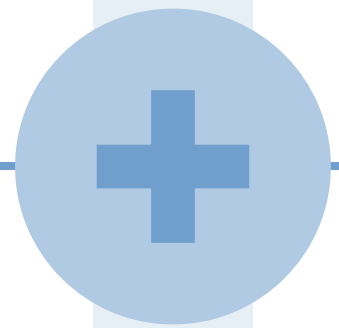




STRATEGY

FOURTH TERM 2025–2030





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ACRONYMS AND ABBREVIATIONS

ART	Antiretroviral therapy
AMCU	Association of Mineworkers and Construction Union
DMPR	Department of Mineral and Petroleum Resources
NDoH	National Department of Health
GBVF	Gender based violence and femicide
HCT	HIV counselling and testing
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
MDR-TB	Multi-drug-resistant TB
MHSC	Mine Health and Safety Council
NCD	Non-communicable disease
NHLS	National Health Laboratory Services
NIOH	National Institute for Occupational Health
NSP	SANAC's National Strategic Plan for HIV, TB and STIs, 2023–2028
NUM	National Union of Mineworkers

NUMSA	National Union of Metal Workers of South Africa
OHS	Occupational Health and Safety
OLD	Occupational lung disease
RISDP	Regional Indicative Strategic Development Plan
SADC	South African Development Community
SAMI	South African mining industry
SANAC PSF	South African National AIDS Council Public Sector Forum
SDGs	Sustainable Development Goals
STI	Sexually transmitted infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/Aids
UASA	United Association of South Africa
WHO	World Health Organization
WIM	Women in mining

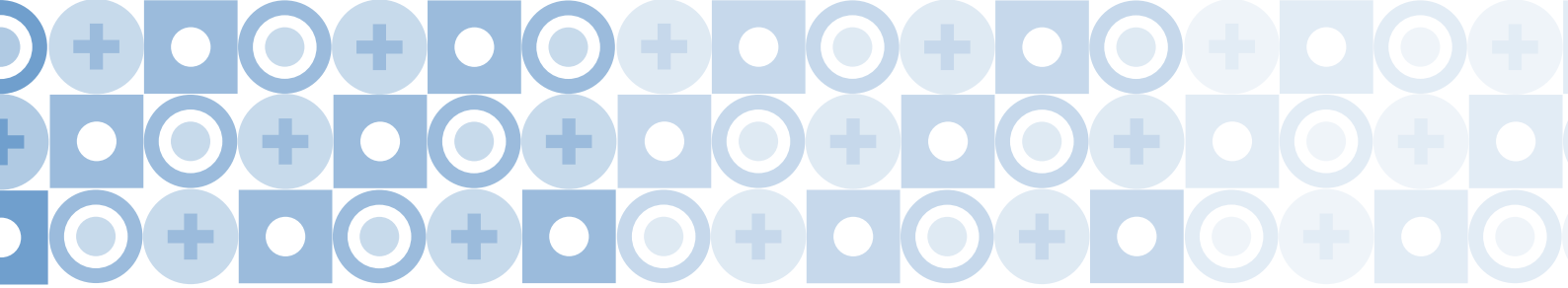
CHAIRPERSON'S **REFLECTION**



INTRODUCTION OF A REFINED STRATEGY FOR GREATER IMPACT

To remain relevant, we must continue to respond to the evolving health needs of our workforce – physical, emotional and psychological. This strategy reflects a renewed commitment to protecting lives and championing leading practices across the mining sector.

Dr Richard Stewart



Many see the Masoyise Health Programme as a benchmark of excellence. We're building on that legacy – and pushing for an even more impactful fourth term.

Our strategy, targets and indicators are grounded in the milestones of the mining industry, which were reviewed in 2024. These milestones are, in turn, shaped by South Africa's national health and development targets. At a broader level, the national targets are aligned with international frameworks set by organisations like the United Nations, World Health Organization (WHO), International Labour Organization (ILO) and Joint United Nations Programme on HIV/AIDS (UNAIDS).

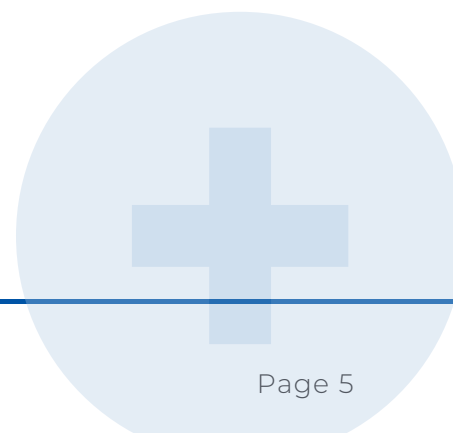
We exist within a broader societal context and if we are to remain relevant, we must continue to be responsive to its needs. As health challenges shift from the purely physical to include emotional and psychological dimensions, the connection between mental and physical wellbeing is being recognised across the global health community.

We must be prepared to adapt. This includes supporting our employees as well as our health care practitioners, who are increasingly required to screen and refer patients for a wider spectrum of conditions.

Shifting our focus towards wellbeing may require forging new internal relationships within companies – gathering insights from departments with which we have not traditionally engaged. We welcome this broader, more diverse set of perspectives, as it brings greater nuance to our understanding of what it truly means to function optimally in the workplace.

It is deeply encouraging to see the high levels of participation from all stakeholders in shaping this strategy. We thank you all for your continued commitment to our shared moral and social responsibility: to protect the lives and wellbeing of everyone who works in this sector.

With this renewed sense of purpose, we remain committed to our shared vision. We will continue striving to serve the mining sector with integrity – by creating, sharing and championing data-driven leading practices.



