



## ANNUAL REPORT 2020

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*Association of Mineworkers and Construction Union / Department of Health / Department of Mineral Resources and Energy / International Labour Organization / Mine Health and Safety Council / Minerals Council South Africa / National Health Laboratory Service / National Institute for Occupational Health / National Union of Mineworkers / Solidarity / South African Business Coalition on Health & AIDS / UASA The Union / UNAIDS / World Health Organization*

## CONTENTS

1. Introduction.....	4
2. Background .....	4
3. Targets and objectives.....	5
4. Key activities and achievements in 2020.....	6
4.1. The Masoyise Health Programme implementation plan and strategy .....	6
4.2. Monitoring performance against TB and HIV targets .....	9
4.2.1. Background .....	9
4.2.2. Performance against targets.....	9
4.3. Data analysis report.....	10
4.3.1. Compliance to reporting requirements .....	11
4.3.2. Summary of achievements and challenges in data collection .....	12
4.4. TB programme performance.....	12
4.4.1. TB incidence .....	13
4.4.2. TB incidence aspirational curve.....	14
4.5. TB contact tracing: .....	15
4.6. Support to junior and emerging miners.....	16
4.7. Communications report .....	16
5. Conclusion.....	18
6. Glossary/acronyms .....	19

**LIST OF TABLES**

Table 1: Targets .....5

Table 2: Objectives..... 6

Table 3: Industry performance against targets: 2018-2020 ..... 10

Table 4: Compliance to Masoyise reporting requirements ..... 11

Table 5: Summary of achievements and challenges in data collection..... 12

Table 6: Selected TB contact tracing outcomes..... 15

**LIST OF FIGURES**

Figure 1: Compliance to Masoyise reporting requirements ..... 11

Figure 2: Compliance trends to reporting requirements: 2016-2020 (%) ..... 12

Figure 3: TB indicators for 2020 (%) ..... 13

Figure 4: TB Incidence (industry versus Minerals Council): 2013-2020..... 14

Figure 5: TB incidence aspirational curve (industry versus general population) 2015-2020 ..... 14

## 1. INTRODUCTION

The Masoyise Health Programme is a Minerals Council-led multi-stakeholder programme focused on leading the mining industry's commitment in the fight against tuberculosis (TB), HIV, occupational lung diseases (OLDs) and non-communicable diseases (NCDs). The Board of the Minerals Council approved the Masoyise Health Programme to run from 2019 to 2021. The programme succeeded Masoyise iTB, a project that ran from 2016 to 2018, which achieved progress in raising the profile of interventions against TB and HIV in the industry.

The programme now has a wider focus beyond TB and HIV. It has adopted a wellness approach that incorporates NCDs (diabetes, hypertension, mental health, etc.) and OLDs (silicosis, coal worker's pneumoconiosis, among others).

The vision of the programme is: 'A mining industry that protects and maximises the health and wellness of its employees'. Its goal is to reduce the impact of TB, HIV, OLDs, and NCDs as occupational health threats in the mining sector.

The programme continues to be a database for TB, HIV, NCD and OLD data. This report covers the activities of the Masoyise Health Programme during 2020.

## 2. BACKGROUND

The Masoyise Health Programme aligns some of its targets with those set in international and national frameworks such as the United Nations' Sustainable Development Goals, the Joint United Nations Program on HIV/AIDS (UNAIDS) and The World Health Organization (WHO) as well as South African national policies.

The highest operational decision-making body, the Steering Committee, is chaired by Ms Zanele Matlala, current Board representative at the Minerals Council. To achieve all its goals and targets, the programme has a Working Committee with several task teams on various aspects such as data, TB contact tracing, communications and, junior and emerging miners.

Although the programme is Minerals Council-led, it has been, from the very beginning, a collaborative multi-stakeholder initiative. It is made up of representatives from Minerals Council member companies, trade unions (NUM, Solidarity, AMCU, UASA), government (the Department

of Health (DOH) and the Department of Mineral Resources and Energy (DMRE)), the Mine Health and Safety Council (MHSC), the National Health Laboratory Service (NHLS), the National Institute of Occupational Health (NIOH), and the South African Business Coalition on Health and AIDS (SABCOHA) and multilateral organisations including UNAIDS, International Labour Organization (ILO) and WHO.

### 3. TARGETS AND OBJECTIVES

The targets and objectives for the programme are in Tables 1 and 2 below.

