

Tuberculosis

An Opportunity to Reach Zero Deaths in our
Lifetime

Dr Aaron Motsoaledi, Minister of Health, South Africa

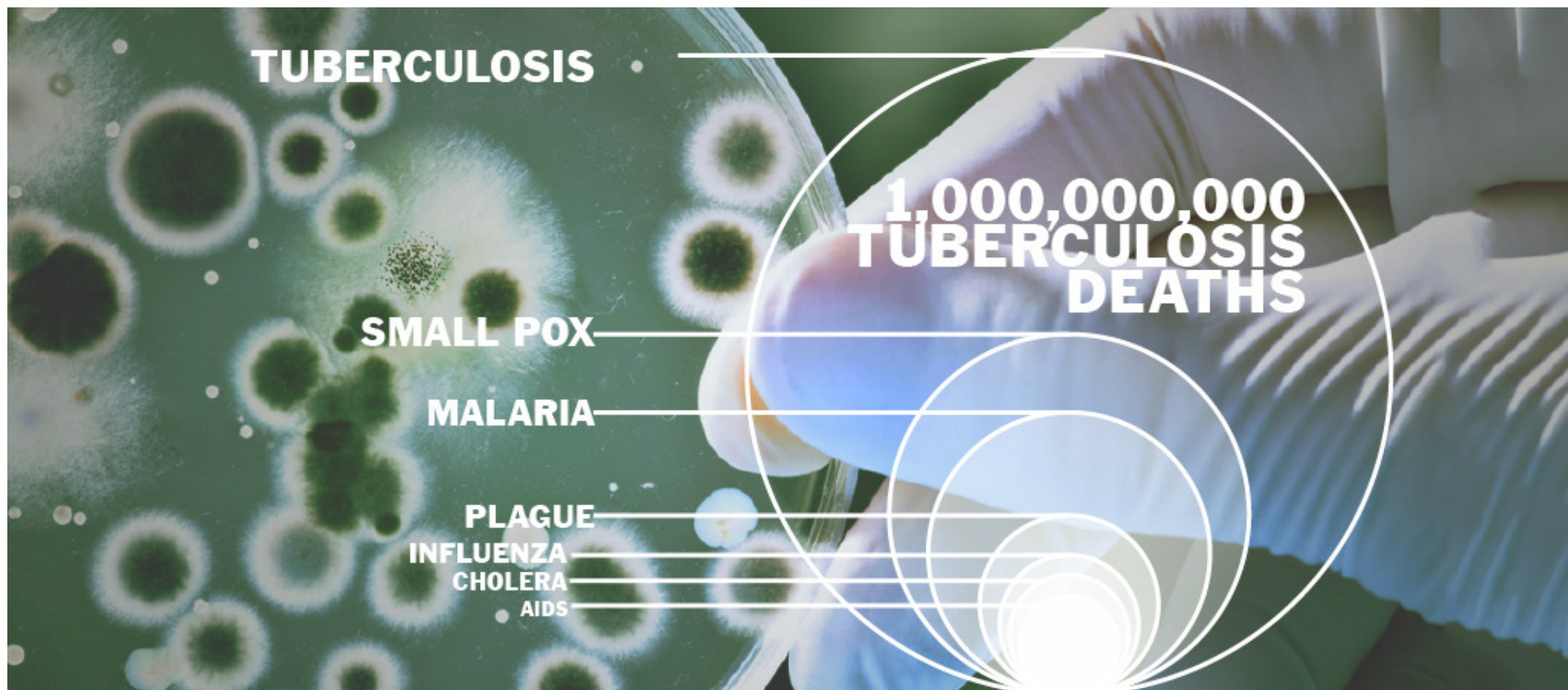
Meeting of the Delegations of Member States of the WHO African Region

17th May 2014



Stop TB Partnership

Which disease is responsible for the most global deaths in the last 200 years?



“The world has made defeating AIDS a top priority. This is a blessing. But TB remains ignored. Today we are calling on the world to recognize that we can't fight AIDS unless we do much more to fight TB as well.”

- Nelson Mandela

2004 International AIDS Conference – Bangkok, Thailand

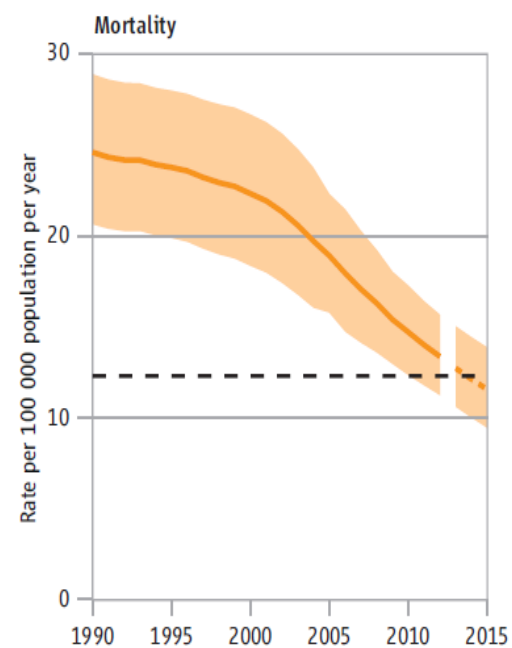
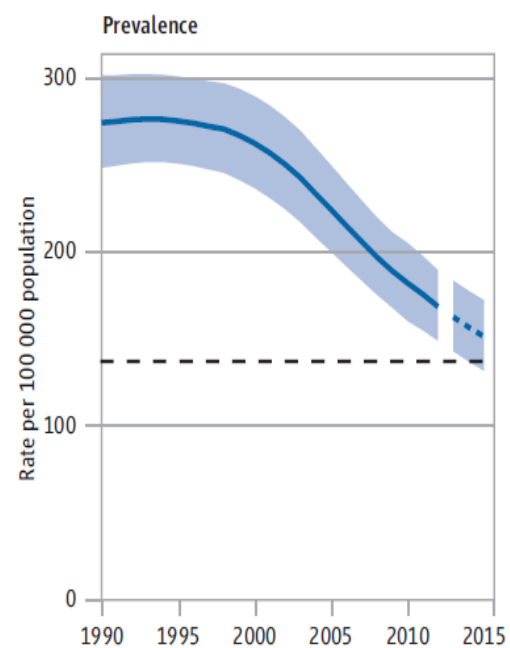
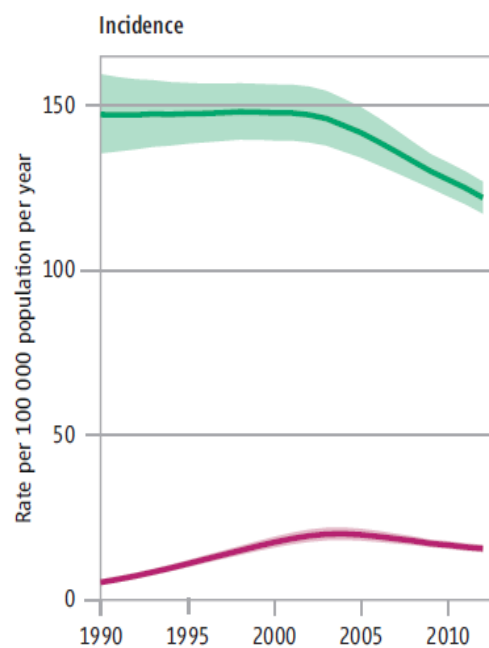


