



MHSC

Mine Health and Safety Council

2026 MINE HEALTH AND SAFETY SUMMIT

The 2026 Women in Mining Indaba

An overview of what was raised, and what the industry now has to deal with

Ms Fatheela Brovko

Mine Health and Safety Council

The Indaba: 20–21 August 2026

Every mine worker returning from work unharmed every day. Striving for zero harm in our lifetime.



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EXECUTIVE SUMMARY

Two days, twelve sessions, and one argument running through all of them

20–21 AUGUST 2026 · FOUR SUB-THEMES · TRIPARTITE

“Reinvigorating the integration of health and safety of women in the South African mining industry”

● Mining was designed for one kind of body, and women entered that design.

Engineering, ergonomics, occupational medicine, law and lived experience reached the same position independently. Equipment, PPE, infrastructure, lighting, transport and shift systems all carry a male default.

● The gap is no longer the absence of policy.

The Act, the PPE Code of Practice and the GBVF Guidance Note all exist. What is missing is implementation, design from concept, data disaggregated by sex, and champions at mine level with budgets.

● Several issues surfaced where some mines have acted and most have not.

Confidence to report gender-based violence sits at around half. Lactation facilities at a quarter of operations. Pregnant contractor employees still sent home without pay.

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01

The Indaba

Hosted by the Council on 20 and 21 August 2026 as a tripartite working session. A keynote by the Deputy Minister of Mineral and Petroleum Resources, twelve presentations, a panel, and two plenary sessions in which delegates answered for their own operations.

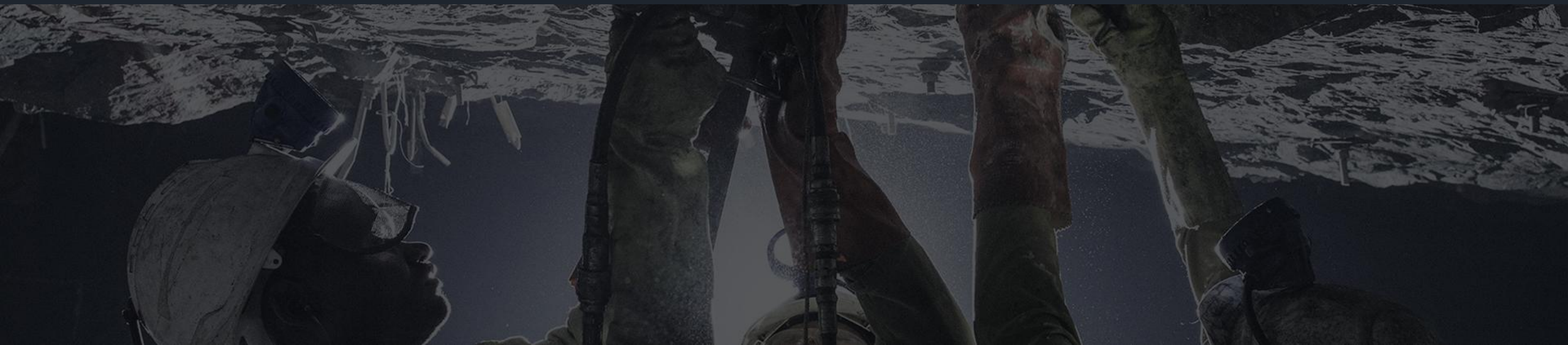
THE FOUR SUB-THEMES

Sub-theme 1 Redesigning inclusive workplaces for women — safe by design

Sub-theme 2 Data, research and invisible risks

Sub-theme 3 Advancing economic participation while protecting worker health

Sub-theme 4 GBVF and psychosocial safety as occupational health and safety risks



WHY THIS IS A HEALTH AND SAFETY CONVERSATION

The risks a mine designed for men creates for women are structural, and they are measured

EXPOSURE AND REPRODUCTION

Whole-body vibration and noise at levels common in mining are associated with raised risk of pre-eclampsia, gestational hypertension and gestational diabetes.