**Table 1: Targets**

<b>WHO end TB strategy – 2025</b>	<b>UNAIDS Fast-track strategy on HIV – 2030</b>
<ul style="list-style-type: none"> <li>Find at least 90% of people with TB, including key and vulnerable populations</li> <li>Place 90% on appropriate treatment</li> <li>Achieve at least 90% successful completion</li> </ul>	<ul style="list-style-type: none"> <li>90% of people living with HIV know their HIV status</li> <li>90% of all people living with HIV receive antiretroviral therapy</li> <li>90% of those receiving antiretroviral treatment have viral suppression</li> </ul>
<b>Mining industry milestones</b>	<b>Masoyise targets</b>
<ul style="list-style-type: none"> <li>100% of employees should be offered HIV counselling and testing annually and be linked to an antiretroviral therapy programme</li> <li>To reduce TB incidence in the mining sector to at or below the South African rate by 2024</li> </ul>	<ul style="list-style-type: none"> <li>To counsel 100% of employees for HIV annually</li> <li>To screen 100% of employees for TB annually using the cough questionnaire</li> </ul>
<b>NCD targets</b>	
<ul style="list-style-type: none"> <li>20% relative reduction in prevalence of raised blood pressure by 2020</li> <li>Halt the rise of diabetes and obesity (10% reduction in percentage people that are obese or overweight by 2020)</li> <li>Increase the number of people screened and treated for mental disorders by 30% by 2030</li> </ul>	

**Table 2: Objectives**

<p><b>Objective 1:</b> Lead in advocacy and facilitate the generation of strategic information and research for an evidence-based, rights and gender-sensitive agenda</p>	<p><b>Objective 2:</b> Provide overarching support for effective partnerships, collaborations, and implementation</p>
<p><b>Objective 3:</b> Ensure synergy in access to comprehensive prevention, counselling, treatment, care and management of diseases including behavior change</p>	<p><b>Objective 4:</b> Collect and synthesize key data on diseases and monitor progress towards achieving set targets</p>
<p><b>Objective 5:</b> Create an enabling environment for the Masoyise Health Programme</p>	

#### 4. KEY ACTIVITIES AND ACHIEVEMENTS IN 2020

##### 4.1. The Masoyise Health Programme implementation plan and strategy

- The plan and strategy guide the activities of the programme and has five objectives – the key activities and achievements for 2020 are set out below. Separate reports on specific areas of activity are also provided.

##### **Objective 1:**

**To lead in advocacy and facilitate the generation of strategic information and research for an evidence-based, rights and gender-sensitive agenda**

##### Masoyise 2020 webinar

The Masoyise Health Programme hosted a virtual seminar in October 2020 titled *Fighting the unrecognised pandemic: Reprioritising TB, HIV and NCDs in the era of COVID-19*. The webinar was addressed by local and international speakers from both the private sector and government, including the Minister of Health, Dr Zweli Mkhize.

The seminar was remarkable for the unanimity of participants about the importance of reinstating and strengthening the fight against HIV, TB and NCDs. Several useful ideas were presented about how this could be achieved. But clearly, more reflection is needed, and more workshopping must be done. For additional information on this webinar, please see the report

at: <https://www.mineralscouncil.org.za/work/health-and-safety/masoyise-health-programme/masoyise-health-programme-resources>

### Research conducted

Two studies were conducted and concluded in 2020. The first was identifying missed opportunities in the TB deaths in the South African mining industry. This study sought to review records of patients who died of TB disease in order to identify any missed chances in the prevention of these deaths and develop strategies to eliminate TB related deaths within three years.

The study identified several barriers to optimal care and recommended the adoption of a *Logic Framework for TB Quality Assurance Intervention*.

The second was to initiate health promotion and social behaviour change interventions with a special focus on TB, HIV, OLDs and NCDs in the South African mining Industry.

The desktop study showed a high level of programme activity by mining companies in all four disease categories. Strengths of the programmes included high reach rates among recipient workers, high levels of surveillance especially in relation to TB and HIV, effectiveness as measured by several factors, and sustainability plans for the ongoing rollout of existing programmes. Weaknesses included a poor understanding of the health promotion and behaviour change principles among respondents, the absence of these principles in current programmes, the inadequate and infrequent capacity development of programme managers, inadequate worker and community involvement in programme planning and management, and poor implementation of monitoring and evaluation strategies of programmes.