Who we
are

The Stop TB Partnership

- Unique international body
- More than 1200 partners in 100 countries including civil society, people affected by TB and TB/HIV, private sector, governments, donors, technical agencies
- Founded in 2001 - mission to serve every person who is vulnerable to TB and ensure that high-quality diagnosis, treatment and care is available to all who need it.
- Governed by the Stop TB Partnership Coordinating Board

the
achieve
ments

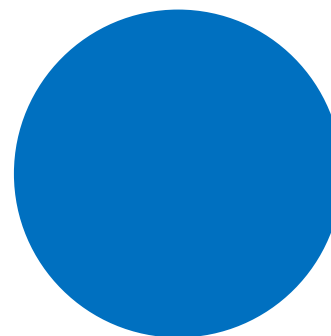


Current
Progress
= Too
Slow?

TB Incidence – Current Progress Would Take Until 2180 to Reach Target

Post 2015
Strategy Target

Global TB incidence



target
10 / 100k

global
125 / 100k

year

2000

2010

2020

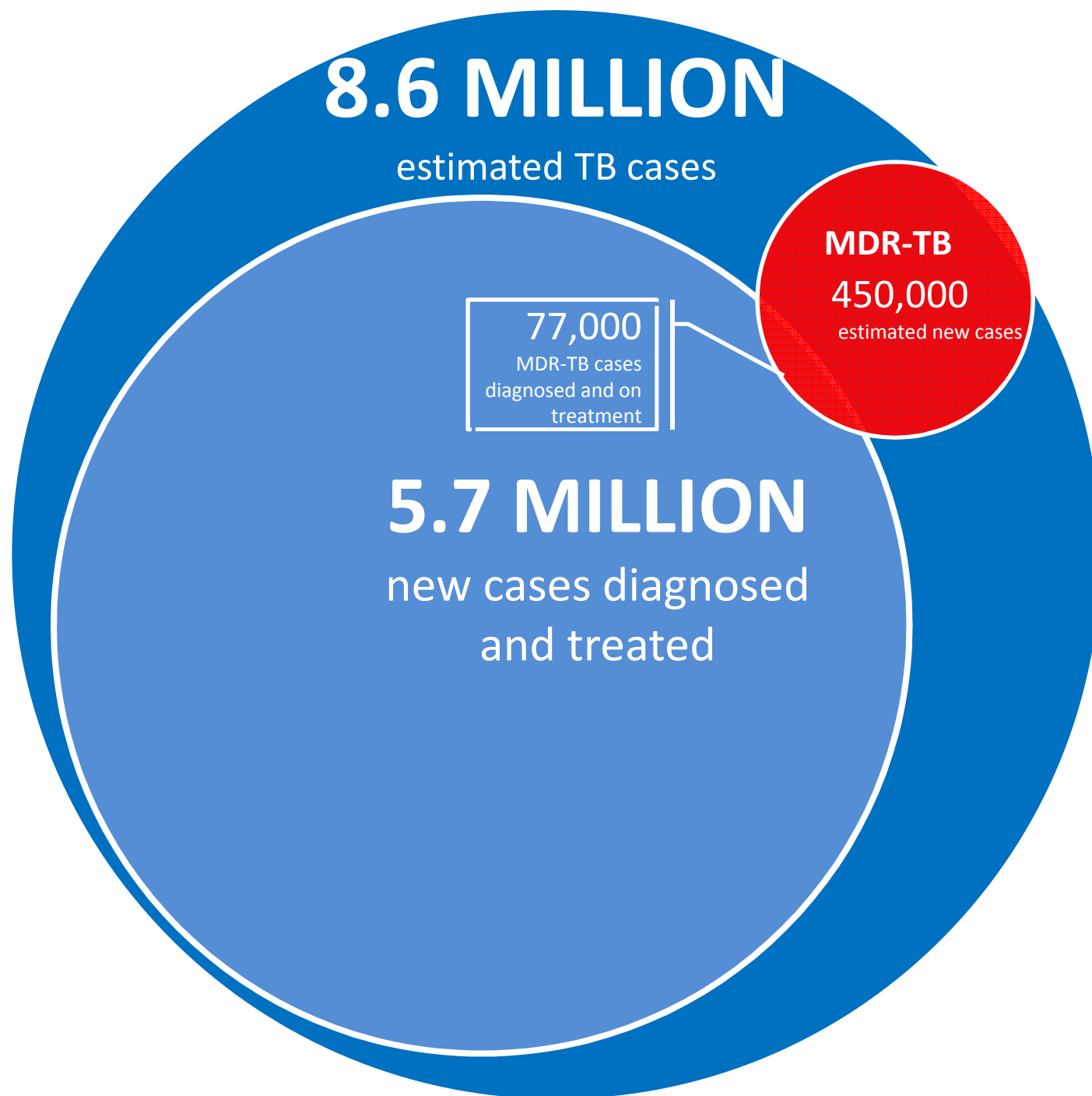
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**The TB
Burden - 3
Million
Missing
Globally**

