

OCCUPATIONAL HEALTH AND WELL-BEING

APPROACH

As we strive towards zero harm in our workplaces and to deliver our stated purpose – our mining improves lives – we need to safeguard the health and well-being of our employees, their families and communities in order to ensure that they are appropriately positioned to undertake their daily responsibilities safely and efficiently. Our Group health and wellness strategy is aligned with the United Nations (UN) Sustainable Development Goals (SDGs), and is reviewed and enhanced continuously with the adoption of global strategies to overcome complex health challenges.

Guided by our CARES values, our health and wellness model in South Africa has been designed to address the risks presented by the internal and external environments facing employees and has been implemented with favourable clinical and financial outcomes thus far. To this end, the individualised care we provide includes:

- **Access to occupational health resources** that assess health risks, determine fitness to work, and manage disease and rehabilitation
- **Shaft clinics** close to the workplace with qualified primary healthcare staff providing health risk assessments and disease treatment for communicable diseases – tuberculosis (TB) and HIV – and chronic ailments (diabetes and heart disease, among others)
- **Satellite primary healthcare clinics** with qualified nurses operating during office hours
- **Primary healthcare centres** with qualified doctors and nurses managing cases 24/7
- **Emergency medical services** equipped with advanced paramedical teams and 24/7 rescue capability
- **Wider hospital networks** offering specialised care for trauma as well as occupational injuries and diseases
- **Medical aid schemes** that protect our employees from the financial risk of high medical costs

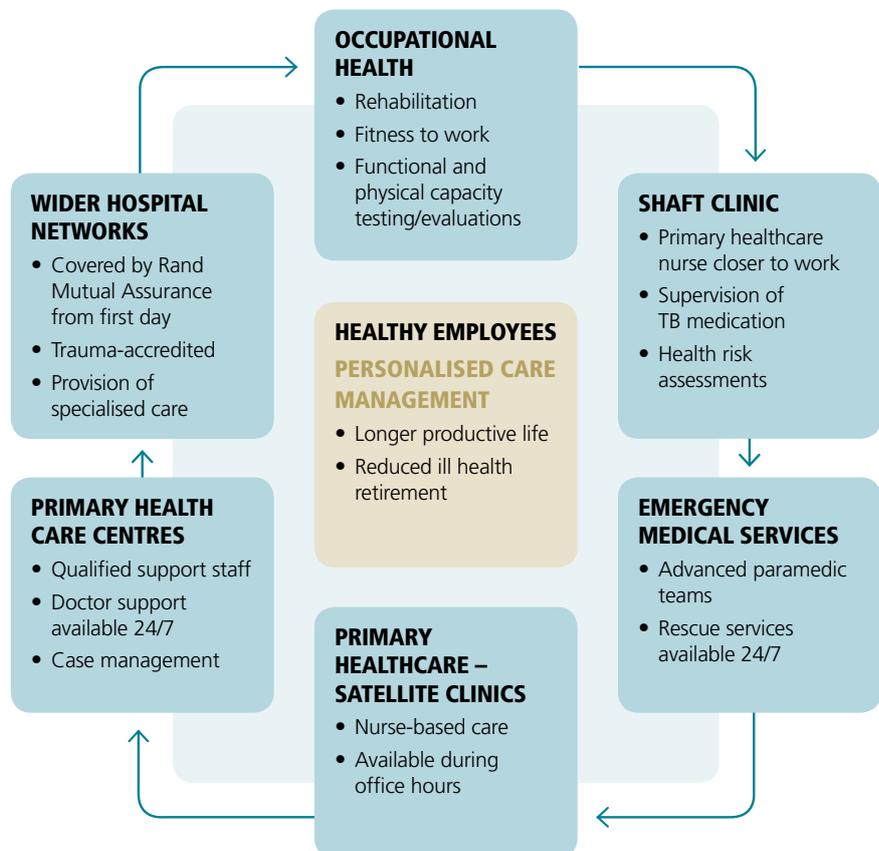
Although the occupational risks and wellness challenges at the US operations are significantly different (and less) than those present in the SA operations, industrial hygiene staff are on site to continuously monitor occupational health and wellness.

IN LINE WITH SUSTAINABLE DEVELOPMENT GOALS

We continue to make progress in aligning our health strategy with that of the UN SDGs 2015 to 2030, focusing particularly on goal three, which refers to health and well-being. The SDGs call for inter-sectoral action to achieve policy reforms in respect of universal healthcare coverage and health system strengthening. Universal healthcare refers to the alignment of policies, strategies and plans to ensure that all people have access to promotional, preventative, curative and rehabilitative healthcare services of sufficient quality to be effective while providing financial risk protection. This requires improving access to healthcare as well as broadening the scope of services, quality of care and financial protection.

