



The former mineworkers project and making ODMWA work – one year on

Implementing the 'Former mineworkers and making ODMWA work project' (reported in the Report to Society 2006 case study: Making ODMWA work – Nongoma project to be launched at www.aga-reports.com/07/nongoma.htm) has continued during 2007, albeit at a much slower pace than planned. The primary objective of the project is to strengthen government occupational health services such that mineworkers (former and present) are assured of accessing medical examinations – this will cover historical legacy issues where many former mine workers because of the lack of accessible, professional occupational health services, are not able to have their respective occupational diseases diagnosed and forwarded for certification and possible compensation.

Says Occupational Health Adviser at the Chamber of Mines of South Africa, Dr Fazel Randera, "We know from various studies that former mineworkers could have prevalence rates of silicosis anywhere between 20% and 40%. We also know from these studies that, while provision is made in legislation for these former mineworkers to have access to free medical examination every two years and, to apply for compensation should they be certified as having

contracted silicosis, many former mineworkers either remain unaware of these provisions, or choose not to avail themselves of this opportunity for a number of reasons.”

According to Dr Randerera these reasons include:

- Insufficient information on legislative rights during working years.
- Inaccessible and inadequate occupational health facilities at state-owned hospitals, especially in rural areas;
- Significant traveling times (and hence expenses) to state-owned medical facilities;
- Mistrust and skepticism of the certification and compensation systems as a result of poor service delivery on the part of the MBOD and the Compensation Commissioner in the past.

The project is being undertaken in a co-operative effort between the mining companies (under the auspices of the Chamber of Mines), the National Union of Mineworkers (NUM – which is the largest union in the mining sector) and the national and regional Departments of Health.

While the industry had high hopes of implementing the project at the identified pilot site at Nongoma in KwaZulu Natal during 2007, there were a number of hurdles to overcome during the year, primarily in ensuring that all parties were in agreement on its implementation. Leadership changes at both the union and in government structures, at a time of political uncertainty and shifts in priorities, have further complicated the discussions. Reaching a consensus was, however, an issue of the highest priority for the tripartite task group as a long-term and sustainable way forward is being sought. All parties have agreed to the Memorandum of Understanding and mining companies have made their respective contributions to the project budget – what remains is for the parties to sign the memorandum so that the project can begin in earnest. Randerera believes that the signing will take place in 2007 and the project will commence in early 2008.

Implementation of the R45 million, five-year, industry-funded project comprises a number of elements. These are:

- Implementation of the pilot project at St Benedict's State hospital at Nongoma in KwaZulu-Natal. It is estimated that some 14,000 former mineworkers reside in the area. A key objective of the project is to contact these former mineworkers and to encourage them to undergo a comprehensive benefit medical examination at the St Benedict's newly-equipped occupational health facility.
- Following the pilot roll out, a further nine sites will be identified and brought on stream as part of the five-year project. The project will be carefully evaluated annually. It is estimated that further sites will need to be strengthened to adequately cover the extent of the industry's social footprint in Southern Africa (which includes neighbouring states such as Malawi, Mozambique, Lesotho and Botswana).

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- It is estimated that, at each site, expenditure of R2 to R3 million will be required to undertake the testing that is required, as well as to cope with the rapid rise in uptake. At the Nongoma site, for example, elements of the costing include equipping a mobile office, x-ray equipment, among others.
- The continued identification and implementation of social projects around the identified sites has been an area of priority for the NUM in particular. As part of this project, The Employment Bureau of Africa (Teba) has identified and begun working on a number of projects in the Nongoma area. (*See case study at www.aga-reports.com/Nongoma-social/htrn*).
- A comprehensive audit and review of the systems and processes that make up ODMWA and the Compensation Commission. Clearly, the system is currently failing former mineworkers – it can take anything up to three years for a case to be reviewed, and should silicosis be certified, then compensation can take months or even years to process. The administrative burden is likely to rise exponentially as more and more ex-mineworkers are identified and claims are processed. The objective of the review is to identify bottleneck areas and to work in partnership with government to find solutions to these problems. The scale of the ODMWA operation is not often recognised: At the last valuation of the compensation body it was estimated that over a 20 month period the body dealt with, on average, 1,400 cases every month. For each case submitted and evaluated, the work period and degree of risk exposure needs to be verified by the mining company and a chest x-ray, lung function test and other medical investigations need to have been completed.

The pilot phase is an important one, says Dr Randerera. “In the first year of the St Benedict’s pilot, we aim to test the systems, including the way in which we communicate with people in these rural areas. In addition to the strong Teba structures, we will use local and traditional structures, and public facilities (like post offices) as cornerstones in our communication”, says Randerera. “Each site is fully-funded for two years, with the expectation that the provincial departments of health will continue funding this important resource beyond that period..

“We fully expect that the first two years will provide valuable learning experience which we will than effectively apply as we proceed to other sites.”

The project was conceived and developed as a tripartite project and this modus operandi will continue going forward – all the parties will be closely involved in the implementation of the project. The memorandum of understanding provides for a tripartite Board that will have overall responsibility for the project. It is accepted that in the initial stages of the project, Chamber of Mines members, who have extensive experience in maintaining occupational health services will provide direct assistance e.g. AngloGold Ashanti Occupational Health Services, has volunteered to open its services for training and mentoring the staff that will operate the occupational health clinic in Nongoma. AngloGold Ashanti has also written Codes of Practice that cover the medical examination and submission processes. These will be used on site to ensure optimum service delivery.