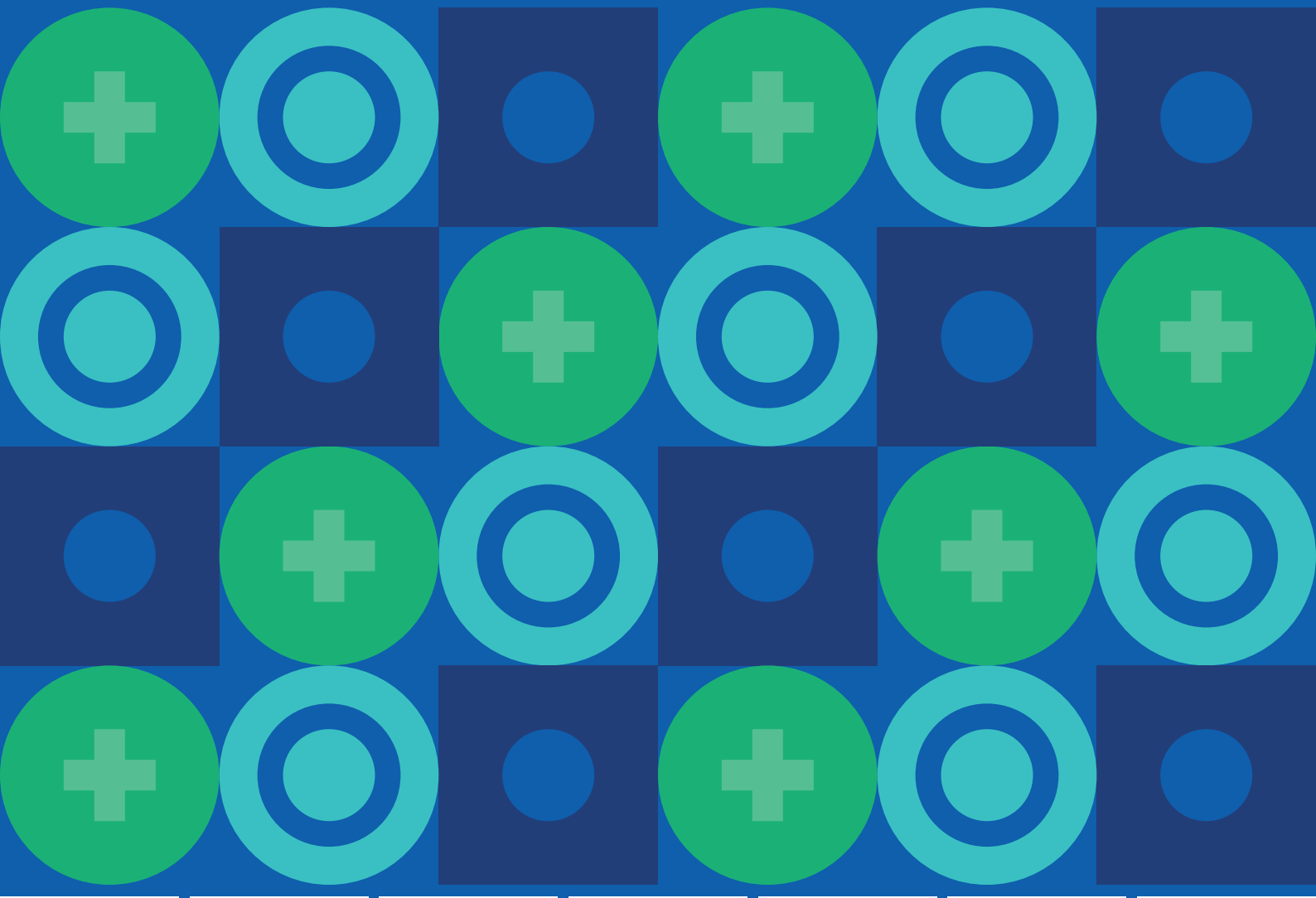
MASOVISE
Health Programme

STRATEGY THIRD TERM

2023



health
Department:
Health
REPUBLIC OF SOUTH AFRICA

mineral resources
Department:
Mineral Resources
REPUBLIC OF SOUTH AFRICA

International Labour Organization

MHSC
Mine Health and Safety Council

MINERALS COUNCIL
SOUTH AFRICA

NATIONAL HEALTH LABORATORY SERVICE

NATIONAL INSTITUTE FOR OCCUPATIONAL HEALTH
Division of the National Health Laboratory Service

NATIONAL UNION OF MINE WORKERS

SOLIDARITEIT
SOLIDARITY

SABCOHA
SA BUSINESS COALITION ON HEALTH & AIDS

UASA
THE UNION

UNAIDS

World Health Organization

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Strategy on a page

A RESEARCH AND ADVOCACY GROUP

Identifies and shares best practices to improve health outcomes.