5

women fatally injured in 2025, and five again to 17 August 2026

STRAIN AND OVER-EXERTION

About half of 225 women at a South African gold mine reported musculoskeletal pain in the previous year. Women carry a higher risk of work-related musculoskeletal disorder than men.

245 → 125

injuries among women in 2025, and to 17 August 2026

EQUIPMENT DESIGNED FOR MEN

Of 100 women assessed wearing the self-contained self-rescuer, 99% found it too heavy and 68% were in pain or discomfort most or all of the time carrying it.

16

women lost to the industry since 2020

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02

What Came Out of the Two Days

Six issue areas, raised across twelve presentations, a panel and two plenary sessions in which delegates answered for their own operations rather than for the industry in general.

THE SIX ISSUE AREAS

Design equipment, PPE and infrastructure built around a male default

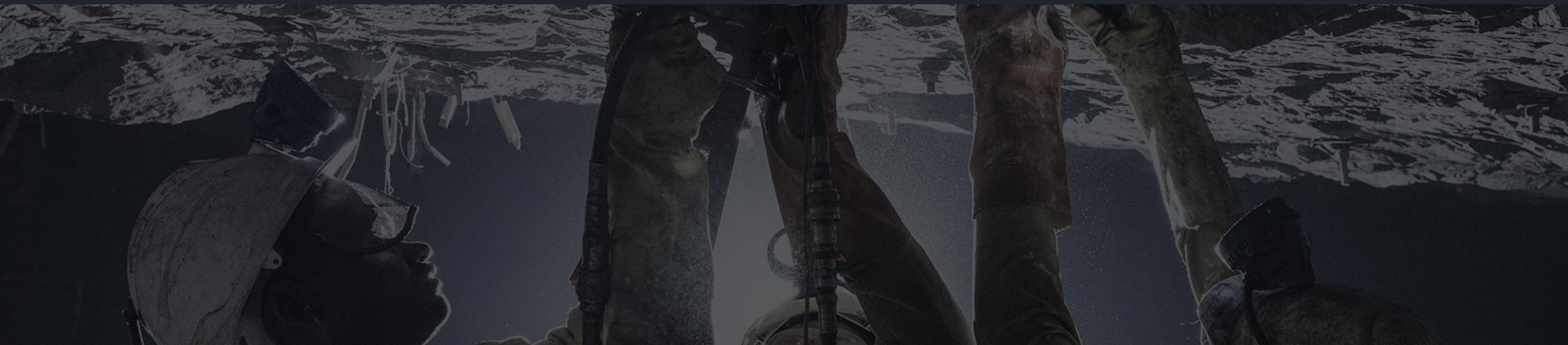
Invisible risk over-exertion, disaggregated data, and what our reporting codes hide

Trust whether a woman believes that reporting harm will change anything

Pregnancy protection of health becoming loss of work and income

A working life reproductive years, lactation, menopause and healthy ageing

Leadership what people with power actually do when harm is reported



DESIGNED FOR SOMEONE ELSE

equipment, PPE and infrastructure built around a male default

Fit the workplace to the worker, not the worker to the workplace

Mining must fit its people — engineering, ergonomics, procurement and operations acting together.

Personal protective equipment is necessary and insufficient

A glove that fits cannot repair a change house, light a dark walkway, or redesign a shift pattern.

Design from the concept phase, not retrofitted after harm

Engage equipment manufacturers before procurement, not after the machine is already underground.

What the panel said is missing at mine level

A champion with budget, women in the HIRA and procedure rooms, and underground ablution facilities.

“Nothing about us without us” — reiterated in the keynote, echoed from the floor all day. Compliance with the PPE guideline for women in mining is not optional.

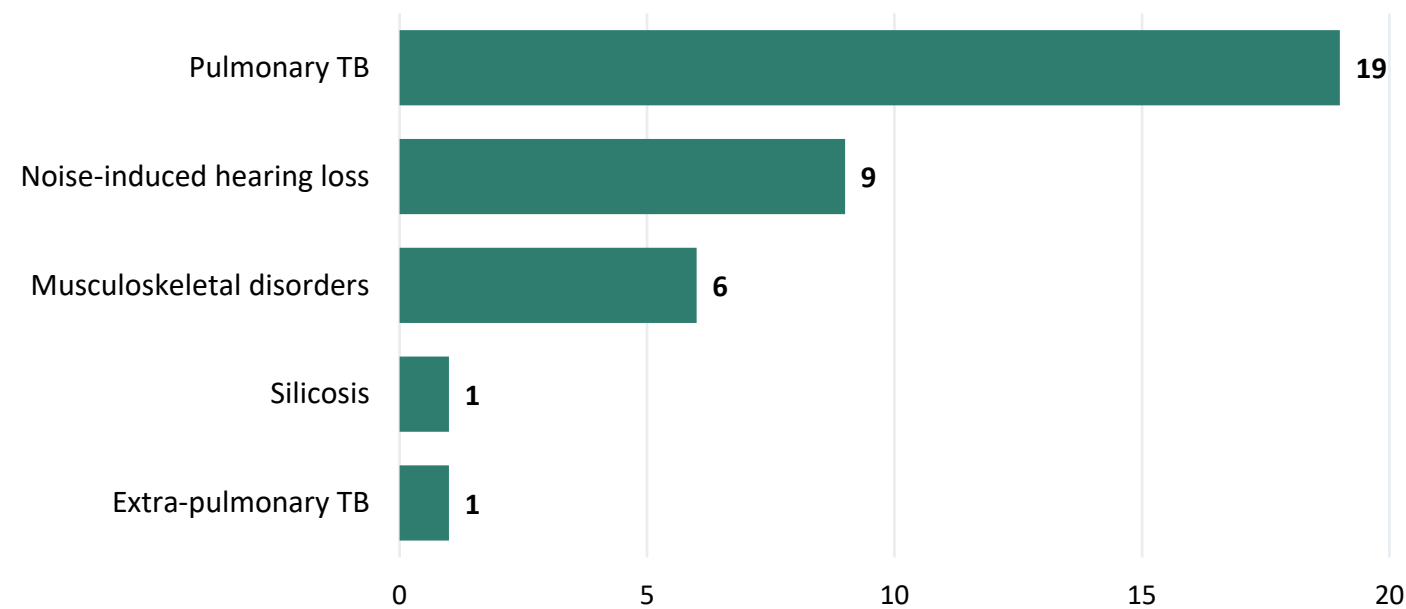


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THE RISKS WE DO NOT COUNT

what the reporting codes hide, and what the data does not yet show

Occupational disease reported among women in mining, FY 2025/26 (cases)



Reported to the Indaba by the Principal Inspector of Mines, Northern Cape Region, DMPR.

36

occupational disease cases reported among women in 2025/26

98k → 213k

non-communicable disease cases across the industry, 2021 to 2025

599 → 1 289

mental-health disorders reported over the same period

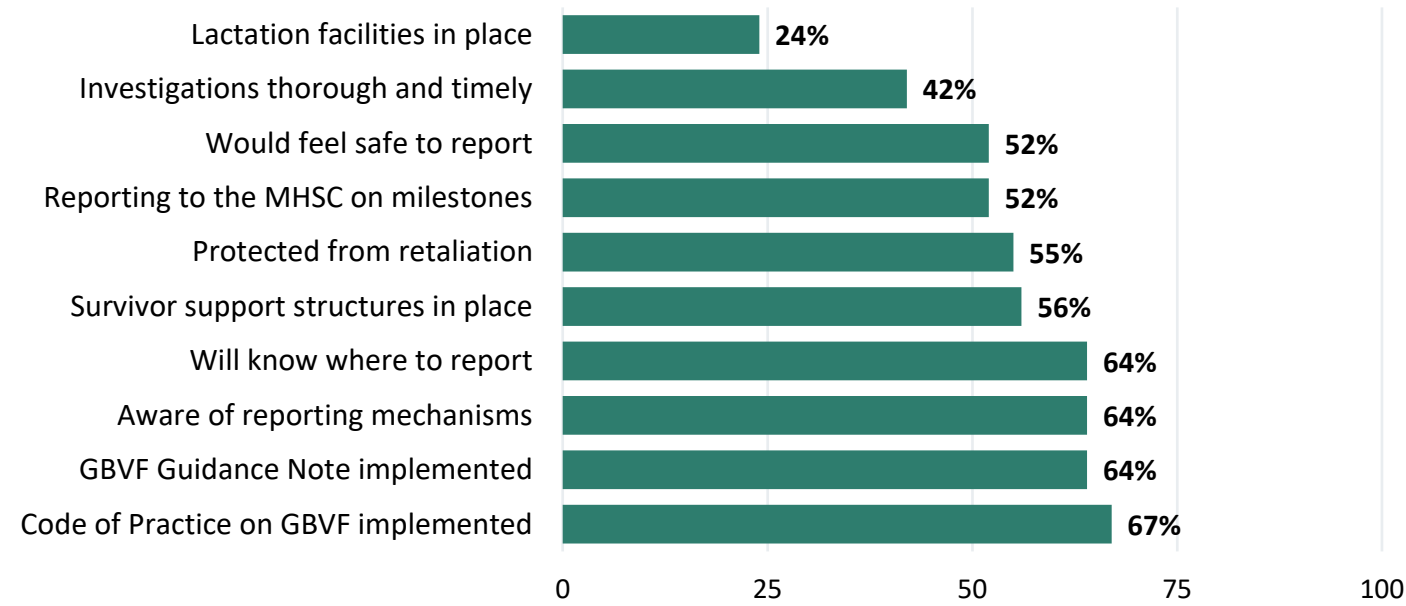
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TRUST IN THE SYSTEM

delegates answering for their own operations, in plenary

FROM THE FLOOR

Delegate responses recorded in plenary, share answering “yes” (%)



Responses recorded from the floor during the Day 1 plenary facilitated by WIMAC. Percentages are of delegates responding.

42%

say GBVF investigations are conducted thoroughly and timeously

52%

say an employee experiencing GBVF today would feel safe to report it

24%

have lactation facilities in place

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PREGNANCY, HEALTH AND INCOME

Sub-theme 3 — when protection of health becomes loss of employment

The pattern the industry keeps repeating

She discloses early, her ordinary work is called hazardous, no alternative is offered, and she is sent home without pay.

What the law actually requires

Section 26 of the BCEA: protect her health, adjust the work where it puts her at risk, and preserve her terms while that happens — and for six months after the birth.

The sequence that must come first

Establish the actual risk, test whether the job can be adjusted, look properly for alternative work — and only then, on evidence, consider removal.

The gap that is still open

Nothing currently requires a contractor pack to show how a pregnant employee will be managed.

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A WHOLE WORKING LIFE

from the reproductive years through to healthy ageing

The question has changed

Not whether women can work in mines, but whether a woman can stay healthy through every stage of her working life.

The same hazard, different consequences at each stage

Heat, vibration, noise, chemicals and shift work land differently on fertility, pregnancy, perimenopause and cumulative load.

Menopause is the interaction nobody has examined

The ILO counts 657 million women working through menopause. Mid-life is when the industry loses its most experienced women.

Lactation and menstrual health are infrastructure, not welfare

Lactation facilities at a quarter of operations. Where is milk stored on the mine? Menstrual health is treated as lost production time.



More women in mining is progress. More women staying healthy in mining is transformation.

