



DECLARATION

ON

TUBERCULOSIS IN THE MINING SECTOR

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PREAMBLE

We, the Heads of State or Government of:

The Republic of Angola
The Republic of Botswana
The Democratic Republic of Congo
The Kingdom of Lesotho
The Republic of Madagascar
The Republic of Malawi
The Republic of Mauritius
The Republic of Mozambique
The Republic of Namibia
The Republic of Seychelles
The Republic of South Africa
The Kingdom of Swaziland
The United Republic of Tanzania
The Republic of Zambia
The Republic of Zimbabwe

RECOGNISING that the objectives of the Southern African Development Community are, inter alia to:

- (a) promote sustainable and equitable economic growth and socio-economic development that will ensure poverty alleviation with the ultimate objective of its eradication, enhance the standard and quality of life of the people of Southern Africa and support the socially disadvantaged through regional integration;
- (b) promote and maximise productive employment and utilization of resources of the Region;
- (c) combat HIV and AIDS or other deadly and communicable diseases;
- (d) mainstream gender in the process of community building;

CONSCIOUS that the vast mineral wealth endowment in the Region and that a thriving mining sector contributes to the economic development agenda of the Region, eradication of poverty, and the improvement of the standard and quality of life;

ALSO CONSCIOUS of the fact that mineworkers in this Region have contributed and continue to contribute significantly to the wealth of the Region, that has been and continues to be at great personal cost to their health and welfare and that of their families and communities;

ACKNOWLEDGING the positive contributions made by intra-regional migrant workers to the mining sector of the regional economy and other opportunities such as inflow of remittances to sending countries, and increased trade flows between sending and host countries;

CONCERNED that the Region has disproportionately higher rates of HIV and AIDS, TB and TB/HIV co-infection in the world as well as in Africa;

RECOGNISING that the SADC Member States have made several commitments to reducing morbidity and mortality, which are unlikely to be met without significant effort;

CONCERNED that the mining sector is one of the hardest hit by the TB and TB/HIV crisis imposing many costs on the business and eroding the positive contribution made by the mining sector to the economic development agenda of the Region;

RECOGNISING that the Mining Sector contributes to TB prevalence in the Region and that Mineworkers are disproportionately affected by TB;

FURTHER RECOGNISING that the TB and TB/HIV epidemics in the mining sector are driven by many factors including high prevalence of silicosis resulting from long term exposure to silica dust in the mines; and that in addition, high prevalence of HIV in the mines combined with generally poor living conditions of mineworkers further increases the risk of contracting and developing active TB;

AWARE of the challenges being experienced by mineworkers and ex-mineworkers (including migrant mineworkers and contract or casual workers), their families and communities, such as:

- (a) poor or no access to basic health and social services;
- (b) absence of effective cross-border medical referral systems;
- (c) non-harmonised treatment regimes;
- (d) inadequate or no legal frameworks to protect the rights of mineworkers ex-mine workers including occupational disease compensation for TB, Silicosis and other occupational respiratory diseases;
- (e) inadequate or no mechanisms for financial compensation of mineworkers and ex-mineworkers with TB, Silicosis and other occupational respiratory diseases;

- (f) lack of or inadequate medical surveillance programmes and systems for post-employment follow-up;
- (g) lack of information among mineworkers, ex-mineworkers, employers, trade unions and government about their roles, rights and responsibilities;

MINDFUL OF the fact that every worker in the Region has the right to health and safety at work and to a healthy and safe environment that sustains human development and access to adequate shelter as provided for in the SADC Charter of Fundamental Social Rights;

ALSO MINDFUL OF the provisions of the SADC Protocol on Mining for Member States to cooperate in improving the practices and standards of occupational health and safety in the mining sector of the Region;

RECALLING that the SADC Member States have made several commitments aimed at reducing TB related morbidity and mortality through implementation of urgent and extraordinary actions;

CONVINCED that a joint concerted effort by the Member States and relevant Stakeholders is necessary to address the high morbidity and mortality from preventable TB, HIV, Silicosis and other occupational respiratory diseases in the Region;

WE THEREFORE:

1. **REAFFIRM** our commitment to the eventual elimination of TB in the Region and the improvement of practices and standards of environmental, health and safety in the mining sector of the Region, as a way of addressing TB in the mining sector in accordance with the provisions of SADC Protocols (Mining and Health), the SADC Charter of Fundamental Social Rights, the SADC Framework on mobile Population and Communicable Diseases, the SADC Declaration on HIV and AIDS, the SADC Code on Social Security, SADC Code on HIV and AIDS and Employment, the Millennium Development Goals, the World Health Assembly Resolution 61.17 on the health of migrants – (2008), the International Labour Organisation (ILO) Conventions: Convention (No.161) of 1985 and Recommendation (No.171) of 1985 concerning occupational health services, Occupational Safety and Health Convention, 1981(No.155); Safety and Health in Mines Convention, of 1995 (No. 176), and ILO Recommendation Concerning HIV and AIDS and the World of Work (No. 200) of 2010.
2. **COMMIT** to moving towards a vision of zero new infections, zero stigma and discrimination, and zero deaths resulting from TB, HIV, Silicosis and other occupational respiratory diseases.

3. **DECLARE** the following as the priority areas requiring our urgent attention and action:

(a) Strengthening Accountability, Coordination and Collaboration for TB, HIV, Silicosis and other occupational respiratory diseases Control in the Mining Sector at National and Regional Levels by ensuring the:

- (i) development or strengthening of national and regional frameworks for coordination of communicable diseases and occupational health and safety issues in the mines for all mineworkers, including cross-border mine workers and ex-mineworkers;
- (ii) acknowledgement and clear definition of the roles of different stakeholders including tripartite partners, civil society organisations and ex-mine worker associations in responding to TB, HIV, Silicosis and other occupational respiratory disease issues in the mines;
- (iii) creation or strengthening of regional and country-level Task Teams on Communicable diseases, Occupational Health and Mobile Populations consisting of relevant institutions that provide oversight of the national framework and its coordination;
- (iv) establishment or strengthening of a regional and national Ministerial Commission with the highest level of membership from the Tripartite structures that provide oversight on the implementation of the national and regional frameworks;
- (v) establishment or strengthening of independent national offices to facilitate resolution of complaints related to health issues in the mining sector;

(b) Promoting a supportive Policy and legislative environment for TB, HIV, Silicosis and other occupational respiratory diseases Control in the Mining Sector by ensuring the:

- (i) classification of TB and Silicosis acquired in the mines as occupational diseases;
- (ii) legislation on compulsory reporting of TB, Silicosis and other occupational respiratory diseases in a manner that respects confidentiality, dignity and non-discrimination;
- (iii) development, revision and implementation of policies and legislation on TB, HIV, Silicosis and other occupational respiratory diseases in the mining sector

consistent with SADC minimum standards and international best practices;

- (iv) development and strengthening of a legislative environment that supports compensation of mineworkers and ex-mineworkers that contract an occupational disease;
- (v) development and implementation of minimum standards for addressing infection control within living and working environments of mineworkers;
- (vi) harmonisation of treatment policies and guidelines throughout the Region;
- (vii) development and enforcement of limits on the cumulative exposure to silica dust in line with international conventions and benchmarks and best evidence;
- (viii) alignment of silica Occupation Exposure Limits (OEL) with international best practice and benchmarks;

(c) Strengthening Programmatic Interventions for TB, HIV, Silicosis and other occupational respiratory diseases Control in the Mining Sector by ensuring:

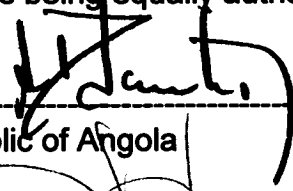
- (i) the development and enforcement of minimum standards and package for programme intervention that cover TB, HIV, Silicosis and other occupational respiratory diseases prevention, treatment, care and support, and impact mitigation in the mines;
- (ii) that employers take full responsibility for the management of all occupational diseases including TB cases associated with silicosis post-employment;
- (iii) the strengthening of the implementation of effective interventions to ensure a safe working environment that minimises exposure to silica dust;
- (iv) the development of integrated wellness programmes for TB, HIV, Silicosis and other occupational respiratory diseases to cover all mineworkers and ex-mineworkers, regardless of contract status, and their families and communities;
- (v) encouragement and supportive operations research and development on TB, HIV, Silicosis and other occupational respiratory diseases interventions;

