



HARMONY HEALTH: TB/HIV MANAGEMENT STRATEGIES

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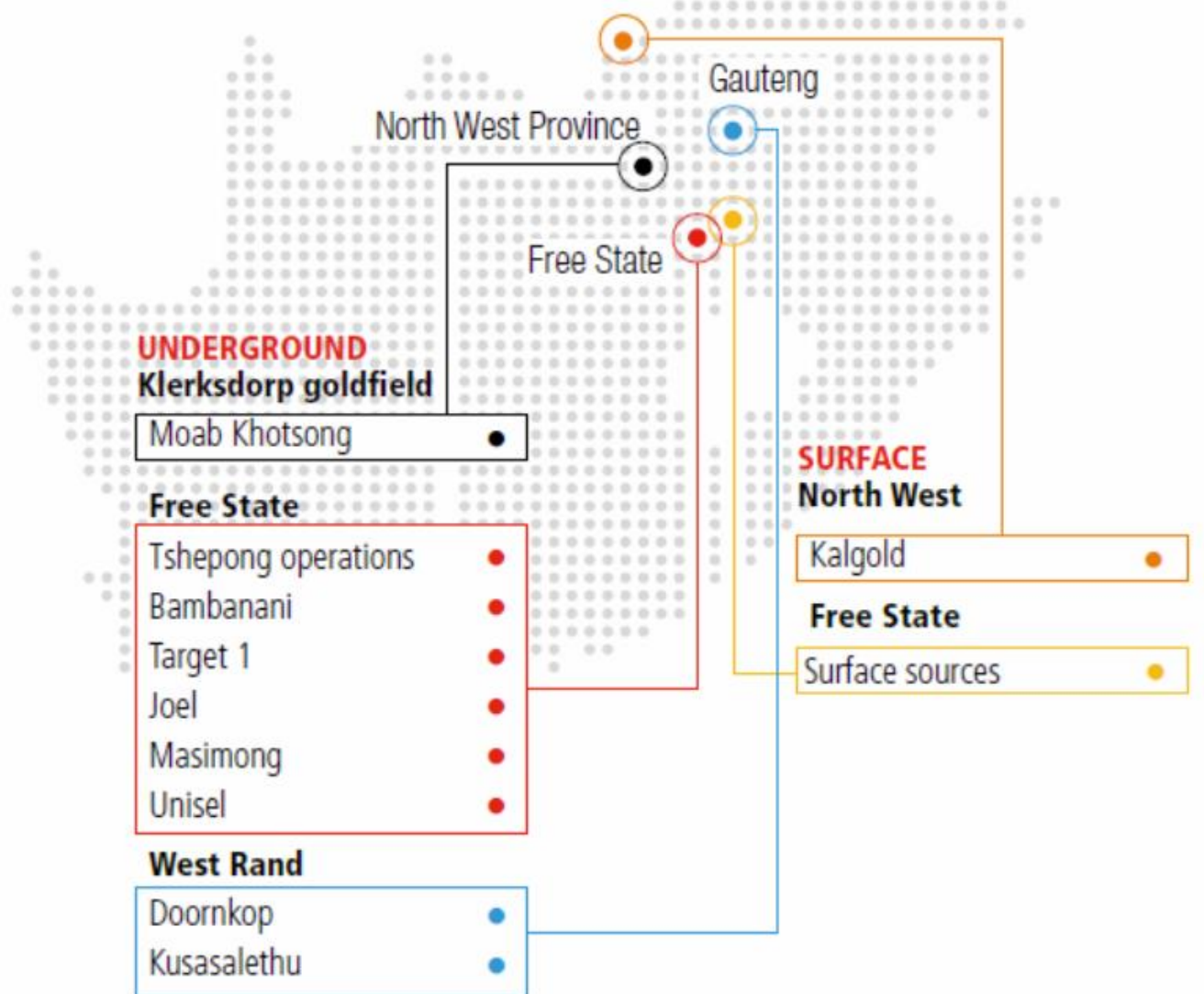


DISCUSSION POINTS

- 1 About Harmony Health – South African operations
- 2 The health journey
- 3 TB/HIV Program – The journey
- 4 Program Strategies
- 5 Program Outcomes
- 6 Challenges
- 7 Conclusion

HARMONY LANDSCAPE - SOUTH AFRICAN OPERATIONS

SOUTH AFRICA

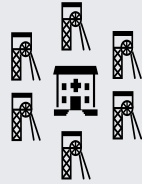


•40 000 employees

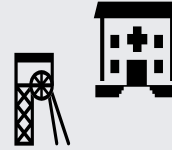
•10 South African operations

HEALTH MODEL – THE JOURNEY

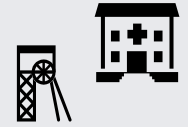
PAST
Reactive



PRESENT
Fit for work



FUTURE
Fit for life



Approach REACTIVE

Curative Hospital driven, centralised occupational health and nurse driven primary health care

Approach PROACTIVE

Preventative one stop health hub / taking health care close to 98% of employees
Employees back to work as soon as possible

Approach RESILIENT EMPLOYEE

One stop health hub , extensive health education and incentive programs

Curative

Wait for employees to get sick

- Centralized team, reactive,
- Not integrated,
- Reactive and disease orientated
- Management by specialized teams

Proactive-Current

Early detection and treatment of ailments

- Health education
- Health awareness and promotions
- Disease management
- Disability management (at work)

