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The Chamber's Health department continued its efforts to improve the health of employees in the industry, and to lobby and advocate on behalf of the industry in this regard.

Key focus areas in the past year included participating in forums for policy and legislative reform, monitoring the health performance of the sector, supporting the implementation of the Masoyise iTB project and improving access to compensation for occupational lung diseases.

POLICY AND LEGISLATIVE REVIEW

Key legislation under review was the Compensation for Occupational Injuries and Diseases Act No 130 of 1993 (COIDA), which was being amended, and the White Paper on National Health Insurance (NHI).

The amendments to COIDA are currently being reviewed by the National Economic Development and Labour Council (Nedlac). Following a decision by Nedlac, the amendments will be released for public comment. Among the most significant proposals are:

- Inclusion of domestic workers under the category of employees for purposes of benefits in terms of the Act

- A framework for rehabilitation and reintegration of injured and diseased employees into the workplace
- Administrative amendments
- Improvement of some benefits

It is envisaged that Nedlac will conclude discussions by June 2018.

Following earlier drafts in 2015 and 2016, the Department of Health published the White Paper on the NHI in June 2017. We submitted comments on the White Paper, as part of the Business Unity South Africa (BUSA) Task Team on the NHI. We also commissioned a study on the impact of the NHI on the mining industry. The results of the study will be considered in 2018.

Amendments to the Mine Health and Safety Act No 29 of 1996 (MHSA) were discussed and finalised in 2016 but have not yet been submitted to Cabinet and Parliament. Clarity on the future of this important piece of legislation is expected in 2018.

HEALTH TARGETS AND PERFORMANCE

Targets

The mining industry adopted the 2014 Occupational Health and Safety Summit Milestones in November 2014. To review progress in achieving these targets, the next biennial summit of the Mine Health and Safety Council (MHSC) has been scheduled for November 2018.

Performance

The DMR publishes an annual report on occupational health statistics, including HIV/Aids, in October. The report includes data submitted to the DMR every year. Data from the Chamber and the DMR is used in reporting on the health performance of the mining sector.

Occupational hygiene

Occupational hygiene measurements and milestones are ideal in assessing performance as they are early indicators. According to the 2016 report submitted to the DMR, there was an overall reduction in over-exposure to occupational hygiene stressors.

The DMR does not report specifically on silica and coal dust exposure but the total airborne pollutants in a classification band (\geq occupational exposure limit). It decreased from 4.73% in 2015 to 3.66% in 2016. This is in line with trends shown over the past decade as illustrated on page 49.

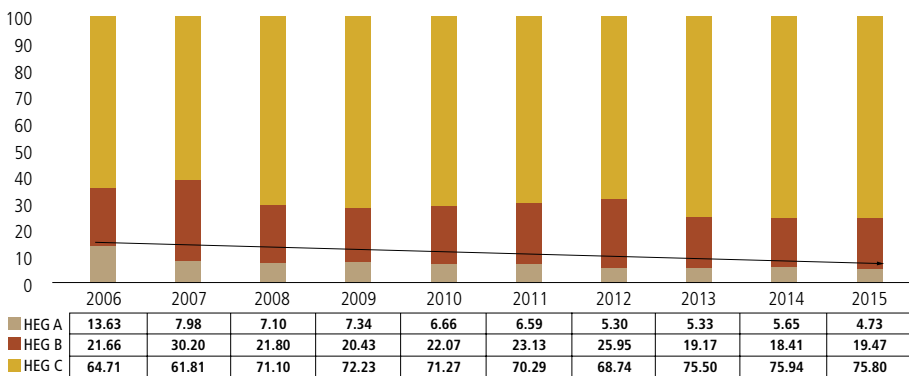
HEALTH continued

The targets to be achieved, mostly by 2024, in the control of dust, noise, tuberculosis (TB) and HIV/Aids, are listed below.

2014 MHSC milestones

Category	Milestone		
Elimination of lung diseases	Eliminate silicosis	By December 2024, 95% of all exposure measurement results will be below the milestone level of 0.05%mg/m ³ respirable crystalline silica	Using current diagnostic techniques, no new cases of silicosis will present among previously unexposed individuals (new people entering the mining industry in 2009)
	Eliminate coal workers' pneumoconiosis	By December 2024, 95% of all exposure measurement results will be below the milestone level of 1.5mg/m ³ (<5% crystalline silica) coal dust respirable particulate	
	Eliminate pneumoconiosis	By December 2024, 95% of all exposure measurement results will be below the milestone level of 1.5mg/m ³ (<5% crystalline silica) platinum dust respirable particulate	
Elimination of noise-induced hearing loss (NIHL)	Quieting of equipment	By December 2024, the total operational or process noise emitted by any equipment must not exceed a milestone sound pressure level of 107dB(A)	By December 2016, no employee's standard threshold shift (STS) will exceed 25dB from the baseline when averaged at 2,000Hz, 3,000Hz and 4,000Hz in one or both ears
Prevention of TB and HIV/Aids	Reduction and prevention of TB and HIV/Aids infection	By December 2024, the TB incidence rate should be at or below the national level	100% of employees should be offered HIV counselling and testing annually with all eligible employees linked to an antiretroviral (ART) programme as per the National Strategic Plan

