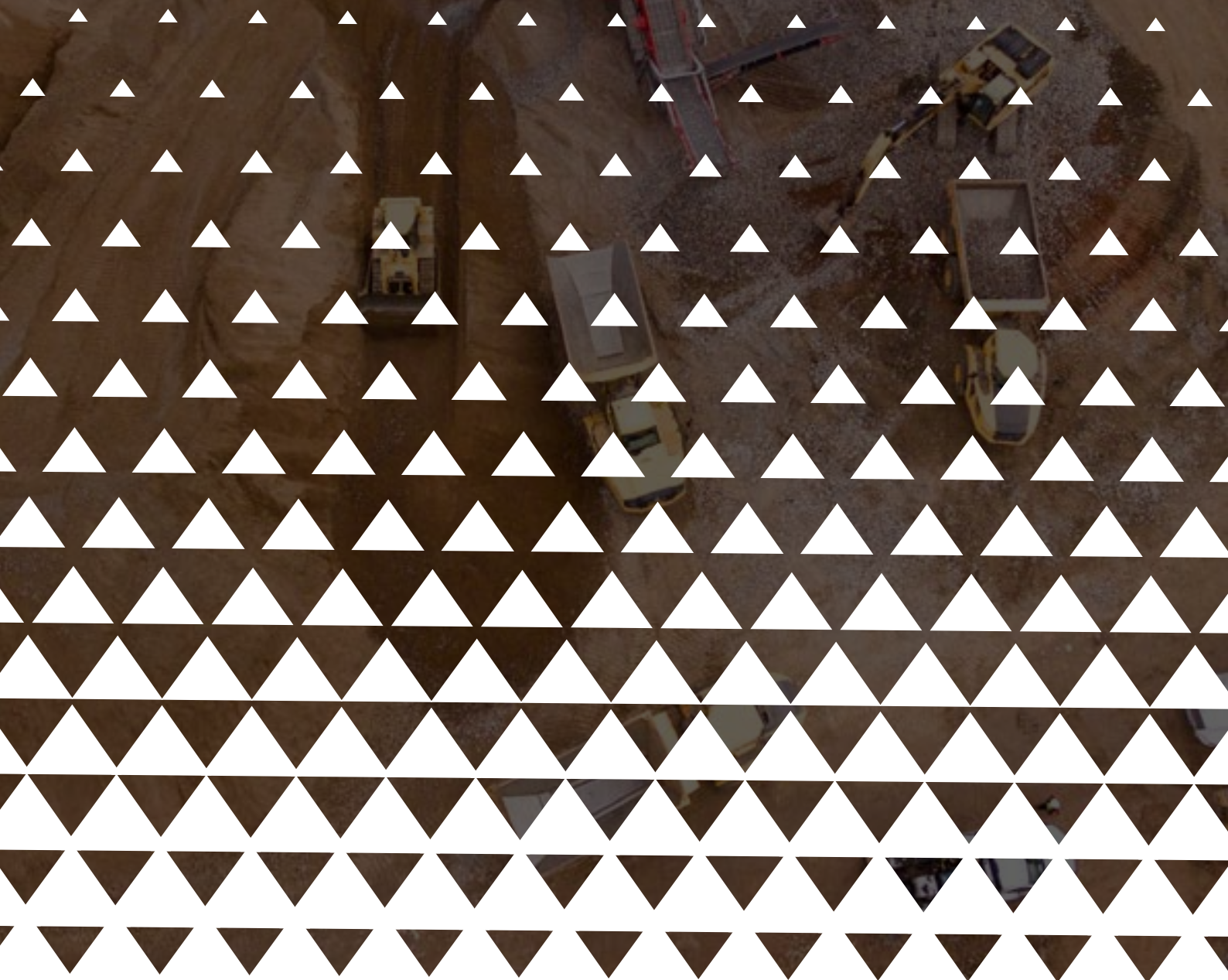




International
Labour
Organization



MINERALS COUNCIL
SOUTH AFRICA



GOAL TO REDUCE THE IMPACT OF TB,
HIV, OLDS AND NCDS AS OCCUPATIONAL
HEALTH THREATS IN THE MINING SECTOR.



UNAIDS



MASOVISE
Health Programme



Acronyms & Abbreviations

AIDS -	Acquired Immune Deficiency Syndrome	NCD -	Non-communicable Disease
AMCU -	The Association of Mineworkers and Construction Union	NDP -	National Development Plan
ART -	Antiretroviral Therapy	NEDLAC -	The National Economic Development and Labour Council
AU -	African Union	NGO -	Non-Governmental Organisation
BP -	Blood Pressure	NHI -	The National Health Insurance
BRPM -	Bafokeng Rasimone Platinum Mine (Anglo Platinum)	NIHL -	Noise-induced Hearing Loss
COIDA -	The Compensation for Occupational Injuries and Diseases Act	NIOH -	The National Institute of Occupational Health
COP -	Code of Practice	NSP -	National Strategic Plan
CSIR -	The Council for Scientific and Industrial Research	NUM -	National Union of Mineworkers
CTF -	Culture Transformation Framework	ODMWA -	Occupational Diseases in Mines and Works Act
CVD -	Cardiovascular Disease	OHS -	Occupational Safety and Health
DMRE -	The Department of Mineral Resources and Energy	OLD -	Obstructive Lung Disease
DOH -	The Department Of Health	PATHAUT -	Pathology Automation
DWCP -	Decent Work Country Programme	PPE -	Personal Protective Equipment
DWP -	The Decent Work Programme	RFT -	Regional Tripartite Forums
ECOSOC -	United Nations Economic and Social Council chamber	ROI -	Return On Investment
EOH -	EOH Holdings Limited (EOH) is a holding Company	SABCOHA -	South African Business Coalition on Health and Aids
HCT -	HIV Counselling and Testing	SADC -	Southern African Development Community
HMIS -	Health Management Information System	SAMI -	South African Mining Industry
HIV -	Human Immunodeficiency Virus	SDG -	Sustainable Development Goals
HPT -	Hypertension	SIMRAC -	Safety in Mines Research Advisory Committee
HTS -	HIV Testing Services	STI -	Sexually Transmitted Infections
ILO -	International Labour Organization	TB -	Tuberculosis
LGBTIQ+ -	Lesbian, Gay, Bisexual, Transgender, Intersex and Questioning	TEBA -	The Employment Bureau of Africa
LTI -	Lost Time Injuries	UASA -	United Association of South Africa
MASOYISE -	Masoyise Health Programme	UN -	United Nations
MBOD -	Department of Health Medical Bureau for Occupational Diseases	UNAIDS -	The Joint United Nations Programme on HIV and AIDS
MHSA -	Mine Health and Safety Act	UNDP -	The United Nations Development Programme
MHSC -	The Mine Health and Safety Council	UNESCO -	The United Nations Educational, Scientific and Cultural Organisation
MINERALS		UNFPA -	The United Nations Population Fund
COUNCIL -	Minerals Council South Africa	UNHCR -	The United Nations High Commissioner for Refugees
MITHAC -	Mining Industry HIV/AIDS and TB Advisory Committee	UNICEF -	United Nations International Children's Emergency Fund
MOHAC -	Mining Occupational Health Advisory Committee	UNODC -	United Nations Office on Drugs and Crime
MOSH -	Mining Industry Occupational Safety and Health learning hub	UNOPS -	The United Nations Office for Project Services
MOU -	Memorandum Of Understanding	VCT -	Voluntary Counselling and Testing
MQA -	The Mining Qualifications Authority	WFP -	The United Nations World Food Programme
MTSF -	The Medium Term Strategic Framework	WHO -	The United Nations World Health Organisation
		WIM -	Women In Mining



Acknowledgments

This publication would not have been possible without the contribution and roles played by the many stakeholders who came together to fight the Southern Africa TB crisis in the Mining Sector through Masoyise Health Programme (formerly known as Masoyise iTB).

