



HARMONY HEALTH: SUCCESS OF THE TB/HIV MANAGEMENT PROGRAM

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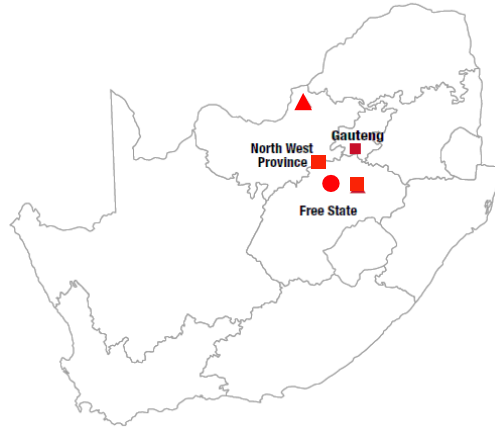
13 June 2018



OVERVIEW OF HARMONY

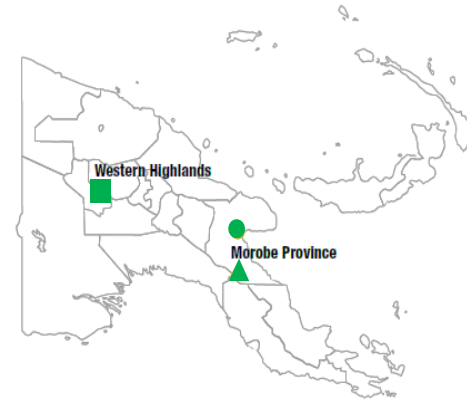
Where we operate:

SOUTH AFRICA (SA)



- 10 underground operations
- Tailings retreatment operations
- ▲ 1 open pit mine

PAPUA NEW GUINEA (PNG)



- ▲ Hidden Valley (open pit mine)
- Wafi-Golpu copper-gold project (50:50 JV)
- Multiple exploration areas

Corporate profile:

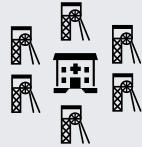
- Listed on the Johannesburg Stock Exchange (JSE) and New York Stock Exchange (NYSE)
- Operating for over 68 years
- Estimated annual production: FY18 >1.1Moz

DISCUSSION POINTS

- 1 The Harmony health journey
- 2 The Harmony health journey - TB and HIV Program
- 3 Outcomes
- 4 Strategy
- 5 Contact tracing
- 6 Challenges
- 7 Conclusion

THE HEALTH JOURNEY

PAST Reactive



Curative

Wait for someone to get sick

- Centralized team, reactive,
- Not integrated,
- Reactive and disease orientated

95% → 5%



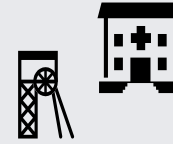
5% → 95%



Approach REACTIVE

Curative Hospital driven, centralised occupational health and nurse driven primary health care

PRESENT Fit for work



Proactive

Early detection and treatment of ailments

- Health education
- Health awareness and promotions
- Disability management (at work)
- Disease management

45% → 2%



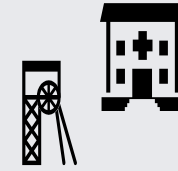
55% → 98%



Approach PROACTIVE

Preventative one stop health hub / taking health care close to 98% of employees
Employees back to work as soon as possible

FUTURE Fit for life



Resilient

Take responsibility for own health

- Employees initiating medical assessments, health education & testing
- Exercise, health eating, not smoking, no substance abuse (eg alcohol, drugs)