Based on these findings, recommendations were made to the Minerals Council to:

- Provide comprehensive guidance on health promotion and behavioral change in the mining sector
- Ensure intensive capacity development for programme management personnel
- Increase the involvement of workers and peri-mining communities
- Provide capacity development in monitoring and evaluation and track NCDs in the sector more closely

The results of these studies were presented to the relevant structures in both Masoyise and the Minerals Council for implementation.

**Objective 2:**

**To provide overarching coordination and support for effective partnerships, collaboration, and implementation**

New collaborations were established with *Show Me Your Number*, who assist in social mobilisation for ex-mineworkers, their families, and their communities, through the TB in the mines programme as well as current mineworkers through the Ubuntu Initiative and Aurum Institute. New partners are invited on an on-going basis to collaborate with the Masoyise Health Programme.

**Objective 3:**

**To ensure synergy in access to comprehensive prevention, counselling, treatment, care, and management of diseases, including behavior change**

The study on health promotion and behaviour change described in objective 1 above was one of the key activities.

The implementation of the digitised TB contact tracing reporting tool was a major activity in 2020 and several companies now report successfully utilising the tool.

**Objective 4:**

**To collect and synthesize key data on the diseases and monitor progress towards achieving set targets**

The Minerals Council occupational health reporting system hosted by Health Source continues to be a resounding success. It has made it possible for the mining industry to provide accurate data on TB, HIV and NCDs. With the COVID-19 pandemic in 2020, the system was immediately configured to report on the pandemic. This made it possible to provide daily reports to the industry – mining is the only sector in South Africa with this capability.

Another achievement was the publication *Showcasing the Masoyise Health Programme*. The publication was made possible with the collaboration of the ILO and the UNAIDS in partnership with other Masoyise Health Programme stakeholders. The publication showcases Masoyise



activities, lessons learnt and good practices and is available at:

<https://www.mineralscouncil.org.za/work/health-and-safety/masoyise-health-programme/masoyise-health-programme-resources>

#### **Objective 5:**

#### **To create an enabling environment for the Masoyise Health Programme**

The programme has a communication strategy that ensures that information on Masoyise is widely available and is disseminated to Minerals Council members.

### **4.2. Monitoring performance against TB and HIV targets**

#### **4.2.1. Background**

The Minerals Council is committed to tracking progress on TB, HIV and NCDs using the Minerals Council Health Information Management System (Minerals Council HIMS) on the Health Source platform. The Minerals Council collates data on key threshold indicators from members, validates and evaluates performance against industry health and safety milestones and produces annual reports on performance.

The data used in this report was drawn from the Minerals Council HIMS database and the analysis was done using the Excel Spreadsheet to reflect the performance of the industry and commodities against key indicators for 2020.

#### **4.2.2. Performance against targets**

Table 3 below shows the Masoyise performance against targets for the year 2020, compared to 2018 and 2019. These indicators comprise both the indicator description and the overview of 2018 to 2020 performance. The targets set for the project are in line with the DMR 164 TB and HIV reporting form.

**Table 3: Industry performance against targets: 2018-2020**

	Activity	Milestone	2018	2019	2020
1	Compliance to milestone reporting	100% compliance: All companies should finalise 100% of their reports on the system	99.3%	98,2 %	94,7 %
2	HIV counselling and testing	100% of employees should be offered HIV counselling and testing annually with all eligible employees linked to an antiretroviral treatment programme as per the South African National Strategic Plan for HIV, TB and STIs 2017-2022	84%	77.3%	68,3%
3	TB screening	100% of employees should be screened for TB annually	90.3%	78.3 %	69,8 %
4	TB incidence	MHSC Milestone: By December 2024, the mining industry TB incidence rate should be at or below the national TB incidence rate	435/100,000	378/100,000	220/100,000
5	The general population aspirational target of TB incidence reduction	5% year-on-year reduction for the TB incidence rate	Industry met 2023 target in 2017, on track to meet the 2024 target	Industry met 2023 target in 2017, on track to meet the 2024 target	Industry met 2023 target in 2017, on track to meet the 2024 target
6	NCD reporting	All employees to be screened for hypertension	N/A	64%	69%
		All employees to be screened for diabetes mellitus	N/A	58%	61%

Not meeting target  
 On track/Met target

Improvements were seen in TB incidence, while there was regression in screening for both HIV and TB. This is a cause for concern and is once again linked to the impact of the COVID-19 pandemic.