ROOT CAUSES	ACTIVITIES	OUTPUTS	TARGET OUTCOMES	IMPACT
- Dense living conditions - Dense working conditions - Poor nutrition - High levels of stress - Risky sexual behaviour - Misinformation	- Encourage debate and implementation of best practices - Support to junior and emerging miners - Develop and share education and awareness material - Data aggregation and reporting - Accurate financial reporting	- Coherent policy - Strong partnerships - Implementation support - Accurate data and insights - Professional conduct	- End HIV, TB and STIs as an industry health threat by 2030 - 33% reduction in premature morbidity from NCDs by 2030 - 50% increase in access to mental health services by 2030	- Optimum health and well-being for all who work in the mining sector

Optimum health and well-being for all who work in the mining sector.

1 Advocate to set policy
- To advocate, we need to determine leading practices.
- To determine leading practices we need credible data, intelligent insights, robust debate, and effective partnerships.

2 Assist in implementation
- To gather data, we need to oversee testing and reporting on health indicators.
- To change behaviour, we need to support members with clear, relevant communication.

Chairperson's reflection

An introduction on why we need a refined strategy and how it will guide activities towards greater impact.

The Masoyise Health Programme is acknowledged by many to be a benchmark of excellence, so our strategy builds on our past successes and steers us towards an even more effective third term.

Our strategy, targets and indicators are based on the mining industry's milestones (which will be reviewed in 2024). In turn, these are influenced by the South African national targets, which are influenced by international targets set by organisations like the World Health Organization and UNAIDS.

We exist in a broader context and need to remain responsive to society's needs if we are to stay relevant. As pandemics and epidemics shift from the physical to the emotional, and physicians world-wide are acknowledging the mind-body connection, we too need to embark into unknown territories. As such, we need to support our health practitioners on the frontlines as they learn to screen and refer patients for a broader spectrum of conditions.

Moving to a focus on well-being may mean building new internal relationships in employer companies to gather data and insights from departments that we do not normally deal with. We welcome this richer, broader set of perspectives as this will add nuance to our understanding of what it means to be able to function optimally in the workplace.

It is rewarding to see the high levels of participation from all stakeholders in crafting this strategy, and we thank you all for your ongoing commitment to fulfilling our moral and social duty to protect the lives of all who work in the sector.

With this renewed commitment to achieving our shared vision, we will continue to strive to do the best we can, serving all who work in the mining sector by doing our part in creating and sharing data-driven leading practices.

Acknowledgements

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Acronyms

AMCU	Association of Mineworkers and Construction Union
DMRE	Department of Mineral Resources and Energy
DoH	South African Department of Health
HCT	HIV counselling and testing
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
MDR-TB	Multi-drug resistant TB
MHSC	Mine Health and Safety Council
NCD	Non-communicable diseases
NIOH	National Institute for Occupational Health
NSP	SANAC's National Strategic Plan for HIV, TB and STIs, 2023-2028
NUM	National Union of Mineworkers
OLDs	Occupational lung diseases
RISDP	Regional Indicative Strategic Development Plan
SABCOHA	South African Business Coalition on Health and AIDS
SANAC	South African National AIDS Council
SDGs	Sustainable Development Goals
TB	Tuberculosis
WHO	World Health Organization

Background

A mining industry that protects and optimises the health and well-being of its employees

Convened by the Minerals Council, the multi-stakeholder Masoyise Health Programme leads the South African mining industry's commitment to protect and increase the health and well-being of all who work in the sector.

