



Advancing Occupational Health Agenda for Migrant Workers in Southern Africa

Optimizing approaches to detect and
address occupational health illnesses in
Mozambican migrant workers

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- Mozambique: central to regional migration networks & reservoir of labour for SA mining industry
 - Regular labour migration flow (mining & agriculture) through bilateral Labour agreement with SA
 - Circular & informal migration (trading, construction, services)
- Mozambique miners have made up to 30% mineworkers in SA mines
- Labour migration is central in SA-Moz Relationship

Context

South Africa's Mining Migrants

Workers from **neighboring nations** provide critical skills to the country's **gold** and **platinum** mines



ASources: Minerals Council of South Africa, Bloomberg

Bloomberg



Issues

Hazardous work: exposure to silica dust, noise, confined work space

Poor living condition: crowded hostels, poor hygienic and ventilation

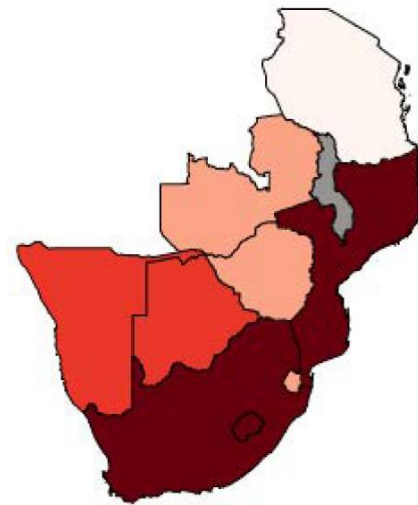
Oscillating migration patterns: risky sexual behaviours, barriers to access care

Health of workers managed by employers, in an unbalanced power relationship

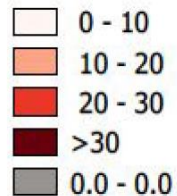
Implications

Triple epidemic TB, HIV, silicosis, recognized as a public health disaster in 2010's

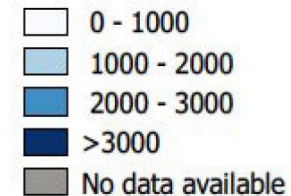
Higher burden among migrant workers, due to greater accumulated years of service & lack of access to diagnosis and treatment both in country of origin and destination



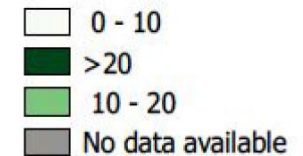
HIV Prevalence (%)



TB Incidence (per 100,000)



Silicosis Prevalence (%)



Estimated HIV, TB and silicosis burden in mine workers in SADC countries, 2010 (TIMS project)

Response

- Issue remained largely unaddressed by Governments both in SA and Mozambique until the 2010's



- 2000's: miners engage major class actions against the mining industry
- 2003: South Africa, Silicosis elimination programme
- 2012: South African Development Community (SADC) Declaration on Tuberculosis in the Mining Industry
- 2014: SADC Protocol on employment & Labour, NOT ratified

Challenges


At country level

- Competing public health priorities in-country. Efforts focused on population level for TB & HIV
- Poor capacity of national health systems to dedicate interventions for mineworkers in country
- Labour migration process managed by labour sector, no health sector involvement & limited intersectoral collaboration

At regional level

- Fragmented health ecosystems in the region and issues of harmonization (diagnosis and treatment protocols) lead to poor cross-border collaboration (referrals, CoC)
- Political & socio-economic issues: Mozambique tries to secure employment opportunities for its workforce. OH not prioritized on political agenda

IOM & MoH partnership in Mozambique



MoH need to
accelerate
progress

IOM migrant-
sensitive
programming

MoH partnership with IOM to develop integrated OH programme for systematic OH screening of migrant workers and support in home and work communities

IOM programme in Mozambique

Develop OH programme for pre-departure & post-employment systematic OH screening of migrant workers