Although screening for both hypertension and diabetes did not meet the expected targets, there was an improvement in screening rates for both diseases and this is encouraging.

Further details on the HIV programme performance are available on request.

#### 4.3. Data analysis report

This section is on the performance of companies and the industry on TB, HIV and NCDs. The data is submitted by companies on the Minerals Council occupational health reporting system and has been analysed with assistance from the NIOH.

**4.3.1. Compliance to reporting requirements**

The analysis presented in this report captures data from 1 January 2020 until 31 December 2020. It includes data from between 30 and 33 companies (depending on the indicator) that complied with the reporting requirements. The requirements included uploading data as per the indicator definitions accessible on the system and finalising reports for inclusion in the analysis.

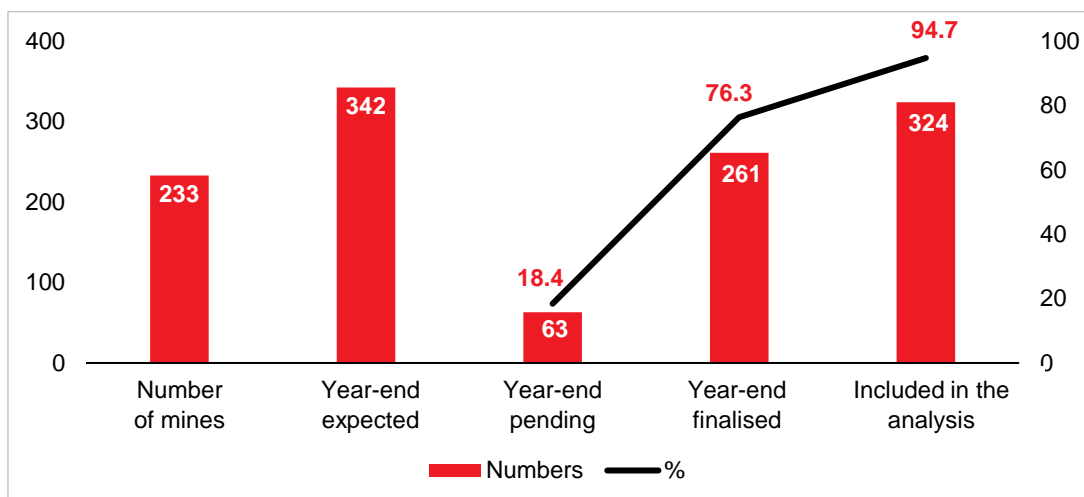
Table 4, below, reflects the trends on the number of employees represented in the data analysed for the purpose of the annual reports for the periods stipulated. The records reflect that 80.6% of employees in the mining industry reported data in 2020.

**Table 4: Compliance to Masoyise reporting requirements**

	2018	2019	2020
Industry	493,054	449,246	451,427
Minerals Council	378,646	406,052	363,809
Respondents as % of industry	76.8%	90.4%	80.6%

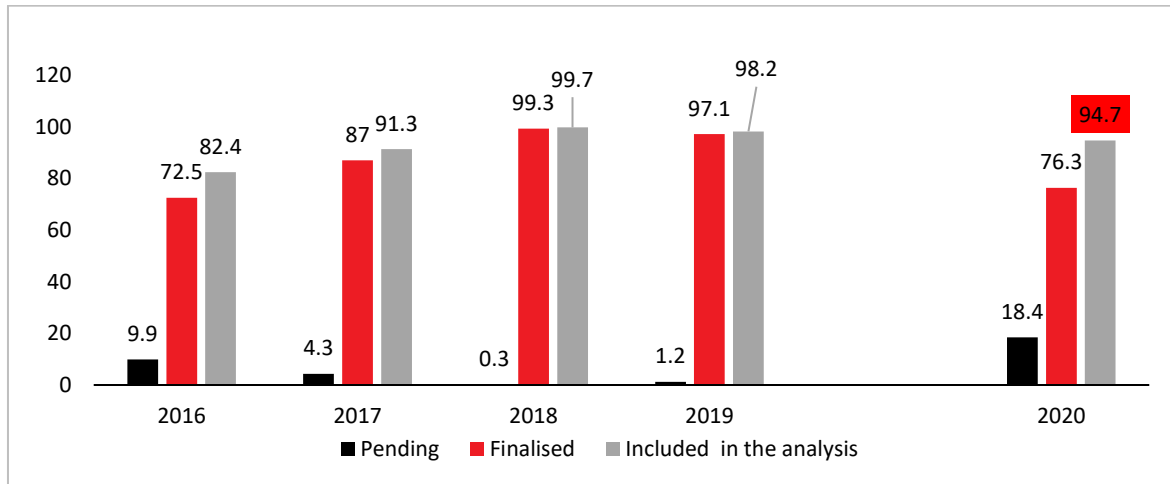
Figure 1 below indicates that there were 342 reports expected from registered active companies on the system, of which 76.3% were finalised. The analysis includes finalised and pending reports which takes the figure to 94.7%. The target of 100% of reports to be finalised on the system was not met.

