Whither to occupational health in South Africa?

Frank Fox
National Secretary: SASOM, e-mail: frankhfox@gmail.com

Occupational health, or the lack of it, has been in the news recently in a number of ways. First, there is the epidemic of silicosis combined with TB in ex-mine workers which has resulted in legal action against the mining industry and second, there is the unfortunate state of affairs in the Compensation Commissioner’s offices, both at the Department of Health CCOD and the Department of Labour Compensation Fund, where claims are not being paid. The person who suffers most as a result of this is the worker who does not get access to care when needed and doesn’t get the compensation owed either.

Underneath all of this is the provision of occupational health services which are meant to prevent occupational injury and disease in the first place. There are very few multidisciplinary State occupational health services (apart from limited services for some public sector employees and the National Institute for Occupational Health (NIOH)), and service delivery is through the private sector by occupational nurses, occupational medicine practitioners (doctors) and occupational hygienists. This is limited to those companies with a conscience and that can afford the services needed, and there is an enormous gap in SMMEs and the informal sector where there is no occupational health. This gap has been recognised in the National Health Insurance (NHI) white paper but the focus seems to be on curative and assessment services provided from clinics rather than preventive care.

Occupational injuries are obvious and get immediate attention but occupational disease is often occult and doesn’t appear until many years of continuous exposure have elapsed. Further, occupational injuries affect individuals, and diseases affect large numbers of people, rendering them unfit for work and creating a burden on society, often impoverishing entire communities (as in the case of silicosis and TB). The ILO estimates that about 2 million deaths occur annually due to occupational exposures, and Fingerhut et al., 1 commenting on the WHO Global Burden of Disease Project, 2 make the point that just five occupational risk factors account for 850 000 deaths and 24 million years of healthy life lost per annum. They also make the point that virtually all cases of silicosis, asbestosis and coal worker’s pneumoconiosis are occupational in origin. South Africa has a huge problem in these areas.

Risk management to prevent occupational disease is regulated by two different government departments in South Africa (the Department of Mineral Resources for the mines, and the Department of Labour for all other industry). These two departments have separate Acts of parliament that they administer, and operate separate Inspectorates. The regulations under these Acts cover the same occupational risks yet sometimes take different approaches. The control of exposure to hazardous substances is regulated by two sets of occupational exposure limits (sometimes being applied to the same workplace).

All this can be very confusing and, added to this, there are two different government departments managing compensation for occupational diseases. The Department of Health administers the Occupational Diseases in Mines and Works Act (ODMWA) which provides for compensation for occupational lung disease in miners, and the Department of Labour administers the Compensation for Occupational Injuries and Diseases Act (COIDA) which covers everything else.

In the middle of all this sits a single organisation which spans both sides but leans towards the mining sector: the NIOH. This institute, which is very similar to institutes in other countries (NIOSH in the USA, to mention just one), currently resides in the National Health Laboratory Service (NHLS), a public entity governed by a board appointed by the Minister of Health. The NIOH provides, variously: laboratory services (clinical and occupational hygiene), consulting services (in a broad range of occupational health disciplines), research, and teaching of scientists, doctors and hygienists through affiliation with Wits University and links to other universities. Despite the pivotal role that this institute has had in the past, and should have in a new view of the management of occupational health risk, its future is doubtful. The NHLS is in trouble: bills are not paid by the Provinces and funds are short. Bodies such as the NIOH may be seen as nice to have.

Occupational health is a multidisciplinary field, requiring an understanding of engineering, medicine, ergonomics and toxicology to mention but a few areas, and is covered mainly by the disciplines of occupational hygiene, occupational medicine and occupational health nursing, with input from other clinical disciplines. Skilled practitioners are in short supply. Occupational medicine is a recently recognised specialty and the numbers of specialists is slowly growing; but outside of academic departments there is currently little scope for career development. The Southern African Institute for Occupational Hygiene (SAIOH) examines and accredits
occupational hygienists who have obtained training available at a few academic institutions in the country. Skills in this field are scarce and attention is needed to both training and career development if we are to meet the needs of the economy and prevent further outbreaks of occupational disease.

In conclusion, we sit with a major health risk that is poorly understood by the mainstream medical fraternity, has fragmented regulatory control across both prevention and compensation, a shortage of skills in the field, and a national institute that might be in jeopardy.

With all this going on there is a need to highlight the issues in occupational health to create greater awareness of the issues and perhaps stimulate a dialogue between the major stakeholders to map out the future of occupational health in South Africa. Could the NIOH become the glue between all the pieces?

With this in mind, SASOM and SAIOH have commissioned a series of articles to discuss occupational health in more detail over the next few issues of Occupational Health Southern Africa, which will hopefully stimulate the discussion.

REFERENCES

Where to NIOH?

Kathy Malherbe

e-mail: kathy@iafrica.com

BACKGROUND

The National Institute for Occupational Health (NIOH) – part of the National Health Laboratory Services (NHLS) – is the only multidisciplinary specialised state occupational health service in South Africa. It is not only the scientific resource to all industries nationally, but a player within and outside the African continent. Apart from assisting with the drafting of regulations and providing specialised services and laboratories, staff is also involved in research, teaching, and specialised skills training.

Rumours are that the Institute’s role and future home are under revision. Perhaps the problem is the lack of real understanding of the role of occupational health in South Africa? A fiscal challenge? Or, at worst, restructuring without ownership as it does not fit neatly into a box of health services. Kathy Malherbe looks at the well-being of occupational health, the role of the NIOH, and why it appears to be an unnecessary conundrum for all stakeholders.

WHERE TO NIOH?

Occupational health has been in the news recently, predominantly for the wrong reasons, due to epidemics of occupationally-related diseases amongst mine workers and the lack of delivery from the Compensation Commissioners’ offices. The NHLS too has been marred by corruption allegations this year and the swift termination of the whistle blower’s employment.1 However, they welcome a new era of good news with the appointment of Joyce Mogale as the new CEO this month. The general consensus is that Mogale will bring a welcome change and restructuring of this umbrella body.

The NHLS is the largest diagnostic pathology service in South Africa, with the responsibility and pivotal role of supporting the national and provincial health departments in the delivery of healthcare. It also provides laboratory and related public health services to over 80% of the population through a national network and adheres strictly to international standards. Testimony to this is that the NHLS was the recipient of a prestigious international award in ‘European Quality’ in the health sphere in Monteux in Switzerland.2

Is the NIOH to become a refugee?

Rumour has it that the NIOH is going to be forced out of its home – currently the NHLS. And the organisation appears to have nowhere to go. Alleged re-structuring is neglecting to take into account the pivotal role it plays in occupational health and safety in South Africa. Preventive health is poorly understood by most people and, when it comes to health and safety, prevention needs a great deal of motivation and, often, enforcement. The end user – the worker – suffers the most if prevention is ineffective.

Unless the restructuring takes into account the needs of affected parties, an opportunity to build an institute most appropriate for South Africa will be lost, and what we have could well be damaged.

The NIOH is a division of the NHLS but the plan is to move it out of the NHLS along with the National Institute for Communicable Diseases (NICD) and the National Cancer Registry (NCR). However, the NICD and NCR are going to be part of the newly formed NAPHISA – National Institutes of Public Health of South Africa. The NIOH was also supposed to be part of NAPHISA but, for incomprehensible reasons,