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Mine Health and Safety Council

20 Years of Positive Contribution to Zero Harm for Mine Workers. Pursuing Research Excellence

13TH OF JUNE 2018

MINING INDUSTRY TB/HIV PARALLEL SESSION: 5TH SA AIDS Conference

'Mining Industry – Reinforcing the Multisectoral Response to TB and HIV'

Mr Thabo Dube: MHSC CEO

Presentation Outline

- **MHSC mandate**
- **MHSC Structure & Advisory Committees**
- **MHSC Response to TB and HIV**
 - **Establishment of MITHAC**
 - **Tripartite Stakeholders Partnership**
- **CONCLUSION**



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MHSC mandate

MHSC is a national public entity established in terms of the MHSA, No 29 of 1996, and celebrated 20 years in May 2017.

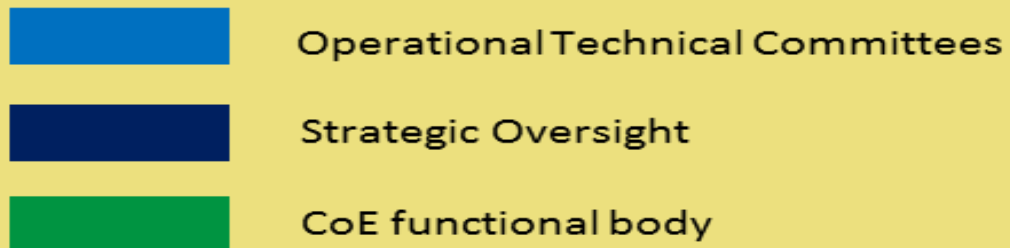
- **Advise the Minister** on all occupational health and safety issues in the mining industry relating to legislation, research and promotion
- **Review and develop legislation (regulations)** for recommendation to the Minister
- **Promote health and safety culture** in the mining industry
- **Oversee research** in relation to health and safety in the mining industry



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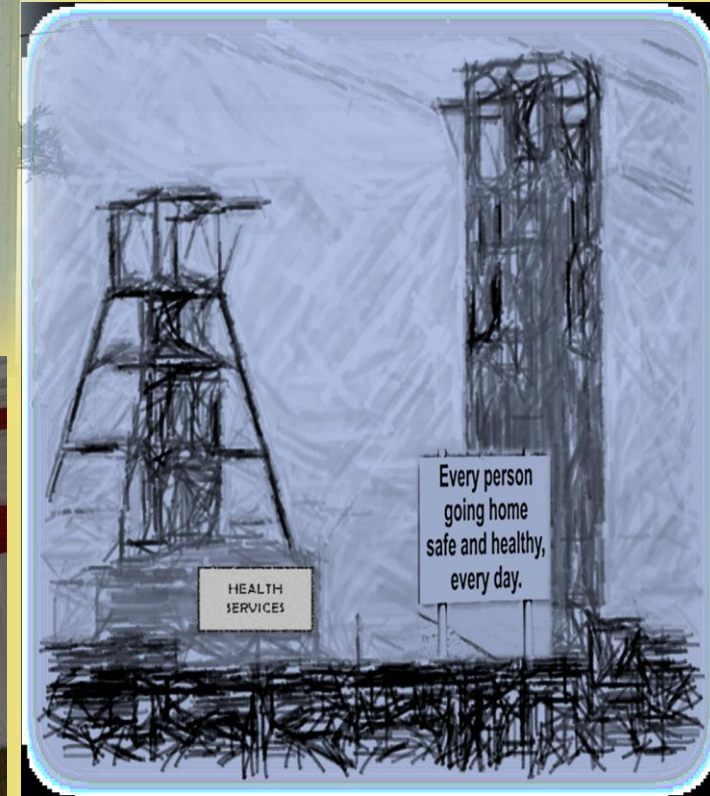
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STRUCTURE & ADVISORY COMMITTEES



MHSC Response to TB and HIV

**TUBERCULOSIS
CAN BE CURED**
Join Directly Observed Treatment
Short-Course (DOTS)



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ESTABLISHMENT OF MITHAC

- The Mining Industry TB, HIV and AIDS Advisory Committee (MITHAC) was officially launched on the 1ST of December 2003, as the “*Mining Industry Tripartite HIV and AIDS Committee*”.
- Prior to the launch, the mining industry Principals representing Government, Employers and Labour and adopted the “*Declaration on HIV and AIDS*”.
- MITHAC evolved and was changed to Mining Industry HIV/AIDS and TB Advisory Committee (MITHAC), as one of the advisory committees under the Mine Health and Safety Council.
- MITHAC’s objectives are to advise the MHSC and for implementing the TB, HIV and AIDS Summit Initiatives.