Resilience

Take responsibility for own health

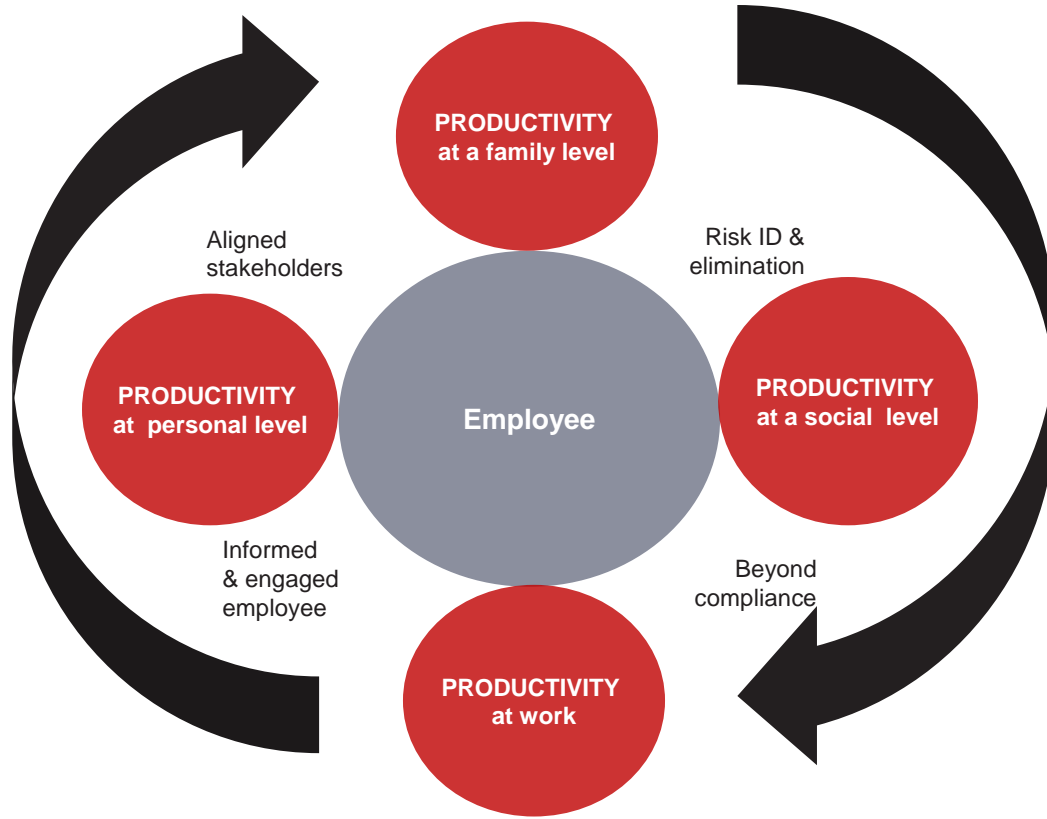
- Employees initiating medical assessments, health education & testing
- Exercise, health eating, not smoking, no substance abuse (eg alcohol, drugs)

Cure Diseases

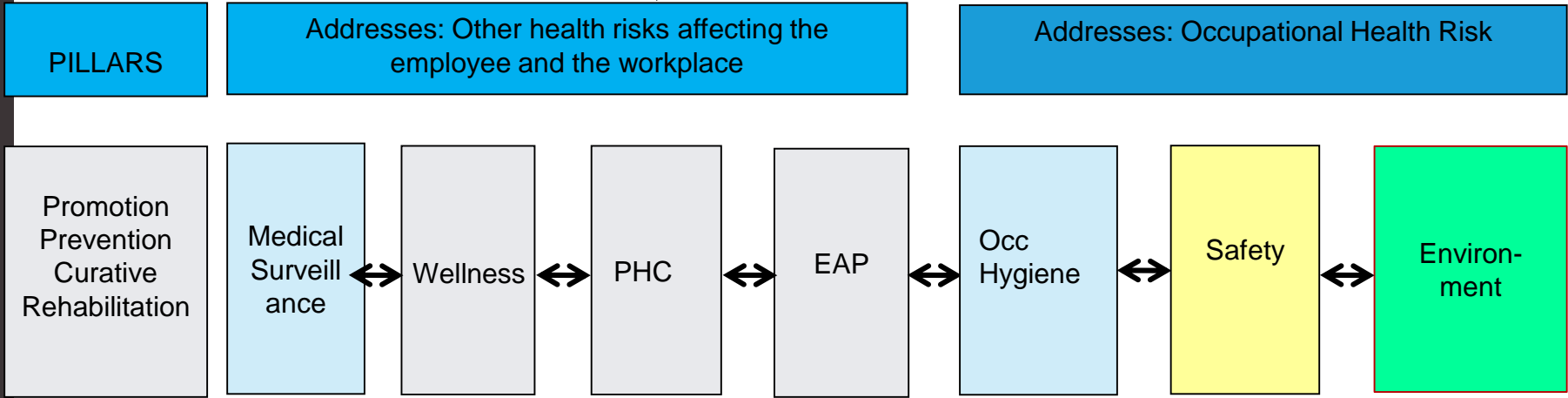
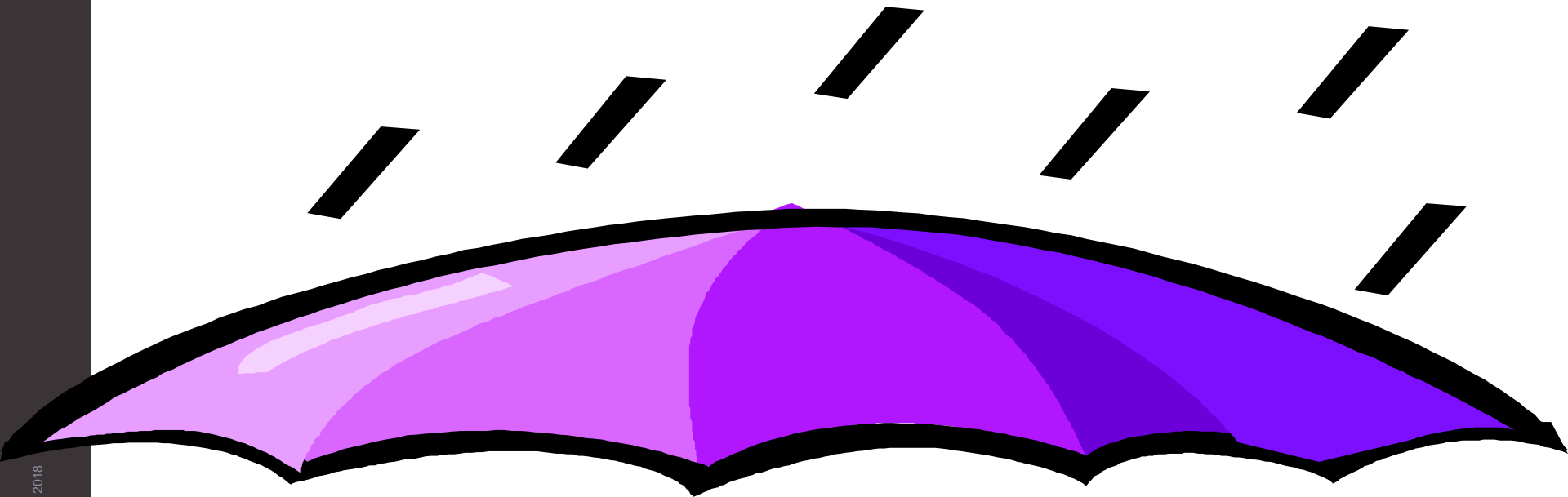
Wellness