TB/HIV control

OH data generation

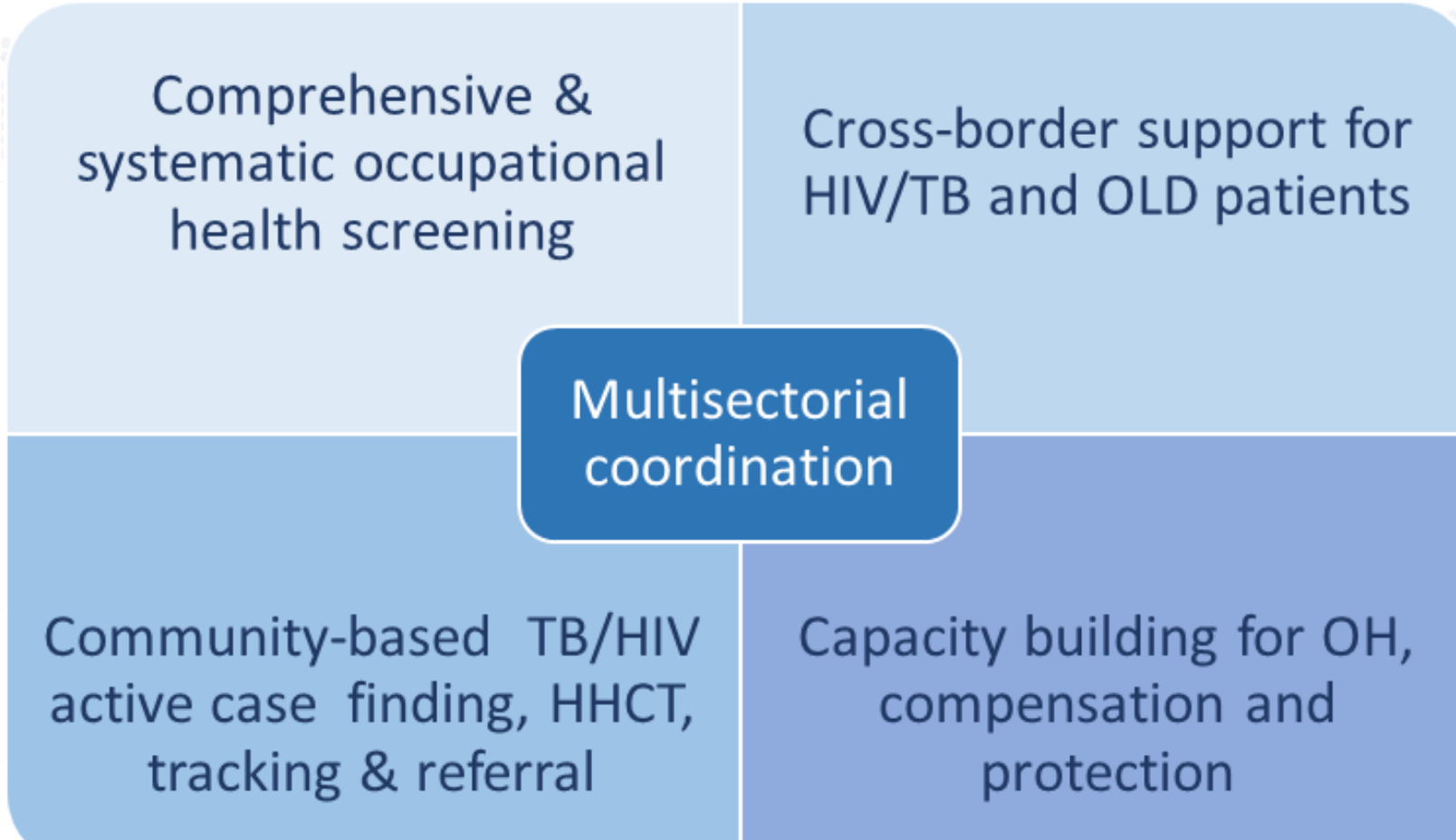
National OH capacity building

Access to compensation & protection rights

TACKLING THE OCCUPATIONAL AND PUBLIC HEALTH CHALLENGES FACED BY MOZAMBICAN MIGRANT WORKERS AND MIGRANT SENDING COMMUNITIES