20% → 1%



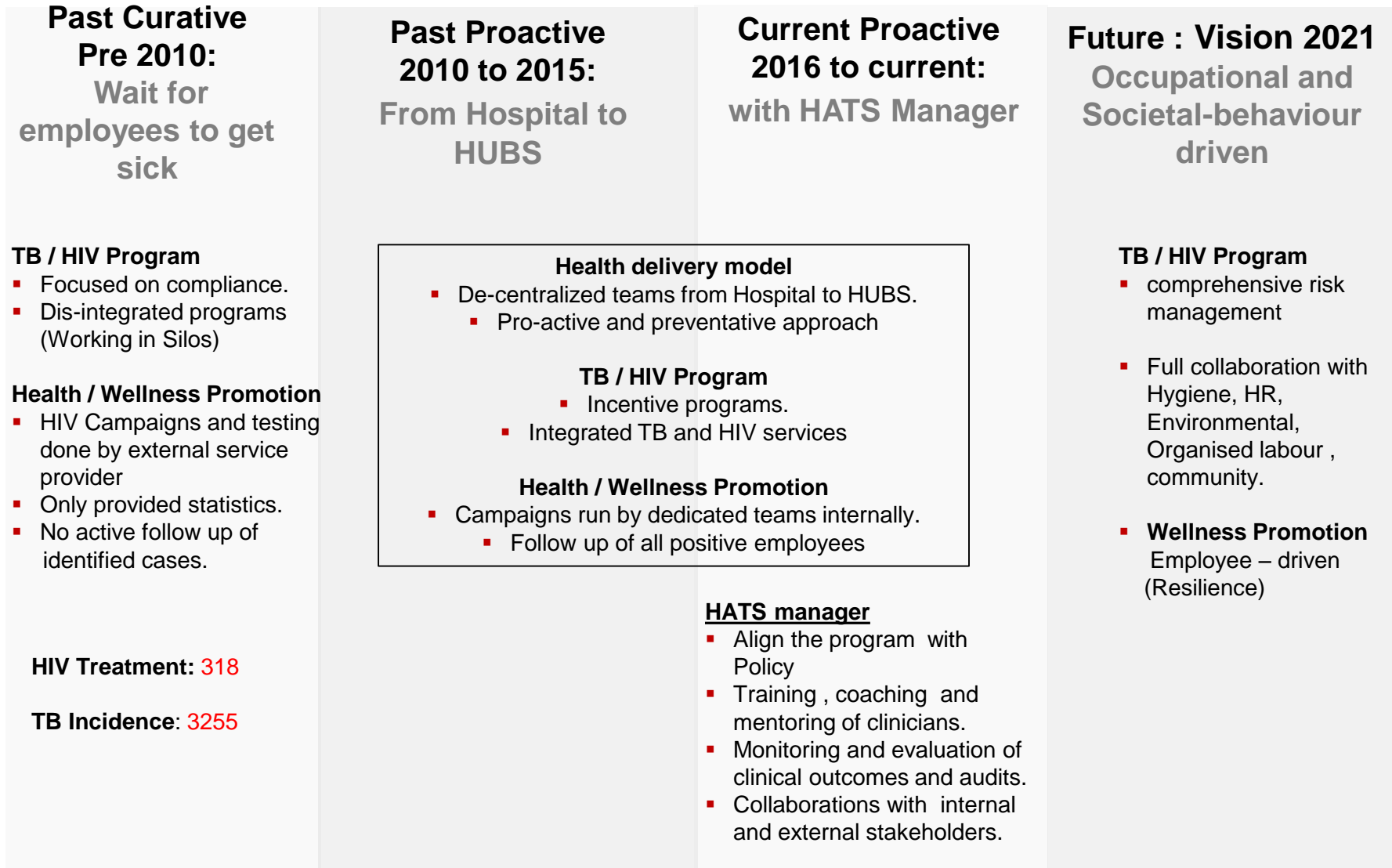
80% → 99%



Approach RESILIENT EMPLOYEE

One stop health hub , extensive health education and incentive programs

