



ANNUAL REPORT 2019

22 JULY 2020

Association of Mineworkers and Construction Union / Department of Health / Department of Mineral Resources and Energy / International Labour Organization / Mine Health and Safety Council / Minerals Council South Africa / National Health Laboratory Service / National Institute for Occupational Health / National Union of Mineworkers / Solidarity / South African Business Coalition on Health & AIDS / UASA The Union / UNAIDS / World Health Organization

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1. INTRODUCTION

The Masoyise Health Programme is a Minerals Council-led multi-stakeholder programme focused on leading the mining industry's commitment in the fight against TB, HIV, occupational lung diseases (OLDs) and non-communicable diseases (NCDs). The **vision** of the programme is: "A mining industry that protects and maximizes the health and wellness of its employees". Its **goal** is: "To reduce the impact of TB, HIV, OLDs and NCDs as occupational health threats in the mining sector". NCDs are diseases such as cardiovascular diseases including hypertension, cancer, chronic respiratory diseases, and diabetes and are all the leading cause of mortality and disability globally.

This report covers the activities of the Masoyise Health Programme during 2019.

2. BACKGROUND

The Masoyise Health Programme was launched in 2019 after a successful three-year project of its predecessor, Masoyise iTB, which ran from 2015 to 2018. The programme is envisaged to run from 2019 to 2021 and has adopted a wellness approach that incorporates TB and HIV, non-communicable diseases (diabetes, hypertension, mental health) and occupational lung diseases (silicosis, coal worker's pneumoconiosis, among others).

Priority populations for the programme, depending on the disease, are young women; sex workers; older women; lesbian, gay, bisexual, transgender, intersex, queer (LGBTIQ+), men having sex with other men and men in general.

It aligns some of its targets with those set in international and national instruments such as the Sustainable Development Goals, UNAIDS and WHO frameworks as well as South African national policies.

The Masoyise Health Programme has a Steering Committee that was chaired by Andile Sangqu, then Vice President of the Minerals Council. To achieve all its goals and targets the programme has a Working Committee with various task teams including ones on Data, TB contact tracing, Communications and Small Mines.

Although the programme is Minerals Council-led, it has been, from the very beginning, a collaborative multi-stakeholder initiative. It is made up of representatives from Minerals Council member companies, trade unions (NUM, Solidarity, AMCU, UASA), government (Department of Health (DOH) and Department of Mineral Resources and Energy (DMRE), the Mine Health and Safety Council (MHSC), the National Health Laboratory Service, the National Institute of Occupational Health, the South African Business Coalition on Health and AIDS (SABCOHA) and multilateral organisations including UNAIDS, the International Labour Organization (ILO) and the World Health Organisation (WHO).

3. TARGETS AND OBJECTIVES

The Masoyise Health Programme subscribed to international and national targets on TB, HIV and NCDs as set out in table 1 below.

Table 1: International and national targets on TB and HIV

WHO end TB strategy – 2025	UNAIDS fast track strategy on HIV – 2030
<ul style="list-style-type: none"> Find at least 90% of people with TB, including key and vulnerable populations Place 90% on appropriate treatment Achieve at least a 90% successful completion 	<ul style="list-style-type: none"> 90% of people living with HIV know their HIV status 90% of all people living with HIV receive antiretroviral therapy (ART) 90% of those receiving ART have viral suppression
Mining industry milestones	Masoyise targets
<ul style="list-style-type: none"> 100% of employees should be offered HIV counselling and testing annually and be linked to an ART programme To reduce TB incidence in the mining sector to or below the South African rate by 2024 	<ul style="list-style-type: none"> To counsel 100% of employees for HIV annually To screen 100% of employees for TB annually using the cough questionnaire
NCD targets	
<ul style="list-style-type: none"> 20% relative reduction in prevalence of raised blood pressure by 2020 Halt the rise of diabetes and obesity (10% reduction in the percentage of people that are obese or overweight by 2020) Increase the number of people screened and treated for mental disorder by 30% by 2030 	

4. KEY ACTIVITIES AND ACHIEVEMENTS IN 2019

4.1. Masoyise Health Programme implementation plan and strategy

Masoyise Health Programme activities are duly documented in the strategy implementation plan which consists of five objectives as set out by Masoyise Steering Committee. These objectives are linked to the relevant activities and the process flow on how they should be executed. The objectives are envisaged to be concluded and achieved in the three-year life span of the project. The objectives with their strategies and activities are listed below.

Objective 1:

To lead in advocacy and facilitate the generation of strategic information and research for an evidence-based, rights and gender-sensitive agenda

As part of identifying areas for research and channeling these to appropriate structures, three research studies were undertaken during 2019. More details of the findings of these studies are available in the later sections of this report. These studies were:

- 1) An assessment of the provision of TB services in the coal sector in Mpumalanga. This study was commissioned and completed in September 2019. It was approved by the Steering Committee, the Minerals Council's CEO Zero Harm Forum and Coal Leadership Forum.
- 2) Identifying Missed Opportunities in TB deaths in the Mining Industry in South Africa. This study was commissioned in 2019 but was completed in 2020. The study sought to review records of patients who died of TB disease to identify any missed opportunities in the prevention of these deaths and develop strategies to eliminate TB related deaths within three years.
- 3) Study on Health Promotion and Social Behavior Change Interventions: with Special Focus on TB, HIV, Occupational Lung Diseases and Non-Communicable Diseases in the South African Mining Industry.

Objective 2:

To provide overarching coordination and support for effective partnerships, collaboration, and implementation

The strategies were the establishment of value-adding partnerships. This was achieved through the Qina Msebenzi Uphile campaign partnership which was launched with organised labour stakeholders. The Masoyise Health Programme was also invited to join eMalahleni Local AIDS Council.

Objective 3:

To ensure synergy in access to comprehensive prevention, counselling, treatment, care, and management of diseases, including behavior change

The strategy was to prioritise health promotion and behavior change for the prevention of disease. The study mentioned above was commissioned and activities on contact tracing and the results can be found on page 24 of this report.

Objective 4:

To collect and synthesize key data on the diseases and monitoring progress towards achieving set targets

The strategy was to collect and disseminate data on performance against targets. The activity was to make the Minerals Council Health Management System available for reporting. This system is available and hosted by the Health Source. Another strategy was to document and publish the Masoyise Health Programme activities as a good practice. The activities were to collate all the reports related to Masoyise into a single document and collaborate with a service provider to produce a booklet on Masoyise. The ILO has committed to undertake this project in 2020.

Objective 5:

To create an enabling environment for the Masoyise Health Programme

The strategy is to ensure information on Masoyise is widely available and the communication strategy and plan is available to ensure the dissemination of Masoyise material to members. This is reported on later in the report.

4.2. Monitoring performance against TB and HIV targets

4.2.1. Background

The Minerals Council is committed to tracking progress on TB, HIV and NCDs using the Minerals Council Health Information Management System (Minerals Council HIMS) on the Health Source platform. The Minerals Council collates data on key threshold indicators from members, validates and evaluates performance against industry health and safety milestones and produces annual reports on performance.

The data used in this report was drawn from the Minerals Council HIMS database and the analysis was done using the Excel Spreadsheet to reflect the performance of the industry and commodities against key indicators for 2019.

4.2.2. Performance against targets

The table below (Table 2) shows the Masoyise performance against targets. These indicators comprise both the indicator description and the overview of 2019 versus 2018 performance. On TB and HIV, the targets set for the project are in line with the revised DMR 164 TB and HIV reporting form. The current reporting form is totally aligned to reporting on the full cascade of 90-90-90. The form has been reviewed and aligned to the South African National AIDS Council (SANAC) reporting requirements through the Mine Health and Safety Council (MHSC).

Table 2: Industry performance against targets: 2019 versus 2018

Activity	Milestone	2019	2018
1. Compliance to milestone reporting	100% reports should be finalised.	80.6%	92.0%
2. HIV counselling and testing	100% of employees should undergo HIV testing services (HTS) annually with all eligible employees linked to an antiretroviral treatment (ART) programme as per the South African National Strategic Plan for HIV, TB and STIs 2017 -2022.	68.9% (79.4 % including those on ART)	84% (93.9% including those on ART)
3. TB screening	100% of employees should be screened for TB annually.	80.6%	90.3%
4. TB incidence	MHSC Milestone: By December 2024, the mining industry TB incidence rate should be at or below the national TB incidence rate.	298/100,000	435/100,000
5. The general population aspirational target of TB incidence reduction	5% year-on-year reduction for the TB incidence rate.	The industry is on track to meeting the target	The industry is on track to meeting the target
6. NCDs	Screen all employees for hypertension	63.2 %	N/A
	Screen all employees for diabetes	57.6 %	

