

DRAFT RECORD

High-level Meeting with the SADC Secretariat and Partners on TB Initiatives in Southern Africa

Gaborone, Botswana

Venue: SADC Secretariat, Gaborone, Botswana
4th Floor Board Room
25 June, 2019
Time: 09h00-15h00

1. Background

In their joint meeting in Windhoek in November 2018, SADC Ministers of Health and those responsible for HIV and AIDS (i) noted the progress made in the implementation of the Tuberculosis in the Mining Sector (TIMS) project and support the roll-out of planned interventions for phase II and directed the Secretariat to engage with NEPAD and ICT to discuss modalities for long-term hosting of CBRS and RHMIS by secretariat; (ii) urged Member States to agree on data sharing modalities to support the Cross-Border Referral System (CBRS) and the Regional Health Information Management System (RHMIS) in the region, and directed the Secretariat to monitor the progress made by Member States; (iii) urged Member States to facilitate tracing of potential beneficiaries (former workers and their beneficiaries) under the Compensation Fund in South Africa, and urged the Secretariat to monitor the progress made by Member States.

During the same meeting Ministers also (i) noted progress made in the implementation of the Southern Africa TB and Health Systems Support Project (SATBHSS) Project; (ii) supported the operationalisation of the cross-border disease surveillance zones in alignment with the regional efforts spearheaded by the Africa CDC Regional Coordinating Centre (RCC) in Zambia, and WHO-AFRO; through data and information sharing mechanisms at local level for effective emergency preparedness and response. They urged the Secretariat to monitor the implementation of the SATBHSS Project and report on progress.

In line with the SADC Health and HIV and AIDS Ministers 'decision, a partnership comprising of major actors in the fight against Tuberculosis has been formed, including the NEPAD-AUDA, The Global Fund (GF), The stop TB Partnership, the WHO, the World Bank, the East, Central and Southern Africa Health Community (ECSA-HC), and the WITS Health Consortium.

This meeting of the partners was convened at the request of NEPAD –UADA and the SADC Secretariat.

2. Objectives of the meeting.

- To evaluate progress made in the implementation of the two regional projects on Tuberculosis and in line with the recommendations of SADC Health and HIV and AIDS Ministers;
- To introduce the leaders and managers of partner organisations in the implementation of the two projects;
- To explore the possibility of accelerating outstanding activities such as the migration of the Cross-Border Referral System (CBRS) and the Regional Health Information Management System (RHMIS) from the WITS Consortium to the SADC Secretariat as directed by SADC Health and HIV and AIDS Ministers.

- To define areas of future collaboration in the fight against Tuberculosis in the region e.g. the TB Laboratory and Surveillance project that has received a supplementary grant from the Global Fund and is being managed by ECSA.

3. Expected Meeting Output/Outcome

The meeting was convened to facilitate consultations between partners. The following outputs were expected:

- (i) alignment of various interventions responding to the high burden of TB in the region,
- (ii) agreement on the necessary way forward from the 2018 SADC Ministers of Health and HIV and AIDS' decisions to the effective elimination of TB by the year 2030

4. Participating Agencies

SADC Secretariat

- Director of Human and Social Development – Meeting Chair
- Senior Programme Officer – Health and Nutrition
- Senior Programme Officer – HIV and AIDS
- Programme Officer HIV and AIDS

Global Fund – Local Fund Agent (LFA)

Secretariat for the TIMS project – NEPAD

TIMS RCM Chair

TIMS RCM Vice Chair

TIMS Principal recipient (WITS Consortium)

WHO-AFRO

Stop TB partnership

ECSA-HC – Secretariat for the World Bank Funded SATBHSS

5. Meeting proceedings

Welcoming remarks – SADC Director of Human and Social Development.

She expressed her appreciation on behalf of the SADC Secretariat and conveyed the apology of the Deputy Executive Secretary – Regional Integration who could not be present due to other commitments. Then she asked for a roundtable presentation of participants with their designation and the organization they represent.

