

Into
the
light



THE MINING INDUSTRY HAS PIONEERED SUCCESSFUL HIV/AIDS PROGRAMMES, PROVIDING A BLUEPRINT FOR HOW GOVERNMENT MOVES FORWARD IN THE FIGHT AGAINST THIS DISEASE

BY KERRY DIMMER

When an epidemic of global proportions strikes there is always controversy. But there is also consensus. The controversy with the HIV/Aids contagion in SA stemmed from the government's failure to react credibly in the early 1990s to the increasing number of HIV-positive individuals, which by 1994 was some 850 000 of the population.

However, there was early consensus from the mining industry to proactively adopt programmes that would both educate and offer treatment campaigns. It recognised that the nature of mining, by virtue of its size and migrant labour force, is not only a significant driver in the spread of the disease but that the disease also poses a serious threat to mining as a business.

According to UNAIDS, SA is estimated to have the largest number of HIV infections in the world with 5.2-5.7 million people defined as being hyperendemic (2009). It is unknown how many of those work in the mining sector.

Gavin Churchyard, CEO at the Aurum Institute for Health, and highly regarded for his HIV/Aids research, says that industry-wide surveys have yet to be done.

'We can indicate trends from the proportion testing positive in HIV counselling and testing campaigns, but this is not a true measure of prevalence. Surveys and studies are vital because you cannot manage what you cannot measure.'

'Mines are a mirror of HIV/Aids status in the country. While some mines have had spectacular success in motivating the testing of 90% of mining employees over the past five years, best-case practices and best examples are not an industry-wide phenomenon.'

Churchyard points out that the big corporates such as Xstrata, Gold Fields and Anglo are highly proactive with HIV/Aids programmes that cross the entire spectrum of issues from testing through to treatment. 'The Anglo Group of mines was the first mining house, in 2002, to introduce antiretroviral therapy,' he says. 'This was the catalyst that precipitated the government to introduce similar programmes into the public sector.'

Disclosure of an individual's HIV status is one of the biggest stumbling blocks to identifying prevalence. Now

that President Zuma has voiced government commitment to accelerate its HIV/Aids prevention and treatment programmes, there is hope that the fear of being known to be HIV-positive will be lessened.

'This will help in our efforts to remove the stigma of infection,' says the Chamber of Mines' health adviser, Thuthula Balfour-Kaipa. 'HIV/Aids is a very closed environment but if you are a health worker and want to send a message, it's far easier to do so in the mining industry which is fairly homogenous. Miners have been exposed for far longer to education about the disease because their employers started campaigning early.'

This, combined with public sector and government awareness, means they are saturated with information. 'That does not, however, necessarily translate to a change in behaviour, which is dependent on many personal and socio-economic factors,' explains Balfour-Kaipa.

She says that despite the lack of accurate figures, gold mining has the highest prevalence of HIV/Aids in the mining sector because the migrancy rate in this sector is 50% higher than that of coal or diamond mining, where workers come mainly from local communities.

'There are many studies indicating that migrancy is a big factor in spreading HIV. The more opportunities for work that exist within a local environment, the less vulnerable the miner becomes to infection.'

She mentions that there is yet another deterrent in sourcing accurate infection figures: mine unions do not wish to fully collaborate with the industry on HIV issues. 'Unions tend to be somewhat suspicious of employers and what they will do with the information provided. We need to forge a better relationship with the unions if we are to harness our collective efforts against HIV/Aids. This union unease can be overcome as the mines handle HIV/Aids issues with confidentiality and immense sensitivity.'

'We are in an era where as many people as possible need to know their HIV status so that more appropriate health programmes can be provided and opportunistic infections such as tuberculosis (TB) are averted.'



Within local environs, the mines already have well-established healthcare systems, clinics and hospitals, so treatment campaigns can easily extend to mining-dependent communities

Clearly mines aren't responsible for communities outside of their business, but partnering with them is one of the most effective ways of strengthening the efficacy of their programmes. Within local environs, the mines already have well-established healthcare systems, clinics and hospitals, so treatment campaigns can easily extend to mining-dependent communities.

One such campaign, adopted by Anglo Coal, is called Asikhulume ('Let's talk with your permission') and brings together traditional healers, community leaders, corporate decision-makers, mining employees and sex workers to engage in open discussion on all the nuances of the epidemic.

Brad Mears, CEO of the South African Business Coalition on HIV/Aids, who chaired the most recent Asikhulume session, is in awe of the progress made in breaking down the barriers to communication and lessening the stigma of living with the illness. 'This mine pushes the boundaries of interchange. It reaches deeply into local communities to bring about consensus on how the disease is managed and how health resources and treatment facilities can better impact the locals.'

Why Anglo Coal's Aids programme works, and works so well, is because theirs is a long-term strategy that has been mainstreamed into the mine's corporate governance. Mears says that HIV/Aids needs to be recognised as part of 'normal' everyday life. 'Programmes are only sustainable when intertwined with everything a company does. Disease management and treatment are no longer seen as exceptional items on the budget plan, they're integrated as regular items.'

Corporate leadership is therefore key, says Mears. 'If the CEO of a company talks openly about sexuality and engages on relevant issues of HIV/Aids, boundaries break down and behaviour changes. He has to walk the talk. But all of this is no good in the short term. A programme's longevity will be the most effective way to monitor and evaluate, to show where success is being achieved and where gaps still exist.'

Mears supports encouraging voluntary disclosure of an HIV-positive status, but only in a secure environment, because he believes the emotional benefit will be rewarding. 'It is extremely difficult to function in the workplace with a secret such as this, especially in mining which is labour intensive. If colleagues and management are aware of the status of an employee they can make reasonable accommodation and provide the right

support mechanisms. Unlocking and receiving the resources mining companies can offer its employees goes to the broader benefit of the epidemic as a whole.'

De Beers, for example, was also one of the first companies in the world to provide its workers with free ARVs, which it continues to supply to retirees and retrenched staff. The De Beers HIV/Aids Operating Committee meets several times a year, is chaired by board member Jonathan Oppenheimer, and is externally coordinated by Aid for AIDS (AFA).

AFA provides a gamut of services and solutions to manage HIV/Aids in the workplace, with flexible packages tailored to individual company or medical scheme core needs. The organisation's work in the mining industry is well-known and it is commended too for its work with TB. As Balfour-Kaipa reminds us, TB is the core infection that manifests when one is HIV-positive. 'In SA, 73% of TB patients are HIV-positive. You therefore cannot treat one without medicating for the other.'

Anglo American aims to be a national champion in the fight against HIV/Aids, a fact that has not gone unnoticed internationally. The company received a 2009 Business Excellence Award for the Best Workplace HIV/Aids Programme by the Global Business Coalition on HIV/Aids, TB and Malaria.

Since 2005, Anglo American has halved the number of new HIV infections at its thermal coal mines. It has also made great strides in terms of voluntary testing and counselling with its southern African operations, exceeding the target of 80% employee participation in 2009, compared to 77% in 2008.

But as Anglo American points out, the only way to sustain an effective HIV/Aids response is to stop new infections, which is in line with the government's objective of reducing by 50% the number of new infections by 2011.

As an original pathfinder, mines are in a mature stage of managing HIV/Aids in the workplace. Its approach has provided the government with an ideal blueprint, which will cut back on innumerable and costly trial-and-effort exercises.

The Department of Mineral Resources will be turning to the public and private sector at a planned Aids conference in October, says Balfour-Kaipa. 'From that, I hope, will come a strengthening of the tripartite approach in the fight against HIV/Aids. If we work together we can make an incredibly big difference and change the lives of miners forever.' ●