It is truly a collaborative effort made possible by the generous contributions of many organisations, individuals and companies. The work would not have been as fruitful without everyone's participation and we give thanks to everyone:

Ms Stella Nongingi - AMCU
Mr Matthew Grant - AMCU
Mr Charles Mkhumane - NUM
Adv. Hanlie van Vuuren - Solidarity
Mr Simphiwe Mabhele - ILO
Dr. Pride Chigwedere - UNAIDS
Dr. Lindiwe Ndelu - DMRE
Ms Susan Preller - SABCOHA
Dr. Muzimkhulu Zungu - NIOH
Mr Johan Kok - UASA
Dr. Barry Kistnasamy - DoH
Mr Bethuel Dlamini - Harmony Gold

The publication showcases activities, lessons learned and practices, from the Masoyise Health Programme initiative in the Mining Sector that speak to how a multisectoral approach can achieve great results. It has looked at how a collaborative platform can be established and highlights details of how the processes through multiple ministries, sectors, and partners come together to address the factors contributing to TB, HIV and AIDS in the world of work.

Significant progress has been achieved since the launch of the Masoyise iTB Project in 2014 in creating a national platform for addressing TB and HIV/AIDS in the mining sector in South Africa.

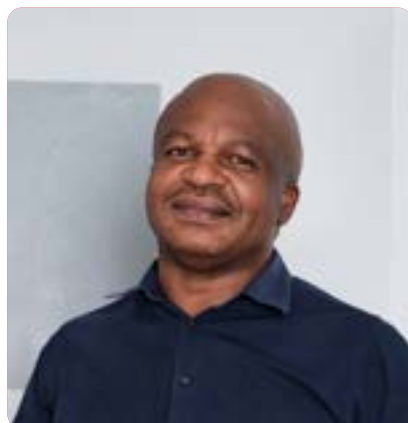




Meet the leading team behind the Masoyise Health Programme



Dr. Thuthula Balfour
- MINERALS COUNCIL
SOUTH AFRICA



Elijah Mahlangu
- Project Manager -
MASOYISE HEALTH
PROGRAMME



Stella Nongingi
- AMCU



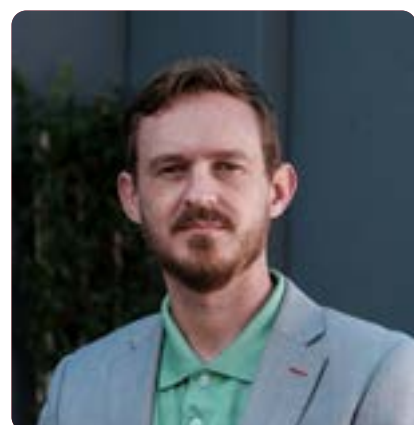
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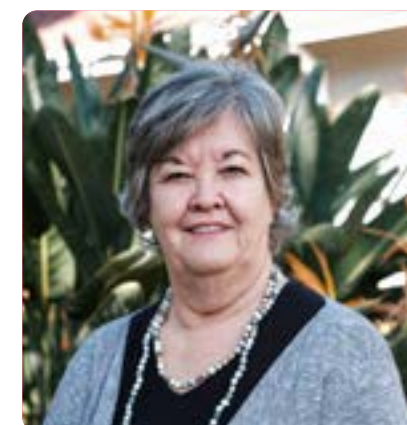
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PART



Stakeholder Roles

Introduction

South Africa has a long history of mining and its mining industry seeks to position itself as a leading industry in all respects. It adheres to the set regulations, in so far possible, and adopts global of best practices to ensure progress and growth.

In 1995 South Africa became of the nations to adopt the International Labour Organization's Safety and Health in Mines Convention (C176). Part of the Convention are the Decent Work Agenda and Decent Future of Work which form part of the industry's goals.

The purpose of this Convention is to ensure that protection of the health and safety of employees and other persons at mines with the focus being on the precautionary measures that should be taken concerning health and safety. It translates what was agreed on at the annual labour conference, setting comprehensive minimum standards that are going to protect both women and men working in mining from the dangers that might occur in the mines, as the nature of the work is hazardous and risky.

This helps to implement a risk management approach to safety that requires risk to be eliminated, controlled and then minimised by a hierarchy of controls through consultations between representatives of the government, of employers and of workers with consistency while resolving the challenges of occupational safety and health in the industry. Over the years the industry has seen improvements in occupational health and safety performance.



“Effective interventions in mining require active collaboration between management, employees and regulations in order to work towards the 2024 zero harm milestones. This requires an intensive focus on illnesses including tuberculosis (TB) and HIV/AIDS” - Head of Health Dr. Thuthula Balfour: Minerals Council

The Minerals Council South Africa is an advocacy organisation that represents the interests of mining companies that are its members. Occupational lung diseases like tuberculosis (TB) and

silicosis have been a challenge in the South African industry, especially in the gold sector, for more than a century, since the link between gold mining and TB was discovered. The industry thus has vast experience in the management and control of the disease.

For more than 35 years, the organisation and its members have also been addressing the HIV/AIDS challenge in South Africa and southern Africa. Throughout this period, the focus has been on prevention initiatives, counselling, testing and treatment for employees, and various services for community members in mining and labour-sending areas, where possible.

Companies in the mining industry took the lead in South Africa by providing antiretroviral therapies to employees who met the World Health Organization (WHO) criteria.

In 2016, the Minerals Council, together with organised labour, government (Tripartite) and other partners, launched the Masoyise iTB with the goal of reducing the impact of TB and HIV as health threats in the mining sector.

Part of this goal for Masoyise iTB, which was in line with industry milestones, was to drop TB incidence in the mines to at or below the national average. The initiative ran for a period of 3 years from 2016-2018 and formed part of the broader national campaign. This goal was achieved in 2018 in the industry but this was not without the help of many other initiatives around the country and the mining industry.

The Masoyise iTB initiative is led by the Minerals Council, but has from the beginning been a collaborative multi-

stakeholder initiative. It is made up of representatives from the Minerals Council member companies, trade unions (NUM, Solidarity, AMCU, UASA), government (Department of Health (DOH) and Department of Mineral Resources (DMR), the Mine Health and Safety Council (MHSC), National Health Laboratory Service and National Institute of Occupational Health), SABCOHA and multilateral organisations including UNAIDS, ILO and WHO.

The Masoyise Health Programme was approved by the Minerals Council Board in November 2018 as a three-year programme that will run till the end of 2021 to replace its precursor, Masoyise iTB. The programme has a wider focus beyond TB and HIV. It has adopted a wellness approach that incorporates non-communicable diseases and occupational lung diseases.



“As a union we strive to empower members and workplace representatives and being part of Masoyise iTB is an incredible experience as it is very close to what we stand for.” - Johan Kok: UASA





Stakeholders & Partners



NATIONAL UNION
OF MINEWORKERS



UASA THE
UNION



NATIONAL INSTITUTE FOR
OCCUPATIONAL HEALTH



WORLD HEALTH
ORGANISATION



MINERALS COUNCIL
SOUTH AFRICA



SOUTH AFRICAN
BUSINESS COALITION
ON HEALTH & AIDS



DEPARTMENT OF
MINERAL RESOURCES
& ENERGY



INTERNATIONAL LABOUR
ORGANIZATION



NATIONAL
DEPARTMENT OF
HEALTH



ASSOCIATION OF
MINEWORKERS &
CONSTRUCTION
UNION



MINE HEALTH AND
SAFETY COUNCIL



THE JOINT UNITED
NATIONS PROGRAMME
ON HIV/AIDS



NATIONAL HEALTH
LABORATORY SERVICE



SOLIDARITY

PART



Masoyise iTB/
Health Programme
in action



Masoyise in Action

In 2014 Business, Government and Organised labour signed the agreement towards the 2024 milestones with a commitment to assist the mining industry in achieving set targets to reduce HIV and TB.

The Minerals Council responded at a mining industry level, through the Mine Health and Safety Council (MHSC) and committed to meet two milestones on TB and HIV by the year 2024.

Masoyise iTB was the vehicle to achieve these milestones , as a multi-stakeholder initiative that had a key objective to meaningfully impact on

South Africa's TB and HIV challenges and reduce the high incidence rates, while seeking to ultimately eliminate TB and HIV. With its inception Masoyise was to address important pillars of the end-TB Strategy

- Find missing cases
- Early case detection
- Early and successful treatment



These aligned with the South African National Strategic Plan for HIV, TB and STIs 2017-2022, Masoyise iTB was to offer all employees in the mining sector

HIV Counselling, Testing (HCT) and TB screening annually, over a 3 year period as mine employees are classified as a tuberculosis high risk group in South Africa.



“Masoyise has given our union a lens that allowed us to zoom into the areas of concern as well as plan accordingly in support for in our activities”

– Charles Mkhumane: NUM

An electronic reporting system was put in place as a monitoring and evaluation tool and this was a major success. The milestone targets on HIV counselling and TB screening for 100% of employees annually was monitored on the system. During this period Masoyise iTB took on several activities that contributed to reducing TB in the industry, among these were:

- Monitoring TB outcomes: such as death, loss to follow-up, transfer-out, or those for whom the outcome is unknown, contribute to the low threshold level of success
- HIV/AIDS reduction
- TB contact tracing
- Lending support to small mines
- Improving communication with mineworkers



“We collect data on diseases and specifically on TB, we as the dept. dealt with all mining companies even the smallest ones not, just the affiliates.” – **Dr. Lindiwe Ndelu: DMRE**





Targets and Objectives



Masoyise iTB subscribed to international and national targets on TB and HIV as set out below:

WHO End TB Strategy - 2025

- Find at least 90% of people with TB, including key and vulnerable populations,
- Place 90% on appropriate treatment
- At least 90% successful completion.

UNAIDS Fast Track Strategy on HIV -2030

- 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.

- 100% of employees should be offered HIV counselling and testing annually and be linked to an antiretroviral therapy programme.
- To reduce TB incidence in the mining sector to at or below the South African rate by 2024.

Mining industry milestones

Masoyise Targets

- To counsel 100% of employees for HIV annually.
- To screen 100% of employees for TB annually using the cough questionnaire.



“The ultimate goal is to reduce TB incidence on mines and in mining regions to below the rate for the general population. It is hoped that the national campaign will reduce TB incidence in the country as a whole” – Dr Khanyile Baloyi, Deputy Head of Health, Minerals Council

Achievements

The core activities undertaken by Masoyise iTB were:

- Monitoring programme performance against TB and HIV targets
- Monitoring TB outcomes
- Supporting small mines
- TB contact tracing and
- Communication

Contact tracing

2016 saw a pilot project initiated in the West Rand district of Gauteng and the main objective was to explore mechanisms of improving contact tracing on all index cases identified through Masoyise in the mining sector. What the process does is identify, diagnose and treat (where applicable) people who have had contact with an individual with a serious infection. This is done so that the spread of an infectious disease can be controlled and in the case of the mining industry, tuberculosis (TB).

Identifying TB contacts is valuable as this is an important tool in TB management and control. During this year the West Rand task team implemented some of the key action points of Masoyise iTB, they met regularly to formulate a strategy that ensured success. They collected data and monitored treatment outcomes and improved on access to diagnostics, treatment and tracing.

This team has been the longest operating team. It's been running like a well-oiled machine with activities carried out smoothly and requiring little to no intervention from Masoyise management. The reporting houses are:

- AngloGold Ashanti
- Sibanye-Stillwater
- Harmony
- Goldfields.

Progress in Bojanala

The Bojanala Masoyise contact tracing task team has been continuing to trace contacts to TB index cases in the district. Mining houses such as Bafokeng Rasimone Platinum Mine (BRPM), Lonmin, Bushveld Vametco, Glencore, Sibanye Stillwater, Minopex and Impala reported on their annual contact tracing activities.

There has been notable progress and successes in the Masoyise iTB contact tracing initiative with task teams fulfilling their roles. The Bojanala team collectively identified 488 TB indexes in 2018. Through contact tracing more cases were identified, making a notable impact on TB control initiatives in the district. Sixteen (16) new TB cases were diagnosed from the contacts of the indexes. Companies that had not reported before started to report fully during the last 2 quarters of 2018, indicating that the technical guidance received from Masoyise resulted in structural development within those companies.

A significantly major breakthrough that was made with medical aid companies linked to some of the reporting mining houses. Efforts by mining companies ensured that a good working relationship between the mining houses and medical aids was established, and this ensured that there was better TB control for both stakeholders and improved quality of treatment for miners.



Aurum Institute that was conducting contact tracing in the communities, and mines in the district improved in terms of communication and reporting after a long period of misunderstandings that led to low numbers of people being reached through community contact tracing.

The West Rand Mines community contact traced through the use of NGOs

The quality of contact tracing data from the mining houses has improved significantly due to improved processes within mines and their stakeholders, and this was through a better understanding of the TB control program goals and activities.

A contact tracing reporting tool was developed, and it indicated which index case was identified and to which mining company it was linked to. It went as far as identifying which peri-mining community or labour sending area the tracing was done in. The tool listed the identified contacts to each index case and included a section on treatment outcomes e.g. referred to clinic or initiated on treatment.

Tracing contacts within the companies and the community has been a success through Masoyise iTB with numbers increasing every quarter, an indication that there is an uptake in companies

making efforts in improving TB prevention There is much confidence shown by companies in the initiative.

Challenges

With every new initiative there is bound to be challenges and these are to be expected. These usually come in the form of resistance because of the adoption to a new program from professionals or from patients (workers) or funding based. The Masoyise iTB pilot program identified such challenges. Some of these were:

- In 2016 not all the employees were screened because of slow implementation within individual mining companies, very few index cases were identified in some companies and therefore resulting in few contacts traced which does not give a full picture of TB incidence or prevalence within the companies.
- Contact tracing in collaboration with the Department of Health was not as successful. There were mining houses that made use of the Department of Health (DoH) for contact tracing in the peri-mining communities, and because the collaboration was weak a big gap was never bridged.
- Many index patients gave health care providers incorrect addresses.

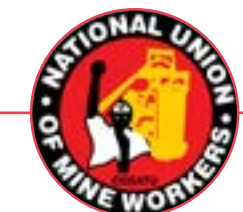
- Many contacts were not available during the day because of work or other commitments and this is the time where NGOs can do the contact tracing
- Contacts were hard to find/locate in the communities due to movements from one area to another, e.g. Movement from West Rand to Labour sending area etc

Lessons learnt

- A considerable amount of effort went into putting together and implementing the Masoyise iTB initiative and its activities by different mining companies.
- And taking into consideration (dependent on) drive and capacity, all the companies have somewhat reached a level of achievement and it did not come without its challenges.
- The DoH is the country's custodian on Healthcare for the general public and therefore should be playing a more active and engaged role at a

- higher frequency on Masoyise iTB initiative
- Provision of better education to mine workers and members should be prioritised because this encourages the identified index cases to disclose so that treatment can be offered and decrease the number of lost to follow ups.
- A very high number of people could not be traced because they were avoiding healthcare workers, and this could be due to the stigma attached, fear or a lack of understanding the importance of contact tracing and the positive impact it will have to them as individuals and their families.
- Aurum Institute increased working hours to try and solve the challenge of people that were not available during the day because of work commitments.

All these efforts were primarily aimed at decreasing the number of people lost to follow up.



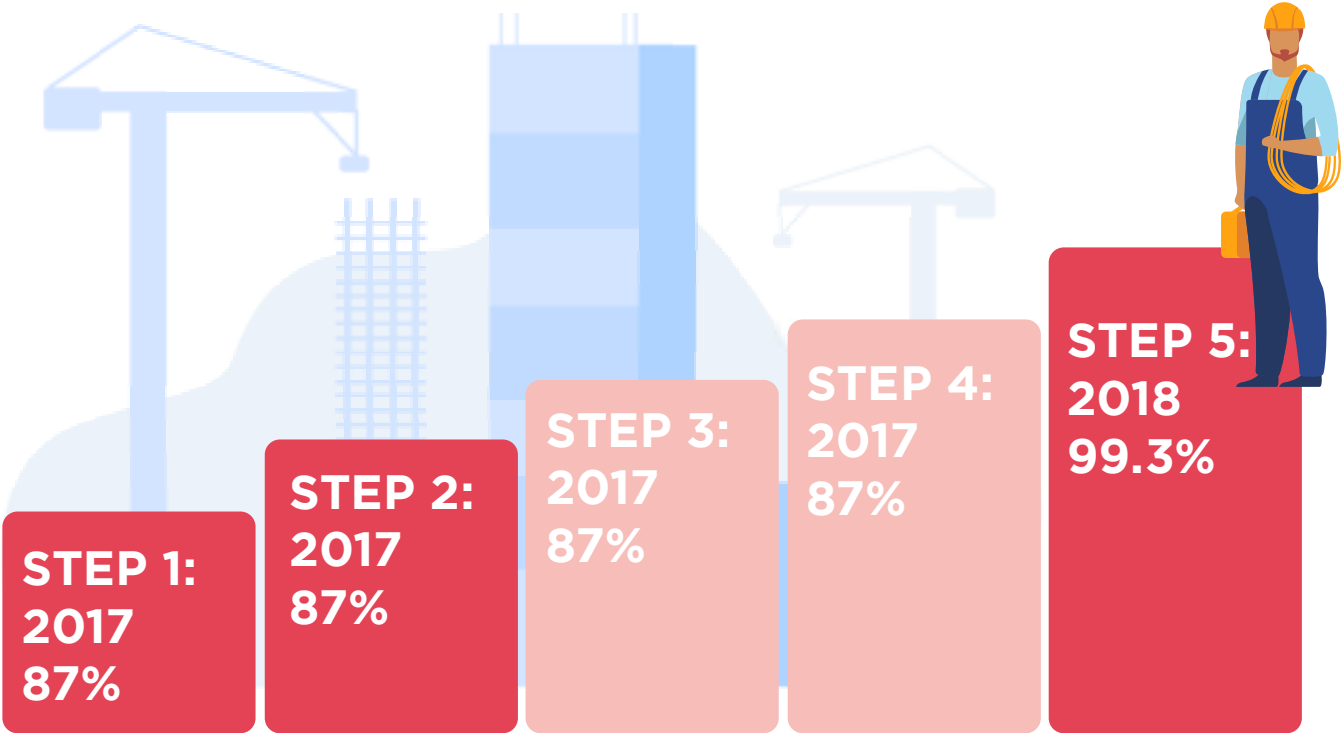
"We put aside our ideologies and worked towards the benefit of our members who matter the most. The data collected through Masoyise iTB has helped us to plan well for our activities." – **Charles Mukhumane: NUM**

Companies submitted their reports on TB and HIV via the Minerals Council's Health Information Management System (HIMS). The system hosted by Healthsource is available to all companies, including those that are not members of the Minerals Council.

In 2018 a total of 32 companies, representing 370,223 employees submitted year-end data.

The total number of employees covered by the 32 companies represents about 81% of the estimated 455,226 employees in the mining industry.

Table 1: Minerals Council member companies as a proportion of Industry

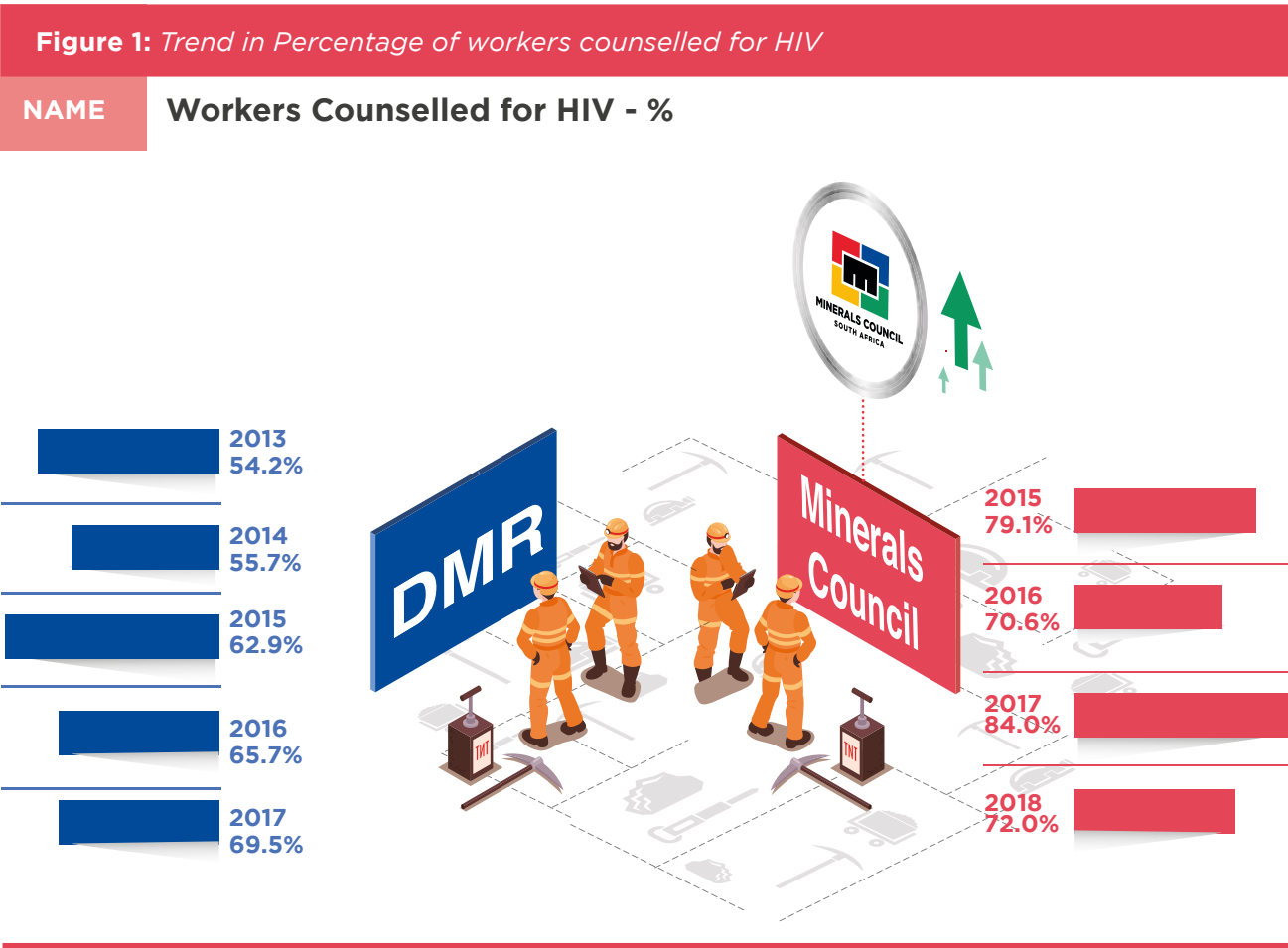


Compliance with reporting requirements improved from 87% of expected reports finalised in 2017, to 99.3% finalised in 2018

HIV counselling

The target for HIV counselling: 100% of all employees should be counselled annually and those found eligible must be linked to an antiretroviral therapy programme (ART)

The figure below shows how the number of employees counselled for HIV improved by 8% reaching 84% in 2018



The Platinum mines had the highest percentage number of employees counselled sitting at 95% - but saw a decline from their previous achievement of 99% in 2017

Coal mines had the lowest percentage sitting at 67% though low they showed a significant increase when compared to their 54.9% reported in 2017

There was no significant change in the percentage of employees that

were screened for TB in 2018 **90.3%**, compared to the two previous years of **90%**

- TB screening was highest in the platinum sector sitting at 97% and saw an improvement from the 94% reported in 2017
- Gold improved sitting at 96% as compared to 2017's 91%
- Coal reported a screening of 74% for TB compared to its 77% achieved in 2017 they had a 3% declined

There is clear evidence of TB Incidence having declined since the 2015

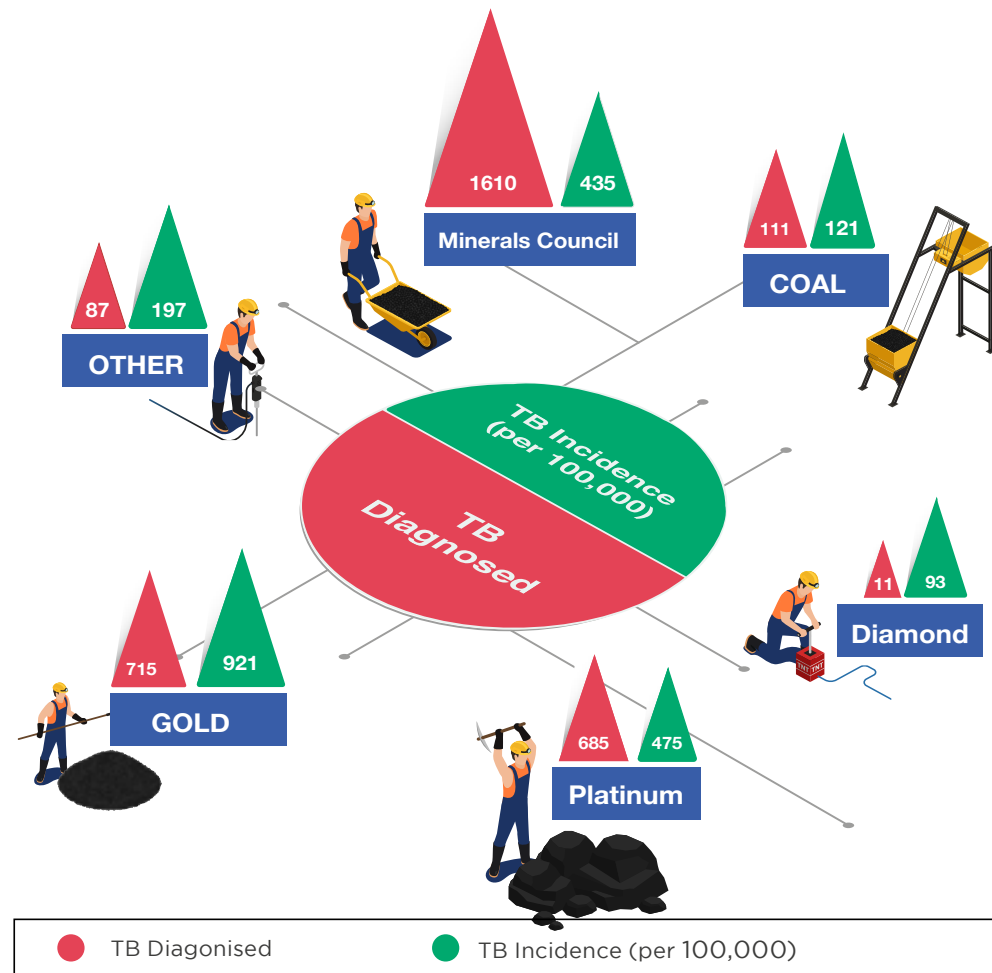
TB Incidence across commodities

Below is the TB cases and TB incidence across the commodities in 2018

- The risks for TB differ across commodities, with gold having the highest risk due to the presence of silica dust.

Figure 2: TB diagnoses rates (Mining industry vs Minerals Council)

NAME Number of TB Diagnosed and incidence (per 100 000 pop)



Gold mines reported the highest number of cases and a higher incidence, while diamond mines reported the lowest cases and incidence.

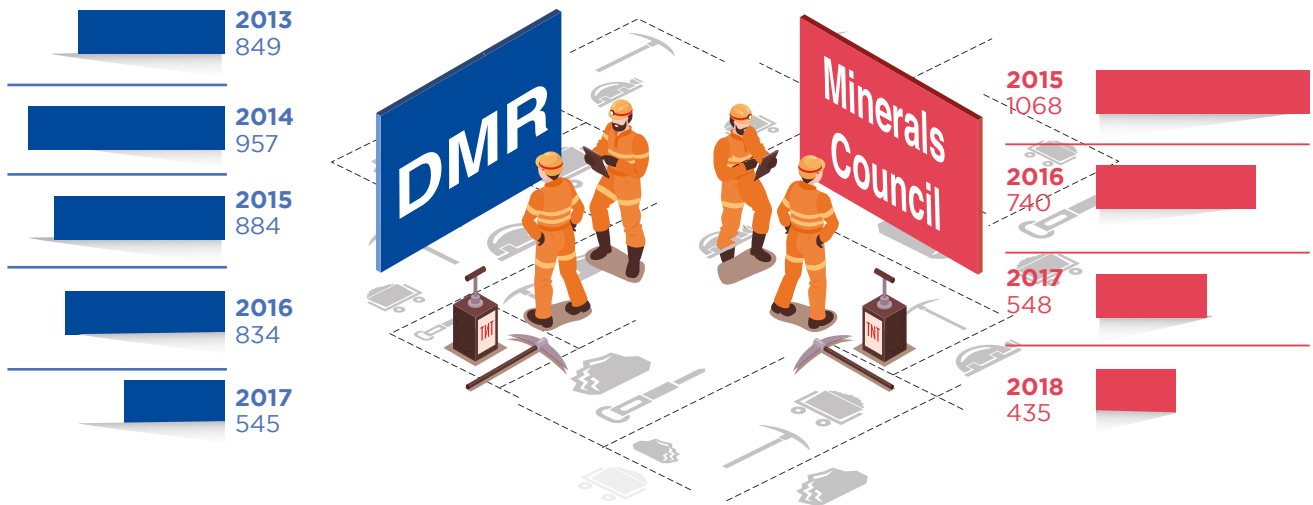
When compared to the South African national incidence all commodities, except for gold, are below the South African rate.

TB outcomes: TB Treatment outcomes by YEAR:



Figure 3: TB Incidence rates (Mining industry vs Minerals Council)

NAME TB incidence (per 100,000 population)



TB outcomes

The National Institute for Occupational Health (NIOH) is part of Masoyise iTB and they were tasked with monitoring TB outcomes as defined by the WHO. They provided results of TB programmes within the selected Minerals Council members, covering the years 2015 – 2017.

The objectives of the **NIOH** were to estimate the burden TB has and evaluate the performance of the TB programmes across the 26 mines that were invited to participate. Only 11 accepted the invitation, 3 gold and 8 platinum.

The findings were that the TB treatment success rate had been going up slowly, moving from 76.4% in 2015 to 80.2% in 2017.

As positive as this is, it was still lower than the global treatment success of 82% and the World Health Organisation's target of 85% - A continuing concern was around the percentage of employees that were not evaluated. This percentage ranged

from 15.8% to 12.8% and coupled with a high death rate that ranged from 5.9% to 7.2% as compared to the international milestone for death rate which sat below 5%

The results if anything indicated,

The results if anything indicated, that there is room for improvement in fostering efforts strengthen TB programmes and initiatives. The data reflected on the outcomes report was received from the following companies:

- Elandsrand Harmony Mine,
- Harmony Doornkop Sir Albert Mine,
- Anglo American Amandebult Mine,
- African Rainbow Minerals Modikwa Mine,
- Anglo Platinum Mogalakwena Mine,
- Northam Platinum Setaria Mine,
- Union Mine Swartklip Mine,
- North West Andrew Safety Mine Hospital and North West Bafokeng Rasemone Platinum Mine Clinic.

They all participated in the study



The Rapid Appraisal initiative

The initiative was a study conducted to follow-up on mineworkers who left the industry while on TB treatment. Eight companies were sampled, and it was found that five had service level

agreements with TEBA to follow up on workers that had gone home, one company had internal mechanisms for following up on the workers, while two had no mechanisms for follow ups.



Case-Study: Eastern Cape pledge - SABCOHA

On December 2017, the Minerals Council announced its support for a health screening initiative in the OR Tambo district of the Eastern Cape to mark World Aids Day. The initiative was

carried out in partnership with Africa's largest technology service provide EOH, together with the South African Business Coalition on Health and Aids (SABCOHA).



“SABCOHA has been part of Masoyise since the start of the programme providing support through technical input, coordinating contact tracing during the first 3 years of the programme as well as providing programme management and secretarial support.”- Susan Preller: SABCOHA



The strategic objective here, was to provide a platform for business to unite around health and productivity issues in the workplace and beyond, which directly or indirectly affected returns on investment (ROI) and economic growth. The health screening programmes included HIV counselling and testing, TB screening, glucose (sugar) measurement, and blood pressure, height and weight measurement.

The campaign was a success with a total number of 7,500 people in deep rural areas screened, 7.9% HIV positivity rate was found with 3,150 people needing further screening for TB and 1,009 of those having partners that work in the mines. The Minerals Council also committed a large sum of funds to the Eastern Cape province to be utilised for tracking and tracing of ex mineworkers with unclaimed retirement funds and compensation benefits. These funds provided structural support to existing initiatives such as the joint exercise between government, unions and industry, Masoyise iTB initiative.



“Being able to participate regularly at meetings within the tripartite alliance links directly to SABCOHA’s goals and objectives to work closely with private sector, government and labour. This facilitates a cohesive response to comprehensive wellness across all sectors.” - Susan Preller: SABCOHA



With regards to the culture transformation framework (CTF) promoted by the Council, it was indicated that by December 2020 there will be 100% implementation of the six pillars. During a Summit held on the 17 - 18 November 2016, stakeholders recommitted themselves to the agreed 2014 milestones and further committed to the implementation of the following initiatives:

- Promotion of tripartite visible leadership
- Mining principals engagement/ meetings
- Improvements communications
- Addressing trust deficit
- Supervisor and employee empowerment and;
- Annual mining companies health and safety days



“Coming from the Masoyise iTB project, we have direct contact with our union members regarding all things Masoyise iTB. Having worked closely together with employers, government, other stakeholders, and organised labour to curb the spread of TB and HIV in the South African mining industry (SAMI), in line with the WHO’ goals as well as our own to fight these diseases.” - Matthew Grant: AMCU



Decent Work Country Programmes (DWCP)

The International Labour Organization (ILO) has had a convention in place since 1935 prohibiting the employment of women in underground mining work. However, many countries that initially ratified the convention have since denounced it, including Australia (1988), Canada (1978), Chile (1997) and South Africa (1996). These countries are now largely signatories to the ILO's Convention 176 (Safety and Health in Mines, 1995), which covers the rights of all workers.

Convention 176 states, “Contrary to the old approach based on the outright prohibition of underground work for all female workers, modern standards focus on risk assessment and risk management, and provide for sufficient preventive and protective measures for mineworkers, irrespective of gender, whether employed in surface or underground sites”.



“Mainstreaming HIV and TB response into a broader Health Workplace Programme in the mining industry is key for achieving decent work.”
- **Simphiwe Mabhele: ILO**

South African women played a key role above-ground mining positions long before they were legally allowed to work underground from 1996 onwards. As women have gradually become formal participants in all aspects of the industry's work, they have come up against a range of challenges and restrictions. Over the years, the industry has become better at identifying and dealing with these issues, so creating the conditions for more women to work underground.

Tripartism and social dialogue continues to be vibrant in South Africa and to play a key role in social and economic policy processes. At the national level, social dialogue finds significant expression through the National Economic Development and Labour Council (**NEDLAC**) which is a National Social Dialogue institution established in terms of the Nedlac Act No.35 of 1994.

Labour is represented on Nedlac by the Federation of Unions of South Africa, National Council of Trade Unions, and Congress of South African Trade Unions. Business is represented by Business Unity South Africa. The Department of Labour leads the government delegation. The fourth constituency – “community” – is represented through a variety of organisations representing different interests, namely Disabled People South Africa, South African National Civics Organisation, South African National Youth Council, and the Women's National Coalition. The Gender Taskforce of three Trade Union Federations represented in the National Economic, Development and

Labour Council adopted a roadmap in September 2019 to advocate for the ratification of the ILO Convention Concerning the Elimination of Violence and Harassment in the World of Work (C190).

The Roadmap includes actions to sensitise civic and statutory bodies whose mandate is to promote gender equality and the rights of women and persons in situations of vulnerability to violence and harassment. Subsequent to the adoption of Convention 190 and its accompanying Recommendation 206, the ILO coordinated and facilitated, in July 2019, a workshop of the Gender Task Force comprised of gender focal points and male gender champions drawn from three trade union federations, which represent organised labour at National Economic Development and Labour (**NEDLAC**).

The workshop also questioned the adequacy of existing national policy on sexual harassment and the need for policy reform measures to be undertaken parallel to the process of ratification. The ILO facilitated discussion on required actions by the Task Force to lobby for the speedy ratification of the Convention. The Solidarity Centre and the Labour Research Services have been key partners to the ILO in advancing the agenda of the Gender Task Force of the Labour Federations to

promote gender equality and the mainstreaming of gender within their trade union structures.

The priorities for South Africa's Decent Work Country Programme is to:

- To promote more and better jobs;
- To broaden social protection coverage; and
- To promote strong and representative employers' and workers' organisations

These priorities align to the national, sub-regional, continental and global frameworks, namely the NDP 2030, MTSF 2014-2019, the SADC Industrialisation Strategy and Roadmap 2015-2063, the SADC DWP 2013- 2019, the AU Agenda 2063, AU Declaration on Employment, Poverty Eradication and Inclusive Development in Africa, and the 2030 Agenda for Sustainable Development (SDGs).

In line with the provisions of the ILO Declaration on Social Justice for a Fair Globalization, the programmatic approach towards implementing the DWCP will take due account of the inseparable, interrelated and mutually supportive nature of the four strategic pillars of decent work. And this will necessitate collaborative work across all technical sectors of the ILO reflecting the integrated approach required by the Social Justice Declaration.



global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals.

“Our Mandate within Masoyise is the Aids response and that is linked to the TB response which is the biggest killer in South Africa and a large portion of that TB links back to HIV/AIDS”
– **Dr Pride Chigwedere: UNAIDS**

“Masoyise is dealing with the things that are at the core of our mandate which makes our interest direct given the broader SDG goals and the Global goal” – **Dr Pride Chigwedere: UNAIDS**

The Joint United Nations Programme on HIV and AIDS is the main advocate for accelerated, comprehensive and coordinated global action on the HIV/AIDS pandemic. The aim of UNAIDS is to help mount and support an expanded response to HIV/AIDS, one that engages the efforts of many sectors and partners from government and civil society. Established by ECOSOC resolution 1994/24 on 26 July 1994.

The programme was officially launched in January 1996. It is under the guidance of a programme coordinating board with representatives of 22 governments from all geographic regions, the UNAIDS Cosponsors, and five representatives of nongovernmental organizations, including associations of people living with HIV/AIDS.

They unite the efforts of 11 UN organisations; UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank working together closely with

The explicit recognition in the 2030 Agenda of the central place of decent work as a goal and as an instrument of sustainable development has provided the ILO with an unparalleled opportunity to take a leadership role in promoting, and cooperating not only with constituents in member States but also with a growing number of national and international actors. ILO delivers a range of programmes to support countries in responding to HIV in the workplace. It has embarked on a series of rights-based initiatives for the implementation of ILO Recommendation No. 200, such as the VCT@WORK initiative, supported by UNAIDS launched in 2013.

Previously AIDS targets sought to achieve incremental progress in the response, the aim in the post-2015 era is nothing less than the end of the AIDS epidemic by 2030.

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Masoyise Transition

Transition Masoyise iTB to Masoyise Health Programme

Masoyise’s success, after it was reviewed in November 2018, gave rise to the Masoyise Health Programme. The steering committee decided to extend the initiative’s work over another 3 years (2019 -2021) with a wider focus beyond just TB and HIV.

The broader focus on leading the mining industry’s commitment encompasses the fight against occupational lung diseases and non-communicable diseases (NCDs) such as cardiovascular diseases (CVDs), including hypertension (HPT), cancers, chronic respiratory disease and diabetes, as these are the leading causes of mortality and disability globally.



“The inclusion of Non-communicable diseases as one of the focus areas on Masoyise iTB programme proved to be another bold step in ensuring holistic approach to health and well-being of the workers.”
- **Bethuel Dlamini: Clinics Operational Manager Harmony Gold**

- What informs the new strategy is:**
- ILO Convention 176 on Safety and Health in Mines, ratified by South Africa
 - ILO Recommendation concerning HIV and AIDS and the World of Work No.200, noted by the South African parliament following its adoption.
 - The Sustainable Development Goals (SDG). The relevant goals are Goal 3 on Good Health and Wellbeing, Goal 5 on Gender Equality and Goal 8 on Decent Work and Economic Development
 - Global Plan to End TB. This calls for 50% reduction of TB incidence by 2025, compared to 2015. (Stop TB Partnership & UNOPS, 2016)
 - WHO Global Strategy for the Prevention and Control of Noncommunicable Diseases, 2000.
 - UNAIDS Fast Track Strategy on HIV 2030. This calls for a 90% reduction in new HIV infections and deaths by 2030, compared to 2010 and set the 90-90-90 targets, an ambitious treatment target to help end the AIDS epidemic (UNAIDS, 2014)
 - The impact of HIV and AIDS on the world of work: Global estimates (May 2018). The ILO report examines how the evolution of the HIV epidemic and the scale-up of ART have impacted on the global labour force, and how it is projected to do so in the future.

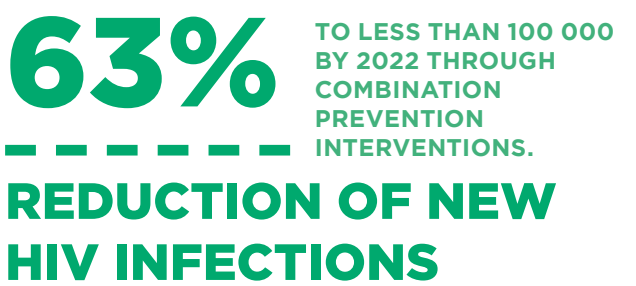


“Masoyise has provided the monitoring and measurement tools for TB in the mining sector. Its expansion to non-communicable and occupational lung diseases is welcomed. However there are still gaps in reaching the 90-90-90 targets.”– **Dr. Barry Kistnasamy: Compensation Commissioner Department of Health**

Strategy aligned to National Department Of Health commitments

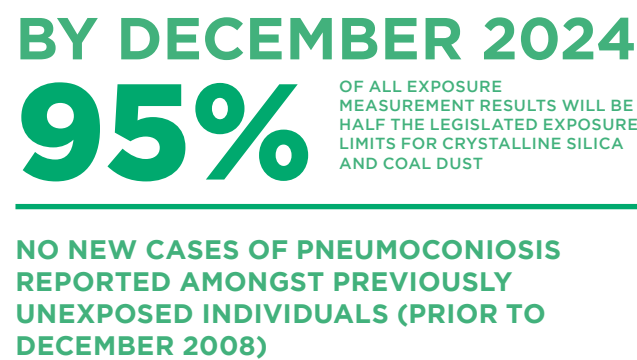
South Africa’s National Strategic Plan for HIV, TB and STIs 2017 - 2022 (NSP 2017-2022) which sets following targets:

- Reducing TB incidence by at least 30% from 834/100 000 in 2015, to less than 584/100 000 in 2022
- Reduce new HIV infections to less than 100 000 by 2022 (63% reduction) through combination prevention interventions.
- The country has now committed to a National Wellness Campaign 2018 – 2020



The campaign includes all sectors of society and promotes screening for HIV, TB, STIs, hypertension and diabetes, with these targets set out below:

- To put 2 million people on HIV treatment by end of December 2020
 - To intensify TB case finding to identify 80 000 missing TB patients in year 1
 - To intensify non-communicable diseases (NCD) case finding and screen 7 million people
 - To intensify STIs screening, diagnosis and treatment
- These align to Mine Health and Safety Council’s commitments: (NB) Masoyise’s MOU with Mines Health and Safety



Council with the industry setting the following HIV and TB targets / milestones to curb TB, HIV and OLDs in mines:

- Offer HTS to 100% of employees annually and link those who test positive to an ART programme
- Reduce TB incidence in the mining sector to or below the South African national TB rate by 2024
- By December 2024, 95% of all exposure measurement results will be half the legislated exposure limits for crystalline silica and coal dust
- No new cases of pneumoconiosis reported amongst previously unexposed individuals (previously unexposed individual is individuals unexposed prior to December 2008)

Guiding principles:

- Masoyise Health Programme must be more inclusive, i.e. should embrace the integration of TB and HIV into health programmes. The programme must include NCDs as a comprehensive approach to wellness
- Prevention should be the mainstay of all interventions. The industry must address and monitor the social determinants of disease, e.g. housing and living conditions and nutrition. Exposure to silica dust must be prevented to reduce TB
- Masoyise will leverage collaborations and co-funding to maximise its impact
- The programme will be aligned to international, national and industry targets, priorities and interventions.

The existing targets will apply:

- Sustainable Development Goals for 2030
- WHO End TB Strategy, 2025
- UNAIDS Fast Track Strategy on HIV, 2030
- Department of Health Strategic Plan for HIV, STIs and TB, 2017 - 2022
- MHSC TB, HIV and OLD Milestones

- SA Decent Work Country Programme (DWCP)

In addition, Masoyise recognises the WHO NCD Global Action Plan and the Monitoring Framework for NCDs which has set goals for 2025, against a baseline in 2010

The Framework has nine targets while the South African Strategic Plan for the prevention and control of NCDs, 2013 - 2017 adjusted these for the country with the following NCD targets being proposed:

- 20% relative reduction in prevalence of raised BP by 2020
- Halt the rise of diabetes and obesity (10% reduction in percentage people that are obese or overweight, by 2020)
- Increase the number of people screened and treated for mental disorder by 30% by 2030.

Priority areas and Target populations for the purposes of implementing and monitoring a manageable programme, these will be priorities for the Masoyise Health Programme:

- TB,
- HIV and AIDS,
- Occupational lung diseases
- Hypertension,
- Diabetes
- Mental health

The above conditions affect a large percentage of the population. This warrants that groups that are particularly at high risk be identified and targeted in interventions. The focal population groups, depending on the disease are:

- Young women
- Sex workers,
- LGBTIQ+
- Men who have sex with men
 - Men

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Messages of support



Conclusion

The Masoyise iTB reflects on the significant commitment of mining companies, governments, civil society, and mineworkers to come together and bridge the divides and achieve a consensus on a plan of action to improve occupational health and safety in an industry that remains hazardous.



“We faced a challenge along the way with stigma in HIV/AIDS testing. We received a number of accounts where certain mines conducting testing and counselling of their employees for HIV did not adhere to protocols thereby not ensuring those employees’ right to confidentiality. In fact, it created many challenges of stigma for many employees.”

– **Matthew Grant: AMCU**

Masoyise iTB has succeeded in laying the groundwork for collaboration in an environment that was initially characterised by low levels of trust,

limited political will, and limited cross-sectoral engagement. Its proven a collaborative approach can help to set aside the key barriers to engagement.



“Healthy workers are productive and raise healthy families; thus healthy and informed workers are key in ensuring healthy communities. We believe that every person deserves a fulfilled life which is why we care about the health and wellbeing of our miners.”

– **Bethuel Dlamini: Clinics Operational Manager Harmony Gold**

The project has also served as a platform to bring the mining industry together in creating a consensus on how it can continue to improve and strengthen the practices devoted to defeating TB and HIV/AIDS.

Many opportunities have been provide to demonstrate how effective collaboration between the health, labour, and mining sectors, along with



mining communities, can stimulate mining companies to look beyond their own immediate business imperatives.

The general consensus was that Masoyise iTB was of great value in focusing attention on TB and HIV in the mining industry. In line with national and industry trends, a decision to extend the scope of the work and convert the initiative into a Health programme, this should going forward assist with greater contributions to an increased accountability in the mining sector that not only includes the prospect of safer work environments but also an enhanced performance that delivers healthcare to its workers and ensures that their healthier and more productive it seeks to give fresh momentum to the control of TB, HIV, NCDs and OLDs in the mining industry.



“Masoyise has helped with the realisations that when dealing with health, it becomes cumbersome to focus on disease specifics. It surely has its place and it depends.”

– **Dr. Lindiwe Ndelu: DMRE**



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work/health-and-safety/masoyise-health-programme](https://www.mineralscouncil.org.za/work/health-and-safety/masoyise-health-programme)

Facebook page: Masoyise Health Programme
<https://www.facebook.com/MasoyiseHealthProgramme>

