



MASQVISE
Health Programme

ANNUAL REPORT 2024



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1. CHAIRPERSON'S REMARKS – Mr Mike Teke

On behalf of the Masoyise Health Programme (Masoyise HP), I am pleased to present the highlights and achievements of our third term (2022-2024). As Chair of the Steering Committee in 2024, I have witnessed firsthand the dedication that continues to drive progress in promoting health and wellness within the South African mining industry.

Masoyise HP, a Minerals Council South Africa-led, multi-stakeholder initiative, remains a flagship programme aimed at combatting TB, HIV, occupational lung diseases (OLDs) and non-communicable diseases (NCDs), while also, since 2023, addressing mental health.

Launched in 2016, the programme embodies the Minerals Council's commitment to Zero Harm, encouraging transformation, safety, social and environmental imperatives, and the sharing of leading practices.

One of the standout achievements in 2022 was the MIASA Six-Nation Chambers of Mines Information Sharing Tour, planned by the Eastern Central and Southern African Health Community (ECSA-HC) and supported by the Global Fund. Representatives from Botswana, Namibia, Tanzania, Zambia and Zimbabwe participated, including the CEOs of the Chambers of Mines of Botswana and Namibia, and the Deputy CEO of the Chamber of Mines of Zambia. The tour, which included a mine visit to Gold Field's South Deep Mine in Gauteng, furthered regional collaboration, capacity-building and policy advancement.

Additionally, a successful satellite session was held in partnership with the International Labour Organization (ILO) and Mine Health and Safety Council (MHSC) under



Through collaboration, strategic initiatives and commitment, we have made measurable strides towards Zero Harm.

the theme “Sustainable Responses to HIV, AIDS and TB in the World of Work” in 2023. This event underscored the mining sector’s efforts to combat these diseases and saw the launch of the 2023-2024 Masoyise Health Programme Strategy, developed within a Theory of Change framework and featuring a stronger focus on mental health. We also hosted the inaugural mental health seminar in 2023.

The programme’s reach was expanded through an intensified communications and awareness campaign centred on anti-tobacco messaging. Conducted over eight months (October 2023 to May 2024), this behaviour change intervention highlighted the harmful effects of smoking, responsible for nearly 90% of lung cancer cases.

Furthermore, the Men’s Health campaign was launched to address gaps in healthcare engagement among men, who generally exhibit poorer health-seeking behaviours. This initiative aims to provide a comprehensive and integrated package of care tailored to men in mining.

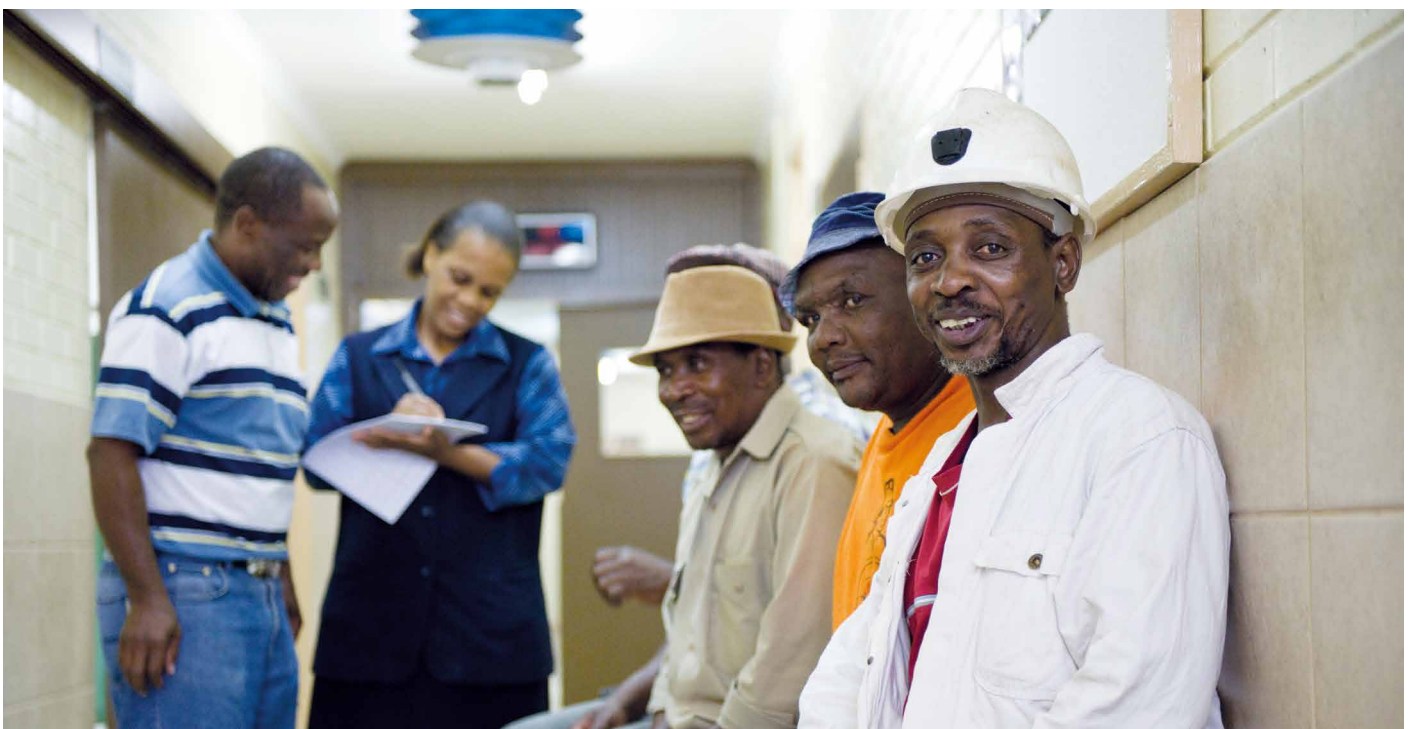
As we reflect on the progress made over the past three years, it is evident that the Masoyise HP continues to be a vital component of the mining industry’s commitment to health and wellness. Through collaboration, strategic initiatives and commitment, we have made measurable strides towards Zero Harm.

