REPORT ON MASOYISE iTB PROJECT: 2016

Synopsis: The report is intended to update Masoyise iTB Steering Committee members (Principals) on activities, achievements and challenges for Masoyise iTB Project in 2016.

1. INTRODUCTION

The Masoyise iTB Project was established in 2015 with the primary intention of reaching out to all employees including contractors in the mining sector. The focus is on offering employees HIV Counselling and Testing (HCT), including TB screening over a 3 year period from 2016 to 2018, using 2015 as the baseline. The project has since established governance structures e.g. Steering (principals) and Project (technical) Committees. Sub technical task teams on data collection, small mines, contact tracing and outcomes data were established.

This report also sets the context for Masoyise, and outlines the key activities, achievements and challenges for the 2016 year. The output (performance) data on screening for TB and HIV is not yet complete and will be presented at the next Steering Committee meeting.

2. BACKGROUND

Masoyise iTB is a multi-stakeholder initiative on screening of mineworkers for TB and HIV. It has its origins in the announcement on 24 March 2015 by the Deputy President of South Africa, Mr Cyril Ramaphosa that South Africa intended to increase screening of TB and HIV in high risk groups. As a high risk group, the mining industry took on the challenge to ensure maximum screening in the industry.

Purpose

To screen all employees (permanent and contractors) in the industry for TB and HIV over the next three years (2016 – 2017), underpinned by a risk-based approach and building on progress made to date.

Aim

To have a meaningful impact on the TB challenge in the country, reducing the current high incidence rate as we seek ultimately to eliminate TB.

Scope

- All current employees, including contract workers, should be screened for TB using a cough questionnaire and be offered HIV counselling and testing annually for the next three years.
- A risk-based approach should be utilised but ALL employees from the CEO down should be screened in the first year (April 2015 – March 2016).
- A unique identifier (ID/Passport /TEBA/ Industry and Company Number) should be utilised to obviate duplicate counting.
- Employees are to be screened as they attend their annual medical surveillance examination and therefore it will not be necessary to establish new budgets to support the project. Any other contact points with the health services can also be utilised where necessary.
- All employees diagnosed with TB or HIV should be linked to treatment.
- Contact tracing should be done, within and beyond the mine, for the contacts of those diagnosed with TB.
- Data recording, data processing and reporting systems should be maintained.

Programme of action

The programme of action is currently composed of four main activities:

- Data collection and monitoring treatment outcomes - Data is collected electronically through the Chamber Reporting System on a quarterly basis and reported on annually to the Steering Committee, Ministers of Health and Mineral Resources and other stakeholder forums. The National Institute for Occupational Health (NIOH) is conducting a study on treatment outcomes.

- Improving access to diagnostics and treatment - Not all mines have HIV and TB services and Masoyise iTB endeavors to negotiate lower prices of diagnostics and treatment with relevant bodies.

- Improving contact tracing - The mainstay of TB control is the identification of contacts to TB cases. A task team on contact tracing has been established, which is exploring mechanisms for improving contact tracing.
- Support to small mines - Small mines have been identified as a weak link in the industry's response to HIV and TB. A task team has been established to identify and implement initiatives that will assist small mines in improving their management of TB and HIV, including screening for these disease.

3. INTERNATIONAL AND NATIONAL CONTEXT FOR MASOYISE iTB

The control of TB and HIV and AIDS is a challenge internationally and the World Health Organisation (WHO) and UNAIDS are the lead agencies that determine policy and strategies for combatting these diseases. South Africa follows the prescripts from WHO and UNAIDS through its National Strategic Plan (NSP) which is approved by the South African National AIDS Council (SANAC), and the mining industry is represented at SANAC.

The industry has a long history of prioritizing the control of HIV and TB, as exemplified by the Declaration on HIV and AIDS that was signed by the tripartite partners in 2003. In 2006, the Mine Health and Safety Council (MHSC) established the Mining Industry TB and HIV/AIDS Advisory Committee (MITHAC), with a full programme of work on TB and HIV.

Masoyise iTB recognises international goals and targets set by the WHO in its End TB Strategy which calls for a 50% reduction of TB incidence by 2025, compared to 2015. A key pillar of the strategy is the early detection (includes screening for TB), treatment and prevention for all TB patients.

Some of the actions identified as having an impact in reducing TB are; optimizing the use of current and new tools, pursuing universal health coverage and social protection, better diagnostics and shorter treatment. To achieve the targets, countries are also advised to have elevated TB leadership, assess the TB situation ("Know your epidemic") and to collaborate across ministries, with communities, private sector and national and international partners.