**Figure 1: Compliance to Masoyise reporting requirements**



Compliance trends to reporting requirements in Figure 2 below indicate that there has been a steady decline in the percentage of 2019 and 2020 annual finalised reports, impacting negatively on the percentage of reports analysed in the same period. This development is in line with observations elsewhere that COVID-19 impacted health programmes and reporting.

**Figure 2: Compliance trends to reporting requirements: 2016-2020 (%)**



The 2020 year-end performance against compliance to reporting requirements reflects a regression of 62.7%.

**4.3.2. Summary of achievements and challenges in data collection**

The Minerals Council has had four years’ experience with data collection, three of these utilising an electronic reporting system. A lot of achievements and challenges were met in the process and these are tabulated in Table 5 below.

**Table 5: Summary of achievements and challenges in data collection**

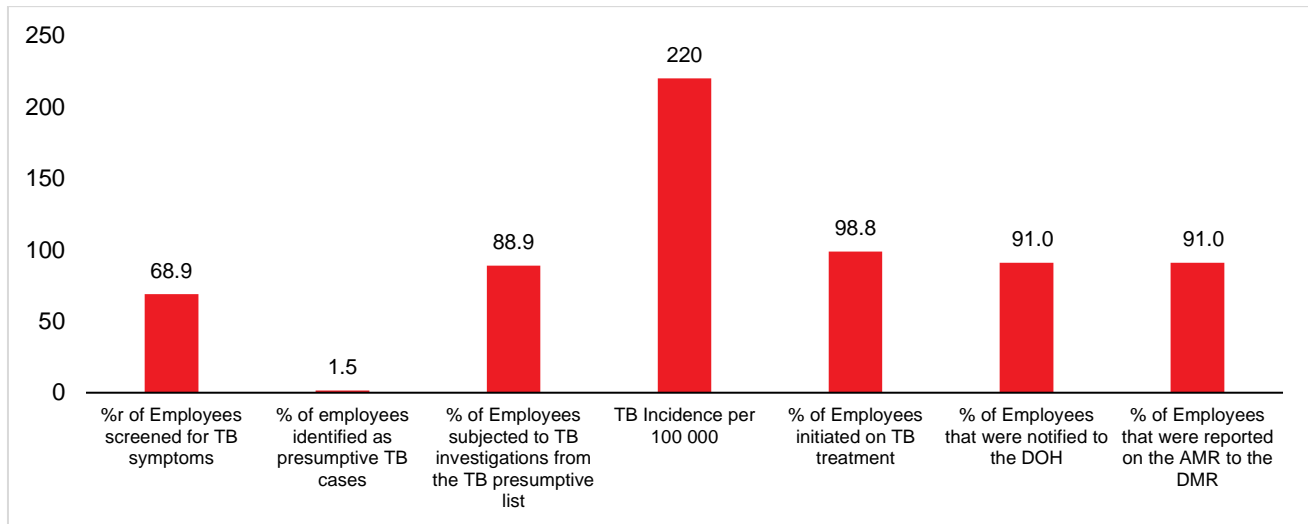
Achievements		Challenges and mitigation	
✓	Consistent fall in TB incidence rate (Target of 20% year-on-year reduction is met)	✓	High non-compliance to reporting requirements
✓	TB incidence for the industry on a good trajectory to meeting the aspirational targets	✓	HIV counselling and TB screening targets are not met
		✓	System efficiencies questionable

**4.4. TB Programme performance**

The Masoyise Health Programme continues to monitor the percentage of employees screened for TB annually with a target of screening 100% of employees annually. The programme also adopted the Mine Health and Safety Council (MHSC) indicator of achieving a TB incidence that is below the national TB incidence rate by December 2024.

