TERMS OF REFERENCE FOR A CONSULTANT TO:
SUPPORT COUNTRIES IMPLEMENT A HARMONIZED OCCUPATIONAL HEALTH
CODE OF PRACTICE FOR OCCUPATIONAL LUNG DISEASES

1. **Background**

Tuberculosis remains a regional public health challenge in the SADC region with eleven out of the thirty high TB burden countries globally. The region is also home to eight countries that are on the high TB/HIV burden list and five countries on the MDR-TB list. The challenge of TB in the region is attributed to HIV epidemic as well as mining which has been associated with high TB incidence. Recognizing these challenges, SADC Heads of States declared TB as an emergency in 2012 with the view to galvanize efforts towards addressing the challenge. Furthermore, SADC Ministers of health signed a declaration on TB in the mining sector in 2014 and a Code of Conduct on TB in the Mining Sectors was adopted thereafter. The SADC region has also been in the forefront in developing and adopting a number of regional TB treatment guidelines which are aimed at facilitating harmonization of TB treatment in the region for achieving better outcomes on continuum of care. These efforts are aimed at supporting countries in the SADC region to attain goals set at the continental and global level in the African Union (AU) Catalytic Framework, and the Global End TB Strategy and Sustainable Development Goal 3 on ending the epidemic of TB by 2030.

The mining sector has been associated with the high incidence of TB in the Southern Africa region. TB incidence rate among mine workers ranges between 3,000 and 7,000 cases per 100,000 people more than the WHO classification of health emergency level (250 per 100,000). High prevalence of silicosis among miners as a result of prolonged exposure to respirable silica dust in mines is one of the major factors contributing to making miners and ex-miners vulnerable to TB. The challenge is further compounded by high HIV rates, unfavorable working conditions inside the mines such as poor ventilation, living conditions increasing miners’ risk of contracting TB, and heighten pre-existing pulmonary TB. Labor migration of miners between mining communities to labor sending communities has further contributed to challenges in tackling TB and exacerbated the spread of the disease across borders.

Despite the prevailing challenges, most of the countries in the region lack or have weak mine health regulatory systems to support tackling TB in the sector. This has entailed mining companies to self-regulate on dust control with minimal regulatory interventions from public sector entities responsible for mine inspection. It is in this regard that the SADC Declaration on TB in the Mining Sector called for efforts to be undertaken by countries to strengthen disease surveillance systems for TB, HIV, Silicosis and other occupational respiratory diseases in the mining sector. In the Declaration, ministers called for the establishment of a mandatory requirement for occupational disease surveillance and reporting of gender or disaggregated data for TB, Silicosis and other occupational respiratory diseases. It also commits countries to put in place supportive policies and legislation for the control of TB, HIV, Silicosis and other occupational respiratory diseases in the mining sector. Under TB in the Mining sector (TIMS) project, countries have taken steps towards responding to the challenge of TB in the sector. In this regard, steps are being taken to develop Standard Operating Procedures (SOPs) and Guidelines to facilitate domestication of TB in Mines Declaration. For this to be effectively implemented, countries will develop and roll-out clinical protocols for
occupational health in compliance with international best practices. This consultancy is there aimed at supporting project countries to develop a harmonized clinical protocol for occupational health that will be used by countries as a benchmark to adapt to national context for implementation.

The African Union Development Agency (AUDA-NEPAD), Eastern Central and Southern Africa Health Community (ECSA-HC) and SADC Secretariat are collaborating in supporting Regional Coordinating Mechanism (RCM) for the TIMS Project with funding from the Global Fund. Wits Health Consortium serves as the Principal Recipient (PR) for the project. The project contributes to efforts towards achieving goals set in the Sustainable Development Goals (SDGs) to end TB by 2030, SADC Protocol on Health, and AU Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030, the SADC Mining Protocol and the AU mining charter.

2. **Objectives**

   (i) To assess the comprehensiveness of existing occupational health programmes and current clinical protocols for occupational lung diseases (OLD) in SADC countries, in comparison with international best practice.

   (ii) To provide an overview of a comprehensive occupational health program that is necessary for the effective implementation of surveillance programs for occupational lung diseases among miners such as silicosis, asbestosis, Coal worker’ pneumoconiosis, Chronic Obstructive Pulmonary Diseases and Tuberculosis.