ACKNOWLEDGEMENTS

The Masoyise Health Programme is supported by local and international organisations. These include representatives from Minerals Council member companies, the Association of Mineworkers and Construction Union (AMCU), National Union of Mineworkers (NUM), Solidarity, United Association of South Africa (UASA), the National Department of Health (NDoH), Department of Mineral and Petroleum Resources (DMPR), Mine Health and Safety Council (MHSC), National Health Laboratory Service (NHLS), National Institute for Occupational Health (NIOH), National Union of Metalworkers of South Africa (NUMSA), the South African National AIDS Council Public Sector Forum (SANAC PSF), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the International Labour Organization (ILO), and the World Health Organization (WHO).

We would like to thank all our stakeholders and partner organisations for their invaluable contributions in shaping this strategy.

ENDORSEMENT FOR THE MASOYISE HEALTH PROGRAMME STRATEGY 2025–2030

Presented by the International Labour Organization (ILO) on behalf of the United Nations Agencies: ILO, WHO and UNAIDS

The United Nations family in South Africa, represented by the International Labour Organization (ILO), the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), is proud to endorse the Masoyise Health Programme Strategy 2025–2030.

This strategy represents a bold and timely commitment to advancing the health, safety, and wellbeing of all who work in the South African mining sector. It is a model of multi-stakeholder collaboration, grounded in evidence and aligned with the highest global standards and frameworks.

We commend the Masoyise Health Programme for its:

Alignment with global commitments

The strategy is fully aligned with the Sustainable Development Goals (SDGs), the WHO End TB Strategy, the UNAIDS Global AIDS Strategy, the WHO Comprehensive Mental Health Action Plan and the ILO Decent Work Agenda. It also reflects the principles of ILO Recommendation 200 on HIV and AIDS in the world of work.

Whole-person approach to health

By integrating physical, mental and occupational health, the strategy recognises that wellbeing is essential to productivity, dignity and sustainable development.

Focus on equity and inclusion

The gender-responsive design, attention to vulnerable populations and commitment to eliminating stigma and discrimination reflect

the values of the United Nations and our shared vision of leaving no one behind.

Tripartite and social dialogue foundations

The Masoyise Health Programme is a powerful example of social dialogue in action. It brings together government, employers and workers' representatives in a spirit of partnership and shared responsibility. This tripartite approach ensures that the strategy is inclusive, grounded in lived realities and responsive to the needs of all stakeholders.

Data-driven and impact-oriented implementation

The use of robust indicators, alignment with national reporting systems and emphasis on continuous improvement position this strategy as a leading example of how to operationalise global health and labour standards at the sectoral level.

The United Nations stands ready to continue supporting the implementation of this strategy through technical assistance, policy dialogue and knowledge sharing. We applaud the leadership of Minerals Council South Africa and all stakeholders involved in this initiative. Together, we reaffirm our shared commitment to ensuring that every mineworker in South Africa has access to safe, healthy and dignified work – and to a future where health and wellbeing are recognised as fundamental rights for all.

*On behalf of the United Nations Agencies:
ILO, WHO and UNAIDS*

Pretoria, South Africa - 2025

TRIPARTITE STAKEHOLDER ENDORSEMENT

The Employers in the mining sector, alongside organised labour and the government of South Africa, jointly endorse the Masoyise Health

Programme Strategy 2025–2030. This strategy reflects a shared commitment to safeguarding the health, safety and wellbeing of all mineworkers through inclusive, evidence-based and socially responsive action.

A MINING INDUSTRY THAT PROTECTS AND PROMOTES HEALTH AND WELLBEING

Convened by the Minerals Council, the multi-stakeholder Masoyise Health Programme leads the South African mining industry's commitment to safeguarding and improving the health and wellbeing of all who work in the sector.

Now in its fourth term, running until 2030, the programme focuses on reducing the sector-wide impact of tuberculosis (TB), human immunodeficiency virus (HIV), occupational lung diseases (OLDs), non-communicable diseases (NCDs) and mental health conditions. Through data collection, analysis and knowledge sharing across emerging and established mining houses, the programme supports evidence-based decision making, the adoption of leading practices and the development of collaborative initiatives that influence company and national policy.

The Masoyise Health Programme also applies a gender-responsive approach, addressing the specific health needs and challenges faced by women in mining, and working to ensure inclusive, equitable access to health services.

Masoyise began in 2015 as *Masoyise iTB* – “Let’s Beat TB” – following its approval by the Minerals Council Board. Initially a three-year project, it responded to high rates of TB and HIV in the mining sector and aligned with a national campaign to screen all South Africans for these diseases.

In its second term (2019–2021), the programme expanded its mandate to include OLDs, NCDs and mental health. It was renamed the Masoyise Health Programme to reflect this broader scope

– a direction continued in its third term (2022–2024). Today, Masoyise takes a whole-person approach to health, aiming to support people who are not only productive at work but are also well in their families, communities and beyond.

The programme aligns with key global and national frameworks, including the Sustainable Development Goals (SDGs), targets set by the World Health Organization (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS), and the International Labour Organization’s (ILO) Decent Work Agenda – which affirms the right to safe, secure and dignified work.

Nationally, the Masoyise Health programme supports the goals of the South African National AIDS Council’s (SANAC) National Strategic Plan for HIV, TB and STIs, as well as the Mine Health and Safety Council’s (MHSC) Health and Safety Milestones. The first set of milestones was set in 2003 and updated in 2014. At the October 2024 summit, the mining industry reviewed its progress and agreed on a new set of goals for achievement by 2034.

The Masoyise Health Programme remains a vital platform for collaboration between the government, employers, employees, the public health sector, trade unions and communities.

Healthy, well workers are more productive, make fewer mistakes and enjoy better quality of life during and beyond their careers. Promoting workplace health is not only a business imperative – it is a moral obligation and a core component of any organisation’s social licence to operate.