Figure 3 below indicates the TB indicators for 2020. A good 88% of employees identified as presumptive for TB, were subjected to TB investigation with 98% of those diagnosed, initiated on treatment.

**Figure 3: TB indicators for 2020 (%)**

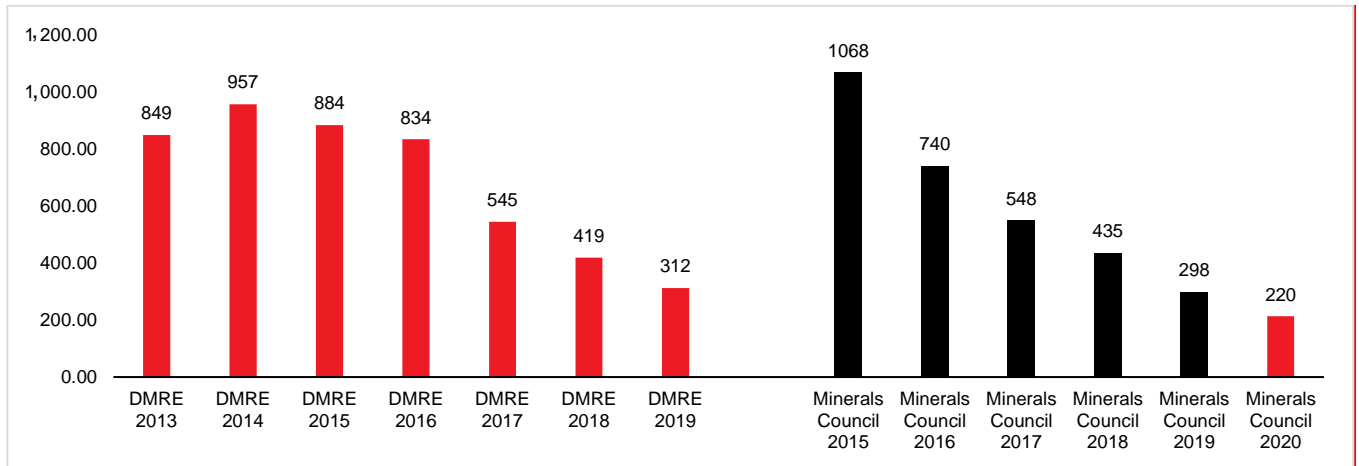


**4.4.1. TB incidence**

TB incidence is an indication of the ongoing transmission of Tuberculosis. The target is for the TB incidence in the mining industry to decrease below the national TB incidence rate by December 2024. The TB incidence is the sum of the TB cases reported over a year divided by the total number of employees in that same year multiplied by 100,000 population.

Figure 4 below indicates good progress with regard to the reduction of TB incidence as reflected in both DMRE and Minerals Council databases over six-year period.

**Figure 4: TB Incidence (industry versus Minerals Council): 2013-2020**



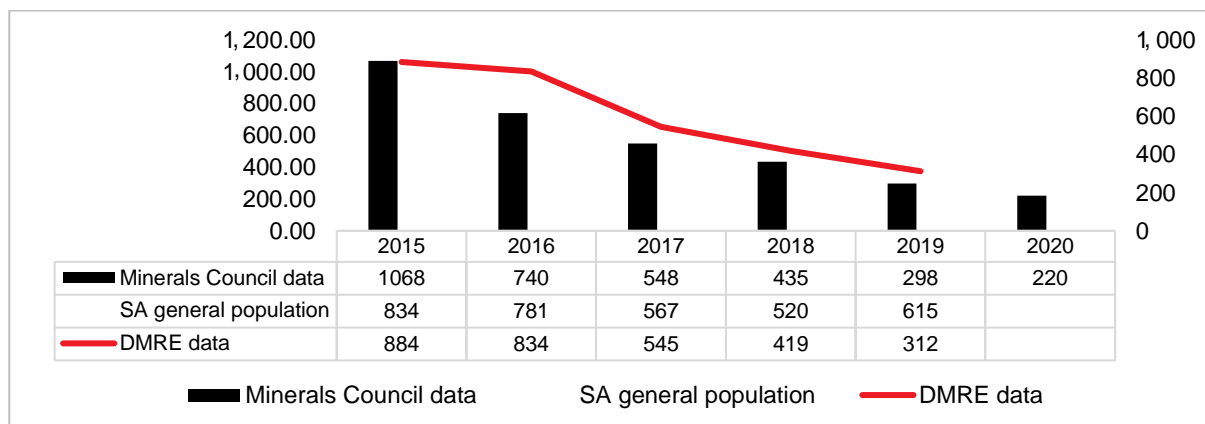
**4.4.2. TB incidence aspirational curve**

The industry committed to reducing the TB incidence to at or below the South African average. Aspirational curves were developed to monitor this commitment. The industry committed to an aspirational target of 20% year-on-year reduction in TB incidence.