   (iii) Develop an Occupational Health Code of Practice for OLD in the mining sector that includes: Preventive aspects of OLD; Recommended legal requirements, Occupational health surveillance programs; Miners medical surveillance data collation, analysis and interpretation; Occupational disease diagnostic principles; Rehabilitation and compensation processes; and Key requirements for the design of occupational health services facilities.

   (iv) Provide technical support to project countries to adapt and roll-out the harmonised Occupational Health Code of Practice for OLD in the mining sector.

3. **Description of the Proposed Work**

The consultancy will focus on the following tasks:

i. Conduct a desk review of existing occupational health surveillance programmes and current clinical protocols for occupational lung diseases (OLD) in SADC countries. This will include:

   1. Assessment of the organisation and comprehensiveness of the occupational health surveillance programme.
   2. Benchmarking existing protocols to international best practice relating to occupational lung diseases including Tuberculosis.
   3. Identifying gaps that will inform the development of a harmonized occupational health surveillance code of practice.
   4. Assessing the available capacity to implement the occupational health surveillance code of practice.
ii. Develop a Harmonised Occupational Health Code of Practice for OLD in the mining sector in compliance with international best practices. This will include the following:

A. Preventive mechanisms for occupational lung diseases and associated Risk factors
   1. Outline the health risk assessment (HRA) for occupational exposures
   2. Hazard Identification and Risk Assessment (HIRA)
   3. Overview of preventive mechanisms for risk factors for occupational lung diseases and TB, e.g. silica containing dusts, silicosis and HIV/AIDS

B. Recommended Legislative arrangements in line with ILO Convention 161
   1. National Occupational Safety and Health Policy
   2. Organizational Policies and procedures for occupational lung diseases
   3. Surveillance for occupational lung diseases
   4. Compensation mechanisms

C. Medical surveillance protocols for occupational lung diseases
   1. Principal purpose of occupational medical surveillance in relation to occupational lung diseases
   2. Description of all occupational health testing and other related tests for occupational lung diseases.
   3. Outline the frequency of conducting medical surveillance and the required ancillary testing. Outline of list of all clinical tests to be done on workers and testing intervals based on international best practices and regulations for occupational lung diseases including Tuberculosis.
   4. Outline the principles and relevant testing of workers during:
      i. Pre-placement examination
      ii. Periodic examination
      iii. Out of cycle examination
      iv. Exit examination
      v. Post-employment surveillance
   5. Systematic collation, analysis and interpretation of employee occupational health data from the medical examinations and hazard surveillance to inform management of occupational lung diseases.
   6. Diagnostic principles and management of occupational lung diseases including Tuberculosis.
   7. Principles and processes for rehabilitation and return to work of workers diagnosed with occupational lung diseases including Tuberculosis.
   8. Principles of impairment evaluation for compensation for workers diagnosed with occupational lung diseases including Tuberculosis and linkage to compensation schemes in-country and outside the country.
   10. Outline of a general framework for assessing other occupational diseases
   11. Minimum service to be provided by facilities offering occupational health service
12. Privacy concerns and international standards/best practices surrounding the access to worker’s health information.

13. Requirements for establishment of Occupational Health Services Centres in relation to:
   
   vi. Infrastructural requirements
   vii. Equipment requirements
   viii. Human resources requirements
   ix. Ethical guidelines for practitioners and Legal compliance issues
   x. Total Quality Management and Performance Management of the facility

iii. Conduct consultation with project countries on the draft clinical occupational health protocols to get feedback.

iv. Train country experts on the harmonised clinical occupational health protocols to support domestication at the national level.

4. **Scope of Work**

The assignment will be undertaken over a period of 6 months in SADC Member States. The study will learn from international best practices and standards to propose a harmonized clinical protocol for occupational health. Furthermore, reference will be made on existing clinical protocols in the region as a reference point.

The initial tasks will focus on the assessment of the broad medical surveillance programmes existing in the countries to ensure that the development of clinical protocols is within existing regulations, policies and programmes. Focus will be on tuberculosis and occupational lung diseases and related comorbidities. The primary target for this task includes miners, ex-miners and health care workers. The consultant shall submit a detailed inception report that will indicate background, objectives, expected output, methodology and timelines. The consultant will also be required to convene a consultation meeting with countries to obtain their input into all drafts and get their buy-in for implementation.