Now in its third term, which runs till 2024, the programme aims to reduce the sector-wide impact of tuberculosis (TB), HIV, occupational lung diseases (OLDs), non-communicable diseases (NCDs), and mental health illnesses by encouraging data gathering, analysis and knowledge sharing across emerging and established mining houses. This enables evidence-based decision making to positively influence national and company policy.

The Masoyise Health Programme started as Masoyise iTB "Lets Beat TB". It was approved by the Minerals Council's Board in September 2015 as a project that would run for three years. This was in response to the high rates of TB and HIV in the mining industry and as part of a national campaign (launched in March 2015) to screen all South Africans for TB and HIV.

Miners were identified as a key population in the South African National Strategic Plan for HIV, TB and STIs 2017-2022. At a mining industry level, through the Mine Health and Safety Council (MHSC), the industry was already committed to meeting two milestones on TB and HIV by 2024. To strengthen the commitment, the Minerals Council established Masoyise iTB as a multi-stakeholder initiative to reduce the high incidence rates, while seeking to ultimately eliminate TB and HIV.

The Masoyise Health Programme picks up this commitment but takes a whole-person approach. It includes OLDs, NCDs and mental health in its approach to developing healthy, well people who can contribute meaningfully to their companies, families, communities, and country.

The programme is steeped in the International Labour Organization's Decent Work Agenda, which entrenches the right to productive work in conditions of freedom, equity, security, and human dignity. Work can only be decent if it is safe and healthy.

The Masoyise Health Programme is important for employers and employees in the mining sector, public health care sector, and communities. Healthy, well workers are more productive, less likely to make costly mistakes, and happier at home. They are also less expensive to support post exiting the employment system. Creating healthy workplace environments is more than a business imperative; it is a moral imperative that forms part of any organisation's social licence to operate.

Background

The programme is still very much needed. However, there are certain conditions that will show when this is not the case.

These conditions include:

- **The programme has reached its objectives:** All who work in the mining sector are optimally healthy and productive, and both emerging and established mining houses offer equitable support services.
- **Healthcare practitioners have nothing to learn from each other:** There is no new, relevant knowledge on prevention and treatment being generated, and discussion platforms are no longer used.
- **The programme costs exceed the benefits:** The programme is not generating sufficient tangible and intangible value to justify its existence.
- **Others do this better:** Another organisation provides this platform more efficiently or effectively.

This is the third term of programme, 2022-2024. The revised strategy reflects the programmes ongoing commitment to remain relevant and support industry-wide health practitioners who are truly patient-centric.

What is new in the strategy for the third term

The Theory of Change

This term, we are packaging our strategy within a *Theory of Change* framework. It is a strategic framework that helps to create and share strategies across multi-stakeholder organisations.

A Theory of Change defines and reflects the assumptions we have around how we make change happen and how we match strategy to activities, outcomes and impact. It is a perception of reality which is shaped by the norms, values and beliefs of the people who make it.

The process of creating a *Theory of Change* is as important as the document itself. When created with a cross section of stakeholders, it helps forge:

- **Agreement on the 'what':** A common understanding on what change means.
- **Agreement on the 'how':** Shared understanding on activities, outcomes and impact.
- **Agreed trade-offs:** Allocation of resources where change can be most effective.
- **Inter-organisational alignment:** Expose gaps or overlaps with other actors or programmes.

An increased focus on mental health

Evidence is mounting that mental illness is a key contributor to reductions in employee productivity. As William Gumede, Associate Professor, School of Governance, University of the Witwatersrand, states:

> "Companies must become more supportive of employees facing mental strain, introducing support programmes for those suffering from mental illnesses and educate employees about mental illness – to tackle the stigma associated with it. Untreated mental illnesses undermine the productivity of businesses as much as physical health problems. It undermines South Africa's economy, social and family stability – it must therefore be tackled with greater urgency, and with more resources and greater all of society collaboration, than currently the case."[1]

The South African National AIDS Council (SANAC) National Strategic Plan for HIV, TB and STIs, 2023-2028 (NSP) includes "mental health screening, treatment, and psychosocial support (anxiety, depression and harmful drug use)" as part of the minimum package of care for the general population. Therefore, we have no option but to track the impact of mental illness on our employees.

This is not as daunting as it seems since most employers already track this data, either in house or through third-party service providers. Additionally, many mining houses run impactful programmes. We look forward to creating platforms where these can be shared and the sector can work together to develop leading practices.

[1] https://www.wits.ac.za/news/latest-news/opinion/2021/2021-10/untreated-mental-illnesses-impact-sas-economy-social-and-family-stability

The context

Since the start of the Masoyise Health Programme in 2015, the mining sector has made progress in reducing the disease burden of HIV, TB, occupational lung diseases (OLDs), NCDs and Most recently the Impact of Covid 19. However, these diseases continue to impact employee wellness and well-being – leading to a reduction in productivity, increased workplace risk, and a spill-over burden to public health sectors in both South Africa and the labour-sending areas.

The fight against HIV and TB is far from over.

SANAC National Strategic Plan for HIV, TB and STIs, 2023-2028 (NSP) presents these figures:

- In 2021, around 8 million people were living with HIV. Of these, 75% were accessing antiretroviral treatment where 92% reported to be virologically suppressed.
- TB is also a major cause of morbidity and mortality. A total of 328 000 people were diagnosed with TB in 2020, with 3% of this group having multi-drug resistant TB (MDR-TB). The treatment success rate is 79% for drug-sensitive TB and 65% for MDR-TB. There is high HIV-TB coinfection, with 71% of TB patients also infected with HIV[2].

In line with current trends, as set out in the NSP, the Masoyise Health Programme takes a holistic approach to screening, treatment, monitoring, and reporting.

[2] https://nsp.sanac.org.za/uploads/files/NSPn-for-HIV-TB-STIs-2023-2028-Draft3C.pdf

The context

Influenced by global and continental frameworks

This third term strategy is aligned to several contemporary global, continental and regional development frameworks. These include:

2030 Sustainable Development Agenda Specifically on goals and targets impacting on health, gender equality, and the world of work, especially Sustainable Development Goal (SDG) 3 on health and well-being, SDG 5 on gender equality, and SDG 8 on decent work and economic growth.

International Labour Organization (ILO) Centenary Declaration on the Future of Work: Specifically on the human-centred approach to strengthen opportunities for all people to benefit from a changing world of work. Also strengthening institutions of work to ensure adequate protection of all workers, and promoting sustained, inclusive[3] economic growth with full and productive employment.

2021 Political Declaration on HIV and AIDS: Specifically ending inequalities and getting on track to end AIDS by 2030.

Global AIDS Strategy 2021-2026: Specifically "End Inequalities End AIDS", a bold new approach that uses an inequalities lens to close the gaps that prevent progress towards ending AIDS. The Global AIDS Strategy aims to reduce inequalities that drive the AIDS epidemic and prioritise people who are not yet accessing life-saving HIV services.

The World Health Organization (WHO) End TB Strategy focuses on a world free of TB, where there are zero deaths, disease and suffering due to TB.

The Southern African Development Community (SADC) Employment and Labour Policy Framework (2020-2030) is the sub-region's sectoral policy response to promote decent work in the region, within the framework of the Regional Indicative Strategic Development Plan (RISDP).

The WHO Comprehensive Mental Health Action Plan 2013–2030 sets out clear actions to promote mental health and well-being for all, to prevent mental health conditions for those at risk, and to achieve universal coverage for mental health services.

[3] Inclusive refers to including people in vulnerable situations (including historically disadvantaged sections of the community, persons with disabilities, indigenous minorities, people living with HIV and AIDS, and crisis-affected populations).

The context

Influenced by national plans and policies

This third term strategy is influenced by a range of plans and policy documents, including those laid out by SANAC, the Department of Mineral Resources and Energy (DMRE), and the South African Department of Health (DoH).

DMRE 165 Annual Medical Report: The DMRE requires all mines to report on key health and safety indicators through the DMRE 165 Annual Medical Report. The bulk of the indicators that the Masoyise Health Programme track are drawn from this report.

SANAC's NSP (2023-2028) guides the country's response to the HIV, STI and TB epidemics. The plan is the product of a multi-stakeholder collaboration by government, civil society, communities, and the private sector to achieve a reduction of HIV, TB and STI morbidity and mortality in South Africa. The Masoyise Health Programme draws from this plan in shaping its approach for tackling HIV and TB.

The DoH's National Strategic Plan for the Prevention and Control of Non-Communicable Diseases, 2022-2027 outlines the ambition to reduce the impact of NCDs on the nation. This informs the targets and indicators on NCDs[4] in the Masoyise Health Programme.

[4] https://www.health.gov.za/wp-content/uploads/2020/11/depthealthstrategicplanfinal2020-21to2024-25-1.pdf

Impact

The impact we hope to make is bold, but achievable.

Optimum health and **wellness** for all who work in the mining sector

Optimum health and **well-being** for all who work in the mining sector

The change of one small word reflects our refocused ambition to ensure that those who work in the mining sector are supported in both their mental and physical health.

We understand that well-being is a complex construct and includes factors that are well beyond our scope of influence, or ability to measure. For our purposes, we follow the World Health Organization's definition of positive mental health, which goes beyond the absence of mental health to include the sense that life is going well.

> "Positive mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."[5]

Employees with optimum well-being feel good and function well. They make a positive contribution to their workplace, their families, and their communities.

[5] World Health Organization. The world health report 2001: mental health: new understanding, new hope. Geneva: World Health Organization; 2001

Target outcomes

First tier targets

Progress is measured through targets, pegged to the South African national targets, which in turn are influenced by – or pegged to - international frameworks including the Joint United Nations Programme on HIV/AIDS (UNAIDS), World Health Organization (WHO), and the International Labour Organization (ILO) Decent Work Agenda.

HIV

HIV and AIDS have a severe effect on the workplaces of South Africa, as well as our economy. Absenteeism, sick leave, staff turnaround, and early deaths create lots of pressure on the workplace, staff morale, families, and communities. An increase in child-headed households puts strain on social services, and threatens to disrupt the social fabric of society.

This target is pegged to the South African National AIDS Council (SANAC) target set out in the Strategic Plan for HIV, TB and STIs 2023-2028.

Tuberculosis (TB)

If left unmanaged, TB has the potential to spread through the dense living and working conditions on mines, infecting workplaces and communities[6]. People with TB are not able to support themselves and their families. For employers, TB leads to lower productivity, increased absenteeism, and higher costs of medical care and recruitment.

This target is pegged to the SANAC target set out in the Strategic Plan for HIV, TB and STIs 2023-2028.

SANAC 2030 target	Masoyise 2030 target
End HIV, TB and STIs as a public health threat by 2030.	End HIV and TB as an industry health threat by 2030.

[6] https://stoptb.org/assets/documents/getinvolved/psc/TBinWorkplace_WHO_stopTBPartnership.pdf

Target outcomes

Occupational lung diseases (OLDs)

OLDs are a group of conditions associated with workplace exposure to dusts and vapours, which act as irritants, carcinogens or immunological agents[7]. OLDs are often irreversible.

The mining industry has a moral duty to control the environment to reduce the risk of exposure to dusts and vapours, and thus reduce the cases of OLDs.

This target is pegged to the Minerals Council's goal for OLDs.

Industry target	Masoyise 2030 target
Ensure there are no new cases of pneumoconiosis in novices that joined the industry after 2008.	Ensure there are no new cases of pneumoconiosis in novices that joined the industry after 2008.

Non-communicable diseases (NCDs)

NCDs are the leading cause of death in South Africa[8] – and yet these diseases can be managed. By monitoring raised blood pressure, diabetes, obesity, and cholesterol, the mining industry can identify high-risk individuals, and put health programmes in place to encourage healthier, more productive lives.

This target is pegged to the South African Department of Health (DoH) target set out in the National Strategic Plan for the Prevention and Control of Non-Communicable Diseases, 2022-2027.

SA DoH 2030 target	Masoyise 2030 target
To reduce, by one third, premature mortality from NCDs through prevention and treatment, and by promoting mental health and well-being by 2030.	A 33% reduction in premature mortality from NCDs through prevention and treatment, and by promoting mental health and well-being by 2030.

[7] https://www.sciencedirect.com/topics/pharmacology-toxicology-and-pharmaceutical-science/occupational-lung-disease
[8] The National Strategic Plan for the Prevention and Control of Non-Communicable Diseases, 2022-2027

Target outcomes

Mental health

Mental health conditions, such as depression and anxiety, cost the economy more than R200 billion through people missing work and presenteeism (where employees are at work but perform at lower levels, primarily as a result of mental ill health).[9]

The South African national targets have not been finalised, so these targets are informed by WHO's Comprehensive Mental Health Action Plan 2013-2030.

WHO 2030 target	Masoyise 2030 target
Service coverage for mental health conditions will have increased by half (at least) by 2030.	Sector-wide awareness of, and easy access to, effective mental health services by 2030.

[9] https://www.sanlam.co.za/mediacentre/media-category/media-releases/Economic%20Cost%20of%20SA%E2%80%99s%20Mental%20Health%20Crisis

Target outcomes

Top level indicators

To reach the targets, these top level indicators need to be met. The screening forms part of the mandatory annual medical examination.

	Primary target	Top level indicator
HIV and TB	End HIV and TB as an industry health threat by 2030.	All employees are tested, counselled, linked to treatment, and monitored for HIV. All employees are tested, linked to treatment, and monitored for TB. Contacts of all TB positive employees are traced. TB incidence is kept below South African population incidence.
OLDs	Ensure there are no new cases of pneumoconiosis in novices that joined the industry after 2008.	All employees are screened for OLDs.
NCDs	A 33% reduction in premature mortality from NCDs through prevention and treatment, and by promoting mental health and well-being by 2030.	All employees are screened, treated and monitored for raised blood pressure, diabetes, obesity, and cholesterol.
Mental illness	Sector-wide awareness of, and easy access to, effective mental health services by 2030.	Sector-wide awareness of, and easy access to, effective mental health services by 2030.

Target outcomes

Indicators

Each data point comes at a cost – and we prefer to measure fewer things better. The focus is on collecting and collating data that does not add friction to an already overburdened health treatment system. Most indicators are drawn from the Department of Minerals and Energy (DMRE) 165 Annual Medical Report.

The DMRE 165 asks for both incidence (number of new cases) and prevalence (number of existing and new cases). The Masoyise Health Programme does the same.

INPUT	
HIV and AIDS	- How many employees are tested and counselled for HIV? - How many employees are HIV positive? - How many HIV positive employees are on antiretroviral therapy? - How many employees on ART are virally suppressed?
TB	- How many employees are screened for TB? - How many employees have TB? - How many TB-positive employees started treatment? - How many TB-positive employees completed treatment? - Number of employees where contacts were traced - How many contacts have TB?
OLDs	- How many employees are screened for OLDs? - How many employees suffer from OLDs? - How many are certified to have OLDs?
NCDs	- How many employees are screened for raised blood pressure, diabetes, obesity, and cholesterol? - How many employees suffer from raised blood pressure, diabetes, obesity, and cholesterol? - How many employees receive interventions?
Mental health	- How many employees sought help for mental health issues? - How many employees received help for mental health issues?

Outputs

Our outputs are guided by these five objectives:

1

Coherent policy:
Lead in advocacy and facilitate the generation of strategic information and research for an evidence-based, rights- and gender-sensitive agenda.

2

Strong partnerships:
Provide support for effective partnerships, collaborations, and implementation.

3

Implementation support:
Ensure synergy in access to comprehensive prevention, counselling, treatment, care, and management of diseases (including behaviour change).

4

Accurate data and insights:
Aggregate and analyse key health indicators to monitor industry progress.

5

Professional conduct:
Create an enabling environment for the Masoyise Health Programme.

Each output is linked to one or more activity.

Outputs

Activities

These activities support the outputs. There should be no activities that do not support one or more outputs.

1	**Coherent policy**	Commission relevant studies. Give unified input to relevant policy papers. Create forums for input.
2	**Strong partnerships:**	Consistently look for, and encourage, new partnerships. Encourage debate and implementation of best practices: - Host webinars and seminars. - Host regular forums. - Attend and present at relevant forms.
3	**Implementation support**	Support to junior and emerging miners. Develop and share education and awareness material.
4	**Accurate data and insights**	Ensure all mines submit accurate data. Analyse and report on indicators.
5	**Professional conduct**	Ensure adequate funding for the programme. Run the programme in a professional manner.

Root causes

The causes of sub-optimal health outcomes are complex, and inextricably linked to the structural socio-economic systems that the mining sector operates in. These deeply engrained systems often cannot be changed. That does not mean they can be ignored, rather they need to be managed through careful and considered interventions.