Figure 5 below shows the trend in TB incidence from 2015 to 2020. The TB incidence falls well within the expected range that will enable the industry to meet its milestone target by 2024.

Currently the industry’s TB incidence is at 220/100,000, well below that of the general population, at 260/100,000. As an industry we are on track towards meeting the aspirational target.

**Figure 5: TB incidence aspirational curve (industry versus general population) 2015-2020**



#### 4.5. TB contact tracing

A Contact Tracing Task Team was established in 2016 to improve contact tracing on all TB index cases identified through the Masoyise iTB programme. The West Rand TB Contact Tracing team was a pilot in 2016. It has been working independently since 2016 with minimal intervention from the Masoyise Health Programme. Efforts are made to revive the task team structure so that regular meetings and reporting can be adhered to. Bojanala and Mpumalanga's Nkangala districts are still on board and meetings are held as planned. Plans are underway to get representatives from the Department of Health (DoH) at district level on board and to improve reporting by companies on the new TB contact tracing reporting system.

Table 6 below shows the selected TB outcomes derived from the system which has a full complement of indicators.

**Table 6: Selected TB contact tracing outcomes**

Indicator	Bojanala 2020	Mpumalanga 2020	West rand 2020	Total 2019	Total 2020
Number of index pulmonary TB cases identified	353	407	118	709	878
Number of contacts identified	1,436	773	671	4,037	2,880
Number of contacts successfully traced and screened	1,159	771	629	3,889	2,559
Percentage of contacts traced and screened	81%	99.7%	93.7	96.3%	88.8%
Number of cases detected	4	-	-	69	4
Yield (% TB positive from those screened)	0.3%	-	-	1.8%	0.2%
Percentage TB positive put on treatment	100%	-	-	100%	100%

Although there was a 24% increase in cases identified in 2020 compared to 2019, there was a 29% decline in contacts identified and a 7.5% decline in tracing and screening, leading to only 4 cases being identified as TB positive, compared to 69 in 2019.

The poor performance in 2020 can be attributed to poor community tracing due to strict lockdown regulations because of the COVID-19 pandemic.

Some companies reported that TEBA continued to assist with contact tracing in labour-sending areas to ensure that family members of index cases are traced, screened for TB and managed further where necessary.

#### **4.6. Support to junior and emerging miners**

SABCOHA is responsible for the support of junior and emerging miners. The organisation received a three-year grant from the Global Fund. This is a programme for male sexual partners of adolescent girls and young women (AGYW) and seeks to increase the uptake of HIV services among these male sexual partners. Men in formal workplaces had been identified by adolescent girls and young women as “hotspots” to be targeted by this programme. Key populations like AGYW are prioritised for funding. SABCOHA as a private sector partner organisation can therefore reach out to mining companies to partner with us in providing comprehensive health services to junior and emerging miners.

SABCOHA works with 12 NGOs based in identified sub-districts across eight provinces as well as three private sector service providers to implement the programme. Services include HIV, STI and TB screening, blood pressure, blood glucose and body mass index as well as COVID-19 screening. We also offer awareness campaigns and gender-based violence dialogues in workplaces.

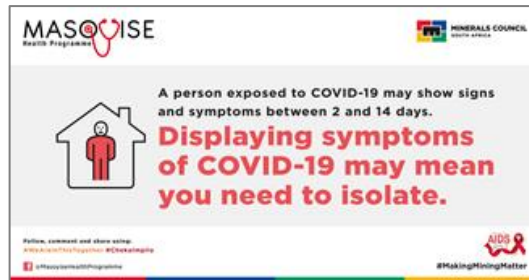
#### **4.7. Communications report**

Objective number five of the Masoyise strategy requires the creation of an enabling environment for Masoyise Health Programme. This ensures that the Masoyise Health Programme information is disseminated and is widely available to all members and stakeholders. In achieving this objective, a communications plan and strategy were developed and adhered to in 2020. The plans developed were linked with the international and national health calendar where specific topics were consultatively selected based on the needs of the represented members and their communities. Relevant health days were commemorated, and communication was disseminated in different forms of media such as posters, of the Masoyise and Minerals Council Facebook pages and animations.