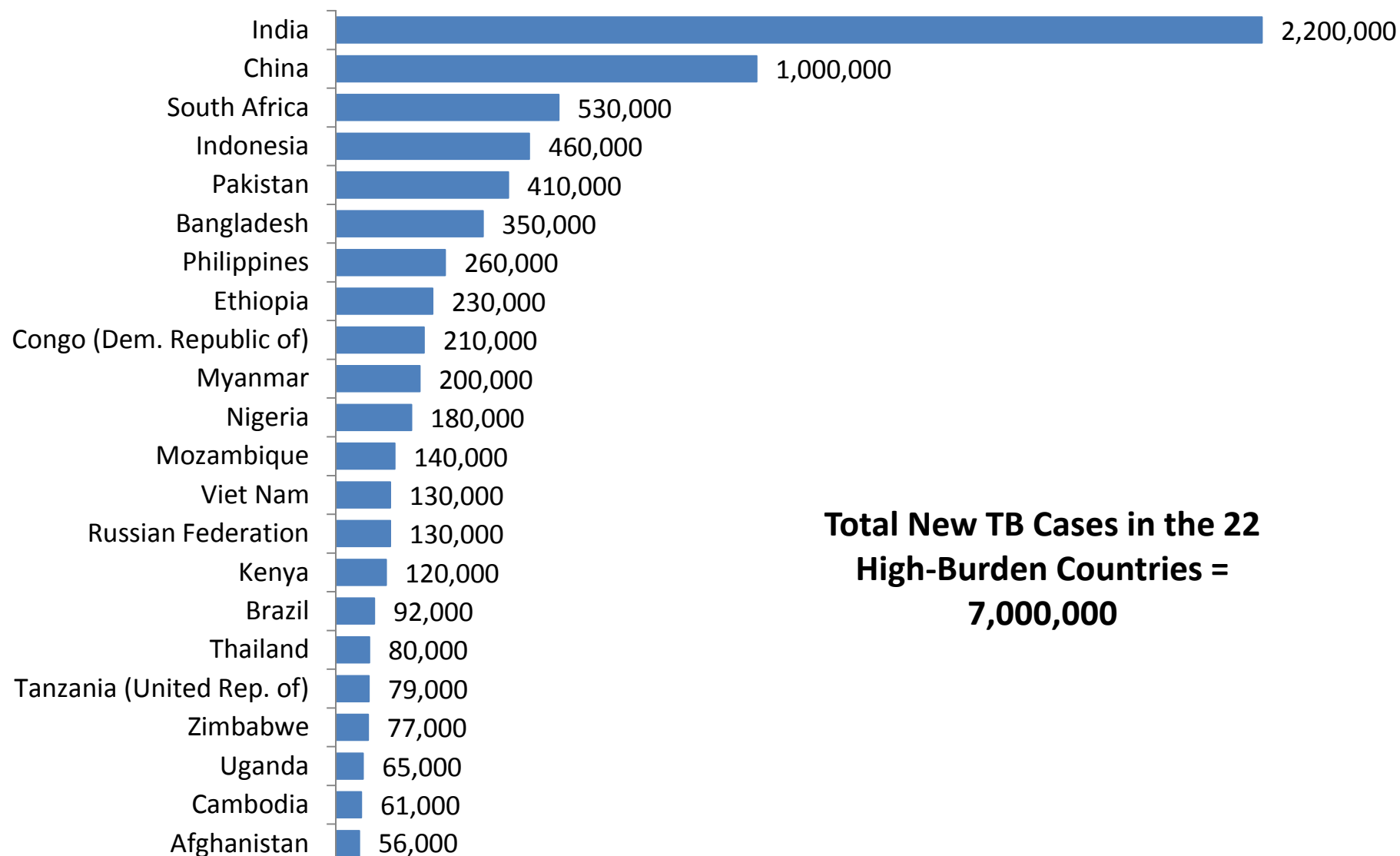


**REACH THE
3 MILLION.**

FIND. TREAT. CURE TB.

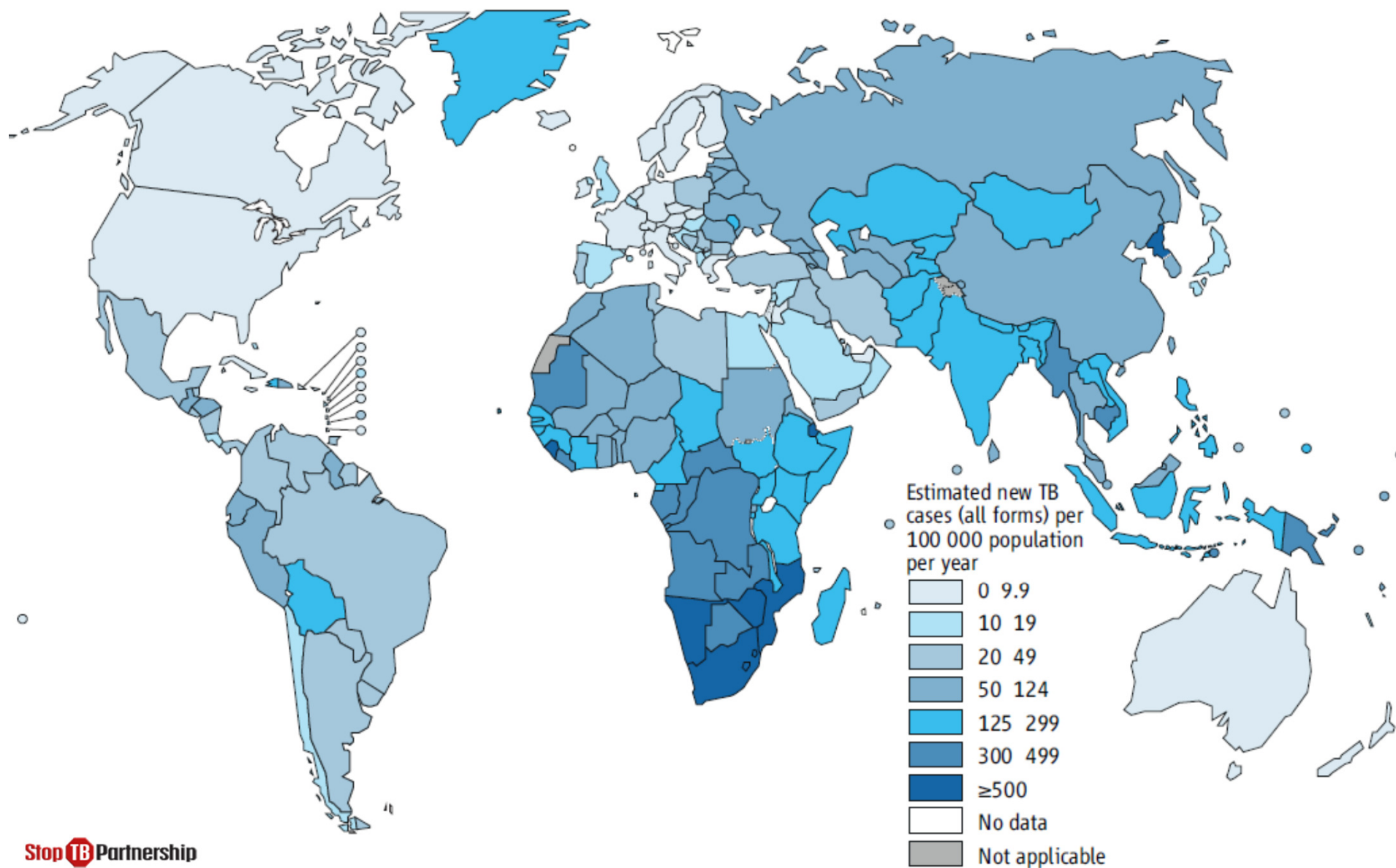


New Tuberculosis (TB) Cases, 22 High-Burden Countries (HBCs), 2012



TB incidence rates per 100,000 popn

(estimated for 2012)