ONGOING BENEFITS OF THE **MASOYISE HEALTH PROGRAMME**



PROMOTING HEALTH AND PRODUCTIVITY

The programme supports both emerging and established mining houses by helping employees stay healthy, productive and able to access reliable, consistent health services.

FACILITATING KNOWLEDGE EXCHANGE

The programme creates platforms for discussion and collaboration, helping mining stakeholders stay up to date with the latest developments in prevention, treatment and workplace health.



DELIVERING VALUE TO MINES AND COMMUNITIES

The programme supports both mining operations and surrounding communities by improving health outcomes and reducing workplace and public health risks.

DRIVING CONTINUOUS IMPROVEMENT

The programme shares best practices across various platforms, helping mines improve the delivery of workplace health initiatives.



These ongoing benefits provide the foundation for the programme's fourth term (2025–2030). The revised strategy reflects Masoyise's commitment to strengthening impact, adapting to the changing health needs of the mining sector and supporting collaborative health initiatives across the industry.

WHAT'S NEW IN THE **FOURTH TERM**

THE NEW STRATEGY FOR THE FOURTH TERM OF THE MASOYISE HEALTH PROGRAMME INTRODUCES SEVERAL KEY ELEMENTS TO ENHANCE ITS IMPACT:

1

REFINED STRATEGY

Builds on past successes, incorporating lessons learnt and new approaches to increase effectiveness in the fourth term.

2

EXPANDED FOCUS AND RESPONSIVENESS

Recognises the shift from physical to emotional and psychological health challenges. Emphasises support for health practitioners screening for a broader range of conditions, including occupational and non-occupational cancers.

3

WELLBEING-CENTRED APPROACH

Introduces a stronger emphasis on wellbeing, which may require building new internal relationships across departments in employer companies to gather insights.

4

GREATER ATTENTION TO NCDs AND MENTAL HEALTH

Establishes NCDs and mental health as core priorities, given their impact on employee productivity and wellbeing.

5

WHOLE-PERSON HEALTH APPROACH

Integrates OLDs, NCDs and mental health to support individuals to be healthy and resilient across all aspects of life.

6

STRONGER ALIGNMENT WITH GLOBAL AND NATIONAL FRAMEWORKS

Aligns with contemporary national, continental and global priorities, including the 2030 Agenda for Sustainable Development, the ILO Centenary Declaration on the Future of Work, and SANAC's National Strategic Plan.

7

GREATER FOCUS ON WOMEN'S HEALTH

Emphasises the need to address health conditions that disproportionately affect women, in line with Sustainable Development Goal 5 (SDG 5).

THE CONTEXT



GLOBAL AND CONTINENTAL FRAMEWORKS

This fourth term strategy aligns with several contemporary global, continental and regional development frameworks.



2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

The Masoyise strategy aligns with several key goals from the 2030 Agenda – specifically:

- SDG3: Good health and well-being
- SDG5: Gender equality
- SDG8: Decent work and inclusive¹ economic growth

The table below outlines relevant global targets alongside Masoyise's corresponding commitments.

SDG	DESCRIPTION	RELEVANT TARGETS	MASOYISE TARGETS
 SDG 3 – Good health and well-being	Ensure healthy lives and promote wellbeing for all at all ages	End the AIDS, TB and malaria epidemics.	Screen at least 95% of employees for TB and HIV and link them to the appropriate therapy.
		Reduce premature mortality from NCDs.	Screen at least 95% of employees for NCDs and link them to care.
		Prevention and treatment of substance abuse.	Drive awareness of substance abuse and link employees to the appropriate support.
		Achieve universal health coverage.	
		Reduce death and illness from hazardous chemicals and air.	Ensure hygiene-critical controls are in place in all workplaces.
 SDG 5 – Gender Equality	Achieve gender equality and empower all women and girls	End all forms of discrimination against women.	Ensure that all mines conduct a women's health needs analysis.
		Eliminate violence against women and girls.	Provide the appropriate women's health initiatives based on identified needs.
		Promote empowerment of women.	
		Policies that promote gender equality.	
 SDG 8 – Decent work and economic growth	Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	Economic productivity through diversification.	Promote a healthy and safe environment in the mines that is supportive of diversity, equity and inclusion.
		Promote labour rights, health and safety.	
		Policies to support productive activities.	

¹ "Inclusive" refers to including people in vulnerable situations (including historically disadvantaged sections of the community, persons with disabilities, indigenous minorities, people living with HIV and AIDS, and crisis-affected populations).



INTERNATIONAL LABOUR ORGANIZATION (ILO) RECOMMENDATION 200 ON HIV AND AIDS: 2010

Adopted at the ILO's 99th session in Geneva in 2010, these recommendations acknowledge the serious impact of HIV and AIDS on workers, employers and society as a whole – across both formal and informal sectors. They promote decent work, social justice and the elimination of HIV-related stigma and discrimination.



2021 POLITICAL DECLARATION ON HIV AND AIDS

Commits to ending inequalities and accelerating efforts to end AIDS by 2030.



GLOBAL AIDS STRATEGY 2021–2026: END INEQUALITIES, END AIDS

Introduces a bold new approach focused on addressing the structural inequalities that drive the epidemic. The strategy prioritises those still excluded from life-saving HIV services.



THE WORLD HEALTH ORGANIZATION (WHO) END TB STRATEGY

Focuses on a world free of TB, where there are zero deaths, disease and suffering due to TB. The strategy also proposes to “end the global TB epidemic” by 2035.



THE SOUTHERN AFRICAN DEVELOPMENT COMMUNITY (SADC) HIV AND AIDS STRATEGIC FRAMEWORK (2010–2025)

Sets selected regional priorities for action by ministries of education, training institutions, civil society and community organisations. The framework aims to significantly reduce HIV and AIDS levels across the SADC region. It also defines the criteria that a programme must meet to qualify as a recognised SADC best practice.