6. Round table presentations according to agenda.

NEPAD-AUDA – Secretariat for TIMS

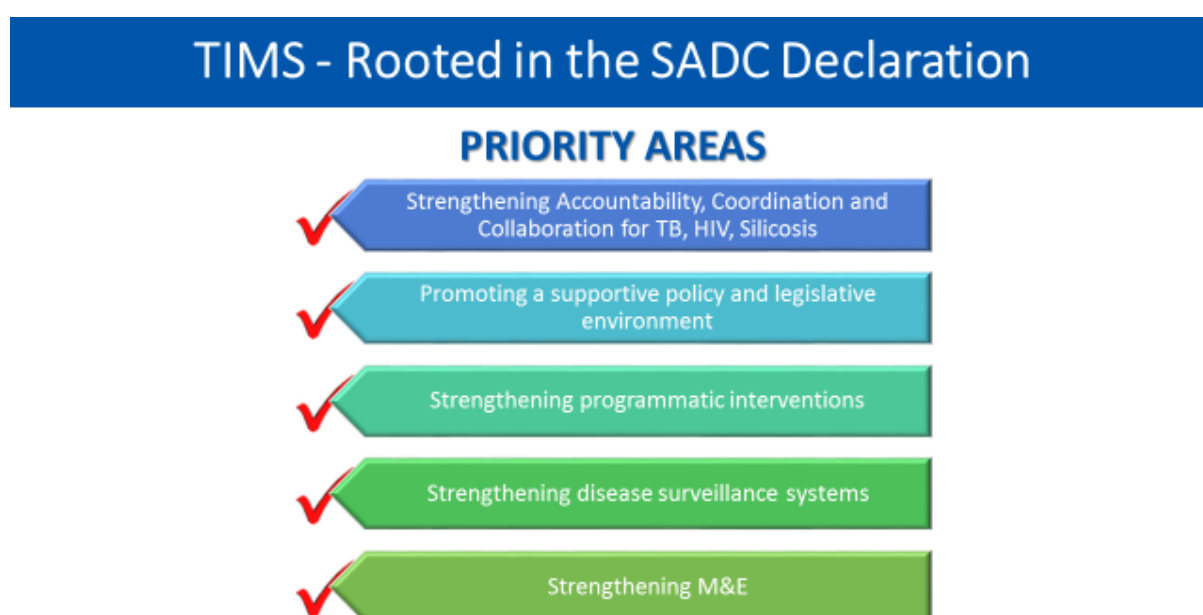
- Reflection on achievements, challenges and lessons learnt¹ to inform design of strategies to ensure sustainability within the region.
- Review progress made in the implementation of decisions of the November 2018 joint meeting of Ministers of Health and Ministers Responsible for HIV and AIDS held in Namibia in the following areas
- Operationalisation of cross-border disease surveillance zones in alignment with the regional efforts spearheaded by the Africa CDC Regional Coordinating Centre (RCC) in Zambia, and

¹ Examples include implementation of OHCS transition; Cross Border Referral System (CBRS) and Regional Health Management Information System (RHMIS)

WHO-AFRO; through data and information sharing mechanisms at local level for effective emergency preparedness and response.

- Adoption and adapting the African Union Accountability Framework and Scorecard at local level according to country context. The decision mandated SADC Secretariat to work with the AUC, NEPAD and partners such as WHO and Stop TB Partnership to provide technical support for the operationalization of National Accountability Frameworks and Scorecards.
- Mobilization of technical and financial support from Member States and partners to develop the SADC TB Strategic Framework and Action Plan 2018-2023 aligned to the SADC Revised Regional Indicative Strategic Development Plan (RISDP) with emphasis on strengthening case detection. The decision also required the SADC secretariat to present a comprehensive annual progress reports on Tuberculosis (TB) in the region.

