South African Press Association

SADC countries tackle TB with new agreement

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Southern African health officials and international agencies will sign an agreement in Swaziland to reduce TB and HIV in the region's mining sector.

"The biggest killer of miners is tuberculosis, not accidents," said South Africa's Health Minister Aaron Motsoaledi on Wednesday, ahead of the signing of the Swaziland Statement in Mbabane.

"Accidents are emotional, dramatic, but they don't come near by far. That is why we need to work together," he said.

The signing of the Swaziland Statement coincides with the 1 000 day countdown to the Millennium Development Goal in 2015 of reducing TB and TB/HIV deaths in Southern Africa by half from 2009.

TB and TB combined with HIV or Aids is already regarded as an "epidemic" in the mining sector in the region, according to the Stop TB Partnership.

Fifteen countries in the Southern African Development Community (SADC) region account for 55% of all TB notifications in Africa, and 13% of cases notified globally.

Swaziland has the highest rate of TB per capita with 1 320 per 100 000 of its population, followed by South Africa with 993 per 100 000 people.

Integrate treatment protocols

The mining sector in South Africa draws labour from countries in the SADC, primarily Lesotho, Mozambique and Swaziland, and these workers then travel between their home countries and workplaces in the region.

Motsoaledi said: "A lot of work has been done, but what is left is coordination."

The mining industry was grappling with a TB rate three to six times higher than in the general population.

Part of the Swaziland Statement the officials will sign, will be to commit to integrate treatment protocols and to ensure continuation and consistency for patients, irrespective of which country they are in.

Motsoaledi said this would ideally include a regional computerised system where a nurse at a clinic could access their patient's treatment history straight away, no matter where they are in the region to provide continuity.

Swaziland's Health Minister Benedict Xaba said data integration was critical because one of the issues they faced was miners stopping their medicine when they left work, or stopping it because they did not "trust" medicine supplied by the mines.

The World Health Organisation also estimates about 14 000 prevalent cases of multi-drug-resistant-TB in the SADC countries.

'Triple cocktail'

With HIV, TB and silicosis forming a "triple cocktail", emphasis would be on aligning the treatment and cure of the disease for employees in that industry, irrespective of which country they were in.

Speaking on the sidelines of Wednesday's press briefing, South Africa's health deputy director general Yogan Pillay said these disease combinations, known as "congregate systems" were because of the enclosed and difficult working conditions of miners, coupled with their living conditions and at times poor nutrition and weakened immune systems.

Chamber of Mines vice-president Mike Teke said the mining industry was working on reducing TB and HIV, and had already signed the SADC protocol towards this last year. It was also committed to the "1 000 days" push to halve mortality by 2015.

According to the "1 000 days" campaign, similar "congregate systems" as found in the mining industry are also raising alarm bells in the region's prison population, with TB and HIV becoming a major risk.

'Silent epidemic'

Dr Mphu Ramatlapeng, vice-chairperson of the Board of the Global Fund to Fight Aids, TB and Malaria said TB was a "silent epidemic", but was treatable and curable.

"There is a stigma, but that should go away. It is curable, it is a treatable disease."

Other measures revealed on Wednesday to reduce TB include:

- •The International Organisation for Migration announced a \$6.5-million programme to improve the health of 20 000 migrant workers;
- •Britain's department for international development would provide \$220 000 for short term programme management support, as matched funds for a similar or larger contribution from the mining sector and other partners;
- •The Stop TB Partnership would dedicate \$10-million to TB Reach projects to treat people with TB in destitute, hard-to-reach areas in SADC countries.

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