



Address by the Chief Inspector of Mines, Mr. David Msiza, on behalf of the Deputy Minister of Mineral Resources, Honourable Godfrey Oliphant, MP, on the occasion of the opening of the 7th South African AIDS Conference.

Hilton Hotel, Durban

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Programme Director, Dr Balfour-Kaipa,

MEC of Health in KZN, Dr Sibongiseni Dhlomo,

Leaders of Organized Labour,

Eminent representatives of The Chamber of Mines,

South African Business Coalition on Health and AIDS (SABCOHA)

Chairperson, Dr Vanessa Govender

Mine Health and Safety Council,

Distinguished guests

Ladies and Gentlemen,

Good morning

I am profoundly honoured to address the 7th South African AIDS Conference on behalf of the Deputy Minister of Mineral Resources, the Honourable Mr Godfrey Oliphant (MP). The Deputy Minister sends his regards and sincere apology as he would have liked to be with us today at the Conference. However, he is unable to attend as a result of other pressing commitments.

This year's theme: '**Getting to Zero at Work: Sustainable Approaches to HIV and TB in the Workplace**' is aimed amongst others to promote sustainable approaches to HIV & TB at the workplace, to also intensify awareness about HIV and AIDS as well as to share with you coordinated responses aimed at eradicating HIV and TB within this lifetime. We are gathered here today not only to reflect on progress made relating to HIV and

TB at the workplace but also to reaffirm our determination to work together to overcome this global epidemic.

Mining sector contribution to SA economy

Notwithstanding the current cyclical downturn, the mining sector continues to be a significant contributor in our economy and is also a major provider of employment in South Africa. For instance, some of the nationally aggregated milestones include that:

- Foreign Direct Investment grew exponentially under the Mineral and Petroleum Resources Development Act (MPRDA) from R112 billion in 2004 to R389 billion in 2013 (Data source: South African Reserve Bank);
- Employment grew from approximately 448 909 in 2004 to 495 560 in 2014. It is also estimated that about 500 000 additional indirect jobs have been created in the industries which supports the mining sector; and
- The Gross sales of primary minerals have appreciated from R98.5 billion in 2000 to R375.7 billion in 2014, whilst the number of operating mines has increased from 993 in 2004 to 1637 in 2014.

The National Development Plan (NDP) which sets out our broader developmental objectives as a nation, has also identified mining as a key contributor to the realization of South Africa's socio-economic goals.

In addition, South Africa remains the world's largest reserve base of a vast non-energy mineral wealth, estimated at 2.5 trillion US dollars, using 2010

figures. Also, the development of shale gas exploration is set to be a game changer for the South African economy. The Department has also finalised the regulations of onshore petroleum which will be published soon.

Fight against HIV/AIDS and TB

Ladies and gentlemen, although there have been desired outcomes as a result of our sustained efforts on the fight against HIV/AIDS, the mining sector continues to be hardest hit by the HIV epidemic in South Africa. The HIV prevalence has also lead to the great increase in TB incident rates amongst the mineworkers. The epidemic has also resulted in unimaginable suffering amongst the mineworkers and their families, mainly in the rural labour sending areas of South Africa and neighbouring countries.

To combat HIV/AIDS and reduce TB is one of the Millennium Development Goals and a National Priority for South Africa, as outlined in the National Development Plan (NDP).

Also, the Department of Mineral Resources recognizes the seriousness of the HIV and TB epidemic. Hence, during 2010 the Department, commissioned the National Institute for Occupational Health (NIOH) to conduct a study to determine the extent of TB/HIV co-infection in the mining sector, assess the availability of TB/HIV services and identify gaps in the provision of services for TB/HIV infected and affected mineworkers.

Although quantifying of HIV/AIDS prevalence in the mining industry during that period has been a challenge, the study indicated that a steady rise has been observed from 0.03% in 1987 to 27% in 2000 in gold miners (Rees et al., 2009) to a recorded 24.6% in platinum miners (Stevens et al., 2006). In

addition, it was also apparent that HIV intervention programmes in the mining industry were inadequate – in a study of 92 mining sector firms, 60% had an HIV/AIDS policy, 61% had education and awareness programmes in place, 57% provided VCT and only 26% were providing ART. Monitoring and evaluation of these programmes were almost non-existent or inappropriate.

The outcomes of the study culminated in the development of Summit Action Plans (SAP), comprising commitments, which were signed off by Principal Stakeholders in November 2011. This has also resulted in mining companies reporting to the Department for the first time on the HIV and TB programmes implemented. This information assists the Department in assessing the diseases burden and in developing sustainable strategies to control the spread of HIV and TB.