While the programme has delivered many important successes, including reductions in TB incidence and improved access to treatment, 2024 also marked a dip in performance across some critical health areas. Declines in screening rates for TB, HIV, hypertension and diabetes, as well as a rise in noise induced hearing loss (NIHL) cases, signal the need for renewed focus, stronger systems and greater accountability.

While the gold sector continued to face challenges due to high silica dust exposure, the establishment of a TB in Gold Mines Working Group signifies a focused approach to tackling this issue.

I am confident that with sustained effort and partnership, we will continue to build on these achievements in Masoyise HP’s next term.

MR MIKE TEKE
CHAIRPERSON



2.

BACKGROUND

The Masoyise HP has evolved significantly over its terms. The third term, spanning 2022-2024, follows the successful second term of 2019-2021. Initially launched as Masoyise iTB (Let's beat TB) during 2016-2018, it has made commendable strides in elevating the profile of TB and HIV interventions within the South African mining industry. The vision of the programme remains steadfast: a mining industry that protects and maximises the health and wellness of its employees. Its goal is to mitigate the impact of TB, HIV, OLDs and NCDs as occupational health threats.

The strategy, targets and indicators of Masoyise HP are intricately linked to the mining industry's milestones, which are influenced by South Africa's national targets and aligned with international frameworks such as the United Nations' Sustainable Development Goals (SDG), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) policies.

The programme includes several key activities. It monitors disease reduction and promotes health and wellness awareness through the Health and Wellness Task Team, which focuses on TB contact tracing. It also supports junior and emerging miners and implements a robust communications strategy and plan.

Masoyise HP's decision-making structure is the Steering Committee, which was chaired by Mr Mike Teke, CEO of Seriti Resources for most of 2024. He handed over the reins to Dr Richard Stewart, CEO-designate for Sibanye Stillwater. The Steering Committee is supported by a Working Committee.

Stakeholders involved in Masoyise HP are local and international organisations including representatives from Minerals Council member companies, organised labour organisations such as the Association of Mineworkers and Construction Union (AMCU), National Union of Mineworkers (NUM), National Union of Metal Workers of South Africa (NUMSA), Solidarity, United Association of South Africa (UASA), government departments such as the Department of Health (DoH) and the Department of Mineral and Petroleum Resources (DMPR), the MHSC, the National Health Laboratory Service (NHLS), the National Institute for Occupational Health (NIOH), SANAC-PSF, and multilateral organisations including ILO, UNAIDS and WHO.

This report outlines the activities of the Masoyise Health Programme in 2024.





The vision of the programme remains steadfast:

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

3. TARGETS AND OBJECTIVES

The Minerals Council is dedicated to tracking progress concerning TB, HIV, NCDs, mental health, occupational hygiene and - medicine, in alignment with the industry's established and newly adopted milestones. To facilitate this, members are required to upload data onto the Minerals Council Occupational Health Information Management System (Minerals Council OHIMS), hosted on the Health Source platform. The Minerals Council then collates, validates and evaluates this data against industry health milestones. The NIOH independently analyses and produces the final data report, which is presented here.

The third term strategy was shaped by global, continental and national plans and policies. Key frameworks influencing the programme included:

- The 2030 Sustainable Development Agenda, focusing on SDG 3 (Health and well-being), SDG 5 (Gender equality) and SDG 8 (Decent work and economic growth).
- The ILO Centenary Declaration on the future of work, aimed at strengthening work institutions to ensure adequate protection and promote inclusive economic growth.
- The 2021 Political Declaration on HIV and AIDS, committed to ending inequalities and aiming to eradicate AIDS by 2030.
- The WHO Comprehensive Mental Health Action Plan 2013-2030, which outlines clear actions to promote mental health and well-being for all.

The programme considered various national plans and policies, including:

- South African National AIDS Council's (SANAC's) and DoH's Strategic Plan for the prevention and control of NCDs, 2023-2028.
- MHSC 2014 - 2024 milestones.
- DMPR Instructions 164 and 165 on reporting of TB and HIV, and annual medical reporting.

The programme's progress is measured against targets aligned with South Africa's national objectives, which are, in turn, benchmarked against international frameworks, as shown in Tables 1-4 below. Achieving these targets requires meeting the top-level indicators.

3.1 Targets

The TB and HIV targets in table 1 are aligned with SANAC's National Strategic Plan (NSP) for HIV, TB and sexually transmitted infections (STIs) 2023-2028. They also consider the WHO End TB Strategy 2034 and the UNAIDS Fast Track Strategy on HIV 2030.