Disease Free & Fit

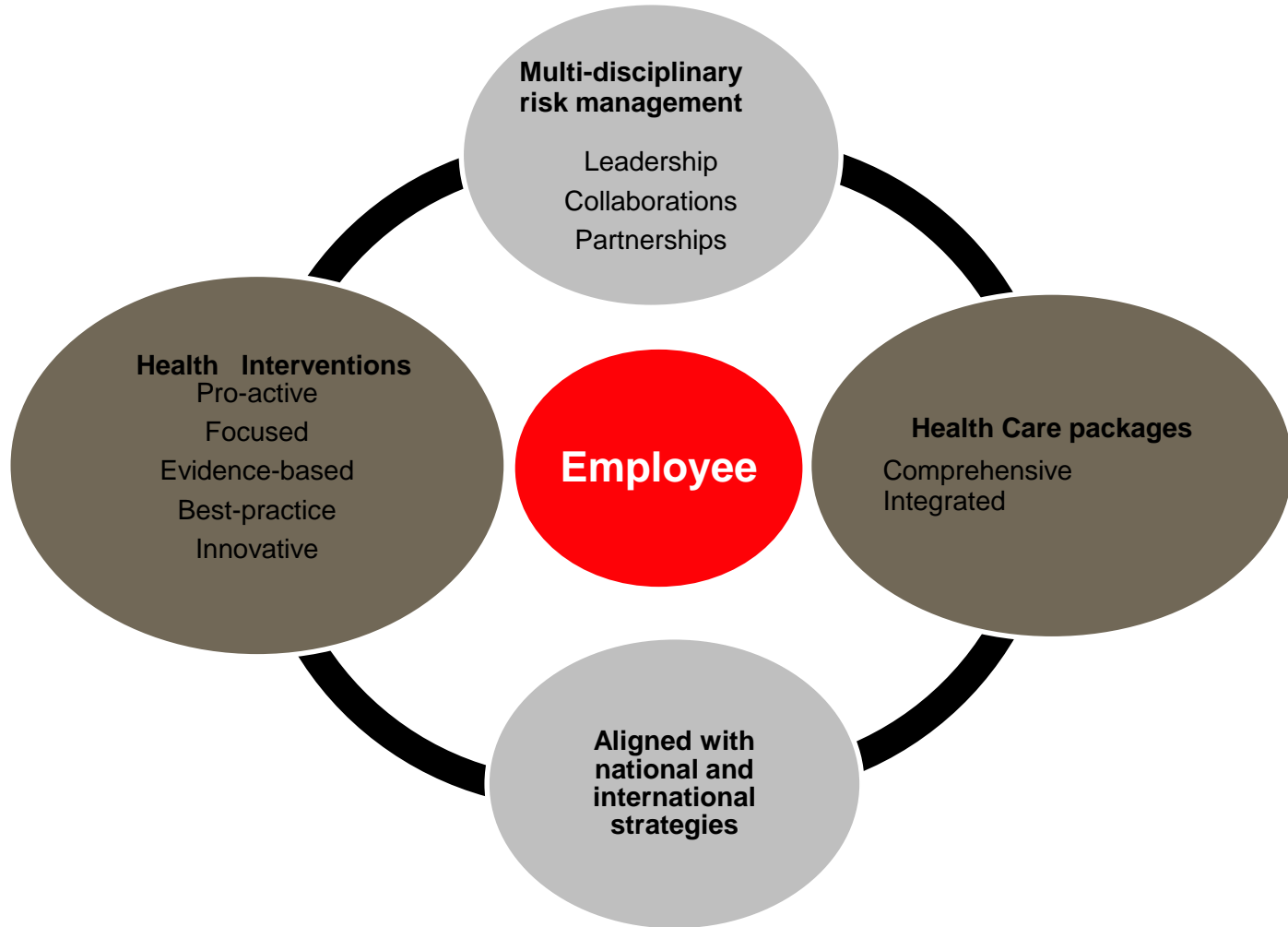
EMPLOYEE IS OUR VALUABLE ASSET



EMPLOYEE HEALTH BEYOND COMPLIANCE



EMPLOYEE HEALTH BEYOND COMPLIANCE



TB/HIV PROGRAM STRATEGY – THE JOURNEY

Past Curative 2009 and before:

TB / HIV Program

- Focused on compliance.
- Dis-integrated (Working in Silos)

Health / Wellness Promotion

- HIV Campaigns and testing done by external service provider
- Only provided statistics.
- No active follow up of identified cases.

Past Proactive 2010 to 2015 : From Hospital to HUBS

Health delivery model

- De-centralized teams from Hospital to HUBS.
- Pro-active and preventative approach

TB / HIV Program

- Incentive programs.
- Integrated TB and HIV services

Health / Wellness Promotion

- Campaigns run by dedicated teams internally.
- Follow up of all positive employees

Current Proactive 2016 to current : with HATS Manager

HATS manager

- Program steward
- Align the program with NSP
- Training , coaching and mentoring of clinicians.
- Capacitation of health and safety teams
- Collaborations with internal and external stakeholders.
- Monitoring and evaluation of clinical outcomes and audits.

Future : Occupational and Societal- Behaviour driven

TB / HIV Program

- Full collaboration with Hygiene / Environmental / HR / Organised labour / Community
- Comprehensive health risk management
- Integrated Health information Systems

Wellness Promotion

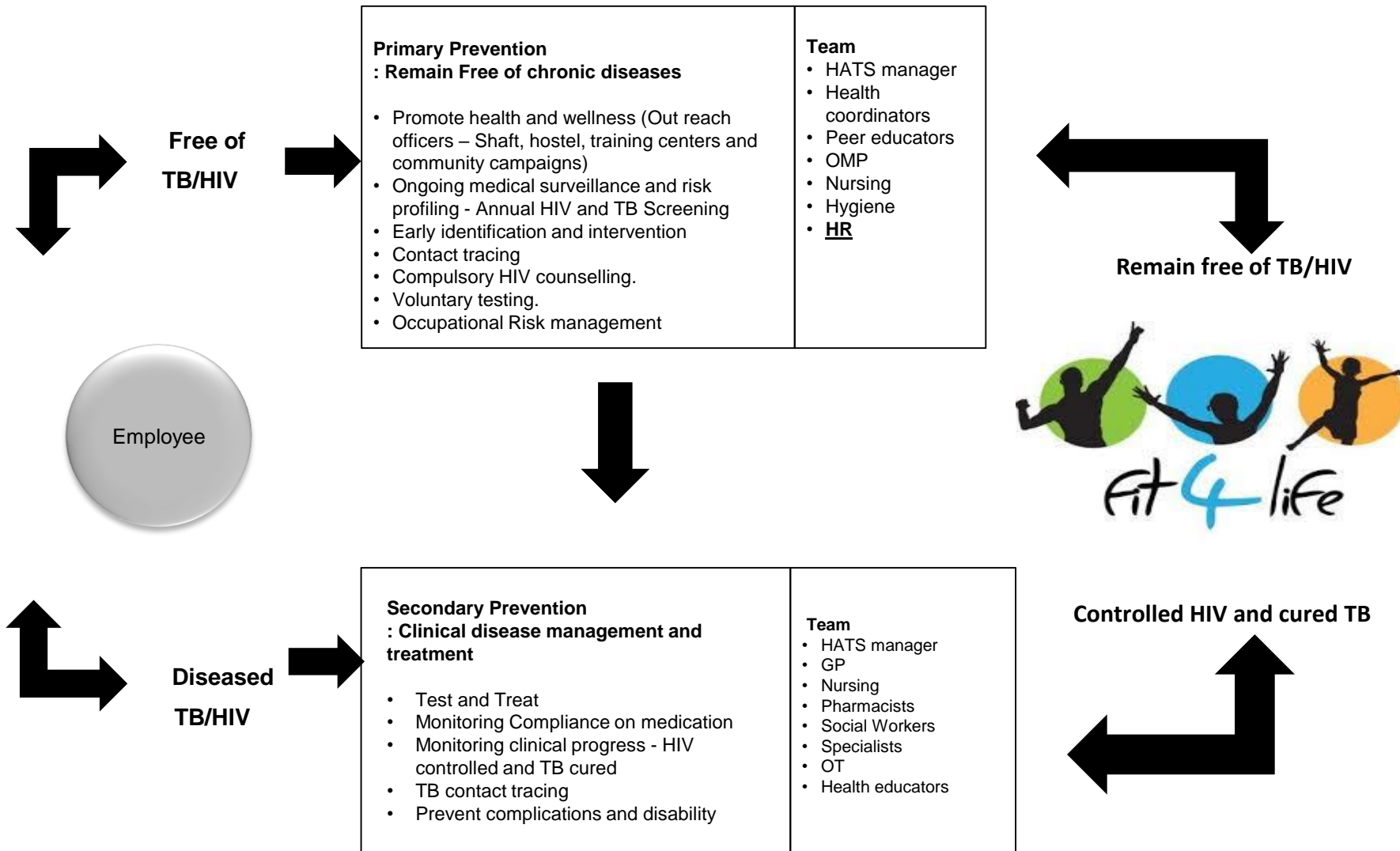
- Wellness promotion environment
- Employee – driven
- Resilient employee

Cure Diseases

Wellness

Disease Free & Fit

STRATEGY - SERVICE DELIVERY MODEL



PROGRAM PILLARS

PILLARS	Health Promotion and awareness.	Disease Prevention and risk management	Clinical Intervention (treatment programs)	Continuous e-risk profiling
OBJECTIVES	<ul style="list-style-type: none"> • Health education program • E-learning program and regular communication <p>Health and Peer educator programs</p>	<ul style="list-style-type: none"> • Occupational health centres incl PHC • Compulsory HIV counselling (100%) and voluntary testing And referral • TB contact tracing • Medical surveillance • Campaigns • Interventions – Flu Vaccinations, IPT 	<ul style="list-style-type: none"> • Chronic disease management programs (HIV and TB) 	<ul style="list-style-type: none"> • Disease Risk management • Monitoring and evaluation – In-depth data analysis and reporting
RESPONSIBLE TEAMS	<ul style="list-style-type: none"> • HATS manager • Health coordinators • Peer educator • NGO partners • Dream – Health Promotion environment 	<ul style="list-style-type: none"> • HATS manager • OMP • GP • Nursing 	<ul style="list-style-type: none"> • HATS manager • Clinical team • GP • Nursing • Social worker • Pharmacists 	<ul style="list-style-type: none"> • Case manager • HATS Manager • Business Analyst • Health Risk Manager • OH Data Quality Officer

KEY STRATEGIC INTERVENTIONS

1. Integrated HIV/AIDS, SILICOSIS & TB (HAST) policy alignment

2. Integrated Health Promotion initiatives

- Health
- Hygiene
- Safety
- Organised labour
- HR

3. Infection control measures

- Ventilation
- Personal hygiene

4. Intensified Health Promotion and Disease Prevention and Programs

- Revitalise Peer Educator Programme
- Improved IEC material and Health communication platforms
- Enhanced Contact tracing program
- Optimised Isoniazid Preventative Therapy for high risk groups
- Partnership with DOH on community TB/HIV outreach programs

KEY STRATEGIC INTERVENTIONS

- **Intensified employee education and training programs**
 - Review and improving TB “E-learning” and training material

- **Capacitation of key internal stakeholders**
 - **Employees** – Traditional healers, religious leaders - Align and train to the DoH programme
 - **Organised labour** – Regional structures Quartely meetings and reports.
 - Workshops **health and safety structures** on occupational health issues
 - **Health and safety committee** meetings
 - Capacitation of **safety officers and representatives** – Workshops and training
 - **Occupational Hygienists** – Joint OMP meetings – Topical health issues
 - **Environmental officers** – Infection control program in liaison with DoH forum (Outbreak response)
 - **Leadership /Management** – Capacitate executive and operational management (Dialogue), Business reviews - monthly, quarterly and annually

KEY STRATEGIC INTERVENTIONS

- External Stakeholder engagements

The role of the HAST MANAGER in this aspect is key -

- Understanding the South African context
- Harmony participates actively at the local AIDS (TB/HIV) Councils in Lejweleputswa, West Rand, Dr KK Kaunda Municipal and Ngaka Modiri Molema Districts
- MOUs with the NW, FS and Gauteng Provincial DoH
- Collaborative relationships with district DoH

Private clinical stakeholders – HIV Clinicians Society

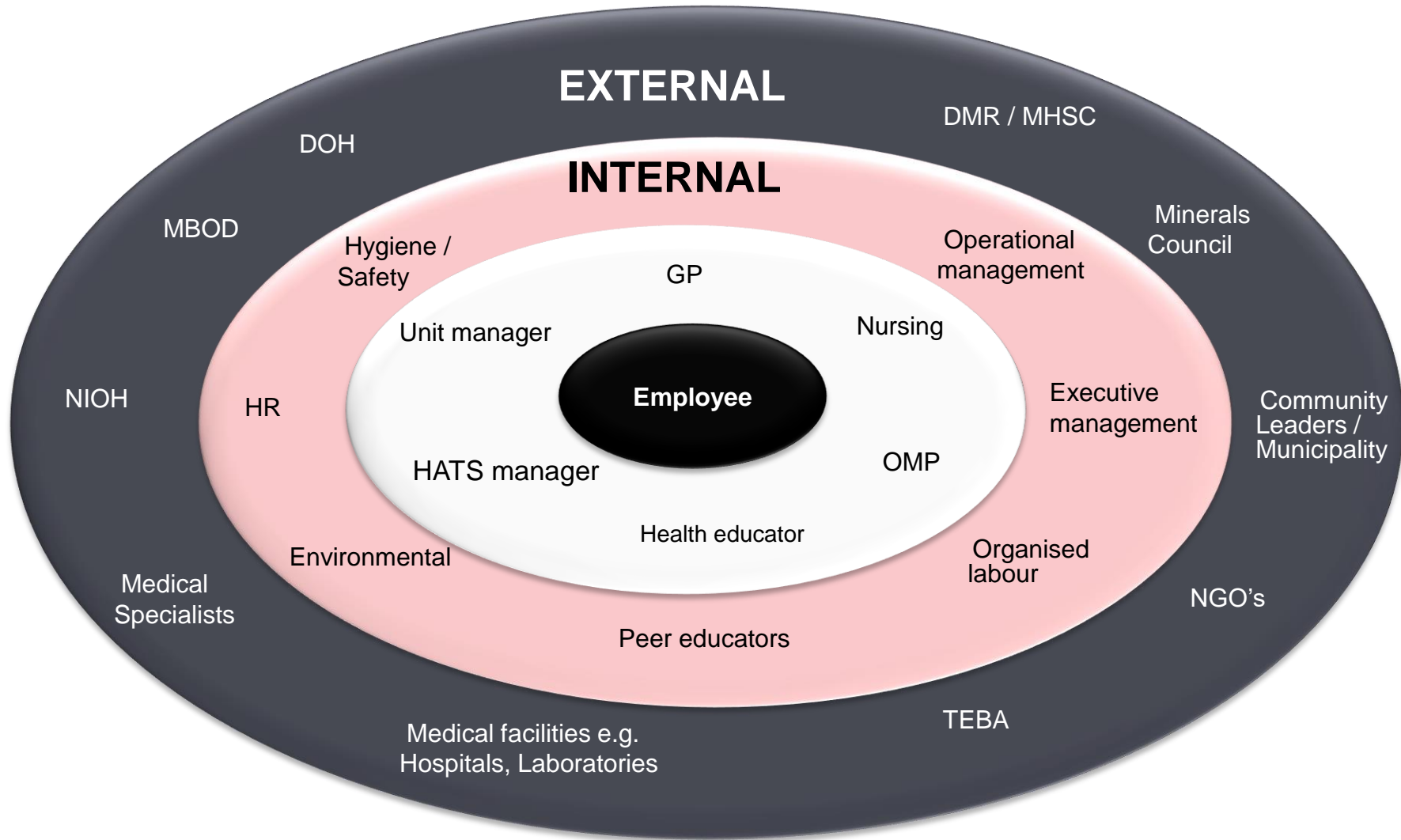
Non-governmental organisations

Masoyise Program participation

BENEFITS

- Participation at multi sectoral platforms where issues of TB HIV are dealt with at community level
- Partnerships with relevant stake holders – NGOs - Political
- Access to funded programs via DOH in different avenues – Training, research,
- Alignment and linkage of the TB/HIV programme activities and outcomes to the NSP

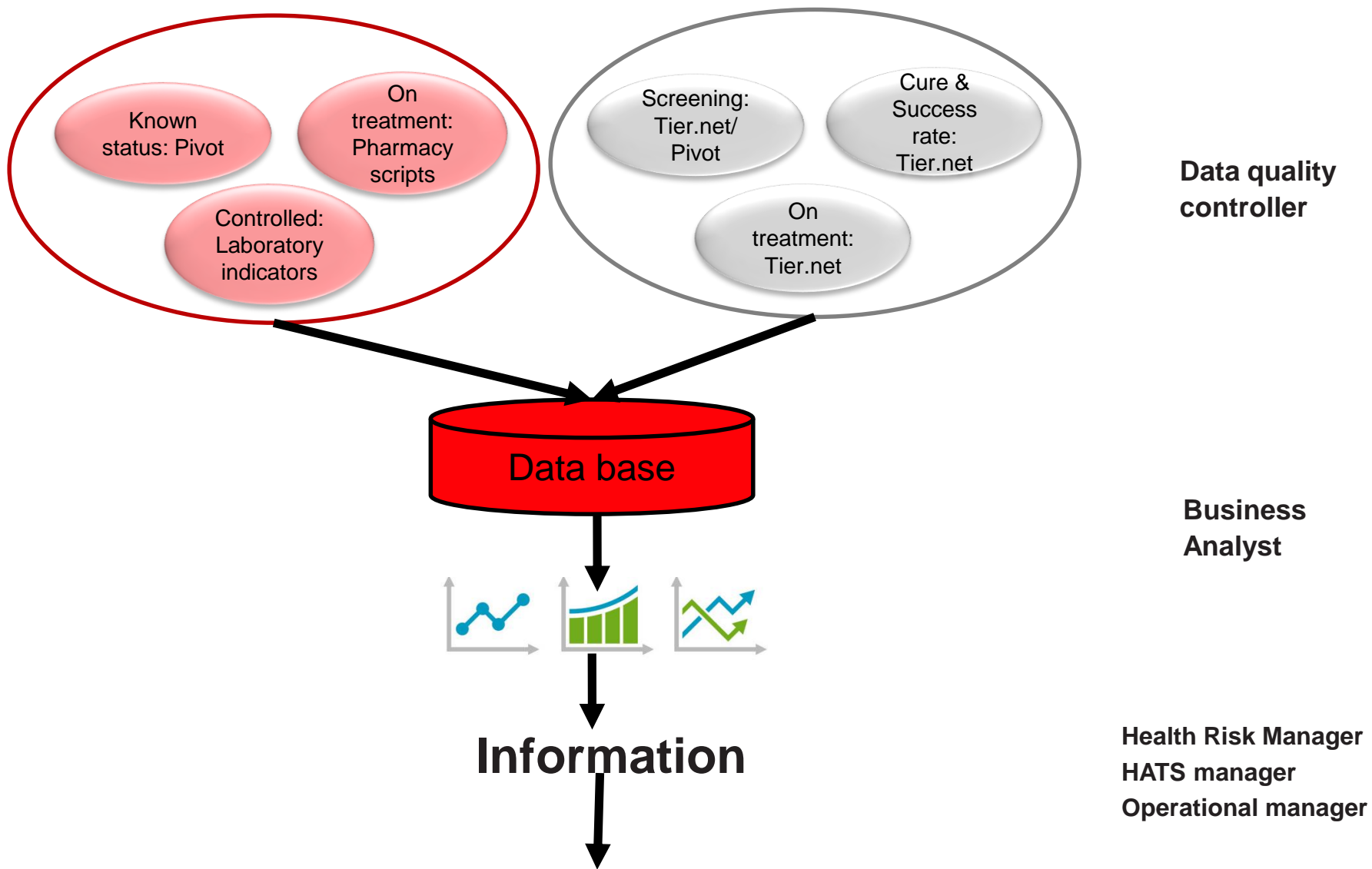
STAKEHOLDER MANAGEMENT



DATA Management

- Data collection and input
- Data analysis and profiling
- Information dissemination
 - within the Health facility/ Centre
 - profiling helps identify “hot spots” within the Mine
 - Statutory and Business Reporting

