

# SYSTEMATIC TB SCREENING IN COMMUNITIES OF MINeworkERS

## Lessons from a regional intervention in Southern Africa

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**Mineworkers in Southern Africa present a higher TB incidence than any other working population in the world. Is systematic screening in mining communities a successful strategy to identify TB cases and reduce the TB burden amongst mineworkers?**

### METHODS

The TB in the Mining Sector Programme (TIMS) was a Global Fund-funded intervention covering ten Southern African countries.

Systematic screening was undertaken by local NGOs through community door-to-door and workplace strategies in collaboration with NTPs, mining companies and local stakeholders. It was combined with awareness raising campaigns through specifically designed IEC materials.

Key populations (KPs) covered were mineworkers, ex-mineworkers and their families and communities. Diagnostic was done primarily at public health facilities and at occupational health centres.

Case finding results after one year of implementation in Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Lesotho and Zambia have been analysed.

### RESULTS

TIMS screened

**226,960 KPS**  
(52% male)

in 22 areas of intervention across the eight countries

**45,683 (or 20%)**

people screened by the project were current or ex-mineworkers from formal and informal mining sectors. The remaining were community and family members

**38%**

of TB cases (all forms) identified were mineworkers or ex-mineworkers

**80%**

of them were found in the three countries where more mineworkers were screened (Lesotho, Tanzania and Zambia)

### CONCLUSIONS

**38%**

of TB cases identified were mineworkers/ex-mineworkers although mineworkers only made up **20%** of KPs screened confirming that TB affects them disproportionately

*Factors affecting success in case finding include: numbers of key populations in project area, diagnostic and follow up capacity of personnel and collaboration with health facilities' personnel*

only

**59%** presumptive cases were actually tested

***The availability of occupational health centres in the areas of intervention in Lesotho, Tanzania and Zambia are likely to have had an impact on increasing access to diagnosis for mineworkers***