



# MINE HEALTH & SAFETY COUNCIL

## "ZERO HARM THROUGH ACTION"

### MHSC Summit HIV/AIDS and TB Action Plan

# MHSC

#### PREAMBLE

In 2010 the Department of Mineral Resources commissioned a study to review the status of HIV/AIDS and TB in the South African Mining Sector. The Council, through its committees, developed an HIV/AIDS and TB Action Plan for Principals' consideration and signing with the aim of improving the situation with regards to HIV/AIDS and TB at mines.

There were series of meetings with the ministers, stakeholders and principals to discuss the report.

The Principals representing State, Employers and Organised Labour ('the stakeholders'), assembled at the Health and Safety Summit for SA Mining Sector on the 18<sup>th</sup> of November 2011 agree to the set of actions and commitments as outlined in the MHSC HIV/AIDS and TB Action Plan to reduce and prevent HIV/AIDS and TB at mines.

#### VALUES

We as stakeholder leaders fully support the following values:

- Zero harm in the workplace
- Care, dignity and respect for all – emphasise diversity, elimination of discrimination and recognise societal impact of occupational health and safety (OHS)
- A learning and participative culture rather than cultural of blame
- Fair sanction to ensure compliance, but strict on repeat transgressions
- Honesty, integrity and transparency, which will also lead to more trust
- Occupational health and safety as a core value of every company and this should take precedence over production

#### STAKEHOLDER LEADERSHIP BEHAVIOUR

We as stakeholder leaders undertake to:

- Have a clear vision for safety and health improvement and articulate it every day with passion, respect and transparency
- Comply with OHS rules at and outside of work. Walk the Talk
- Require participation of all our employees
- Value the advice of OHS professionals
- Integrate OHS in all business decisions
- Provide positive feedback when progress in OHS is evident
- Hold our organisations accountable for improving safety and health performance
- Undergo a regular assessment as a health and safety leader
- Fully commit to improving the health and safety culture in our organisation
- Show eagerness to learn
- Ensure that individuals successfully fulfil their health and safety responsibilities.

#### WORKER BEHAVIOUR

We as stakeholder leaders undertake to expect workers to:

- Comply with OHS rules at and outside of work
- Effectively communicate between all levels of employees
- Ensure health and safety is a priority topic in meetings
- Ensure that every individual successfully fulfils his or her health and safety responsibilities

#### MOTIVATION

Implementation of the HIV/AIDS and TB Action Plan will:

- Improve the situation of HIV/AIDS and TB in the South African Mining Industry
- Significantly improve the lifestyle of mine workers
- Lead to focussed action in the fight against HIV/AIDS and TB.

NO	OBJECTIVES	COMMITMENTS	INDICATORS/OUTPUTS	RESPONSIBILITIES	TIMEFRAME
1	PREVENTION	Develop an integrated policy for the management and reporting of HIV/AIDS, TB and Silicosis (HATS) in line with DMR, DoH, DoL and SANAC policies, norms and standards for the mining sector.	Integrated Policy	DMR, DoH, DoL and MHSC	December 2012
		Explore policy options to reduce negative impact of migration on mine workers.	Guideline for development and implementation of integrated programme	DMR, MHSC and Employers	
			the mining industry to align its migration programmes to the national policy	Employers	December 2014
			Employee awareness on the mining Charter including housing and living conditions.	DMR, Employers and organised Labour	Ongoing
			Annual Progress Report on compliance with the mining charter and Social Labour Plan.	Employers	Annually
	Ensure renewal and new mining licences have strategic and operational plans on HIV/AIDS and TB submitted as part of application.	Policy to include TB & HIV/AIDS in Mine Health and Safety Plan.	DMR	December 2012	
		Promote uptake of HCT for all (annual HIV testing targeting 100% uptake) and access to HIV management programmes as per provider initiated model.	Annual Progress Report	Employers/Labour	Annually
		Recommend to DOH for revision of IPT policy to include individuals with Silicosis	DoH to revise IPT policy	DOH	June 2012
		Integrating TB, HIV and AIDS in Mining with other sectors including Trucking and commercial sex workers.	Guideline for development and implementation of integrated programme	DMR, DoH, DoL and MHSC	December 2012
		Conversion and upgrading of hostels as per the mining charter	Annual Progress Report on compliance with the mining charter and social Labour Plan	Employers	Annually
2	TREATMENT, CARE AND SUPPORT	Promote access to Prevention services on TB and HIV to immediate communities	Guideline for development and implementation of integrated programme	DMR, DoH, DoL and MHSC	December 2012
		Implement a referral system to ensure access to continued treatment beyond employment (nationally and across borders).	Develop and implement an efficient referral system (e.g. SOP)	DoH in consultation with MHSC and Employers	December 2012

Signed by:

Date: 18<sup>th</sup> of November 2011

Principals of Stakeholders within the South African Mining Sector		
The Minister of Mineral Resources	Labour	Employers

3	RESEARCH, MONITORING AND SURVEILLANCE	Promote appropriate wellness and nutritional support programmes for all mine workers. Conduct Periodic survey in ALL mines on	Guideline for development and implementation of integrated programme	DMR, DoH, DoL and MHSC	December 2012 June 2013
		Contribution to broader development and poverty alleviation programmes in surrounding and labour sending areas.	Annual Progress Report on compliance with the mining charter and social Labour Plan	Employers	Annually
		Promote options to cover ART support programmes to spouses, families and communities.	Guideline for development and implementation of integrated programme	DMR, DoH, DoL and MHSC	December 2012
		Support the establishment of a national repository on employee health information that will be available to all relevant approved authorities, including the ministries of Health and Labour in SADC.	National repository database	DMR/DoH in collaboration with appropriate stakeholders	March 2013
		HIV/AIDS TB and Silicosis (HATS) and services using the baseline as a template.	Implementation of revised survey tool		
		Re-examine the return to risk -work of miners with HIV/AIDS, TB and Silicosis.	Research on the return to risk-work	MHSC	December 2012
			Review the guideline on minimum standards of fitness	MHSC	June 2013
		Review, align and promote implementation of the existing TB audit tools to include HIV and Silicosis.	Revise and implement Audit Tool	MHSC	January 2013
		Explore sustainable funding models for all health programmes.	Study report on Health Expenditure (including post employment)	MHSC/DoH	December 2013
		Investigate the policy and regulatory framework to reduce the Silica OEL in line with the international benchmarks.	Policy and regulatory framework	DMR/MHSC/DoL	June 2013
		Develop a standard operating procedure for independent verification and validation of dust measurements reported by mines.	Standard Operating Procedure (SOP)	MHSC/DMR	December 2012
		Investigate the capacity and possibility of mine hospitals extending services to the communities.	Research report on the possibility of extending mine hospital services to the communities.	MHSC/DoH	June 2012
		Allow the mining sector health care workers access to all DoH electronic TB and manual register.	Implementation of a Signed MOU.	DoH/MHSC	June 2012 for current electronic register
		Compile national report on TB and HIV/AIDS in the mining industry.	Instruction from the Chief Inspector of Mines for reporting on HIV/AIDS.	DMR	June 2012

		Mines to submit reports	Employers	Annually
		Published Annual Report	DMR	Annually