REGIONAL STRATEGY FOR HIV PREVENTION, TREATMENT AND CARE AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AMONG KEY POPULATIONS 2024–2030

Guides SADC member states in designing and implementing inclusive, rights-based HIV, sexual and reproductive health programmes for key populations. It addresses policy, legal, institutional and service-delivery barriers, by aligning with SADC Vision 2050, the Africa Health Strategy and Agenda 2063. The revised strategy contributes to building equitable, resilient and sustainable health systems in southern Africa.



THE WHO COMPREHENSIVE MENTAL HEALTH ACTION PLAN 2013–2030

Sets out clear actions to promote mental health and wellbeing for all, to prevent mental health conditions for those at risk, and to achieve universal coverage for mental health services.



NATIONAL PLANS AND POLICIES

This fourth-term strategy is shaped by a range of plans and policy documents, including those developed by SANAC, the Department of Mineral and Petroleum Resources (DMPR) and the National Department of Health (NDoH).

NATIONAL PLANS

DEPARTMENT OF EMPLOYMENT AND LABOUR

The Department of Employment and Labour in South Africa has established policies and guidelines to address HIV and AIDS in the workplace. These are aimed at reducing stigma, promoting equality and ensuring a safe, supportive environment for employees living with HIV and AIDS. The objective is to create healthier, more inclusive workplaces that improve both productivity and employee wellbeing.

KEY ASPECTS INCLUDE: CODE OF GOOD PRACTICE

Outlines principles such as respect for human rights, reducing HIV-related stigma, promoting gender equality and ensuring the right to access employment.

WORKPLACE PROGRAMMES

Encouraging employers to develop and implement HIV and AIDS workplace programmes that include prevention, treatment, care and support.

LEGAL FRAMEWORK

The Employment Equity Act provides a legal basis for eliminating unfair discrimination and promoting equal opportunity and treatment for employees living with HIV and AIDS.

SANAC'S NATIONAL STRATEGIC PLAN (NSP) (2023–2028)

The NSP guides the country's response to the HIV, STI and TB epidemics.

The plan is the product of a multi-stakeholder collaboration involving government, civil society, communities and the private sector, aimed at reducing HIV, TB and STI morbidity and mortality in South Africa.

The Masoyise Health Programme draws on the NSP to inform its approach to tackling HIV and TB.

NDOH NATIONAL STRATEGIC PLAN² FOR THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES (2022–2027)

This plan outlines the ambition to reduce the national burden of NCDs. It informs the NCD-related targets and indicators in the Masoyise Health Programme.

² <https://www.health.gov.za/wp-content/uploads/2020/11/depthealthstrategicplanfinal2020-21to2024-25-1.pdf>



SECTORAL PLANS AND POLICIES

2024 MINE HEALTH AND SAFETY COUNCIL OCCUPATIONAL HEALTH AND SAFETY MILESTONES

The milestones outline new targets for occupational health and safety (OHS) in the South African mining industry (SAMI). These milestones cover TB and HIV, NCDs (including mental health), and women in mining – all aimed at improving workplace health and safety.

The majority of the indicators tracked by the Masoyise Health Programme are drawn from these milestones.

DMRE 165 ANNUAL MEDICAL REPORT

All mines are required to report on key health and safety indicators through the DMRE 165 Annual Medical Report. A significant portion of the indicators tracked by the Masoyise Health Programme are drawn from this report.

DMRE 164 REPORTING FOR TB AND HIV

This report focuses specifically on TB and HIV indicators. Mines are required to submit data annually through the DMRE 164 reporting for TB and HIV, which also informs the indicators used by the Masoyise Health Programme.

GUIDANCE NOTE FOR THE PREVENTION AND MANAGEMENT OF NCDs AND MENTAL HEALTH DISORDERS IN THE SAMI

The DMRE has developed a draft guidance note to support the prevention and management of NCDs and mental health disorders within the mining industry. These conditions are among the leading causes of mortality, morbidity and disability in South Africa.

Prevalent NCDs that contribute significantly to mortality and disability include cardiovascular diseases, endocrine and metabolic disorders, cancers and chronic respiratory diseases.

The indicators tracked by the Masoyise Health Programme will be aligned with this guidance.



OPTIMUM HEALTH AND WELLBEING FOR ALL WHO WORK IN THE MINING SECTOR

Moving from wellness to wellbeing reflects a broader, more inclusive ambition – one that recognises the full spectrum of what it means to be healthy at work.

The Masoyise Health Programme Strategy for 2025–2030 emphasises the critical link between managing HIV, TB, NCDs and mental health, and ensuring occupational health and safety (OHS) in the mining sector.

By addressing these health issues comprehensively, the strategy aims to enhance productivity, reduce absenteeism and create safer, healthier work environments – ultimately improving the wellbeing and safety of all mining employees.

This holistic approach aligns with global and national frameworks, and reinforces the mining industry's commitment to sustainable, inclusive growth. The

recognition of OHS as a fundamental principle and right at work by the ILO in June 2022 further underscores the importance of safe, healthy working environments.

We support a mining sector that prioritises both physical and mental health.

We acknowledge that wellbeing is a complex concept, influenced by many factors beyond our control or capacity to measure. For our purposes, we adopt the World Health Organization's definition³ of "positive mental health", which goes beyond the absence of illness to encompass a broader sense of thriving:

"Positive mental health is a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

– World Health Organization, 2001

Employees with optimum wellbeing feel good and function well. They contribute meaningfully to their workplaces, families and communities.

