

# Multi-concerted efforts to eliminate tuberculosis, silicosis, and other occupational lung diseases: legacies in the southern African region and policy reform efforts

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## BACKGROUND

Private sector contributions to the reduction of tuberculosis (TB), silicosis and other occupational lung diseases in the southern African region cannot be ignored. These are needed now more than ever, as the contributions have assisted in making significant strides in the fight against TB in South Africa. The private sector, particularly the mining sector, has made a tremendous contribution to safeguarding the safety and health of employees in the last eight to 10 years. This required a concerted effort by all stakeholders, including member states, mining corporations, and employees, and funding partners such as the Global Fund and the World Bank. Historically, TB incidence rates in the Southern African Development Community (SADC) region have been highest in the mining sector, with rates as much as three to eight times higher than in the populations from which mineworkers originate.<sup>1,2</sup> Through some intensive investments by all stakeholders, the tide is turning, particularly in the South African mining industry.<sup>3</sup> A total of 462 515 miners were screened for TB in the year 2022; 0.26%, 3.17%, and 0.58% were diagnosed with TB, multidrug resistant (MDR)-TB and extensively drug resistant (XDR)-TB, respectively. All workers' and families' contacts that were traced were put on TB medication. The same cannot be said about other African Union member states. A recent study reported that TB prevalence among miners in Africa is estimated at 3 000–7 000/100 000, which is about three to 10 times higher than that in the general population; communities living in the vicinity of the mines had much higher TB rates than the general population.<sup>4</sup>

One of the activities of the South African Government and the private sector, particularly the controlled mines, is compensation for current mineworkers and ex-mineworkers. Although the system is highly fragmented, it does work, as many more current and former mineworkers are compensated in South Africa than in many SADC countries. The compensation system is managed by 1) the Department of Employment and Labour (under the Compensation for Occupational Injuries and Diseases Act 130 of 1993 (COIDA)), which compensates injuries and diseases other than those regarding the lungs of mineworkers, 2) the Department of Health (under the Occupational Diseases in Mines and Works Act 78 of 1973 (ODMWA)), which compensates current and ex-mineworkers for occupational lung diseases, and 3) private insurance companies licensed by the Department of Employment and Labour, such as Rand Mutual Assurance (RMA), which receives levies from mining companies and compensates workers on behalf of the Department of Employment and Labour.

Zambia also has a well-established sustainable government compensation system, described elsewhere,<sup>5</sup> which is supported by the Zambian ministry of Labour and Social Security (MLSS). However, the private schemes provide compensation only to private sector employees, leaving scores of civil servants without insurance against diseases.

Generally, countries in the SADC region have compensation systems that are not responsive and not relevant to the intended beneficiaries, especially mineworkers and ex-mineworkers who have the highest burden of TB, HIV, silicosis, and other occupational lung diseases. In addition to having inadequate benefits and a narrow legislative scope of coverage, most compensation systems in the SADC region are complex and ineffective and have several barriers to benefits and services. The informal sector, particularly the artisanal small-scale miners, is not covered.

The challenge is compounded by difficulties experienced by mineworkers and ex-mineworkers in accessing occupational health and compensation services. In August 2012, heads of SADC member states, in collaboration with mining entities and other key stakeholders, signed a declaration on TB in the mining sector to address the high burden of TB. The declaration emphasised the scourge of TB, HIV, silicosis, and other occupational respiratory diseases.

The SADC and the East Central and Southern African-Health Community (ECSA-HC) are the project's principal recipients, through the Global Fund, supported the 'TB in Mines Phase 3' (TIMS III) project. They are employing a coordinated multi-country and multi-sectorial response to effectively respond to the TB burden in the SADC mining sector, by strengthening critical elements of basic occupational health and compensation systems. In doing so, ECSA-HC will facilitate technical assistance to SADC countries such as Lesotho, Mozambique, South Africa, and Zambia to design and implement action plans to strengthen their compensation systems. This adds to other efforts implemented by the African Union Development Agency-New Partnership for Africa's Development (AUDA-NEPAD) under the project, supported by the World Bank. Lessons learnt will be shared and used to create effective and sustainable compensation frameworks for replication in other SADC countries with significant mining activities.

## METHODOLOGY

A regional occupational compensation strengthening meeting was held, in person, at The Capital on The Park Hotel in Sandton, Johannesburg, South Africa. Data for the report were collated from the meeting concept note, meeting agenda, presentations, observations, and dialogues.

The meeting was attended by 25 participants from South Africa, ECSA-HC, and the African Union Development Agency (AUDA)-NEPAD. The South African participants were from the Department of Health, the Medical Bureau for Occupational Diseases (MBOD), the Department of Employment and Labour, the Compensation Commission, the Minerals Council of South Africa, the United Association of South Africa (UASA), Solidarity, Association of Mineworkers and Construction Union (AMCU), National Union of Metalworkers of South Africa (NUMSA), Rand Mutual Assurance (RMA), the Regional Coordinating Mechanism (RCM) of TIMS, and Dr Cleopas Sibanda, an occupational health physician and consultant from Eswatini.