	Target not met
	Target met/on track

4.3. Data analysis report

4.3.1. Compliance to reporting Requirements

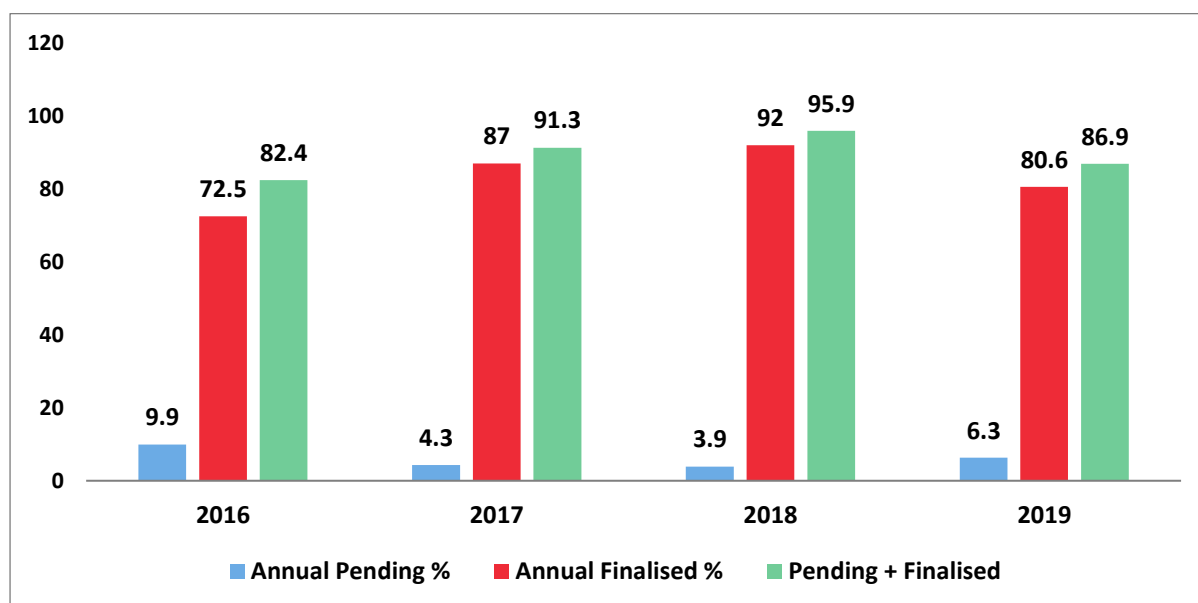
In 2019, 222 companies representing 387,961 employees submitted year-end data translating to an increase from 370,191 in 2018 and 370,223 in the 2017 number of employees. The total number of employees covered by the 222 mines represent about 84.3 % of the estimated 460,015 employees in the mining industry (see Table 3). This is a significant increase from 2018 when companies that reported accounted for 81% of the industry population. Companies that submitted data are in the Data report 2019 in Annexure 1.

Table 3: Minerals Council member companies as a proportion of the industry

2019	Mine operations	Employees
Industry	-	460,015
Minerals Council system	326	-
Respondents		
Minerals Council respondents	222	387,961
As a % of industry	-	84.3%

The target for the Masoyise Health Programme is for all reports to be finalised. Figure 1 indicates that there were 92% reports finalised in 2018 and 80.6% in 2019. Compliance trend to milestone reporting indicates that there was a steady increase in annual finalised reports and the percentage of data analysed over the last three years between 2016 and 2018 but this reversed in 2019.

Figure 1: Compliance reporting trend: 2016-2019



4.3.2. Performance of HIV programme

Table 4 sets out all the performance indicators for HIV.

Table 4: HIV programme performance

	Total number	%
Total employees	87,961	100.0
Counselled	267,495	68.9
Living with HIV and enrolled on ART	40,674	10.5
Living with HIV but not enrolled on ART	Unknown (Gap)	
Counselled HIV-positive (already on ART)	308,169	79.4
Tested for HIV	175,605	65.6
Know status (tested positive and already on ART)	216,279	55.7
Tested positive (Positivity rate)	12,488	4.7
Initiated on ART	3,859	30.9
Not enrolled on ART	8,629	69.1
On Isoniazid preventive therapy	13,918	34.2

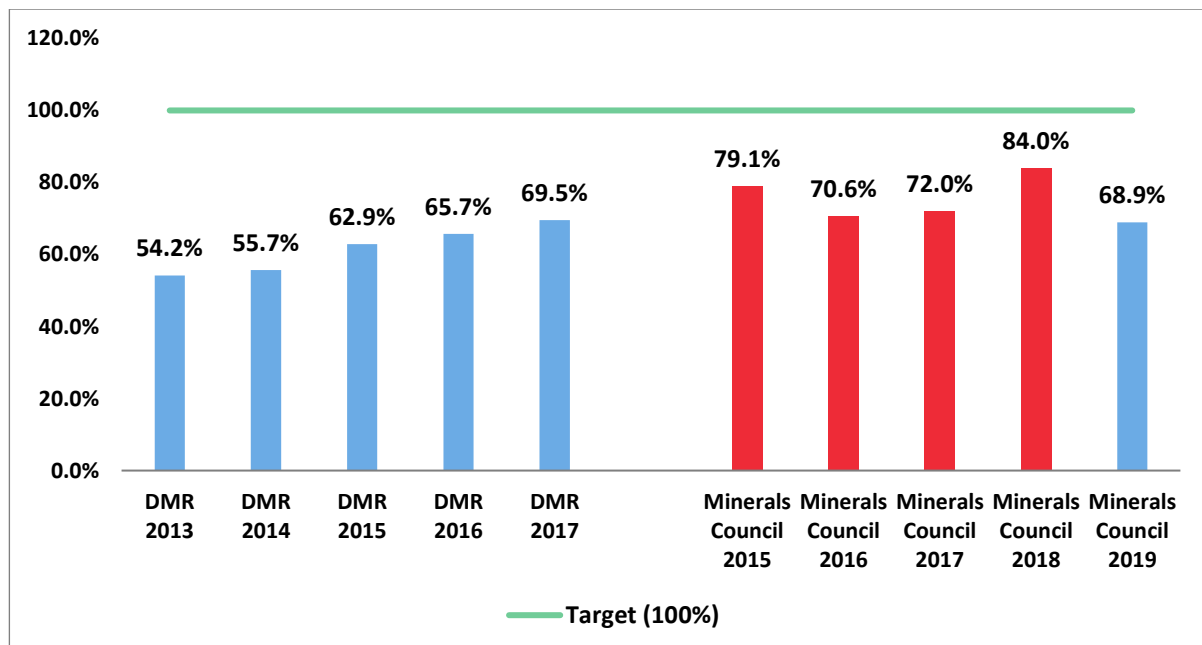
4.3.2.1 HIV counselling

The aim of the Masoyise HIV programme milestone is for 100% of employees to be offered HTS annually with all eligible employees linked to an ART programme. The programme has always maintained that HTS is the gateway to knowing one’s HIV status and continues to facilitate early access to diagnostics, treatment and prevention.

As seen in Figure 2, almost 68.9 % of employees in the 2019 were counselled for HIV. This was a decline from 2018 and the target of counselling 100% of employees was not met.

If an assumption is made that the employees that are on ART know their status and were therefore counselled, and the percentage of employees on ART is added to those that have been counselled and tested., then the percentage of counselled employees and those on ART increases to 79.5 % in 2019.

Figure 2: Trend of the percentage of employees counselled for HIV

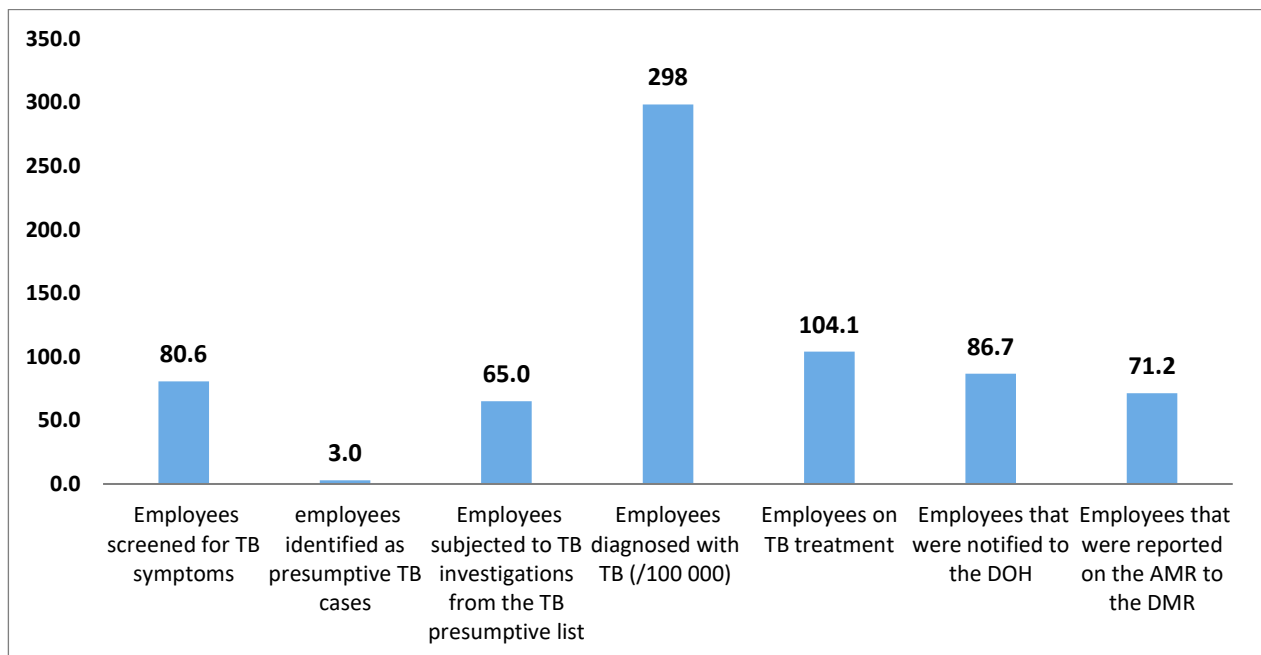


4.4. TB programme performance

The Masoyise Health Programme continues to monitor the percentage of employees screened for TB annually with a target of screening 100% of employees annually. The programme also adopted the Mine Health and Safety Council (MHSC) indicator of achieving a TB incidence that is below the national TB incidence rate by December 2024.

In Figure 3, a picture that sets out the TB indicators for 2019 is shown. A total of 312,612 employees were screened for TB and out of these, 1,158 were diagnosed with TB.