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Partnership with Tripartite Stakeholders

- MITHAC has collaborated with various mining companies and entities in the drive to prevent the spread of HIV/AIDS and TB.
- The programmes and initiatives that have been undertaken by MITHAC include the following:
- Collaborating with the Department of Health (DoH) in:
 - Revising the Isoniazid Preventive Therapy (IPT) policy to include individuals with Silicosis.
 - Allowing the Mining sector health care workers access to all Department of Health (DOH) electronic TB and manual register.


GUIDELINE FOR THE COMPILATION OF A MANDATORY CODE OF PRACTICE FOR THE
**GUIDELINES FOR TUBERCULOSIS PREVENTIVE
THERAPY AMONG PEOPLE LIVING WITH HIV AND
SILICOSIS IN SOUTH AFRICA**
2013



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Partnership with Tripartite Stakeholders

- Developed and revised the Mining Industry Reporting Template on HIV/AIDS and TB (DMR 164 HIV and TB Reporting).
- DMR reporting template has since been revised to include indicators of the 90:90:90 strategies for TB and HIV.

 **mineral resources**
Department:
Mineral Resources
REPUBLIC OF SOUTH AFRICA

DMR 164

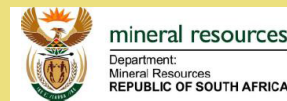
5. COMPLIANCE		
5.1 Does the mine have an integrated HIV and TB policy in place?	YES:	NO
5.2 Does the mine have an integrated HIV and TB programme in place?	YES	NO
5.3 Does the mine have an HIV and TB programme budget?	YES	NO
5.4 Is there a monitoring and evaluation system for the HIV and TB programme?	YES	NO

6. HIV COUNSELLING AND TESTING (HCT)

6.1 Number of employees offered HCT :
6.2 Number of employees counselled:
6.3 Number of employees tested:
6.4 Number of employees tested HIV positive:
6.5 Number of newly diagnosed HIV positive employees who were initiated on ART:
6.6 Total number of employees living with HIV and on ART:
6.7 Total number of employees living with HIV and on ART with viral suppression:
6.8 Number of employees living with HIV that are on IPT:
6.9 Number of employees living with HIV that are on SHP:

7. ALL TB (Pulmonary and Extra pulmonary)

7.1 Number of employees screened for TB
7.2 Number of employees identified as presumptive TB cases
7.3 Number of employees subjected to TB investigations from the TB presumptive list.
7.4 Number of all TB cases diagnosed with pulmonary TB



DMR 164

ANNEXURE A: EXPLANATORY NOTES ON THE DMR 164 REPORTING ON HIV AND TB FORM

The form and content of the explanatory note is to:

- Inform those responsible for completing the DMR 164 Reporting Form - as to what is required and how to respond to each question that is in the Reporting Form.

NOTE:

1. The reporting period is January to December of that particular year.
2. The reporting on TB outcomes is to be based on the TB stats of the preceding (previous) year.