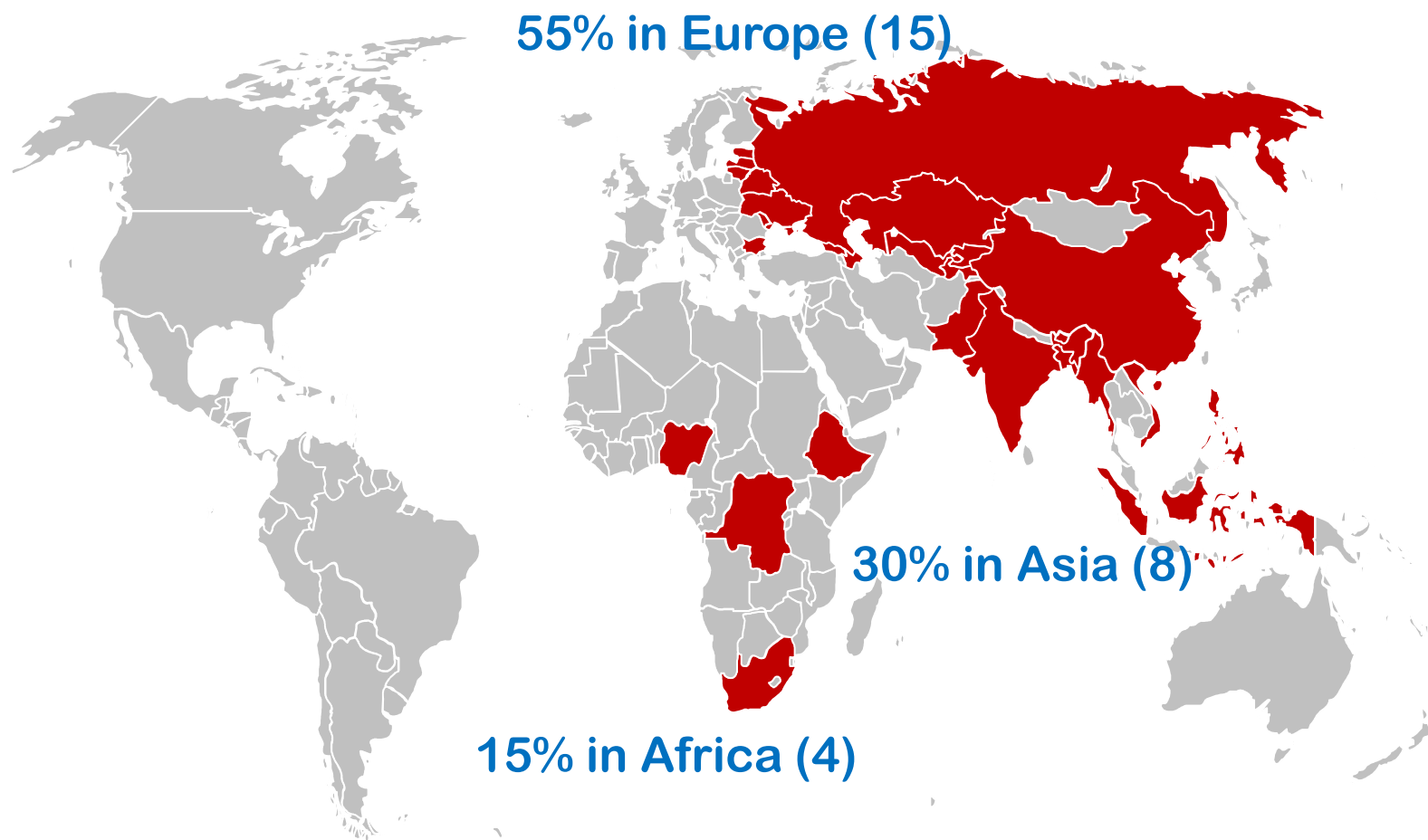
BRICS & selected SADC countries / 100,000 population

Country	Incidence	Prevalence	HIV+ Incident Cases	Mortality
South Africa	1,000	857	63	59
Zimbabwe	562	433	71	33
Mozambique	552	553	60	53
DR Congo	327	576	8	54
India	176	230	6	22
Tanzania	165	176	41	13
Russia	91	121	7	13
China	73	99	1	3
Brazil	46	59	17	3

Source: WHO Global TB Report, 2013

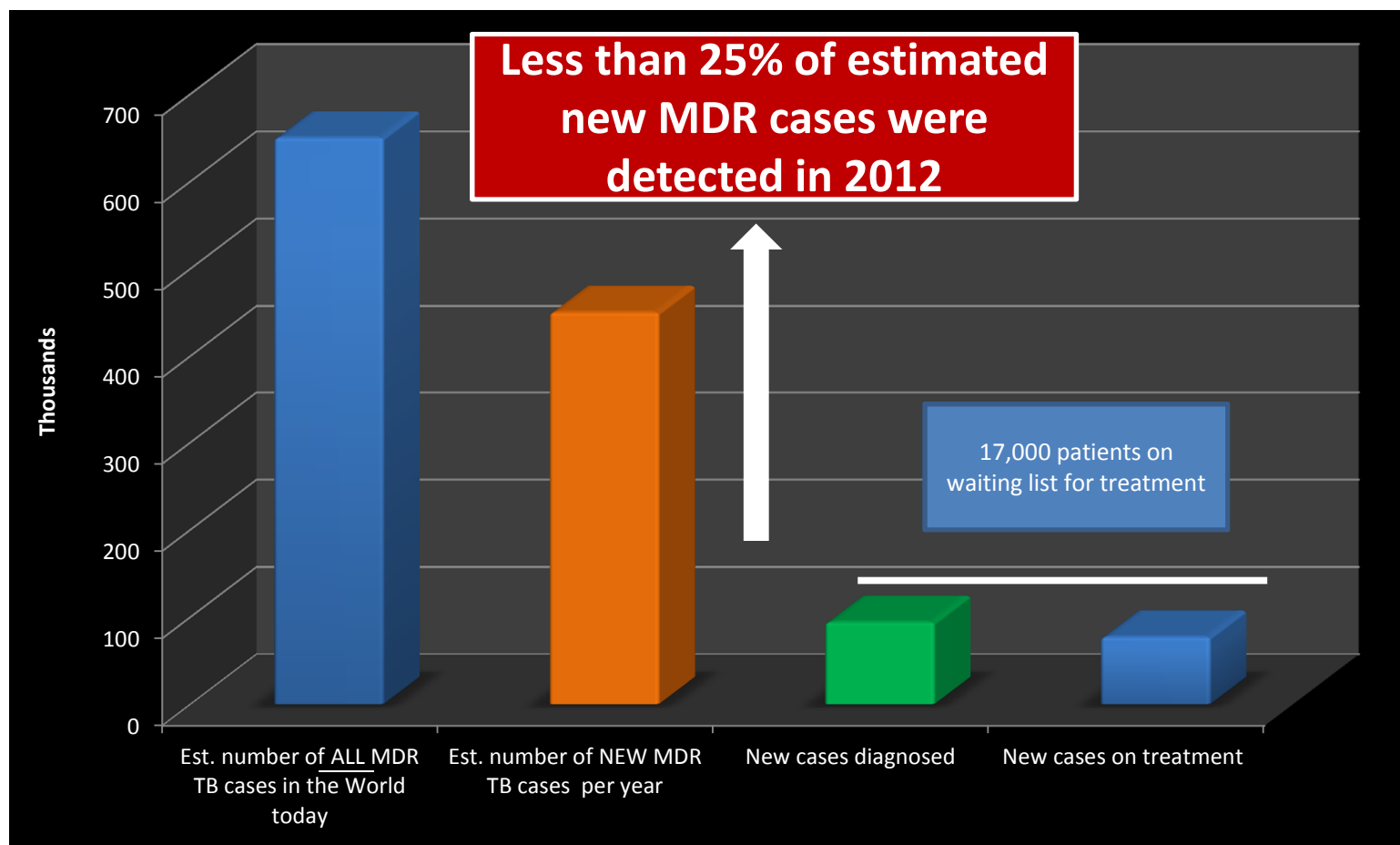
the
burden

27 high MDR-TB burden countries in 2012



the
burden

Why is MDR a public health crisis?