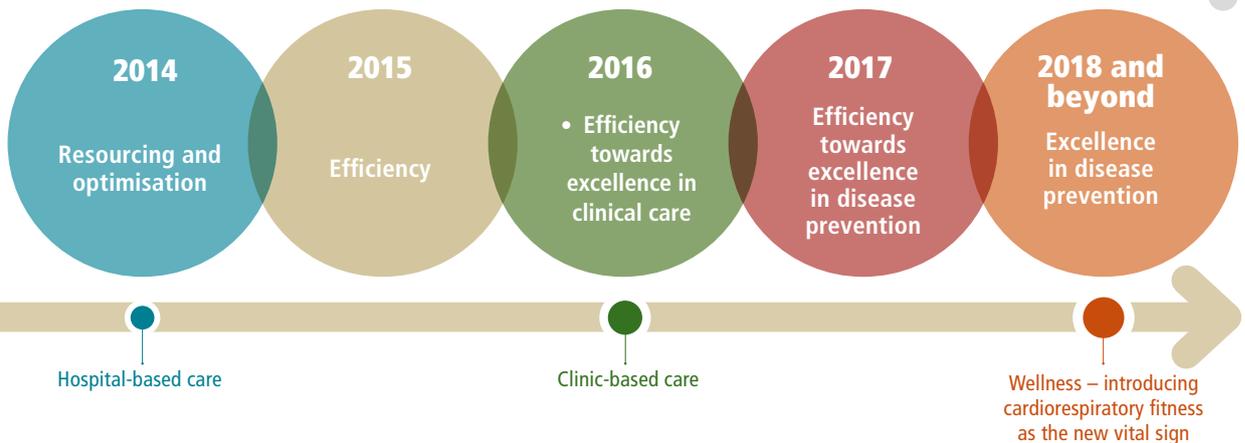


HEALTH AND WELLNESS MODEL



SIBANYE-STILLWATER HEALTH MODEL ROAD MAP

Progress on our Health and Wellness model in South Africa is informed by a road map that has taken us from the establishment and optimisation of our clinical resources in 2013 to excellence in disease prevention in 2018.

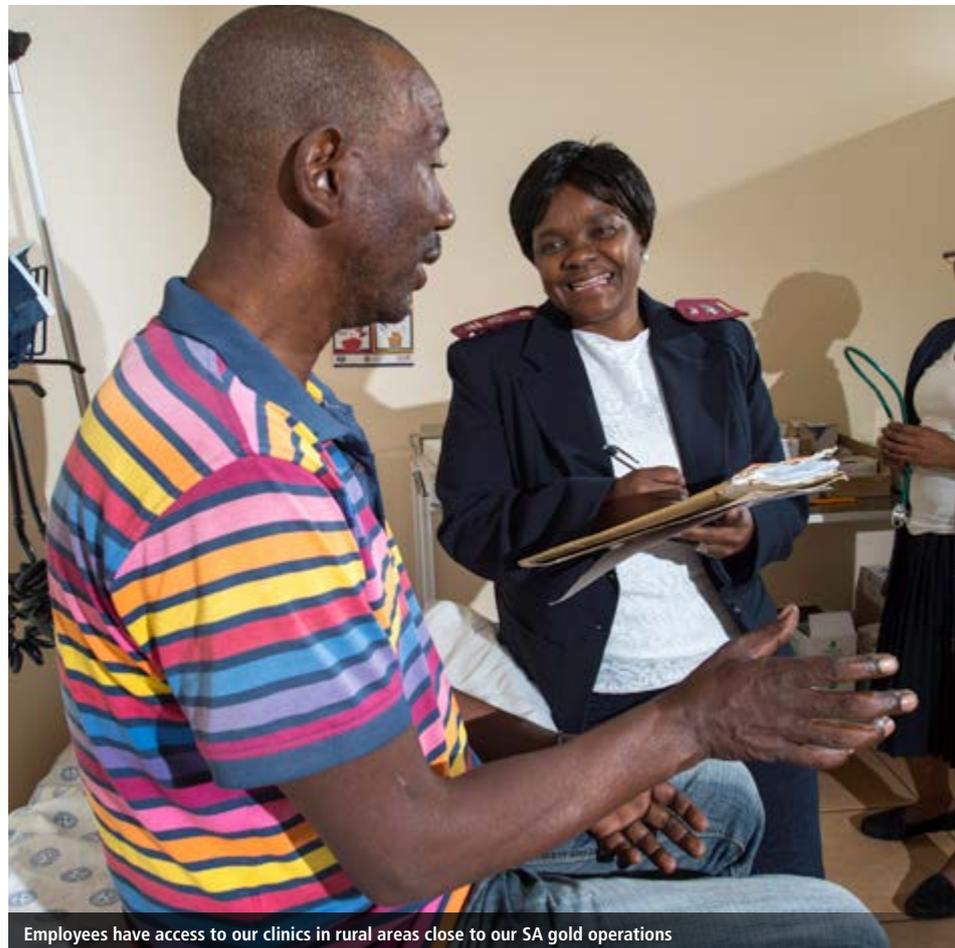


Provision for affordable healthcare presents a challenge that is managed in terms of data analytics, which provide:

- Insight and transparency of aggregate claims, costs and utilisation
- Information on patient clinical needs to assist in identifying gaps in care
- Competition between local providers on cost and quality of care to maximise value

The US operations' health and welfare benefit plans provide access to primary care and specialty care for our employees. A contracted national network partner, Cigna, enables our employees and their families to seek medical and mental health treatment services throughout the US. The structure of our health plan provides incentives for members to seek care locally or within the state of Montana. Incentives include lower costs in the form of discounted services and lower contributions from their wages. Employees and their families also receive co-ordinated and more personalised care from physicians and practitioners who are familiar with the patient's medical history and overall health. South-central Montana has two reputable and competing hospital systems, which each have a presence in many of the outlying rural communities.

Our US operations have a health insurance funded model that allows all US-based employees to consult insurance-approved healthcare providers.



Employees have access to our clinics in rural areas close to our SA gold operations

OCCUPATIONAL HEALTH AND WELL-BEING CONTINUED

PERFORMANCE

In most cases, employee health is closely related to employee safety. Our safety value encompasses occupational health and well-being, which can affect safety performance (see our model on workplace risk and behaviour). In South Africa, in line with employees' rights and responsibilities in terms of declaring a workplace safe, employees must ensure they are ready for work daily by declaring "I am fit, healthy and competent to perform my tasks", which is part of our safety campaign. Sibanye-Stillwater also conducts annual medical examinations of all employees engaged in risky work to ensure that they are fit and healthy enough to meet the inherent requirements of the work assigned to them.

For more information on the two significant safety events in South Africa in the first half of the year, as well as subsequent safety milestones achieved, refer to Ensuring safe production from page 102 of this report.



We sponsor mobile clinics that provide healthcare to the Rustenburg community near our SA PGM operations

COMPREHENSIVE HEALTHCARE IN SOUTH AFRICA

Our quarterly health forum, including representatives of organised labour, focused on a 12-year outlook for health and repositioning of healthcare funding as well as the provision of healthcare to all operations.

In addition, on a global platform, through the Chief Medical Officers Network, we committed to addressing workplace health concerns, such as antimicrobial resistance, obesity, mobility and mental health. Experiences were shared, including a review of our mental health offering and insights into workplace disaster management. We have also invested in training social workers as employee counsellors.

At Beatrix, the pilot project on the social determinants of health highlighted the fact that a number of lifestyle habits, such as smoking, alcohol consumption and lack of exercise, contribute significantly to the disease burden. Other behaviours, such as the sharing of medication and non-adherence to prescribed medication, are additional contributing factors.

Of particular significance is the stress and anxiety reported by participants due to unhealthy relationships and financial hardships, which lead to excessive drinking, smoking and multiple partners. The drug and alcohol awareness programme at our SA operations has reached more than 13,395 employees to date and aims to promote responsible alcohol consumption.

HIV self-testing, which began on World Aids Day in December 2017, continued throughout 2018 in collaboration with Re-Action, a social purpose enterprise delivering, among others, health and sustainability programmes and services. A total of 3,202 employees and partners received HIV self-testing kits at two sites and participated in the initiative. This provided a convenient and alternative testing option. The pilot implementation was informed by consultation with key stakeholders, including employees, senior management and health providers. We found that 7% of these people had never tested for HIV and 35% had not tested in the past 12 months. This presents an opportunity to find undiagnosed HIV-positive employees and to strengthen our HIV screening programme. The findings have been presented to the World Health Organisation and UNAIDS for use in formulating international guidelines on HIV self-testing.

MEDICAL SCHEME STRATEGY

The healthcare strategy adopted by the SA operations advocates a preventative approach, which funds and manages the continuum of healthcare in preference to providing healthcare services. This is exemplified by the growth in medical scheme membership from 8% in 2013 to 51% in 2018, and the support for universal healthcare coverage. The long-term strategic objective is to invest in a single multi-commodity medical scheme, which can provide a customised solution for all employees and their dependants by 2020 while also leveraging economies of scale. The fundamental principle in providing healthcare coverage to people in need and equitable benefits to all employees have been included in the product design for 2019.

During the 2018 gold wage negotiations, three of the representative unions at the SA gold operations reached consensus on the inclusion of transitioning employees from company-provided healthcare to a medical scheme model as part of the formal wage agreement. A task team will expedite the process in 2019.

For the SA PGM operations, the task team convened in 2018 to oversee the transition from multiple medical schemes to a basket of five medical schemes. This resulted in the successful transitioning of 12,500 employees, their dependants and 843 pensioners from Platinum Health Medical Scheme to Sisonke Medical Scheme, Sibanye-Stillwater's in-house restricted medical scheme, which has become the scheme of choice for over 65% of employees.

