



MMPA News

REPORT ON MASOYISE iTB PROGRAMME: 2016

The report is intended to update medical professionals in the mining industry, interested parties and MMPA members on the progress to date on the industry flagship project “Masoyise iTB”, commissioned to address the burden of TB in the South African mining sector.

BACKGROUND

The Masoyise iTB Project was established in 2015 with the primary intention of enhancing employee access to TB and HIV services in the South African mining sector. The focus is on offering employees, including contractors, HIV counselling and testing (HCT) and TB screening over a three-year period, from 2016 to 2018, using 2015 as the baseline. The project has since established governance structures, e.g. Steering (principals) and Technical Committees. A study on TB outcomes has been commissioned through the National Institute for Occupational Health (NIOH). This report outlines milestones achieved and challenges met.

PROGRESS

1. Setting TB and HIV targets for the project

The Project Task Team on data consulted the World Health Organization (WHO) for assistance with development of targets and aspirational curves. The targets and aspirational curves take into account the envisaged TB incidence reduction in the mining sector as per the Summit commitments, as well as in those targets set out by the National Department of Health for the South African population.

The following targets were agreed on and approved by the Masoyise Technical Committee and Health Policy Committee of the Chamber of Mines (CoM).

	2016	2017	2018
HCT	70% (employees know their status)/90/90	80% /90/90	90% /90/90
TB	90/90/90	90/90/90	90/90/90

Note: The Project Committee acknowledged that the current performance using Masoyise data showed that 46% of people knew their HIV status (recorded as tested in the DMR 164). This meant that the 90-90-90 (90% know their HIV status (tested for HIV status), 90% of those positive are on ARVs, 90% of those on ARVs have viral suppression) targets were unlikely to be achieved, but the Committee recognised the necessity to set realistic aspirational targets. The WHO also provided guidance on the setting of realistic targets for the industry.

2. Task team on small mines

The team assisted with identification of the non-reporting

mines and developed strategies to reach out to them (CoM members and non-members). South African Business Coalition on Health and AIDS (SABCOHA) assisted with mapping studies of all registered mines in South Africa and identified their locations by provinces and provided information on contact detail for those mines. The plan is to promote universal access to TB and HIV services to employees and contractors in the mining industry. The team explored the feasibility of implementation of memorandums of understanding (MOUs) and service level agreements (SLAs) with private and public sectors to promote access to health services for employees. The project agreed to prioritise the Northern Cape as phase 1 for addressing challenges for the non-reporting mines.

The team responsible for addressing data quality challenges recommended the development and implementation of a Web-based electronic occupational health information management system. The system was implemented in July 2016, and is hosted on a HealthSource platform. Companies were requested to eliminate double counting through implementation of unique identifiers. Revision of the Department of Mineral Resources (DMR) reporting template is planned for January 2017. This will address shortcomings related to indicator definitions and align indicators to the National Department of Health (DOH) TB and HIV disease management cascades to address data inaccuracies.

In an attempt to promote universal access to TB and HIV services for employees and contractors in the mining industry, the team explored options to assist small mines in procuring or promoting TB/HIV health services for their employees. They further looked into assisting with implementation of reporting requirements. The project encouraged implementation of MOUs and SLAs with private and public sectors to promote access to health services for employees.

3. Task team on TB treatment outcomes

The data task team considered the need for inclusion of TB outcomes data for the project. This would allow the project to assess and demonstrate TB programmes performance in the mining industry. NIOH, in collaboration with Walter Sisulu University, offered to assist with the study. The work commenced in January 2016 and a report on outcomes for quarter 1 of 2015 was produced. The project failed to procure financial aid for the study, hence it was halted.

The CoM has since agreed to fund year one of the study in 2017. NIOH was requested to submit a budget.

4. Task team on contact tracing

The project established a TB contact tracing task team in the West Rand. The following companies volunteered to participate in the project: Anglo Gold Ashanti, Gold Fields Limited, Harmony Gold and Sibanye Gold. The DOH seconded the

following experts: Gauteng Province National TB control representatives, West Rand TB control officials and Merafong TB control officials. The invitation for participation was extended to most partners active in the field of TB in the West Rand.

The Contact Tracing Committee has since approved the TB notification form. The contact tracing reporting tool captures data on contact tracing at three levels: contacts traced in-house, contacts in the communities, and contacts in the labour-sending areas. The Technical Committee ratified the use of the DOH and Masoyise logos on these tools for positioning of the Masoyise initiative across all provinces.

- Aurum Health will be formally introduced as a partner at the Merafong sub-district as they are a recipient of the global fund grant to assist mines with contact tracing in the permining communities
- The Contact Tracing task team resolved that the pilot will continue at Merafong (West Rand) until the end of Q1 2017 before the initiative is rolled out in other provinces, starting with Bojanala in North West

CONCLUSION

The Masoyise iTB project progressed well in getting companies to screen and offer HCT to employees. The challenges



were around getting small mines to report data to the regulator and the Chamber of Mines. The established Web-based electronic occupational health information management system will go a long way in enhancing reporting. In early 2017, the project should be best placed to share data on its performance.

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