Upon the adoption of the harmonized protocol, the consultant will be expected to facilitate training of experts in countries that will responsible for supporting domestication at the national level. At the end of the training session, participants will be expected to prepare roadmaps for domestication of the Occupational Health Code of Practice for OLD in their respective countries.

The consultant shall work under the guidance of AU-NEPAD and in close collaboration with SADC Secretariat, ECSCA-HC and designated focal points nominated by governments of the participating countries. AU-NEPAD in collaboration with SADC Secretariat will convene stakeholder consultation meeting and trainings where the consultant will be expected to facilitate.

5. **Expected outputs and timelines**

The main outputs of the study will include (i) Report on the desk review of the existing medical surveillance programmes and clinical protocols for occupational health in mining in SADC countries; (ii) A Harmonized Occupational Health Code of Practice for Occupational Lung Diseases for the Mining Sector; and (iii) Country roadmaps for the domestication of the Harmonized Occupational Health Code of Practice for Occupational Lung Diseases for the
REGIONAL COORDINATING MECHANISM FOR THE REGIONAL RESPONSE TO TB IN THE MINING SECTOR IN SOUTHERN AFRICA

Mining Sector. Deliverables and milestones for the consultancy are as outlined in the table below over the study period:

<table>
<thead>
<tr>
<th>Activities</th>
<th>Expected Output</th>
<th>Person Days</th>
<th>Timelines</th>
</tr>
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<tbody>
<tr>
<td>1. Develop inception report</td>
<td>Finalized inception report</td>
<td>5</td>
<td>Within 2 weeks of commencement</td>
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<tr>
<td>2. Desk review of existing medical surveillance programmes and clinical protocols for occupational health in the mining sector</td>
<td>A report on the review of existing medical surveillance programmes and clinical protocols for occupational health in SADC Countries</td>
<td>40</td>
<td>Within 12 weeks of commencement</td>
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<tr>
<td>3. Develop a Harmonised Occupational Health Code of Practice for Occupational Lung Diseases for the Mining Sector that includes preventive aspects of OLD, recommended legal arrangements, Medical surveillance programs, data collation, analysis and interpretation, Occupational disease diagnostic principles, Rehabilitation and compensation and key requirements for occupational health services facilities</td>
<td>Draft a Harmonised Occupational Health Code of Practice for OLD for the mining sector</td>
<td>15</td>
<td>Within 15 weeks of commencement</td>
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<td>4. Conduct stakeholder oral feedback sessions. Stakeholders to include policy makers and OHS technical experts in Ministry of Mines, Labour, Health and Occupational Health institutions.</td>
<td>Input received into the draft Harmonized Occupational Health Code of Practice for Occupational Lung Diseases for the Mining Sector</td>
<td>5</td>
<td>Within 18 weeks of commencement</td>
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<td>5. Incorporate feedback from the stakeholder oral feedback sessions and finalise Code of Practice</td>
<td>Final Harmonized Occupational Health Code of Practice for Occupational Lung Diseases for the Mining Sector</td>
<td>10</td>
<td>Within 20 weeks of commencement</td>
</tr>
<tr>
<td>6. Conduct training for country technical focal points on the clinical occupational health protocols</td>
<td>Country roadmap for domestication of the harmonised clinical occupational health protocol</td>
<td>20</td>
<td>Within 24 weeks of commencement</td>
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<tr>
<td><strong>TOTAL PERSON DAYS</strong></td>
<td></td>
<td><strong>95</strong></td>
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6. **Selection Criteria**

Selection will be based on qualifications and experience stipulated below.

i. A medical degree and specialist qualifications in Occupational Medicine.

ii. Experience and track record in conducting medical surveillance for occupational diseases

iii. Track record of designing occupational health protocols and/or policies in Occupational health at national levels

iv. Experience of doing similar work in the SADC region

v. Understanding of the link between occupational hygiene data and medical surveillance or the importance of occupational exposure profile

Interested consultants should submit their CVs and a cover letter to the address below by email on or before Friday **26, 2020 17:00 hours** (South African Time). All applications must be marked “*Consultancy to develop a Harmonized Occupational Health Code of Practice for Occupational Lung Diseases for the Mining Sector.*” in the subject line of the email.

Application should be addressed to:

The Chairperson  
Regional Coordinating Mechanism  
TB in the Mining Sector in Southern Africa Global Fund grant  
E-mail: BrianN@nepad.org