2026 Mine Health and Safety Summit

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Emperors Palace

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Discussion outline

- Welcome and introductions
- Health and employee wellbeing overview
- Health financing efficiency (mixed theme in many slides)
- Noncommunicable diseases and integral wellbeing (Mental health)
- Conclusion
- Q&A

Health, wellness and wellbeing evolutionary model: Our 14-year journey

2013
Foundations of health and wellness

2014
Resourcing and optimisation

2015
Efficiency

2016
Efficiency excellence in clinical care

2017
Efficiency towards excellence in disease prevention

2018
Excellence in disease prevention

2019 and beyond
Integral wellbeing






Hospital-based care

Clinic-based care

Wellness medical model

Wholeness

Key strategic objective: Health financing efficiency

2018-2019

- Towards SSL Group-aligned medical schemes

2020-2022

- Sibanye-Stillwater restricted and/or aligned medical scheme(s)
- Medical Schemes Amendment Bill (Act)

2023-2025

- NHI Act (national policy)
- Health financing (pooling)
- PHC, EMS & SHC access, OHC, repositioning case management, wellbeing

2026-2030

- PHC, EMS & SHC access
- OHS network
- Enhanced case management
- Enhanced (data-driven) wellbeing

Non-communicable diseases

‘Non-communicable diseases (NCDs) are leading causes of death. Diabetes is the leading cause of death in females, while Tuberculosis is the leading cause of death in males.’ Stats SA mortality report, 2023.

The MHSC Milestones 2024 to 2034 include NCDs and mental health.

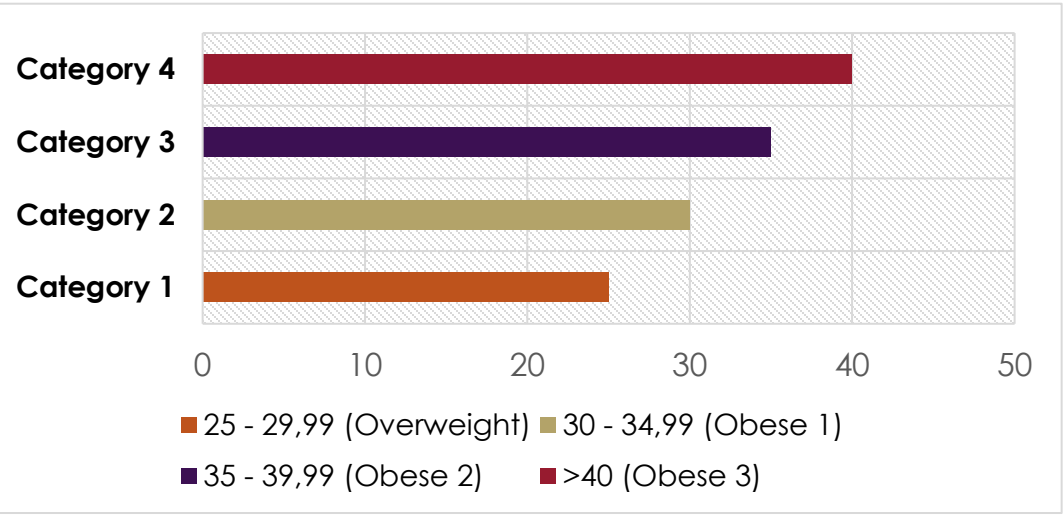
NCDs are life-long risks that largely start in families and communities. They include socio-cultural complexities of perception of wellbeing.

We have geared our workplace to address the NCD epidemic:

1. Occupational medicine surveillance collects the data on NCDs, and new tools have been added since the adoption of the MHSC milestones 2024-2034, such as the Kessler psychological screening test
2. Identified employees with NCD risks are linked to programmes
3. Individual counselling is initiated upon identification at the Occupational Health Centres

Obesity Type 2 – BMI >35 (April 2026)

Operation	Total	Male	Female
Operation 1	3,225	1,640	1,585
Operation 2	2,551	1,298	1,253
Operation 3	3,374	1,640	1,734
Operation 4	76	53	23
SA	**9,226**	**4,631**	**4,595**



1

Medical management and intervention

- Medical workup
- GLPs (Ozempic-like drugs)
- Bariatric surgery

2

Behavioral intervention

- Dietician
- Physical activity
- Psychologist
- Family

3

Community referrals and infrastructure

4

Digital measurement and monitoring

- Garmin Forerunner 165/Corsano (health tech, wearables)

BMI = Weight in kg /Height in metres * 2

Universal health coverage

	Health financing	Access to services	Benefit scope
Emergency medical services	Medical schemes and Sibanye-Stillwater	Workplace and community	Medical schemes rules and Sibanye-Stillwater workplace KPI of <20 minutes of call
Non-statutory (PHC/SHC/ Rehabilitation)	Medical schemes	Workplace and community	Medical schemes benefits
Statutory (OHS)	Sibanye-Stillwater and contractor employer	Workplace and wider health system networks	COIDA, MBOD, RMA benefit schedule
Wellbeing	Medical schemes and Sibanye-Stillwater	Workplace and wider health system networks	Sibanye-Stillwater, medical schemes, and community
Affiliations	Mixed	All employees and communities	MHSC/ICMM/IPA/WGC

Integral wellbeing (IWB)

1. Encourage **individual ownership and accountability** for wellbeing
2. Offer opportunities and guidance to employees to effectively **manage individual wellbeing**
3. Enable the company to **address aspects of integral wellbeing** that may impact employees' performance and the achievement of organisational objectives
4. Demonstrate the impact of wellbeing activities on **achieving organisational goals**
5. Promote a safe and healthy working environment for **optimum productivity and preserving human life and health**
6. Reduce **employee risk** related to health and well-being issues
7. Reduce and **contain health and wellbeing costs**
8. Enhance the **employee value proposition** by promoting a culture of integral individual and overall organisational wellbeing