TABLE 1: TB AND HIV

| SANAC 2030 TARGET | MASOYISE HP 2030 TARGET |
|--|---|
| End HIV, TB and STIs as a public health threat by 2030 | End HIV and TB as an industry health threat by 2030 |
| TOP LEVEL INDICATOR | |
| <ul style="list-style-type: none"> • All employees are counselled, tested, linked to treatment and monitored for HIV • Contacts of all TB positive employees are traced • TB incidence is kept below the South African population incidence | |

OLDs are a group of conditions associated with workplace exposures to dust and vapours, which act as irritants which are often irreversible. The targets in table 2 are linked to the MHSC milestones for OLDs

TABLE 2: OLDs

| INDUSTRY TARGET | MASOYISE HP 2030 TARGET |
|---|---|
| Ensure that there are no new cases of pneumoconiosis in novices that joined the industry after 2008 | Ensure that there are no new cases of pneumoconiosis in novices that joined the industry after 2008 |
| TOP LEVEL INDICATOR | |
| All employees are screened for OLDs | |

NCDs are the leading cause of death in South Africa, but they can be effectively managed. They include conditions such as high blood pressure, diabetes, obesity and high cholesterol, among others.

The target in table 3 is linked to the DoH target set out in the Strategic Plan for the prevention and control of NCDs, 2022-2027.

TABLE 3: NCDs

| DoH 2030 TARGET | MASOYISE HP 2030 TARGET |
|--|--|
| To reduce premature mortality from NCDs by one-third through prevention and treatment, and by promoting mental health and well-being by 2030 | A 33% reduction in premature mortality from NCDs through prevention and treatment, and by promoting mental health and well-being by 2030 |
| TOP LEVEL INDICATOR All employees are screened, treated and monitored for raised blood pressure, diabetes, obesity and cholesterol | |

Mental health conditions, such as depression and anxiety, are costly to the economy due to absenteeism and reduced productivity from presenteeism.

The target in table 4 is informed by the WHO's Comprehensive Mental Health Action Plan 2023-2030.

TABLE 4: MENTAL HEALTH

| WHO 2030 TARGET | MASOYISE HP 2030 TARGET |
|---|--|
| Service coverage for mental health conditions will have increased by half by 2030 | Sector-wide awareness of, and easy access to, effective mental health services by 2030 |
| TOP LEVEL INDICATOR Sector-wide awareness of, and easy access to effective mental health services by 2030 | |





OBJECTIVE 1
Coherent policy



OBJECTIVE 2
Strong partnerships



OBJECTIVE 3
Implementation support



OBJECTIVE 4
Accurate data and insights



OBJECTIVE 5
Professional conduct



3.2 Progress on objectives and outputs

Our activities and outputs are guided by five objectives and are reported on according to the objectives.

OBJECTIVE 1 - COHERENT POLICY

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

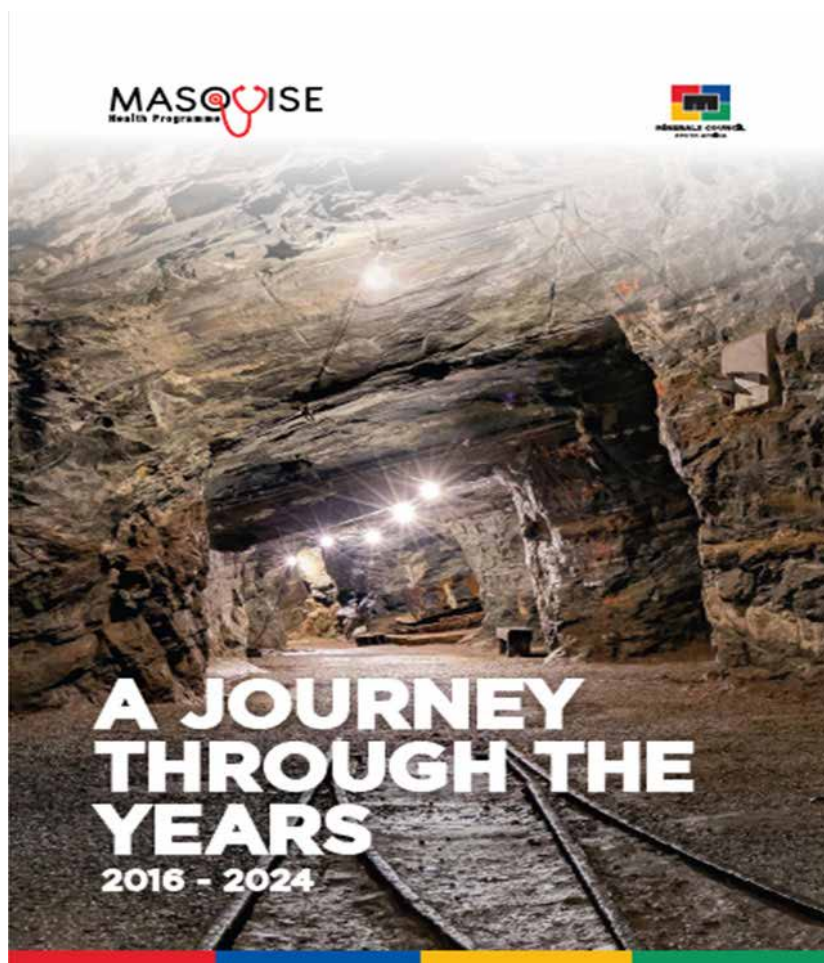
ACTIVITIES SUPPORTING THE OUTPUT

- Commission relevant studies
- Give unified input to relevant policy papers
- Create forums for output

Key activities achieved in 2024:

1. Showcasing of Masoyise HP work and collation of recommendations from all studies

Since 2019, Masoyise HP has commissioned several studies that produced various findings and recommendations, some of which were not fully implemented. To address this, a study was commissioned to consolidate all findings and recommendations, and to present them in an accessible document designed for member companies, stakeholders and partners. This document, *A Journey Through the Years, 2016-2024*, has the added benefit of showcasing the work that Masoyise HP has done since 2019.