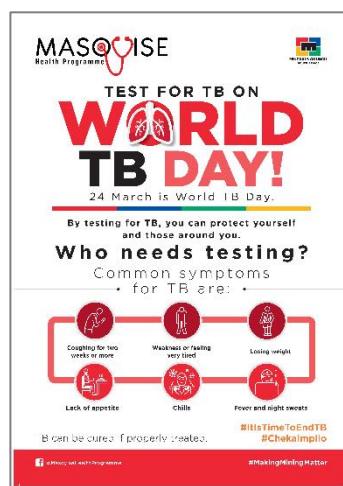
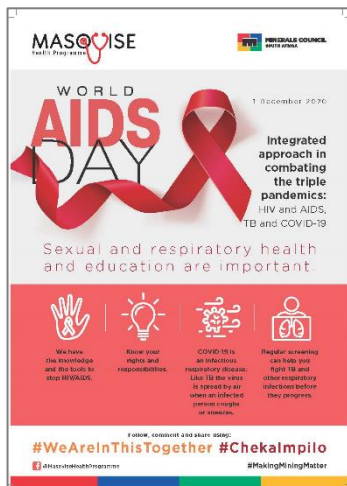


Some of the communications plan tasks completed in 2020 were:

Masoyise social media posts:



Masoyise posters:



The challenges experienced and reported on in 2019 are still a subject of discussion in 2020. The dissemination of the Masoyise Health Programme material remains a major challenge as members are not reporting back on this. It is important for the growth of the programme to measure the impact of the communications collateral circulated and receive feedback from members as the aim is to assess if the material and messages can affect social and behaviour change in the South African mining industry. The other challenge is the poor utilisation of the Masoyise Facebook page by stakeholders. Social media was identified as a cost-effective method of communicating important health messages to stakeholders as they can easily access the information from their mobile devices. However, this was not fully utilised as expected and these will be reviewed in 2021.

## 5. CONCLUSION

The advent of COVID-19 pandemic has played an important role in the way things are done throughout the world and it has also affected and changed the world of work drastically. The changes also affected the implementation of Masoyise Health Programme strategy in many ways. The programme was compromised as more resources and effort by companies was put on the fight against the coronavirus and thus unconsciously marginalising the traditional programmes like TB, HIV and OLDs. It is on the same breath acknowledged that administratively, the Masoyise Health Programme was able to keep the momentum of the traditional health programmes as monthly communication awareness messages on social media and other platforms were disseminated to the stakeholders. Meetings such as the Masoyise Working Committee, the Steering Committee, the Data Task Team and the TB contact tracing team took place as planned. The major setback in the health sector was the cancellation of the World TB Day national commemoration due to the pandemic. TB contact tracing in communities was also affected as the country was on hard lockdown for the greater part of the year. This also affected performance on health programmes at the member companies. Traditional health programmes were highly affected during hard lockdown as many companies operated on skeleton staff and employees from neighbouring countries were forced to go back home. International borders were closed and there was also an inter-provincial travel ban.

The Masoyise Health Programme was planned to run from 2019 -2021. The advent of COVID-19 pandemic had a negative impact on the programme in 2020 which prevented the accomplishment of some of the milestones, thus regressing its performance. It is therefore recommended that the Board of the Minerals Council consider extending the programme for another term so that the progress made since the inception of the programme in 2016 can be regained. The approach of the programme will then link the current focus on TB, HIV, OLDs, and NCDs to COVID-19. The extension for another term will allow the programme to reach its full potential by campaigning beyond the mine gates and sharing the good practice of both the public and private sectors on effective workplace wellness programmes with multi-sectoral partners.

## 6. GLOSSARY/ACRONYMS

AGYW	Adolescent girls and young women
DMRE	Department of Mineral Resources and Energy
DoH	Department of Health
HIMS	Health Information Management System
ILO	International Labour Organization
MHSC	Mine Health and Safety Council
NCDs	Non-communicable Diseases
NHLS	National Health Laboratory Services
NIOH	National Institute for Occupational Health
Minerals Council	Minerals Council South Africa
OLDs	Occupational Lung Diseases
SABCOHA	South African Business Coalition on Health and Aids
STIs	Sexually transmitted infections
UNAIDS	The Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization