Leadership, multisectoral collaboration, and institutional legacy in occupational health: Reflections on Dr Thuthula Balfour's contribution to the South African mining sector

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INTRODUCTION

This article examines how sustained leadership, multisectoral collaboration, and evidence-informed programme development can strengthen occupational health systems. Drawing on Dr Thuthula Balfour's contribution to the South African mining sector, it reflects on the Masoyise Health Programme, women's health initiatives, collaborative governance, and professional mentorship. The account identifies transferable lessons for aligning diverse stakeholders, connecting workplace and public health priorities, and sustaining institutional capacity. It also acknowledges Dr Balfour's service and the continuing relevance of the structures and partnerships she helped establish.

The article is written from an institutional perspective and draws on programme experience, organisational records, and the Masoyise Health Programme 2025 Annual Report.[1] It is not intended as a comprehensive evaluation of Dr Balfour's career or of the programmes discussed; rather, it identifies practice-based lessons that may inform occupational health leadership and governance in comparable settings.

Across a long career in public health, including 18 years of service as Head of Health at the Minerals Council South Africa, Dr Thuthula Balfour contributed to the development of collaborative approaches to health in the mining sector. Her leadership of the Masoyise Health Programme and Women in Mining initiatives illustrates how occupational health strategy can extend beyond the workplace to address the health of mineworkers, their families, and mining-affected communities.

Throughout her career, Dr Balfour advocated for preventive healthcare, occupational health excellence, and evidence-informed public health interventions. Her work supported efforts within the South African mining sector to strengthen health systems, improve workplace health standards, and advance the protection of mineworkers' health, with particular attention to occupational medicine and occupational hygiene.

Programme leadership and multisectoral collaboration

During her tenure at the Minerals Council South Africa, Dr Balfour provided strategic leadership and oversight across initiatives addressing tuberculosis, HIV, non-communicable diseases, occupational lung diseases, mental health, women's health, and cancer prevention. Taken together, these initiatives demonstrate an effort to coordinate occupational and public health priorities across the mining industry.

Dr Thuthula Balfour
Photograph: courtesy of MCSA

Established in 2015, the Masoyise Health Programme developed into a multisectoral partnership involving mining companies, organised labour, government departments, communities, and development partners. According to the Masoyise Health Programme 2025 Annual Report, its work under Dr Balfour's leadership focused on tuberculosis, employee wellness, and the health of mining communities, providing a platform through which sector stakeholders could coordinate interventions and monitor shared health priorities.

The programme achievements described in this article should be interpreted as a reflective account of professional practice rather than as a formal outcome evaluation. Programme monitoring data are presented in the Masoyise Health Programme 2025 Annual Report.

Three transferable lessons emerge from this account: sustained institutional leadership can maintain attention to long-term health priorities; multisectoral governance can align stakeholders with different mandates; and evidence-informed programme design

can connect workplace health services with broader public health needs. These lessons provide the organising framework for the reflections that follow.

Dr Balfour's approach emphasised that sustainable improvements in occupational health require shared ownership among employers, organised labour, government, health professionals, communities, and development partners. Under her leadership, the Masoyise Health Programme created a common platform for aligning priorities and coordinating action across stakeholders with different mandates. The model is especially relevant to mining-related health challenges that extend beyond the reach of workplace services and require continuity across occupational, public health, and community systems.

Capacity development and emerging priorities

Beyond programme leadership, Dr Balfour contributed to occupational health capacity through mentorship, professional advice, and knowledge sharing. Colleagues within the Minerals Council and its stakeholder networks have described her leadership in terms of integrity, strategic vision, and an ability to combine technical purpose with compassion. These contributions supported the professional relationships and leadership capacity needed to sustain health programmes across the mining sector.

Her leadership also extended to emerging priorities, including mental health and women's health. Through initiatives such as the Women in Mining Health Needs Assessment, which is currently being rolled out, she supported efforts to identify health needs and use evidence to inform healthier, safer, and more inclusive workplaces for women in mining. This organisational experience underscores the need for occupational health programmes to account for differences in work experience and exposure when defining priorities and interventions.

CONCLUSION

As Dr Balfour enters retirement, her contribution is evident across sector-wide health programmes, collaborative governance, workplace health practice, and the mentorship of occupational health professionals. Together, these contributions show how sustained leadership can translate public health priorities into durable institutional practice.

The enduring value of the structures she helped establish lies in their capacity to align diverse partners, sustain attention to long-term priorities, and support evidence-informed responses to persistent and emerging occupational health challenges.

Dr Balfour's service offers a practical lesson for the future of occupational health leadership: lasting progress depends on strong institutions, shared accountability, and continued investment in professional capacity. These principles provide a durable framework for strengthening the systems that protect mineworkers, their families, and mining-affected communities. We wish Dr Balfour good health and fulfilment in retirement.

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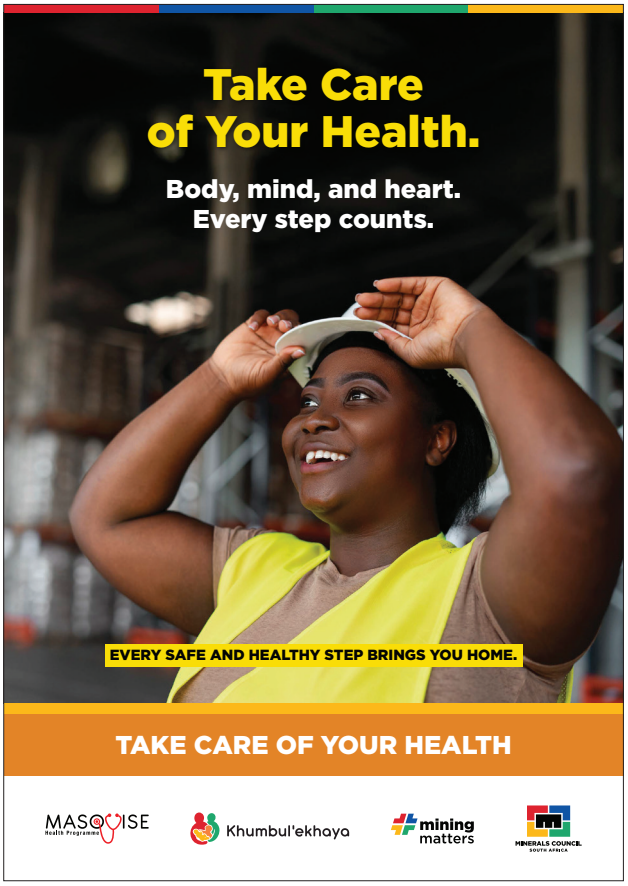
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