MDR TB financial burden

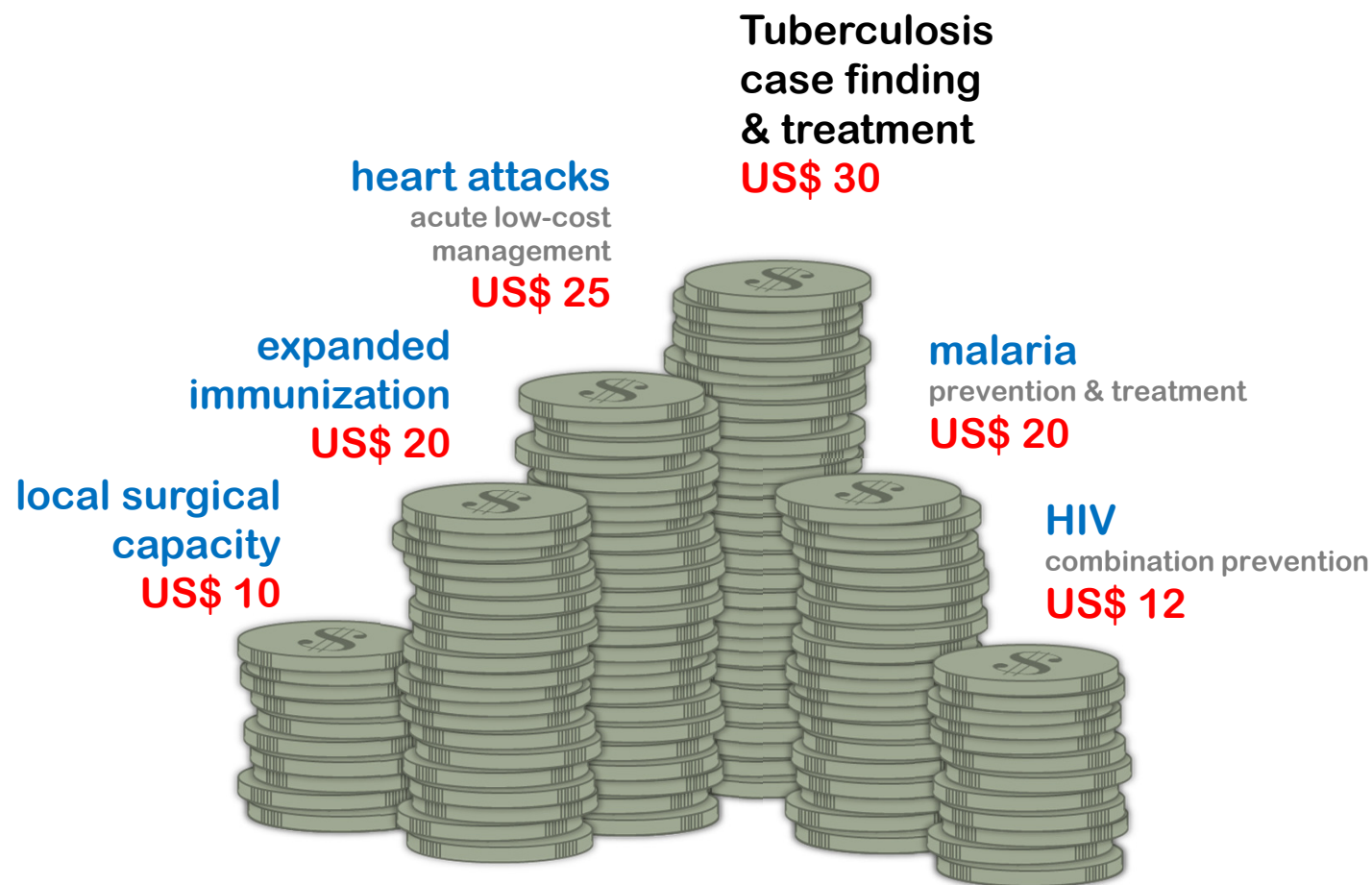
The cost of drugs for TB is 40 USD/treatment duration

The costs of drugs for MDR TB is between 5000 and 15000 USD/ treatment duration

Despite drug-resistant TB comprising only 2.2 percent of South Africa's case burden, it consumed around 32 percent of the total estimated 2011 national budget of US \$218 million.


In the United States, the cost of for one XDR-TB patient is estimated to average \$483,000 - twice the cost for MDR-TB.

Economic opportunity



**Return on investment for every one dollar
spent on the most cost-effective health interventions**

If untreated **1 TB case** infects up to **10 people a year**



A world map with countries colored in blue or grey. Blue countries include Brazil, Russia, China, India, and South Africa. Grey countries include the United States, Canada, Mexico, most of Europe, most of Africa, and Australia. The map highlights the global distribution of high tuberculosis burden.

