**Ms Vuyokazi Majalamba**

**For Attention: Deputy Director-General: Health Regulation and Compliance Management, Dr A Pillay**

**Portfolio Committee on Health**

**3rd Floor, 90 Plein Street, Cape Town, 8000**

**E-mail:** [**vmajalamba@parliament.gov.za**](mailto:vmajalamba@parliament.gov.za)**;** [**PillaA@health.gov.za**](mailto:PillaA@health.gov.za)

**Fax: 086 694 3279**

**REFERENCE: National Public Health Institute of South Africa (NAPHISA) Bill [B16-2017]**

**GENERAL COMMENT**

NIOH welcomes the opportunity to comment on the amended Bill and wishes to congratulate the National Department of Health (NDoH) on its vision of establishing a cross-disciplinary public health service which now includes Occupational Health. The inclusion, will harness the skills and expertise that already exist within the National Institute for Occupational Health (NIOH) to address key priorities through occupational health promotion as well as disease and injury prevention in both the formal and informal sectors. In the main, the Bill was found to be well articulated to deliver cost effective and efficient holistic public health services in South Africa and bring cohesion within the public service. We, however, would like to address aspects that we believe will further strengthen the NAPHISA. We hope our comments will address possible ambiguities In the Bill and enhance its enabling functions so that the intended outcomes and outputs are achievable.

Our most substantial comment is on Environmental Health and Occupational Safety. Environmental health in this context is risks to the heath of communities arising from industrial activities (e.g. mesotheliomas in communities in close proximity to asbestos mining but with no work exposure). Worldwide it has become commonplace to combine occupational and environmental health as they are closely associated disciplines. Typically national entities also cover occupational Safety. We feel that the exclusion of Environmental Health and Safety (as a consequence of work related activities) will have a negative impact on effectively addressing key challenges of industrial exposures and risks. The Global Burden of Disease 2013 report (Lancet, 2015), listed **Occupational and Environmental Health** as one of the three risk factors contributing to over 50% of global mortality. **Occupational and Environmental Health and Safety** are also in keeping with the definition of public health under the definitions section of the Bill. Therefore, there should be no separation of O**ccupational and Environmental Health and Safety**. The main benefit of the inclusion of **Occupational and Environmental Health and Safety** will be to assist the government to reduce and prevent public health challenges as a result of work activities that are not only confined to the work space. In addition, the better utilization of workplaces to control hazards more effectively will be enhanced.

An additional substantial comment is on point **27. FINACIAL IMPLICATIONS FOR STATE**

* 27. The Bill makes provision for five divisions, namely the National Institute of Communicable Diseases (NICD), National Institute of Non-Communicable Diseases (NINCD), National Cancer Registry (NCR), injury and violence (NIVIP) and occupational health (NOIH). The Bill will initially focus on Communicable Diseases and Cancer Registry.
* *#: The Bill should make provision for five divisions namely the National Institute of Communicable Diseases (NICD), National Institute of Non-Communicable Diseases (NINCD), National Cancer Registry (NCR),* ***National Institute for Violence and Injury Prevention (NIVIP)*** *and* ***National Institute for Occupational and Environmental Health and Safety*** *~~(NOIH)~~* ***(NIOH)****.*
* *#The Bill will initially focus on Communicable Diseases, Cancer Registry and Occupational and Environmental Health and Safety. Since the latter institute already exists and is partially funded within the NHLS and will migrate to the NAPHISA it is unclear why only two will be prioritised.*

**SPECIFIC COMMENTS**

The following specific comments or concerns regarding the Bill are put forward. Additions are highlighted in blue.

**PAGE 1:**

* The NAPHISA Bill is classified as a Section 76 Bill which means that the NAPHISA Bill falls within a concurrent jurisdiction between the National and Provincial Spheres of government, and therefore may affect Provinces in varying ways. It is unclear what the concurrent jurisdiction is?

**PAGE 2:**

* The second page is numbered 5 and should be 2.
* **RECOGNISING** that communicable and non-communicable diseases, occupational health, injuries and prevention of violence are important health challenges in South Africa;

*#:* ***RECOGNISING*** *that communicable and non-communicable diseases,* ***occupational and environmental health and safety****, injuries and prevention of violence are important health challenges in South Africa;*

* restructuring and transformation of the public health sector to provide **evidence based leadership** and public health services, and to serve as focal point for the efforts to protect and improve health; and

*#: “Evidence based leadership” uncertain what this means?*

* Third bullet under **AND IN ORDER TO**- provide training, conduct research and support interventions aimed at reducing the burden of communicable and non-communicable diseases and injuries and aimed at improving occupational health,

*#: The provision of training and conducting research is covered in previous bullet. Perhaps the bullet should read as follows “support interventions aimed at reducing the burden of communicable and non-communicable diseases and injuries and at improving occupational and environmental health and safety”*

**PAGE 3:**

* **‘‘surveillance’’** means an information-based activity involving the collection, analysis and interpretation of large volumes of data originating from a variety of sources to predict, observe and minimise the harm caused by outbreak, **workplace exposure or other risk factors**, epidemic and pandemic situations, and to increase knowledge about which factors contribute to the harm caused by outbreak, epidemic and pandemic situations;