THE HEALTH JOURNEY - TB / HIV PROGRAM

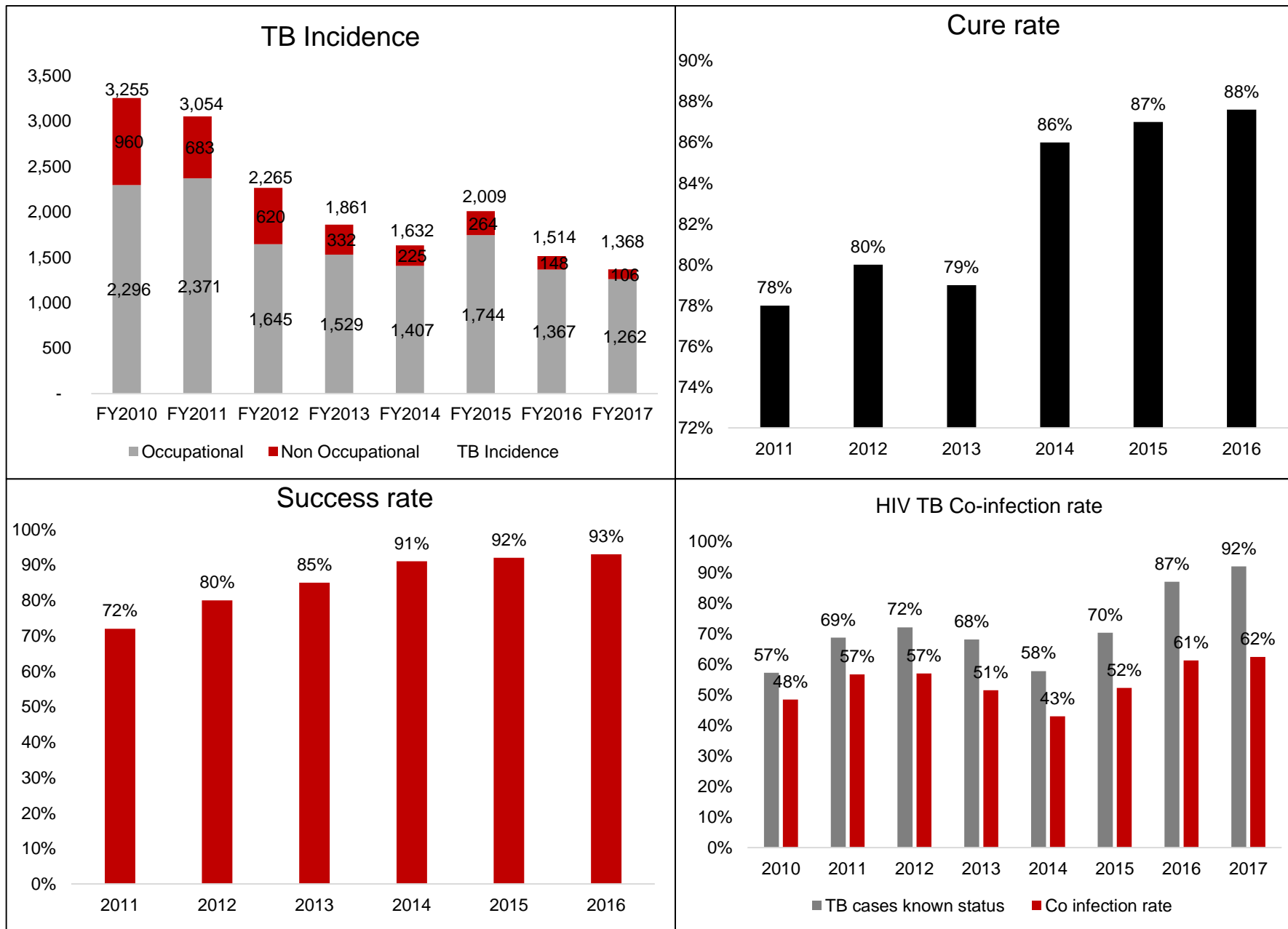


Cure Diseases

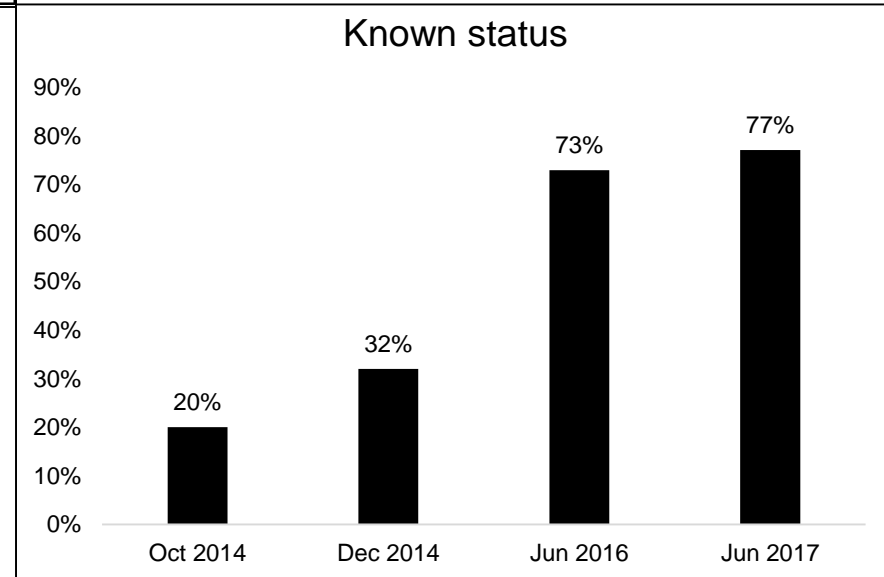