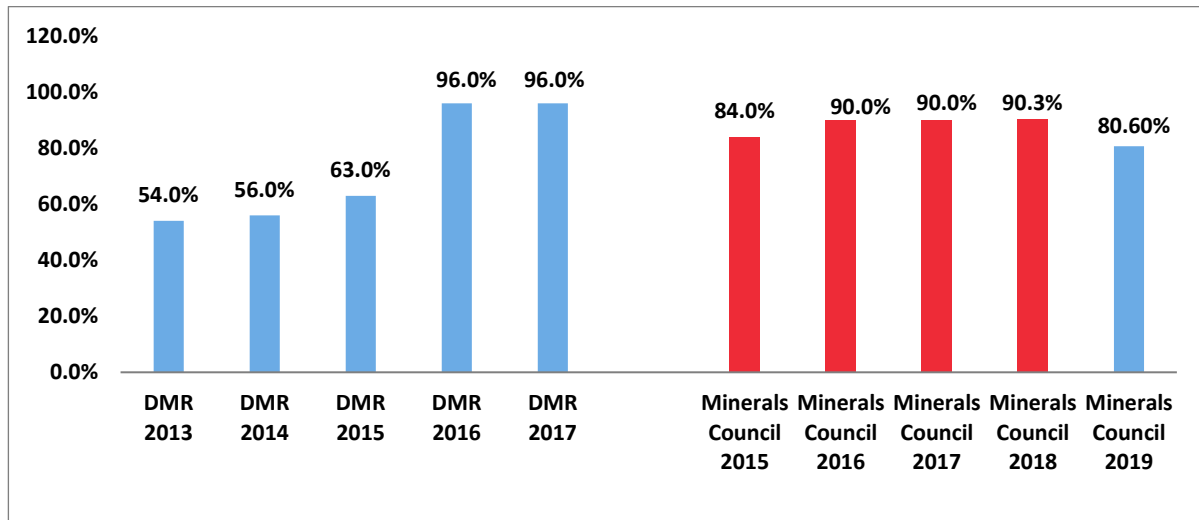
Figure 3: TB indicators: 2019 (%)



4.4.1. Screening for TB: Trend

The Masoyise target for screening for TB is 100% of employees every year. The percentage of employees screened for TB in 2019 was 80.6%. As seen in Figure 4, this is much lower than the screening rates in the previous three years.

Figure 4: Employees screened for TB (%)

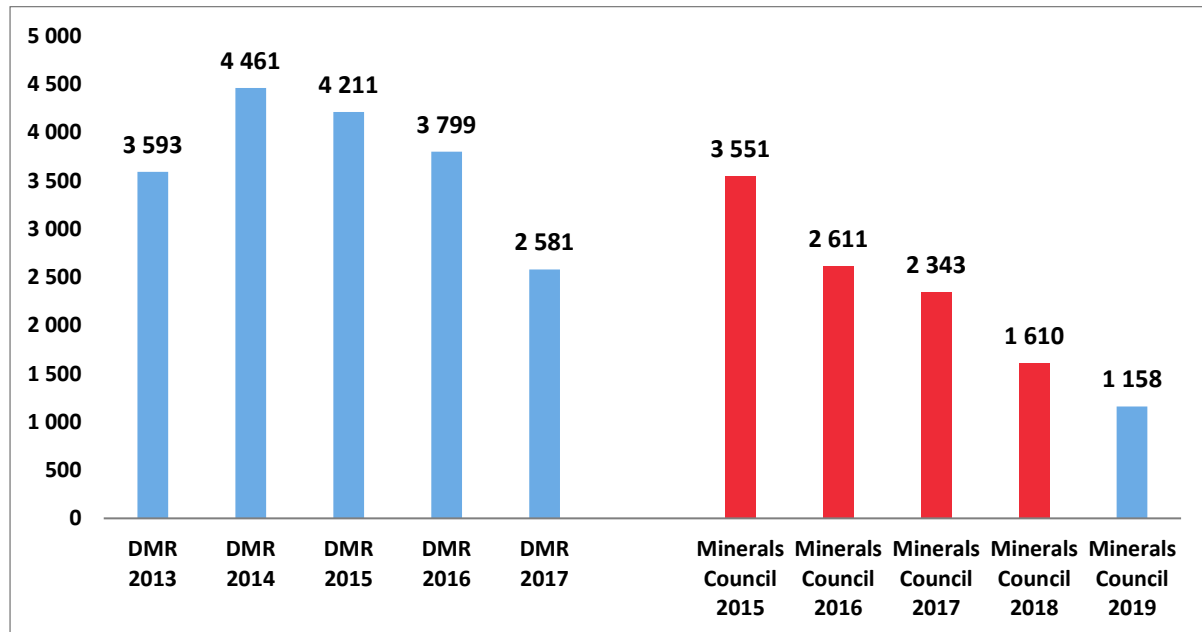


4.4.2. Number of TB cases diagnosed

The TB case detection in the mining sector presented with two peaks in the past 13 years, the first in 2008 and the second one in 2014. Although, the reason for the downward trend after the 2008 peak is generally ascribed to the widespread use of ART. The second peak and subsequent consistently downward trend in the last four years is significant because over the years there has been a significant improvement in the diagnosis of TB. The downward trend between 2014 and 2019 is also observed at the general population level and it is anecdotally attributed to a general decreasing prevalence of TB in South Africa.

Figure 5 shows the trends in the number of cases diagnosed with TB, from both the DMR and Minerals Council datasets. There was a decline in the number of cases diagnosed from 1,610 in 2018 to 1,158 in 2019.

Figure 5: Trend in number of TB cases diagnosed: 2013-2019

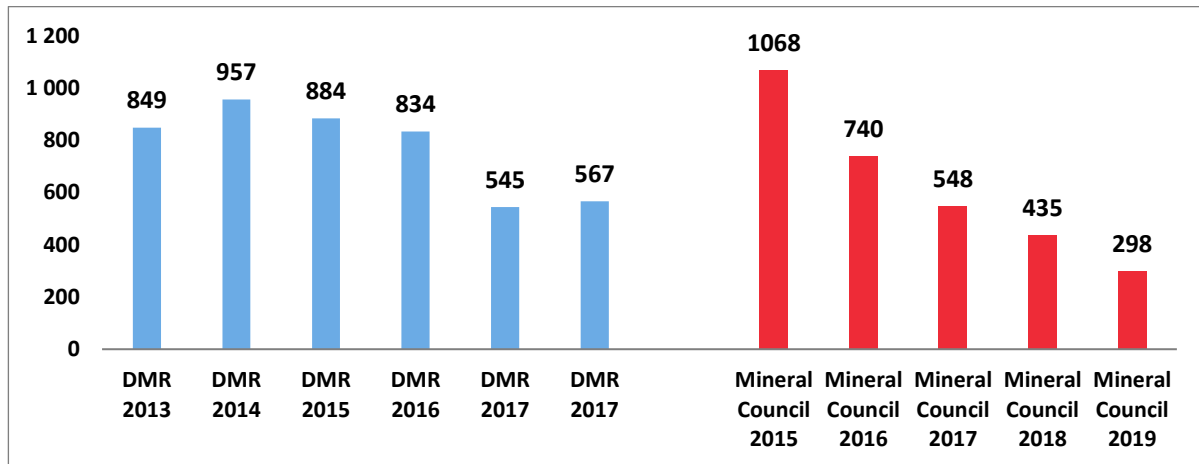


4.4.3. TB incidence

TB incidence is an indication of the ongoing transmission of Tuberculosis. The target is for the TB incidence in the mining industry to decrease below the national TB incidence rate by December 2024. The TB incidence is the sum of the TB cases reported over a year divided by the total number of employees in that same year multiplied by 100,000 population.

Figure 6 demonstrates a decreasing trend in TB incidence since 2014, this is in consonance with the national profile reported by the South Africa National TB Programme. The Industry (545/100,000 in 2017), as well as Minerals Council (298/100,000 in 2019) member companies have achieved the target of falling below the national TB incidence in this 2019 report. According to the WHO Global TB Report 2018, the Incidence rate is still within the range of the WHO estimate for the South Africa General Population TB Incidence of 567/100,000 (Range: 406-754). The WHO report was released in 2018 but covered data from 2017. South Africa is presently undergoing a prevalence survey that will help in establishing the TB prevalence in the country.