³ World Health Organization. The world health report 2001: mental health: new understanding, new hope. Geneva: World Health Organization; 2001

TARGET OUTCOME



FIRST-TIER TARGETS

Progress is measured against national health targets set by South African authorities, many of which are aligned to – or directly influenced by – international frameworks such as:

- The Joint United Nations Programme on HIV/AIDS (UNAIDS)
- The World Health Organization (WHO)
- The International Labour Organization (ILO) Decent Work Agenda



HIV

HIV and AIDS continue to have a profound impact on workplaces in South Africa and on the broader economy. Absenteeism, sick leave, staff turnover and premature deaths place considerable pressure on operations, morale, families and communities. A rise in child-headed households also strains social services and threatens the social fabric.

This target is aligned with the South African National AIDS Council (SANAC) targets outlined in the Strategic Plan for HIV, TB and STIs 2023–2028.



TUBERCULOSIS (TB)

Left unmanaged, TB has the potential to spread through the dense living and working conditions on mines, infecting workplaces and communities.⁴ People with TB are often unable to support themselves and their families. For employers, TB leads to lower productivity, increased absenteeism and increases in the cost of care and recruitment.

This target is aligned with the SANAC target set out in the Strategic Plan for HIV, TB and STIs 2023–2028.



MASOYISE TB AND HIV 2030 TARGET

END HIV AND TB AS INDUSTRY HEALTH THREATS BY 2030.

⁴ World Health Organization. The world health report 2001: mental health: new understanding, new hope. Geneva: World Health Organization; 2001

TARGET OUTCOME



OCCUPATIONAL LUNG DISEASES (OLDs)

OLDs are a group of conditions linked to workplace exposure to dusts and vapours that act as irritants, carcinogens or immunological agents⁵. These diseases can be irreversible.

The mining industry has a moral duty to reduce the risk of exposure to dusts by controlling environmental factors in the workplace.

This target is pegged to the Mine Health and Safety Council's (MHSC) milestones for OLDs.



MASOYISE OLDs 2030 TARGET

ENSURE THERE ARE NO NEW CASES OF PNEUMOCONIOSIS AMONG WORKERS WHO JOINED THE INDUSTRY AFTER 2024.



NON-COMMUNICABLE DISEASES (NCDs)

NCDs are the leading cause of death in South Africa⁶ – yet many of these conditions can be prevented or managed. By monitoring raised blood pressure, diabetes, obesity and cholesterol, the mining industry can identify high-risk individuals and implement health programmes that support longer, healthier, more productive lives.

This target is pegged to the South African Department of Health (NDoH) target set out in the National Strategic Plan for the Prevention and Control of Non-Communicable Diseases, 2022–2030.



MASOYISE NCD 2030 TARGET

ACHIEVE SECTOR-WIDE AWARENESS AND SCREENING FOR NCDs THROUGH PREVENTION CAMPAIGNS, LINKAGE TO THERAPY AND PROMOTION OF WELLBEING BY 2030.

⁵ <https://www.sciencedirect.com/topics/pharmacology-toxicology-and-pharmaceutical-science/occupational-lung-disease>

⁶ The National Strategic Plan for the Prevention and Control of Non-Communicable Diseases, 2022–2027

TARGET OUTCOME



MENTAL HEALTH

Mental health conditions such as depression and anxiety have been reported to cost the economy more than R200bn, due to absenteeism and “presenteeism” (when employees are at work but underperform due to mental ill health).⁷

Although national targets are still being finalised, the Masoyise target is informed by World Health Organization’s Comprehensive Mental Health Action Plan 2013–2030.



MASOYISE MENTAL HEALTH 2030 TARGET

ACHIEVE SECTOR-WIDE AWARENESS OF, AND EASY ACCESS TO, EFFECTIVE MENTAL HEALTH SERVICES BY 2030.



WOMEN’S HEALTH

Women’s health in South Africa is a critical aspect of the nation’s overall health strategy, particularly in the mining sector. The strategy integrates gender-responsive approaches to ensure that the unique health needs and challenges faced by women in the mining sector are addressed, promoting equitable access to health services.

By focusing on Sustainable Development Goal 5 (SDG 5), which aims to achieve gender equality and empower all women and girls, the strategy seeks to foster an environment in which women’s health is prioritised and supported, contributing to a healthier and more equitable workforce. This approach aligns with global and national frameworks, reinforcing the mining industry’s commitment to sustainable and inclusive growth.



MASOYISE WOMEN’S HEALTH 2030 TARGET

PROVIDE SECTOR-WIDE AWARENESS OF, AND SCREENING FOR, WOMEN’S HEALTH, AND LINK WOMEN TO EFFECTIVE HEALTHCARE SERVICES BY 2034.

⁷ <https://www.sanlam.co.za/mediacentre/media-category/media-re-leases/Economic%20Cost%20of%20SA%E2%80%99s%20Mental%20Health%20Crisis>

TARGET OUTCOME

TOP-LEVEL INDICATORS

To reach the stated targets, the following top-level indicators⁸ must be met. These indicators are sector-wide and primarily assessed through mandatory annual medical examinations.

	TIER 1 TARGET	TOP-LEVEL INDICATOR
HIV & TB	End HIV and TB as industry health threats by 2030	95% of employees are offered HIV counselling and testing (HCT) annually, with all eligible employees linked to and retained in antiretroviral therapy (ART) programmes.
		All employees are screened, tested, linked to treatment, and monitored for TB.
		All contacts of TB-positive employees are traced, with TB incidence kept below national population levels.
OLDs	Ensure there are no new cases of pneumoconiosis among workers who joined the industry after 2024	All employees are screened annually for OLDs.
NCDs	Achieve sector-wide awareness and screening for NCDs through prevention campaigns, linkage to therapy and promotion of wellbeing by 2030	All employees presenting at occupational health services (OHS) are screened, referred, treated and monitored for raised blood pressure, diabetes, obesity and mental health concerns.
Mental Health Conditions	Achieve sector-wide awareness of, and easy access to, effective mental health services by 2030	95% of employees are screened annually for mental health concerns.
		100% of screened employees with mental health challenges are linked to effective care (in-house or via referral).
Women's Health	Provision of Women's Health Services at the workplace as per Women's Health Needs Analysis by 2030	Has your mine conducted a Women's Health Needs Analysis?
		Are appropriate female health services being provided in response?