Here are six root causes of physical and mental ill-health in the mining sector:

1. **Dense working conditions:** Working underground means being close to others in confined spaces. This creates a fertile breeding ground for communicable diseases to spread to vulnerable individuals.
2. **Dense living conditions:** Migrant workers who live in single-sex hostels are far from family and are prone to increased feeling of alienation and loneliness. The lack of privacy and forced interactions can increase peer pressure, leading to self-destructive behaviors like excessive drinking or risky sexual practices.
3. **Stress and anxiety:** The impact of COVID, job insecurity, over-indebtedness, and load shedding has contributed to rising stress levels in the workplace. These external factors are outside the individual's locus of control.
4. **Risky sexual behavior:** Migrant workers on the mines are separated from their wives and girlfriends in the labor-sending areas. They may establish a second family drawn from the local community or engage with sex workers.
5. **Poor nutrition:** It is easy to fall into the trap of eating sugar-laden, calorie-dense but nutrient-poor food – which is readily available from small businesses operating outside mines. It requires a concerted effort to ensure that healthful, inexpensive, tasty food is as easy to get as unhealthy food.
6. **Misinformation:** Unsubstantiated rumours can spread quickly in mines. Fueled by social media, rumours become perceived truths that can lead to dangerous consequences. These are addressed through accessible, relatable information presented through local influencers.

The impact of these root causes on the Masoyise focus areas is listed in the table below.

	HIV AIDS	TB	OLDs	NCD	Mental Health
Dense living conditions	Indirect	Direct			Direct
Dense working conditions	Direct	Direct	Direct		Direct
Stress	Indirect			Indirect	Direct
Risky sexual behaviour	Direct				Direct
Poor nutrition		Direct		Direct	Direct
Misinformation	Direct	Direct	Direct	Direct	Direct

Conclusion

There is clearly still a lot of work to be done in the third term of the Masoyise Health Programme, and the Programme is up to the challenge.

This strategy reflects our renewed commitment to encourage, monitor and support stakeholders to move the mining sector closer to the vision of an industry that optimises the health and well-being of all who work in it.

We thank all our stakeholders for their ongoing support and commitment. It is only through this close collaboration and information sharing that we can make a dent in the significant health challenges that plague our sector, our country, and our region.

Appendix:
Summary of health indicators

Indicator 1: HIV AIDS

End HIV AIDS as an industry health threat by 2030.

Indicator	Baseline	2030 target
How many employees offered counselling, testing and treatment?	291 069 (73.2%)	100%
How many employees are counselled?	267 177 (67.2%)	100%
How many employees are tested?	188 586 (47.4%)	100%
How many employees are HIV positive?	11 619 (2.9%)	0
How many HIV positive employees are on antiretroviral therapy?	47 281 (11.9%)	90%
How many employees on ART are virally suppressed?	27 790 (7.0%)	90%

Motivation:

HIV AIDS has a severe effect on the workplaces of South Africa, as well as our economy. Absenteeism, sick leave, staff turnaround, and early deaths create lots of pressure on the workplace, staff morale, families, and communities. An increase in child-headed households puts strain on social services, and threatens to disrupt the social fabric of society.

Appendix:
Summary of health indicators

Indicator 2: TB

End TB as an industry health threat by 2030

Indicator	Baseline	2030 target
How many employees are screened for TB?		100%
How many have TB?	220/100 000	50/100 000
How many TB-positive employees started treatment?		90%
How many TB-positive employees completed TB treatment?		90%
Number of contacts identified	2 567	
Number of employees where contacts were traced	1 802 (70.28%)	90%
How many contacts have TB?	220/100 000	50/100 000

Motivation:

If left unmanaged, TB has the potential to spread through the dense living and working conditions on mines, infecting workplaces and communities.

People with TB are not able to support themselves and their families. For employers, TB leads to lower productivity, increased absenteeism, and higher costs of medical care and recruitment.

Appendix:
Summary of health indicators

Indicator 3: OLDs

Ensure there are no new cases of **pneumoconiosis** in novices that joined the industry after 2008.

