with a package of new investments and initiatives worth more than US \$120 million, the leaders signed the *Swaziland Statement*, committing them to accelerate progress against the two diseases in the next 1000 days and work with Southern African Development Community (SADC) countries to achieve the international targets of cutting deaths from TB and HIV-associated TB by half by 2015, compared to 1990 levels.

“We did not gather here today to underline the problem – we know the problem very well,” said Benedict Xaba, Minister of Health of Swaziland. “TB and HIV have combined together in the SADC region in a perfect storm and what we need to mobilise is an emergency response to this storm.”

The African region is not currently on track to hit the international TB and HIV-associated TB mortality targets by 2015. The latest data from the World Health Organization show that around 600 000 people died from TB in Africa in 2011 – 40% of the global toll. This means that Africa has now overtaken Asia – with its much higher population and number of TB cases – as the region with the greatest number of TB deaths. SADC countries are at the epicenter of the epidemic.

A key stumbling block to progress is the extremely high TB/HIV co-infection rate in Africa. In 2011, 80% of the people living with HIV who fell ill with TB were in Africa. TB associated with the mining industry is also fueling the regional co-epidemic. The proportion of people getting sick with TB is at least two and half times higher among miners than in the general population in South Africa and up to 20 times higher than the global average.

“TB remains a major cause of death in our sub-region and we will not defeat HIV without a concerted offensive against TB,” said Dr Aaron Motsoaledi, Minister of Health of South Africa. “If HIV/AIDS and TB were a snake, I can assure you the head would be in here South Africa. And I’m repeating this to the mining sector – because mineworkers come from the whole sub-region; they come here to our mines to catch TB and HIV and take it back home. We must prioritise action in the hot spots, and one of the hottest of these is TB in the mining industry. The new partnerships that we are witnessing today between government, the corporate sector, and global agencies can and must drive our renewed effort in the next 1000 days.”

Participants at the meeting made the following commitments for action in the next 1000 days:

Dr Mphu Ramatlapeng, Vice-Chair of the Board of the **Global Fund to Fight AIDS, Tuberculosis and Malaria** announced that the Global Fund will commit US \$102 million of new funding to TB programmes in SADC countries. The Global Fund provides the largest international funding stream for TB, accounting for the great majority of 2011 donor funding for TB. In addition, the Global Fund has committed US \$741 million for HIV programmes in SADC countries. This funding will support TB-HIV activities such as providing antiretroviral therapy to TB patients who are HIV positive.

Michel Sidibé, Executive Director of **UNAIDS**, announced that UNAIDS would make a bold call to action for Zero tolerance of parallel systems for delivery of HIV and TB services. UNAIDS will support countries to ensure that every person is aware of their HIV status and is also tested for TB, and that all people co-infected with TB and HIV initiate TB and HIV treatment. UNAIDS will advocate to close the financial gap and mobilise donors, partners and countries to secure resources and meet the TB/HIV target of halving the number of TB deaths in people living with HIV by 2015. UNAIDS will provide focused support to the 10 countries most affected by TB and HIV, and work to overcome the stigma and discrimination that prevent people from getting tested and staying on treatment.

Asad Alam, South Africa, Botswana, Namibia, Lesotho and Swaziland Country Director for the **World Bank** announced that the Bank would conduct economic analysis on TB and mining to inform industry and government decisions; implement an action plan to harmonise the management of mining-related TB; and develop a costed, industry-led investment strategy to increase TB case finding and treatment.

Dr Davide Mosca, Director of the Migration Health Department at the **International Organization for Migration (IOM)** announced a US\$ 6.5 million programme called “Partnership on Health and Mobility in Southern Africa Mining Sector” which aims to improve the health of 20 000 migrant mine workers, their families and affected communities in southern Africa, with particular focus on the mine worker sending, transit and destination communities of Swaziland, Lesotho, Mozambique and South Africa. The programme is a direct response to the SADC Declaration on TB in the Mining Sector and is supported by the Ministry of Foreign Trade and International Cooperation of the Netherlands.

Sarah Dunn, **DfID** Head for Southern Africa, announced that DfID would provide US \$220 000 for catalytic, short term programme management support to be provided as matched funds for a similar or larger contribution from the private mining sector and other partners.