ABBREVIATIONS AND ACRONYMS

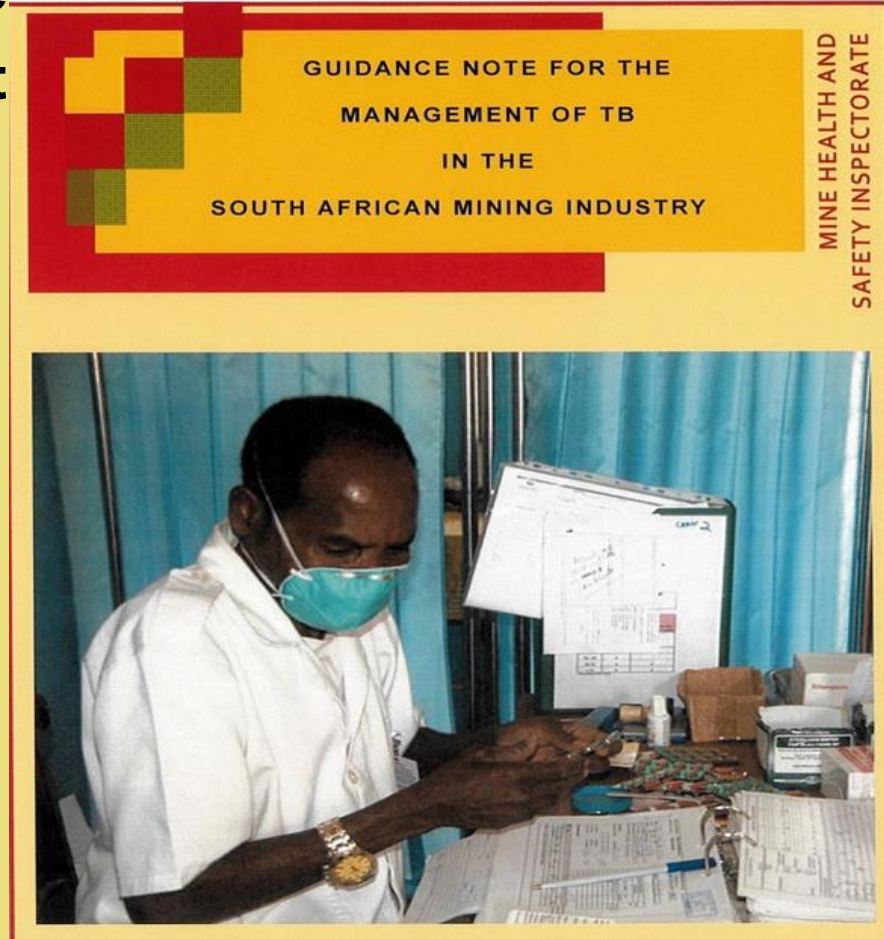
1. AMR: Annual Medical Report
2. ART: Antiretroviral therapy
3. DMR: Department of Mineral Resources
4. IPT: Isoniazid preventive therapy
5. MDR-TB: Multidrug-resistant TB
6. XDR-TB: Extensively drug-resistant tuberculosis



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Partnership with Tripartite Stakeholders

Developed the TB Guidance Note to provide guidance to the industry on the management of TB.



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Partnership with Tripartite Stakeholders

Integration of the compensation system



The MHSC hosted the Compensation Summit in May 2016 Under the theme ***“Access to equitable, fair and sustainable compensation system for all workers”***. Ministers from the Southern African Development Countries (SADC) region, including Lesotho, Botswana, Swaziland and Mozambique; South African Mining Industry and organized labour also participated at the summit.