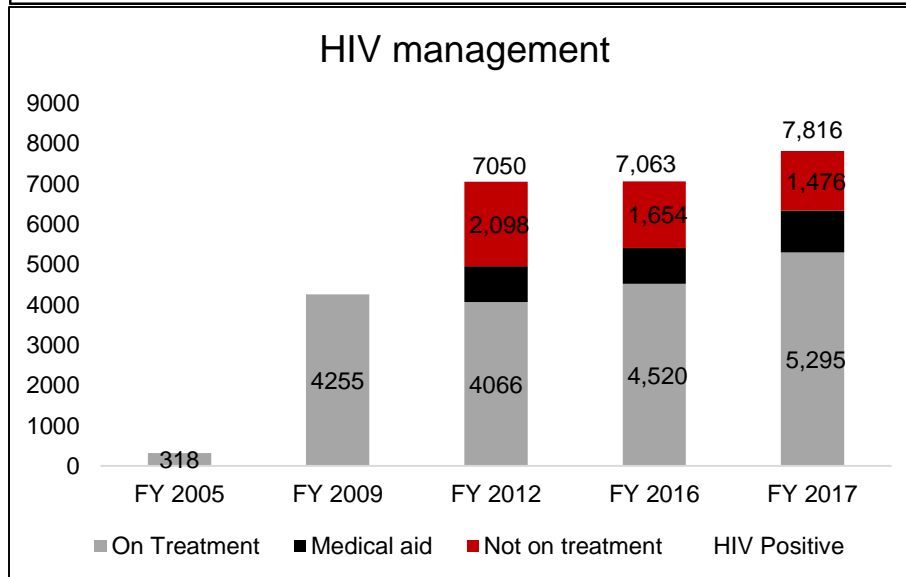
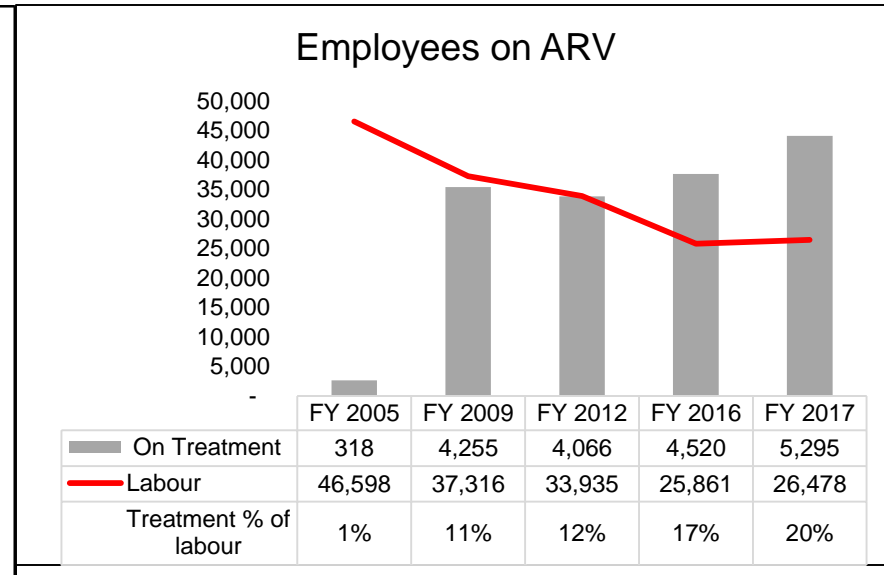
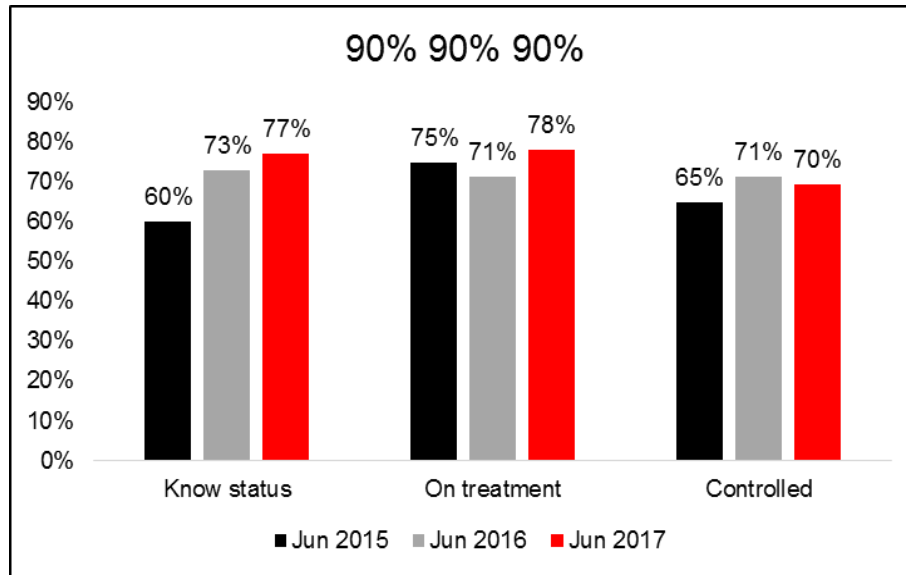
Wellness