Indicators and targets, to be achieved by 2025, have been defined and these include ≥90% in treatment coverage, TB treatment success rate and preventive treatment coverage.

Masoyise iTB further recognises the UNAIDS Fast Track Strategy launched in 2014 that aims to end the HIV epidemic by 2030. This calls for a 90% reduction in new HIV infections and deaths by 2030, compared to 2010. The strategy sets targets for prevention, treatment and human rights which are 90:90:90 (90% of people living with HIV know their HIV status, 90% of all people living with HIV receive antiretroviral therapy and 90% of those receiving antiretroviral treatment have viral suppression). Five prevention pillars have been identified, which include programmes for young women and adolescent girls, national condom programs, voluntary medical male circumcision and pre-exposure prophylaxis for groups at higher risk.

Nationally, Masoyise iTB is informed by the DOH's draft National Strategic Plan for HIV, STIs and TB: 2017 -2022. Miners are classified as a priority population in the Plan and a target of reaching 90% of these populations has been set.

The objectives of Masoyise iTB dovetail with the mining industry health and safety milestones set through the MHSC in November 2014. The milestones are:

- 100% of employees should be offered HIV counselling and testing and be linked to an antiretroviral therapy programme.
- To reduce TB incidence in the mining sector to at or below the South African rate.

4. PROGRESS REPORT FOR 2016

This section will report on the key activities for Masoyise iTB in 2016 under the following headings; data collection and reporting, treatment outcomes, improving access to diagnostics and treatment, improving contact tracing, support to small mines, communication, collaborations and funding. The report will, as far as possible, indicate the achievements and challenges and mitigation under each section.

4.1. Data collection and reporting

A task team was established on data collection and the output to be reported on are; the percentage of companies that have reported on screening for TB and HIV, the percentage of employees that have been screened and the number of TB cases diagnosed that year and those where contact tracing was done.

A statistician was engaged to review the data collected and to advise on presentation, particularly in the light of companies that did not submit annual statistics. The decision taken was that only annualised data would be included. This led to the exclusion of data from 23 companies that represented 16% of companies that were submitting data.

A detailed report on the data collected is in Annexure 1 and in summary the results indicate that:

- A total of 55 groups/companies, registered on the system, with a total of 418 353 employees (permanent employees and contractors).
- Of the 55 companies, 32 completed all data and they represent 352 857 employees (84% of registered employees).
- Screening rates were 73.3% counselled for HIV and 84% screened for TB. These rates were down from 2015 where they were 79.1% and 91% respectively.
- Screening for contractors was lower than for employees. HIV counselling of permanent employees was 75.7% compared to contractors at 65.4%.
- A total of 2 611 cases of TB were diagnosed and this translates to a crude TB incidence of 740/100 000.

Achievements

- The Chamber electronic reporting system was established and is being utilised.
- Support was provided for the reporting system, in form of an administrator at the Chamber and a workshop was run for companies in November 2016.
- More than 70% of companies and almost 80% of mines reported.

Challenges and mitigation

- Some companies did not submit annual data - *This will need to be addressed in 2017*.
- Companies were slow to upload data - *This improved over time.*

- Definition issues persist - *Definitions will be addressed through the MHSC that is organising a workshop on the DMR 164.*
- Some companies do not have unique identifiers, leading to double counting results showing screening of >100% of employees - *Companies have been advised to adopt more sophisticated reporting systems.*
- Not all employees were screened - *Companies are encouraged to increase screening efforts.*

4.2. Treatment outcomes

The Treatment Outcomes task team was established to ensure that all the activities undertaken in Masoyise were leading to the desired TB treatment outcomes as defined by the WHO. NIOH, in collaboration with Limpopo, Pretoria and Walter Sisulu Universities, offered to assist with a study on treatment outcomes. The work commenced in January 2016 and a report on Outcomes on Quarter 1 2015 was produced and presented to the Steering Committee. Funding for the project was secured through the Chamber and work commenced in earnest in 2017.

Analysis of data for the West Rand for 2015 TB outcomes was completed and is in Annexure 2. The outcomes are summarized below:

Indicator	**Outcome**
Total number of patients with TB	912
Number with bacteriological access	776 (85%)
Access to GeneXPert	857 (94%)
Successfully treated	783 (86%)
Died	41 (4.4%)
Loss to follow up	8 (0.9%)
Not evaluated	79 (8.6%)

The treatment success rate of 86% for the West Rand is higher than the South African average of 76% but lower than the WHO End TB Strategy target of 90%. An area of improvement for the region is the “not evaluated” patients, some of whom are transferred out.