Integrated approach



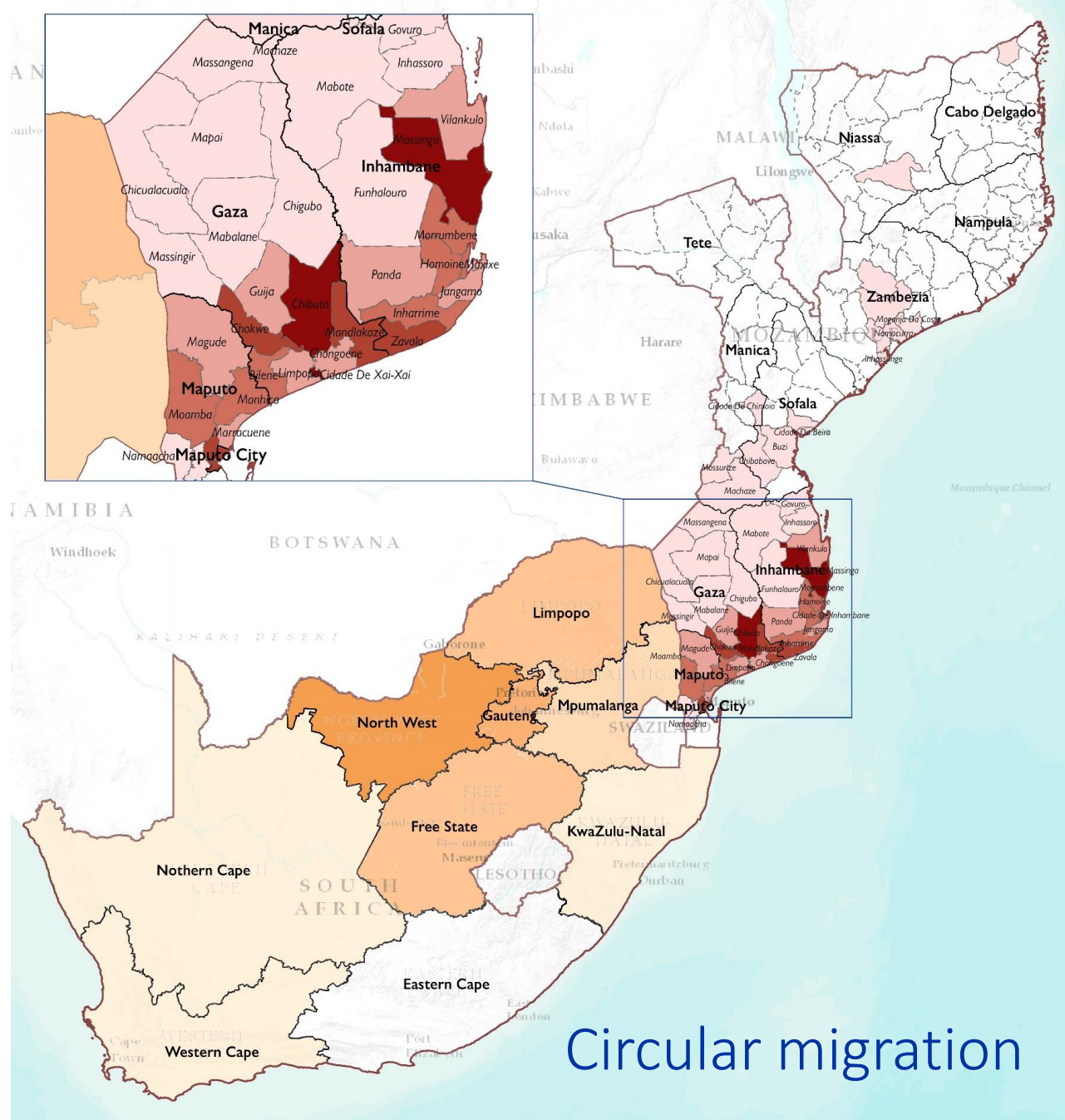
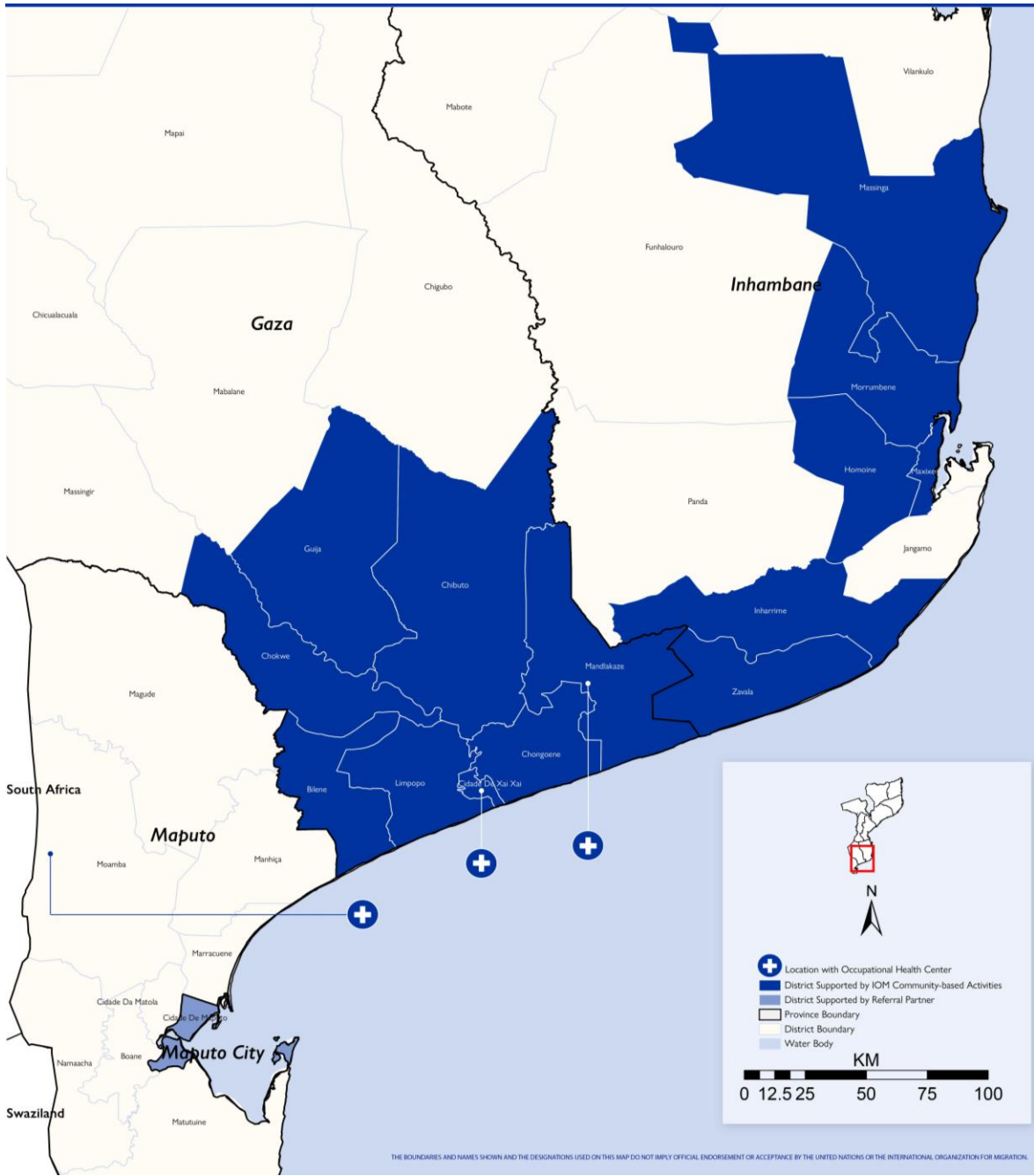
- Comprehensive occupational health screening
- BMEs and Compensation submissions