2. Post-employment medical care

The Masoyise HP supported the Minerals Council in implementing its Post-Employment Care Framework (Framework), which was approved by the Council's CEO Zero Harm Forum. The Framework aims to address gaps in the care of employees, particularly those affected by OLDs after they leave employment. The implementation process included an evaluation conducted in August 2024.

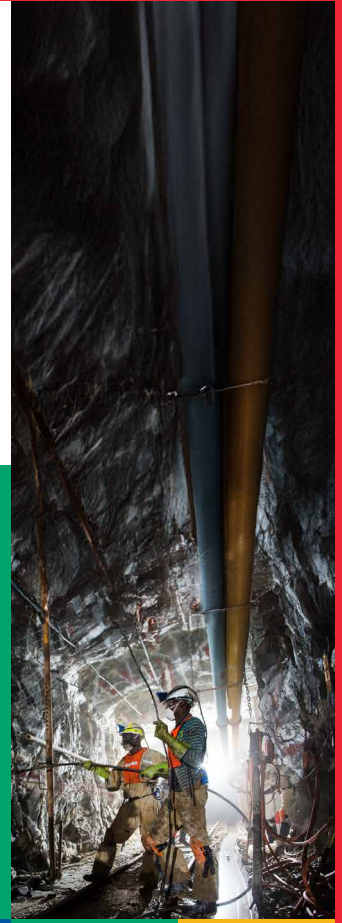
The evaluation included a structured survey and interviews with selected respondents, targeting 22 companies in the mining industry to assess the implementation of the Framework. The research found inconsistent implementation of the Framework, with Minerals Council Health Policy Committee (HPC) members showing higher levels of agreement and implementation compared to non-members. Challenges included resource constraints, tracking ex-employees and inconsistent use of referral systems. Recommendations included standardising processes across the industry, enhancing communication and collaboration, allocating more resources and expanding training programmes to ensure effective implementation of the Framework.

Another outcome of implementing the Framework was the creation of an educational booklet for current and former mineworkers. The *Ex-Mineworkers Occupational Lung Disease Guide* is available in multiple languages and provides information on the symptoms of OLDs, the rights of current and former mineworkers under the Occupational Diseases in Mines and Works Act, and how to access services for OLDs and other occupational diseases.



Ex-Mineworkers Occupational Lung Disease Guide

This guide was published in September 2024



OBJECTIVE 2 – STRONG PARTNERSHIPS

Provide support for effective partnerships, collaborations and implementation.

ACTIVITIES SUPPORTING THE OUTPUT

- Consistently look for and encourage new partnerships
- Encourage debate and implementation of best practices:
 - Host webinars and seminars
 - Host regular forums
 - Attend and present at relevant forums



Key activities achieved in 2024:

1. Exhibitions at the MHSC Occupational Health Dialogue

Masoyise HP showcased its initiatives and expertise at the MHSC Occupational Health Dialogue, held on 19 and 20 March 2024, at the Birchwood Hotel and OR Tambo Conference Centre in Boksburg

2. Masoyise HP legacy project within the MMPA congress

A seminar was held in collaboration with the Mine Medical Professionals Association (MMPA) at Sun City Resort from 22 to 24 November 2024. Dr. Balfour, Head of Health at the Minerals Council, delivered a presentation on the Framework, focusing on the challenges faced by ex-mineworkers leaving the industry with OLDs. She also presented the results of the survey conducted to evaluate the implementation of the Framework.


OBJECTIVE 3 – IMPLEMENTATION SUPPORT

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

ACTIVITIES SUPPORTING THE OUTPUT

- Support to junior and emerging miners
- Develop and share education and awareness material

SABCOHA, previously responsible for supporting junior and emerging miners, has merged with the SANAC Private Sector Forum and is now known as SANAC-PSF. In 2024, SANAC-PSF collaborated with mines and companies through company-to-company co-funded partnerships to improve healthcare access in mining communities. The programme, originally launched in 2014 with support from the Global Fund and private sector, became fully funded by the private sector in 2022. The first such partnership between De Beers and AfroCentric was launched in January 2023 in Limpopo, reaching 25,198 individuals - including mine workers, contractors, small business owners and surrounding community members - with comprehensive health screenings.

At a feedback session in September 2023, the Minister of Health and leaders from SANAC-PSF, the Civil Society Forum and participating companies called on the business sector to replicate the initiative across all provinces.

This collaborative model supports the primary objective of the National Wellness Campaign (Cheka Impilo) by extending essential health services to vulnerable employees and communities near mining operations. Through its Community Fund, SANAC-PSF facilitates and manages these partnerships. In response to the national call to scale the initiative, Seriti, AfroCentric and Exxaro have committed funding to reach communities in Nkangala, Gert Sibande and Lephalale.

Seriti and AfroCentric co-funded partnership programme in Nkangala and Gert Sibande, Mpumalanga:

- The project started on the 7th of May 2024
- The target is 17,000 community members
- The health services offered included pre- and post-HIV testing counselling, TB and STI screening, glucose and blood pressure checks, anti-retroviral therapy (ART) initiation and re-initiation referral, voluntary medical male circumcision (VMMC) referral to health facilities
- By year-end 12,900 community members were reached
- The remaining 4,100 screenings are scheduled for completion by March 2025.

