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Southern African countries dig in to harmonize approaches to TB among mining communities

A ministerial-level meeting took place on 25 March in South Africa, aiming to harmonize tracking, tracing, diagnosis and referrals for people affiliated with southern Africa's lucrative mining sector — all of whom are at high risk for contracting tuberculosis.

Ministers of labour, mineral resources and finance representing Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe participated in the event alongside technical partners including the Stop TB Partnership. Sponsors included the World Bank and the Global Fund.

Also present for the day-long event were chief medical officers from nine of the largest mining companies operating in the region, representatives of labor unions as well as from civil society — presenting a critical opportunity for a cross-sectoral approach to bringing the epidemic under control.

The meeting is the latest effort by the countries to harmonize their approach to reducing the risk of TB within the mining community. A declaration was signed in August 2012 by the Southern Africa Development Community (SADC) but there has been little concrete action to follow the commitments.

Emerging from the meeting this time, however, was a concrete plan to develop common systems for tracking and tracing patients using standardized procedures and databases that apply the same treatment regimens and protocols for both miners and their families in order to ensure continuity of care.

"The move to have joined-up regional medical information-sharing is a critical development so that care can be given when miners return to their families," Aaron Oxley, executive director of Results UK, told Aidspan. "And the harmonization of treatment protocols, making it easy for regimens to be continued

when miners move from country to country, is an excellent development. These things will both help immensely in terms of minimizing the development of MDR-TB."

Miners across sub-Saharan Africa have a greater incidence of TB than any other working population in the world; in research published by the American Journal of Public Health in 2011, it was reported that there are as many as 7,000 cases of TB reported per 100,000 miners annually in some areas: most of them in Southern Africa.

Miners are particularly vulnerable to TB because of their exposure to multiple risk factors. The migratory nature of mining can disrupt detection and care, leading to inappropriate therapy and high default rates: all of which may be precursors to the acquisition of drug-resistant TB. Regular cross-border movement means that there is essentially a route for transmission that transcends national borders, bringing infection to miners' home communities.

Other risk factors confronting miners include the repeated and prolonged exposure to silica dust in the poorly ventilated mine shafts where they spend most of their days. This can cause silicosis, which increases the risk of pulmonary TB.

Crowded dormitory-style living conditions or poor housing in informal settlements can increase transmission of the airborne disease. Finally, there is considerable risk of HIV infection due to unsafe behavior such as unprotected transactional sex.

Some larger mining companies provide excellent care for their employees and their families, but it is often not joined up with national health systems; the meeting in South Africa would encourage such linkages, as well as coordination as part of a regional response including active case finding in labor-sending communities.

Other mining companies have demolished dormitory-style housing in favor of family-style housing, which helps with infection control, but this is not being done systematically.

South African Minister of Health Aaron Motsoaledi, chair of the Stop TB Partnership and the host of the event, said: " In the whole region we share labor, we share communities, and we share labor-sending areas. But we haven't had a clear program for how to work together."

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