In an effort to represent the interests of employees and the organisation in a transparent manner, we have formalised employer-participation agreements with all participating schemes in order to enhance the relationship between the funders, providers, the Department of Health and Sibanye-Stillwater.

SA operations: Healthcare funding (R million)

	2018			2017			2016			2015
	Total	PGM	Gold	Total	PGM	Gold	Total	PGM	Gold	Gold
Medical schemes	725	421	304	714	404	310	679	386	293	268
Company-funded	282	12	270	324	21	303	318	14	305	323
Compensation for occupational injuries and diseases ¹ (Rand Mutual Assurance)	213	77	136	208	69	138	210	70	140	124
Total¹	1,220	510	710	1,246	495	751	1,207	470	738	715

¹ Healthcare funding costs exclude Occupational Diseases in Mines and Works Act dust levies for gold (R392 million from 2013 to 2018) and PGM operations (R4.8 million from acquisition to 2018)

SA operations: Funding employee healthcare (Number of employees)

	2018			2017			2016			2015
	Total	PGM	Gold	Total	PGM	Gold	Total	PGM	Gold	Gold
Principal medical scheme members	26,212	18,696	7,516	27,298	18,909	8,389	29,456	20,912	8,544	8,416
Company-funded employees	24,736	0	24,736	24,328	0	24,328	29,188	0	29,188	31,309
Total employees	50,948	18,696	32,252	51,626	18,909	32,717	58,644	20,192	37,732	39,725
Employees on medical schemes (%)	51	100	30	53	100	26	50	100	23	21

SA operations: Medical conditions under management

	2018			2017			2016			2015
	Total	PGM	Gold	Total	PGM	Gold	Total	PGM	Gold	Gold
Chronic medical conditions (schemes)	10,862	6,871	3,992	13,532	8,546	4,986	13,242	8,451	4,791	4,700
Chronic medical conditions (company)	8,364	0	8,365	8,978	0	8,978	9,790	0	9,790	8,814
Total	19,227	6,871	12,357	22,510	8,546	13,964	23,032	8,451	14,581	13,514

SA operations: Occupational diseases (Number of cases reported)

	2018			2017			2016			2015
	Total	PGM	Gold	Total	PGM	Gold	Total	PGM	Gold	Gold
Silicosis ¹	165	106	59	261	68	193	240	89	151	186
Chronic obstructive airways disease ¹	70	41	29	50	13	37	46	16	30	57
Noise-induced hearing loss ¹	243	167	76	193	100	93	188	62	126	105

¹ Number of cases reported includes new and resubmission cases

“The healthcare strategy adopted by the SA operations advocates a preventative approach, which funds and manages the continuum of healthcare in preference to providing healthcare services”

OCCUPATIONAL HEALTH AND WELL-BEING CONTINUED

SA operations: Occupational health management

	2018			2017			2016			2015
	Total	PGM	Gold	Total	PGM	Gold	Total	PGM	Gold	Gold
Medical surveillance and certificate of fitness examinations – Total¹	123,846	50,146	73,700	145,689	52,852	92,837	140,354	52,408	87,946	84,022
Employees	101,152	35,140	66,012	103,841	21,673	82,168	108,135	39,145	68,990	69,284
Contractors	22,694	15,006	7,688	41,848	31,179	10,669	32,219	13,263	18,956	14,738
Days lost due to health-related absenteeism	776,365	293,822	482,543	826,475	321,104	505,371	817,075	340,408	476,667	478,568

¹ Includes heat tolerance screening test (HTS)

HEAT-RELATED ILLNESS

Following a multiple fatality heat-related safety incident at Kloof's Ikamva shaft on 11 June 2018, the SA gold and PGM operations reiterated for all employees standards and procedures regarding thermal stress, including safe declaration and withdrawal temperature limits to all employees (in terms of sections 22 and 23 of the Mine Health and Safety Act). Action undertaken includes continuing to promote awareness of heat-related disorders and retraining of all safety representatives, team leaders, artisans, miners, foremen and shift bosses about monitoring workplace temperatures. The on-mine visitors' procedure, overtime standard and thermal stress threshold have also been reviewed. In addition, the underground working environment is monitored through statutory audits. By assessing risks and implementing control measures, we strive to ensure acceptable environmental conditions to enable safe production.

RADIATION EXPOSURE

Radiation levels are monitored so that employees are not exposed to this health risk, particularly at operations with high levels of radiation, such as Cooke 4, which is on care and maintenance.

At our SA operations we comply with the conditions in our certificate of registration with the National Nuclear Regulator by maintaining employee exposure to ionising radiation at less than 20 millisieverts (mSv) per annum.

As a proactive measure in our US operations, a radiation safety officer was employed in 2018. The processing facilities use nuclear gauges to measure density and monitor vessel levels. The source is then regulated by the Nuclear Regulatory Commission and a radiation safety programme.

UNDERGROUND VENTILATION AND REFRIGERATION

Our underground ventilation and refrigeration systems are reviewed annually against planned production targets to enable safe and productive work. Environmental controls are designed to ensure that underground temperatures remain below 31°C wet bulb. The annual review includes:

- macro-ventilation distribution per shaft and ventilation districts to ensure availability of the required volume of air in each workplace at an acceptable intake temperature
- refrigeration availability and distribution per shaft in order to optimise the effectiveness and positional efficiency of available cooling

NOISE-INDUCED HEARING LOSS

Better detection systems and improved accountability have led to reporting of more cases of noise-induced hearing loss (NIHL) despite greater efforts to address this occupational health issue (see table on page 115 for number of cases reported to date). The diagnosis of NIHL is made on assessment of the percentage hearing loss from baseline audiograms with NIHL defined as a shift in excess of 10% that has developed over a prolonged period after repeated exposure to noise levels exceeding 85dB(A).

At our SA operations, employees' exposure to noise is monitored in terms of the Mandatory Code of Practice on Noise, issued by the Department of Mineral Resources. The Minerals Council South Africa, as a representative of the South African mining industry, also supports this process by sourcing leading practices through the Mining Industry Occupational Safety and Health (MOSH) initiatives.

Investigations are underway to mitigate personal noise exposure for employees, including engineered solutions (such as silencers on rock drills and visible warning signs in relevant areas) in tandem with personalised hearing protection devices, such as earplugs.

“At our SA operations, employees' exposure to noise is monitored in terms of the Mandatory Code of Practice on Noise, issued by the Department of Mineral Resources”

The Mine Health and Safety Council (MHSC) milestone for noise reduction, ensuring all process noise (including machinery) is below 107dB(A) by 2024, can be achieved by ensuring 100% availability and effectiveness of installed noise control equipment (such as inline fan silencers) and practices (such as demarcating noise zones for hearing protection). We also implement the MOSH Buy Quiet Policy, which commits us to procure only equipment and machinery that complies with specific noise-emission requirements.

Personal noise exposures are also routinely monitored within the US operations in terms of a dedicated hearing conservation programme, which provides training on the effects of noise as well as personal protective equipment (PPE) and annual audiograms to detect NIHL. No elevated exposures were recorded in 2018.

DUST MANAGEMENT

In South Africa, where exposure to silica dust has historically been a significant factor causing occupational health issues, specifically at the SA gold operations, plans are in place to achieve the MHSC milestone for silica dust exposure to be below 0.05mg/m³ for 95% of all silica dust measurements by 2024. A step-down approach has been implemented since 2014 to achieve an annual improvement of 20% every year. This is achieved by ensuring 100% availability and effectiveness of respirable installed dust control equipment (such as tip filters) and practices (such as watering down).

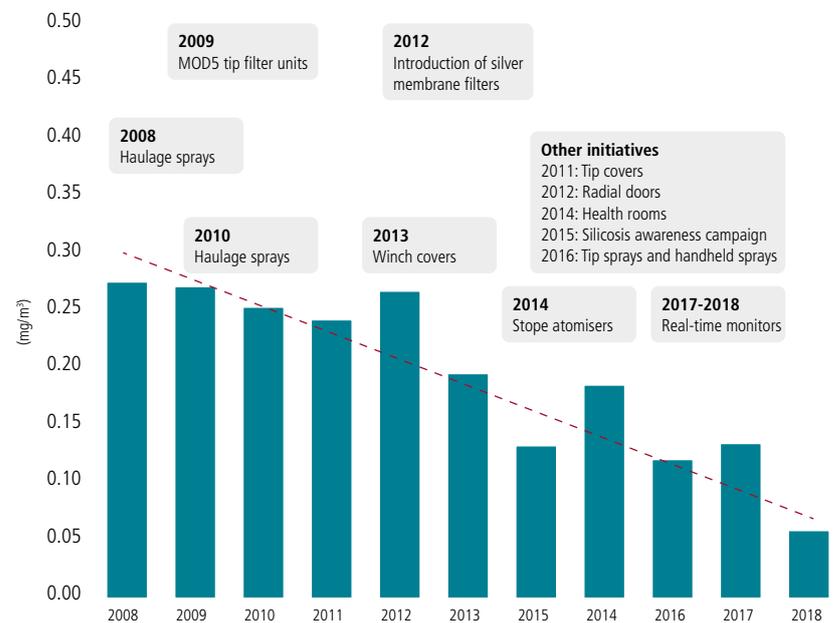
At our SA operations, employees' exposure to airborne pollutants (including silica dust) is monitored in line with the Mandatory Code of Practice for an Occupational Health Programme (Occupational Hygiene and Medical Surveillance) on Personal Exposure to Airborne Pollutants of the Department of Mineral Resources.