Results achieved from the screening:

| Date | Female | Male | New HIV+ | Known HIV | HIV- | TB ref | STI ref | ART initiation | PrEP/ Pep | BP ref | ART re-in | VMMC ref | Glucose ref | Total |
|----------------------|--------|-------|----------|-----------|--------|--------|---------|----------------|-----------|--------|-----------|----------|-------------|--------|
| 7 May to 30 Nov 2024 | 5 390 | 6 610 | 60 | 378 | 11 562 | 40 | 21 | 60 | 138 & 1 | 152 | 9 | 2 | 23 | 12 000 |

Exxaro and AfroCentric co-funded partnership programme in Lephalale, Limpopo

- Project started on the 6th of December 2024
- The target is 8,522 community members
- By year-end 846 community members were reached
- The remaining 7,676 screenings will be completed by April 2025.

Results achieved from the screening:

| Date | Female | Male | New HIV+ | Known HIV | HIV- | TB ref | STI ref | ART initiation | PrEP/ Pep | BP ref | ART re-in | VMMC ref | Glucose ref | Total |
|-------|--------|------|----------|-----------|------|--------|---------|----------------|-----------|--------|-----------|----------|-------------|-------|
| Total | 415 | 431 | 5 | 72 | 769 | 5 | - | 19 | 9 | 7 | - | - | - | 846 |

HEALTH AND WELLNESS TASK TEAM

The Health and Wellness Task Team was formerly known as the TB Contact Tracing Task Team, as its focus was primarily on TB contact tracing. However, the Masoyise HP Steering Committee approved an expansion of the task team’s scope to include general health and wellness activities within the operations, in line with the mandate of the Masoyise HP. This now encompasses reports on TB contact tracing, TB management and control, HIV management, management of NCDs and mental health.

Various stakeholders are given the opportunity to present and share knowledge on programmes that will enhance the scope and reach of Masoyise HP. Notable institutions that have presented to the task team include Gilead Pharmaceuticals, which discussed the management of viral hepatitis, and Isibani Development Partners, an NGO funded by the Global Fund to manage community TB and collaborate with mining companies. They assist with TB

contact tracing, digital TB X-rays, and other related activities. The district department of health also has a standing agenda item to report updates from the department.

TB contact tracing activities and meetings take place in the West Rand district of Gauteng, Bojanala district of North West, Nkangala and Gert Sibande districts of Mpumalanga, as well as in any other province and district with mining activities, leading to improved awareness and reporting.

Information, education, and communication (IEC) materials were developed on an ongoing basis, focusing on national and international health observances and topics adopted and agreed upon by member companies, partners and stakeholders in the Masoyise HP committees. The materials include posters, flyers, animated videos and social media posts for Facebook.

Some of the IEC materials developed and shared in 2024 are:

IT IS TIME TO PRIORITISE MENTAL HEALTH IN THE WORKPLACE
Health and safety at work is about mental health too

SIGNS A COLLEAGUE MAY NEED HELP:

- More irritable than usual during shifts
- Obvious tiredness or struggle to stay alert on the job
- Withdrawing from team activities or being social
- Signs of substance abuse
- Talks about financial stress or family problems
- Sudden changes in work performance or increased absenteeism

WHAT TO DO IF YOU NOTICE THE SIGNS:

- Choose the right time and place for privacy, and approach your colleague
- Listen without judging them
- Encourage them to seek professional help (refer to free SADAG resources on this poster)
- Keep it confidential
- Remember, you are not a mental health professional; you must guide them to the proper resources
- Take care of your own mental health

WHERE TO GET PROFESSIONAL HELP:

The South African Depression and Anxiety Group (SADAG) is a nonprofit organisation offering free, confidential mental health support nationwide, managed by psychiatrists, psychologists and doctors.

24/7 Suicide Crisis Hotline: 0800 567 567
SMS line: 31393
8am-5pm WhatsApp Cipla: 076 882 2775

Visit www.sadag.org for more free mental health resources. You can also access one of 160 free support groups on the website, or request a callback from a counsellor.



Mental health is a team concern. Isolation is not the answer. #MentalHealthAtWork

Mental Health poster (18 October 2024)

IPHEPHA LEQINISO / SEPTEMBER 2024

I-MPOX

MINERALS COUNCIL SOUTH AFRICA

ZIYINI IZIMPAWU?

- Ukhathele njalo
- Uphathwa ikhanda
- Ubuhlungu bomzimba
- Ukuxinana kwamakhala nokukhwehla
- Umpimbo obuhlungu
- Ukuvuvukala okubuhlungu
- Imfiva nokugodola
- Ukuqubuka okungahala amasono angama-2-4

KUMELE WENZE INO UMA UNEZIMPAWU

- Yiya kudokotela, emtholampilo noma esibhedlela uyochelwa i-mpx.
- Zihlukanise nabanye abantu uze uthole imiphumela yokuholwa kwakho.
- Uma imiphumela ithi une-Mpx, udokotela wakho, umtholampilo noma isibhedlela sizokuthela ukuthi kufanele yini uthole ukhaya noma kufanele uthole esibhedlela ukuze uthole ukunakelwa...

Ukunakelwa Okutholakala Ekhaya

- Zihlukanise kuze kuphelelwe utwayi notwayi.
- Unganwayi isikhumba sakho. Hlanza isikhumba sakho ngamanzi ahlanzekile noma isibulala-magciwane.
- Geza izandla zakho njalo.
- Ukuze uthole izilonda eminyeni, sebenzisa amanzi okugeza amanzi anosawoti.
- Ungathatha nemithi kadokotela ukuze udambise ezinye izimpawu.

IZINKINGA EZINKULU ZE-MPOX

- Ukutholeleka ngamagciwane esikhunjeni, emehlweni noma emaphashini
- Ukuvuvukala kwalokhu:
 - Ubuchopho (i-encephalitis)
 - Amagaghu (i-pneumonia)
 - Inhliziyo (i-myocarditis)
 - Izindlela zokuchama (i-urethritis)
 - Izitho zangasese (i-balanitis)
 - I-Rectum (i-proctitis)

UKUGOMA

- Ukugonywa sekutholakala kalula.
- Izinga imithamo emi-2 enikezwa izinsuku ezingama-28 ngokuhlukana.
- Imithi yokugoma ye-Afpox ivikela ngo-66-90% ekungenweni yi-Mpxox futhi inciphisa ubuluhluni besifo.



UMA UVEZA NOMA YIZIPHI IZIMPAWU NOMA UNEZIMPAWU EZIKUKHATHAZAYO, THINTANA NODOKOTELA WAKHO NGOKUSHESHA. @MasoyiseUhleloLwezempiho Umkhando Wezimbiwa: @Mine

www.mineralscouncil.org.za/work/health-and-safety/masoyise-health-programme

MPOX Zulu poster (09 September 2024)



OBJECTIVE 4 – ACCURATE DATA AND INSIGHTS

Aggregate and analyse key health indicators to monitor industry progress

ACTIVITIES SUPPORTING THE OUTPUT

- Ensure all mines submit accurate data
- Analyse and report on indicators

The objective is to support the collection and synthesis of key data on diseases and monitor progress towards achieving set targets. It also aims to collect and disseminate data on performance against these targets. The activity utilises the Minerals Council OHIMS for reporting, which is hosted by Health Source. The outcomes of the data collection are presented below. Refresher training sessions on the system are conducted annually.

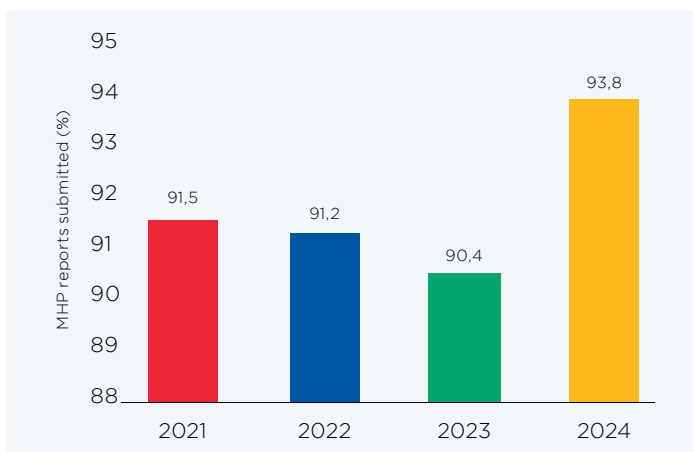
The data report reviews progress in achieving the Masoyise HP objectives in addressing the burden of communicable and non-communicable diseases in the South African mining industry during 2024. It highlights both improvements and setbacks in health outcomes for mineworkers and offers guidance for future planning.

Here are the key findings from the data report as provided by the NIOH.

1. Reporting compliance:

1. In 2024, 289 companies were registered in the Minerals Council OHIMS, a slight increase from 286 in 2023.
2. The number of mineworkers represented by Minerals Council South Africa members increased from 418,473 in 2023, to 421,904 in 2024.
3. 93.8% of the expected Miner Health Programme (MHP) reports were finalised in 2024, compared to 90.4% in 2023.

Figure 1: Masoyise HP reports submitted on the Minerals Council OHIMS, 2021-2024



2. Masoyise TB and HIV programme performance

Mine workers remain one of the most vulnerable groups to TB and HIV, prompting targeted intervention under national and global health strategies. The National Strategic Plan (2017–2022), aligned with the UN’s goal of zero new HIV infections, prioritises this group for prevention efforts. While the mining industry has long felt the impact of the HIV epidemic, increased access to prevention programmes and treatment has significantly improved the quality of life for many workers.

However, recent data points to a concerning trend: declines in TB screening and HIV counselling rates in 2024 suggest that systemic barriers - such as accessibility, resource limitations or data management - may be hindering progress. Strengthening implementation and ensuring greater accountability in health service delivery will be essential to reversing this decline and improving outcomes in 2025. The table below shows the summary of TB and HIV programme performance.

Table 5: TB and HIV programme performance 2022 – 2024

| Activity | Milestone (Annual target) | 2022 N = (395,358) | 2023 N =(418,473) | 2024 N =(421,904) |
|--|--|-------------------------|-------------------------|-------------------------|
| HIV Counselling and Testing (HCT) and HIV treatment | 100% of mineworkers offered HCT | n (%) 337,676 (85.4) | n (%) 389,816 (93.1) | n (%) 344,173 (81.6) |
| | 100% of mineworkers to be counselled for HIV | 323,031 (81.7) | 382,362 (91.4) | 336,932 (81.6) |
| | 100% of mineworkers to undergo HIV testing | 205,779 (63.7) | 239,654 (62.7) | 253,369 (75.2) |
| | Eligible mineworkers (newly diagnosed with HIV) initiated on ART programme | 4,141 (47.1) | 4,600 (44.3) | 3,351 (43.1) |
| TB screening | 100% of mineworkers should be screened for TB annually | 322,980 (81.7) | 387,992 (92.7) | 361,023 (85.6) |
| | By December 2024, TB incidence (notification) rate ≤ SA TB incidence | 244 | 229 | 162 |

