



SPEECH BY MR ANDILE SANGQU, VICE PRESIDENT OF THE CHAMBER OF MINES AND CHAIRMAN OF THE MASOYISE iTB STEERING COMMITTEE (presented on his behalf by Dr Thuthula Balfour-Kaipa, head of health policy at the Chamber of Mines)

MHSC PARALLEL SESSION, DURBAN, 18TH JULY 2016

Programme Director

The CEO of the Mine Health and Safety Council, Mr Thabo Dube

Acting Chief Inspector of Mines, Mr Xolile Mbonambi

Senior officials from the Department of Health

The leadership of organised labour

Senior executives from mining companies

Representatives from UN organisations

Distinguished guests

Ladies and gentlemen

It is an honour for the Chamber of Mines to participate at this parallel session on “*Intensifying the HIV and TB response in the mining industry*”. I congratulate the Mine Health and Safety Council (MHSC) for convening the session. We see this session as critical in showcasing the work of the Council and the mining industry, on TB and HIV/AIDS.

We are also pleased that this forum takes place at the fringes of the 21st International AIDS Conference and thus affords us an opportunity to share ideas with stakeholders and participants beyond the mining sector.

The health and wellbeing of employees is of paramount importance to our industry. We recognise the strong link between health, productivity and economic development. A study in 2015, by the US Chamber of Commerce showed that total absenteeism, presenteeism and early retirement accounted for 6.8% of the South African GDP¹. Big contributing factors would be TB and HIV/AIDS.

¹ Health and the Economy. The Impact of Wellness on Workforce Productivity in Global Markets. B Rasmussen et al. US Chamber of Commerce, 2016.



In 2015, the Chamber of Mines of South Africa conducted a survey on medical incapacity, medical morbidity and mortality as well as absenteeism among Chamber members. The aim of the survey was to quantify the extent of the problem, characterise the problem and find possible reasons for medical incapacity and absenteeism. The survey spanned the years 2009-2014.

Preliminary results of the survey show that, with the exception of TB, which was exhibiting a downward trend since 2012, the number of employees with diabetes, hypertension and HIV was steadily increasing. In 2014, employees living with HIV accounted for 45% of all chronic cases reported, while hypertension accounted for 42% of all cases. Diabetes accounted for 9% and employees diagnosed with TB, 4%. This means 40,437 individuals living with HIV and 3,843 with TB. These are significant findings with a major impact on the wellbeing of the individuals concerned.

We are all aware of the heavy toll that TB and HIV/AIDS exact on our country and our industry in particular. The Chamber of Mines has over the past years intensified its response and we are proud of the partnerships we have made in the process.

May I remind us of last year's South African National AIDS Conference in June in this very city. There, the Chamber of Mines, collaborated with the South African Business Coalition on Health and AIDS (SABCOHA), the International Labour Organisation (ILO) and the Mine Health and Safety Council (MHSC) in hosting a parallel session on Sustainable Approaches to HIV/AIDS and TB in the Workplace.

Among many of the recommendations made at the session was that, the South African National Aids Council should develop sector specific, multi-stakeholder strategies for engaging the private sector. It is pleasing to note that SANAC has since adopted a Private Sector Strategy and, as the Chamber and part of the business community in South Africa, we commend this development and support it fully.



The Chamber is proud to be participating in the Regional Project on TB in the Mines that is funded by the Global Fund on AIDS, TB and Malaria. We trust that, through the initiative, our region will curb the spread of TB and believe that its greatest impact can be on supporting small mines in our region.

There is much that the industry has done on TB and HIV/AIDS. This is at the tripartite level through the Mine Health and Safety Council, as employers through the Chamber and at individual company level. Let us not overlook the excellent programmes most companies have in health, wellness and specifically in TB and HIV/AIDS.

I would like to turn my attention to Masoyise iTB. Masoyise iTB is one of the flagship projects of the Chamber of Mines and was approved by the Chamber Council in September 2015. It has its origins in the announcement on 24 March 2015 by the Deputy President of South Africa, Mr Cyril Ramaphosa that South Africa intended to increase screening of TB and HIV in high risk groups. As a high risk group, the mining industry took on the challenge to ensure maximum screening in our industry.