- Call center: Treatment TB/HIV
- BMEs and Compensation submissions for OLD

- TB/HIV ACF, HCCT, adherence support
- Service demand and awareness on TB/HIV, OLD and compensation criteria and

- Capacity building on OLD diagnosis
- Building data base on migrant workers and OLD
- Intersectoral & Cross-border collaboration





Step-by-step programme building

OHC at border



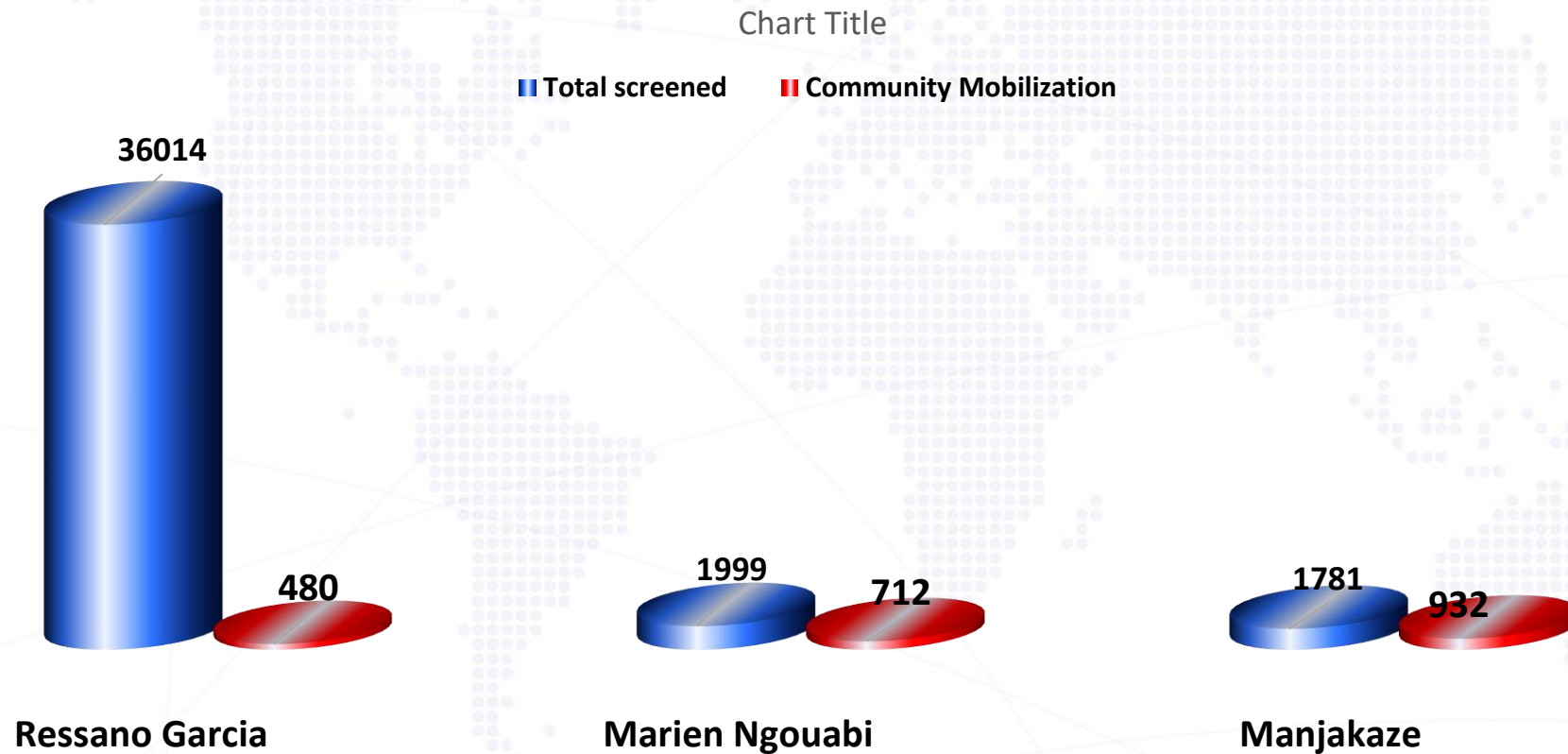
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graph TD; A[OHC at border] --> B[OLD diagnosis capacity]; B --> C[2 additional OHCs]; C --> D[Multisectoral collaboration];
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OLD diagnosis capacity