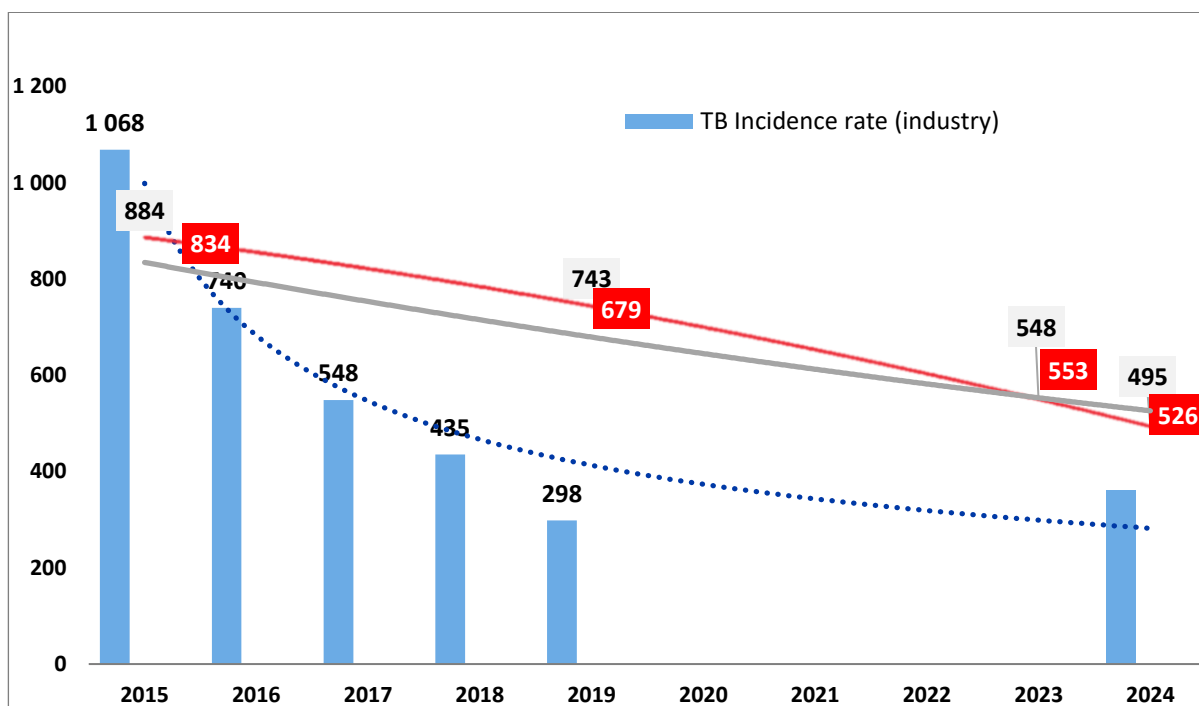
Figure 6: TB Incidence (Industry vs Minerals Council): 2013-2019



4.4.4. TB incidence aspirational curve

The industry committed to reducing the TB incidence to at or below the South African average. Aspirational curves were developed to monitor this commitment and as shown in Figure 7 below, the trend in TB incidence from 2015 through 2018 falls well within the expected range that will enable the industry to meet its milestone target by 2024.

Figure 7: Aspirational targets (Industry vs general population): 2015-2024

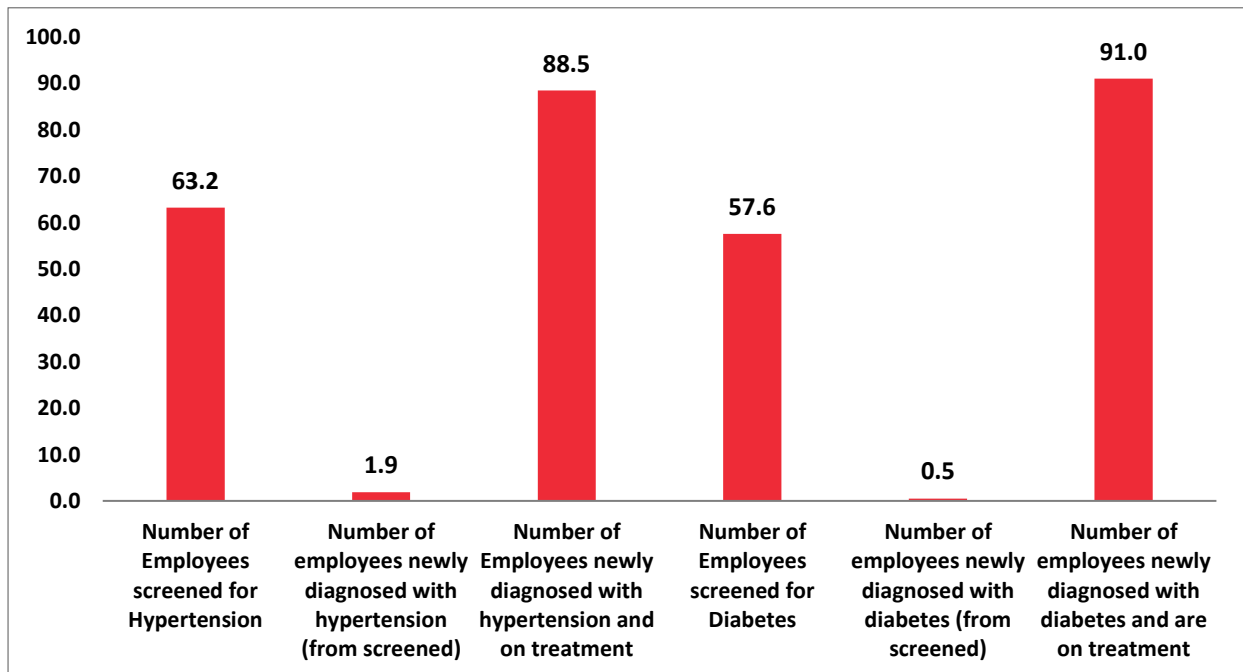


Currently the industry is well below the aspirational targets and is on track to meet the aspirational target.

4.5. Non-communicable diseases (NCDs)

For the first time, the Masoyise Health Programme can report on the industry’s performance on NCDs. Figure 8 below illustrates the percentage of employees screened, diagnosed, and put on treatment for hypertension and diabetes. The percentage of employees screened for hypertension was 63.2%, while those screened for diabetes was 57.6%. These screening rates are low and will require further interrogation and improvement as they serve as the baseline. The industry will not be able to determine if it met the international target of a 20% reduction in high blood pressure by 2020.

Figure 8: Screening and treatment for NCDs: 2019



It is encouraging to note that the majority of those that were newly diagnosed with NCDs were put on treatment, with 88.5% for hypertension and 91% for diabetes.

4.6. TB contact tracing

A Contact Tracing Task Team was established in 2016 to improve contact tracing on all TB index cases identified through Masoyise iTB. The West Rand TB Contact Tracing was a pilot in 2016. They have been working independently for more than a year with minimal intervention from the Masoyise Health Programme. The companies still involved in the West Rand TB Contact Tracing are Harmony Gold and AngloGold Ashanti. Meetings are no longer conducted, and it is recommended that we revive the TB Contact Tracing committee structure so that regular meetings and reporting can be adhered to.

In 2017 and 2018, the Bojanala District was the second region that was assisted in establishing a committee to monitor and report on TB contact tracing. This region is represented by Royal Bafokeng Platinum Mine (BRPM), Sibanye-Stillwater (Rustenburg), Sibanye-Stillwater (Marikana), Bushveld Vametco, Glencore Alloys, Minopex and Impala Platinum.

The Mpumalanga coal sector Contact Tracing Task Team was the last committee to be established in 2019 and it has gained momentum. Companies represented in the committee are Anglo Coal, Glencore Coal, Sasol, South32, Exxaro and Seriti Resources.

TB contact tracing data elements were developed and improved when Masoyise conducted a TB contact tracing workshop in August 2019. This enabled members to have a common understanding and interpretation of indicators. Another improvement has been the development of the TB contact tracing digital reporting tool which enables members to easily capture their data as well as monitor and evaluate progress in terms of TB contact tracing both in the workplace and in surrounding communities. TB contact tracing meetings are held on a quarterly basis for the Bojanala District and Mpumalanga Coal Task Teams. Generally, all companies are showing improvements in conducting contact tracing.

Table 5: Selected TB contact tracing outcomes

Indicator	West Rand	Bojanala	Mpumalanga	Total 2018	Total 2019
Number of index pulmonary TB cases identified	70	528	111	641	709
Number of contacts identified	1,088	2,063	886	3,075	4,037
Number of contacts successfully traced and screened	1,039	1,967	883	2,950	3,889
Percentage of contacts traced and screened	95.5%	95.3%	99.7	95.9%	96.3
Number of cases detected	51	16	2	46	69
Yield (% TB positive from those screened)	4.9%	0.8%	0.2%	1.6%	1.8%
Percentage TB positive put on treatment	100%	100%	100%	100%	100%

There was a slight improvement in TB contact tracing performance in 2019 for the reporting companies that were supported by the Masoyise Health Programme.

The number of index pulmonary TB cases identified in 2019 was at 709, which is an increase of 68 compared to 641 in 2018. It must be noted that there were more districts reporting in 2019 as compared to 2018, with the inclusion of Mpumalanga.

The Mpumalanga TB Contact Tracing Task Team reached 99.7% of contacts that were traced and screened for TB. This is a positive milestone in TB contact tracing.

This achievement can also be alluded to a good working relationship and collaboration with the Provincial Department of Health and non-profit organisations in the communities. However, we also note that there were fewer companies in the West Rand district that reported in 2019.

It is worth mentioning that 100% of all contacts who were found to be TB positive were enrolled into care and treatment. This is a positive step towards the attainment of the first and third 90s in the 90-90-90 TB strategy. The first 90 refers to reaching 90% of all people with TB and placing them on appropriate therapy as required. The third 90 refers to achieving at least 90% of treatment success for all people diagnosed with TB through affordable TB treatment services. The full TB contact tracing report 2019 can be found in Annexure 2.

4.7. **Support to small mines**

SABCOHA is responsible for the support to small mines. The organisation received a 3-year grant from the Global Fund. This is a programme for male sexual partners of adolescent girls and young women (AGYW) and seeks to increase the uptake of HIV services among these male sexual partners. The Masoyise Health Programme helps SABCOHA in identifying small mines. Key populations like AGYW receive more funding on this grant. The target set for Bojanala District for example is that in year 1 they need to reach 55,741 males. When companies are doing health campaigns in their operations, they are requested to partner with SABCOHA to support co-funding or co-financing as the companies will pay for screening at their facilities. SABCOHA is in the process of working on Gender Based Violence (GBV) issues and engage the business sector. The Small mines report 2019 can be found in Annexure 3.

