Remarks by the Minister, Mr. Sibusiso Ndebele, MP
World TB Day
Pollsmoor Correctional Centre, Cape Town
24 March 2013

➢ Programme Director
➢ Deputy President of the Republic of South Africa: Your Excellency, Mr. Kgalema Motlanthe
➢ Minister of Health: Dr. Aaron Motsoaledi
➢ Minister of Justice & Constitutional Development: Mr. Jeff Radebe
➢ Other Ministers Present
➢ Premier of the Western Cape: Ms. Helen Zille
➢ MECs
➢ Members of Parliament
➢ Executive Mayor of the City of Cape Town: Cllr. Patricia de Lille
HIV is a serious health threat for inmate populations in many countries, including South Africa, where the dual epidemic of HIV, and TB, co-infection presents significant challenges for health authorities. It is well-documented that the levels of HIV infection among inmate populations world-wide tend to be much higher than the population outside correctional environments.

Inmates remain part of the broader community, and the health threat of TB, and HIV, within, and outside, correctional facilities demands coordinated action. Overcrowding, poor conditions of confinement and inadequate medical services exacerbate negative health impacts, and complicate the provision of health care services, and programmes, resulting in increased morbidity and mortality.

On 11 December 2012, the Constitutional Court upheld an appeal against a decision of the Supreme Court of Appeal (SCA), which overturned the decision of the Western Cape High Court in an action for delictual damages. The applicant, Mr. Dudley Lee, was incarcerated as a remand detainee at Pollsmoor Admission Centre from 1999 to 2004.
Primarily the case concerned whether the applicant's detention, and the systemic failure to take preventative, and precautionary, measures, by the Correctional Services authorities caused the applicant to be infected with TB while in detention. This judgment highlighted the fundamental issue of overcrowding in correctional centres in South Africa. However, tremendous strides have since been made in the general inmate admission procedures, and processes, as well as the treatment, and prevention, of TB in correctional centres.

Overcrowding is not only a priority for the Department of Correctional Services (DCS), but also a priority of the Justice, Crime Prevention and Security (JCPS) cluster. To this end, DCS hosted a two-day national colloquium on 19 and 20 November 2012 to discuss overcrowding in correctional centres. More than 170 representatives, from various organisations including government and civil society, attended the colloquium and discussed overcrowding, alternative sentencing as well as remand detention management as part of solutions to South Africa’s high rate of incarceration and breaking the cycle of crime. The final report on the outcomes, and recommendations, of the colloquium is currently being analysed.

In 2005, Cabinet approved the White Paper on Corrections in South Africa which represents the final fundamental break with a past archaic penal system. The White Paper ushers in a start to our second decade of freedom, where prisons become correctional centres of rehabilitation, and offenders are given new hope, and encouragement, to adopt a lifestyle that will result in a second chance towards becoming the ideal South African citizen.

DCS is a client department, and incarcerates offenders as per order of the court. As per the World Prison Brief, South Africa is currently ranked number one in Africa, and 9th in the world, in terms of prison population.

As at 1 March 2013, 152,550 inmates were accommodated in correctional centres with a capacity of 118,968. Of the 152,550 inmates, 47,695 were un-sentenced and 104,855 were sentenced.
Of the 152,550 inmates, about 30% (47,695) constitute awaiting-trial detainees (ATDs). Between 15 to 20% (about 9,400) of ATDs cannot afford bail. Some ATDs have been awaiting trial for more than seven years. In 2006, Cabinet mandated the Department, through the JCPS cluster, to lead a project of re-engineering the management of the Awaiting-Trial Detention system in South Africa. In this regard, a White Paper on Remand Detention has been developed and is in the final stages of consultation.

Every month, about 23,000 inmates exit correctional centres and 25,000 new inmates are admitted. It costs the taxpayer approximately R8,000 per month for each inmate.

Section 35(2)(e) of the Constitution states: Everyone who is detained, including every sentenced prisoner, has the right to conditions of detention that are consistent with human dignity, including at least exercise and the provision, at state expense, of adequate accommodation, nutrition, reading material and medical treatment.

In terms of the Correctional Services Act (Act 111 of 1998), the department provides primary health care services, and refer patients to external health facilities, mainly through the Department of Health where secondary, and tertiary, levels of care are accessed.

The Department recruits health care professionals (professional nurses, pharmacist, and medical practitioners) to manage, amongst others, TB utilizing the Department of Health’s guidelines. In contributing to strengthening of health care delivery in the department, with special focus on the management of TB, HIV & AIDS and Sexually Transmitted Infections (STIs), a number of key activities have been undertaken. These include:

- Intensified TB case finding:
  - The Admission Health Risk Assessment Form has been amended to include screening for TB, and other chronic diseases, as well as offering HIV Counseling and Testing
The above-mentioned screening, and offering of HCT, is aimed at entry into a Correctional Centre, during incarceration and on release/placement.

The Department has also approached the National Department of Health (NDoH): TB Cluster, to facilitate the development of TB Management, and Infection Control Guidelines, specific for DCS. This was done in collaboration with the Provincial TB Managers, as well as DCS Regional Coordinators: Health Care Services and HIV and AIDS. The envisaged implementation date is 1 April 2013.

In 2012/13, DCS facilitated the training of two hundred and forty two (242) TB focal persons in order to improve TB management.

One of the partners through the Global Fund to Fight AIDS, TB and Malaria (GFATM) has allocated five (5) Gene-Xpert machines to Baviaanspoort, Pretoria, Durban, Pollsmoor and Upington Management Areas in order to improve TB case finding, and initiate treatment on positive TB patients promptly.

One partner that has been supporting Pollsmoor Management Area on TB, and HIV services, over a number of years has received additional funding to expand their support to KwaZulu-Natal, and Eastern Cape Regions, once they have been quality assured by the department.

The department also participated in the development of the National Strategic Plan (NSP) on HIV, STIs and TB: 2012-2016, and its Operational Plan. This will assist the department to focus on issues that are specific to inmates as a key population vulnerable to the core epidemic of TB and HIV.

In partnership with the NDoH, TB Management Guidelines specific for the Correctional environment are being developed.
Efforts to reduce the burden of TB and HIV in correctional facilities must be holistic in approach. I, therefore, extend my sincere appreciation for all the concerted efforts from my colleague, the Minister of Health Dr. Motosoaledi, and his team for assisting the department in this regard. The Department of Correctional Services is relying on your continued support and guidance. It is also important to appreciate the role played by various other partners in rendering services, and programmes, to inmates. The role that you all play is highly appreciated.

With those few words, we welcome you to Pollsmoor Correctional Centre. Together, let us all continue to work towards a caring, and just, society, enjoining all of us to afford those who err against society the opportunity to correct their ways under humane conditions.

THANK YOU!