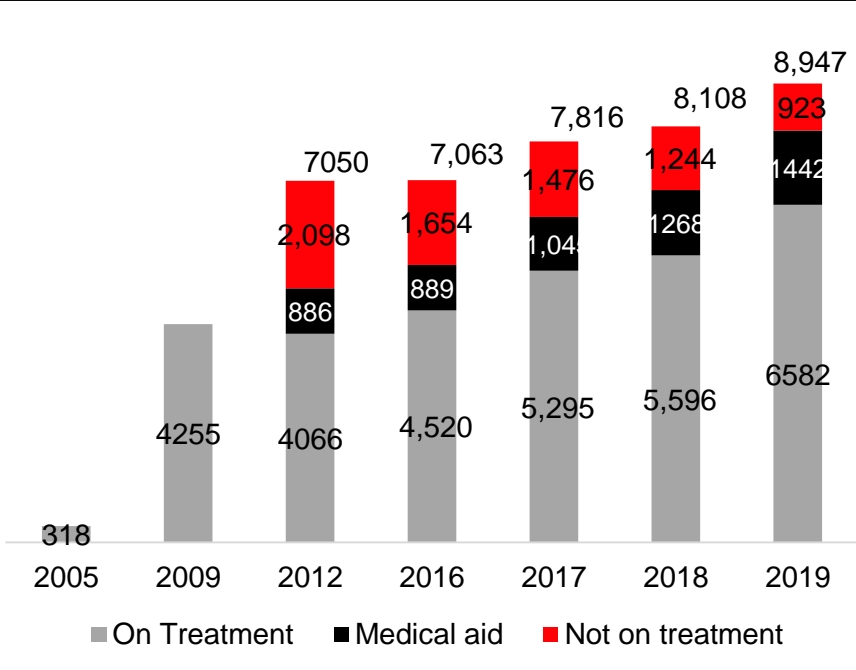
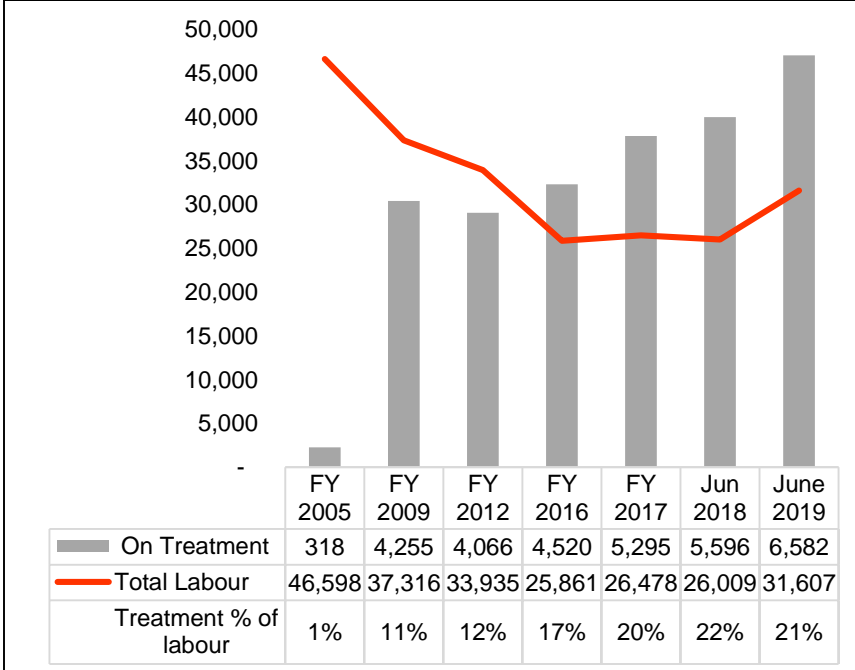
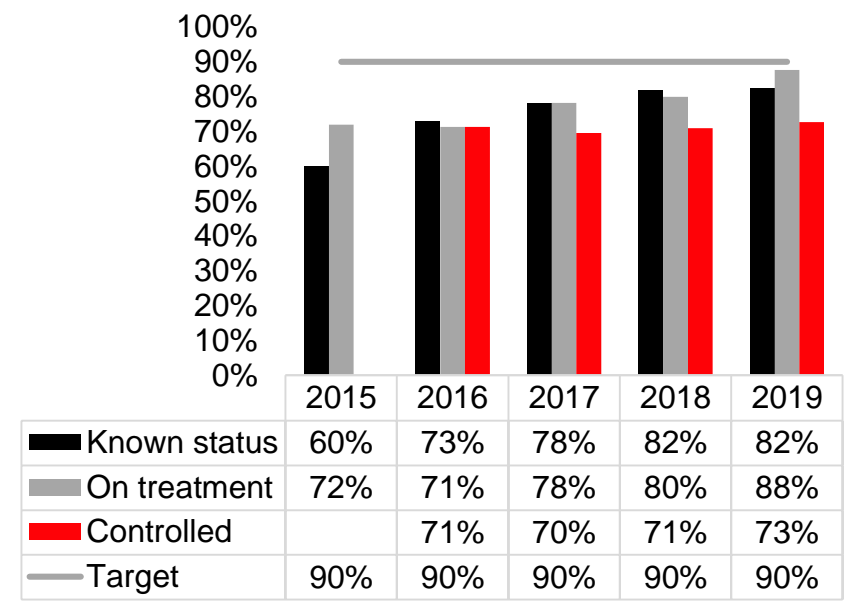
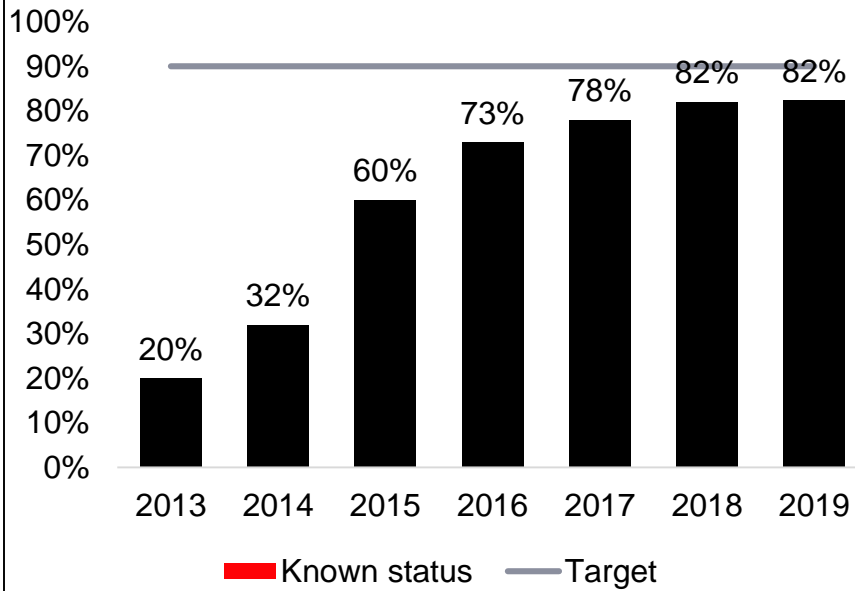
DATA MANAGEMENT AND INFORMATION



