SADC facilitates regional collaboration to eliminate tuberculosis in mines

TB is a serious health problem for the SADC region. Mineworkers in Southern Africa bear the highest TB rates in the world. According to the South African Chamber of Mines, between 2,900 and 7,000 of every 100,000 mineworkers develop TB. This means that between 2.9% and 7% of mineworkers in the region develop active TB each year. The South African mining industry relies on migrant workers from surrounding countries, particularly Lesotho, Mozambique, Swaziland, and Zimbabwe, as well as from rural areas in South Africa. It is estimated that each migrant worker who returns home with TB spreads the disease to up to 15 people in his/her community.

Why miners are at an increased risk of TB, Silicosis, and HIV

There are various explanations for the high rate of TB infection among mineworkers. The most important is HIV infection, which weakens the immune system, making a person more susceptible to developing TB. Mineworkers are at a higher-than-normal risk for acquiring HIV because they are often separated from their partners for long periods, and may therefore engage in risky sexual activities. Another cause of the high TB rate among miners is Silicosis. This debilitating lung disease is caused by the inhalation of silica dust, a common by-product of the gold mining processes. Silica damages the lungs' defense mechanisms and increases the risk of TB infection tenfold. Silicosis is incurable and increases the risk of contracting TB even after leaving the mine.

TB is further spread in the region by the migratory patterns of mine work. Treatment for TB and other diseases is often interrupted or stopped when migrant workers leave South Africa to return to their homes in neighboring countries. Treatment interruption increases the threat of Multi-Drug Resistant TB (MDR TB).

SADC Member States collaborate to find solutions

A Stop TB Partnership Meeting in late 2010 galvanized the Ministers of Health in Lesotho, Mozambique, South Africa, and Swaziland to establish a Ministerial Forum to explore regional challenges and develop regional solutions. Areas of concern included the high incidence and regional threat of TB, TB/HIV, MDR TB, and Extensive Drug Resistant TB (XDR TB), as well as the linkages between internal and cross border migration, especially in the mines, and the lack of sustainable support for retired mineworkers infected with TB, which contributes to the growing levels of poverty among affected family members.

To highlight the TB problem and aid discussions by Member States, the SADC HIV and AIDS Programme facilitated national consultations in the three labor-sending countries of Lesotho, Mozambique, and Swaziland, as well as in South Africa as a labor-receiving country. The consultations took place from January to March 2012, assessing issues related to TB in the mines and proposing recommendations to inform a SADC Declaration and Code of Conduct on TB in the mining sector. These consultation forums discussed cross border issues around migration, particularly for miners, and reflected on existing services for mineworkers and ex-mineworkers and the need for inter-country TB management programs, policies, and improved referral services across borders.

In March 2012, the SADC HIV and AIDS Programme, in partnership with the World Bank, Stop TB Partnership, and the International Organization for Migration, facilitated a Regional Stakeholder Consultation Meeting on TB in the Mining Sector. The meeting brought together high-level officials from SADC’s 15 Member States with the mining industry, employee organizations, civil society, academics, and development partners to critically reflect
on these challenges, and agree on recommendations. In addition, the meeting built consensus on a draft Declaration on TB in the Mining Sector to drive a coordinated regional response, as well as a Code of Conduct to guide implementation.

The Ministers of Health and Labor from SADC’s Member States endorsed the SADC Declaration and Code of Conduct at an Extraordinary Ministerial meeting on TB in the Mines on April 26, 2012. At this meeting, the Ministers acknowledged the scale of the problem, the clear economic benefits of a regional response to eliminate TB in mines, and endorsed a decision that all TB-infected miners should be provided with treatment. In addition, the group agreed that intensified outreach activities must be put in place to prevent the spread of TB to miners’ families and communities, who are also heavily affected.

**Resolutions passed in April 2012 included:**

- A call for developing a single database to track miners’ employment and healthcare as they travel across the region
- A request for SADC guidance to define priority activities and implementation strategies to eliminate TB among miners
- A request for more detailed research on the economic impact of TB in the mining sector

The Declaration and Code of Conduct on TB in the Mining Sector were signed by the 15 SADC Heads of State at a ceremony in Maputo, Mozambique, in August 2012.

“**This is a very encouraging step towards zero TB deaths among mineworkers in Southern Africa, and we look forward to the signing of the declaration and continued work with our partners from government, civil society and the private sector to implement a regional solution to a global issue,”**

*Stop TB Partnership Executive Secretary Dr Lucica Ditiu.*

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**Launched in 2010, the USAID-funded Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC) strengthens government, parastatal, and civil society entities to effectively address the challenges of the HIV and AIDS epidemic.**

**Throughout the Southern Africa region and with specific activities in six countries, BLC provides technical assistance in organizational development, including leadership, management, and governance in three key program areas: 1) care and support for orphans and vulnerable children; 2) HIV prevention; and 3) community-based care.**

BLC is providing technical assistance to the Southern African Development Community (SADC) to strengthen Member States’ HIV prevention programs.

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