

# TIMS



TB IN THE MINING SECTOR IN SOUTHERN AFRICA

## RCM Presentation to MIASA Stellenbosch 31 January, 2020



# 1. CONTENTS

## 1) Background

- *Phase I Experience, Achievements and Learnings*
- *Phase II Implementation Arrangements, Map and Focus Areas*

## 2) Benefits of the TB in mining( TIMS) project

## 3) Propose areas of future collaboration which need the support of private sector

## 4) Proposed country engagement visits



# Phase I Experience, Achievements and Learnings

TIMS I - January 2016 to December 2017 (USD30 million)

**Phase I Focus:** Innovate • Catalyse • Address Upstream Risk • Build Capacity

## Successes



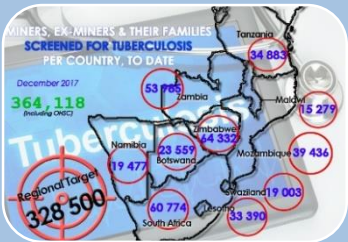
11 OHSCs built – 10 operational



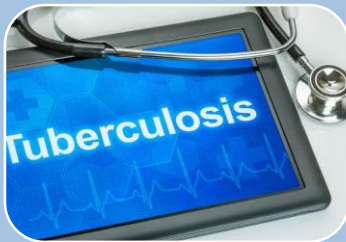
4 regional studies completed and disseminated