We can not chose the air we breathe

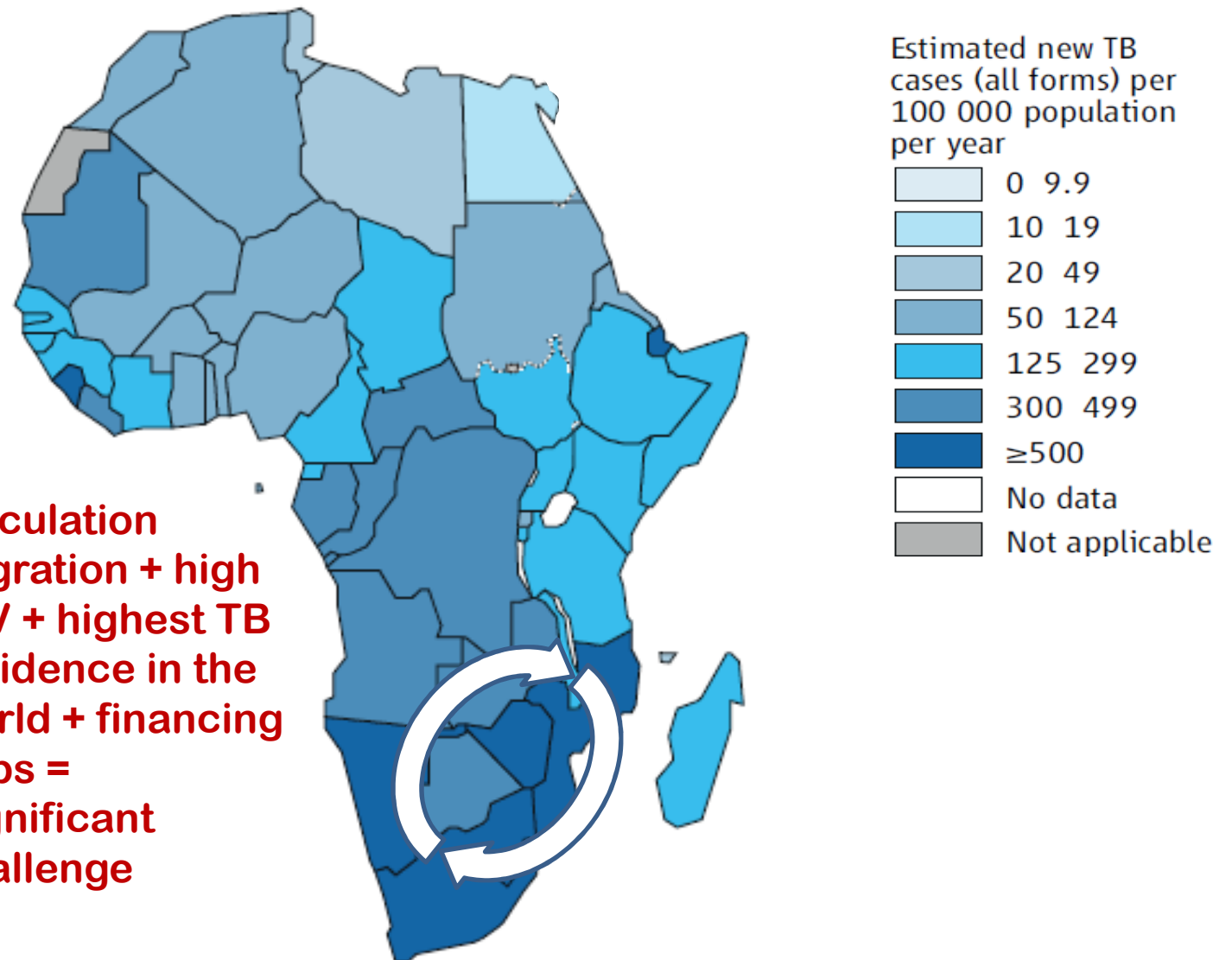
TB in the Africa Region



- **Over 1 in 4 TB of global deaths and new cases**
- **Less than 6 in 10 cases detected**
- **With current rate of progress, Africa unlikely to meet Stop TB 2015 Targets on Mortality and Prevalence**

The burden

Estimated TB incidence rates (2012) Africa - highest in the world



Impact of the burden

Disease, Injury or condition	Proportion of total DALYs (%)
HIV/AIDS	30.9%
Tuberculosis	3.7%
[Combined]	[34.6%]
Interpersonal violence or injury	6.5%
Road Traffic Injury	3.0%

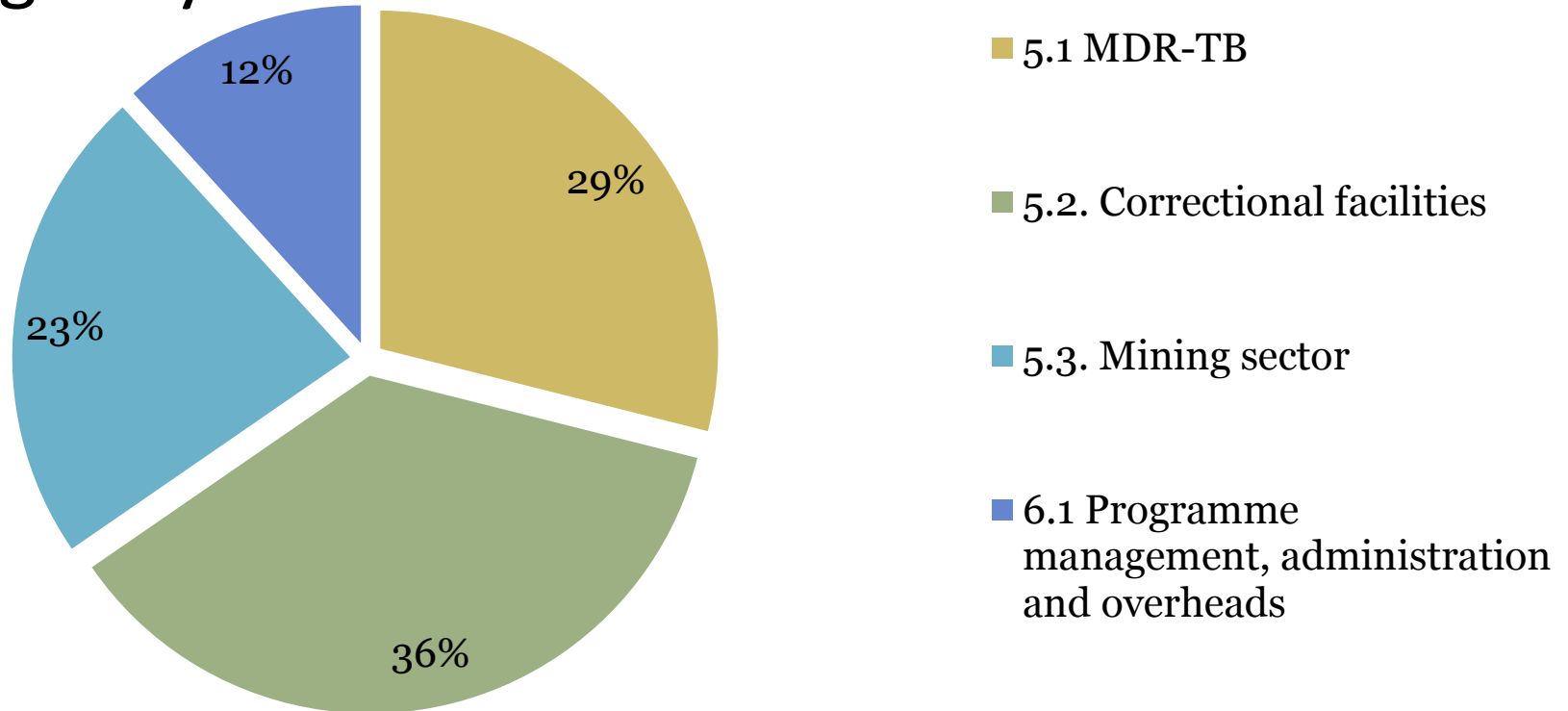
Source: Medical Research Council - MRC

Focus areas

- Three key, underserved populations:
 - People living with MDR-TB
 - Inmates in correctional facilities
 - Miners and peri-mining communities

Budget by service delivery area

Budgetary allocation



South Africa's mines – Head of the TB snake in SADC

- 41,810 cases of active TB in South African mines every year (8% of national total, 1% of population)
- Highest incidence of TB in any other working population in the world
- 500,000 miners, plus 230,000 partners and 700,000 children are directly affected (SA mines)
- 20% of partners and children in Lesotho, Mozambique and Swaziland
- 59,400 orphans are currently in care as a result of TB related deaths in mining (plus 144,000 from HIV)
- 9.6 million work days lost each year to TB