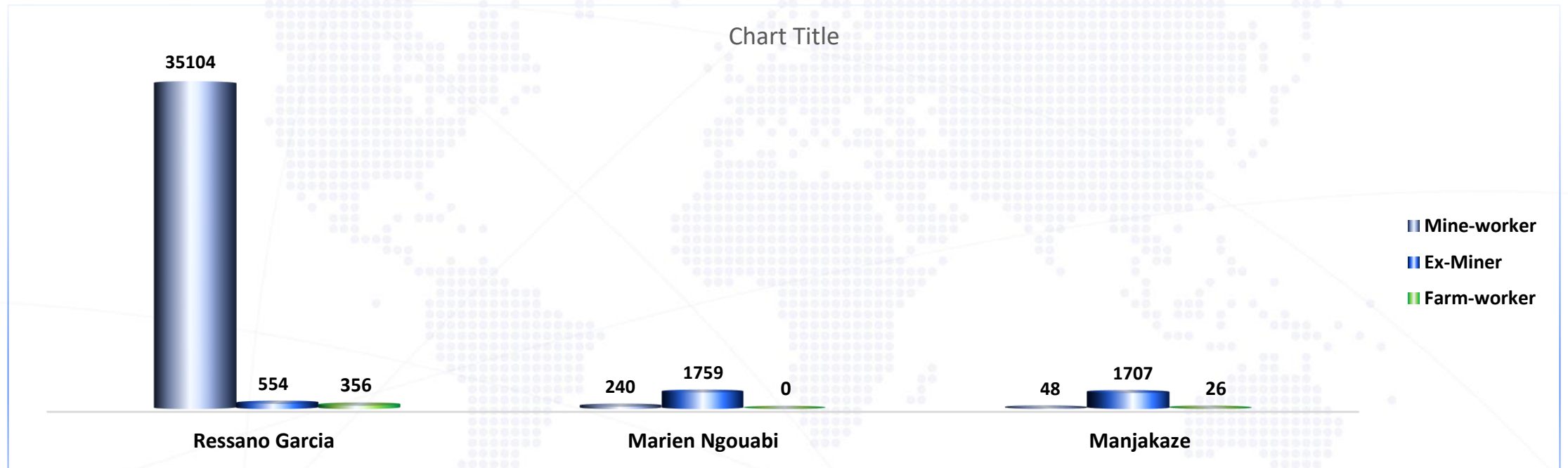
2 additional OHCs

Multisectoral collaboration

Total screened per OHC and proportion referred by community mobilization (May 2020 to September 2023)

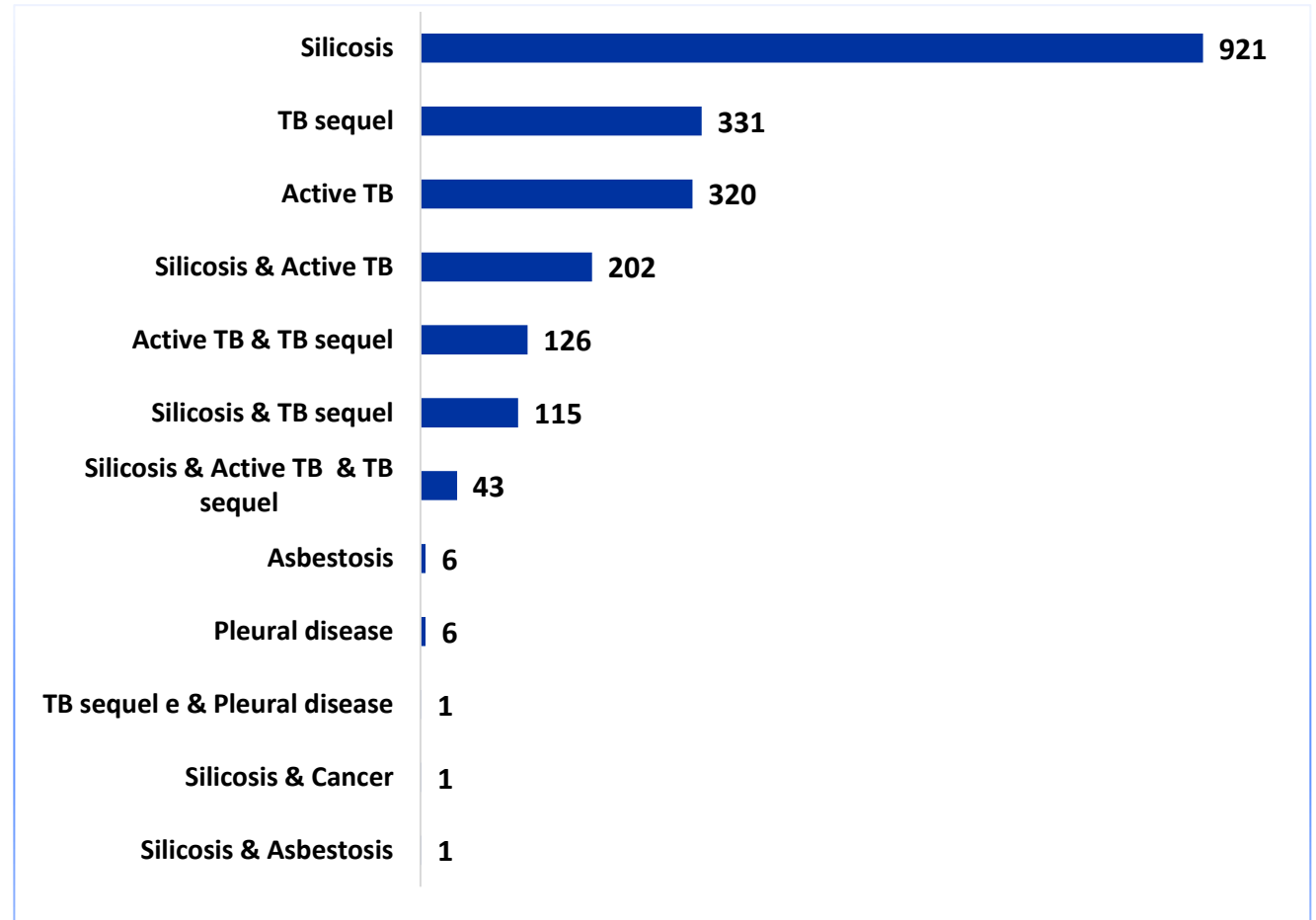
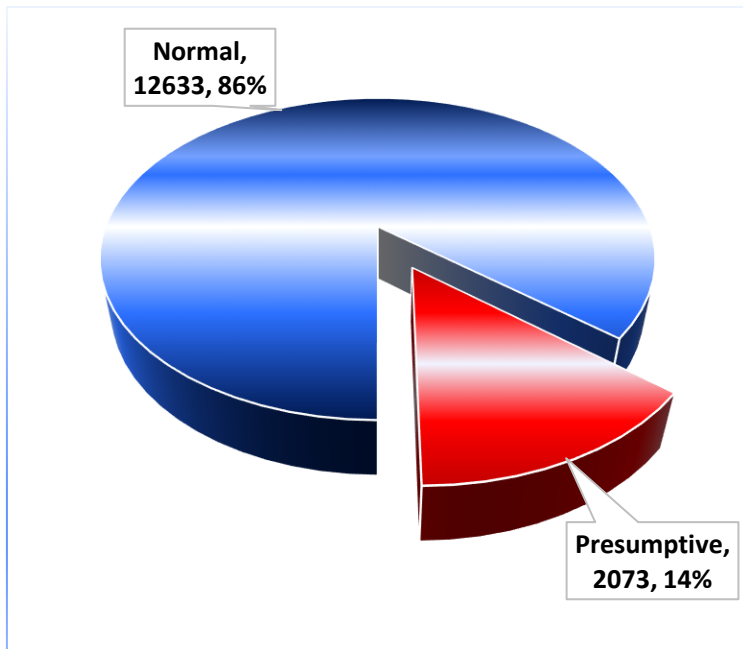