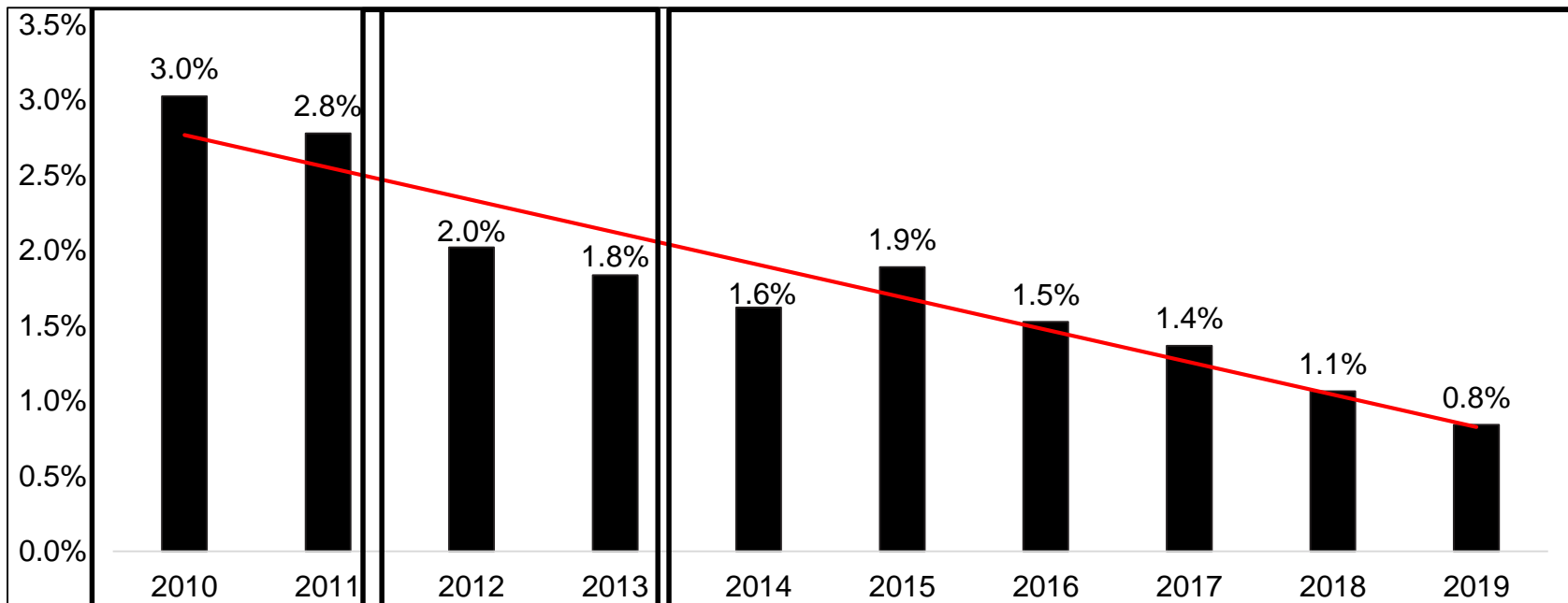
Information used for example

- Monthly review
- Monitoring of outcomes
- Strategic Interventions

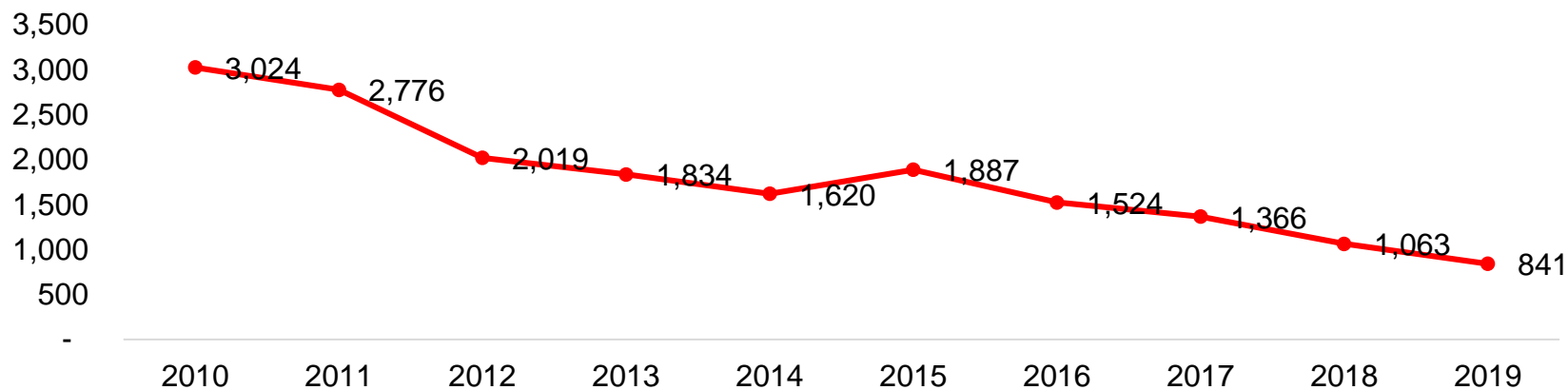
OUTCOMES - HIV MANAGEMENT



OUTCOMES - TB

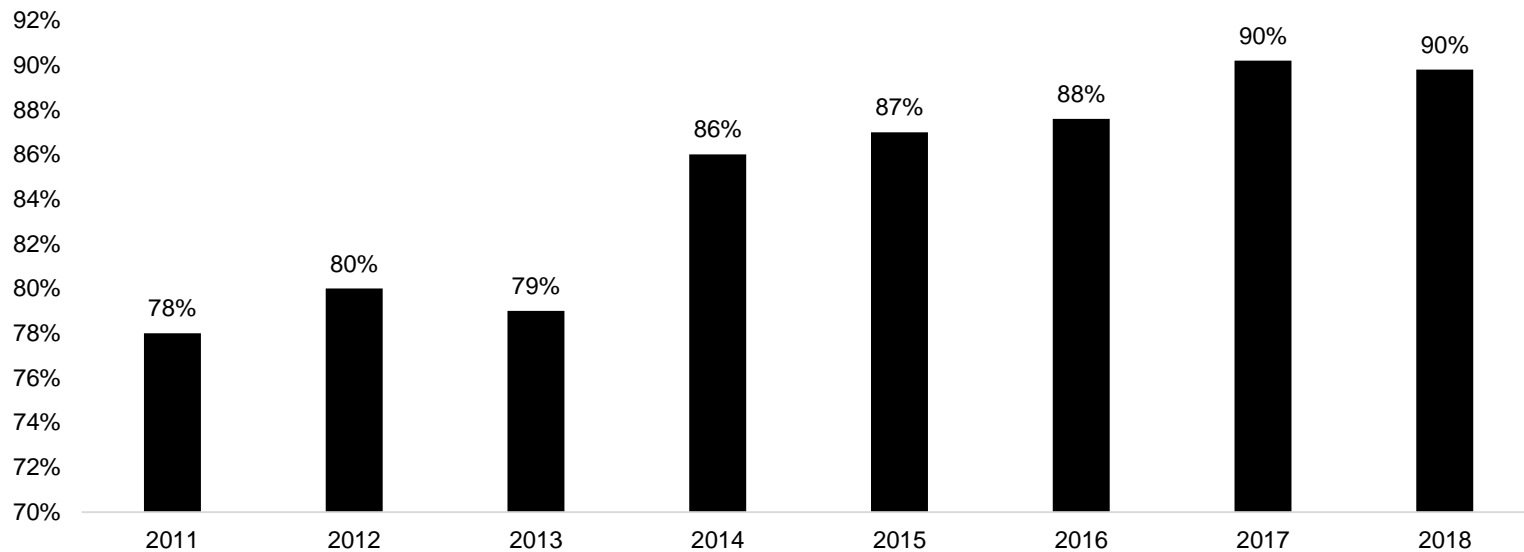


Tuberculosis Incidence per 100 000

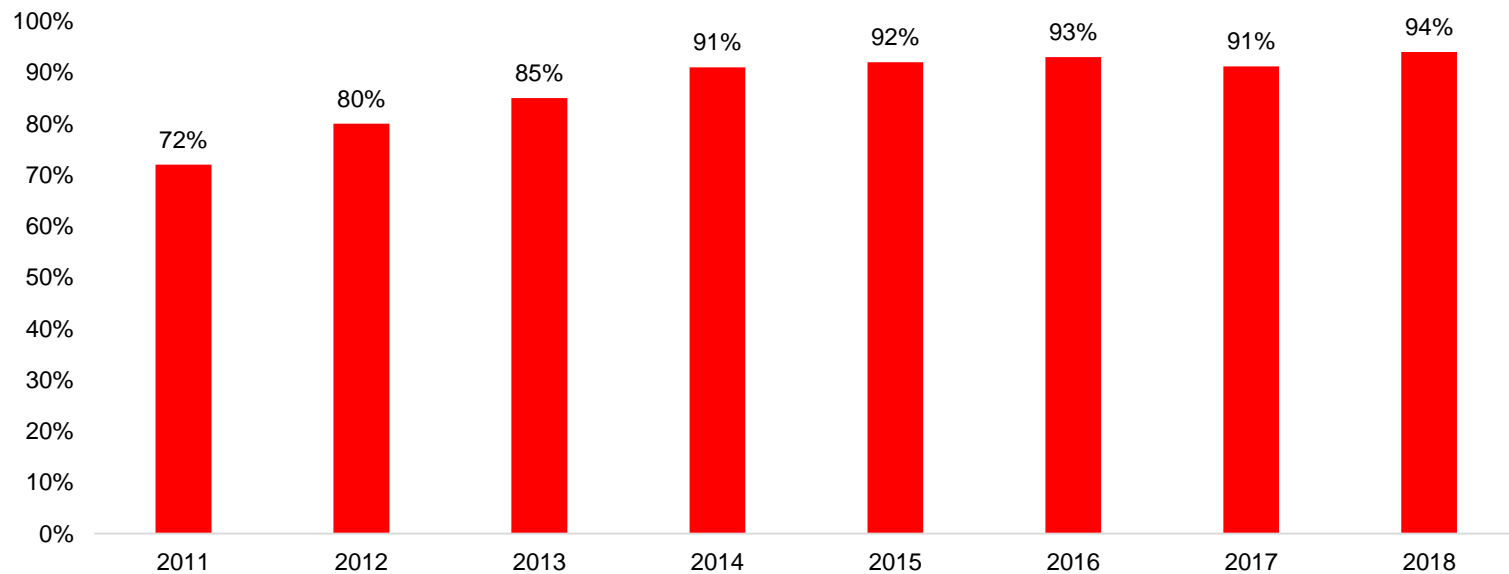


OUTCOMES - TB

Cure rate



Success rate



CHALLENGES

HIV Adherence / Compliance to Treatment (interruptions) due to cultural beliefs / stigma / denial

❑ HIV STIGMA

- Integrated chronic disease management team – All chronic disease are managed holistically by the same team in the same clinic