The Minerals Council supports this process by continuously monitoring leading practices through MOSH initiatives.

To mitigate the negative health impacts of dust, particularly disease-causing silica dust on gold mines, a new leading practice for dust control was introduced at all shafts in the SA gold operations during 2018: continuous real-time dust monitoring of airborne pollutants. Dust monitors have been installed to identify activities that generate dust. Control measures are then implemented, including employee education, protection at main ore pass systems (tip covers and filtration systems) and winch covers.

The dust load indicates the volume of silica-bearing dust created by our SA gold operations, which can be controlled through a variety of measures. It has reduced over time with the installation of certain devices such as footwall treatment, tip filters and tip covers, stope atomisers and handheld sprays. The real-time dust monitors, introduced to locate sources of dust and as an additional control measure, further reduced overall dust load and silica exposure levels in 2018.

SA gold operations: Average dust load on filter (mg/m³)



Similar trends are found in all mining companies with monthly or annual increases or decreases. The overall annual trend should indicate improvements in line with MHSC milestones until absolute consistency is achieved in maintenance and use of interventions and dust control practices.

“Personal noise exposures are also routinely monitored within the US operations in terms of a dedicated hearing conservation programme, which provides training on the effects of noise as well as personal protective equipment”

OCCUPATIONAL HEALTH AND WELL-BEING CONTINUED

At our SA PGM operations, dust exposure is relatively low but reducing dust on surface, particularly blown off tailings facilities is an ongoing focus area. One personal exposure sample taken at a tailings facility exceeded the occupational exposure limit of 3mg/m³ during the year.

See *Minimising the environmental impact for mitigation measures* on page 143 of this report.

Sibanye-Stillwater met formally with the Medical Bureau for Occupational Diseases (MBOD) about outstanding dust levies prior to the Group's acquisition of the Rustenburg operations. The MBOD has requested additional time for an official response.

In our US operations, to uphold compliance, potential airborne hazards are monitored and pulmonary function is tested annually at all three properties. Industrial hygiene monitoring results indicate the effectiveness of workplace engineering and administrative controls. Where controls are not effective in reducing exposure, specific action plans are implemented. In addition to routine monitoring by employees and the State of Montana, independent industrial hygiene consultants evaluate exposures at the Metallurgical Complex. All results were under exposure limits in 2018. Third-party sampling will continue in 2019.

The analytical laboratory in our US operations does not fall within the Occupational Safety and Health Administration's regulation for lead exposure but has voluntarily implemented controls and monitoring to ensure employees are not exposed to lead.



Dust is controlled by water sprinklers in our underground SA gold operations

OCCUPATIONAL LUNG DISEASE

In November 2014, Sibanye-Stillwater, Anglo American South Africa, AngloGold Ashanti, Gold Fields, Harmony and African Rainbow Minerals formed an occupational lung disease (OLD) industry working group to address issues relating to compensation for OLD in the gold mining industry of South Africa.

The working group's aim was to develop, in conjunction with key stakeholders, a comprehensive and sustainable solution to address concerns about compensation for OLD. Sibanye-Stillwater has been involved in tracking and tracing employees to settle claims relating to silicosis. We have also collaborated with financial institutions and the Mineworkers Provident Fund in distributing unclaimed pension funds.

For more information on the working group and its efforts, see www.oldcollab.co.za

On 3 May 2018, the working group as well as attorneys – Richard Spoor, Abrahams Kiewitz and the Legal Resources Centre – announced that they had reached a settlement in the silicosis and TB class action litigation. The settlement awaits approval by the South Gauteng High Court.

For more information, visit www.silicosissettlement.co.za

SA operations: New and resubmitted cases of occupational lung diseases

	2018	2017	2016	2015
Silicosis				
Gold	59	193	151	186
PGM	106	68	89	
Chronic obstructive airways disease				
Gold	29	37	30	57
PGM	41	13	16	
Cardiorespiratory tuberculosis				
Gold	325	422	545	679
PGM	155	148	73	

Cases and claims: Medical Bureau for Occupational Diseases and Compensation Commissioner for Occupational Diseases

	2018	2017	2016	2015
Cases assessed by Medical Bureau for Occupational Diseases	9,854	14,732	18,251	6,575
Claims processed by Compensation Commissioner for Occupational Diseases	10,575	8,727	4,356	1,177
Total paid to beneficiaries (R million)	212	250	171	56

DIESEL PARTICULATE MATTER CONTROL

Among the airborne pollutants that may compromise the health of employees is diesel particulate matter (DPM), which can lead to chronic obstructive airways disease (characterised by chronically poor airflow, resulting in shortness of breath, coughing and sputum production) due to long-term exposure. Diesel exhaust emissions (including DPM) have been declared human carcinogens (cancer-causing agents).

Across the Group, mitigation measures include increasing dilution ventilation and equipment maintenance to reduce employees' exposure. PPE is also provided to further reduce personal exposure.

Routine sampling continues at the US operations. In 2018, the East Boulder underground operation did not have sample results exceeding 0.176 milligrams per cubic metre for elemental carbon. At Stillwater, respirators were required at two isolated areas underground. All elevated results were followed with corrective actions and the areas were resampled to verify that these actions had been effective. In addition to internal monitoring, mine operations periodically work with the Federal Department of Labor Mine Safety and Health Administration Technical Support to evaluate ventilation controls.

In the SA operations, there is currently no legislated occupational exposure limit (OEL) but our internal control limit for exposure to DPM is to maintain employee exposure at less than 0.2mg/m³ (measured as total carbon). In 2018, a total of 1,361 DPM personal exposure samples were taken at the gold operations – 108 samples (7.9%) were above the Sibanye-Stillwater target of 0.2mg/m³. Investigations into exposures above limit are conducted regularly to establish the root cause and to prevent recurrence. Of the 123 DPM personal exposure samples taken at the SA PGM operations in 2018, 65 samples (52.9%) exceeded the Sibanye-Stillwater target.

The Sibanye-Stillwater target was advised by the Minerals Council while the industry awaits the legislated OEL for South Africa.

SA gold operations: Tuberculosis rates per 1,000 employees

	2018	2017	2016	2015	2014
Total tuberculosis	9.75	10.65	13.42	15.79	16.69
Pulmonary tuberculosis	7.38	8.72	10.86	11.42	12.12
Extra pulmonary tuberculosis	1.86	1.93	2.56	3.99	1.68
Cardiorespiratory tuberculosis	8.30	9.46	11.53	14.41	14.34
Multi-drug-resistant tuberculosis	0.10	0.38	0.34	0.30	0.68

SA operations: Number of new and retreatment cases of tuberculosis

	2018			2017			2016			2015	2014
	Total	PGM	Gold	Total	PGM	Gold	Total	PGM ¹	Gold	Gold	Gold
Tuberculosis	539	157	382	623	148	475	707	73	634	744	832
Cardiorespiratory tuberculosis	480	155	325	570	148	422	618	73	545	679	715
New cases of drug-resistant tuberculosis	13	Unknown	13	28	0	28	24	Unknown	24	29	-
New cases of multi-drug-resistant tuberculosis	4	Unknown	4	17	0	17	16	Unknown	16	14	34

¹ Health data for the PGM operations (Kroondal and Rustenburg operations) for 12 months of 2016

OCCUPATIONAL HEALTH AND WELL-BEING CONTINUED

SA operations: HIV, VCT¹ and HAART²

	2018			2017			2016			2015
	Total	PGM	Gold	Total	PGM	Gold	Total	PGM	Gold	Gold
VCT offered	59,900	28,153	31,747	51,122	25,008	26,114	54,541	27,226	27,225	23,538
VCT conducted	20,544	11,681	8,863	20,326	9,932	10,394	28,717	16,728	11,989	8,505
HIV-positive	887	170	717	1,168	113	1,055	2,204	650	1,634	1,929
Proportion of workforce tested ⁷	33.4%	50%	24%	29%	40%	23%	39%	62%	26%	18%
New recipients of HAART ³	563	0	563	843	Unknown	843	928	Unknown	928	875
Category 3-8 employees on HAART	5,638	0	5,638	5,688	0	5,688	5,561	Unknown	5,561	5,023
HAART patients who are employees ⁴	9,745	3,090	6,655	9,761	3,133	6,628	9,925	3,545	6,380	5,750
Employees who have left HAART programme ⁵	8	0	8	46	0	46	86	Unknown	86	127
HIV prevalence ⁶	4%	1%	8%	6%	1%	10%	8%	4%	13%	23%

¹ Voluntary counselling and testing

² Highly active antiretroviral therapy

³ Entry-level mining employees (Category 3-8)

⁴ HAART patients alive and on treatment, total employees including category 3-8 employees

⁵ Employees who left HAART programme within 12 months of starting antiretroviral therapy (including retrenched employees with ill health and any other labour-related terminations)

⁶ The prevalence rate reported is based on the number of employees testing positive as a percentage of the total number of employees tested in a given period

⁷ VCT conducted as a percentage of total workforce (employees and contractors)

COMMUNICABLE DISEASE MANAGEMENT

We are collaborating successfully with the Department of Health in South Africa and local communities to control the spread of TB across all operations.

In June 2018, we actively participated in an international HIV and TB conference, sharing experiences of challenges in dealing with the social determinants of health from a corporate perspective. We also articulated our contribution to reducing the TB burden.

We have been acknowledged by the Global TB Caucus partnership for our ongoing efforts in helping to end TB and leading the private sector in reducing the rates of TB and HIV in South Africa. Sibanye-Stillwater and the Minerals Council represented the private sector and the mining industry leading up to and at the first high-level meeting of the UN General Assembly on the fight against TB ("United to end tuberculosis: an urgent global response to a global epidemic") in New York on 26 September 2018. The meeting was attended by heads of state and health ministers from 192 countries who agreed to intensify efforts to eliminate TB and accelerate efforts to reach all affected people with prevention and care.

Our success in reducing the TB burden at our gold operations, from 832 cases in 2014 to 382 cases in 2018, can be attributed to improved access to primary healthcare at shaft clinics, staffed by qualified healthcare professionals who are able to detect TB outside the hospital environment, and treat the disease at an early stage.

Another contributing factor to the successful interception of TB transmission is the high retention rate of employees on HIV treatment at 12 months, which stands at 99% today. As TB is activated when a person's immunity is weak, people enrolled in HIV treatment programmes indirectly control the spread of TB.

Over and above these medical initiatives, engagement with the Department of Health and local communities is ongoing (see *stakeholder engagement*). As a result, mainly due to actively seeking TB sufferers and co-ordination of care, we have seen a 61% decline in the spread of TB since 2013.

" We have been acknowledged by the Global TB Caucus for our ongoing efforts in helping to end TB and leading the private sector in reducing the rates of TB and HIV in South Africa "

Sibanye-Stillwater health services provided strong leadership in the three provinces in which we operate:

- In the Bojanala district of North West Province, all mining houses and medical aid schemes participate in the national Masoyise iTB initiative, which oversees TB contact tracing. We also participated in the 2018 TB/HIV summit, which was followed by the provincial World Aids Day event.
- In the Lejweleputswa district of the Free State, we worked in partnership with the MHSC and the Department of Health on the 2018 World Aids Day. We believe that this partnership will realise the WHO End TB Strategy by 2035.
- In the West Rand district of Gauteng, we work on community TB contact tracing through the Masoyise iTB initiative, which ensures that healthcare workers are trained and focus remains on reaching the National Strategic Plan 2017-2022 targets.

SOCIO-ECONOMIC FACTORS AFFECTING HEALTH

A study of the social determinants of health and well-being within the workforce and communities around Beatrix – a district with the highest incidence of TB in South Africa – was concluded in 2018.

As it found that financial debt has a negative impact on employees' health and well-being, our policy on the living out allowance, particularly in terms of its impact on informal settlements, is being reviewed.

In the SA operations, our employee indebtedness programme, CARE for iMali, designed to address some of these issues has been well received.

See the fact sheet: *CARE for iMali* at www.sibanyestillwater.com

In the US operations, our wellness programme, managed by a specialist service provider, pays attention to employee wellness at home and in the workplace, including the Financial Finesse programme in which certified financial planners provide solutions to employees, without any bias, in one-on-one or classroom-based settings.

FUTURE FOCUS

US PGM operations

The US PGM operations are not entirely different from other US employer-sponsored health plans in that high-dollar claimants are the primary drivers of our cost trend. Statistics demonstrate that the majority of our healthcare costs are incurred by a small fraction of our members. In 2019, we embarked on a three-year commitment with two robust and competing hospital systems in south-central Montana and created exclusive provider organisations through which we contract directly with the hospitals and their doctors. The hospitals have agreed to compete for our business, recognising that our financial contribution to the local healthcare community is a significant portion of their revenue stream.

We have introduced a unique benefit plan design that encourages patient and provider accountability. Managing the quality of care is an important new focus. The hospital systems have agreed to share financial risk for unsuccessful treatments. This is an exciting opportunity for an integrated approach to healthcare using primary care physicians to co-ordinate care, integrating delivery systems that optimise primary and specialty care, providing concierge-style nurse navigators to help members receive the most from their benefit plans, to answer healthcare questions, and to manage chronic conditions.

A team of US operations' employees, consultants and healthcare professionals is dedicated to monitoring and evaluating the performance of these networks, and will recommend actions to leaders accordingly, based on the performance of hospitals and the new plans, and thus empower decisions that will have a positive impact on the health of our employees and their families.

SA operations

With a view to 2020, our SA operations are working to ensure that all employees have health insurance, that the scope of services is equitable, that healthcare is accessible and that employees are protected financially. Long-term relationships with funders and communities will form the basis of business dealings aimed at measurable healthcare outcomes.

Over the next five years, we will endeavour to extend universal healthcare coverage to

the families and dependants of employees. We believe that we can achieve this by leveraging cost efficiencies and effective healthcare within the existing system.

Focus group discussions with our human resources and health departments, as well as organised labour, will continue to empower leaders and inform healthcare and safety decisions.



On of our employees at our Columbus Metallurgical Complex in the US