South Africa ranks third highest for tuberculosis (TB) incidence worldwide. In June 2010, the South African Health Minister stated: "If TB/HIV is a snake in southern Africa; we know its head is in the mines". One of the four areas highlighted by the Deputy President on World TB Day in 2012 was the need for mining houses to expand access to TB and HIV services for members of communities around the mines. To this end, Aurum, in collaboration with the South African Department of Health and the mining houses, received TB REACH Wave 3 funding for TB and HIV case finding in adults and children living in high risk peri-mine communities around gold and platinum mines.

Informal settlements have grown up around mining shafts. Many people are poor, having migrated to these mining areas in the hope of finding work, either in the mine or to meet the needs of mine workers; these include workers in associated industries and sex workers. In some areas, miners live in mine "hostel" accommodation and are only granted leave to return home once a year, sometimes as far away as a neighbouring country. In other areas, mining companies have begun to provide a living allowance as an option, rather than hostel accommodations, leading to the informal housing developments.

Since many of these communities have been established de novo as opposed to being a part of town planning, they often do not have the associated services of electricity, water and health care facilities. Members of these marginalized, "urban slum" communities who are illegal migrants are particularly vulnerable, suffering from insecurity, powerlessness and xenophobia. Access to health care is limited due to geographical distance and lack of transport money. Stigma, misinformation and the fear that TB is incurable have increased with the linkage to HIV and people are reluctant to come forward for care.

Based on recent literature, the TB Reach project activities include household contact tracing of adults and children of index TB patients identified through the mining health services as well as door-to-door non-targeted active TB case finding, and community mobilization. The mining health services identify and, after gaining their consent, document information from TB index patients. This information is passed on to mobile teams consisting of community health and field workers who conduct household contact tracing and community screening. They also offer HIV testing. This intervention brings education, community mobilization (and thus stigma reduction) and screening services to the people of the peri-mining communities. Many of the barriers mentioned above will be overcome by reducing the number of clinic visits currently required before a diagnosis of TB can be made.

South Africa

The Aurum Institute