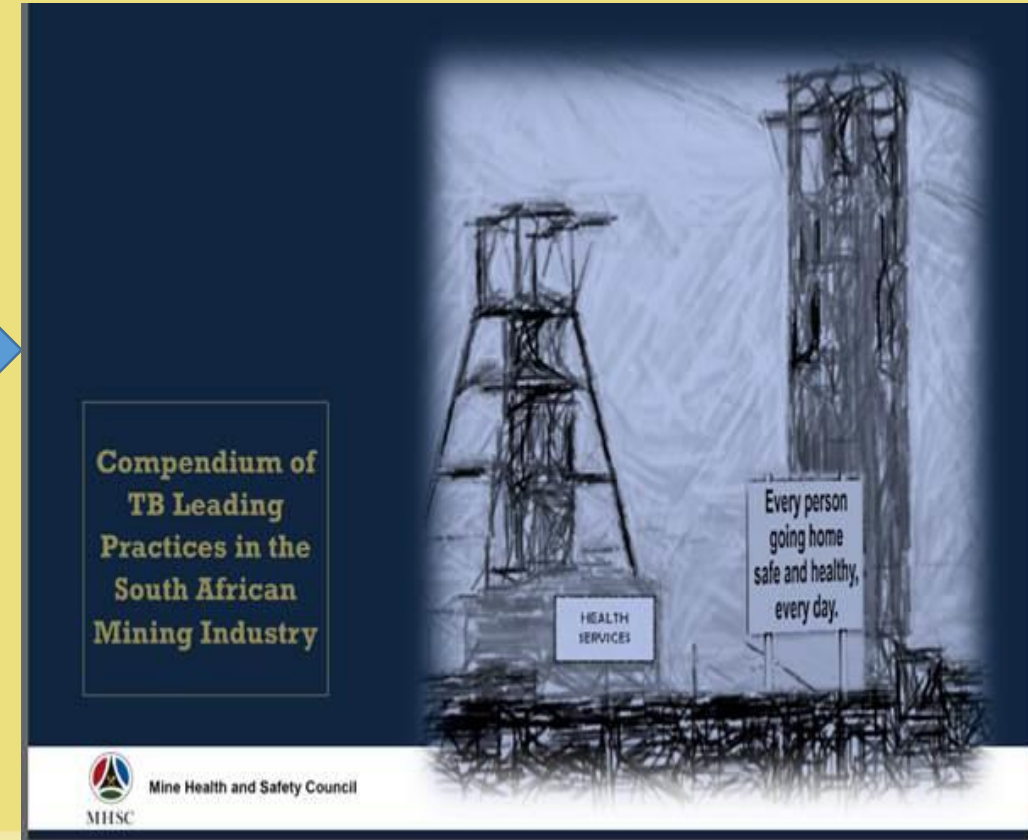
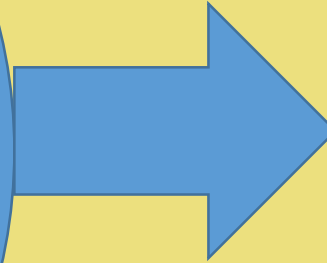
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Partnership with Tripartite Stakeholders

Developed a compendium of TB leading practices in the South African Mining Industry(SAMI)

The aim of the project was to define and implement a programme of action for the TB Interest Group, with an emphasis on the identification, selection and promotion of leading practices in TB management within the mining industry.



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Partnership with Tripartite Stakeholders

Developed an integrated policy for the management and reporting of HIV/AIDS, TB and Occupational Lung Diseases (HATOLD)

- **Aim of the project was to understand the current industry practices in the diagnosis and management of HATOLD within SAMI and the gaps that exist between these and the required standards.**
- **The Policy is aimed at setting out principles and standards for employers, employees, the state and organised labour on how to manage HIV, TB and Occupational Lung Disease within the mine workplace**



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Partnership with Tripartite Stakeholders

2014 OHS Summit milestones

- a) By December 2024, the TB incidence rate should be at or below the National TB incident rate; and
- b) 100% of employees should be offered HCT annually with all eligible employees linked to an ART programme as per the NSP.

The MHSC partners with stakeholders in commemorating events such as the World TB and World AIDS Days including participating in Wellness Campaigns.



CONCLUSION

- The cross-sectoral nature of the impact of the HIV/AIDS epidemic is today widely acknowledged by all the key stakeholders involved in the response.
- The MHSC participate in multi-sectoral forums with Government Departments and other organisations where various stakeholders gather to give different sectorial inputs on management of diseases.
- The MHSC has and is undertaking a number of initiatives that are directed at providing meaningful impact on the TB and HIV/AIDS challenge in the SAMI.
- Initiatives are undertaken in consultation and through collaborations with stakeholders and organisations that are in the field of TB and HIV.
- Through these collaborations and consultations, informed and targeted interventions are undertaken.
 - Collaborations with district health service providers have been initiated by MHSC (e.g. in Welkom)
- However, more collaboration at regional level would enhance the fight against TB and HIV/AIDS challenge in the SAMI as programmes would be focused at issues in those regions.



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THANK YOU



**20 Years of Positive Contribution to Zero Harm for mine workers.
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