Airborne pollutants: 2006-2015*



Exposure classification bands
 A = Exposures ≥ the OEL or mixture of exposures ≥ 1
 B = 50% of the OEL ≤ exposures < OEL or 0.5 ≤ mixtures of exposures < 1
 C = 10% of the OEL ≤ exposures < 50% of the OEL or 0.1 ≤ mixtures of exposures < 0.5

Source: Department of Mineral Resources

* Updated figures are yet to be released

HEALTH continued

Regarding exposure to silica, coal and platinum dust, we have set aspirational targets to ensure that members reach the milestones set for 2024. Data from our occupational health reporting system show that members are reaching the silica target but not the target for coal dust.

With regard to noise, any employees working in noise classification bands A and B are over-exposed. According to the DMR, both bands showed reductions in over-exposure in 2016. In the A classification band, there was a decrease from 0.96% to 0.89%. A decrease was also noted in B classification band from 72.15% in 2015 to 67.49% in 2016, although significant numbers of employees remain exposed to noise.

The percentage of employees exposed to excessive noise has reduced from 90.6% in 2006 to 68.4% in 2016. Further reductions are required to prevent NIHL.

The DMR does not collect data on the noise milestone. We collect this information and have found that, among member companies reporting in 2016, there was a 5.5% reduction in the number of pieces of machinery emitting ≥ 07 dB (A) – from 3,085 in 2015 to 2,915 in 2016.

Occupational medicine

The DMR report showed significant reductions in all occupational diseases, except coal workers' pneumoconiosis. The reduction in

the total number of occupational diseases in 2016, compared to 2015, was 29%.

From 2006 to 2016 (illustrated below), the industry reported half the number of silicosis and NIHL cases while reported cases of coal workers' pneumoconiosis doubled.

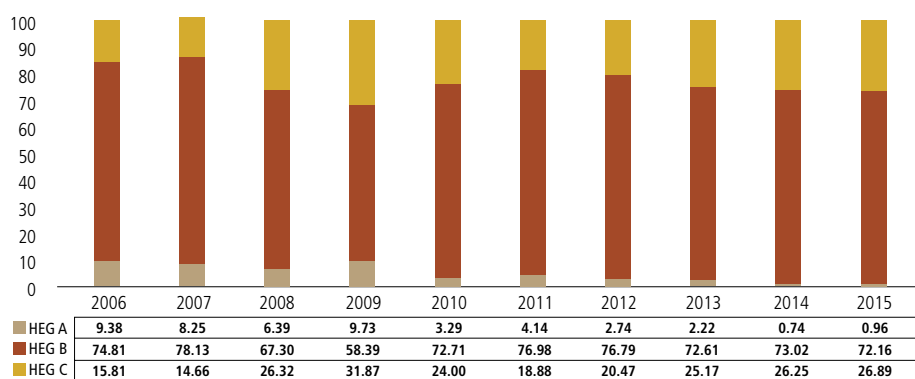
Incidence of occupational diseases: 2006-2016

Disease	Incidence in 2006	Incidence in 2016	% Increase/ (decrease)
Silicosis	1,537	635	58.7
Pulmonary tuberculosis	3,648	2,580	29.3
Noise-induced hearing loss	1,875	966	48.5
Coal workers' pneumoconiosis	29	58	(50)
Total	7,750	4,632	40

In 2014, no new cases of any pneumoconiosis were reported in individuals who had joined the industry as novices in 2009. The noise milestone measuring the standard threshold shift will be reported from January 2018.

Reporting to the DMR on TB and HIV/Aids has improved – 663 mines reported in 2016 compared to 600 in 2015. The number of employees represented was lower at 455,681 in 2016 compared to 476,625 in 2015.

Noise exposure: 2006-2015*



Exposure classification bands

- A = Exposures \geq the OEL or mixture of exposures ≥ 1
- B = 50% of the OEL \leq exposures $<$ OEL or 0.5 \leq mixtures of exposures < 1
- C = 10% of the OEL \leq exposures $<$ 50% of the OEL or 0.1 \leq mixtures of exposures $<$ 0.5

Source: Department of Mineral Resources

* Updated figures are yet to be released

HEALTH continued

The total number of occupational and non-occupational TB cases recorded by the DMR was 3,799, which is down from 4,211 in 2015. Cases of TB declined by 9.8% from 2015 to 2016.

DMR data shows that HIV counselling in the industry improved from 62.9% in 2015 to 65.7% in 2016 while screening for TB also increased from 88.7% in 2015 to 96% in 2016. Our data show HIV counselling rates of 78% and 87% screening for TB. The industry milestone of counselling 100% of employees has still not been met.

Using the DMR data, the crude TB incidence is 900/1,000,000 while our data shows a crude incidence rate of 740 (862)/100,000.

Although the statistics recorded by the DMR and the Chamber show improvements in exposures and the number of diseases reported, some (noise, coal dust, coal workers' pneumoconiosis and counselling for HIV/Aids) require additional effort to control and achieve milestones.