4.8. **Communications**

The objective of the communications strategy is to support the work done by the Masoyise Health Programme, ensuring that key targets of educating both mine employees and surrounding communities about ways to prevent and treat HIV and TB and to ultimately eliminate them, are achieved. Some of the communications plan tasks completed in 2019 were:

World TB Day

World TB Day awareness material that highlighted TB facts in the mining communities among employees and community members was produced. Social media posts were created and posted on the Masoyise Health Programme Facebook page, and posters were shared with member companies.

World AIDS Day

Various materials were produced for the commemorative day including posters which were shared with member companies to create awareness around World AIDS Day 2019. A social media campaign was also created on the Masoyise Facebook page and was shared on the Minerals Council's social media pages. An animation was also produced and posted on the website and social media and the Minerals Council's YouTube page.

Masoyise character

A Masoyise character was produced and incorporated in the messaging – the aim is to have employees associate with it.

Qina Msebenzi Uphile initiative

The launch of the Qina Msebenzi Uphile initiative was held at the Minerals Council and the Masoyise Health Programme took part. The communications team created social media posts to support the initiative and also submitted a report about the launch.

Other material produced in 2019:

- Masoyise Health Programme Q&As
- Masoyise leaflet and posters
- Masoyise Health Programme newsletter
- A radio campaign
- Masoyise Health Programme Annual Report 2018

Some of the material developed and disseminated for health awareness in 2019



World TB Day 2019 social media post



Masoyise character



Qina Msebenzi Uphile launch

YOUTUBE CHANNEL

- **Target audiences**
 - Mine employees
 - Community members
 - General YouTube users
- **Key messages**
 - HIV is preventable and prevention methods
 - Stats on the death, new infections and people living with HIV rates
 - Masoyise cares
- **Implementation process**
 - Posted on the Minerals Council YouTube channel



Animation

MASOYISE Health Programme

1 December 2019

WORLD AIDS DAY

Communities make a difference

Sexual health and education are important.

Know your rights and responsibilities.

We have the knowledge and the tools to stop HIV/AIDS.

Make informed choices.

Play your part in your community.

Follow, comment and share using
#CommunitiesMakeADifference
#ChekaImpilo

#MasoyiseHealthProgramme #MakingMiningMatter

MASOYISE Health Programme

IMPROVING THE HEALTH OF MINING EMPLOYEES

The Masoyise iTB programme came into being in 2015 as a Minerals Council-led, multi-stakeholder programme to combat the prevalence of tuberculosis (TB).

Masoyise was mandated to reduce and ultimately eliminate TB as well as HIV in the mining sector, and ran for three years between 2016 and 2018.

When the programme came to its conclusion, it was renewed for an additional three-year period. Under its new title, the Masoyise Health Programme, the programme's scope was expanded.

Today, it works beyond TB and HIV, and focuses on reducing the impact of occupational lung disease and non-communicable diseases as occupational health threats in the mining sector as well. Through its work, the programme aims to improve the overall health of employees in the industry.

Key achievements
Between 2016 and 2018, the industry has seen notable achievements:

- 310,872 employees (84%) counselled for HIV in 2018, an increase of 13% since 2016
- 334,321 employees (90%) screened for TB, a marginal increase of 0.3% since 2016
- 1,610 cases of TB diagnosed among employees, a decrease of 38% since 2016

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#MakingMiningMatter

World AIDS Day 2019 collateral

4.9. STUDIES COMMISSIONED

There were three major studies that were commissioned by Masoyise in 2019. These studies aimed to improve the health and wellbeing of the former, current and future mine workers. The studies were commissioned after thorough considerations based on the need by the mining industry to care about its employees beyond employment at the mines. Some of the studies seek to educate employees about health issues and help to change social behavior. One of the studies conducted was:

An assessment of the provision of TB services in the coal sector in Mpumalanga

This study was commissioned and concluded in 2019 and the following were the findings, conclusions, and recommendations:

- 100% of respondents were offering health promotion activities on site to permanent employees

- 80% of respondents were offering TB monitoring services to permanent employees, e.g. directly observed treatment short course onsite
- 80% of respondents were assisting permanent employees with administration regarding compensation
- Physical and functional work capacity testing was offered onsite for both permanent employees and contractors

4.9.1. The conclusions of the study were as follows:

- There are fewer cases of TB reported in the coal industry due to weak and fragmented TB services
- Although there are determinants of higher TB rates in the coal industry, the requisite priority and urgent action to combat TB was not visible - it did not seem to be recognised as an issue that was important to the coal mining industry
- There are high levels of contracting in the sector and these contractors are very mobile. Health data and valuable personal medical information has been lagging as a result of poor surveillance data, and possible misdiagnosis, under-diagnosis and under-reporting of TB incidence. This then results in no reporting back to the employer/coal company, and therefore no reporting to DMRE and Masoyise.
- The response from the coal mines was slow due to the inconsistent components of TB services being delivered, the unsustainable funding patterns with little or no partnerships with stakeholders, and with a dismal response to the post-employment follow up for mineworkers with no clear referral and follow up mechanisms. There was also a lack of provision for TB sick leave.

4.9.2. The recommendations of the study were:

The consultant came up with several recommendations and these have been adjusted with inputs from the Minerals Council Health Policy Committee and the Masoyise Working Committee, as set out below:

- Companies should ensure that all service staff (health and HR) and all employees are well informed about occupational TB and its attendant legal obligations

- Companies are encouraged to develop commercial agreements with their contracting companies that incorporate a health and wellness strategy, including a TB policy and budget within good governance and accountability frameworks
- Companies should consider incorporating a compliance clause into contracts with contractors to ensure that legal requirements regarding TB and TB services and TB reporting are complied with
- Companies need to establish mechanisms for electronic health records for their employees that will integrate seamlessly with the DMRE and Masoyise reporting frameworks and ultimately make it possible for easier access to records with employee consent

Other studies that were commissioned in 2019 but concluded in 2020 are the “TB mortality causality, areas of improvement and prospective interventions within the mines” and the study “Initiate health promotion and social behavior change interventions with a special focus on TB, HIV, Occupational Lung Diseases (OLD) and Non-communicable Diseases (NCD’s) in the South African mining industry”.

5. SATELLITE SESSION AT THE 9TH SA AIDS CONFERENCE 2019

The private sector satellite session was co-hosted by SANAC and the Minerals Council and sponsored by the Masoyise Health Programme in June 2019 at the Inkosi Albert Luthuli International Conference Centre in Durban.

There were presentations by various stakeholders. The Council for Medical Schemes (CMS) reported on the data sharing agreement with SANAC that was entered into in 2016. The role of CMS in the agreement states among other issues that they will share all circulars and terms of reference with administrators of medical schemes and related managed care organisations. CMS committed to support SANAC and the private sector Technical Working Group in the continual reporting of HIV, TB and STI data to inform the national HIV/AIDS estimates and to depict a true reflection of the response to HIV, TB and STIs.

Dr Thuthula Balfour, Head of Health at the Minerals Council presented on TB/HIV data reporting in the South African mining industry. She focused on the ILO Recommendation 200 concerning HIV and AIDS in the world of work. She indicated that employees, their families and dependents should have access to and benefit from prevention, treatment, care and support in relation to HIV and AIDS; and that the workplace should play a role in facilitating access to these services. She also emphasized that member companies should collect detailed information and statistical data, and undertake research on developments at the national and sectoral levels in relation to HIV and AIDS in the world of work. She shared the Masoyise health data report and concluded that through SANAC, stakeholders need to define the basic set of data indicators to be collected by the private sector.

6. LESSONS LEARNT/CHALLENGES

The first year of Masoyise Health Programme was a success in the integration of NCDs into the programme and securing data on these health conditions. This will serve as a baseline for monitoring them going forward. It was an advantage to have a dedicated project manager who could ensure that the programme is kept on course.

The studies conducted by the programme were of great value and add to the body of knowledge of the industry on the topics that were covered. The Masoyise Health Programme will ensure that their recommendations are implemented.

The involvement of organised labour through the joint launch of Qina Msebenzi Uphile was encouraging and provides a good foundation for further participation in the empowerment of employees regarding their own health.

A key challenge encountered was the lower compliance in reporting for the 2019 year. This impacted on the performance of the whole industry and it is hoped that this trend will not continue into 2020.

7. CONCLUSION

South Africa and the mining industry will continue to give priority to the prevention, control and elimination of TB and HIV, as well as to drastically reducing the incidence of NCDs. The programme looks forward to further progress in the next two years.

We thank all the Masoyise Health Programme stakeholders for their unstinting support in making the programme a success thus far.