Indicator	Baseline	2030 target
How many employees are screened for OLDs?	No data	100%
How many employees suffer from OLDs?	No data	0
How many are certified to have OLDs?	No data	0

Motivation:

The mining industry has a moral duty to control the environment, reducing the risk of exposure to dusts and vapours, and reducing the cases of OLDs.

Indicator 4: NCDs

A 33% reduction in premature mortality from NCDs through prevention and treatment, and by promoting mental health and well-being, by 2030.

Indicator	Baseline	2030 target
Number of employees screened for:		
Raised blood pressure	71.2%	100%
Diabetes	57.3%	100%
Obesity	No data	100%
Cholesterol	No data	100%

Appendix:
Summary of health indicators

Indicator	Baseline	2030 target
Number of employees diagnosed and on treatment for:		
Raised blood pressure	86,2%	90%
Diabetes	88.4%	90%
Obesity	No data	90%
Cholesterol	No data	90%

Motivation:

NCDs are the leading cause of death in South Africa[10] – and yet these diseases can be managed. By monitoring raised blood pressure, diabetes, obesity, and cholesterol, the mining industry can identify high-risk individuals and put health programmes in place to encourage healthier, more productive lives.

Indicator 3: Mental health

Sector-wide awareness of, and easy access to, effective mental health services by 2030.

Indicator	Baseline	2030 target
How many employees sought help for mental health issues?	No data	25%[11]
How many employees received help for mental health issues?	No data	25%

Motivation:

Mental health conditions, such as depression and anxiety, lead to people missing work and presenteeism (where employees are at work but perform at lower levels, primarily as a result of mental ill health).

[10] The National Strategic Plan for the Prevention and Control of Non-Communicable Diseases, 2022-2027
[11] https://www.wits.ac.za/news/latest-news/research-news/2022/2022-11/mental-health-in-sa-is-at-shocking-levels-but-people-are-not-seeking-help-.html

Appendix:
Results matrix for each output

Output 1: Coherent policy

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

Indicator	Baseline	2030 target
Advocate for improvements in measuring health.	4 annual meetings	4 annual meetings
Identify and commission research.	2 studies	2 studies
Publicise research results.	Annual report	Annual report
Create forums for input on topical issues.	2 annual seminars	2 annual seminars

Output 2: Strong partnerships

Provide support for effective partnerships, collaborations, and implementation.

Indicator	Baseline	2030 target
Establish and maintain value-adding partnerships.	Ongoing	Ongoing
Enable effective participation by all stakeholders in Masoyise Health Programme forums.	Ongoing	Ongoing
Attend RTFs and Mine Managers meetings on a quarterly basis.	4 annual meetings	4 annual meetings

Appendix:
Results matrix for each output

Output 3: Implementation support

Ensure synergy in access to comprehensive prevention, counselling, treatment, care and management of diseases, including behaviour change.

Indicator	Baseline	2030 target
Identify leading health promotion and behaviour change activities in companies.	Ongoing	Ongoing
Share leading practices and lessons learnt.	Ongoing	Ongoing
Initiate a health promotion and behaviour change intervention.	Ongoing	Ongoing
Support programme activities with demonstrated maximum impact on disease management and control.	Ongoing	Ongoing
Support improvements in TB screening and reporting.	Ongoing	Ongoing

Output 4: Accurate data and insights

Aggregate and analyse key health indicators to monitor industry progress.

Indicator	Baseline	2030 target
Make Minerals Council's Occupational Health Information Reporting System available for reporting.		100% uptime
Ensure all members utilise the system.	86.5%	100%
Submit regular reports on all diseases versus targets.	Quarterly	Quarterly
Collect and publish data on TB outcomes.	Quarterly	Quarterly

Appendix:
Results matrix for each output

Output 5: Professional conduct

Create an enabling environment for the Masoyise Health Programme.

Indicator	Baseline	2030 target
Manage the Masoyise Health Programme, structures and coordinate meetings.	Ongoing	Ongoing
Develop and implement the Masoyise Health Programme Communications Strategy and Plan.	Ongoing	Ongoing
Document and publish the Masoyise Health Programme as a Good Practice.	Ongoing	Ongoing
Raise adequate resources for the Masoyise Health Programme.	Ongoing	Ongoing

Notes

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MASOYISE Health Programme

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