Target workers screened by OHC



CXRs from OHC with compatible lung disease (Aug 2022–September 2023 OHC Physicians)

CXR OHC doctors reading results (N=14706)



	MINEWORKERS	EX-MINEWORKERS	
Total screened	31 841 (100%)	3 457 (100%)	35298 (100%)
Total of suspect TB	812 (3%)	1217 (35%)	2029 (6%)
Sputum sample collected	626 (77%)	983 (81%)	1609 (79%)
Positive GeneXpert	11 (2%)	31 (3%)	42 (3%)
Negative GeneXpert	615 (98%)	952 (97%)	1567 (97%)

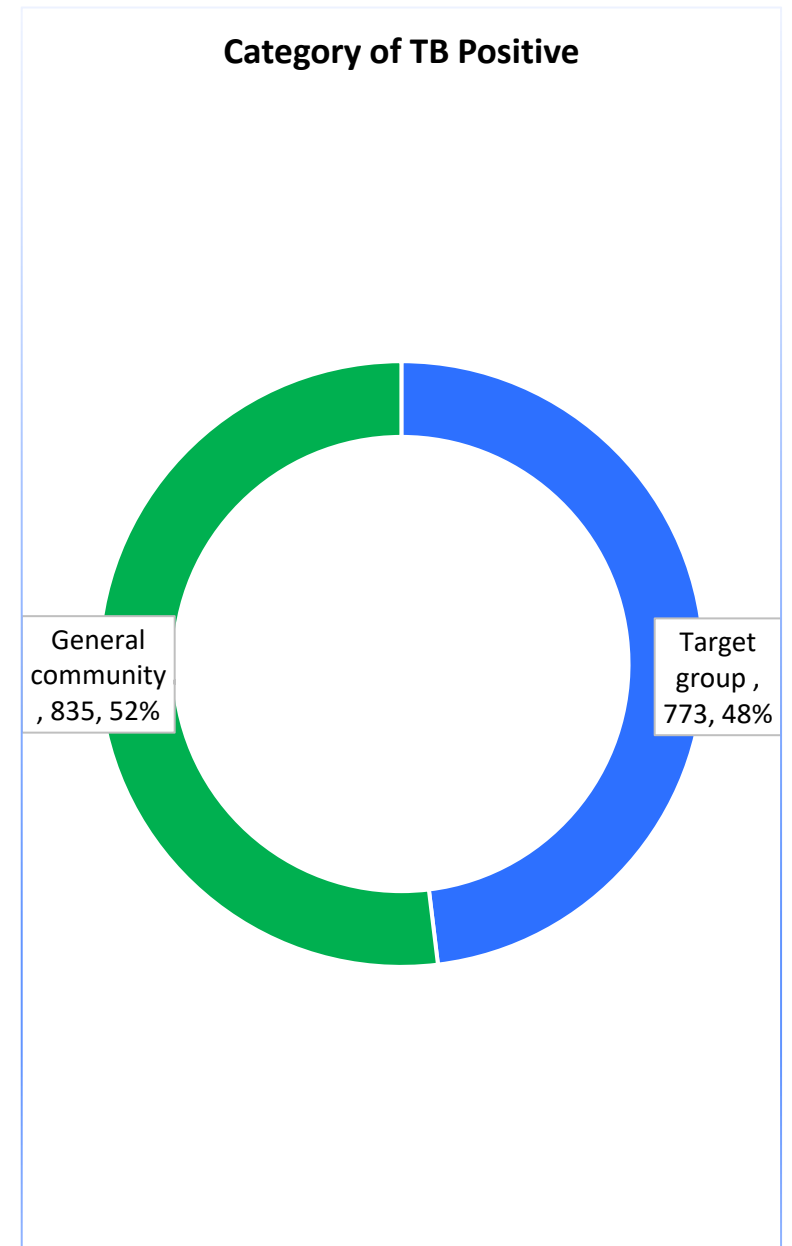
Burden of active TB at OHCs

Aug 2020 - Sep 2023*

- *Data from the two OHCs in Gaza from July 2021 and onwards upon their inclusion in the project and contract with IOM

Active Case
Finding: targeted
screening for TB
at community
level
May 2020 – Sept
2023

48% of TB positive cases
are migrant workers
(miner, ex-miner, other
migrant)
and enrolled for treatment
initiation and follow-up



From OH screening
to compensation for
OLD

BME May 2022 – sept2023	Mineiros	Ex-mineiros	Total
Total Eligible to BME	707	826	1533 (100%)
# BME Submitted	473	620	1093 (71,2%)
#BME backlog	234	206	440 (28,7%)
# BMEs Certified	260	430	690 (63%)
# BMEs Certified Eligible for Compensation	41 15.7%)	67 (15.5%)	108 (15,6%)

Benefit Medical Examinations submitted by IOM to SA-MBOD (May 22 – Sept 23)



Success factors

- No success possible without addressing **all four components** of the programme together, in a step by step approach, interlinked
- **Outsourcing the right Technical expertise** to fill in-country capacity gaps (expert B-reader, continuous learning programme, diagnostic equipment maintenance)
- **Community engagement essential** to reach marginalized target group and gain trust: local communities' leadership, network of CHWs, partnership with migrants' associations
- **Health diplomacy** – multisectorial engagements & coordination, miners associations, mining industry, trade sectors

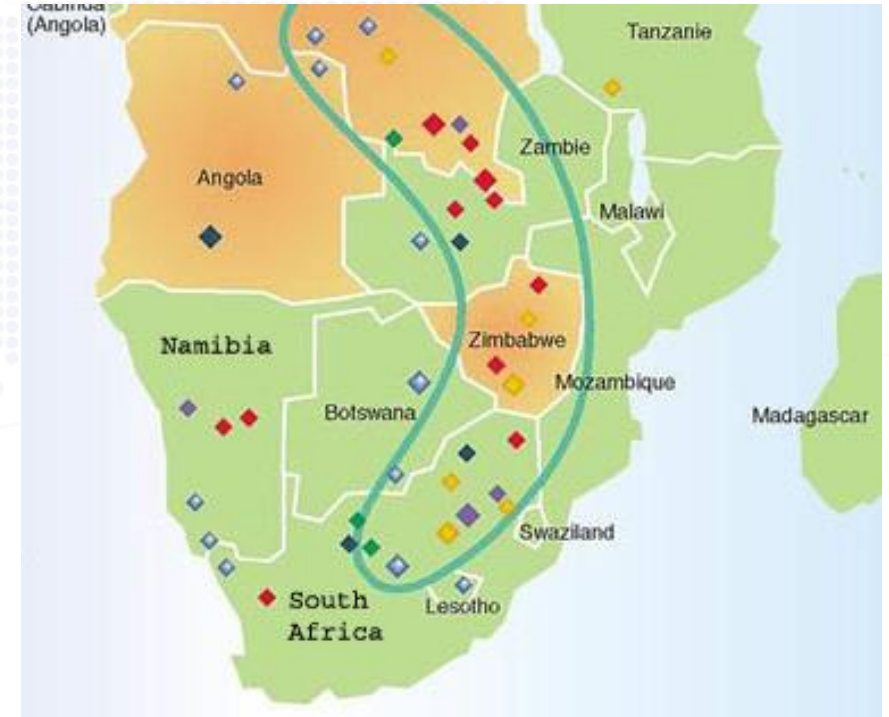
Take Aways

Lessons learned from Intersectoral coordination and multistakeholders engagement:

- Share Data: unveiling the issues - key to national and international advocacy
- Framing processes: hinge on global/local priorities towards securing attention and resources
- Cross-border collaboration: through mapping stakeholders & facilitating convergence of interest with key players
- Keeping momentum requires functional platforms for dialogue and feedback loops incl. With civil society and clear leadership

Implications for the region

- Mining and extractive activities play pivotal roles in the economy of the southern Africa region
- Mining sector has driven progress on OHS in the region
- Still inadequate regulation of these industries to enforce occupational safety and health (OSH) standards



OHS regulation in the region

Apart from Safety & Health in the Mines Convention (1994), most countries have not ratified other ILO OHS fundamental conventions

Safety and health have been mentioned in some African Union and SADC policy frameworks:

- African Charter for Human and People's Rights,
- AU Agenda 2063,
- Africa Health Strategy,
- SADC Health Protocol,
- SADC protocol on employment and labour 2014

