

Impact of COVID-19 pandemic on occupational health services delivery in the mining sector in southern Africa

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BACKGROUND

The Southern African Development Community (SADC) member states have invested significantly in strengthening occupational safety and health (OSH) systems in the region in the past five or so years, in collaboration with partners such as the African Union Development Agency (AUDA-NEPAD), the International Labour Organization (ILO), the World Health Organization (WHO), the Global Fund, and the World Bank. Through the Tuberculosis in the Mining Sector (TIMS) project, 11 occupational health service centres (OHSCs) have been set up: two in each of the countries of Eswatini, Lesotho and Mozambique, and one in each of the countries of Namibia, Zambia, Tanzania, Botswana and Zimbabwe. The Southern African Tuberculosis and Health Systems Support (SATBHSS) project has further supported Mozambique to establish an additional OHSC in Ressano Garcia, and three more are under construction – two will be in Malawi and one in Mozambique.

The OHSCs are designed to provide tuberculosis screening and diagnosis services, HIV testing, and silicosis screening and diagnosis, and to link eligible ex-mineworkers to compensation systems. Since OHSCs are located at health facilities, they also refer clients for medical treatment when needed. Through linkage of OHSCs to compensation boards and commissions, and the tracking and tracing of mine workers, it is anticipated that funds will be unlocked for ex-mine workers with tuberculosis and other occupational lung diseases in the SADC countries. However, sustaining OHSC efforts is challenging due to gaps in policy frameworks, human capacity, multi-sectoral collaboration, and integration of existing occupational health and compensation systems.

LEGAL FRAMEWORK

The availability and comprehensiveness of the OSH legal framework in most countries in the SADC region are challenges that need urgent attention. Apart from the regional policy guidance instruments, most countries lack regulatory mechanisms that foster systematic OSH management approaches. At country level, there is poor multi-sectoral collaboration between key OSH implementing ministries.

A dust control management tool for inspectors was developed to guide country experts to address the challenges.¹ The ILO and AUDA-NEPAD are collaborating with countries to revise their OSH laws and regulations. The OSH law development and review processes aim to ensure that OSH laws are updated and that they incorporate international best practices. Some of the key instruments revised or developed include:

- i) Malawi – Mines and Minerals Act of 2019; Mines Safety regulations; Occupational Safety Health and Welfare Act (OSHWA); and Compensation Act

- ii) South Africa – Occupational Health and Safety Bill, 2021; Ergonomics Regulations, 2019; and Artisanal Small-Scale Mines Policy, 2021

- iii) Namibia – OSH Bill²

- iv) Lesotho – OSH Policy, OSH Bill, and Mine Safety Act, 1981³

The challenges with the revisions and developments of OSH laws are the approval processes, as it takes a long time to get legislation approved in the region. As part of technical support and harmonisation, regional codes of practice and guidelines are developed, which member states can easily customise and adopt.

IMPACT OF INTERVENTIONS ON OCCUPATIONAL HEALTH SERVICES AND RESPONSES TO TUBERCULOSIS AND HIV/AIDS IN THE REGION

TB screening services

The OHSCs in the eight countries where they have been set up screened a total of 58 146 clients for tuberculosis over three years (2018–2020); an average of 19 382 miners and ex-miners per year. However, the number of people screened for TB decreased with time, from 26 953 in 2018, to 20 688 in 2019 (a decrease of 6 265 cases (23.2%)), to 10 505 in 2020 (a decrease of 10 183 cases (49.2%)). The latter, substantial drop in numbers was largely due to the impact of COVID-19 on the delivery of occupational health services in the region. Of the 58 146 who were screened in the three-year period, 3 058 (5.3%) were diagnosed with tuberculosis. Of those diagnosed with tuberculosis, 98.0% (n = 990) and 98.9% (n = 618) were referred to tuberculosis treatment services in 2019 and 2020, respectively.

HIV testing

The OHSCs also addressed public health issues such as HIV referral and testing. Of the 20 225 people tested over three years, 1 191 tested positive for HIV (5.9%). HIV testing patterns correlated with tuberculosis screening and testing patterns, 10 118, 7 084 and 3 023 people tested for HIV in 2018, 2019 and 2020, respectively, with 682 (6.7%), 244 (3.4%), and 265 (8.8%) testing positive in these years, respectively.

Worker's compensation

A significant accomplishment of the TIMS project was the decentralised service of in-country lodging of compensation claims for ex-miners who worked in South Africa. In the past, ex-miners were required to return to South Africa every two years for a medical assessment and, if they qualified, to file compensation claims. The OHSCs assist ex-miners and their families with these administrative processes, send documentation to the Medical Bureau for Occupational Diseases (MBOD) for assessment of claims, and track the claims process.

As of February 2021, the Compensation Commissioner had paid approximately ZAR 250 million (US\$ 16.7 million*) in claims to ex-miners in neighbouring countries since 2018. A total of 810 people with compensable occupational diseases were certified with the assistance of the TIMS grant; 426 (52.6%) were rewarded a total amount of approximately ZAR 49 million. (US\$ 3.2 million*). In addition, in 2018, 2019 and 2020, 37 331 benefits medical examinations (BMEs) were conducted: 18 342 in 2018, 12 341 in 2019 (a decrease of 67.3%), and 6 648 in 2020 (a decrease of 53.8%). A total of 6 011 applications were received; 325 (5%) applicants were successful and received compensation.⁴

CONCLUSION

The OHSC is one of the best international models to provide occupational health services to underserved communities and countries. The model supports Africa's Agenda 2063, the Sustainable Development Goals, and universal health coverage for the working population. The OHSC model provides skilled occupational health professionals and state-of-the-art occupational lung diseases diagnostic equipment. It also reduces the travelling distance of beneficiaries, thus greatly reducing out-of-pocket expenditure. Unfortunately, the COVID-19 pandemic contributed to a 49.2% and 53.8% reduction of tuberculosis screenings and BMEs, respectively, for miners and ex-mine workers from 2019 to 2020. There is a need to strengthen efforts to meet the gaps in policy frameworks, human capacity, multi-sectoral collaboration, and integration of existing occupational health and compensation systems into government systems.

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