Dr Marc Gastellu-Etchegorry, International Medical Secretary, **Medecins Sans Frontières (MSF)** announced that MSF is making the scale-up of DR-TB diagnosis and treatment a priority for this year and coming years, and is committing resources to being able to deliver the best care to the people it treats and overcoming the barriers to treatment scale-up.

Dr Lucica Ditiu, Executive Secretary of the **Stop TB Partnership**, announced that a total of US \$10 million would be dedicated to TB REACH projects in SADC countries. TB REACH, which is funded by the Canadian International Development Agency, provides grants to organisations deploying new approaches to finding and treating people with TB in poor, hard to reach areas.

Quotes from speakers at the Swaziland event

Dr Mphu Ramatlapeng, Vice-Chair of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria: “This is an important development that will make it possible for countries to improve treatment and care for patients who are co-infected with TB and HIV, to tackle drug-resistant strains of tuberculosis and to expand the overall number of patients who are receiving effective TB medication so that they can be cured.”

Michel Sidibé, Executive Director of UNAIDS: “We have the power to stop TB and HIV in their tracks. We must adopt Zero tolerance for parallel systems for TB and HIV. If we don’t close the funding gap and focus on HIV and TB hotspots, sub-Saharan Africa could face a worsening disaster of HIV and drug resistant TB.”

Asad Alam, South Africa, Botswana, Namibia, Lesotho and Swaziland Country Director for the World Bank: “TB in the mining sector is a complicated multisectoral challenge that has been allowed to spread unchecked for more than 100 years. The laudable message of the meeting today is that, for the first time, all the relevant partners are working together to establish a coordinated response that will drastically reduce TB in the mining sector in the next five years. The ultimate objective is to ensure that miners should not be at higher risk than any other individual in the sub-region.”

Mike Teke, Vice-President of the Chamber of Mines: “The Chamber of Mines welcomed the SADC Declaration on TB in the Mining Industry and will in the coming 1000 days increase collaboration within the industry and with partners for the purpose of halving mortality from TB and HIV by 2015.”

William Lacy Swing, Director-General of the International Organization for Migration (IOM): “IOM remains committed to support SADC Member States to address TB and HIV in the mining sector. Recognising the contributions made by migrant mine workers to the economies of the region, promoting the health of migrants benefits both sending and receiving countries as well as employers, their families, and society as a whole. This project is a step in the right direction towards the realisation of healthy migrants in healthy communities.”

Sarah Dunn, DfID Head for Southern Africa: “The SADC Declaration on Tuberculosis in the Mining Sector demonstrates the political leadership being shown by Ministers in the Southern Africa region on resolving the problem of TB and HIV in the Mining Sector. The UK Department for International Development looks forward to working to support this growing regional partnership for coordinated action towards a common vision of zero new infections, zero stigma and discrimination, and zero deaths resulting from TB, HIV, silicosis and other occupational respiratory disease.

“DfID is already a firm supporter of the Global Fund and the Stop TB Partnership and we recognise the considerable assistance they already provide to support national efforts to strengthen TB control. The new partnership led by the Mining Sector in South Africa with government, civil society and development partners shows a renewed and unprecedented commitment to working collaboratively to solve these problems.”

Unni Karunakara, Médecins Sans Frontières International President: “The best treatment for multidrug-resistant TB we have today puts people through two years of excruciating side effects, including psychosis, suicidal feelings, deafness and constant nausea, with very painful daily injections for up to eight months. Barely half of these people get cured. Getting better treatment is beyond urgent, and we must see this prioritised to make this a reality.

“Médecins Sans Frontières has identified multidrug-resistant TB as a major public health issue. Tackling the disease will be our priority in 2013 and in coming years, and we are committing time and resources to ensure that we can deliver optimal care to the people we treat, and find ways to overcome barriers to treatment scale-up.”

Dr Lucica Ditiu, Executive Secretary of the Stop TB Partnership: “We have 1000 days to achieve the international targets of 50% reductions in TB mortality and TB/HIV deaths by 2015. Together, we are building momentum towards ending the TB and TB/HIV co-epidemic in SADC. It is extremely heartening to see how strong the commitment is to tackle TB in Africa. The Swaziland Statement will tie us together to a collective responsibility to succeed. In doing so, we will be able to save thousands of lives and bring southern Africa a large step closer to providing the region’s citizens an expectation of a healthy life for everyone.”

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