Global Fund Primary Recipient



On the operational updates, it was noted that there is an increasing number of occupational lung diseases seen in the Occupational Health Service Centres (OHSC) but the percentage of occupational lung diseases that are being diagnosed are still alarming (37,6%) in 2018. These figures are likely to remain high as long the primary prevention (reducing exposure to dust in the mines) is not fully implemented.

Agreeing on data sharing and governance modalities for sustainable roll-out and hosting of the Cross Border Referral System (CBRS) and Regional Health Management Information System (RHMIS) at SADC Secretariat and report progress at the next Ministers meeting.

SADC Secretariat

Presented the progress made in drafting of the SADC TB Strategic Framework and action plan 2018-2013 as well as the TB report 2019. A consultant has been contracted and is currently working on the two documents with the support of NEPAD and the SADC Secretariat. The two documents are expected to be presented to SADC TB Programme Manager for review at their meeting in August 2019, before their presentation to Health and HIV and AIDS Ministers in November 2019.

Stop TB Partnership

- Suggested that an agenda item on TB be added at the next Meeting of SADC Heads of States and Governments in Tanzania, to revisit the 2012 Heads of States Declaration on TB in light of the UNHLM commitments on TB.
- Build the UNHLM targets into the AU scorecard on TB for Heads of States.

Southern Africa TB and Health System Support (SATBHSS)

This is a World Bank supported project in four SADC Countries, namely, Malawi, Lesotho, Mozambique and Zambia. The 5-year project has similar targets as the TIMS project but has different design. It consists of 5 Project Outcome Indicators (POI) and 15 Intermediate Outcome Indicators (IOI). It focuses on issues of TB case notifications in target areas, TB treatment success rate in target areas, TB screening and TB surveillance through regionally harmonized laboratories Standard Operating Procedures.

7. Deliberations and Resolutions of the Meeting

1. The SADC Secretariat welcomed the idea of having this kind of meeting regularly in order to review progress on project implementation
2. The SADC secretariat has agreed to host both the CBRS and the RHMIS in order to facilitate access to programmatic information by Member States. The hosting is conditioned by the employment of two project officers on consultant basis; (1) ICT Officer and (2) TB Technical Officer, to support the implementation of the project from the SADC Secretariat.
3. NEPAD and SADC Secretariat will write the terms of reference for the two positions in the next 2 weeks following the meeting.
4. NEPAD will advertise and shortlist the candidates, but the interviews and selection will be done by an independent entity.
5. The Chair of the TIM RCM will write to the Global Fund immediately to request the Principal Recipient to release the fund earmarked for these two positions
6. The two positions are proposed to be based at the Secretariat under the supervision of the Senior Programme Officer, Health and Nutrition
7. Adding an agenda item for “Renewed TB declaration” to the next SADC Heads of States
8. Both NEPAD and SADC Secretariat to consult their legal experts on the proposed staff placement arrangement.
9. The Director SHD to brief the Deputy Executive Secretary on the deliberations of the meeting.

8. Nominal Presence and Designation

Ms. Duduzile Simelane	Director SHD (SADC Secretariat)
Dr Willy Amisi	Senior Programme Officer – Health (SADC Secretariat)
Dr Alphonse Mulumba	Senior Programme Officer – HIV and AIDS (SADC Secretariat)
Dr Lamboly Kumboneki	Programme Officer – HIV and AIDS (SADC Secretariat)
Mr Vusi Mabena	Chair – TIMS-RCM
Ms Namakau Kaingu	Vice- Chair TIMS-RCM
Ms Chimwemwe C.	TIMS Secretariat – NEPAD-AUDA
Dr Ian Hove	Wits Health Consortium – TIMS Principal Recipient
Reid Pillay	Wits Health Consortium – TIMS Principal Recipient
Ms Boingotho R.	WHO Country Office
Ms Mary O’Grady	GF, LFA Team Leader
Martin Matu	ECSA-HC, SATBHSS Coordinator
Thandi Katholo	Stop TB Partnership