- (d) Strengthening Disease Surveillance system for TB, HIV, Silicosis and other occupational respiratory diseases Control in the Mining Sector by ensuring the:**
- (i) establishment of a mandatory requirement for occupational disease surveillance and reporting of gender or disaggregated data for TB, Silicosis and other occupational respiratory diseases;
 - (ii) encouragement of standardised reporting of gender or disaggregated data on HIV across the SADC Member States;
 - (iii) establishment of a standardised system for reporting on TB, Silicosis and other occupational respiratory diseases across SADC Member States;
- (e) Strengthening Programme Monitoring and Evaluation (M&E) by ensuring the:**
- (i) establishment or strengthening of a common M&E Framework for SADC Member States on TB in the mining sector;
 - (ii) adoption and where necessary development of standardized indicators to monitor and evaluate TB, HIV, Silicosis and other occupational respiratory diseases in the mines;
 - (iii) strengthening enforcement of regulations for monitoring compliance with control of prescribed diseases and dust exposure;
 - (iv) monitoring and evaluation of TB, HIV, Silicosis and other occupational respiratory disease national budgeting, financing and spending;
 - (v) development of an M&E framework for silica dust levels in the mines;
- (f) Strengthening Financing of TB, HIV, Silicosis and other occupational respiratory disease Interventions in the Mines by ensuring:**
- (i) sufficient funding from governments and mining companies for programmatic interventions for TB, HIV, Silicosis and other occupational respiratory disease and for compensation obligations;

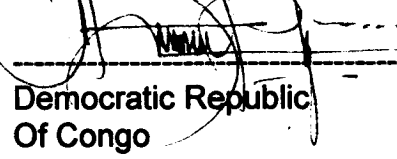
- (ii) promotion of stronger national and international partnerships for resource mobilisation to support programmes addressing TB, HIV, Silicosis and other occupational respiratory diseases in the Mining Sector.
4. **DIRECT** the SADC Ministers responsible for Health and Ministers responsible for Finance, HIV and AIDS, Migration, Local Government, Labour, and Mining to initiate the implementation of this Declaration and monitor progress accordingly in order to achieve its intended objectives.
 5. **ENCOURAGE** all stakeholders including the Civil Society Organizations and the Private Sector to facilitate the implementation of the Declaration through the guidance of the SADC Code on TB in the Mining Sector approved by the SADC Council of Ministers.
 6. **UNDERTAKE** to review progress on the implementation of this Declaration on a regular basis during Summit Meetings.

IN WITNESS WHEREOF, WE, the Heads of State or Government, or our duly authorised representatives have signed this Declaration.

DONE AT MAPUTO, Mozambique on this 18th day of **August 2012**, in three originals copies in the English, French and Portuguese Languages, all texts being equally authentic.

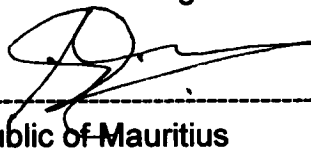


Republic of Angola



Democratic Republic
Of Congo

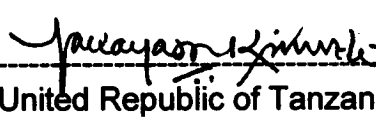
Republic of Madagascar



Republic of Mauritius

Republic of Namibia

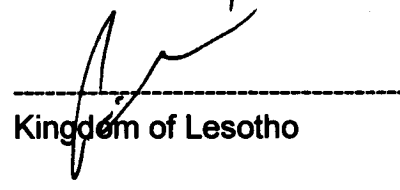
Republic of South Africa



United Republic of Tanzania

Republic of Zimbabwe

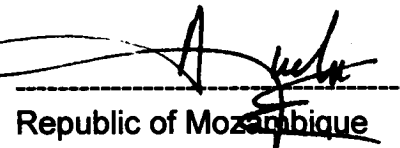
Republic of Botswana



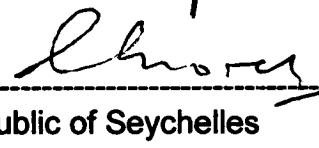
Kingdom of Lesotho



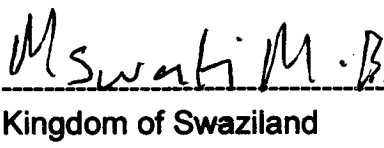
Republic of Malawi



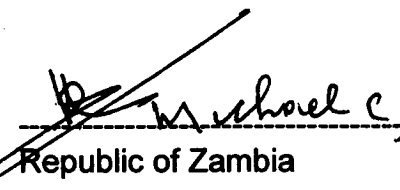
Republic of Mozambique



Republic of Seychelles



Kingdom of Swaziland



Republic of Zambia