



From the Guest Editor . . .



Dr Vusumuzi Nhlapho, Guest Editor

The nation is gearing up for national and provincial elections scheduled for 29 May, and campaign efforts have intensified for what will be an election with a more uncertain outcome than any since the establishment of our democracy in 1994. It is imperative for South Africans to fulfil their responsibility by participating in the process to choose a political party and leaders who will steer South Africa towards economic improvement.

While the economy is at the forefront of the minds of many, we need to keep health high on the agenda. One of the diseases that persists in South Africa and other countries is tuberculosis (TB), the second leading cause of death from a single infectious agent after SARS-CoV-2. In 2022, 1.3 million people died from TB globally, as reported by the World Health Organization (WHO);¹ 424 000 of whom were from the African region.² Currently, TB is mentioned in the manifestos of only three political parties – the Economic Freedom Fighters (EFF), African Transformation Movement (ATM), and African National Congress (ANC).³ We can only hope that other parties will also see the importance of adding TB to their agendas before the upcoming elections.

The South African mining industry continues to address the high prevalence of TB. In partnership with the International Labour Organization (ILO) and the Mine Health and Safety Council (MHSC), the Minerals Council South Africa hosted a session on ‘Sustainable responses to HIV, AIDS and TB in the world of work’ at the 11th South African AIDS Conference in Durban in June 2023. In August last year, the Health Policy Committee established the Gold TB Working Group, which comprises all gold-mining companies. The Masoyise Health Programme⁴ has led in coordinating activities of the mining sector over the last decade, and continues to work on issues related to HIV, TB, and non-communicable diseases. Efforts to prevent and treat TB in the African region continue, under the auspices of the African Union Development Agency (AUDA-NEPAD) and funded by the Global Fund,⁵ as reported by Norman Khoza and colleagues over the last few years in this and previous issues of *Occupational Health Southern Africa*.

World TB Day is held on 24 March every year and this year WHO Regional Director for Africa, Dr Matshidiso Moeti, while highlighting the plight of paediatric TB, called it an ‘ancient disease’.² It is relevant that one of the papers in this issue of *Occupational Health Southern Africa*, from the 7th International Conference on the History of Occupational and Environmental Health (organised by the International Commission on Occupational Health (ICOH) Scientific Committee on the History of Prevention of Occupational

and Environmental Diseases) that was held in Durban in November last year, is about silicotuberculosis – the combination of silicosis and tuberculosis – which still occurs in the mining industry. Rodney Ehrlich takes us on the historical journey of the two diseases in the gold mines – from the belief that they were linked, to the denial of the association, and back to the current evidence-based knowledge about the strong relationship between them.

David Rees and Gill Nelson take up the historical silicosis thread in their description of the belief that aluminium oxide powder could prevent pneumoconiosis in gold miners; another paper presented at the ICOH conference in Durban. Interestingly, South Africa never bought into the idea, saving many miners from aluminium-induced neurological injury. Arthur Mclvor draws our attention to important similarities in the fight against TB and silicosis in South Africa and Britain, looking at the contributions to the occupational health narrative that trade unions made over a period of more than 100 years.

While significant progress has been made in the management of both TB and silicosis in the mining industry, concerted efforts and programmes are required to ensure that they soon become part of South Africa’s (and the world’s) history.

The 34th triennial ICOH congress (ICOH2024) will take place from 28 April to 3 May this year in Marrakesh, Morocco. Africa is well represented in the scientific programme of the congress, with presentations by participants from South African and other African countries in both the oral and poster sessions. We have been looking forward to meeting up with occupational health colleagues from around the world after the hiatus caused by the COVID-19 pandemic, which prevented many of us from travelling to Melbourne, Australia in 2021 to attend the 33rd ICOH congress, which was ultimately postponed to February 2022 in a fully virtual format. Look out for the report on the ICOH2024 Congress in our next issue.

As the heat wave appears to be retreating and winter steadily approaches, on behalf of the Editorial Board, I wish you a productive and research-full year.

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