TB and Mining: A Historic Chance to Stop TB



Of 2.3 million annual new TB cases in Africa, 760,000 (33%) are connected to Mining

SADC Heads of State signed a declaration on TB and Mining in August 2012

South Africa convened a TB and Mining Ministerial Conference in Johannesburg on March 25, 2014

A regional application to the Global Fund is being developed to accelerate action against TB in Miners

Death among miners from TB and Accidents - 2009

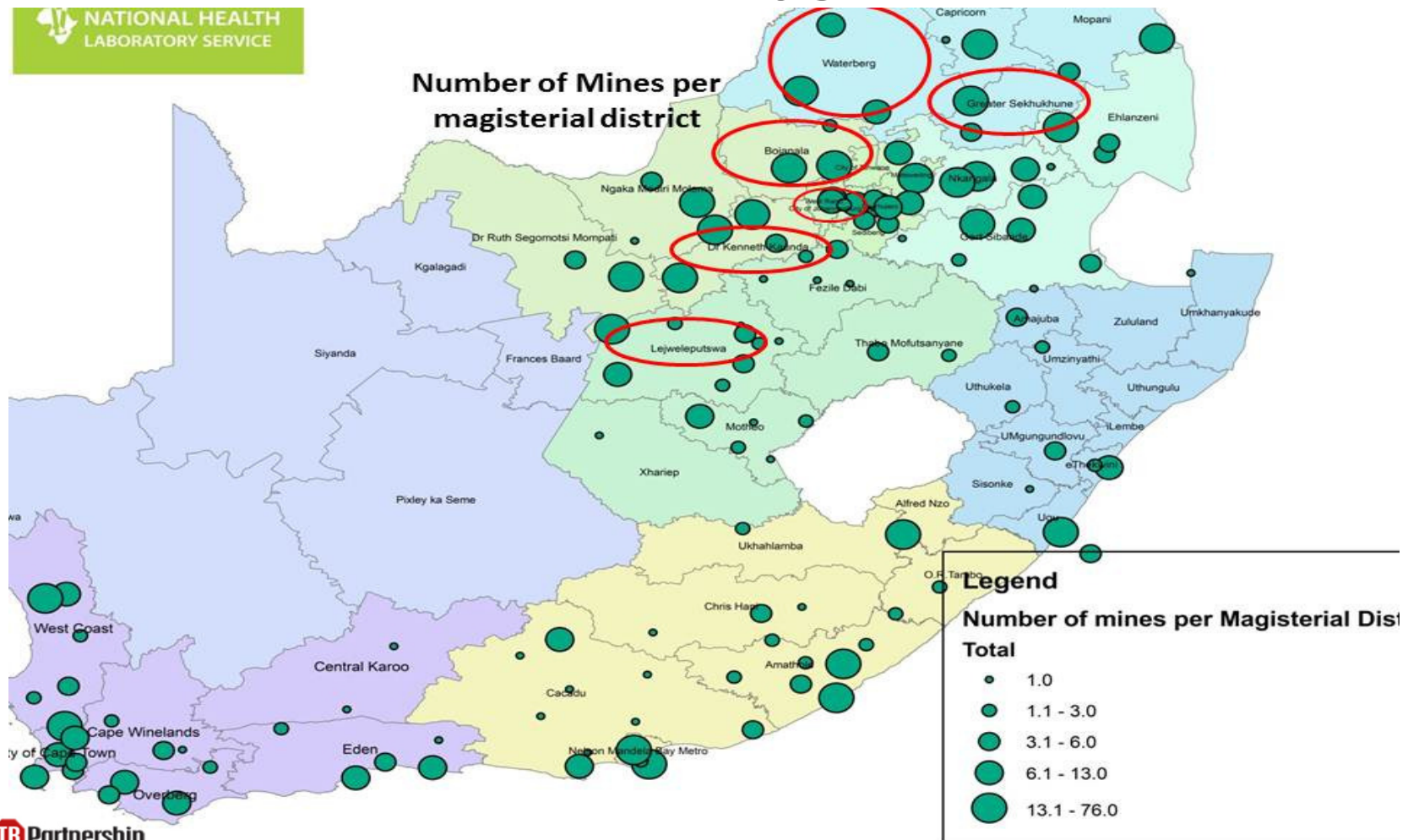
Sub/Sector	Fatalities (Accidents)	Estimated TB cases	Estimated TB related deaths
Mining Sector	167	24,590	1,598
Gold sub-sector	80	17,591	1,143

Source: Department of Mineral Resources (DMR) & National Institute of Occupational Health (NIOH)

Planned activities in the mines

- Ensure access for more than 500,000 miners to regular TB prevention, screening and treatment through:
 - Strengthened regulatory framework (review current legislation)
 - Increased capacity of Medical Bureau for Occupational Diseases (MBOD) to enforce compliance by mines using multi-disciplinary inspections including officials from Departments of Mineral Resources & Labour
 - Effective surveillance & reporting system
 - Regional Ministerial summit on TB in the mines to be hosted by the Deputy President on 24 March

