

# Dr Thuthula Balfour

Dr Thuthula Balfour hails from the small town of Cofimvaba in the Eastern Cape, which is famous for being the birthplace of the late struggle heroes, Chris Hanani and Clarence Makwetu. As a migrant to Gauteng of 29 years, she believes she is now a full citizen of the province and absolutely loves the big city.

Thuthula qualified as a medical doctor at the University of Natal Black Section, which, under apartheid at the time, was only for African, coloured and Indian students. The residence was in the coloured area of Austerville next to the South African Petroleum Refineries (SAPREF) oil refinery, which belched dust and offensive odours most of the time. In those days, 'clever' black people did medicine, law, nursing, and teaching. Even accounting was just becoming fashionable as a career, and one applied to the Minister of Home Affairs to study engineering at universities reserved for white people.

Her first job as a manager, in her 20s, was as the Medical Officer of Health (MOH) at Mthatha Municipality, responsible for the public health services, clinics, street cleaning, and business and dog licensing. This was a steep learning curve made easier by a supportive town clerk and management team. Her passion for preventive health was solidified when she did a Diploma in Public Health, as part of proficiency in executing her job as the MOH.

What stands out during this period was her first contact with HIV, having studied medicine during an era when HIV was not yet in the curriculum, and having never seen HIV-positive people while working as an intern and medical officer. One of her duties was to trace and inform blood donors identified by the Blood Transfusion Services that they were HIV-positive. It was mostly a futile exercise as hardly any were found. Nevertheless, this spurred her interest in becoming an HIV/AIDS activist and member of Networking HIV and AIDS Community of Southern Africa (NACOSA). She describes seeing HIV marching down from Uganda, through Zambia and Zimbabwe, and hoping that South Africa would learn and heed the call for 'ABC' (Abstinence or delay of sexual activity, Be faithful, and Condom use). Alas, the country ended up having the largest HIV epidemic. This she attributes to many historical, structural, and sociological factors that continue to make the population of South Africa vulnerable to HIV transmission.

She spent six years working at the National Department of Health and was part of establishing the Southern African Development Community (SADC) Health Coordinating Unit that was later incorporated into the SADC Secretariat in Botswana. These were some of the best years in her working life, as she travelled around the region. She boasts of having been to all the SADC countries except Seychelles (and Madagascar, which was not a member of the bloc at the time). The highlights of this stint were the signing, in 2003, of the Maseru Declaration on HIV/AIDS by the SADC Heads of State, and the first SADC Race Against Malaria, which was a convoy from all SADC countries to Dar es Salaam, Tanzania. This initiative on raising awareness about malaria continued for many years.

After working as a health policy analyst for four years at the Development Bank of Southern Africa, she was headhunted to join the then Chamber of Mines (now Minerals Council South Africa), which she did with some trepidation as she had no mining experience. As a public health medicine specialist with an MBA and a Diploma in Occupational Health, her experience and qualifications were very suited for her current role of 16 years as the Head of Health at the Minerals Council South Africa.



**Dr Thuthula Balfour, Head of Health, Minerals Council South Africa**

The South African mining industry is still dealing with legacy occupational diseases such as silicosis, coal workers' pneumoconiosis, and noise-induced hearing loss. She joined the Minerals Council South Africa at the height of the TB epidemic in the mining industry, which was driven by HIV and silica dust exposure. The industry was blamed for spreading TB in the SADC region. Through a focused TB and HIV programme that included TB reviews and the Masoyise Health Programme, the industry has made tremendous strides in reducing TB and now has a TB incidence that is lower than that of the South African general population. The Minerals Council South Africa and its members have also vigorously adopted the targets (milestones) that were set through the Mine Health and Safety Council in 2014, and there have been reductions in dust and noise exposures, which are now flowing through to lower occupational disease rates. The mining industry subscribes to Zero Harm and, thus, there is more work to be done to eliminate or reduce occupational diseases, and TB and HIV.

In 2018, Thuthula was named as one of the Top 100 Global Inspirational Women in Mining. She is now also the lead for Women in Mining (WIM) at the Minerals Council and is proud of the work done since 2020 on the WIM Strategy. Her other accolade is serving on the South African Health Ministerial Advisory Committee on COVID-19, from 2020 to 2023. This was at a time of great uncertainty, globally, and the mining industry performed very well, with death rates that were half those of the country.

As she nears retirement, Thuthula is very satisfied with the impact she has had on the health of mineworkers, and is grateful for the support she gets from her team and from mining companies that are the implementers of health interventions on the ground. She looks forward to playing a bigger role as a grandmother and already enjoys knitting, cooking, and baking for her family. [📍](#)