8. ANNEXURES

8.1. Annexure 1: Data report 2019: companies that submitted 2019 data

Member	Number of mines	Year-end expected	Year-end pending	Year-end finalised	Finalised + Pending	Year-end unaccounted
African Rainbow Minerals	6	6	-	6	6	-
AfriSam (SA) Pty Limited (ASPASA)	17	17	-	17	17	-
Anglo American Coal South Africa	6	6	-	6	6	-
Anglo American Platinum South Africa	13	10	-	10	10	-
AngloGold Ashanti	7	5	-	5	5	-
Assore Pty Ltd	1	1	-	1	1	-
Coastal Coal	1	1	1	-	1	-
De Beers Consolidated Mines (Pty) Ltd	3	3	-	3	3	-
DRD GOLD Limited	1	1	-	1	1	-
Eastplats Mine (Pty) Ltd	1	1	-	1	1	-
Evander Gold Mining Pty Ltd	1	1	-	-	-	1
Exxaro	16	10	-	10	10	-
Glencore Coal South Africa	12	11	-	11	11	-
Glencore Ferro Alloys South Africa	7	7	-	7	7	-
Gold Fields Limited	1	1	-	1	1	-
Harmony Gold	22	20	-	20	20	-
Idwala Industrial Holdings Limited	1	1	-	1	1	-
Ilima Coal Company	1	1	-	-	-	1
Impala Platinum	14	2	-	1	1	1
Inca Mining	1	1	1	-	1	-
Kumba Iron Ore	4	2	-	1	1	1
Kuyasa Mining (Pty) Ltd	1	1	-	1	1	-
Makana Brick	1	1	-	-	-	1
Mbuyelo Coal	2	2	-	2	2	-
Northam Platinum Limited	4	1	-	1	1	-
Pan African Resources plc	4	3	-	3	3	-
Petra Diamonds	3	3	-	3	3	-
Platinum Group Metals (Pty) Ltd	1	1	-	1	1	-
Richards Bay Minerals	1	1	-	-	-	1
Royal Bafokeng Platinum	2	2	-	2	2	-
Samancor Chrome	2	2	-	2	2	-

Member	Number of mines	Year-end expected	Year-end pending	Year-end finalised	Finalised + Pending	Year-end unaccounted
Sasol Mining (Pty)Ltd	9	9	8	1	9	-
Seriti Resources	3	3	-	3	3	-
Shiva Coal	2	1	-	1	1	-
Sibanye Gold Limited	5	5	-	5	5	-
Sibanye-Stillwater Rustenburg operations	32	21	1	20	21	-
Siyanda Resources (Pty) Ltd	2	1	-	1	1	-
South32 SA Coal Holdings (Pty) Ltd	6	6	-	6	6	-
Universal Coal Pty Ltd	2	2	-	2	2	-
Wesizwe Platinum	1	1	-	1	1	-
Zomhlaba Resources	2	2	-	2	2	-
Totals	221	176	11	159	170	6

8.2. Annexure 2 – TB contact tracing report 2019

Introduction

TB contact tracing is a process of identifying, diagnosing and treating, if needed, people who have had contact with an individual with a serious infection. This is a primary means of controlling the spread of an infectious disease. TB Contact Tracing Task Teams were established to improve contact tracing on all index cases identified through the Masoyise Health Programme. This report highlights the progress on TB contact tracing activities carried out in 2019.

TB contact tracing reporting is conducted on a quarterly basis with four meetings per annum at the Bojanala District in the North West Province and the coal sector in the Nkangala District of Mpumalanga Province. The West Rand District of the Gauteng Province last reported in 2018. However, a plan is underway to revive the committee so that they can start reporting again.

Bojanala District progress report

The Bojanala District TB Contact Tracing Task Team has been consistently tracing TB index cases in the area. They had assistance from Aurum Institute in tracing TB contacts in the community. However, Aurum Institute funding came to an end in early 2019 and that had a

negative impact on the mines and communities as most mines depended on them to conduct TB contact tracing in the communities. The reporting mines in the district are Bafokeng Rasimone Platinum Mine (BRPM), Bushveld Vametco, Glencore, Sibanye-Stillwater platinum Rustenburg mine, Sibanye-Stillwater platinum Marikana mine (previously known as Lonmin) and Impala Platinum. There were no reportable incidences of TB for Bushveld Vametco in 2019.

Notable progress/successes and challenges

Successes/Progress	Challenges
<ul style="list-style-type: none"> • 528 index cases identified <ul style="list-style-type: none"> • 491 permanent mine employees • 37 contractors • 2,063 identified TB contacts <ul style="list-style-type: none"> • 23 below the age of 5 • 50 lost-to-follow up cases with 47 of them being from the workplace - due to various reasons ranging from exits and retrenchments, to refusing to come forward when requested • 85 TB presumptive contact cases tested for TB <ul style="list-style-type: none"> • 16 tested TB positive <ul style="list-style-type: none"> • 9 of which were started on treatment • another 9 placed on Isoniazid Preventive Therapy (IPT) • 8 TB presumptive cases voluntarily tested as the index was an MDR case 	<ul style="list-style-type: none"> • The temporary withdrawal of Aurum Institute due to the lapse of funding had a negative impact in community TB contact tracing as most of the mines relied on them • Labour-sending area cases were poorly monitored as they are diagnosed and treated in local facilities

Bojanala District TB contact tracing data: 2019

Data element			Permanent employees	Contractors	Total
Number of index pulmonary TB cases			491	37	528

Contacts/Cases	Age	Community	Workplace	Labour-sending areas	Total
Number of contacts identified	Below 5 years	23	-	-	23
	Above 5 years	348	2,040	12	2,040
	Total	371	2,040	12	2,063

Contacts/Cases	Age	Community	Workplace	Labour-sending areas	Total
Number of contacts traced and screened	Below 5 years	23	-	-	23
	Above 5 years	329	1,944	12	1,944
	Total	352	1,944	12	1,967
Number of identified contacts lost to follow-up	Below 5 years	-	-	-	-
	Above 5 years	3	47	-	50
	Total	3	47	-	50
Number of contacts identified as TB presumptive	Below 5 years	17	-	-	17
	Above 5 years	3	215	-	215
	Total	20	215	-	232
Number of presumptive contacts tested for TB	Below 5 years	15	-	-	15
	Above 5 years	6	64	-	70
	Total	21	64	-	85
Number of Tested presumptive contacts found to be TB positive.	Below 5 years	1	-	-	1
	Above 5 years	-	15	-	15
	Total	1	15	-	16
Number of TB diagnosed started on treatment	Below 5 years	1	-	-	1
	Above 5 years	-	8	-	8
	Total	1	8	-	9
Number started on IPT	Below 5 years	5	-	-	5
	Above 5 years	2	2	-	4
	Total	7	2	-	9

Mpumalanga coal sector

The Mpumalanga coal sector TB Contact Tracing Task Team was the latest to be established. It was formed in the first quarter of 2019. The mining companies participating in the Task Team activities are Sasol, Anglo American Coal, Exxaro, South 32, Seriti Resources and Glencore/Izimpiwa Coal.

Notable progress/successes and challenges

Successes/progress	Challenges
<ul style="list-style-type: none"> • During the first and the second quarter, only two companies were reporting i.e. Anglo American Coal and Sasol. However, more companies like Exxaro, Seriti Resources and South32 began to report in the second half of the year • Sasol has access to the government reporting system, Tier.net • The DoH has committed to install the Tier.net software for companies who are reporting and referring cases to them • Training on Tier.net is planned by the Mpumalanga DoH • There is synergy between NGOs and mining companies, especially in the Kriel area where NGOs assist with TB contact tracing and refer cases to the public health facilities 	<ul style="list-style-type: none"> • The reporting was poor, but it is steadily improving • Community TB contact tracing is poorly captured as it is referred to NGOs and the DoH and no feedback about referred cases is received by companies

Mpumalanga TB contact tracing data: 2019

Data element			Permanent employees	Contractors	Total
Number of index pulmonary TB cases			99	12	111

Contacts/Cases	Age	Community	Workplace	Labour-sending areas	Total
Number of contacts identified	Below 5 years	-	-	-	-
	Above 5 years	5	570	311	886
	Total	5	570	311	886
Number of contacts traced and screened	Below 5 years	-	-	-	-
	Above 5 years	5	570	308	883
	Total	5	570	308	883
Number of identified contacts Lost to follow-up	Below 5 years	-	-	-	-
	Above 5 years	-	3	-	3

Contacts/Cases	Age	Community	Workplace	Labour-sending areas	Total
	Total	-	3	-	3
Number of contacts identified as TB presumptive	Below 5 years	-	-	-	-
	Above 5 years	25	68	23	116
	Total	25	68	23	116
Number of presumptive contacts tested for TB	Below 5 years	-	-	-	-
	Above 5 years	6	15	15	36
	Total	6	15	15	36
Number of Tested presumptive contacts found to be TB positive.	Below 5 years	-	-	-	-
	Above 5 years	1	1	-	2
	Total	1	1	-	2
Number of TB diagnosed started on treatment	Below 5 years	1	-	-	1
	Above 5 years	1	1	-	2
	Total	2	1	-	3
Number started on IPT	Below 5 years	-	-	-	-
	Above 5 years	-	-	-	-
	Total	-	-	-	-

West Rand District

There has been less TB contact tracing activities in the district and the TB Task Team was dissolved due to restructuring in the mining companies that were actively reporting. There are currently efforts to revive the TB Contact Tracing Committee Task Team and its activities. The West Rand District companies that reported are AngloGold Ashanti and Harmony Gold.

AngloGold Ashanti reported that the TB contact tracing notification forms have been sent to the DoH, but they had not received any response yet. They also reported that DoH have installed the Tier.net register for the electronic capturing of TB and HIV incidences and continuous monitoring. The DoH committed to improve TB contact tracing in the communities, however, reporting is delayed due to restrictions in catchment areas. The occupational and public health clinics at AngloGold Ashanti have been outsourced to Life Healthcare Services since December 2018.

