



WEBINAR REPORT

Reprioritising TB, HIV and NCDs in the era of COVID-19

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 maximises 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 together the leading cause of mortality and disability globally.



On 15 October 2020 the Programme hosted a virtual seminar titled **Fighting the unrecognised pandemic: Reprioritising TB, HIV and NCDs in the era of COVID-19**. This was in response to the disruption caused by the COVID-19 pandemic for health services in many countries and, in South Africa, the identification and treatment of tuberculosis, HIV and non-communicable diseases.

Hosted by Ms Zanele Matlala who is the vice president of the Minerals Council South Africa and Masoyise Health Programme chairperson, the three hour seminar which had 584 attendees was addressed by local and international experts from both the private sector and government.

SPEAKERS

Dr Zweli Mkhize: Minister of Health, Republic of South Africa

Dr Mkhize is a doctor, legislator and politician who has served as the Minister of Health since 30 May 2019. He holds a MBChB degree and is the longest serving Provincial Health member of the Executive Committee in the country. He had served as MEC for Health in KwaZulu-Natal from 1994 to 2004 and MEC for Finance and Economic Development from 2005 to 2009.

Ms Zanele Matlala: Vice president Minerals Council South Africa and Masoyise Health Programme chair

Ms Matlala has extensive experience in the financial sector and holds a BCompt (Hons), CA (SA). Beyond her role as vice president, Minerals Council South Africa and chairperson of the Masoyise Health Programme, Ms Matlala is Chief Executive Officer of Merafe Resources Limited since 2012.

Dr Shannon Hader: Deputy Executive Director - Programme, UNAIDS

A public health physician, Dr Hader holds a degree in biological sciences from Stanford University and Doctor of Medicine and Master of Public Health degrees from Columbia University. She is board certified in internal medicine, paediatrics and infectious diseases. Dr Hader joined The Joint United Nations Programme on HIV/AIDS in March 2019 as the Deputy Executive Director, Programme, and Assistant Secretary-General of the United Nations.

Ms Alette van Leur: Director, Sectoral Policies Department, ILO (Geneva)

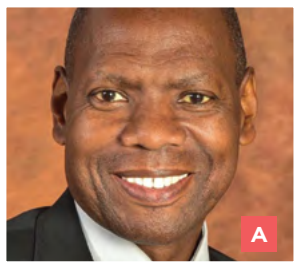
Ms van Leur joined the International Labour Organization in 2007. Before assuming her current role, she was director of the ILO's Department of Partnerships and Development Cooperation. She holds a Master's Degree in social sciences.

Dr Owen Kaluwa: Resident Representative, WHO (South Africa)

Dr Kaluwa, an epidemiology and preventive medicine specialist, joined the World Health Organisation Regional Office for Africa in 2002 as regional advisor for HIV programme development, monitoring and evaluation. His passion for universal health coverage and equitable access to health services has underpinned his 20-year career and afforded him the opportunity to work in countries like Botswana, Ghana and Swaziland.

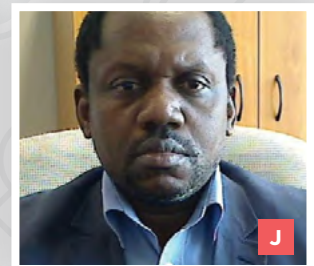
Dr Lucica Ditiu: Executive Director, Stop TB Partnership

Dr Ditiu is a physician and leader in the global fight against tuberculosis and other communicable diseases. Since joining Stop TB in 2011, she has shaped it into an influential advocacy voice on global health and TB. Dr Ditiu is a strong believer in innovation, flexibility, transparency and accountability; and is dedicated to driving political commitment and engagement to accelerate the efforts to end TB.



Fighting the unrecognised pandemic:

Reprioritising TB, HIV and NCDs in the era of COVID-19



Mr Paliani Chinguwo: Programme Officer, research and information, SATUCC

Mr Chinguwo has been with the Southern Africa Trade Union Coordination Council, in his current role, since 2012. He is a doctoral (PhD) candidate at the University of Witwatersrand (Johannesburg) with the research topic: Occupational Health and Safety for Clinical Officers in Malawi, which adds to a long list of his research work including the most recent: Impact of COVID-19 Pandemic on Working People in Southern Africa (2020).