The objectives of Masoyise iTB dovetail with those of the industry where in November 2014 we set an industry milestone that 100% of employees should be offered HIV counselling and testing each year and be linked to an antiretroviral therapy programme.

The aim of Masoyise is to have a meaningful impact on the TB challenge in the country. In line with our industry milestone, we aim to reduce the current high incidence rate of TB and support the WHO Global Strategy to end TB.

Through Masoyise iTB, we have set a target of screening all employees (permanent and contractors) in the industry for TB and HIV over the next 3 years.



What this translates to practically is that:

- All current employees, including contract workers, should be screened for TB using a cough questionnaire and be offered HIV counselling and testing annually for the next 3 years.
- All employees, from the CEO down should be screened for TB and HIV.
- A unique identifier in the form of an ID or passport or industry number is used to obviate duplicate counting.

I chair the Masoyise iTB Steering Committee and we lead, advise and monitor progress, while the Project Committee comprising officials implements the programme of action. The programme of action is currently composed of four main activities:

- Data collection,
- Improving access to diagnostics and treatment,
- Improving contact tracing, and
- Support to small mines.

It gives me great pleasure to share with you some of the results we have from collecting data on screening for TB and HIV. I also thank the Chamber companies for their cooperation.

The Masoyise iTB data for 2015 covered a total of around 332 000 employees, both permanent employees and contractors. The percentage of Chamber employees counselled for HIV was 79.1%, while the industry milestone is 100%. Eighty percent of permanent employees were counselled versus 69.0% of contractors. The percentage screened, according to commodities ranged from 90.5% in platinum, 88.2% in coal to 60.7% in gold.

Screening for TB showed that 94.4% of Chamber member employees were screened for TB. The Chamber target under Masoyise iTB is 100%. There was minimal difference in screening between permanent employees and contractors. TB screening rates in commodities ranged from 97.0% in gold, 92.4% in platinum to 89.1% in coal.



From the data collected, the TB incidence rate for the Chamber was 1066 cases/100 000 population compared to the industry milestone which is the South African rate of just under 1000 cases/100 000. Across commodities, the rate ranged from 1637/100 000 in gold, 967/100 000 in platinum to 233/100 000 in coal.

The results of TB and HIV screening show high rates of screening for both TB and HIV, although these are not meeting the set industry and Chamber targets. TB management in contractors continues to be a challenge and as the Chamber we have requested that companies once again review practices on TB management in contractors.

There have been exciting developments regarding our efforts to access more affordable TB and HIV diagnostics. We made a breakthrough in June when the National Health Laboratory Services offered to provide TB and HIV diagnostics to Chamber members at discounted prices. Our members will now enjoy 40-50% discounts on private sector prices for tests such as GeneXPert, viral load, CD4 count, HIV PCR and TB microscopy and culture.

Where, before, the GeneXPert test cost us R900 in the private sector, we will have access to it at R549 through the NHLS. We welcome this generous offer from the NHLS and see it as affirmation and a great portend to our collaboration with the public sector. We look forward to further collaboration even beyond TB and HIV.

On contact tracing for TB, we have a task team that designated the West Rand as a pilot district for strengthening contact tracing beyond the mine. With the district and provincial departments of Health, clear contact tracing protocols have been agreed to that include mining companies, the public sector clinics and NGOs. Significant progress has been made in the utilisation of NGOs for contact tracing beyond the mine, including in labour sending areas. The contact tracing between companies and the public sector needs further monitoring and strengthening and we aim to develop a model that can be rolled out to other provinces, once successful in the West Rand.

We are collaborating with relevant stakeholders such as SABCOHA, University Research South Africa and others in supporting screening for TB and HIV in small mines.



As you can see, through Masoyise iTB, we aim to leverage all forms of resources and collaborations as we firmly believe in the African quote that, “If you want to go quickly, go alone. If you want to go far, go together.”

We want to go far! The TB and HIV epidemics in our country and industry dictate that we should go far.

We are proud of the modest achievements we have made in Masoyise iTB thus far. We are looking forward to having an even bigger impact on TB and HIV in the coming two years and we invite you to join us in the crusade.

The health of our employees is of paramount importance and we will do whatever it takes to ensure that we contribute to good health, great wellbeing and a productive nation.