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CULTURE, LEADERSHIP AND SILENCE

gender-based violence as an occupational health and safety risk

Test the belief instead of defending it

One producer that believed it was doing well chose to check — surveying online, on paper underground, in several languages, with labour engaged before it went out.

What the company then built

Anti-harassment officers at every operation, committee members trained as ambassadors, a men's forum the men formed themselves, contractors brought inside the policy.

What the survey actually changed

Brighter lighting where women said they did not feel safe, menstrual-product dispensers, a broader harassment policy, extended maternity, board-level reporting.

Silence is data

Safety culture is the behaviour of people with power when a woman reports harm. Listen for who is not speaking.



The GBVF Guidance Note was promulgated in November 2024. Project MHSC030/2025/26 evaluates it through to December 2027 — on the same metrics the plenary showed as weak.

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ALSO RAISED FROM THE FLOOR

The request the room made of the people who were not in it

RAISED FROM THE FLOOR, TO THE PEOPLE NOT IN THE ROOM

Senior decision-makers, still predominantly male, should be required to attend WIM forums such the WIM Indaba.

The floor also asked for clearer, consistently regulated guidelines industry-wide, a properly regulated buddy system, and investigation of fertility-related health risks.

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THE ACTION PLAN, BRIEFLY

Eleven commitments were carried into the Indaba from previous years. Where they stand

5 complete · 2 substantially advanced · 1 ongoing · 3 not started

DELIVERED · FIVE OF THE ELEVEN ITEMS ARE COMPLETE

100%

Milestone Reporting Portal

One platform closed two commitments at once — the women in mining dashboard and the analysis of GBVF data — with quarterly analysis to the Board.

100%

Anonymous GBVF hotline

The Minerals Council hotline is open to all mines. A woman no longer has to report her supervisor to her supervisor.

100%

Pregnancy and hazard awareness

A literature review turned two reproductive-health commitments into usable awareness material for operations.

NOT STARTED · EACH NOW WITH THE PARTY THAT CAN ACT

0%

Fair treatment of pregnant women employed by contractors

Contractor packs must show how pregnant employees are managed — largely a labour matter, routed through the DMPR.

RESPONSIBLE: Employers

0%

Implementation and enforcement of the PPE Guideline

The guideline exists; enforcement does not. A request has gone to the DMPR to nominate gender-responsive inspectors who verify fit and effectiveness.

RESPONSIBLE: State and Employers

0%

Wellness support groups for women

Workplace-level work, not Council-level work. MOHAC has issued a guidance note on non-communicable diseases, including mental health.

RESPONSIBLE: Employers and Labour

Two further items are substantially advanced — hygiene guidance at 80%, reproductive-health research at 50% — and the awareness calendar is ongoing.

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CONCLUSION

What this Summit is being asked to carry

1 Both days made the same argument, from five different disciplines.

Engineering, ergonomics, occupational medicine, law and lived experience all arrived at one position: change the design, not the worker.

2 The framework exists. The implementation does not.

The Act, the PPE Code, the Guidance Note and the milestones all exist. What was asked for was inspection, disaggregated data, and consequences that are real.

3 The Indaba's own test is a simple one.

Report without retaliation. Keep your job when you are pregnant. Sit at the decision-making table. Sixteen women have been lost to this industry since 2020.



Every woman who goes to work on a mine comes home unharmed. Every day. That is the standard; everything else is detail.

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Working Together Toward Zero Harm



Care



Integrity



Respect



Accountability

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Get to know the presenter

Ms. Fatheela Brovko



is the Acting Chief Executive Officer at the MHSC. She is also the Chief Research Operations Officer where she leads the Research and Development Unit and oversees several health and safety technical and research advisory committees.

With over 18 years of experience in mining and mining research, she drives evidence-based research and policy initiatives that strengthen mine health and safety.

She holds postgraduate qualifications in Geophysics, Industrial Mathematics, and Mineral Economics, as well as undergraduate qualifications in Computational and Applied Mathematics from the University of Leeds and the University of the Witwatersrand.

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