

towards ending  
tuberculosis and  
the TB/HIV co-epidemic  
in SADC countries

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## **SWAZILAND STATEMENT**

21 March 2013

### **Building momentum towards ending the Tuberculosis (TB) and TB/HIV co-epidemic in SADC**

1,000 days to achieve international targets of 50% reductions  
in TB mortality and TB/HIV deaths by 2015

Today marks a crucial milestone in the fight against TB and the co-epidemics of TB and HIV (TB/HIV). We have roughly 1,000 days until the 2015 deadline to achieve international targets yet SADC countries are still in the midst of a severe TB and TB/HIV emergency that is amplified in the region by the regional crisis of the co-epidemic in the mining sector. This situation remains a major obstacle to economic development and to the fight against poverty.

Without accelerated efforts, TB will kill over 4 million people globally between 2013 and 2015 and more than 5 million people in Africa will die in the next decade from TB and TB/HIV if the status quo prevails. This is unacceptable for a preventable and curable disease. Africa is one of the only regions not on track to reach the MDG-related goal of 50% reduction in TB mortality by 2015. It is the leading region by number by people dying from TB each year (220,000 among HIV-negative people, and 328,000 among HIV-positive people in 2011), and is also not on track to reach the United Nations High Level Meeting goal of 50% reduction in TB deaths among HIV positive people by 2015.

SADC countries are at the epicentre of the epidemic having the highest rates of TB and TB/HIV co-infection in the world and a disproportionately high concentration of deaths. Extraordinary effort, commitment and collective action is required to accelerate a transformative regional and global response.

**RECOGNISING:**

- a. Africa is today the region with the highest number of TB-deaths in the world. In 2011, 40% of all global TB-deaths occurred in the region with 548,000 people dying of the disease;
- b. a key stumbling block to progress is the extremely high co-infection rate of TB and HIV. In 2011, 80% of all new TB cases among people living with HIV in the world were in Africa. 75% of the 435,000 HIV positive people who died of TB in 2011 died in Africa;
- c. the growing health security and economic threat posed by drug-resistant TB threatens to undermine previous gains made in efforts to address the disease;
- d. TB and TB/HIV associated with the mining industry is a major contributor to the spread of the epidemic in the region via affected migrant mineworkers to their families and communities;

**RECALLING** that African governments and international organisations have made several commitments to reducing morbidity and mortality due to TB and TB/HIV, notably:

- a. the 2005 Resolution of the WHO Africa Regional Committee in Maputo<sup>1</sup>, which calls for “urgent extraordinary action” to address the emergency situation of TB in Africa;
- b. the 2011 Political Declaration on HIV and AIDS: Intensifying our efforts to Eliminate HIV and AIDS<sup>2</sup>, which aims at “expand[ing] efforts to combat tuberculosis, which is a leading cause of death among people living with HIV”;
- c. the 2012 SADC Heads of State Declaration on “Tuberculosis in the mining sector”<sup>3</sup>, which commits to zero new infections, zero stigma and discrimination, and zero deaths resulting from TB, HIV, silicosis and other occupational respiratory diseases;
- d. national declarations of TB as an emergency by some countries in the region over the past decade (Swaziland, Mozambique, Namibia, Tanzania, South Africa, Botswana, DRC, Lesotho, Malawi, Zambia);

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<sup>1</sup> Resolution of the WHO Africa Regional Committee in Maputo, Mozambique, on 25 August 2005.

<sup>2</sup> Resolution adopted by the General Assembly, Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, A/RES/65/277, New York City on 8 July 2011.

<sup>3</sup> SADC Declaration on Tuberculosis in the mining Sector, Maputo, Mozambique, on 18 August 2012.

