

1. SCOPE

This policy applies to all operations in the AFRIMAT group.

2. PURPOSE

Management of HIV / AIDS, STI'S & TB is a national priority. This policy defines the company's position with regards to HIV/ AIDS, STI'S & TB, and addresses the Company's preparedness for, and handling of incidences of HIV/ AIDS, STI'S & TB infection.

3. INTRODUCTION

Afrimat recognises that infection with diseases such as HIV/ AIDS, STI'S & TB represents an urgent problem with social, cultural, economic, ethical and legal implications.

The Company and Management are committed to addressing these diseases in line with The National Strategic Plan on HIV/AIDS, STI'S and TB, in a pro-active, supportive, and non-discriminatory manner, with the informed support and co-operation of all employees and their direct families. The same principles that govern the Company's policy and approach to other chronic or life-threatening conditions will apply to these diseases.

The Company will communicate and educate all employees and contractors, and where appropriate facilitate the process for their families and local communities on the consequences, the precautions and treatment of these diseases.

Abbreviations:

- HIV – Human Immunodeficiency Virus
- AIDS – Acquired Immunodeficiency Syndrome
- STI's – Sexual Transmitted Infections
- TB – Tuberculosis
- VCT – Voluntary Counselling and Testing
- OMP – Occupational Medical Practitioner - Doctor
- OHP – Occupational Health Practitioner - Sister

The Policy addresses the following issues:

- Goal 1: To break down barriers to achieving HIV, TB and STIs solutions.

- Goal 2: To maximise equitable and equal access to HIV, TB and STIs services and Solutions.
- Goal 3: To build resilient systems for HIV, TB and STIs that are integrated into systems for health, social protection, and pandemic response.
- Goal 4: To fully resource and sustain an efficient NSP led by revitalising, inclusive, and accountable institutions.

4. Goal 1: To break down barriers to achieving HIV, TB and STIs solutions

Strengthen community-led HIV, TB and STIs response

Afrimat's operations range from small scale construction and mining operations to mid-tier mining operations. Where there are vulnerable communities in the area, we ensure that our employees are educated and that they take the information back to the community. Due to our small size operations the Department of Health does not necessarily engage in health drives, but they do assist with our larger operations and where there are isolated communities in the areas. The company strives to educate Afrimat employees and contractors to assist in social behaviours in their communities. Health talks are made available monthly to ensure they are educated on the various health challenges and encourage a healthy lifestyle change.

We have introduced the following 4 suggested ways of how you can influence in your community:

- Develop a society that is safe
- Raise the next generation right
- Examining your own behaviour
- Challenge GBV in your community

Contribute to poverty reduction through the creation of sustainable economic opportunities

Afrimat commits itself to the social and labour plans and mining charter requirements in the communities where we have mining operations. It is at a smaller scale as at the larger mining houses, but we encourage SMME opportunities in the various areas. Although our construction operations are not linked to the social and labour plans or

Mining Charter, they do follow the same principal as the Mining Charter, just on much smaller scale due to the size of some of these operations.

Reduce stigma and discrimination to advance access to rights and services

As a team, we have always been proud of our values and culture, which forms the basis of how we conduct our business and how we treat each other. In Afrimat, everyone is seen as equal and deserving of a safe and caring environment. We have made a pledge against all forms of violence and discrimination. In Afrimat, we value the safety of all and are committed to breaking the culture of violence and embarking on the journey of building a South Africa that is healthy and safe for everyone. We encourage our employees to speak up against all forms of violence and discrimination and make use of Africare services for support.

Address gender inequalities that increase vulnerabilities through gender-transformative approaches

Enhances non-discriminatory legislative frameworks through law, policy review and reform

Afrimat has a culture of inclusiveness and input from all stakeholders is considered. Every year we review our formal policies and guidelines to ensure we achieve continuous participation. Our internal policies and procedures ensure that there are no discrimination elements.