But overall lack of dedicated agreement or charter on worker safety

Limited OHS capacity in the region

Competing health priorities: OHS not positioned as a public health priority

- Few OH service centres: Mozambique (3), Eswatini (2); Lesotho (2); Namibia (1); Zambia (1); Tanzania (1); Botswana (1); Zimbabwe (1)
- Lack of qualified occupational health practitioners, lack of training centres/curricula

OHS functions are fragmented

- Complex and fragmented countries' legislations
- Responsibilities spread among 3+ government departments and various regulatory agencies
- Challenges in collaboration between the authorities administering and enforcing OHS legislation

Challenges for the region in OHS

- Broad range of occupational health hazards calls for formulation of a multi-sector approach
 - Artisanal and small-scale mining
 - Industrial farming and subsistence farming
 - Informal sector
- Key issues
 - Integration of OH into primary health care services?
 - Financing through public private partnerships ?
 - National level legislations are predominantly **employer-centric rather than worker-centric**

Regional initiatives

Diverse profile of the countries in the region, diverging priorities, make regional consensus challenging

- Work and Health in Southern Africa (WAHSA) was a Short lived project 2004-2009
- Most recently: Community of Practice for Mine Health Regulation and Occupational Health, under SADC, in the making
- Countries focused on economic growth and employment
- Need to framing the issues to generate momentum: requires both technical & advocacy capacity strengthening

Reflections

- Advocacy needed to frame the issues adequately to gain stakeholders' buy in
 - securitisation (epidemic threat, maintain healthy workforce for growth),
 - moralisation (ethical imperative of workers' rights, protection & compensation),
 - technification (it is possible to provide quality OH services in low-income country, for a healthy workforce to support livelihoods/poverty reduction goals)
- Need a pragmatic approach to position the issue and generate multiple stakeholders engagement
 - Bottom-up: from the countries to regional body, BUT challenges in Health/Labour collaboration and positioning in each country political ecosystem
 - Essential to engage the workers themselves in advocacy

Q&A

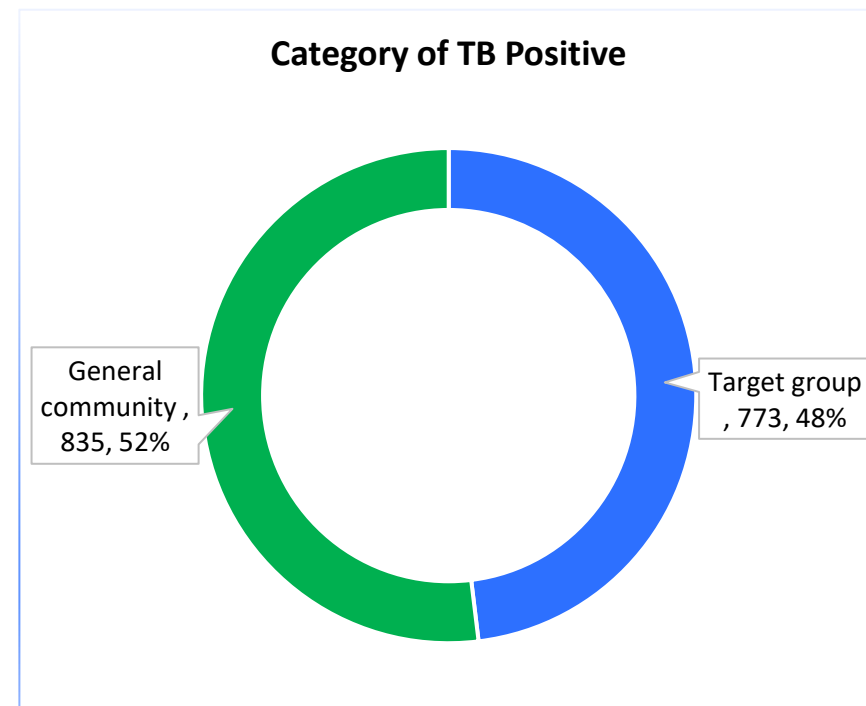


Total screened per OHC and Category (May 2020 to September 2023)

OHC	Ex-Miner	Mine-worker	Farm-worker	Total n(%)
Ressano Garcia	554	35104	356	36014 (91%)
Marien Ngouabi	1759	240	0	1999 (5%)
Manjakaze	1707	48	26	1781 (4%)
Total	4 020 (10%)	35 392 (89%)	382 (1%)	39 794 (100%)

Active Case Finding: targeted screening for TB at community level May 2020 – Sept 2023

Active TB case finding	Gaza	Inhambane	Total	%
Total number of people screened	12126	11038	23 164	100%
Total number of Miners	136	91	227	1%
Total number of Ex-Miners	1240	2121	3 361	15%
Total number of Migrant workers	1132	2110	3 242	14%
Total number of Community Members	9618	6716	16 334	71%
Total number of TB suspect (produced a sputum sample and/or referred to Health facility)	4471	7294	11 765	51%
Total number of sputum sample that had a TB positive	690	918	1 608	14%
Total number screened who tested for HIV	1832	2699	4 531	20%
Total number who tested positive for HIV	79	150	229	5%



*48% for Positive case were from target group and were enrolled for follow-up

Benefit of Medical Examination submitted by IOM to MBOD (May 22 – Sept 23)

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Compensation Pack submission

Submitted by IOM and eligible for compensation (269)

