

Masoyise

**iTB**

Let's beat TB and HIV



# Masoyise Health Programme

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27 October 2018

MMPA Congress, Sun City



**MINERALS COUNCIL**  
SOUTH AFRICA



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# Masoyise Journey

## 2014: The World TB Day Commemoration 🇷🇷

Hosted by Mining Industry, recommendation to industry to screen all employees annually for TB.

2015: Masoyise iTB Project was established as the industry's response to the recommendation.

2016: Implementation of Electronic Reporting system on the HealthSource Platform. Quarterly data reporting was introduced.

2018: The revised Masoyise strategy was approved **25 October 2018..** Name change to Masoyise Health Programme.

# Masoyise resolved to strengthen the following elements:

## • Data Management:

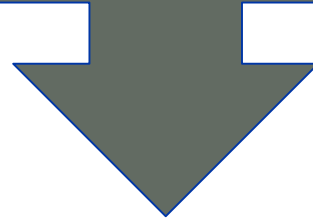
- Standardised Reporting: DMR 164, Quarterly reporting on an electronic platform, Unique identifiers,
- Extract reports on Compliance to reporting and programme performance,
- Implemented mandatory fields and prompts to correct data to can proceed.
- Periodic reminders to companies to finalise reports

## • Programme Elements

- Supporting contact tracing, support for small mines programmes, enhance access to diagnostics(NHLS) and improving communication to mineworkers(social media etc.).
- Compensation: Medical Surveillance to include: education on MBOD post-mortem examinations:
- Referral: Commitment to ensure continuity of care for employees terminated while on TB Treatment

Masoyise, now renamed “Masoyise Health Programme” is a Minerals Council South Africa-led multi-stakeholder initiative that aims to have:

**“a meaningful impact by reducing the current high TB incidence rate and New HIV infections in SAMI”.**



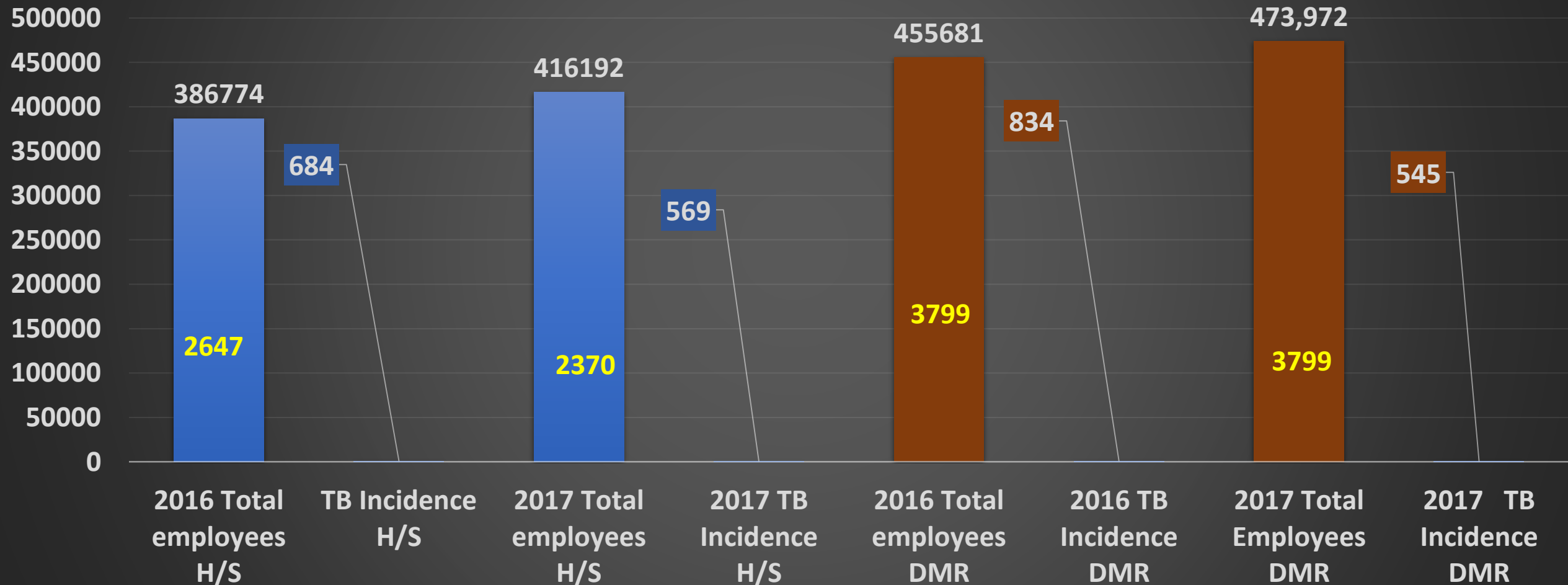
To make a meaningful impact on both TB and HIV, Masoyise Health Programme committed to:

offer HIV Counselling and Testing (HCT) and TB screening annually to all employees in the mining sector, over 3 years, from 2016 to 2018.



**Highlight: The TB incidence shows a drastic but proportional decline in the period 2016 and 2017 from both DMR and HealthSource data.**

**TB Incidence per 100 000:  
DMR vs. HealthSource data**



# Revised Masoyise Health Programme Strategy

## 1. Aligned to Global

# What informs the New Strategy

*“Global Space”*

1. **ILO Convention 176 on Safety and Health in Mines**, ratified by South Africa 8
2. **ILO Recommendation concerning HIV and AIDS and the World of Work No.200**, noted by the South African parliament following its adoption.

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3. **The Sustainable Development Goals (SDG)**. The relevant goals are Goal 3 on Good Health and Wellbeing, Goal 5 on Gender Equality and Goal 8 on Decent Work and Economic Development.

