

DIRECTOR GENERAL: HEALTH

Programme Director

The Organisers of this knowledge exchange visit (NEPAD, SADC Secretariat, ECSA, World Health Organisation and the World Bank)

Officials the Ministries of Health, Labour and Mining from neighbouring countries

South African colleagues from various departments

Good morning!

I wish to welcome you to our country and to the city of Johannesburg – which I am sure many of you know is also called the city of gold! This is apt given that this meeting relates to occupational health and safety and regulation related to mining!

As you know mining brings much wealth to a country, but unless there is much care for the health of miners, the health of people in peri-mining communities as well as care for the environment, we will pay dearly for the negative consequences of mining. Countries which have recently discovered minerals and have nascent mining activity can learn much from our experiences in South Africa, given the long history of commercial mining in this country. One example is the high price we are paying is illustrated by the significant level of tuberculosis in mines, especially the gold mines. This impact has been felt and continues to be felt in both South Africa and all the labour sending countries in the region!

Occupational health and safety is a priority for many governments, trade unions and employers across the world. Many business enterprises have started to recognise the importance of providing a safe working environment for their workers, customers and surrounding communities. A safe working environment reduces absenteeism, enhances employees' health and well-being and increases productivity. More so, healthy workers contribute towards creating a healthier population which ultimately plays a critical role in improving the country's economy.

This NEPAD facilitated programme in partnership with the Department of Health of South Africa and supported by the Department of Mineral Resources and the Department of Labour, trade unions, the Chamber of Mines, social partners such as the World Bank and Global Fund for AIDS, TB and Malaria and the National Institute for Occupational Health comes at an opportune time as we emphasize health and safety as well as TB interventions in the mining sector in Lesotho, Malawi, Mozambique and Zambia.

Since 2003, the mine health and safety summits in South Africa have set up milestones towards the elimination of HIV, TB, silica dust and noise exposure amongst mineworkers. These are noble goals but key to setting the milestones are the monitoring mechanisms that ensure that the milestone targets are being met.

As you are aware, TB is a major problem in the gold mining sector in South Africa with rates twice the population rates for South Africa. TB is also in the top 5 causes of death in nearly all SADC countries. We have worked closely with the trade unions

and Chamber of Mines to ensure the screening of all 500 000 workers in the mining sector as well as emphasised various prevention interventions such as dust control.

Our department through the Compensation Commissioner, Dr Kistnasamy, has completed the first phase in the modernization of systems and reforms of the MBOD/CCOD supported by the Chamber of Mines, the Gold Working Group, the trade unions and social partners like the World Bank and Global Fund for AIDS, TB and Malaria. One of the key areas was the provision of decentralized services through the One Stop Service Centres and enhanced payment of unpaid claims of 103 000 persons amounting to R1.2b.

Over the 1-year period to June 2017, we have paid approximately 6500 claimants an amount of R221 million with 2700 claimants from neighbouring countries amounting to R88 million being paid. These cash transfers will go a long way to alleviating poverty especially in the labour sending areas within and outside South Africa.

The ex-mineworkers project of my department is linking with the regional TB in Mining Sector project (TIMS) covering 10 countries and funded by the Global Fund for AIDS, TB and Malaria.

The TIMS project covers a policy and legislation review of occupational health and compensation in each country; mapping studies of mineworkers and ex-mineworkers; development of a regional database; cross-border referral services for TB infected mineworkers; screening of mineworkers for TB; community mobilization and provision of One Stop Service centres for mineworkers and ex-mineworkers with

links to the compensation systems. I am sure that this programme will extend those partnerships and linkages with TIMS.

I am informed that the main objective of the visit is to share with other country teams knowledge and information on setting up effective and efficient occupational health and safety, and mine health regulation systems. I am further informed that the learning points will include (i) the overall set-up of a system for service provision on OHS; (ii) compensation services to mineworkers, ex-mineworkers, their families, and peri-mining communities; (iii) mine health inspection; and (iv) one-stop centre model. Specifically, the team will exchange knowledge with their counterparts in South Africa on (i) TB screening within the mining workforce and correctional services; (ii) integration of TB and HIV/AIDS services; (iii) upgrading primary health facilities to improve access to diagnostics; (iv) developing effective referral systems; and (v) social mobilization to raise awareness of TB in key populations, including mining communities.

In conclusion, I have no doubt that this knowledge exchange visit will provide you with a wealth of information that can be used in your countries. South Africa stands ready to work with other countries in the region to strengthen health and safety in mines through sharing both our regulatory activities as well as programmatic knowledge and experience.

I would again like to thank the organisers for arranging this visit and wish you all well in your deliberations.

I thank you!