**ACKNOWLEDGING** that while significant progress against the above commitments has been made, we underscore that a response commensurate with the scale of the emergency has not yet been achieved, and that the following are needed if we are to reduce TB mortality in HIV negative and HIV positive people by 50% by 2015:

- a. closing all financing gaps to address the challenge in the region;
- b. eliminating missed opportunities in the fight against the co-epidemic due to insufficient alignment between TB and HIV programmes;
- c. multi-sectoral partnerships involving multiple stakeholders (e.g. Ministries of Finance, Health, Labour, Minerals, along with corporate sector, civil society, development partners and other global health actors) as the health sector cannot address these challenges in isolation;
- d. increasing access and prioritisation of high impact life-saving interventions and service delivery for vulnerable populations in areas of high mortality;

**WE THEREFORE COMMIT IN THE NEXT 1,000 DAYS** – building upon the announcements made on 20 March 2013 – to exercise our collective and individual influence in all necessary political, economic, and technical fora (e.g. AU, SADC, Commonwealth, UN, WHA, World Bank Annual Meetings etc.) to maximise momentum for this issue in order to address the gaps above, specifically:

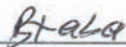
- a. advocating for increased financial resources commensurate with the scale of the emergency response needed, based on country-led priorities and as feasible within the mechanisms of each financier;
- b. ensuring that financing for the HIV and TB responses promote integration rather than verticalisation and that programmatic responses are appropriately aligned in order to address the TB/HIV co-epidemic;
- c. catalysing new and building upon existing partnerships to develop and implement multi-sectoral regional action plans that bring together Ministries of Finance, Health, Labour, Minerals, along with corporate sector, civil society, development partners and other global health actors to address the growing economic and health security threats;
- d. requesting all stakeholders to prioritise increased access to high impact life-saving interventions and service delivery for vulnerable populations with high mortality;

**AND WE CALL UPON:**

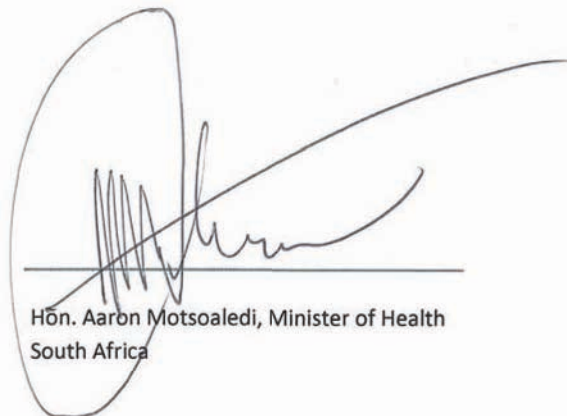
- e. **governments** to scale up national responses to TB and HIV and to do more to integrate the approaches to maximise impact for people affected by the co-epidemic;
- f. **corporate sector** to increase their engagement by bringing their expertise, innovation, and resources to address this crisis;
- g. **development partners** to provide coordinated support to address the critical knowledge and funding gaps at national and regional level that prevent the achievement of our bold ambition; and
- h. **civil society** to strategically fill gaps in the response to the TB/HIV co-epidemic, work together to reduce duplication and streamline approaches, and hold all partners accountable to deliver on the above commitments.

**WITH THIS STATEMENT WE HEREBY UNDERSCORE** our leadership and collective commitment over the coming 1,000 days to mobilise an unprecedented response to the TB and TB/HIV emergency and to the hyper-epidemic associated with the mining sector that is sweeping the region.

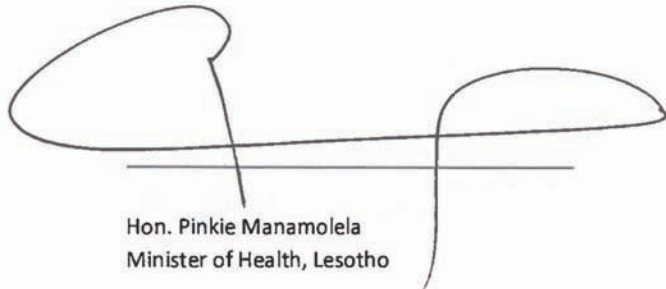
If the status quo prevails more than 5 million people living in Africa will die in the next decade from TB and TB/HIV. This Statement is our pledge to do our utmost to prevent that from happening.