Mr Vusi Mabena: Executive Secretary, MIASA

Mr Mabena is a former teacher who holds a Secondary Teachers' Diploma and BA (Hons) Degree from the University of South Africa, a Post Graduate Diploma in Management and a Master of Management Degree specialising in human resources at the Wits Business School. Previously he worked for AFROX, ABSA Bank, IDC and the Chamber of Mines of

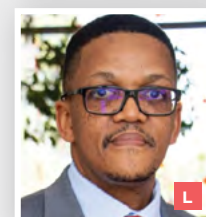
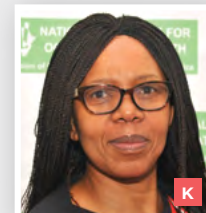
South Africa (now Minerals Council South Africa).

Dr Marijke Wijnroks: Chief of Staff, Global Fund

Dr Wijnroks became Chief of Staff at the Global Fund in 2013. Her 30-year career includes experience in global health and development, serving in government, at the United Nations and in civil society, and working in Africa, Asia, Latin America and Europe. Since joining the Global Fund, Dr. Wijnroks has had a particular focus on gender and human rights, and on engaging diverse partners in the cause of global health.

Dr Willy Amisi: Senior Program Officer, SADC

Dr Amisi has 21 years of combined experience in medical and public health practice. For the greater part of his working career, Dr. Amisi has worked mostly in public health programme management at senior level and in international organisations including UN agencies and the International Red Cross.



PROGRAMME DIRECTORS:

Dr Spo Kgalamono: Acting Executive Director, National Institute for Occupational Health

Mr Simphiwe Mabhele: Health and HIV/TB Technical Specialist, ILO Decent Work Team for East and Southern Africa

HIGHLIGHTS

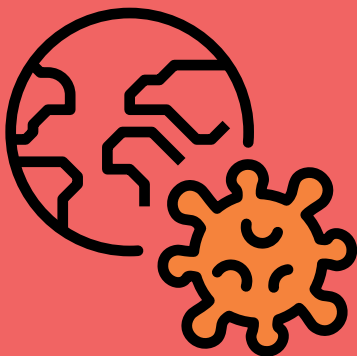
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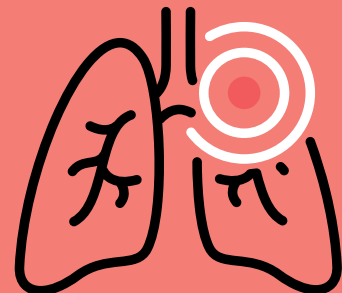
Childhood vaccination was the most disrupted service because of the COVID-19 pandemic.



Recent modelling by WHO, UNAIDS and the Stop TB Partnership shows deaths from HIV, TB and malaria could as much as double in the coming year as a knock-on effect of the COVID-19 pandemic.



Lack of PPE exposed close to 50% of health care workers globally to the pandemic. An Amnesty International report published in September shows that over 7,000 health care workers died as a result.



People with TB still deal with the issue of stigma and their rights being disrespected.

SABCOHA and the Aurum Institute announced a collaboration with a range of stakeholders. SABCOHA especially wants to collaborate with mines to address men's health and encouraged all mines to contact the organisation to assist with this, especially junior and emerging mines. It offers comprehensive health screenings like TB, HIV, glucose, blood sugar and COVID-19. The Aurum Institute supports the four districts in the North West which includes the Bojanala District and largely offers services to mineworkers in the platinum belt.



Welcome statement

Health Minister Dr Zweli Mkhize

(Due to his Cabinet responsibilities on the day, Health Minister Dr Zweli Mkhize delivered his welcome statement a little later in the programme)

Referring to a recent article in Lancet Magazine, Minister Mkhize told the webinar that neglect of preventative and treatment work due to COVID-19 could result in the increase in deaths due to HIV, TB and malaria, by 10, 20 and 36% respectively.

He noted that NCD screening and testing has fallen by half, but that the Department of Health (DoH) has devised a strategy to address this challenge. They will communicate details when it is rolled out. The development of this strategy made the timing of this webinar particularly timeous.

“I congratulate the mining industry on its proactive adoption of the Masoyise iTB initiative, which was succeeded by the Masoyise Health Programme.

“These programmes are designed to improve industry performance by targeting improvement of key indicators of these conditions. From the reports I have received, it is evident that much progress has been made since the initiation of the programme.

“As a department, we are very keen to study the recommendations emanating from this conference so we can integrate and align them into a cohesive response to the public health challenges that face us as a collective striving towards the attainment of universal health coverage” he said.