We are part of various industry bodies such as the Mine Health and Safety Council, Minerals Council of South Africa, ASPASA, SAIOSH – South African Institute of Occupational Safety and Health and Government institutions such as Department of Mineral Resource and Energy and Department of Labour, to ensure we have a voice in legislation and other policy matters.

Protect and promote human rights and advance access to justice

Confidentiality and privacy regarding employees and contractors suffering from these diseases will be respected. Employees and contractors who develop, disclose or are diagnosed with these diseases will not be prejudiced, victimised or discriminated against on account of their medical condition.

Persons in the workplace affected by these diseases will be protected from stigmatisation and discrimination by co-workers or clients.

Confidentiality regarding all medical information of an employee or prospective employee, must be maintained, unless disclosure is legally required. Information regarding the employee's status shall not be disclosed without the employee's informed written consent.

It is considered gross misconduct for an employee, who becomes aware of a colleague's condition, to disclose this information without the individual's informed written consent. Such a person will be subjected to discipline in terms of the Company Disciplinary Procedures and may, dependent on the circumstances, be summarily dismissed after a disciplinary hearing.

Integrate and standardise delivery and access to routine mental health services

In the spirit of promoting a caring environment, Afrimat launched a group-wide Employee Wellness Program (EWP) called **AfriCare**.

AfriCare gives Afrimat employees access to a network of professional counsellors across South Africa offered by an independent contractor called ICAS.

Most of the counselling services are offered telephonically and via live text, meaning that **you can access help anytime and from anywhere in South Africa**. Where necessary, face-to-face counselling services can also be arranged. ICAS offers confidential services, meaning that the information that you share with your ICAS counsellor is kept only between you and the counsellor. Nobody in Afrimat gets access to your counselling information.

Afrimat code: AGS001

Toll-Free: 0800 424 242

Request a call back: *134*905#

Email: eve@icas.co.za

Afrimat also employs external health service providers that conduct annual medical surveillance, managed health care and follow up surveillance for chronically ill employees. During these visits employees have access to a health professional to talk to, face to face, about sensitive health matters, where referral to mental health support is also available.

5. Goal 2: To maximise equitable and equal access to HIV, TB and STIs services and Solutions

Improve knowledge, attitudes and behaviours that promote HIV and STIs Prevention

Afrimat permanent and contracted clinic staff encourage testing throughout the year with every clinic visit. Every year during the medical surveillance programme and December there is a specific drive to do HIV/AIDS counselling and testing in massive groups.

Prospective applicants for employment need to undergo an appropriate and confidential Pre-employment medical examination, excluding HIV/ AIDS tests, although VCT is available. Screening will be done to determine the prospective applicant's status with regard to TB. Referral of STI's will be done to the appropriate facility for treatment.

A specific question may, however, be incorporated in application forms to encourage the prospective applicant to reveal any knowledge of serious illness. In addition, the letter of appointment embodies a confidentiality clause and states that employees are required to report any known serious infection or medical disorder, whether or not symptoms are apparent to the Health Professionals (OMP's and/or OHP's).

No person shall be denied employment because he/she is infected with HIV/AIDS, STI's or TB, provided he/she is deemed medically fit for the job in question.

All employees and contractors will be encouraged to confidentially participate in VCT. Continuous counselling and screening will be provided to diagnose and prevent the occurrence of TB and STI's. The result of the screening tests done annually will be used to monitor continuous improvement in the reduction of these diseases to which the Company and Management is committed.

Should it become known that a staff member is infected with any of these diseases, this information is regarded as private and confidential. Provision is to be made for adequate counselling of such employee.

Normal sick leave benefits will apply as well as the provisions of the Basic Conditions of Employment Act (Act 75 of 1997) and any other legal or company requirements and standards, together with patient/ doctor confidentiality.

Any HIV/ AIDS, STI's or TB -infected person is kept in employment for as long as practical and safe for the person concerned, his/ her colleagues and other individuals, and/ or the company.

No employee may refuse to work with a colleague living with HIV/ AIDS, STI's or TB infection solely on the basis of the latter's status. To pre-empt such a situation arising, all employees are to be educated in order to remove fears and prejudice. Such education should ideally take place before such a situation arises.

Employees may not be dismissed on the basis of HIV/ AIDS, STI's or TB infection, provided the incumbent is able to perform his/ her job. Should the disease progress to the stage where the person is incapacitated or unable to carry out his/ her duties, release of the employee from employment is fair in that contractual obligation cannot be met.

The company ensures to identify as best as possible the vulnerable population which includes pregnant women, individuals with chronic illnesses through continuous awareness and questionnaires completed at medical surveillance and at every clinic visit. Employees are encouraged to report when they find out they are pregnant.

Information is shared to all employees and contractors and they are encouraged to take the awareness home to their spouses and children

Prevention methods for HIV / AIDS and TB:

- Condoms are supplied at most large operations in the male and female ablution facilities
- TB questionnaires are done at every annual medical surveillance visit, if a TB case is identified during the year all employees repeat the TB questionnaire and are sent for testing if any of the answers is yes. The Afrimat permanent and contracted clinic staff encourage testing thru out the year with every clinic visit
- The qualified health practitioner completes a man job specification for each person with the specific occupation and exposures, based on the outcome the medical surveillance will be done as per exposure and risk identified.
- Health talks are done monthly to ensure health awareness is distributed throughout the group. Individuals with chronic diseases are requested to return to the clinic at frequencies determined by the health practitioner. A monthly measurement is also done to determine how many chronic illnesses were identified and how many went for the follow up health monitoring.

The health practitioners and first aiders are the only **high-risk** individuals that will be exposed to prophylactic treatment from infections from biological products. Only qualified health staff are employed and awareness done on the dangers thereof.

A **return-to-work** programme is followed in any ill health case to ensure the employee received the best treatment and returns to work to reduce sick leave and annual leave usage due to the pro-longed illness. Every case if managed through the incapacity management process to ensure fair and consistent outcomes. It will depend **on a case-to-case basis** due to the differences of individual progress.

The health practitioner also ensures **that** they are aware of who is on antiretroviral medication and on TB medication and encourage and education individuals on the importance of continuing treatment.

Employees with HIV/ AIDS, STI's or TB condition are treated in the same manner as those with any serious illness. Disciplinary action will be taken against employees who victimize or discriminate against persons with HIV/AIDS, STI's or TB.

If an employee with HIV/ AIDS, STI's or TB, eventually develops symptoms, to the extent that he/ she is unable to perform as required, incapacity becomes a valid reason for dismissal. However, as with any other life-threatening illness, dismissal is the very last option and prior to dismissal, the options listed below should have been exhausted.

○ Issue: Performance

Where the person is not satisfactorily performing his/ her duties and where it is considered fair and reasonable to take disciplinary action, the following procedure should be adopted:

- Fully discuss the matter with the employee,
- Obtain agreement
- Put whatever has been agreed in writing
- If, after full discussion, it is clear that the person is unable to work, his/ her services may be terminated in terms of the work conditions of the employment contract. Where this option is exercised, it must be carried out in a fair and caring manner, bearing in mind the deep anguish experienced by the illness (both to the person infected and his/ her family).

○ Issue: Absenteeism

Where an employee has utilised all available sick (and other) leave and is unable to be present to perform his/ her duties due to illness, the following procedure is adopted:

- Consider the nature of the job and whether the work could be done by alternative means (e.g. distributed to other staff or a temporary worker), in which case unpaid leave could be considered. If not, the Employee can be considered for permanent disability if applicable on grounds of incapacity.

