HEALTH, LABOR, DEVELOPMENT
ISSUES

- TB in the mines is not just a health issue; it is central to the economic development of the Southern Africa region.
- This disease – the top ranked cause of death in South Africa – has a huge impact on workforce productivity and operational costs in an industry that contributes almost 20% of GDP in South Africa.
HEALTH, LABOR, DEVELOPMENT ISSUES

- TB contracted in and around the mining sector but treated in public health facilities places a huge burden on the national health systems of affected countries and undermine public health efforts.

- Furthermore, the fact that disease rates have been disproportionately high for more than a century has contributed to the build-up of unresolved legacy issues for an industry in which appropriate humane standards of treatment, care, workers protection and compensation have rarely been comprehensively enforced.
HEALTH, LABOR, DEVELOPMENT ISSUES

- Mining companies are now facing the worrying prospect of increasing numbers of class-action law suits from ex-miners seeking remuneration for uncompensated occupational harm;
- Labor unrest as tough economic conditions limit returns on investments and affect jobs; and continued pressure from governments to devote larger proportions of their profits to this and other occupational health and safety issues.
- In this increasingly anxious environment, the absence of an effective, coordinated, regional response to TB in the mining sector
HEALTH, LABOR, DEVELOPMENT ISSUES

- In this increasingly anxious environment, the absence of an effective, coordinated, regional response to HIV/AIDS & TB in the mining sector that encompasses the multi-sectorial, regional nature of the problem has become a pressing issue of tension between governments and industry.

- Economic and development challenge – and an issue of tension between governments and industry.
HEALTH, LABOR, DEVELOPMENT ISSUES

- 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&HIV/AIDS 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

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

Database of 1.9 million current and ex-mineworkers
TEBA'S STRATEGIC SERVICES

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

- 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
1. List of Repatriated Patients
   Received from Mine

2. TEBA H/O Captures Patients on HBC System

3. System Searches for patient on TPS System

4. Patient Record found on TPS

5. Regional Coordinator receives New Patient Notification

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

7. Field office Capture Patient Visit Report

8. H/O Coordinator Evaluates and Consolidates Report

9. Submit Report To Mine

10. END!!

END!!
MOBILE APPLICATION CASE 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
TB PROCESS

AT MINE
- Mine informs TEBA of repatriation
- Capture patient into TB system
- Allocate support worker to patient
- Transport patient home

AT HOME
- Control compliance within 14 days of enrolment
- Record current medication into TE 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

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

Non-compliant
- Non-compliant
  - Ascertain reason for non-compliance
  - Counsel patient and family
  - Encourage patient to visit health facility

AT HEALTH FACILITY
- Health facility enters patient into NTECP within 21 days of enrolment
- AT HOME: 1st - 6th month
- Start intensive care and support

AT HOME: 1st - 6th month
- Start intensive care and support

LOST TO FOLLOW UP
- Three continuous visits to confirm lost-to-follow-up and capture patient into TB system
- Track re-instate patient to treatment

DEFAULTED
- 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 MDRTB

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

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

TB FORMS
BENEFIT MEDICAL EXAMINATION

- 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
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CHALLENGES

- 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:**
  - Religious reason
  - Traditional reasons
  - Family pressure i.e. In laws
- **Lack of bank account, Interpreting of documentation from CCOD**
SCI HOME RENOVATIONS AND ADAPTATIONS: EXTERIOR
SCI

SCI HOME RENOVATIONS AND ADAPTATIONS:
BATHROOM
Thank you, kindly