20 CSO's trained and capacitated



>360 000 people screened



4 screening models finalized



3 IT systems developed

## Learning



Detailed project management essential



Stakeholder management



Standardization vs. customization



Country requirements



One continent – many cultures

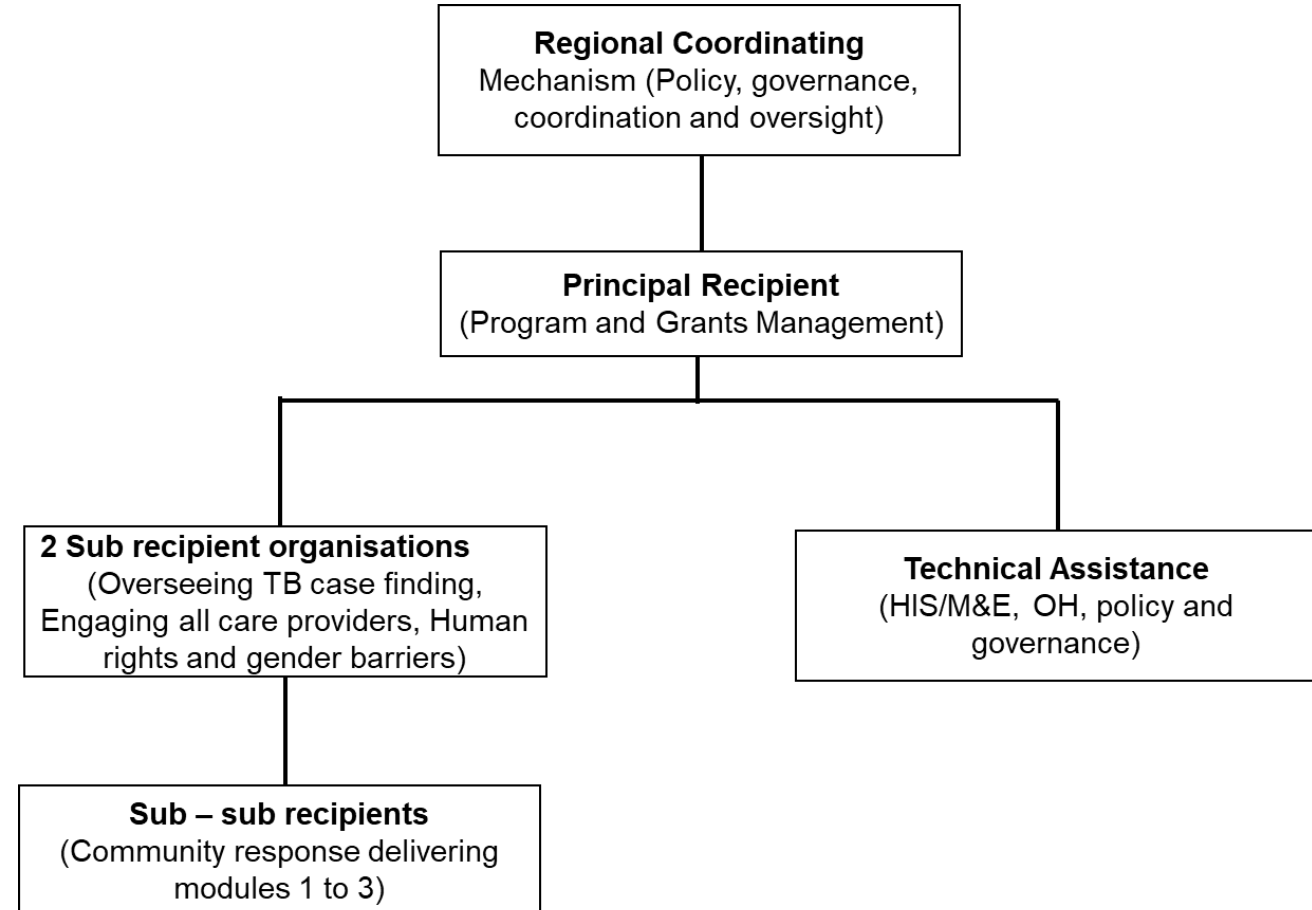


# Phase II Implementation Countries and Arrangements

TIMS II - January 2018 to December 2020 (USD 22.5 million)

## Ten (10) project countries:

- ☐ Botswana
- ☐ Eswatini,
- ☐ Lesotho
- ☐ Malawi,
- ☐ Mozambique,
- ☐ Namibia
- ☐ South Africa
- ☐ Tanzania
- ☐ Zambia and
- ☐ Zimbabwe.



# Key Focus Areas for Phase II

## Build on the products of Phase I

OHSCs, Models, Toolkits, IT systems

## Deepen Capacity

Communities, Clinical, National programmes

### Key Focus Areas

## Increased Collaboration

Other projects, National programmes,  
Professionals

## Transition to governments

OHSCs, Screening models, IT systems,  
Toolkits

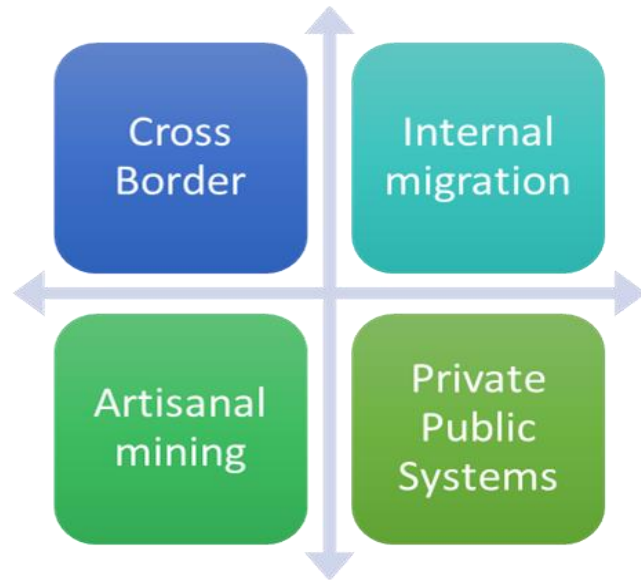




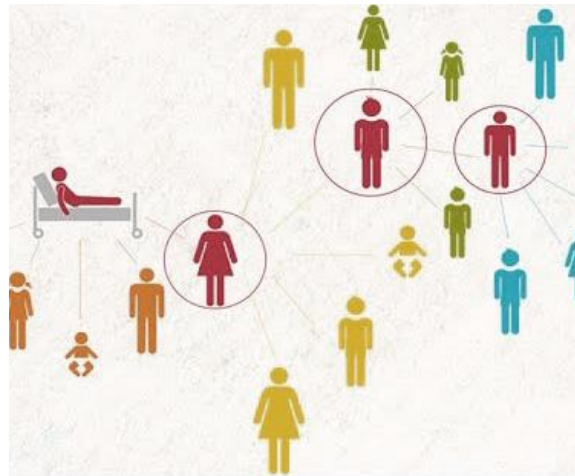
# Module 1: TB Care and Prevention - Active Case Finding

*“Finding the missing cases by targeting high risk groups”*

Demonstration of Screening Models  
developed in Phase 1



Index Based Contact Tracing



Strengthening referral &  
diagnostic capacity



# Module 1: Enhancing Care Providers

*“Developing centres of excellence that deliver quality services”*

- Management of 11 OHSCs in 8 countries
- Management of 1 Mobile Clinic currently being deployed
- Capacity Building of practitioners
- Strengthen linkages with Compensation Funds
- Strengthen linkages with other services
- Transitioning OHSCs to governments





# Module 1: Removing Human Rights and Gender barriers

## *“Raising awareness and advocating for change”*



- Awareness raising for ASMs and communities
- Enhancing utilization of Occupational Health Services
- Advocacy for Policy and Policy reforms