The availability of credible statistics in the sector has improved over time with reliable reports produced by the DMR and the Chamber. An area needing improvement is real-time submission and reporting of data.

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES

Compensation for injuries and diseases in the mining sector falls under two pieces of legislation. Compensation for injuries is administered by the Department of Labour, through the Act (COIDA). For most mining companies, Rand Mutual Assurance administers this legislation under licence from the Department of Labour.

The second piece of legislation, the Occupational Diseases in Mines and Works Act No 78 of 1973 (ODMWA) covers occupational lung disease in mineworkers and is administered by the Department of Health.

In 2016, we reported on efforts to integrate compensation legislation, led by the Deputy Minister of Mineral Resources, Godfrey Oliphant. More work on the integration, and a final report that would lead to legislative changes, were expected in 2017 but there was very little movement in this direction. Developments

have been seen in the administration of the Compensation Commission for Occupational Diseases (CCOD). Parliament's Portfolio Committee on Mineral Resources has called on the DMR to report on the progress of integration in March 2018.

The 2016 valuation of the CCOD Fund has been approved, which is particularly significant as this is the first successful valuation since 2003. The extent of surplus/deficit in the fund will be known as soon as it is presented to Parliament in 2018. Flowing from the valuation, the ODMWA Advisory Committee has approved changes to levies paid by mines and works, and this will be gazetted with effect from April 2018.

The support provided by the Ex-mineworkers Project and other stakeholders to the CCOD and Medical Bureau for Occupational Diseases (MBOD) is bearing fruit as there have been marked improvements at these institutions. The CCOD is clearing the backlog in audited financial statements submitted to Parliament since 2011/2012. Payments by the CCOD have doubled when compared with similar periods in 2016.

We have implemented our decision to pay for former mineworkers' TEBA records of service so that access to unpaid compensation benefits could be approved. The presence of the Pensions Officer has also assisted mineworkers.

MINE HEALTH AND SAFETY COUNCIL ACTIVITIES

The MHSC has been established in terms of the MHSA in order to advise the Minister of Mineral Resources on matters of health and safety in the mining industry. The Chamber and other industry officials serve on various committees, including:

- MOHAC
- Mining Industry HIV/Aids and TB Advisory Committee (MITHAC)
- Safety in Mines Research Advisory Committee (SIMRAC)
- Culture Transformation Advisory Committee (CTAC)

Several guidelines have been created and adopted by the MHSC. We collaborated with the MHSC in piloting the MHSC Milestone Electronic Reporting System. The system will enable electronic data collection from mining companies and reporting at the scheduled summit in November 2018. Based on progress made to date, roll-out of the system is scheduled for April 2018. It will complement and ultimately replace the Chamber's milestone reporting system.



CASE STUDY

MASOYISE iTB PROJECT

Masoyise iTB, the three-year multi-stakeholder project initiated in 2015, will run until 2018. The year 2017 showed growth and achievement. The purpose of Masoyise iTB is to make a meaningful impact on TB and HIV/Aids in the industry by screening all employees (permanent and contractors) for TB and HIV/Aids.

Progress has been made using the Chamber's Electronic Occupational Health Reporting System. Reports on the numbers of workers screened have been presented to the principals of all stakeholders. The pilot on contact tracing in the Merafong district of the North West Province was launched while reporting on contact tracing in the West Rand continued. The National Institute for Occupational Health (NIOH) produced reports on TB outcomes following analysis of data by the Gauteng and Limpopo branches of the Department of Health. The South African Business Coalition on Health and Aids (SABCOHA), part of Masoyise iTB, led the support provided to small mines.

The year ended on a high note with the Masoyise iTB Steering Committee chairperson, Andile Sangqu, participating in the national World Aids Day celebration, hosted by Cyril Ramaphosa in Mthatha on 1 December 2017. The Masoyise iTB Steering Committee pledged R1.8 million for health screening, while we committed R500,000 for the tracking and tracing of former mineworkers with unclaimed benefits in the OR Tambo and other districts of the Eastern Cape. The health screening initiative will be implemented in 2018 as a partnership between the Chamber and EOH, Africa's largest technology service provider, together with the SABCOHA.

There was positive coverage of the speech and of the commitment made by Mr Sangqu that the Chamber would contribute funding for HIV/TB testing and recruit a dedicated pensions officer to deal with health and pension claims by former mineworkers.

Communications in 2017

2017 has been a productive year for the Masoyise iTB project, with a communications initiative which, after much debate and discussion, opted to focus on educating member employees about TB and about their rights in the workplace.

On the theme of 'Know your rights and responsibilities', the communications initiative produced posters and leaflets for on-mine distribution and use by health and HR teams. It also produced content to be used by members in HR and health newsletters.

The material was put to exceptionally good use by Masoyise iTB members – six companies and one union have utilised the material in various ways – from 15,000 fact sheets printed and distributed by Harmony, to NUM publishing the content in their national newsletter, and 5,000 leaflets printed and distributed by AngloGold Ashanti. There has also been valuable feedback from employees and health/HR staff on the ground as to how the campaign could be developed and refined further.

Posters