Data element			Permanent employees	Contractors	Total
Number of index pulmonary TB cases			70		70
Contacts/Cases	age	Community	Workplace	Labour-sending areas	Total
Number of contacts identified	Below 5 years	12	-	-	12
	Above 5 years	162	822	92	1 076
	Total	174	822	92	1,088
Number of contacts traced and screened	Below 5 years	10	-	-	10
	Above 5 years	158	779	92	1,029
	Total	168	779	92	1,039
Number of identified contacts Lost to follow-up	Below 5 years	2	-	-	2
	Above 5 years	4	50	-	54
	Total	6	50	-	56
Number of contacts identified as TB presumptive	Below 5 years	-	-	-	-
	Above 5 years	-	51	-	51
	Total	-	51	-	51
Number of presumptive contacts tested for TB	Below 5 years	-	-	-	-
	Above 5 years	-	51	-	51
	Total	-	51	-	51
Number of Tested contacts found to be TB positive.	Below 5 years	-	-	-	-
	Above 5 years	3	68	4	75
	Total	3	68	4	75
Number of TB diagnosed started on treatment	Below 5 years	-	-	-	-
	Above 5 years	3	68	4	75
	Total	3	68	4	75
Number started on IPT	Below 5 years	-	-	-	-
	Above 5 years	-	-	-	-
	Total	-	-	-	-

Conclusion

- Conducting TB contact tracing in the communities is still a challenge as most companies rely on NGOs, the DoH and other stakeholders like Aurum Institute. If the above-mentioned entities are unable to access the specified communities, TB contacts and presumptive cases cannot be reached thus creating a risk for the spread of the bacteria in the communities.
- Another challenge faced by mining companies and NGOs is creating a sustainable relationship with the DoH in respective districts as government departments need Memorandums of Understanding to formalise working relationships and these take a long time to finalise. There is, therefore, the need to have a collaboration framework in place to enable a good working relationship.
- TB and HIV co-infection need to be included in the reporting moving forward so that the extent of TB and the underlying factors can be determined.
- The electronic TB contact tracing reporting tool has been developed and uploaded on the Masoyise Health Information System. However, its use is still minimal as not all clinic staff have access to the system.

8.3. Annexure 3: Small mines report 2019

SABCOHA is a stakeholder of the Minerals Council Masoyise Health Programme with a focus on small mines that it can reach out to through a Global Fund Grant to be implemented between April 2019 and March 2022. The grant is based on the Public Private Mix (PPM) approach as follows:

- This programme seeks **to increase the uptake of HIV services** among male sexual partners of AGYW
- Formal and informal workplace programmes are envisaged to reach **mine workers, factory workers, government employees, taxi drivers, business owners, etc.**
- Linkage to care will be strengthened through **workplace health service provision, agreements with general practitioners** and specialised men's health service providers to support visits
- The rationale for this approach is based on evidence that PPM interventions may help eradicate gender-related barriers to healthcare

- A South African study found that **high-risk men were twice as likely to seek private healthcare** than women
- Research and stakeholder reports indicate that PPM can effectively and efficiently improve the enrolment of men in HIV services
- These PPM approaches are to be implemented and **co-funded by the private sector and facilitated by SABCOHA**
- The approach is in line with the National Development Plan, which includes bringing in additional capacity and expertise to strengthen results-based health systems through partnerships between the private and public sector

The key component of this grant is to find male sexual partners of AGYW in the below districts and sub-districts, providing an opportunity to offer services to small mines that might not have the resources to offer regular health screening to their employees. A formal letter will be distributed through the Minerals Council to all small mines offering the service to them.

The small mines in the districts highlighted in bold in the table below were used as testing targets and offered services during 2019

Province	District Municipality	Sub-district	2018 AGYW 15-24	Sub district allocation	Year 2 targets
KwaZulu-Natal	Zululand District Municipality	AbaQulusi Local Municipality	23,795	5%	5,118
KwaZulu-Natal	King Cetshwayo District Municipality	City of uMhlatuze Local Municipality	44,957	10%	9,669
Mpumalanga	Ehlanzeni District Municipality	City of Mbombela Local Municipality	67,407	14%	14,497
Mpumalanga	Gert Sibande District Municipality	Govan Mbeki Local Municipality	29,874	6%	6,425
Eastern Cape	Nelson Mandela Bay Metropolitan Municipality	Nelson Mandela C Health sub-District	38,178	8%	8,211
Eastern Cape	Oliver Tambo District Municipality	Nyandeni Local Municipality	33,616	7%	7,230
Free State	Thabo Mofutsanyana District Municipality	Dihlabeng Local Municipality	12,615	3%	2,713
Free State	Thabo Mofutsanyana District Municipality	Setsoto Local Municipality	11,334	2%	2,438
Limpopo	Sekhukhune District Municipality	Fetakgomo-Greater Tubatse Local Municipality	52,564	11%	11,305
Gauteng	City of Tshwane Metropolitan Municipality	Tshwane 1 Health sub-District	74,050	16%	15,926

Province	District Municipality	Sub-district	2018 AGYW 15-24	Sub district allocation	Year 2 targets
North West	Bojanala Platinum District Municipality	Rustenburg Local Municipality	49,082	10%	10,556
Western Cape	City of Cape Town Metropolitan Municipality	Klipfontein Health sub-District	32,931	7%	7,083
		Grand total	470,403	100%	

Sub-district	Commercial areas	Provincial Programme Manager
Nelson Mandela C Health sub-district (Eastern Cape)	Port Elizabeth and Summerstrand	Lizwi Mdolomba +27 60 958 1600 Lizwi@sabcoha.co.za
Nyandeni Local Municipality (Eastern Cape)	Mthatha and Libode	
Dhlabeng Local Municipality (Free State)	Bethlehem, Clarens, Fouriesburg, Paul Roux, Rosendal	Tlaleng Tsubella +27 61 547 0677 Tlaleng@sabcoha.co.za
Setsoto Local Municipality (Free State)	Clocolan, Ficksburg, Marquard, Senekal	
Tshwane 1 Health sub-district (Gauteng)	Rosslyn	Dorothy Phahla +27 82 723 1897 Dorothy@sabcoha.co.za
AbaQulusi Local Municipality (KwaZulu-Natal)	Vryheid	Sibonakaliso Mkhize +27 73 065 3310 sibonakaliso@sabcoha.co.za
City of uMhlathuze Local Municipality (KwaZulu-Natal)	Richards Bay, Empangeni	
Fetakgomo-Greater Tubatse Local Municipality (Limpopo)	Apel, Burgersfort, Steelpoort	Dorothy Phahla +27 82 723 1897 Dorothy@sabcoha.co.za
Govan Mbeki Local Municipality (Mpumalanga)	Bethal, Evander, Leandra, Secunda	Tlaleng Tsubella +27 61 547 0677 Tlaleng@sabcoha.co.za
City of Mbombela Local Municipality (Mpumalanga)	Hazyview, Nelspruit, White River	
Rustenburg Local Municipality (North West)	Rustenburg	Sibonakaliso Mkhize +27 73 065 3310 sibonakaliso@sabcoha.co.za
Klipfontein Health Sub-District (Western Cape)	Manenberg, Athlone, Nyanga, Gugulethu	Lizwi Mdolomba +27 60 958 1600 Lizwi@sabcoha.co.za

A comprehensive prevention core package with a linkage to healthcare will be offered through the Global Fund Grant and will include the following:

- HIV counselling and testing
- TB screening
- STI screening
- Blood pressure level
- Blood glucose level

The expected outcome is increased ART access and viral load suppression. COVID-19 screening and testing can be included but will have to be costed as an additional service.

Private sector support and participation options in line with the public private mix approach:

- Contribute to the goals and objectives of the Masoyise Health Programme participating as a small mine
- Partner with SABCOHA on already existing health screening initiatives in the workplace to extend the targets reached - this could also include COVID-19 screening from 1 May 2020
- Support health screening which mitigates the country's quadruple burden of disease whilst reducing stigma associated with HIV
- Responsible reporting
- Facilitate gender-based violence dialogues in the workplace in partnership with SABCOHA by utilizing wellness coordinators and union representatives
- Support SANAC with awards for the best gender-based violence and human rights programmes by 2021

8.4. Annexure 4: Communications report 2019

Introduction

Communication is defined as a process by which information is exchanged between individuals through a common system of symbols, signs, and behavior (www.merriam-webster.com/dictionary). This communications report includes the various communication methods we employed during the year such as posters, fliers, social media posts and other collateral that was intended to relay particular messages to the intended audiences with the aim of effecting behaviour change.

The communications strategy is the critical piece bridging the situation analysis and the implementation of a sound behavior change programme. Effective communication strategies use a systematic process and behavioural theory to design and implement communication activities that encourage sustainable social behaviour change (<https://www.thecompassforsbc.org/>). Our communications strategy followed an agreed upon

process in line with the activities that were set up with the aim of educating and highlighting health issues that needed awareness for the benefit of the recipients, - members of the Minerals Council and the Masoyise Health Programme stakeholders.

A communications strategy and plan were put together to achieve the objectives of the programme. The strategy helped us to understand *what* it is that we wanted to achieve while the communications plan laid out *how* we would practically go about achieving it.

Masoyise communications objective


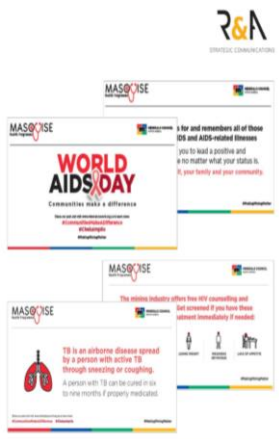

The objective of the communications strategy is to support the work done by the Masoyise Health Programme, ensuring that we achieve the key targets of educating and creating health awareness to both mine employees and surrounding mining communities about ways to prevent and treat HIV, TB, Occupational Lung Disease (OLD) and Non-communicable Disease (NCDs) with the aim of ultimately eliminating them.






We achieved our 2019 objectives as this report will indicate. There was one unplanned task during 2019, the launch of the Qina Msebenzi Uphile initiative, which was led by the organised labour unions.