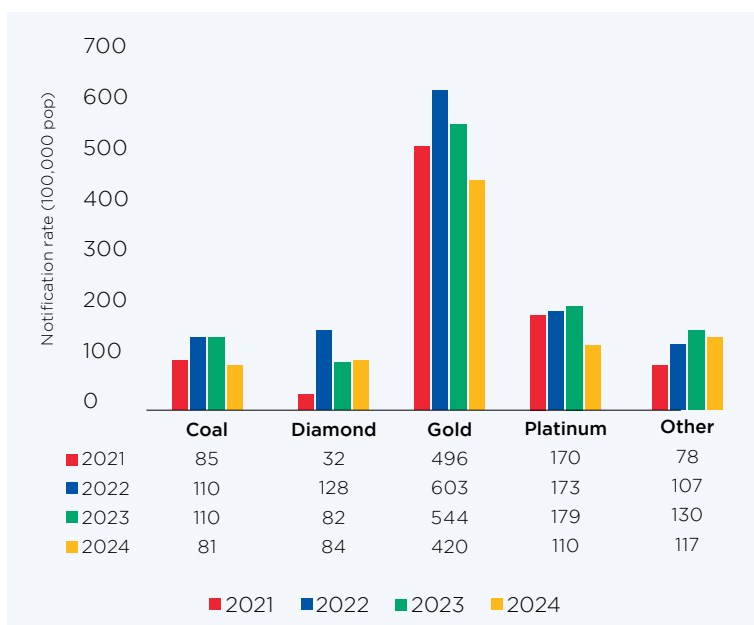
(a) TB programme performance:

- 85.6% of mineworkers were screened for TB in 2024, this was a decline from 92.7% screening in 2023.
- The TB notification rate decreased from 229/100,000 population in 2023 to 162/100,000 population in 2024.
- 91.8% of mineworkers diagnosed with TB were reported to the DoH.

(b) TB notification rate:

TB notification rate by commodity is displayed in figure 2. The highest TB notification rate was 420/100,000 population among gold mineworkers; however, this was a decrease from 544/100,000 population in 2023.

Figure 2: TB notification rate by commodity per 100,000 population 2024



(c) HIV programme indicators:

- 81.6% of mineworkers were offered HCT in 2024, a decrease from 93.1% in 2023.
- 86.1% of mineworkers were counselled for HIV in 2024, a decrease from 91.4% in 2023.
- The proportion of mineworkers tested for HIV increased from 62.7% in 2023 to 75.2% in 2024.
- 43.1% of eligible mineworkers were initiated on ART in 2024 compared to 44% in 2023.

3. Non-communicable diseases management

The Masoyise HP continues to focus on addressing the most pressing health issues in the mining sector through dedicated screening, counselling and treatment services. However, 2024 data reveal a worrying decline in screening rates for hypertension and diabetes - conditions that are highly prevalent among mineworkers. These drops point to possible systemic challenges, such as inadequate reporting, gaps in training or logistical hurdles that may be limiting access to essential health checks. Tackling these obstacles is critical to ensuring that mineworkers receive the full spectrum of care they need to maintain long-term health.

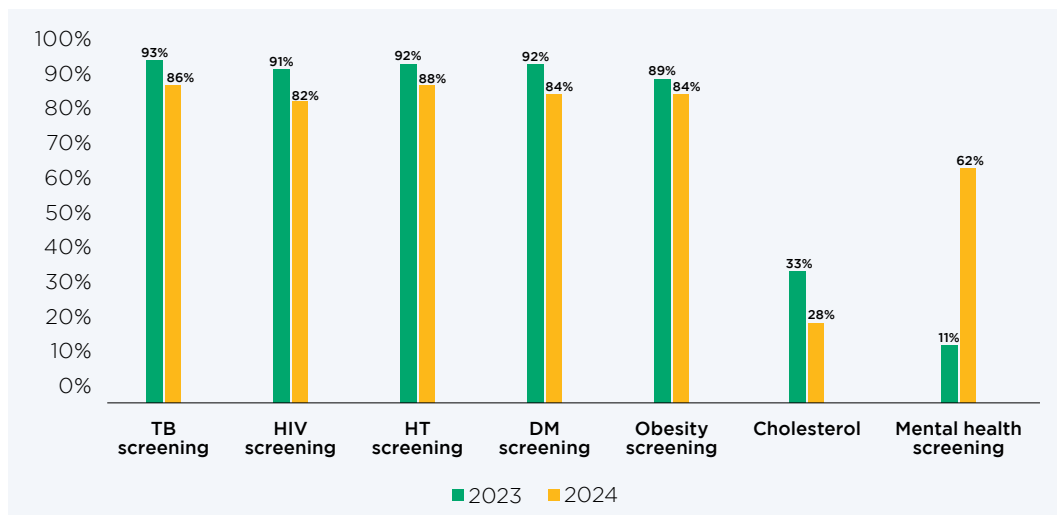
On a more positive note, mental health screening has seen a notable increase, reflecting growing awareness and prioritisation of mental wellbeing within the sector. This upward trend underscores the need for continued investment in mental health support services.