## RESULTS

The primary objectives of the meeting were to review the regional compensation situational analysis report of the four SADC member states' (Lesotho, Mozambique, South Africa, and Zambia) compensation policy status, and to develop an implementation roadmap and plan for South Africa. The meeting was officially opened by the Chairperson of the RCM; Jabu Xaba, representative of the South African Mining Association; and Dr Barry Kistnasamy, the Compensation Commissioner for occupational lung diseases in mineworkers. All highlighted the importance of the compensation of workers and ex-workers as a basic and fundamental human right enshrined in the United Nations, International Labour Organization (ILO), and several member states' constitutions. They pledged to support the current work under the Global Fund and the SADC region to promote the fundamentals of the constitutional rights of workers and ex-workers.

### Report on the situational analysis of compensation systems in southern Africa

Dr Sibanda presented an overview and genesis of compensation and its trajectory. The report described the results of the analysis of the compensation systems of four southern African countries: Lesotho, Mozambique, South Africa, and Zambia. The aim of the study was to develop and implement action plans to strengthen occupational compensation systems through in-country participatory processes, using a tripartite-plus approach, which includes governments, employers, employees, and other affected key stakeholders, particularly ex-mineworkers.

The meeting participants generally agreed that compensation systems leave much to be desired in several SADC member states. TB is still not a compensatable disease in most member states. Many compensation laws cater only for private sector employees and exclude civil servants. However, South Africa has implemented a better system. Although the South African system is fragmented, it is currently fulfilling its mandate and remains best practice in the region. The South African compensation system dates to the early 1900s, and has evolved to include everyone of all races since the early 1990s. South African compensation is embedded in law, and comprises several ministries, administrative authorities, and information systems. Importantly, TB is compensatable and workers and ex-mineworkers, including those from neighbouring countries who worked in the South African mining industry, are eligible for compensation.

The challenge, as presented in the second paragraph of the background in the report, is that compensation is only given to workers employed in 'controlled mines', viz. those that are registered with, and report to, the relevant departments or ministries. Workers will not be compensated if an employer does not register with, and pay

levies to, the relevant approved compensation structure. However, if an employee is insured by a private insurance company, it is assumed that he/she will be compensated privately. The process is not regulated, however, and reporting is not compulsory except for Rand Mutual Assurance, which is licenced and reports to the Department of Employment and Labour.

Key issues highlighted from the report:

- The situational analysis report was not anchored in a single international best practice, which presented a challenge as the South African Government could not benchmark its compensation system. The meeting requested the consultant (Dr Sibanda) to create a table to illustrate what best practice comprises and how South Africa and other selected countries fare against it.
- The narrative that TB in South Africa is three to six times higher in the mining sectors than the general populations is a concern. Mining experts have expressed that, currently, TB incidence rates in the sector are far lower than those in the general population of South Africa.

### Development of an action plan

The meeting participants agreed to continue with the development of an action plan, as Dr Sibanda is working on, describing best practices. The South African Government, workers' unions, and mining industries appreciated the Global Fund's support in harmonising the region's compensation systems. The country will work with SADC member states to align their actions, particularly on harmonisation and integration of information systems, including elements of compensation that are missing from their legislation, such as the compensation of workers employed in uncontrolled mines. A systematic approach was agreed upon, and the action plan was divided into six categories or levels, viz strategic/policy, administrative, operational, systems, research and development, and resources.

**Policy level:** the stakeholders and the team understood the complexities of integration at this level, but recognised that it requires political commitment. The level seeks to integrate a legal framework for occupational health and safety and workers' compensation in South Africa to reduce fragmentation, expand the scope of coverage, and increase the compensation benefits.

**The administrative level** will enhance collaboration and facilitate synergies for the administration of occupational health and safety, and compensation; and improve access to compensation benefits and services. The meeting participants requested the Compensation Commissioner to secure a declaratory order for clarity, which will ensure that workers who are not currently covered by legislation receive compensation at the expense of the employer. The meeting members committed to promote occupational health and safety policy and process harmonisation, as espoused by the SADC mining protocol.

**The operational level** will raise awareness of compensation systems/processes among all key stakeholders, strengthen the compensation claim process, and collaborate regarding roadshows and outreach. This will promote and support: 1) risk-based medical surveillance and integration of occupational hygiene and medical surveillance; and 2) the primary prevention interventions through various means, such as funding the inspectorates to adequately advise, inspect, and enforce compliance in all industries.

At the **information system level**, all stakeholders will seek to create an integrated information management system for occupational health and safety, and workers' compensation stakeholders. They will ensure that all created information systems are interoperable, safe, and government-owned to ensure sustainability. The system should be able to present agreed aggregate data at a continental level, with all African Union member states feeding into it.

The **resource level** seeks national, regional, and continental deliberate, collaborative efforts to undertake resource mobilisations, which will be used strategically to tackle common regional challenges.

The **research and development level** will actively work with research and academic institutions to promote research and implementation of recommendations based on research outcomes. Members will work closely with academic institutions to offer basic occupational health and safety training to all students who endeavour/wish to work in high-risk industries.

### CONCLUSION

The national and regional efforts to eliminate TB in mining are showing some positive results, as the prevalence of TB in the South African mines is far lower than it was before the investments. The private sector's contribution to TB control is critical for sustainable and inclusive economic growth. Harmonisation of the occupational health and safety policies is also critical, particularly primary prevention and compensation policies. This will ensure that when workers fall sick or die, they and their families will not be left worse off, and the public health systems will not be burdened with

a high volume of patients due to lack of medical cover. There is a need to strengthen a coordinated information system, and report to effectively measure the contribution of the private sector in reducing TB prevalence in working populations.

### ACKNOWLEDGEMENTS

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