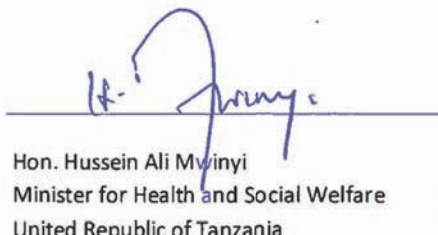
Hon. Benedict Xaba, Minister of Health  
Kingdom of Swaziland



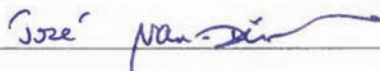
Hon. Aaron Motsoaledi, Minister of Health  
South Africa



Hon. Pinkie Manamolela  
Minister of Health, Lesotho



Hon. Hussein Ali Mwinyi  
Minister for Health and Social Welfare  
United Republic of Tanzania



Hon. José Dias Van-Dúnem  
Minister of Health, Angola



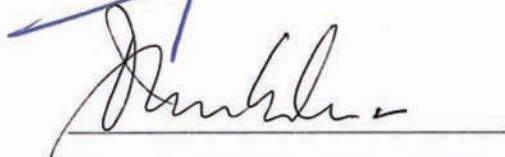
Hon. Richard Kamwi, Minister of Health  
and Social Services, Namibia



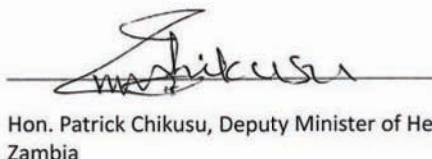
Michel Sidibe, Executive Director  
UNAIDS



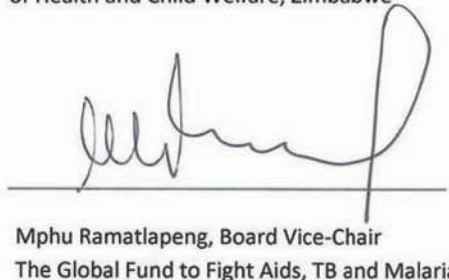
Lucica Ditiu, Executive Secretary  
Stop TB Partnership



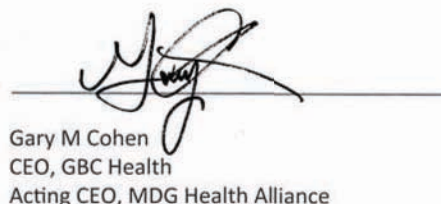
Hon. Douglas Mombeshora, Deputy Minister  
of Health and Child Welfare, Zimbabwe



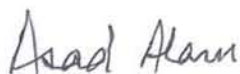
Hon. Patrick Chikusu, Deputy Minister of Health  
Zambia



Mphu Ramatlapeng, Board Vice-Chair  
The Global Fund to Fight Aids, TB and Malaria



Gary M Cohen  
CEO, GBC Health  
Acting CEO, MDG Health Alliance



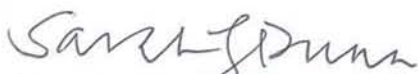
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Asad Alam, Country Director for South Africa,  
Botswana, Namibia, Lesotho, and Swaziland  
The World Bank



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Michael Teke, Vice President  
Chamber of Mines of South Africa



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Sarah Dunn, Head of Southern Africa  
Department for International Development (DFID)



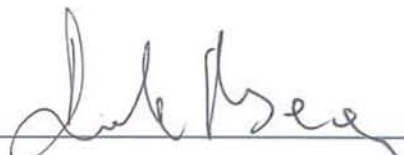
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Louise van Deth, Executive Director  
Stop AIDS Now!



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Dr. Marc Gastellu-Etchegorry  
International Medical Secretary  
Medecins Sans Frontière (MSF)



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D.T. Mosca, Director, Migration Health Department  
International Organization for Migration (IOM)