- All consulting PHC PNs offer Provider Initiated Counselling and Testing
- Compulsory counselling station in the Occ Health
- Establish chronic support groups for all chronic disease

❑ CULTURAL BELIEFS

Involvement and participation of traditional healers during campaigns, form part of dialogues

Collaborations with DoH to train traditional healers/practitioners

Involvement of the social worker

❑ TRUST DEFICIT

- Non disclosure of medical information.
- Stigma – Fear of discrimination

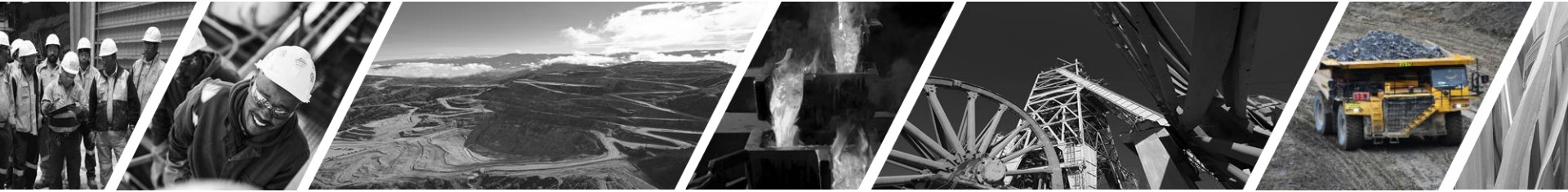
Role of the MHPA Sec 13.3(a) / OMP – Independent practitioner

Stakeholder engagements

ACKNOWLEDGEMENTS

Teams behind the success stories

- Management
- Health teams



QUESTIONS?