The Southern African Development Community (SADC) is a 15-country intergovernmental organisation established in 1992. Its purpose is to enhance the development and economic growth of Southern Africa, alleviate poverty, and improve the standard and quality of life of the region’s people through regional integration. SADC further seeks to promote coordination and cooperation between national and regional strategies and programmes.

Tuberculosis is a serious health problem for the SADC Region

Mineworkers in Southern Africa bear the highest Tuberculosis (TB) rate in the world. According to the South African Chamber of Mines, between 2,984 and 7,000 of every 100,000 mineworkers develop TB. This means that between 3% 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 an estimated 15 people in their community.

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

There are various explanations for the high rate of 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 in the region is further spread 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 neighbouring countries. Treatment interruption increases the threat of Multi-Drug Resistant TB (MDR TB).

SADC Member States collaborate to find solutions

To address the growing problem of TB in the mines, the Ministers of Health and Labour from the 15 SADC Member States at an Extraordinary Ministerial meeting on TB in the Mines on 26 April 2012, endorsed a SADC Declaration and Code of Conduct on Tuberculosis in the mining sector. The Declaration, designed to drive a coordinated regional response to TB in the mines, along with a Code of Conduct to guide implementation, will be signed by the 15 SADC Heads of State at a ceremony in Maputo, Mozambique, in August 2012.

“The TB is a regional problem, requires a regionally coordinated response. Success in this journey requires strong partnerships in the region and beyond governments, CSOs, mining companies, workers, and International Cooperating Partners. This approach will lead to the reaffirmation of the commitment of the SADC leadership to the eventual elimination of TB in the region, and the improvement of practices and standards of environmental, health and safety in the mining sector. This would be another way of addressing TB in accordance with the provisions of SADC Protocols (Mining and Health) and other continental and global commitments”.

~ Doctor Antonica Hembe
(Senior Programme Officer for the SADC HIV and AIDS Programme)
At the April 2012 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

A major impetus to the declaration was the Stop TB Partnership Meeting in late 2010 that 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 high incidence and regional threat of TB, TB/HIV, MDR TB and Extensive Drug resistant TB and 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 three labour-sending countries Lesotho, Mozambique and Swaziland, as well as in South Africa as a labour-receiving country. The consultations took place from January to March 2012, and assessed issues related to TB in the mines and proposed recommendations to inform the declaration and code of conduct. These forums discussed cross border issues around migration, particularly for miners, reflected on existing services for mine and ex-mineworkers and the need for inter-country TB management programmes, policies, and improved referral 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 (IOM) 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 organisations, civil society, academics, and development partners to critically reflect on these challenges, agree on recommendations for addressing TB in the mining sector and build consensus on the draft declaration and code of conduct.

At the Extraordinary Ministerial meeting in Luanda in April 2012 on TB in the Mines, Swaziland Minister of Health, Mr Benedict Xaba, praised SADC experts for their work in drafting the declaration. He said the preparatory work allowed the Ministers to make effective decisions - the finalisation of the Declaration on TB and the Code of Conduct for TB in the mining sector, and submission for approval at the Summit of SADC Heads of States.

“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,” said Stop TB Partnership Executive Secretary Dr Lucica Ditiu.

SADC Secretariat
Directorate of Social and Human Development and Special Programmes
HIV and AIDS Programme
Private Bag 0095, Gaborone, Botswana
Tel: +267 395 1863 / +267 364 1681
Email: registry@sadc.int
www.sadc.int

To access documents from SADC’s HIV and AIDS Programme, visit:
www.k4health.org/toolkits/sadc