Disease Free & Fit

OUTCOMES – TB MANAGEMENT



OUTCOMES - HIV MANAGEMENT



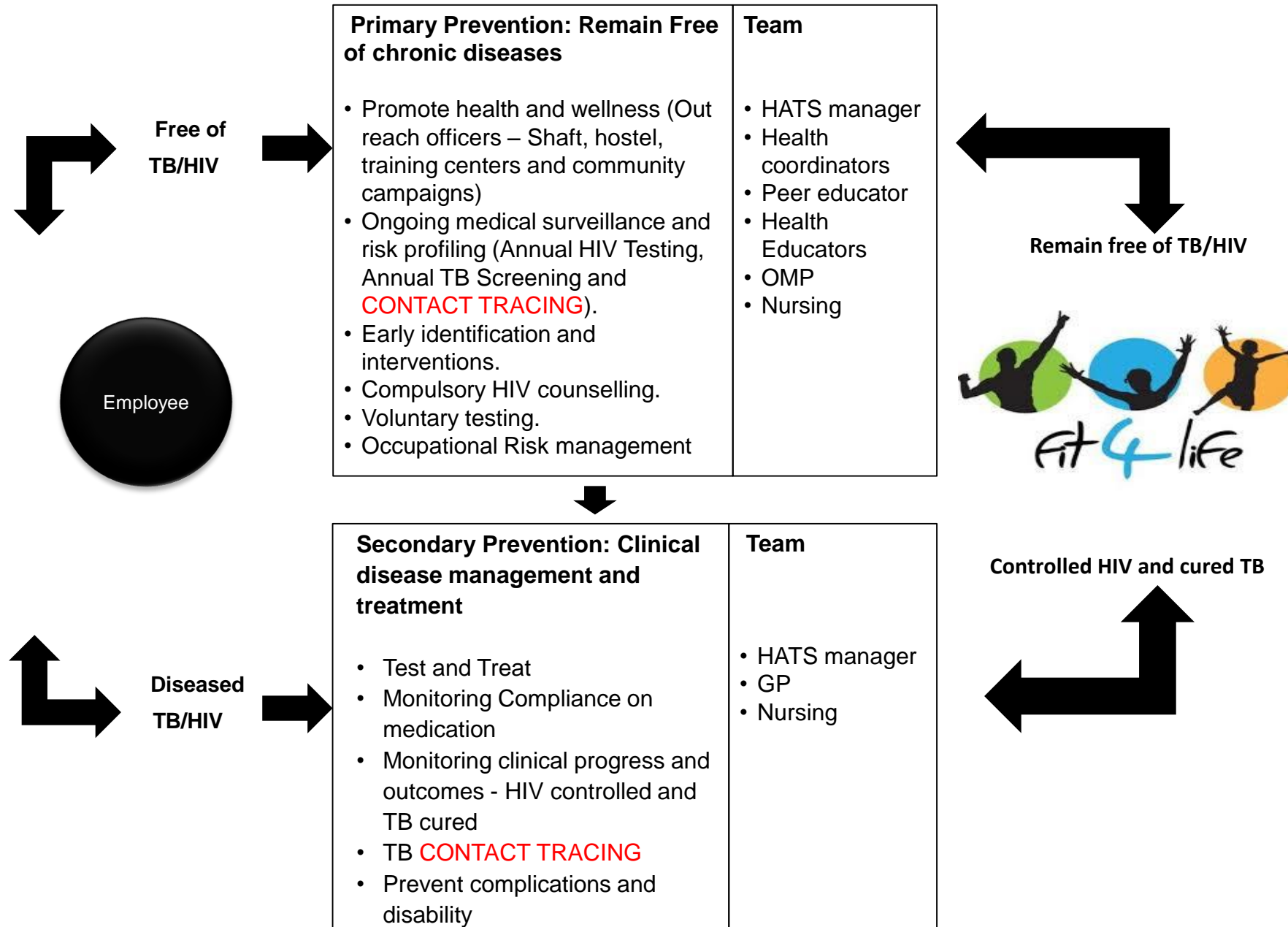
STRATEGY - EMPLOYEE IS OUR FOCAL POINT



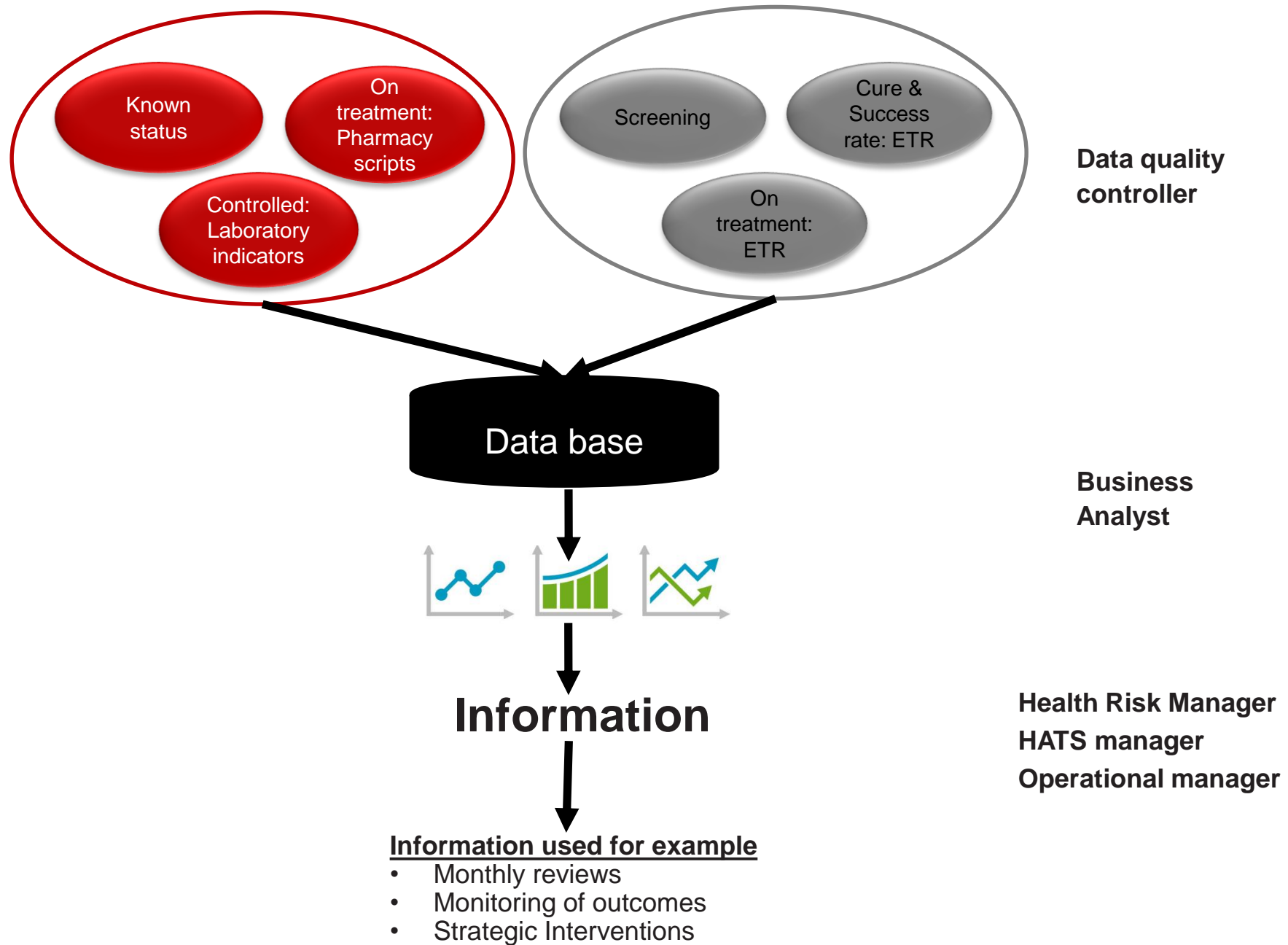
STRATEGY - EMPLOYEE IS OUR FOCAL POINT



EMPLOYEE IS OUR FOCAL POINT



MONITORING AND EVALUATION



CHALLENGES

- **STIGMA**

- Harmony strive to treat TB/HIV LIKE ALL THE OTHER CHRONIC DISEASES
- Integrated chronic disease management teams
- All consulting PHC PNs offer Provider Initiated Counselling and Testing
- Compulsory counselling station in Occupational Medical Surveillance

- **TRUST DEFICIT**

- Non disclosure of medical information (HIV).
- Stigma - Fear of losing jobs / Fear of discrimination
- Role of the MHSA Sec 13.3(a) / OMP – INDEPENDENT practitioner
- Enhanced Stakeholder engagements

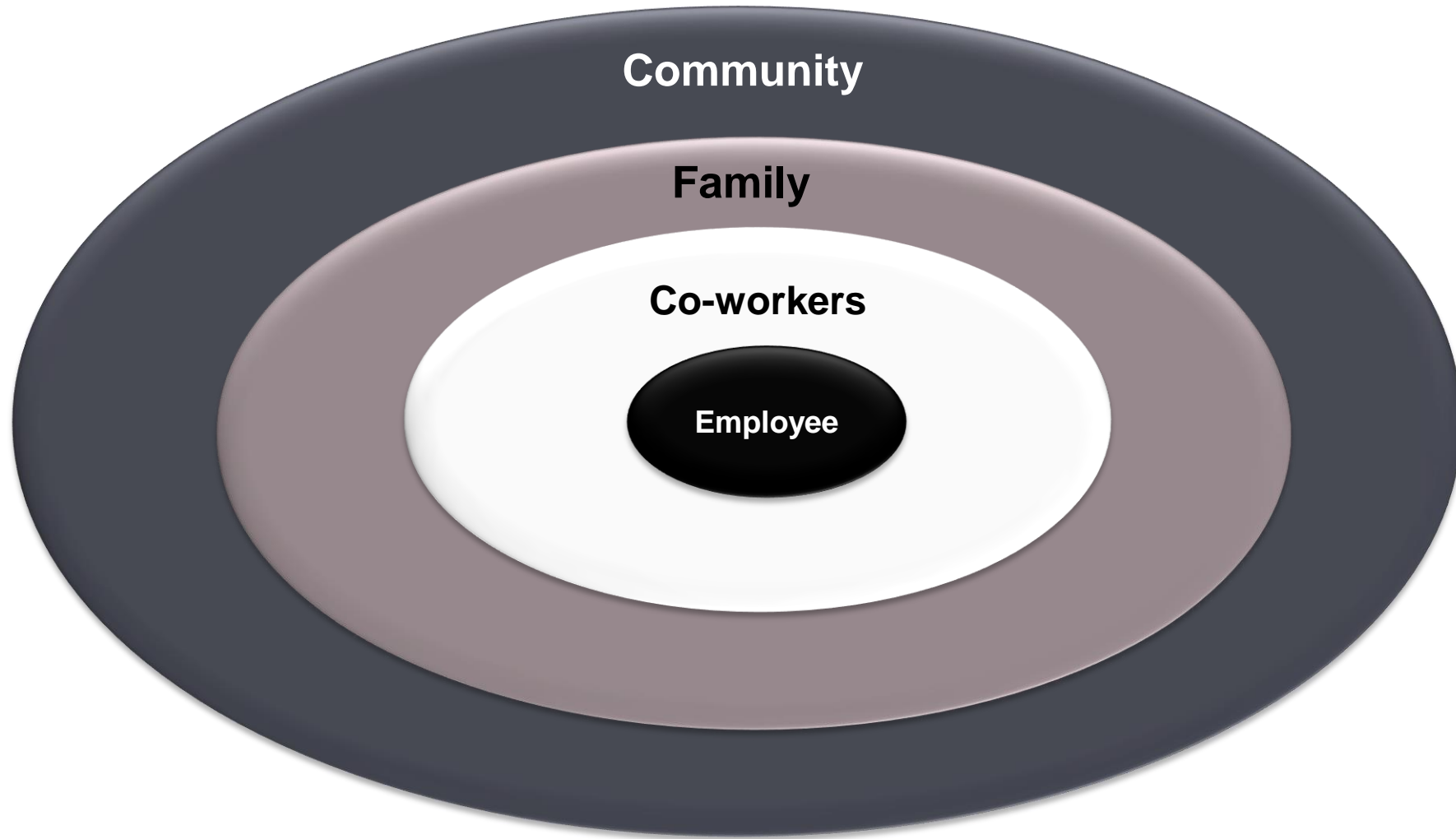
- **ACCESS TO DATA (HIV)**

- Medical aid: on treatment and controlled
Engagements with medical schemes
- Contractors
Collaborations with Public Health services

MASOYISE ITB PROJECT – CONTACT TRACING

- The initiative forms part of the national campaign announced in March 2015 under the theme “ Ending South Africa’s TB epidemic: Accelerating our response in key populations”
- Masoyise iTB Project was approved by the Chamber Council in September 2015
- Complements existing interventions and collaborations
- One of the objectives – EXTEND CONTACT TRACING INTO MINING COMMUNITIES into which employees live.

CONTACT TRACING – BEYOND THE MINES



CONTACT TRACING – MASOYISE ITB PILOT

Reactive	<ul style="list-style-type: none"> Contact tracing for working gangs and room mates (hostels) – Compliance Centralised health teams 	<ul style="list-style-type: none"> No programmes were in place for the Family contacts in the Peri-mining community 	<ul style="list-style-type: none"> Collaboration with TEBA Part of post-employment management programme for repatriated employees

	Co-worker	Peri-mining	Cross Border/Inter provincial
Pro -Active	<ul style="list-style-type: none"> De-centralised dedicated operational teams- Intensified case finding Strengthened TB campaigns and continuous screening Train Harmony health coordinators and NGO employees on contract tracing (Oct 2016) <p>EXTENSIVE RISK MANAGEMENT</p> <ul style="list-style-type: none"> Identified roving underground employees as high risk - and screening all the areas where the rover is working Extended screening from work gangs to also cover workplaces linked to the index case Training is planned for peer educators to increase capacity 	<ul style="list-style-type: none"> Identify existing community partners (NGOs) Collaboration with Mothusi-Mpilo (NGO) in the West Rand Gauteng in Aug 2016 Collaboration with Aurum (2 sites) in the Free State in Nov 2016 Upscaling the existing partnership with Lesedi-Lechabile (5 sites) to include contact tracing in Nov 2016 Offer comprehensive health screening for the identified family contacts (e.g. chronic defaulters, gaps in child immunisation, etc) Linkage to local public health programs for further management Monthly reports are provided and analysed – M&E 	<ul style="list-style-type: none"> Upscaling of the TEBA programme to include Contact tracing on all TB cases at the time of diagnosis Implemented in Jan 2017 TEBA covers cross boarder and inter-provincial family contacts Linkage to local public health programs for further management Monthly reports are provided – M&E

OUTCOMES – CONTRACT TRACING

Harmony West-Rand Annual Report - 2017		
Index cases	84	
Number of contacts identified	927	
Number of contacts traced	915	99% of identified
Number of contacts lost to follow up	11	1% of identified
Presumptive cases	51	6% of traced
Number tested TB positive	15	29% of presumptive
Number put on treatment	15	100% of positive

CHALLENGES

- Wrong addresses given by index cases
- Non availability of household members during the day
- Movement of contacts from one area to another without notification.

- Consent from the Index case
 - Employees were empowered to understand the benefits of giving consent through counselling.
- Informing the family contacts
 - Employees are encouraged to communicate and inform their families about this process otherwise, it led to resistance and lack of cooperation in instances where there was lack of communication.



QUESTIONS?

ACKNOWLEDGEMENTS

Mr. Bethuel Dhlamini – Group Nursing Services Manager and member of Masoyise Task Team

Zameka Kubeka – HAST Manager member of Masoyise Task Team

Harmony Health Central Team

Operational health teams

THANK YOU for your contributions and dedication!

PRIVATE SECURITIES LITIGATION REFORM ACT SAFE HARBOUR STATEMENT

FORWARD LOOKING STATEMENTS

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