**Background**

The mining sector in South Africa is an integral part of the Southern African economy. It employs about 500 000 workers and has a legacy of about 2 million ex-mine workers - many of whom are migrant workers from within and outside South Africa. The sector also contributes to the economy of the region through the remittances of migrant workers. Historically there has been a fragmented response to services for mine workers and ex-mineworkers in Southern Africa at multiple levels – across government departments, across borders and across the sector.

The mining sector is one such hotspot with disproportionately high TB risk for its workers, inadequate health service provision for many, and poor living conditions in mining communities. Calculations estimate that more than 30 percent of TB infections in Southern Africa can be attributed to mining (Stuckler et al, 2011).

Miners in Southern Africa, one of the largest pools of employed men in sub-Saharan Africa, have a greater incidence of TB than any other working population.

The fact they have persisted over more than a century, have led human rights organizations to label South Africa’s mines a “TB factory” that exposes workers to huge health risks and exports TB to other countries in the SADC region.

Miners are at particularly high risk of contracting TB because of a convergence of occupational and lifestyle-related risk factors. These include: silicosis resulting from prolonged exposure to silica dust in mine shafts; accommodation in overcrowded hostels that promote disease transmission; high prevalence of risk-taking behaviours such as alcohol consumption and unsafe sex; circular migration between home communities and mine locations that exacerbates vulnerability; high levels of HIV infection; and poor access to or use of routine health services, particularly among contract workers.

Since the mining industry in South Africa is heavily dependent on labor migrants from rural areas and surrounding countries - up to 40 percent of workers originate from Lesotho, Swaziland and Mozambique - the frequent migratory movements of miners across provincial and national borders extends their high risk over a wide geographical area.
Both communities surrounding mines and labor-sending communities from which the workers originate and return to between contracts are at particularly high risk from TB due to these transmission routes. This pattern of movement constitutes the most significant challenge in planning effective health services provision and ensuring adherence to treatment.

**TEBA LIMITED**

**TEBA BACKGROUND**

- Established over 100+ years
- Operates in Southern Africa
  - Mozambique
  - Lesotho
  - Swaziland
  - Botswana
  - South Africa

Over 1.9 million database of current and ex-mineworkers

**TEBA’S STRATEGIC SERVICES**

- Job readiness and recruitment
- Work life solutions
- Community development
- Social and benefits support

**SOCIAL AND BENEFIT SUPPORT**

- HIV/AIDS
- TB
- Silicosis
- Spinal cord injuries (SCI)

**Goals**

- To reduce new HIV infections by, at least, half (50%) using a combination of available and new prevention methods
- To ensure that 80% of all people who need antiretroviral treatment (ART) actually do get it, ensure that 70% of these people do recover and remain alive and on treatment
- To reduce the number of new TB infections and deaths caused by TB by half (50%)
- To ensure an enabling and accessible legal framework that protects and promotes human rights in order to support the implementation of the NSP
- To reduce self-reported stigma related to HIV and TB BY 50 %
Objectives

- To address the social and structural barriers to HIV and TB prevention, care and impact.
- To prevent new HIV and TB infections
- To sustain health and wellness
- To promote and to support the protection of human rights and to help improve access to justice
Figure 1 TEBA TB PROCESS

TB PROCESS

Mine informs TEBA of repatriation

AT HOME

Control compliance within 14 days of enrolment

Compliant

AT HEALTH FACILITY

- Record current medication into TB system
- Train family on DOTS
- Arrange patient’s visit to health facility
- Provide family with treatment support
- Provide family counselling
- Confirm referral form from customer

- Allocate HBC supporter with miner worker clients to health facility
- Provide feedback (pink slip) to customer
- Record into TB system
- Health facility and HBC supporter check medication for NTBCP
- Capture info into TB system

Non-compliant

AT HOME

- Ascertains reason for non-compliance
- Counsel patient and family
- Encourage patient to visit health facility

- Monitor patient’s treatment (including pill count)
- Manage and record side effects
- Record health progression
- Provide prevention education to family
- Give positive living and health-seeking behaviour talks to patient
- Provide feedback to customer on tests (e.g., TB, HIV)

AT HOME: 1st - 6th month

- Allocate HBC supporter with miner worker clients to health facility
- Provide feedback (pink slip) to customer
- Record into TB system
- Health facility and HBC supporter check medication for NTBCP
- Capture info into TB system

- Start intensive care and support

LOST-TO-FOLLOW-UP

- Make continuous visits to ensure patient continues treatment
- Re-institute patient treatment

- Capture info into TB system
- Encourage patient to continue treatment
- Check with health facility about suitable next treatment regimen
- Refer client to health facility for checking of MDR-TB

DEFAULTED

- Capture status into TB system
- Bereavement counselling
- Provide copy of death certificate to customer

DEATH

- Capture info into TB system
- Clinic provides test results to TEBA
- TEBA sends result to customer
- Transport patient to customer (on request)
- Visits terminated

DISCHARGED
Means of Communication between Mining houses in SA and SADC Health institutions

TB FORMS

Note: forms differ country by country by color, but accepted and encourage by WHO

Figure 2TEBA OFFICES SCREENING FOR TB DAILY BASIS
HBC (Home based Program)

Since 2002 TEBA LTD has been implementing an Ex-mineworkers’ Home-based Care (HBC) Program in SADC. The HBC program enrols on average 80-100 medically repatriated mineworkers in per month who are referred by South African mines. The program provides palliative care to sick ex-mineworkers and their families.

The program also provides the following:

- Health Education
- One on One counselling
- Risk reduction messaged through
doctor to doctor visit, campaigns
  (i) Promoting consistent condom use
  (ii) Reducing multiple partnership
- Promoting health seeking behaviour
- Provide post counselling
- Referral for further biomedical services
- HCT
- Education on VMMC, STI, PMTCT, ARV, post exposure prophylaxis etc.
  Adherence support
- Delivery of medical treatment on request.
- Nutrition assessment including weight, height BMI)MUAC (nutritional
  Provision of food supplement
- Education on healthy living (3 food groups)
- Provision of seeds and nutritional supplement
Home based care Process

1. List of Repatriated Patients Received from Mine

START

Minc

3. System Searches for patient on TPS System

4. Patient Record found on TPS

Import Patients Add Patients Generate Notification

5. Regional Coordinator receives New Patient Notification

6. Care Supporter conducts Visit at Patient’s home, Completes Report

Patient Home

7. Field office Capture Patient Visit Report

8. H/O Coordinator Evaluates and Consolidates Report

9. Submit Report To Mine

END!!

2014/10/29

HOME BASED CARE PROGRAMME PROCESS
Case monitoring & Management

Case-Level Monitoring

- Patient Registration
- Appointment book
  - View upcoming appointments
  - Automatic SMS appointment reminders
  - Record patient status and treatment outcome
- Missed appointments
  - View/follow-up on missed appointments
- Household visits
  - DOT checklist
  - Contact registration
- Contact follow-up
- Education:
  - Patient
  - DOT Supporter
  - Contact

Program-Level Monitoring

- Patients registered on phone and tracked through 6-month treatment plan
- All information is collected through the phone and sent via internet to cloud server for storage
- Supervisors can monitor CHW activity in real-time through cloud
- Case information can be monitored and analyzed
Benefit Medical Examination

Objectives

- Provides mandatory reporting of occupational lung diseases to Medical Bureau for Occupational Diseases (MBOD) in Department of Health
- Provides benefits to workers who develop occupational lung diseases
- Provides benefits for dependents of workers who die from occupational lung diseases
- No racial discrimination since Amendment Act of 1994
- Amendment Act of 2002 provides medical benefit examinations once every 24 months

Challenges of the program presently

- Assessment of post mortem findings on heart and lungs in deceased miners and ex-mineworkers for compensable heart and lung diseases
- Families not willing to provide consent due to these reasons
  (i) Religious reason
  (ii) Traditional reasons
  (iii) Family pressure i.e. In laws

SCI (Spinal Cord Injuries)

A spinal cord injury is a program whereby the mining houses rehabilitate the houses of ex-mine workers who have been injured in the mines. TEBA’s role is to facilitate this process on behalf of the mines.

SCI HOME RENOVATIONS AND ADAPTATIONS:

BATHROOM
3: TEBA TB screening

Figure 4 TEBA Onsite Xpert from sputum processing

Figure 5 TEBA office queuing for services including health
Annexure

Service Providers that TEBA works with:

The Department of Labour provides Compensation and Unemployment Insurance Benefits through agencies such as the Compensation Fund and the Unemployment Insurance Fund and through licensing the independent Rand Mutual Assurance (RMA) and Federated Employers Mutual Association (FEMA) to provide compensation benefits.

1. Compensation Fund

Legislation Governing Entity
The Compensation Fund administers the Compensation for Occupational Injuries and Diseases Act (COIDA), Act No. 130 of 1993). Under COIDA the Department of Labour and compensates employees for occupational injuries and diseases.

Description of Benefits
- Monthly pensions until death;
- Lump sum payments;
- Recovery pay not exceeding 24 months;
- Medical expenses not exceeding 24 months;
- Assistive devices and chronic medication;
- Rehabilitation, death and burial expenses;

Eligibility Criteria for Claimants
All employees of employers who are registered with the COIDA Compensation Commissioner

How to Access Benefits

In South Africa:
- Visit any Department of Labour ‘labour centre’ and or provincial offices in the country

Outside South Africa:
Visit the different Consulates of the Southern Africa Development Community (SADC) for assistance in making contact with the Compensation Fund. Note, however, that the Compensation Fund compensates employees and beneficiaries directly and not through the Consulate.
2. Rand Mutual Assurance

Legislation Governing Entity
Rand Mutual Assurance (RMA) is licensed by the Department of Labour to provide compensation to employees for disablement (caused by occupational injuries) or for disease (sustained or contracted in the course of employment), or for death resulting from such injuries or diseases in terms of section 30 of the Compensation for Occupational Injuries and Diseases Act (COIDA).

Description of Benefits

- Days off up to 75% of earnings (RMA pay full earnings) subject to earnings cap whilst recovering up to 2 years;
- Medical expenses either up to Maximum Medical Improvement (MMI) or 2 years;
- Compensation for Permanent Disablement if there is an impairment after MMI;
- Lump sum if permanent disability is assessed \( \leq \) 30%;
- Pension if permanent disability is assessed \( \geq \) 31%;
- On-going medical expenses if further treatment is going to improve disablement for reported injury/disease;
- Fatal Pension – comprising of monthly pension, once-off lump sum for widows and funeral expenses;
- Constant Attendance Allowance (CAA) for pensioners assessed at 100% permanent disability and therefore incapable of performing daily activities;
- RMA pays a family allowance to pensioners assessed at 100% permanent disability and who has a spouse/spouses and more than one child under the age of 18, at the time of the accident.

Eligibility Criteria for Claimants

Any worker that sustains either a work related accident or occupational disease as per schedule 3 of the Act. An injury or disease which was reported by the employee or other person on behalf of the employee to the employer, and has to be reported to RMA by the employer within prescribed time line for liability assessment and acceptance. If liability is accepted the claimant may receive at minimum benefit entitlements prescribed by COIDA depending on the severity of the injury or disease.
How to Access Benefits

The point of entry is through the employer for new claims.

In South Africa:

RMA has offices in all active mining regions across South Africa. These include: Carletonville, Emalahleni, Johannesburg, Klerksdorp, Kimberley, Rustenburg and Welkom. There is also a satellite office in Mthatha, Eastern Cape.

Outside South Africa:

RMA has satellite offices in former high recruiting areas for the mining industry at Maseru in Lesotho and Xai-Xai in Mozambique.

Contact Details

RMA website: www.randmutual.co.za
RMA Contact center: 0860 222 132

3. Department of Health

The Department of Health provides medical examinations and compensation as well as reviews claims for compensation from current and former mineworkers through the Medical Bureau for Occupational Diseases (MBOD) and the Compensation Commissioner for Occupational Diseases (CCOD).

MBOD and CCOD

Legislation Governing Entity
The Occupational Diseases in Mines and Works (ODIMWA), Act No. 78 of 1973:

Description of Benefits

- Provision of benefit medical examinations (BME) for current and ex-mineworkers in controlled mines and works for compensable heart and lung diseases
- Assessment of post mortem findings on heart and lungs in deceased miners and ex-mineworkers for compensable heart and lung diseases
- Payment of compensation to eligible miners and ex-mineworkers or their beneficiaries

Eligibility Criteria for Claimants

Record of service in a controlled mine or works

How to Access Benefits

In South Africa:

- A Benefit Medical Examination has to be performed at any of the following:
  - At the MBOD (based in Braamfontein, Johannesburg)
  - In a government hospital; or
- At a Service Provider contracted by the Department of Health.

**Outside**
- *Eligibility Criteria for Claimants*
- Record of service in a controlled mine or works

**How to Access**
- In a government hospital; or

- **At a Service Provider contracted by the Department of Health**
  - Outside South Africa:
    - A few SADC countries provide for Benefit Medical Examinations at their government hospitals (e.g. Botswana and Lesotho). Alternatively the claimant is directed to the nearest South African government hospital that is providing the service.

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