It was gratifying for the webinar participants to hear this commitment from the Minister.



Problem statement

Ms Zanele Matlala

Vice president, Minerals Council South Africa and chairperson: Masoyise Health Programme

Ms Matlala outlined the origins of the Masoyise Health Programme – the Minerals Council-led, multistakeholder initiative established in 2016 with the purpose of improving the performance of the industry on management of TB, HIV, non-communicable diseases and occupational diseases. She spoke of the partnerships within Masoyise between the industry and the departments of Health and Mineral Resources and Energy, organised labour, the ILO and UNAIDS, the South African Business Coalition on Health and AIDS (SABCOHA), the Mine Health and Safety Council, the National Institute for Occupational Diseases and National Health Laboratory Services.

The adversity brought by COVID-19 had also created opportunities, having forced us to find innovative approaches to that public health challenge that we can in the fight against the pre-existing diseases.

“We can ensure that, going forward, all employees that attend our occupational health services or any health facility are counselled for HIV. The manner in which we scrupulously attended to our vulnerable employees with hypertension, diabetes and other chronic conditions is the same manner in which we continue to manage them, to optimise their health for the future. We are in an even better position to support employees with chronic diseases as many who were previously unknown declared their conditions due to vulnerability to COVID-19,” she said.

She mentioned some of the achievements that the programme has had to date which include:

1.

An efficient electronic reporting system that made it possible for the Minerals Council and its members to report on progress made regarding the 2024 milestones set by the Mine Health and Safety Council on TB and HIV. It enabled consistent improvements in reporting and performance from 2016 to 2018 where a peak of 90% of employees were screened for TB and 83% counselled for HIV annually.

2.

Strengthening of TB contact tracing in high prevalence districts and adding a contact tracing module to our electronic reporting system.

3.

Two studies which focused on TB Mortality in the industry and Health Promotion and Behaviour Change were conducted respectively. The results of these studies serve as a guide to improve areas that need strengthening.

A publication documenting the journey and the transition of the Masoyise Health Programme to what it is today, produced in partnership with the ILO and UNAIDS, was recently completed.

Dr Lucica Ditiu

Executive Director of the Geneva-based Stop TB Partnership

Dr Ditiu recalled that the Stop TB Partnership started its programme in Southern Africa addressing TB in mining in 2012. She noted that TB incidence rates were still high, but are decreasing. She said there had been particularly effective work in 2018 and 2019.

“But COVID-19 has changed our lives,” she said. “People working in TB programmes, and their work, has been

heavily impacted. Many have been diverted to COVID-19 programmes, along with hospital facilities and beds.”

The Stop TB Partnership in collaboration with Imperial College, Avenir Health, John Hopkins University and USAID carried out a study in May this year which it found that global TB incidence had increase by 7 million. This was a consequence of a 30-40% drop in TB testing. Unchecked, she believes this is likely to lead to a further increase in TB incidence next year.

Dr Ditiu further quoted from the Stop TB report titled **The potential impact of the COVID-19 response on tuberculosis in high-burden countries: a modelling analysis** by giving the findings of the report:

1.

While stringent COVID-19 responses may only last months, they would have a lasting impact on TB in high-burden settings, through their effect mainly on TB diagnosis and treatment.

2.

Globally, a 3-month lockdown and a protracted 10-month restoration could lead to an additional 6.3 million cases of TB between 2020 and 2025, and an additional 1.4 million TB deaths during this time.

3.

As such, global TB incidence and deaths in 2021 would increase to levels last seen between 2013 and 2016 respectively – implying a setback of at least five to eight years in the fight against TB, due to the COVID-19 pandemic.

Stop TB has discussed the challenge with its global partners and has concluded there are three actions that need to be taken:

1.

That taking part in such webinars must be encouraged. At the same time, conversations like these and other engagements with heads of state and health ministers must be pursued;

2.

Already weak funding of TB programmes must not be cut; and

3.

TB screening and prevention must be restored to previous levels.

Dr Ditiu highlighted the point that the COVID-19 battle can be used to enhance the battle against TB. She said that COVID-19 and TB screening and testing can be done simultaneously, using TB equipment and facilities.

She pointed out that South Africa has been at the forefront of TB management. South Africa introduced the GeneXpert system first. And the country has become a leader in prioritising the needs of vulnerable populations, including mining populations.

Paliani Chinguwo

of the Southern Africa Trade Union Coordination Council

Mr Chinguwo reflected on the impact of COVID-19 on the workers of the sub-continent.