Source: Adaptation of the SABPP's purpose of wellness

GBV reporting and referral centres and Women in Mining (WiM) programmes

Dedicated support structures are available across operations, including:

- **Gender-based violence (GBV) reporting and referral centres**
  - Established in 2022, these centres are supported by on-site social workers and Protection Services and are affiliated with safe houses
  - They have developed referral pathways to law enforcement and specialist support services as needed
  - Employees have access to confidential support in a safe and supportive environment
  - In addition to addressing GBV, the centres serve as a haven for broader psychosocial support. They also welcome walk-ins for issues related to grief and loss, family and relationship matters, stress and trauma, medical concerns, suicidal ideation, and substance abuse
  - The strong participation by men demonstrates that the centres are viewed as a source of support for everyone, thus enhancing, rather than undermining, the GBV mandate
- **Women in Mining (WiM) programmes** that promote inclusion, empowerment, and employee wellbeing

Mental health support

1. Flexible access

- Integral wellbeing employee assistance programme (EAP) supports multiple access channels, including face-to-face, telephonic, MS Teams, and other digital platforms to meet diverse employee needs
- 24/7/365 confidential counselling and mental health support through Lyra

2. Remote access: approved networks

- **Partnership** with specialised wellbeing providers ensures professional support for employees and their families
- **Collaborations** with outsourced service providers/experts (e.g. Lyra - 24/7/365 EAP, psychologists, hospitals and financial wellbeing provider DCM, etc.)
- **Bring expertise** in mental health, financial counselling, and Employee Assistance Programme (EAP)

3. On-site access

- **Occupational healthcare centres:** Kessler 10-point questionnaire administered during medical surveillance – a validated tool utilised to screen for common mental health conditions such as anxiety and depression. Established internal and external referral pathways
- **Social workers** provide immediate, face-to-face support as they understand unique operational and employee contexts, e.g., communication, awareness, and linkage to other services such as financial wellness etc.
- **Care for iMali:** Financial wellbeing support programme through on-site financial coaches

Care for iMali programme

- Financial wellness programme for SA employees
- Launched in 2014 at the SA gold operations; expanded to our SA PGM operations in 2019
- **Individual coaching offers confidential one-on-one consultations to tailor savings and financial plans:**
  - Promotes financial security & overall wellbeing
  - Access to credit reports & support to improve credit scores
  - Helps increase disposable income
- Supports access to formal credit (home & vehicle ownership)
- Reduces reliance on informal lenders (mashonisas)
- **Debt support solutions:**
  - Creditor negotiations, consolidation & restructuring
  - Prevents legal action, judgments & additional costs
- **Financial education sessions:**
  - Budgeting, credit, insurance, tax & debt management
  - Managed payroll deductions via Wellness Gateway
  - Ensures affordability (≤30% of net salary)

NCD data from medical schemes

	Count	Cost YTD Sept
Hypertension	5 792	3 735 955
Hyperlipidemia	2 310	685 600
DM 2	1 578	1 905 043
Thrombo embolic prophylaxsis	1 164	
Depression PMB	842	
Asthma	650	413 071
Hypothyroidism	539	
Gout	489	
Allergic Rhinitis	419	
Menopause	233	
Chronic Renal Disease		516 149
Epilepsy		455 701
Multiple Sclerosis		306 808
Hypothyroidism		303 186
Rheumatoid Arthristis		286 951
Bi Polar Mood disorders		286 179
	14 016	8 894 643

Most medical schemes have begun sharing de-identified clinical data: OHC data remains the most verifiable data on employees

Conclusion

Noncommunicable diseases have shared risk factors

Five major modifiable risk factors drive most NCDs:

- Tobacco use
- Unhealthy diet (especially excess salt, sugar, and unhealthy fats)
- Physical inactivity
- Harmful use of alcohol
- Air pollution

These often lead to intermediate (metabolic) risks that can be measured: raised blood pressure, high blood glucose, overweight/obesity, and high blood lipids.

Many NCDs are preventable. Effective approaches include:

- Population-level policies (tobacco and alcohol taxes, limits on salt/sugar in processed foods, cleaner air, cities designed for walking and cycling)
- Individual behaviour change (not smoking, healthier diet, regular activity, limited alcohol)
- Early detection and treatment (blood pressure and diabetes screening, essential medicines, cancer screening where appropriate)
- We have set our MHSC milestones 2024-2034: We all have to play our roles, behave well, and support one another

we are one

Sibanye Stillwater

Thank you

Questions?

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Get to know the presenter

Dr. Jameson Malemela

is the Senior Vice President, Health and Employee Wellbeing at Sibanye-Stillwater.

He joined Sibanye-Stillwater in 2012. In his current role, he is responsible for Group Health and Employee Wellbeing. He leads teams that design and implement the Group's Health and Wellbeing strategy, which focuses on the efficient and equitable utilisation of company resources to achieve the best possible health and wellbeing outcomes for stakeholders. The strategy places a deliberate emphasis on preventative healthcare while optimising access to health services.

Dr. Malemela has over 30 years' experience in occupational health, clinical research, pharmaceutical management, and health systems redesign and optimisation.

He holds an MBChB and postgraduate qualifications in occupational health, health economics, and leadership development from Sefako Makgatho, Pretoria, Johannesburg, and Cape Town universities.