NCD trends in 2024:

- Hypertension screening dropped from 92.1% to 87.9%.
- Diabetes screening decreased from 91.5% to 84.1%.
- Cholesterol screening fell from 32.6% to 27.5%.
- Mental health screening rose significantly from 11.4% to 61.7%.

The graph in figure 3 shows the milestone performance comparison 2023 vs 2024.

Figure 3: Milestone performance 2024 vs 2023



4. Occupational medicine

In 2024, there were no new reported cases of silicosis among novice mineworkers, an improvement from the two cases recorded in 2023. Similarly, there were no new cases of coal workers' pneumoconiosis for the third consecutive year, indicating continued success in prevention efforts. However, a sharp rise in cases of occupational hearing loss was observed, with Standard Threshold Shift (STS) incidents exceeding 25dB jumping from just four in 2023 to 67 in 2024 - highlighting a growing concern around noise exposure in the workplace.

Figure 4: Occupational medicine milestone performance

| Milestone Performance 2024 vs 2023 | | |
|------------------------------------|------|------|
| | 2023 | 2024 |
| Silicosis | 2 | 0 |
| Coal workers' pneumoconiosis | 0 | 0 |
| STS (NIHL) | 4 | 67 |

Industry performance on the Masoyise targets showed a mixed picture for 2024. The good news was a further reduction in TB incidence and no new cases of pneumoconiosis in novices. There were more cases of STS reported while there was a general decrease in screening for HIV, TB and NCDs. A quick analysis attributed this decline to a few big mines that did not do well on screening. Additional measures will be taken to ensure these mines improve their performance.

The Masoyise HP continues to focus on addressing the most pressing health issues in the mining sector.



OBJECTIVE 5 – PROFESSIONAL CONDUCT

Create an enabling environment for the Masoyise Health Programme.

ACTIVITIES SUPPORTING THE OUTPUT

- Ensure adequate funding for the programme
- Run the programme in a professional manner

The Minerals Council Board supports the Masoyise HP and continues to fund its sustainability. Other stakeholders also contribute to the programme's sustainability through financial assistance and other forms of support. For example, the ILO funded the development of the 2023-2024 Masoyise Health Programme Strategy and other related documents.

In August 2023, in response to persistently high rates of TB in the gold sector, the Minerals Council's HPC established the TB in Gold Mines Working Group. The terms of reference were approved, and the working group includes all gold companies, with participation open to officials from other commodities who can offer expertise. In 2024, the focus was on developing the TB Audit Review Tool. The tool was finalised in October 2024, and companies were asked to adopt and begin reporting on it in 2025.

4. CONCLUSION

The Masoyise Health Programme remains a vital force in the South African mining industry's ongoing journey to create a workplace that protects and promotes the health and wellbeing of its workers. As a flagship initiative, it not only delivers health services to mineworkers, but also offers valuable lessons for public health interventions across other sectors and communities. Its reach extends beyond the workplace, creating opportunities for education and social mobilisation among employees and peri-mining communities - building awareness around disease prevention, treatment and care.

While Masoyise has delivered many important successes over the years - including reductions in TB incidence and improved access to treatment - 2024 marked a noticeable dip in performance. Declines in screening rates for TB, HIV, hypertension and diabetes, as well as a significant spike in cases of NIHL, underscore the need for renewed focus, stronger systems and greater accountability. Despite the strides made, the sector

continues to fall short of its own HIV and TB screening targets, and has not yet achieved the global TB treatment success rate of 95%.

To maintain momentum and close these gaps, Masoyise will strengthen its presence at mining operations and stakeholder events, raising visibility and driving greater awareness of its work. A renewed focus on training occupational health staff, improving data capture and reporting, and enhancing programme monitoring and evaluation will be key to restoring performance and impact.

As the mining industry continues to strive toward eliminating TB by 2034 and building a culture of health and safety, Masoyise stands as both a blueprint and a catalyst - demonstrating what is possible when commitment, collaboration and community come together in service of worker wellbeing.

5.

GLOSSARY/ACRONYMS

| | |
|------------------|---|
| AMCU | Association of Mineworkers and Construction Union |
| ART | anti-retroviral therapy |
| DMPR | Department of Mineral and Petroleum Resources |
| DoH | Department of Health |
| Framework | Post-Employment Care Framework |
| HCT | HIV Counselling and Testing |
| HIV | Human Immunodeficiency Virus |
| HPC | Minerals Council's Health Policy Committee |
| HIMS | Health Information Management System |
| IEC | Information, Education and Communications |
| ILO | International Labour Organization |
| Masoyise HP | Masoyise Health Programme |
| MHP | Miner Health Programme |
| MHSC | Mine Health and Safety Council |
| MMPA | Mine Medical Professionals Association |
| Minerals Council | Minerals Council South Africa |
| NCDs | non-communicable diseases |
| NHLS | National Health Laboratory Services |
| NIHS | Noise Induced Hearing Loss |
| NIOH | National Institute for Occupational Health |
| NSP | National Strategic Plan |
| NUM | National Union of Mineworkers |
| NUMSA | National Union of Metal Workers of South Africa |
| OHIMS | Occupational Health Information Management System |
| OLDs | occupational lung diseases |
| PSF | Private Sector Forum |
| SABCOHA | South African Business Coalition on Health and Aids |
| SANAC | South African National AIDS Council |
| SDGs | United Nations Sustainable Development Goals |
| STIs | sexually transmitted infections |
| STS | Standard Threshold Shift |
| TB | tuberculosis |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| VMMC | voluntary medical male circumcision |
| WHO | World Health Organization |