He said COVID-19 has exacerbated many of the problems workers were already facing, including an increase in informal and insecure work, lack of social protection and rising unemployment. Families are seeing household debt spiralling, leading to poor nutrition, stress-related illnesses and the threat of longer term health problems caused by these.

He noted that COVID-19 had been having a particularly intense impact in all these respects on SADC's migrant workers given their already vulnerable situations.

INTENSE IMPACT



Dealing with COVID-19

Dr Willy Amisi

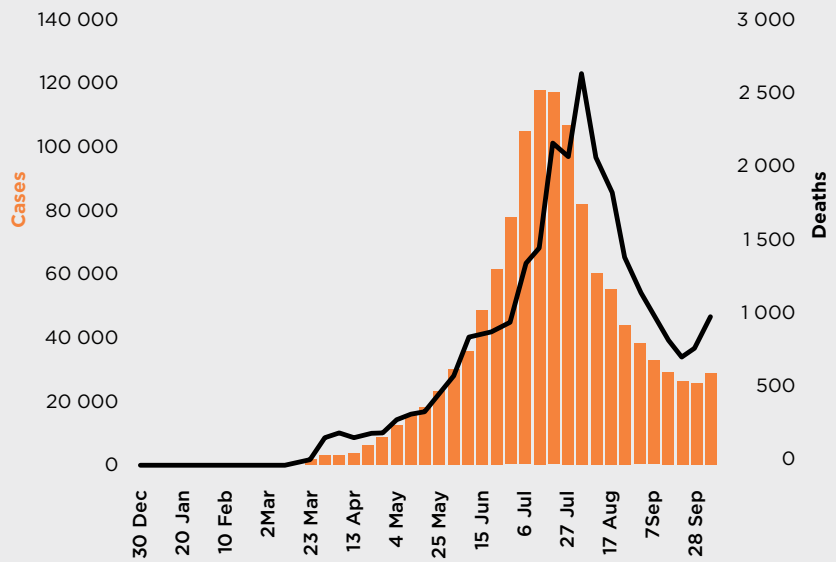
Senior Program Officer,
SADC

Dr Amisi spoke about the impact of COVID-19 on the health systems of SADC countries.

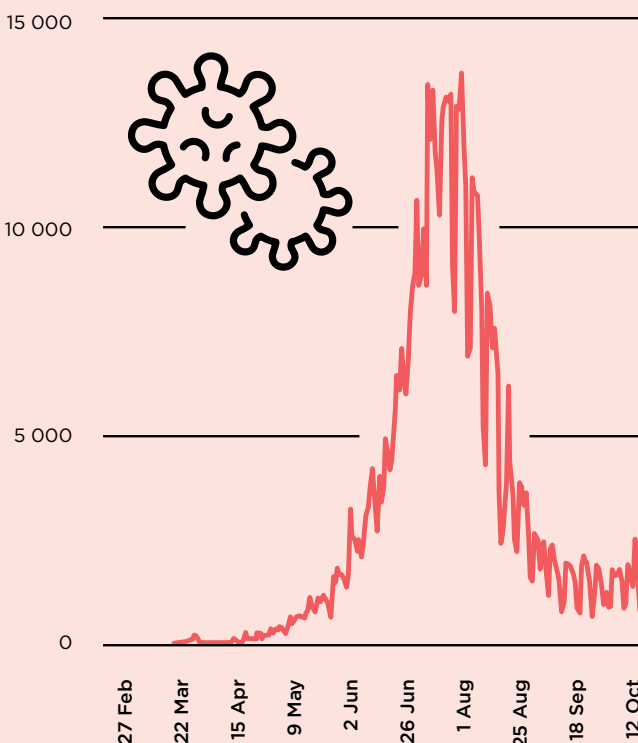
As at 12 October 2020, the SADC region had seen 787,837 COVID-19 cases and 18,463 deaths due to the disease. This represented 64% of the continent's caseload and just over half its deaths.

He said the number of new cases had been slowing down through most of the region, with the exception of Angola, Botswana and Lesotho.

Number of COVID-19 cases and deaths in the WHO AFRO region by 11 October 2020



Daily cases - South Africa



The SADC region saw significant impacts on healthcare aside from COVID-19 through:

- Infection and deaths of healthcare workers;
- Redeployment of personnel to emergency response activities;
- Downscaling of routine health services;
- Stalled routine immunisation activities as vaccine supplies ran low;
- Reduction in visits to healthcare facilities due to fear of the virus; and
- Generally reduced economic activity.