4, **Global Plan to End TB**. This calls for 50% reduction of TB incidence by 2025, compared to 2015. (Stop TB Partnership & UNOPS, 2016)

5, **WHO Global Strategy for the Prevention and Control of Noncommunicable Diseases, 2000**.

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6. **UNAIDS Fast Track Strategy on HIV 2030**. This calls for a 90% reduction in new HIV infections and deaths by 2030, compared to 2010 and set the 90-90-90 targets, an ambitious treatment target to help end the AIDS epidemic (UNAIDS, 2014)

7, **The impact of HIV and AIDS on the world of work**: Global estimates (May 2018). The ILO report examines how the evolution of the HIV epidemic and the scale-up of ART have impacted on the global labour force, and how it is projected to do so in the future.





**Aligned to NDOH commitments**

Reducing TB incidence by at least 30% from 834/100 000 in 2015, to less than 584/100 000 in 2022.

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***“Back Home!!!!”***

South Africa’s National Strategic Plan for HIV, TB and STIs 2017 - 2022 (NSP 2017-2022) sets the following targets in Goal 1:

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Reduce new HIV infections to less than 100 000 by 2022 (63% reduction) through combination prevention interventions.

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The country has now committed to a National Wellness Campaign 2018 - 2020. The campaign includes all sectors of society and promotes screening for HIV, TB, STIs, hypertension and diabetes. The targets for the campaign are set out below:

To put 2 million people on HIV treatment by end of December 2020

To intensify TB case finding to identify 80 000 missing TB patients in year 1

To intensify non-communicable diseases (NCD) case finding and screen 7 million people

To intensify STIs screening, diagnosis and treatment

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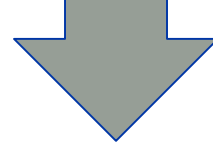
## Alignment to MHSC commitments:

**(NB) Masoyise MOU with MHSC**

### Acknowledge:

The Mining Industry TB, HIV/AIDS Advisory Committee (MITHAC) at the MHSC leads the industry's response to TB and HIV/AIDS. Masoyise is guided by the targets and strategies set by MITHAC.

Under the Mine Health and Safety Council (MHSC), the mining industry set the following HIV and TB targets/milestones to curb TB, HIV and OLDs in mines:



1. Offer HTS to 100% of employees annually and link those who test positive to an ART programme.
2. Reduce TB incidence in the mining sector to or below the South African national TB rate by 2024.
3. By December 2024, 95% of all exposure measurement results will be half the legislated exposure limits for crystalline silica and coal dust.
4. No new cases of pneumoconiosis reported amongst previously unexposed individuals (previously unexposed individual is individuals unexposed prior to December 2008. i.e. equivalent to a new person entering the industry at 2009).

## Acknowledgement:

The Mining Industry TB, HIV/AIDS Advisory Committee (MITHAC) at the MHSC leads the industry's response to TB and HIV/AIDS.

Masoyise is guided by the targets and strategies set by MITHAC.

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**Name**

Masoyise Health Programme. (proposed to run for three years, 2019 – 2021).

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**Vision:**

A mining industry that protects and maximises the health and wellness of its employees.

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**Goal:**

To reduce the impact of TB, HIV, OLDs and NCDs as occupational health threats in the mining sector

The proposed new strategy is set out:

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

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2. Provide overarching coordination and support for effective partnerships, collaboration and implementation.

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3. Ensure synergy in access to comprehensive package (prevention, counselling, treatment, care and management of diseases, including behaviour change.)

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4. Collect and synthesize key data on the diseases to monitor progress towards achieving set targets.

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5. Create an enabling environment for the Masoyise Health Programme.

## Objectives

## Guiding principles

1. Masoyise Health Programme must be more inclusive, i.e. should embrace the integration of TB and HIV into health programmes. The programme must include NCDs as a comprehensive approach to wellness. <sup>16</sup>

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2. Prevention should be the mainstay of all interventions. The industry must address and monitor the social determinants of disease, e.g. housing and living conditions and nutrition. Exposure to silica dust must be prevented to reduce TB.

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3. Masoyise will leverage collaborations and co-funding to maximise its impact.

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4. The programme will be aligned to international, national and industry targets, priorities and interventions.



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1. Sustainable Development Goals for 2030

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2. WHO End TB Strategy, 2025

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3. UNAIDS Fast Track Strategy on HIV, 2030

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4. Department of Health Strategic Plan for HIV, STIs and TB, 2017 - 2022

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5. MHSC TB, HIV and OLD Milestones

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6. SA Decent Work Country Programme (DWCP)

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## Targets:

The existing targets contained in the following strategies will apply:

In addition, Masoyise will recognise the WHO NCD Global Action Plan and the Monitoring Framework for NCDs which has set goals for 2025, <sup>18</sup> against a baseline in 2010. The Framework has nine targets while the South African Strategic Plan for the prevention and control of NCDs, 2013 – 2017 adjusted these for the country. The following NCD targets are proposed:

Targets:  
continued:

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20% relative reduction in prevalence of raised BP by 2020.

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Halt the rise of diabetes and obesity. (10% reduction in percentage people that are obese or overweight, by 2020)

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Increase the number of people screened and treated for mental disorder by 30% by 2030.

## • Priority areas

- For the purposes of implementing and monitoring a manageable programme, the following will be priorities for the Masoyise Health Programme:
  - TB,
  - HIV and AIDS,
  - Occupational lung diseases,
    - Hypertension,
    - Diabetes, and
    - Mental health

## • Target populations

- The above conditions affect a large percentage of the population. This warrants that groups that are particularly at high risk be identified and targeted in interventions. Some of the focal populations, depending on the disease are:
  - young women,
  - sex workers,
  - LGBTIQ+,
  - men who have sex with men, and
    - men.



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# I thank You

27 October 2018

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