⁸ Please see Appendix C for Reporting Indicators.

OUTPUTS AND **ACTIVITIES**



PURPOSE-LED

The Masoyise Health Programme's outputs are driven by five strategic objectives. These focus areas shape our priorities and guide the programme's activities across the mining sector.

1

ADVOCACY AND RESEARCH

Lead advocacy efforts and facilitate the generation of strategic information and research for an evidence-based, rights- and gender-sensitive agenda.

2

STRONG PARTNERSHIPS

Foster effective partnerships and collaboration to support joint implementation.

3

SYNERGY AND SUPPORT

Ensure integrated access to health services – including prevention, counselling, treatment, care and ongoing disease management – with an emphasis on lifestyle change and continuity of care.

4

ACCURATE DATA AND INSIGHTS

Aggregate, analyse and interpret key health indicators to monitor industry progress.

5

ADOPT LEADING PRACTICES

Encourage the uptake of proven, data-driven practices across the industry.

OUTPUTS AND ACTIVITIES



ACTION-DRIVEN

The activities in the table below directly support the Masoyise Health Programme's strategic objectives. Each is aligned to one or more of the five outputs.

	OBJECTIVE	ACTIVITY
1	Advocacy and Research	Facilitate the generation of strategic information and research for an evidence-based, rights-based and gender-sensitive agenda.
		Commission and share relevant studies.
2	Strong Partnerships	Provide overarching coordination and support for effective partnerships, collaboration and implementation.
		Proactively seek out and support new partnerships.
3	Synergy and Support	Facilitate integrated access to prevention, counselling, treatment, care and disease management through cross-sector collaboration.
		Ensure inclusive support for all mining companies, including junior and emerging miners.
4	Accurate Data and Insights	Collect and produce key data on diseases to monitor progress towards achieving set targets.
		Ensure all mines submit accurate and consistent data.
		Analyse and report on indicators.
5	Promote Leading Practice	Identify and promote leading practices.
		Encourage sharing and implementation of leading practices.
		Host webinars and seminars.
		Host regular forums.
		Attend and present at relevant forums.

UNDERSTANDING **ROOT CAUSES**



The mining industry is both physically and mentally demanding. Mine workers are exposed to unique stressors that can significantly impact their mental health. From long hours underground to the isolation of remote work environments, miners face conditions that challenge their psychological resilience. The causes of suboptimal health outcomes are complex, and inextricably linked to the structural socio-economic systems in which the mining sector operates. These deeply ingrained systems often cannot be changed, but that does not mean they should be ignored. Instead, they need to be managed through careful and considered interventions.

HERE ARE SIX ROOT CAUSES OF PHYSICAL AND MENTAL ILL HEALTH IN THE MINING SECTOR:



PHYSICAL DEMANDS OF MINING

Mining is an inherently high-risk profession that requires physical endurance and mental resilience. Workers face hazardous environments, including confined spaces, extreme temperatures and prolonged exposure to noise and dust. Working in proximity creates a fertile breeding ground for communicable diseases to spread among vulnerable individuals.



REMOTE LIVING CONDITIONS

Many mining operations are in remote regions, requiring workers to live on site for extended periods. This physical isolation from family, friends and social support systems can lead to feelings of loneliness, homesickness and emotional distress. Single-sex hostels lack privacy and force interactions that lead to self-destructive behaviour, such as excessive drinking or risky sexual conduct.



STRESS AND ANXIETY

The intense, high-pressure work environment in mining can lead to chronic stress, which often manifests as depression and anxiety. Miners frequently deal with the fear of accidents, job insecurity and the emotional toll of long periods away from their families. These stressors, combined with physical exhaustion, can create fertile ground for depressive thoughts and heightened anxiety. The stigma surrounding mental health in many mining communities often prevents workers from seeking help, further exacerbating these conditions.

UNDERSTANDING **ROOT CAUSES**



RISKY SEXUAL BEHAVIOUR

The separation from family and partners due to work in the mines can lead to loneliness and feelings of isolation among workers. These circumstances may contribute to the establishment of new intimate relationships in the local community or interactions with sex workers.



POOR NUTRITION

It is easy to fall into the trap of eating calorie-dense, nutrient-poor food, which is readily available from small businesses operating outside mines. It requires a concerted effort to ensure that healthful, inexpensive, tasty food is available.



SUBSTANCE ABUSE

Substance abuse is prevalent among miners, often used as a coping mechanism to manage stress, fatigue or emotional pain. Alcohol and drugs provide temporary relief from the pressures of the job but often lead to dependency and worsen mental health issues over time. In mining communities, where access to professional mental health services may be limited, substance abuse can become a pervasive problem, contributing to accidents, absenteeism and strained interpersonal relationships.

These six root causes have measurable effects on the disease focus areas that Masoyise tracks. The table below shows how each impacts the programme's priorities.

ROOT CAUSE	HIV AND AIDS	TB	OLDs	NCDs	MENTAL HEALTH
Remote Living Conditions	Indirect	Direct			Direct
Physically Demanding Working Conditions	Direct	Direct	Direct		Direct
Stress and Anxiety	Indirect			Indirect	Direct
Risky Sexual Behaviour	Direct				Direct
Poor Nutrition		Direct		Direct	Direct
Substance Abuse	Direct	Direct	Direct	Direct	Direct

CONCLUSION

DOING IT RIGHT

There is still a significant amount of work to be completed in the fourth term of the Masoyise Health Programme – and the programme is prepared to take it on.

