



MHSC

Mine Health and Safety Council

Purpose of the 7th Mine Health Dialogue and Recap of previous dialogue

Dr. Dipalesa Mokoboto

7th Mine Health Dialogue, 2026

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

INTRODUCTION

Presentation Outline



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

INTRODUCTION

Evolution of the Occupational Health Dialogue

- The **Occupational Health (OH) Dialogue** was established to strengthen focus on occupational health issues in the South African Mining Industry (SAMI).
- The **first dialogue** was held in **2016**.
- Over time, the dialogue has **evolved in scope and impact**.
- It has since been transformed into **The Mine Health Dialogue**, reflecting a broader, more integrated approach.
- The current focus is on **promoting holistic health and well-being of mine employees in the SAMI**.



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

Purpose of the Dialogue

To provide a platform for robust discussions by multi-disciplinary stakeholders to driving solutions for health challenges in the South African Mining Industry (SAMI)



2026 focus: The journey to zero harm in health

Zero Harm principles in the health of mining employees	Implementation of strategies to achieve zero harm.	Health trends that inform us on whether we are on the right track.	Leveraging technology to advance health outcomes	Emerging health issues affecting mine workers	2026 TB Commemoration for SAMI	Networking opportunities with tripartite stakeholders and experts.
--	--	--	--	---	--------------------------------	--

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

Recap of the 6th OH Dialogue



Embarked on breakaway sessions.



Purpose was:



To reflect on the **current occupational health burden** in the mining sector



To identify **key systemic and operational challenges**



To agree on **priority interventions** requiring collective action



To define **measurable milestones beyond 2024**

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



MHSC
Mine Health and Safety Council

Priority Health Focus Areas

The breakaway sessions focused on four critical health areas:

Prevention and Management of TB and HIV

Elimination of Occupational Lung Diseases (OLDs)

Elimination of Noise-Induced Hearing Loss (NIHL)

Emerging and Future Health Risks

Key Message:

These areas represent both the **largest burden** and the **greatest opportunity** for impact.

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



MHSC
Mine Health and Safety Council

TB and HIV – Key Outcomes

Challenges	Agreed Interventions	Milestones
High TB burden (gold sector) Low HIV testing uptake Fragmented health data Stigma and socio-economic barriers	Reduced silica exposure Expanded HIV testing (incl. self-testing) Improved linkage to care and viral suppression TB Preventive Therapy (TPT) Public-private data-sharing	25% TB reduction every 2 years to 2030 100% of employees offered HIV testing annually

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

OLD –KEY OUTCOMES

Challenges	Agreed Interventions	Milestones
Inconsistent reporting Poor control maintenance Ongoing novice silicosis Weak hygiene–medical integration	Integrated reporting systems Strengthened control maintenance Engineer–OHP–OMP collaboration Targeted high-risk interventions	≥95% exposures below limits by 2034 No novice OLDs (first exposed from 2025)

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

NIHL-KEY OUTCOMES

Challenges	Agreed Interventions	Milestones
High-noise equipment procurement Weak OEM accountability Inconsistent noise data Behavioural non-compliance	Noise-compliant procurement Stronger OEM regulation National equipment noise database Improved noise measurement & governance Phasing out high-noise equipment	Equipment ≤ 104 dB(A) by Dec 2029 No novice NIHL (first exposed from 2025) 20% NIHL reduction every 2 years to zero by 2034

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

Emerging Health Issues-Key outcomes

Challenges	Agreed Interventions	Milestones
Mental health disorders MSDs & ergonomic risks Heat stress (climate change) DPM exposure Employee collapse & sudden deaths	Holistic wellness (SANS 16001 / ISO 45003) Mental health screening & support Enhanced ergonomics Revised heat-stress guidance Research on collapses & deaths DPM determination and control	100% mental health coverage by 2029 All underground vehicles with DPM controls by 2029 Emission-based DPM maintenance by 2034

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

Cross-Cutting Themes from the Sessions



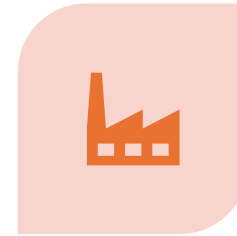
STRONG EMPHASIS ON
PREVENTION RATHER THAN
COMPENSATION



NEED FOR **INTEGRATED**
HEALTH, HYGIENE, AND
ENGINEERING SYSTEMS



IMPORTANCE OF **DATA**
QUALITY,
STANDARDISATION, AND
SHARING



SHARED RESPONSIBILITY
BETWEEN **INDUSTRY**,
LABOUR, OEMS, AND THE
STATE



CLEAR SHIFT TOWARD
ELIMINATION TARGETS
RATHER THAN INCREMENTAL
REDUCTION

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

CONCLUSIONS



The breakaway sessions delivered **clear, measurable, and shared commitments**



Success depends on **collective ownership and sustained implementation**



The sector is aligned toward a future of **zero preventable occupational disease**



Final Message:



Together, we can move from managing harm to **eliminating health risks** in mining.

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



MHSC
Mine Health and Safety Council



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



MHSC

Mine Health and Safety Council

GET TO KNOW THE PRESENTER

Dr Dipalesa Mokoboto



Dr Dipalesa Mokoboto is the Chief Director in occupational health for the MHS Inspectorate under the DMPR. She is a qualified medical doctor with postgraduate qualifications in Occupational Health, a master's degree in Medical Law and Ethics from the University of Pretoria and holds various certificates in Advanced Health Management, Executive Management Development, and many others. She has a wealth of knowledge in occupational health involving the private and public sectors, spanning over 20 years. She drafted regulations on the Health Incident Reporting and played a pivotal role in drafting health guidelines promulgated by the DMPR. She worked with the NIOH to get the status of TB and HIV in the SAMI, resulting in mines reporting on TB and HIV to the DMPR.

She continues sharing her knowledge by teaching DOH students at Wits and Pretoria universities and presenting at different fora. She is a former president of the Mine Medical Professionals' Association (MMPA) and serves on the OH South Africa Journal Editorial board, contributing articles to the journal as well. She is the chairperson of MITHAC and MOHAC, a board member of the MHSC, and serves on the Risk Committee at the MBOD.

"What I consider interesting and unusual about myself is that I am not afraid of snakes, and every opportunity presented to touch or have them around my neck/body is readily taken without cringing (I know some people in the audience are cringing, LOL)"

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



MHSC
Mine Health and Safety Council