- Discuss the issue with the employee, obtaining his/ her permission for a report from his/ her medical practitioner on the prognosis and a possible date on which the employee will probably be able to resume his/ her duties.
- If personal discussion with the employee is not possible, written communication can be sent by registered **post**, but careful wording is required to avoid increased anxiety.
- Taking into account previous communication with the practitioner and/ or employee, write to the employee setting out the situation, problems experienced and repercussion of the job requirements not met and setting/ confirming the date by which the employee must return to work.
- Clearly indicate that, should he/ she not return by that date, his/ her services will be terminated and a replacement appointed. The letter is sent by registered mail well in advance of the date of expected return. Notice of termination may not be given during the person's absence while he is entitled to sick leave under the Basic Condition of Employment act. Notice of termination can be sent when the employee's sick leave entitlement has been exhausted.

○ Discipline and Misconduct

An employee whose conduct offends others may be subject to disciplinary hearing which may lead to dismissal. Those with HIV/ AIDS, STI's or TB will not be treated as exceptions in this instance.

Pension/ Provident Fund benefits or cover is available to all permanent employees, including those with life threatening diseases, subjected to the rules of the Pension/ Provident Fund in particular time. The Company will prevail on the Fund to provide usual benefits to persons living with HIV/ AIDS, STI's or TB infection and to treat such people in a similar manner to those affected by any other chronic illness. No person shall be denied access to the Fund provided they fulfil the usual initial criteria for admission.

The Company will assist employees with logistical arrangements in obtaining professional **counselling**, **adequate** and appropriate medical care if requested. This will take place in accordance with the rules of the medical

aid scheme and in line with the National Strategic Plan on HIV/ AIDS, STI's and TB.

If an employee voluntarily advises a manager that he/she is infected with HIV/AIDS, STI's or TB, a frank and open interview between the employee and the manager will address concerns for both parties. Concluded and agreed upon points should be put in writing.

The manager should address the following:

Psychological Counselling

Encourage the employee to undergo counselling to deal with illness-related issues (e.g. medical, financial, legal, and emotional). This requires professional experienced intervention by persons trained in HIV/AIDS, STI's & TB counselling.

Assessment of Work Situation

Jointly assess career aspects and try achieving agreement on job-related issues.

Financial Concerns

Discuss the cost of treatment, and (if any) insurance, pension and other benefit funds.

First Aid

Standard universal first-aid treatment precautions are designed to minimise the risk of transmission of blood-borne infections, and all patients are to be treated as potential carriers of blood-borne diseases such as Hepatitis or HIV/AIDS, STI's & TB. Ensure that the first aider is properly trained and equipped to deal with the risk of blood-borne infection.

6. Goal 3: To build resilient systems for HIV, TB and STIs that are integrated into systems for health, social protection, and pandemic response

Geographically, size of operation and economic circumstances are considered when health care providers are allocated to the various areas. There is coverage in each business unit. The services are not permanently on site, but they can be accessed at any time for additional support.

Afrimat ensures that the health service providers are adequately staffed with competent individuals through a service level agreement with key performance indicators to manage their services.

The service providers do the reporting through to the national requirements.

Every operation reports through the health practitioner on the progress of their medical surveillance programme. The education received during medical surveillance assists in preventing chronic illnesses and if any chronic illness is identified, it is added for monitoring.

Target setting is not yet according to the 95 95 95 principles due to the fact that HIV/AIDS and STI's is a voluntary testing programme. TB is closer to the 95 95 95 target setting as it forms part of the mandatory medical surveillance programme.

The statistics are still done manually through excel spreadsheet from all health service providers and combined in a group health report.


We encourage Afrimat employees to utilise the medical service provided to the fullest for support on health matters. Various referrals will be made where necessary.

During COVID we did collaborate with the Department of Health to assist with COVID awareness campaigns and vaccination drivers. We will utilise their services again in the areas where there are isolated and vulnerable communities, and our operation's numbers cater for cost effective utilisation of DOH services.

**7. Goal 4: To fully resource and sustain an efficient NSP led by revitalising,
inclusive, and accountable institutions**

Budgets for occupational health **are** set at operational level and HIV/AIDS, STI's and TB counselling and testing services are included with the service level agreement of the health provider.

Approved by:

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