This strategy reflects our continued commitment to improving the health and wellbeing of mineworkers. It reinforces our determination to realise a mining sector that actively protects and promotes the wellbeing of all who work in it.

We are deeply grateful for the ongoing support and collaboration of our stakeholders. It is only through close partnership and consistent information-sharing that we can make meaningful progress on the pressing health challenges facing our sector, our country and our region.

We look forward to contributing to the physical and mental health of employees going forward.

APPENDIX A SUMMARY OF HEALTH INDICATORS

INDICATOR 1: HIV AIDS

End HIV AIDS as an industry health threat by 2030.

HIV COUNSELLING AND TESTING INDICATORS	2023	2024	2030 TARGET
How many employees are counselled?	98.1%	97.9%	95%
How many employees are tested?	62.7%	75.2%	95%
How many employees are HIV-positive?	10,378	7,778	0
How many new HIV-positive employees were started on antiretroviral therapy (ART)?	44.3%	43.1%	95%
How many employees taking ART are virally suppressed?	75.6%	70%	95%
How many employees living with HIV have had TB-preventive therapy?	22.9%	15.5%	95%

MOTIVATION

HIV AIDS continues to have a profound impact on workplaces and on the broader economy in South Africa. Absenteeism, sick leave, staff turnover and premature deaths place considerable pressure on operations, morale, families and communities. A rise in child-headed households also strains social services and threatens the social fabric.

INDICATOR 2: TB

End TB as an industry health threat by 2030.

TB SCREENING INDICATORS	2023	2024	2030 TARGET
How many employees are screened for TB?	92.7%	83.9%	95%
How many employees have TB?	978	683	0
How many TB-positive employees started treatment?	95.2%	96.6%	95%
How many TB-positive employees completed treatment?	33.4%	56.1% *	95%
Number of employees where contacts were traced	99.1%	TBA **	95%
How many contacts have TB?	3	TBA **	0
How many employees that qualify for TB-preventive therapy have had it?	22.9%	TBA **	95%

* Subject to change | ** TBA: To be assessed

MOTIVATION

Left unmanaged, TB can spread through the dense living and working conditions on mines, infecting workplaces and communities. TB is a curable disease yet carries one of the highest mortality rates in the mining industry. For employers, TB leads to lower productivity, increased absenteeism and higher costs of care and recruitment. Treatment outcomes for 2024 will be assessed at the end of 2025 to allow all employees on treatment to complete it.

INDICATOR 3: OCCUPATIONAL LUNG DISEASES (OLDs)

Ensure there are no new cases of pneumoconiosis among workers who joined the industry after 2024.

OCCUPATIONAL LUNG DISEASE INDICATORS	2023	2024	2030 TARGET
Number of cases of silicosis among novice workers	2	0	0
Number of cases of coal worker’s pneumoconiosis among novices	0	0	0

MOTIVATION

The mining industry has a moral duty to reduce the risk of exposure to dusts and vapours by controlling environmental factors in the workplace.

INDICATOR 4: NON-COMMUNICABLE DISEASES (NCDs)

Achieve sector-wide awareness of NCD metabolic risk factors, prevention and treatment by 2030.

NON-COMMUNICABLE DISEASE INDICATORS	2023	2024	2030 TARGET
How many employees are screened for raised blood pressure?	92.1%	87.9%	100%
How many employees are screened for diabetes?	91.5%	84.1%	100%
How many employees are screened for obesity?	94%	94%	100%
How many employees are screened for cholesterol?	32.6%	27.5%	100%
How many employees self-report or are found to have any type of cancer?	new	new	100%

MOTIVATION

NCDs are the leading cause of death in South Africa⁹ – and yet these diseases can be managed. By monitoring raised blood pressure, diabetes, obesity and cholesterol levels, the mining industry can identify high-risk individuals and put health programmes in place to encourage healthier, more productive lives.

INDICATOR 5: MENTAL HEALTH

Achieve sector-wide awareness of, and easy access to, effective mental health services by 2030.

MENTAL HEALTH INDICATORS	2023	2024	2030 TARGET
How many employees are screened for mental health issues?	11.4%	61.7%	100%
How many employees were identified to have mental health issues?	0.11%	7.5%	
How many employees were referred for further management?	39%	73.5%	100%

MOTIVATION

Mental health conditions such as depression and anxiety have been reported to cost the economy more than R200 billion, due to absenteeism and “presenteeism” (when employees are at work but underperform due to mental ill health).

INDICATOR 6: WOMEN'S HEALTH

Acheive sector-wide promotion of access to appropriate women's health services.

WOMEN'S HEALTH INDICATORS	2030 TARGET
How many women in need were assisted with the appropriate women's health services?	100%

MOTIVATION

Female employees accounted for 16% of all employees in 2023 and their number will increase. Women have specific healthcare needs that should be accounted for to ensure that their productivity and health are maintained.

APPENDIX B HEALTH MILESTONES 2024

HEALTH TARGET	OBJECTIVE	PROPOSED MILESTONES
Elimination of Occupational Lung Diseases (OLDs)	Reduction of overexposure to respirable crystalline silica dust	By December 2034: 95% of all exposure measurement results will be below the milestone level for respirable crystalline silica dust of 0.03mg/m ³ . * Results are individual readings and not average results, and the milestone will be reviewed in 2029 (after 5 years)
	Reduction of overexposure to respirable coal dust	By December 2034: 95% of all exposure measurement results will be below the milestone level for respirable coal dust of 1.25mg/m ³ . * Results are individual readings and not average results, and the milestone will be reviewed in 2029 (after 5 years)
	Reduction of overexposure to respirable platinum mine dust	By December 2034: 95% of all exposure measurement results will be below the milestone level for respirable platinum mine dust of 1.0mg/m ³ . * Results are individual readings and not average results, and the milestone will be reviewed in 2029 (after 5 years)
	Elimination of OLDs and pneumoconiosis	By December 2034: Using current diagnostic techniques, no novice pneumoconiosis cases of silicosis, coal worker's pneumoconiosis, and pneumoconiosis as a result of respirable platinum mine dust will occur among previously unexposed individuals. * "Previously unexposed individuals" are those unexposed to mining dust prior to December 2024, equivalent to a new person who entered the industry in January 2025