4.3. Improving access to diagnostics and treatment

The priority in 2016 was negotiating access to the GeneXPert test. This was successfully done and the NHLS offered its TB and diagnostic tests at a 40% discount. This however did not lead to any companies utilising NHLS services as most indicated that they already had such discounts from the private laboratories. Further discussions will be held with the NHLS to secure reductions in the prices already offered.

4.4. Improving contact tracing

A contact tracing task team was established for the gold companies in the West Rand and these served as a pilot. The companies are; Anglo Gold Ashanti, Gold Fields Limited, Harmony and Sibanye Gold. The team also had representatives from government in the form of Gauteng Province National TB Control, West Rand TB Control and Merafong TB Control.

Achievements

- The task team met regularly and formulated a strategy for the pilot.
- TB notification form was reviewed and presented at the technical committee.
- Contact tracing reporting tool indicating in house, community and labour sending areas was developed and presented at technical committee.
- Contact tracing within mine work places and hostels has been a success.
- Contact tracing using NGOs, in the immediate and labour sending areas has been a success.
- Companies are reporting on the tool.
- Partners such as Aurum Health and ICAP have been identified to work with the companies.

Challenges and mitigation

- Contact tracing in collaboration with the public sector has not yet been successful - *Work will continue on how to improve this interface.*
- Some companies do not have systems for contact tracing in communities - *Companies have been encouraged to utilise NGOs where possible.*

The pilot at Merafong will continue until end of first quarter in 2017. The report covering the outcomes of contact tracing done in 2016 are in Annexure 3. A summary of the report is presented below.

Indicator	Outcome
No of index cases	448
No of contacts identified	3487
No of contacts traced	3390
No of contacts lost to follow up	33
No of contacts screened	390
No of contacts presumptive	48
No of contacts presumptive positive	20
No of those initiated on treatment	21

The statistics shows that 97% of contacts were traced and screened, resulting in 20 individuals identified with TB.

4.5. Support to small mines

A task team on small mines was established and they drew up a strategy for supporting small mines. SABCOHA was the key driver of the team.

Achievements

- Mapping studies of all registered mines in South Africa was done.
- Northern Cape was identified as a priority province and a situational analysis was done to identify mines that need to be helped with reporting and possibly assist them with linking their employees to TB/HIV services where applicable.
- A project, through SABCOHA has been identified, to assist the small mines.

Challenges and mitigation

- There is no entity that is responsible for small mines and can be utilised to reach them - *Regional Tripartite Forums will be utilised to reach small mines, artners who work with small mines will also be used.*

4.6. Communication

The communications plan for 2016 envisaged work around World TB Day, a mid-year progress report and World AIDS Day.

A leaflet on Masoyise iTB was prepared for the International AIDS Conference in Durban in July, and distributed in substantial numbers. It was used in various other forums during the year, necessitating a reprint prior to the World AIDS Day event in December.

Assistance was provided in preparation of Masoyise iTB chairman Andile Sangqu's speech for delivery at the MHSC parallel session during the AIDS conference. And media relations work was carried out in respect of the parallel session, including an interview with Mining Weekly for Dr Balfour.

Coinciding with the conference, assistance was provided to the Chamber of Mines to set up a dedicated section of the Chamber's website in the Masoyise iTB project.

And efforts were made on an ongoing basis to have Masoyise iTB's work highlighted in speeches, presentations and newspaper articles by leaders of the participant organisations throughout the year.

4.7. Administration and financing

The Chamber tried to recruit a Project Officer and failed. An agreement was reached, wherein SABCOHA offered administrative and technical services to the project, at a fee. This arrangement will continue in 2017.

A sum of R500 000 was available to the Chamber for Masoyise activities in 2016. A total amount of R800 000 is available for 2017 under the following line items:

Project management	R500 000

Project activities	R200 000
Satellite session at 2017 SA AIDS Conference	R100 000

5. CONCLUSION

The Masoyise iTB project progressed well in getting companies to screen and offer HCT to employees. The implementation of the web based electronic Occupational Health Information Management System will go a long way in enhancing reporting. There are high levels of screening although the Masoyise targets have not been met. Results on contact tracing and TB outcomes are impressive illustrating that the TB programs in West Rand companies are very robust. Screening for contractors needs to be improved.