HEALTH AND MOBILITY IN THE MINING SECTOR

Assisting a World on the Move for 60 Years

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• 40% to a neighboring country
• 60% between developing or developed countries
• 37% from developing to developed countries
• 3% from developed to developing countries

Source: IOM
**Forced Migration** (affected by conflict or natural disasters): Includes Internally Displaced Persons (IDPs), Asylum Seekers, Refugees, Returnees

**Labour Migration:** Includes Seasonal and permanent workers, internal migrants, undocumented migrants, skilled & unskilled.
- Sectors with high levels of migrant and mobile workers: commercial agriculture/fishing, Mining, Construction, Transport, Cross Border Trade, Domestic work.

**Irregular Migration:** Includes Undocumented migrants (includes children, victims of trafficking, smuggling, migrants in detention centres, deportees, stranded migrants)
• Myths:
  – Migrants are carriers of diseases;
  – Migrants are a burden on the health systems;

• Realities:
  – The healthy and active people are likely to be migrants, hence migrants underutilize resources;
  – The characteristics surrounding the migration processes makes migrants vulnerable to ill health.
TB in the Mining Sector

- Mining industry is a major employer in many SADC economies including South Africa as the most receiving country;
- Structural and environmental factors make mineworkers, their families and surrounding communities more vulnerable to TB and HIV infection including other occupational diseases;
- TB is closely linked to mining, especially gold mining due to silica dust exposure;
- HIV/TB co-infection: People living with HIV are 20-30 times more likely to develop TB, including MDR and XDR-TB.
- Countries with large numbers of migrant mine workers (Lesotho, Mozambique, Swaziland, South Africa) report high incidence of TB
TB in the mines:

- High HIV prevalence & vulnerability among mineworkers (PLWHA > 20-30 times more likely to develop TB)
- TB risk enhanced by exposure to silica dust (particularly in gold mines)
- Mining sector in Southern Africa has the highest concentration of TB in the world (more than 2,500 cases /100,000 population = 20 times the global average)
- 33% of new cases of TB in sub-Saharan Africa are consequences of mining
- TB estimated cost: 800M USD/year
Typical Mining Sector
Typical Mining Sector cont...
Response
2008 World Health Assembly Resolution on Health of Migrants (WHA 61.17)

Calls upon Member States:

“to promote equitable access to health promotion and care for migrants”

“to promote bilateral and multilateral cooperation on migrants’ health among countries involved in the whole migration process”
• Establish health information systems in order to assess and analyze trend in migrants' health;
• Mechanisms for health service delivery to all including migrants;
• Promote inclusion of migrants in all development of regional and national health strategies;
• Raise cultural and gender sensitivity to migrants’ health issues
• To promote the cooperation and dialogue on migration among member states
SADC TB in the Mining Industry Initiative

- Towards ending TB and TB/HIV co-epidemic by SADC Member States

- **SADC Declaration on TB in the Mining Sector**
  adopted by Heads of State (August, 2012)
  - Strengthen accountability, coordination and collaboration; promotes a supportive policy and legislative environment; strengthen programmatic interventions; disease surveillance; M & E and Financing

- Minister for Foreign Trade and International Cooperation and IOM: «Partnership on Health and Mobility in Southern African Mining Sector» implemented with VSO
Target groups
GEOGRAPHIC COVERAGE

Mafeteng, Botha-Bothe, Thaba-Tseka, Maseru, Leribe and Berea

Maputo, Matola, Mabucuane, Maxaquene, Manhiça, Boane, Moamba, Chokwe, Xai-Xai, Manjacase, Chibuto and Bile

Shiselweni, Manzini and Lubombo

Thabazimbi and Lephalale
Objectives of the Programme

Overall Objective: To contribute to improved health outcomes of 20,000 migrant mine-workers, their families and affected communities in southern Africa, with particular focus on mine worker sending, transit, and destination communities of Mozambique, South Africa, Lesotho and Swaziland.

Component 1: Research and Information Dissemination
Outcome 1.1: Improved and increased strategic information on health, HIV and TB within the mining sector of Southern Africa available and utilised.

Component 2: Advocacy for Policy Development
Outcome 2.1: Conducive policy environment that supports improved health outcomes of mineworkers, their families and affected communities.

Component 3: Service Delivery and Capacity Building
Outcome 3.1: 4,000 individuals in two mining destination communities in South Africa have improved access to services which improve health.
Outcome 3.2: 14,000 individuals in mine worker sending communities in Mozambique, Lesotho, South Africa and Swaziland have improved access to services that improve health.
Outcome 3.3: 2,000 individuals in 3 border sites have access to information HIV/STI/TB and SRHR services in destination and home communities.

Component 4: Regional Coordination
Outcome 4.1: Improved collaboration, coordination and communication among project partners and key stakeholders working on health response in the mining sector.

Target: Mine workers, ex-mine workers, their families and affected communities in sending, transit and receiving communities of Lesotho, Mozambique, Swaziland and South Africa.
Service Delivery & Capacity Building (SDCB) Framework

**WHO**
- Local partners
- Change agents
- Target Population
- Government
- Broader community
- Stakeholders

**HOW**
- Communication
- Using Evidence
- Partnerships
- Local Active Participation
- Capacity Building

**MAINSTREAMING**
- Gender
- Culture
- Involvement of key populations

**Create an enabling local environment**

**Strengthen local implementing partners**

**Promote peer led health communication and education**

**Facilitate access to health services and products**

**Address contextual barriers to health**

**Address gender dynamics in the context of health and migration**

**WHY**
In combination these activities address the multiple factors that create health vulnerability.

Together they promote health by creating an enabling environment for service delivery, individual change and social change.
Regional and National Coordination

- 4 x Partnership Forums (Government, Private sector, CSO, ex-mineworkers associations and communities) were formulated in Lesotho, Swaziland, Mozambique and South Africa addressing Migration and Health issue
- Project Steering Committees were also formulated to oversee project implementation
- IOM as Technical Partner, collaborates with the SADC TWG for TB in the Mining Sector
- Working towards strengthening partnerships with WB, URC-SA and SAT on our Programming
Regional and National coordination cont...
Way forward

• Strengthen partnerships and coordination on programming including social protection
• Data collection strengthening
• Strengthen surveillance systems
• Indulge the infected and affected
Key Partners
Thank you!!!