Efforts are now underway to address these impacts on healthcare systems through intensive work to ensure safe behaviour as COVID-19 restrictions are loosened. In addition, health service delivery is being revived through:

- Triage to identify priorities;
- Shifting to online patient consultations;
- Changes to prescribing practices;
- Public health information strategies;
- Suspension or removal of user fees to accommodate patients' financial difficulties; and
- Improved real-time monitoring of changes in service delivery performance as the situation continually changes.

Q&A



During the question and answer session hosted by Dr Thuthula Balfour and Dr Khanyile Baloyi, a question was raised as to whether the wearing of masks would slow down TB transmission. The response was that, since TB is an airborne disease, it certainly would. There is also some anecdotal evidence that the incidence of flu, too, has been reduced through mask-wearing.

Dr Shannon Hader, Deputy Executive Director, UNAIDS:

Dr Hader remarked on the importance of South Africa as an example to the world in respect of the country's management, first, of HIV/AIDS and now COVID-19. She said SA deserved to be applauded for its science-based response to COVID-19.

UNAIDS was also pleased to have been able to participate in the Masoyise Health Programme. It showed, in particular, how the private sector can contribute to health outcomes.

UNAIDS modelling had shown a doubling of AIDS deaths if treatment services are disrupted due to COVID-19. The 100% targets for HIV counselling and testing, and for TB screening, have been important in years past. They will be critically important in averting the severe outcomes of a neglect of preventative and treatment services.

Mr Vusi Mabena: Executive Secretary, MIASA:

Miasa's Vusi Mabena spoke about the positive impact the mining industry had been having on mining communities through the COVID-19 contact tracing work it had been doing, having learned the process from its work in this sphere in the TB field.

Ms Alette van Leur: Director, Sectoral Policies Department, ILO

Ms Alette van Leur highlighted the following points:

- *The need to find the correct balance between health and economic imperatives;
- *The importance of investing in new social dialogue in responding to the pandemic;
- *That the mining sector's resilience and long term vision means it can be a key part of the economic recovery;

*Mining's expertise in HIV and TB, and safety and health enabled the industry to show leadership in the fight against COVID-19. The Minerals Council's standard operating procedure was a leading effort; and

*The importance of returning to the fight against HIV, TB and NCDs together

Dr Owen Kaluwa: Resident Representative, WHO (South Africa):

WHO SA representative Dr Owen Kaluwa warned of the dangers of a disruption of treatment in sub-Saharan Africa where 16.4 million people are currently on ART. A 6-month disruption could lead to more than 500,000 additional deaths due to AIDS-related diseases including TB. Additional deaths would continue for another five years, as would an increase in HIV incidence.

He added that underinvestment in NCD management would exacerbate health impacts significantly, including COVID-19 impacts.

Dr Marijke Wijnroks: Chief of staff, Global Fund:

Global Fund chief of staff Dr Marijke Wijnroks noted that many lower- and middle-income countries had done a better job on COVID-19 than some developed countries..

The Global Fund had so far approved a total of \$806.4 million to support the COVID-19 response across 106 countries and also for 12 multi-country programmes.

"COVID-19 has had a substantial impact on progress we have made in the fight against HIV, TB and malaria," she said. "We must do more to protect these hard-won gains."

Closure

Minister Gwede Mantashe

Closing the seminar, in a message conveyed by the DMRE's Dr Lindiwe Ndelu, Mineral Resources and Energy Minister Gwede Mantashe noted the recommendations on how to approach the reprioritisation of TB, HIV and non-communicable diseases delivered through various speakers' presentations. He reiterated that mineworkers are most affected by these diseases and this pandemic renders them most vulnerable. He assured attendees that he would "carry the resolutions and recommendations of the seminar resolutely forward."

Our goal must be to arm him with even more resolutions and recommendations.

TO LEARN MORE ABOUT THE MASOYISE HEALTH PROGRAMME VISIT:

<https://www.mineralscouncil.org.za/work/health-and-safety/masoyise-health-programme>

Conclusion and next steps

The seminar was remarkable for the unanimity of participants about the importance of reinstating and strengthening the fight against HIV, TB and NCDs. A number of useful ideas were presented about how this could be achieved. But, clearly, more reflection is needed, and more workshopping must be done.

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