Masoyise Health Programme 2019 strategy and plan

The 2019 Masoyise Health Programme communications strategy and plan activities were as follows:

Task	Detail	Material developed and disseminated
World TB Day	Social media posts to create awareness about TB	

Task	Detail	Material developed and disseminated
<p>World AIDS Day collateral</p>	<ul style="list-style-type: none"> The Masoyise World AIDS Day campaign was a commemorative and was aligned with the international and national World AIDS Day on 1 December under the themes: "communities make the difference" and "Cheka Impilo" Implementation process - circulated to Minerals Council members to print and display at their operations and clinics Material distributed: <ul style="list-style-type: none"> Posters (English, Tswana, Sotho, and Zulu) Social media posts on the newly created Masoyise Facebook page Masoyise health flyer Radio script Message by Andile Sangqu One-minute animation Masoyise newsletter 	<p>POSTERS (ENGLISH, TSWANA, SOTHO AND ZULU)</p>  <ul style="list-style-type: none"> Target audiences <ul style="list-style-type: none"> Mine employees Community members Key messages <ul style="list-style-type: none"> Know your rights and responsibilities Make informed decisions Use the knowledge and tools you have to stop HIV/AIDS Play your part in your community Implementation process <ul style="list-style-type: none"> Circulate to Minerals Council members to print and display at their operations and clinics <p>SOCIAL MEDIA POSTS (FACEBOOK)</p>  <ul style="list-style-type: none"> Target audiences <ul style="list-style-type: none"> Mine employees Community members Health-focused social media groupings Key messages <ul style="list-style-type: none"> Masoyise cares and remembers those who passed on from AIDS-related illnesses Care about your community TB and how one can be infected Signs of TB Lead a healthy lifestyle Implementation process <ul style="list-style-type: none"> Posted on Masoyise Facebook page Shared on Minerals Council Facebook page <p>ONE-MINUTE ANIMATION</p>  <ul style="list-style-type: none"> Target audiences <ul style="list-style-type: none"> Heads of health Mine employees Community members Key messages <ul style="list-style-type: none"> HIV is preventable Stats on the death rate, new infections and people living with HIV Prevention methods Masoyise cares Implementation process <ul style="list-style-type: none"> The animation was posted on: <ul style="list-style-type: none"> Minerals Council YouTube channel Gallery section of the Masoyise website page Masoyise Facebook page Minerals Council LinkedIn page

Task	Detail	Material developed and disseminated
		<p>YOUTUBE CHANNEL</p>  <ul style="list-style-type: none"> Target audiences <ul style="list-style-type: none"> Mine employees Community members General YouTube users Key messages <ul style="list-style-type: none"> HIV is preventable and prevention methods Stats on the death, new infections and people living with HIV rates Masoyise cares Implementation process <ul style="list-style-type: none"> Posted on the Minerals Council YouTube channel  <p>LINKEDIN</p>  <ul style="list-style-type: none"> Target audiences <ul style="list-style-type: none"> Heads of health of companies Department of health Medical practitioners General LinkedIn users Key messages <ul style="list-style-type: none"> HIV is preventable and prevention methods Stats on the death, new infections and people living with HIV rates Masoyise cares Implementation process <ul style="list-style-type: none"> Post on the Minerals Council LinkedIn page  

Task	Detail	Material developed and disseminated						
		<p>MINERALS COUNCIL FACEBOOK PAGE</p> <ul style="list-style-type: none"> Target audiences <ul style="list-style-type: none"> Mine employees Community members Health-focused social media groupings Key messages <ul style="list-style-type: none"> Masoyise cares and remembers those who passed on from AIDS-related illnesses Care about your community TB and how one can avoid infection Signs of TB Encouragement to lead a healthy lifestyle Implementation process <ul style="list-style-type: none"> Posts on Masoyise Facebook page Posts shared on Minerals Council Facebook page  <p>MASOYISE FACEBOOK PAGE</p> <ul style="list-style-type: none"> A stand alone Masoyise Facebook page was developed and eight posts were uploaded Target audiences <ul style="list-style-type: none"> Mine employees Community members Health-focused social media groupings Key messages <ul style="list-style-type: none"> How to deal with HIV, TB and non-communicable diseases Implementation process <ul style="list-style-type: none"> Masoyise Facebook page handle was included in all the collateral created for World AIDS Day: posters, flyer and the calendar Posts were shared on the Minerals Council Facebook page to increase traction to the Masoyise page  <p>MASOYISE FACEBOOK PAGE STATISTICS</p> <table border="1" data-bbox="794 1093 1326 1234"> <thead> <tr> <th>Masoyise page stats</th> <th>Masoyise post stats</th> <th>Top performing post</th> </tr> </thead> <tbody> <tr> <td>Launched on 28 November 2019 Page followers: 205 Page views: 103</td> <td>8 posts Post reach: 13,197 Post engagement: 1,380 Video views: 2,428 Post clicks: 614 Reactions, comments and shares: 638</td> <td>Animation post Reach: 4,203 Engagement: 445 Video views: 1,703</td> </tr> </tbody> </table>	Masoyise page stats	Masoyise post stats	Top performing post	Launched on 28 November 2019 Page followers: 205 Page views: 103	8 posts Post reach: 13,197 Post engagement: 1,380 Video views: 2,428 Post clicks: 614 Reactions, comments and shares: 638	Animation post Reach: 4,203 Engagement: 445 Video views: 1,703
Masoyise page stats	Masoyise post stats	Top performing post						
Launched on 28 November 2019 Page followers: 205 Page views: 103	8 posts Post reach: 13,197 Post engagement: 1,380 Video views: 2,428 Post clicks: 614 Reactions, comments and shares: 638	Animation post Reach: 4,203 Engagement: 445 Video views: 1,703						
Masoyise 2020 health calendar	<ul style="list-style-type: none"> Masoyise 2020 health calendar 	<p>MASOYISE 2020 CALENDAR</p> <ul style="list-style-type: none"> Target audiences <ul style="list-style-type: none"> Heads of health Mine employees Community members Key messages <ul style="list-style-type: none"> Focus on specific health topics each month Encourage people to lead healthy lifestyles Implementation process <ul style="list-style-type: none"> Circulate to Minerals Council members' communications executives Circulate to Masoyise working and steering committee members Print and distribute at the World AIDS Day event in Orkney 						

Challenges

The dissemination of the Masoyise Health Programme material remains the major challenge as members are not reporting back on how the material is disseminated. It is important for the growth of the programme to measure the impact of the communications collateral circulated and receive feedback from members as the aim is to assess if the material and messages can affect social and behaviour change in the South African mining industry. The other challenge is the poor utilisation of the Masoyise Facebook page by stakeholders. Social media was identified as a cost-effective method of communicating important health

messages to stakeholders as they can easily access the information from their mobile devices. However, this was not fully utilised as expected for various reasons and we are assessing these.

Conclusion and recommendations

Health communications creates a conducive platform for the education of employees and peri-mining communities enabling them to learn more about health issues such as how to prevent infections and where possible, about treatment and care. The Masoyise Health Programme has played a pivotal role in creating that kind of environment to its members and stakeholders. Members are encouraged to intensify the dissemination of material to their employees and communities, ensuring that the material is interpreted accordingly for recipients to understand the message. They are also encouraged to display the material on medium such as electronic boards and screens in their waiting areas and health facilities to help in spreading the health messages. In addition, it is recommended that all companies report back to the Masoyise Health Programme through platforms such as the Working Committee and Steering Committee on how they disseminate the material. Harmony Gold have demonstrated how they distributed the material and their approach can be adopted by other companies.

PICTURES- NOTICE BOARD



PICTURES- MEDICAL HUBS

2017



2018



MEDIA PLATFORMS

Masoyise ITB Collateral	The use this document	How was it received by the employees And the Challenges
SMS Content	The new Mine/Moab Khotsong is the only operation using the sms platform (Wyzetalk) to communicate to employees. This platform was used and the content used from the IEC material covered the TB symptoms and the Rights & Responsibilities around TB.	The survey at Moab Khotsong ran for 3 months to evaluate the content if it was informative. Total of 55% respondents indicated that the information was helpful. Challenge: This is not a good representation as the Group is not using WyzeTalk/sms system and the number of those who responded at Moab Khotsong was very low.
Tackling TB Leaflet and Posters	<ol style="list-style-type: none"> Printed in hard-board and places on Notice boards (HR, Managers, Kitchen, Hostel, Union Offices etc.) Poster placed on Asbestikum Mine TV. As slide show and Video was made Health memo from Harmony IT Health desk was send to All Harmony Users. (Health memo is read by all office workers with computers, including Senior management up to the level of Executive-CEO & COO) 	<ol style="list-style-type: none"> Received well, however English language posed challenges to most employees. Hence the translation was made to the two African languages (Sotho and Zulu). Challenge: Asbestikum content required narration of the information by Health care worker and not just posters slides publication Challenge: No feedback was received from the users. There is a need to run a survey for the users to comment in the future.
TB Quick Facts Handbook	<ol style="list-style-type: none"> Printed and handed to employees during COO safety and Health days Events at different shafts Made available at the Shaft clinics information 	Received very well. Comments" Information is relevant and is suitable for sharing with family members". Highlights: "Knowing Your Rights"

Harmony Gold's dissemination of the Masoyise Health Programme collateral

9. GLOSSARY/ACRONYMS

AGYW	Adolescent girls and young women (HIV infections among)
ART	Antiretroviral treatment
CMS	Council for Medical Schemes
DMRE	Department of Mineral Resources and Energy
DoH	Department of Health
HIMS	Health Information Management System
HTS	HIV testing services
ILO	International Labour Organization
IRD	Interactive Research & Development
MHSC	Mine Health and Safety Council
MITHAC	Mining Industry TB and HIV/AIDS Advisory Committee
NCDs	Non-communicable diseases
Minerals Council	Minerals Council South Africa
OLD	Occupational Lung Diseases
SABCOHA	South African Business Coalition on Health and AIDS
SANAC	South African National AIDS Council
STI	Sexually transmitted infection
WHO	World Health Organization