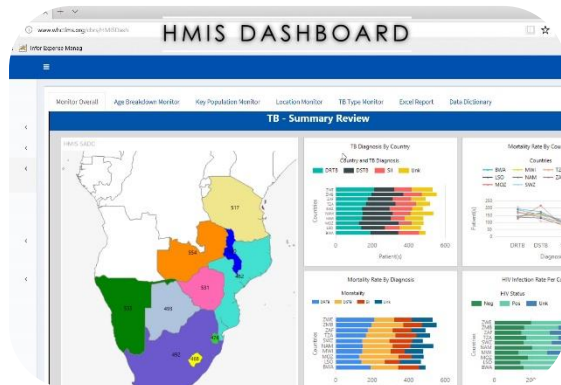


# Module 2: Strategic Health Information

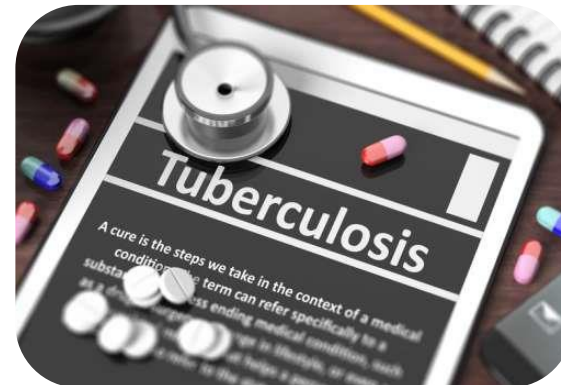
*“Good, reliable data drives quality health planning”*



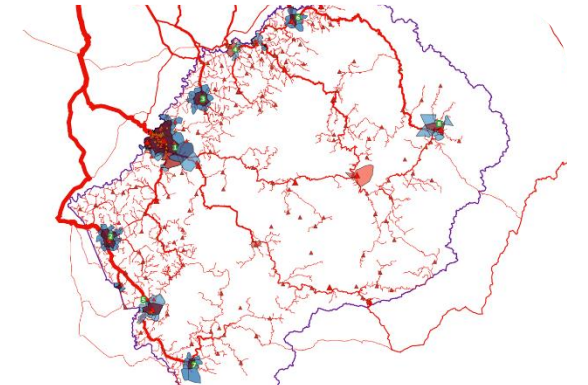
Cross Border Referral System  
– pilot in 5 countries and  
proliferation in 2020



Regional Health Management  
Information System  
- Regional view of TIMS



Development of Strategic  
Information  
- Inform policy and  
implementation



Geospatial Mapping  
- Target interventions



# Module 3: Community Response and Systems

*“Empowered communities to build stronger health systems”*



- Institutional capacity building, planning and leadership development
- Social mobilization, building community linkages, collaboration and coordination
- Community-led advocacy
- Community-based monitoring



## 2. BENEFITS OF THE TB IN MINING (TIMS) PROJECT

- 1) Regional approach to address a legacy issue
- 2) 'Finding the missing cases' – via innovative community based screening and index-based contact tracing
- 3) 'Access to quality health' – Retention and follow-up of the high mobile capital into care through referral network
- 4) Unlock compensation for Occupational Lung Diseases (OLD) for Miners who qualify
- 5) Helps mines to manage their upstream risk such as dust exposure (dust control tool kit)
- 6) Contributes to improved productivity for mining companies
- 7) Economic benefits to country and region





# 3. AREAS OF COLLABORATION WITH PRIVATE SECTOR

## Key catalytic TIMS Interventions for future funding:

- 1) The Occupational Health Service Centres (OHSC) should be seriously be considered for extended funding support
- 2) Scale up of mobile delivery units
- 3) Scale up of IT (CBRS, RHMIS and IT Compensation Link) innovations



# 4. PROPOSED COUNTRY ENGAGEMENT VISITS

Dates	Event	Country
<b>JAN-MAR, 2020</b>		
21 Feb	RCM and CCM meetings with Chamber of Mines in the countries and private sector	Lesotho
13 Mar	RCM and CCM meetings with Chamber of Mines in the countries and private sector	Namibia
<b>APR-JUN, 2020</b>		
21 Apr	RCM, RMC and CCM meetings with private sector	Eswatini
30 Apr	RCM, RMC and CCM meetings with Minerals Council and private sector	South Africa
7 May	RCM and CCM meetings with Chamber of Mines in the countries and private sector	Tanzania
12 May	RCM and CCM meetings with Chamber of Mines in the countries and private sector	Mozambique
21 May	RCM and CCM meetings with Chamber of Mines in the countries and private sector	Malawi
5 Jun	RCM and CCM meetings with Chamber of Mines in the countries and private sector	Zambia
10 Jun	RCM and CCM meetings with Chamber of Mines in the countries and private sector	Zimbabwe
26 Jun	RCM and CCM meetings with Chamber of Mines in the countries and private sector	Botswana



# Thank you