APPENDIX B HEALTH MILESTONES 2024

HEALTH TARGET	OBJECTIVE	PROPOSED MILESTONES
Elimination of Noise-Induced Hearing Loss (NIHL)	Elimination of NIHL through quietening of equipment	By December 2034: The noise emitted by individual pieces of equipment operated by employees and individual process equipment should not exceed a milestone sound pressure level of 104 dB(A).
Prevention and reduction of tuberculosis (TB)	Reduction and prevention of TB in the SAMI	By December 2034: The TB incidence rate in the SAMI should be at or below the national TB incidence rate.
Reduction of HIV and AIDS	Reduction of HIV and prevention of AIDS in the SAMI	Annually: 95% of employees should be offered HIV counselling and testing, with all eligible employees linked and retained to an antiretroviral therapy treatment (ART) programme, as per the national strategic plan (NSP). This covers both in-house and outsourced testing.
Mental health awareness in the SAMI	Promotion and support of the mental health of employees in the SAMI	By 2030: 100% of employees should be screened for mental health.
		By 2030: 100% of screened employees with mental health challenges to be linked to care (this includes in-house or referral).
Non-communicable disease (NCD) awareness in the SAMI	Prevention and management of NCDs in the SAMI	100% of employees presenting during medical surveillance programmes should be screened for NCD metabolic risk factors.
Safety and security of women in mining (WIM)	Elimination of gender-based violence and femicide (GBVF) incidents in the SAMI	Reduction of GBVF-related reportable incidents.
Hygiene of women in mining	Provision of clean, well-maintained ablution and hygiene facilities for all WIM at all mines (underground and opencast)	Ensure all WIM have clean, well-maintained ablution and hygiene facilities at all mines (underground and opencast).
	Provision of lactation facilities for nursing mothers at all mines	Ensure nursing mothers have lactation facilities at all mines.

APPENDIX C REPORTING INDICATORS

To monitor progress without overburdening the health system, the programme prioritises fewer, more meaningful data points. Most reporting items are drawn from the Department of Mineral Resources and Energy's TB and HIV Annual Report (DMRE 164) and the Occupational Health Annual Report (DMRE 165). The Masoyise Health Programme aligns with these reporting tools as far as possible.

OBJECTIVE	MILESTONE	REPORTING INDICATORS
Reduction and prevention of TB in the SAMI	By December 2034, the TB incidence rate of all commodities in the SAMI should be at or below the national TB incidence rate.	How many employees were screened for TB?
		How many employees were tested for TB?
		How many employees were diagnosed with TB?
		How many TB-positive employees started treatment?
		How many TB-positive employees completed treatment?
		Number of contacts of TB-positive employees traced.
		How many contacts who were found to have TB were treated?
Reduction and prevention of HIV and AIDS in the SAMI	95% of employees should be offered HIV counselling and testing (HCT) annually, with all eligible employees linked and retained to an antiretroviral therapy (ART) programme as per the national strategic plan (NSP). (This covers both in-house and outsourced testing.)	How many employees received counselling for HIV?
		How many employees were tested for HIV?
		How many employees are known to be HIV positive?
		How many HIV-positive employees were initiated on ART?
		How many employees on ART were virally suppressed?
Prevention and management of non-communicable diseases (NCDs) and cancers	100% of employees presenting during medical surveillance programmes should be screened for NCD metabolic risk factors.	How many employees were screened for raised blood pressure, diabetes, obesity and cholesterol?
		How many employees suffer from raised blood pressure, diabetes, obesity and cholesterol?
		How many employees receive interventions for these conditions?
		How many employees were identified or self-reported to have cancer of any type?

APPENDIX C REPORTING INDICATORS

OBJECTIVE	MILESTONE	REPORTING INDICATORS
Promotion and support of mental health of employees in the SAMI	95% of employees should be screened annually for mental health. 100% of screened employees with mental health challenges to be linked to care (this includes in-house or referral) annually.	How many employees were screened for mental health issues?
		How many employees were identified to have mental health issues?
		How many employees were referred for help with mental health?
		How many employees used employee assistance services for mental health support?
Elimination of occupational lung diseases (OLDs)/ pneumoconiosis	By December 2034, using current diagnostic techniques, no novice pneumoconiosis cases of silicosis, coal worker's pneumoconiosis, and pneumoconiosis due to respirable platinum mine dust will occur among previously unexposed individuals. ¹⁰	How many employees were screened for OLDs?
		How many novice employees were diagnosed with OLDs?
		How many novices were certified to have OLDs?
Elimination of noise-induced hearing loss (NIHL) through quietening of equipment	Using current diagnostic methods, by December 2034, there should be no novice cases of noise-induced hearing loss among previously unexposed individuals.	How many employees were screened for NIHL?
		How many novice employees were diagnosed with occupational NIHL?
		How many novice employees were submitted for compensation for NIHL?
Ensure all women in mining (WIM) have access to the appropriate health services	Provision of Women's Health Services at the workplace as per Women's Health Needs Analysis.	Have you conducted the Women's Health Needs Analysis? (All mines to have conducted this analysis by December 2026.)
		Please refer to the Minerals Council Health Needs Analysis document for more information.
		Does the mine provide the appropriate female health services as per the needs analysis conducted?

¹⁰. "Previously unexposed individuals" are those unexposed to mining dust prior to December 2024 (i.e. equivalent to a new person who entered the industry in January 2025)



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+27 11 498 7100