Accordingly the 2013 reports, it appeared that about 93% of the bigger mines generally had integrated HIV/TB programmes which are also funded as compared to the smaller operations. Of the reporting mining companies, which represented about 83% of the total workforce, about 71% of the workers were counselled and 64% were also tested for HIV. The reports indicated that HIV prevalence in the mining sector was about 9%. Also, about 73% mineworkers were screened for TB of which 3 593 (1%) were diagnosed with TB, and 97% were on treatment.

The Department continues to encourage more companies to promote HIV Counseling and Testing (HCT) campaigns to increase the number of mine workers that are tested for HIV, and screened for TB and Chronic Diseases. Also, the mines are requested to intensify their efforts in collaborating with

the mineworkers and communities neighbouring the mines in order to develop sustainable strategies to control the spread of HIV and TB.

My Department will continue to conduct audits and inspections to evaluate the effectiveness of the TB, HIV and AIDS programmes to ensure that there is improvement as well as the investigation of medical cases in the mining sector.

Improving living conditions of mineworkers

Ladies and gentlemen, the Department is also checking whether the mines are complying with the Mining Charter commitments for improving living conditions of mineworkers and conversion of single sex hostels, as it has been determined through research that conditions such as migrant labour, single sex hostels also exacerbate TB, HIV/AIDS and other health and safety matters.

In this regard, the Minister of Mineral Resources, the Honourable Adv. Ngoako Ramatlhodi recently released the 2014 assessment report on the implementation of the Charter. The report indicated that about 68% of right holders with hostels have met the target on reduction in occupancy rates and conversion of hostels to family units. This is an improvement from the 2009 Charter assessment report where only 9 and 6 percent of companies have achieved upgrading of hostels as well as conversion of hostels to family units, respectively.

In addition the President of the Republic, His Excellency Jacob Zuma, now heads the Framework Agreement to revitalise areas in distressed mining

towns. In this regard, the state will spend R2.1bn over the Medium-Term Expenditure Framework (MTEF) for housing project implementation in the distressed mining towns.

The drive to improve the living standard is key to improving the health of mineworkers especially TB which is known to spread easily in overcrowded living conditions like hostels. I would also like to applaud the mining companies which have made significant progress in improving housing and living conditions of mineworkers. The industry should continue to make great strides in the de-densification of hostels and converting them into family units.

Skills Development and Education

Ladies and gentlemen, we all know that skills development and education are crucial in not only propelling sustainable development of the industries such as ours, but also in addressing the triple challenge of unemployment, inequality and poverty that our country faces. It is also through Skills development and education that we as a collective would be able to minimize or eradicate the impact of the HIV and TB epidemics in the work place.

In this regard, the Department continues to collaborate with the Department of Higher Education and Training (DHET) and other stakeholders through the Mining Qualification Authority (MQA), to implement skills programmes which also include training of mineworkers on health and safety matters including HIV and TB as well as on communicable diseases.

Mine Health and Safety

Ladies and gentlemen, the safety of mineworkers has indeed been considerably improved, with 2014 being the safest year on record for the South African mining industry. The evaluation of the figures till the end of May 2015, indicates that the trend has been sustained with the 29% reduction in fatalities when compared to the similar period during 2014.

We will continue to strengthen those efforts and ensure that our record on health of mineworkers also demonstrates that considerable improvement as well. In this regard, the mining sector has increasingly been giving more attention to health matters as a result of the promulgation and implementation of the Mine Health and Safety Act as amended. As a result of the legislation changes and the implementation of the law, there has been a 64% reduction in the total number of occupational diseases being reported by the mines from 18 371 during 2003 to 6577 in 2014. However, we are greatly concerned with the high number of occupational diseases reported by the sector mainly with Pulmonary TB, Noise-Induced Hearing Loss and silicosis.

Distinguished guests, the Department will continue to partner with our stakeholders to ensure that all workers ultimately return from work unharmed every day. In this regard, we will through the Mine Health and Safety Council, monitor the situation to ensure that the 2014 Mine Health and Safety Tripartite Summit commitments and action plan are implemented. The Summit commitments include the implementation of the Centre of Excellence, elimination of fatalities, injuries, occupational lung diseases as well as the reduction and prevention of TB, HIV & AIDS infections.

Also government will continue to collaborate with other stakeholders, through the South African National Aids Council (SANAC), to monitor the implementation of the National Strategic Plan in an effort to reduce and prevent TB cases and HIV infection.

I am certain that our collective effort during this eminent conference and sustained partnerships will make meaningful contribution towards enhancing knowledge, managing and control of HIV/AIDS and TB in the workplace.

In conclusion, it is essential that we also remember all those working so hard at the frontline to deliver the best care possible in often very difficult circumstances. I truly believe that supporting workers affected by this diseases in their efforts, will assist them to recover quickly as well as avoid infection in the first place. The mineworkers need to have confidence in their workplace health services if we are ever going to make progress towards reducing the incidence and prevalence of both HIV and TB.

I thank you.