Focus on communities neighbouring mines



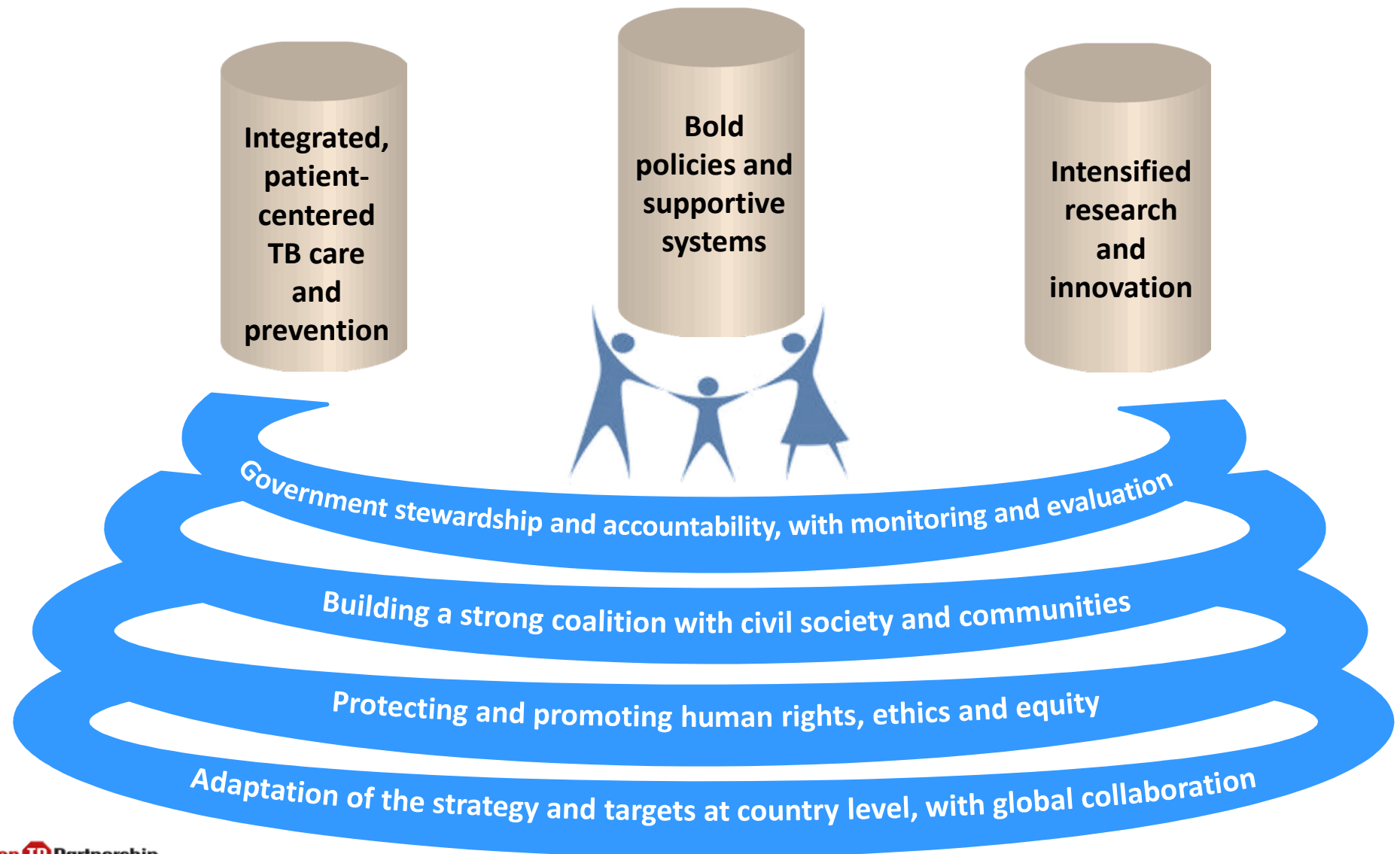
Planned activities in peri-mining communities

- Increase TB/HIV awareness in peri-mining with high concentrations of mines
- Increase access to TB/HIV prevention, diagnosis, and treatment in peri-mining communities in 6 districts with high concentration of mines by introduction of mobile units with genexpert for TB/HIV screening, counselling, testing services

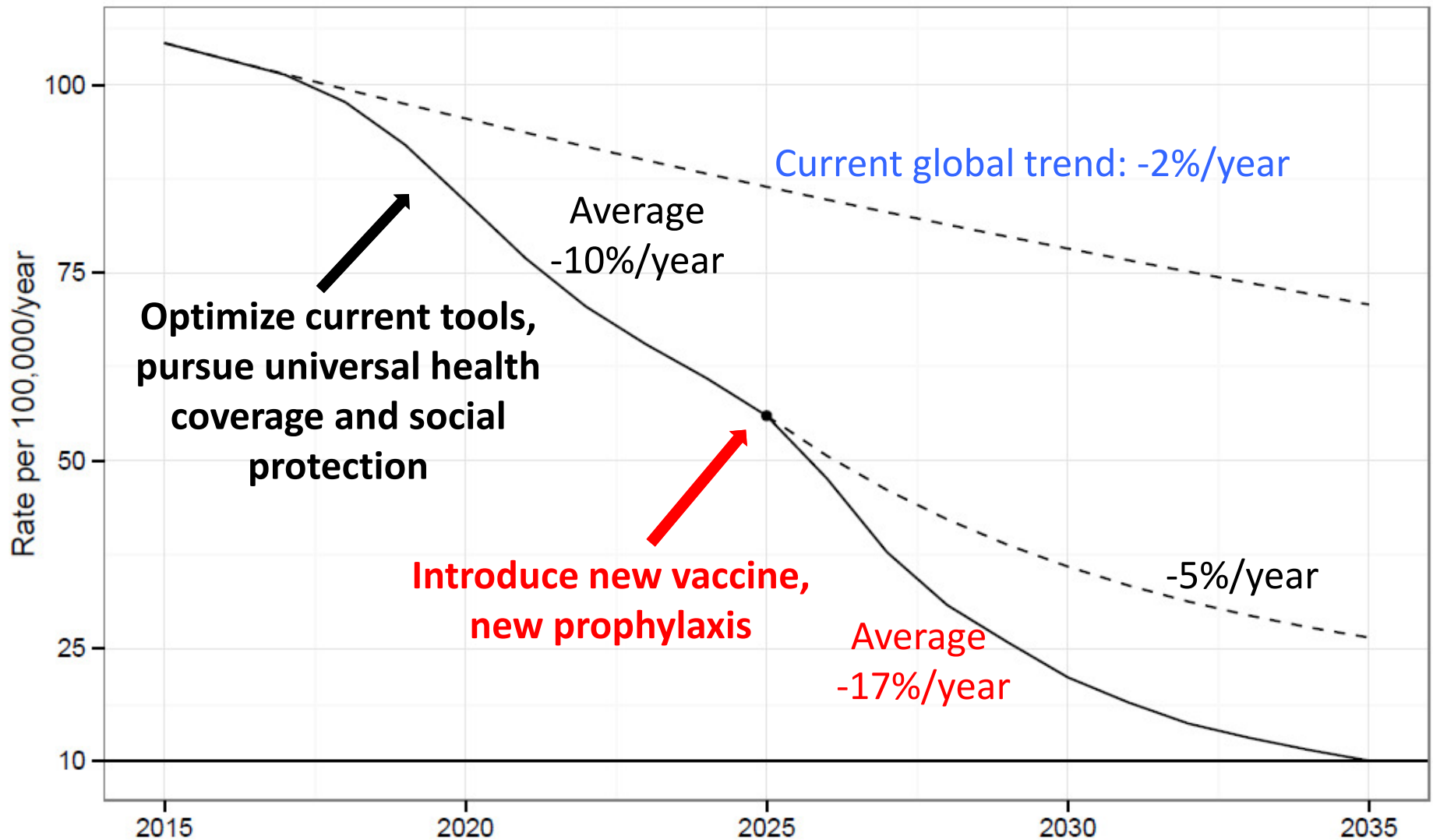
we must
act now
to end TB

Post-2015 TB Strategy

Proposed Pillars and Principles



Projected acceleration of TB incidence decline to target levels



**What we
need
more of**

> Greater attention to TB

1. Commitment by Heads of State
2. Support from Country Parliaments and Finance Ministers
3. Ambitious goals for TB in the post-MDGs agenda

> Increased funding

1. Close the US \$930 million funding gap for TB in AFR Region
2. Prioritize TB in National Plans and Global Fund Applications

> New Approaches / Innovations

1. Focus and address TB, MDR TB and TB/HIV in vulnerable groups (miners, peri mining communities, prisoners, migrants...)
2. Implement and scale up Active Case Finding - find all the undetected TB cases and treat them

➤ Engage and support the development of the new Global Plan to Stop TB 2016-2020 based on the Strategy