*#: Include “workplace exposures” in the definition for surveillance*

*#: As the NAPHISA will be dealing with confidential patient and client information and will be required to share information and have access to information which may introduce legal impediments to the collection of information from national surveys of other organisations such as Statistics South Africa, the Bill may need to make reference to the Protection of Personal Information Act (PoPI Act) and Promotion of Access to Information Act (PAIA) to achieve its objectives.*

* Section 2 (1)

(c) should be **Occupational and Environmental Health and Safety**

* Section 3 (1): perhaps this section should be organised according to specific categories (e.g. coordination, advisory/policy, capacity development, technical, public health intelligence, communication, advocacy)

(b) coordinate, develop and maintain surveillance systems to collect, analyse and interpret public and **occupational and environmental health and safety** data in order to guide health interventions;

(d) use public and **occupational and environmental health and safety** information for monitoring and evaluation of policies and interventions;

(e) coordinate **and where appropriate provide** reference laboratory and referral services

(f) provide leadership and direction to provinces, **other governments departments** and local authorities in respect of disease and injury surveillance, outbreak response **and occupational and environmental health and safety assessments**;

(g) strengthen capacity in public ~~and occupational~~ health surveillance in order to reduce the burden of disease and injury;

(h) strengthen the capacity of the workforce in occupational health by ~~developing~~ **advising** on the **curricula** for **occupational and environmental health and safety**;

*#: How will joint appointments with universities be managed?*

(i) strengthen cross-border, regional and international collaboration on communicable diseases, non-communicable diseases, injury and violence prevention and **occupational and environmental health and safety**;

(j) strengthen epidemiology and surveillance of communicable diseases, non**-**communicable diseases, cancer, injury and violence prevention and occupational **and environmental** health and safety;

**PAGE 4:**

(m) collaborate with relevant government departments and government agencies to implement communication strategies on public and **occupational and environmental health and safety** issues and outbreak response;

(n) provide technical support to ~~all~~ **different** spheres of government and other regulatory bodies, **organised labour and employment bodies** on surveillance of communicable diseases, non-communicable diseases, cancer, injury and violence prevention and **occupational and environmental health and safety** and mitigation strategies for occupational and **environmental** exposures;

(o) coordinate research and, where appropriate, conduct research **including operational** **research** to inform policy and guidelines on communicable diseases, non-communicable diseases, cancer surveillance, injury and violence prevention and **occupational and environmental health and safety**, and must develop processes for dissemination of research findings to key stakeholders;

(q) strengthen advocacy, social mobilisation and partnerships in order to address communicable diseases, non-communicable diseases, cancer surveillance, injury and violence prevention and **occupational and environmental health and safety**;

(r) **Coordinate and where appropriate** provide training and technical information on health issues to health professionals, governmental and regulatory bodies **and lay cadres**;

(t) maintain accredited reference and specialised laboratories for pathogen**/exposure** detection, disease and injury surveillance and monitoring, outbreak response and the provision of scientific evidence to prevent and control ~~infectious~~ diseases;

*#: Specialised laboratories within NAPHISA will not be limited to pathogen detection for communicable disease but other sources of exposures results in non-communicable diseases as well*

(u) monitor trends in **occupational and environmental health and safety** and conduct workplace health risk assessments;

(w) produce and distribute reports on health and disease profiles, injuries and violence and **occupational and environmental health and safety**; and

(x) **Coordinate and where appropriate** provide specialised and referral services related to **major** **occupational and environmental health and safety issues**, including—

(i) specialised ~~analytical~~ laboratory services to support the practice of occupational medicine and occupational hygiene;

# ***analytical*** *may be too restricted*

(ii) consultations on the appropriate collection of samples;

(iii) **analyses and/or** measurement of ~~selected~~ **hazardous** contaminants from environmental and biological samples collected from the workplace ~~and from~~ **including** workers, and participation in quality assurance schemes for selected hazardous agents;

(iv) ~~analyses of workplace contaminants in biological and environmental samples for toxic metals, organic substances, pesticides and persistent organic pollutants;~~

*#: same as (iii)*

~~(v) specialised testing for bio-aerosols and nano-particles;~~

*# We think that the Bill should not be so prescriptive as exposures may change overtime*

~~(vi) assessment of occupational allergies;~~

*#: addressed in (i)*

(vii) advising on the prevention of occupational diseases and occupational injuries;

(viii) conducting workplace visits and risk assessments of hazardous factors; and

(ix) providing pathology services for occupational health.

* Section 3(2) For the purposes of subsection (1)(e), ‘‘referral services’’ means any specialist services that require specialist knowledge, skills and interventions.

*#: This point may be better placed in the definitions section*

* Section 3 (3) c

*# Covered in Section 3(1) o*

(d) cooperate with persons and institutions undertaking basic **and applied** research in the Republic and in other countries by the exchange of scientific knowledge and the provision of access to the resources and specimens available to the NAPHISA;

**PAGE 5:**

(y) appoint officers and employees at such remuneration and on such conditions ~~as it may deem fit~~ **aligned to Department Public Service Administration** and subject to the relevant labour legislation;

(zA) establish and manage pension schemes, in consultation with the Minister of Finance, medical aid schemes and other incentive schemes for its officers and employees, and appoint trustees and other officials for such schemes; and

*#: Current National Health Laboratory Service (NHLS) staff on the Alexandra Forbes or GEPF pension schemes will need to be consulted about the possible implications of this provision.*

**Composition of Board**

* Section 5 (1) The Board consists of the following members, appointed by the Minister, taking into account, amongst other things the appropriate representation of race, gender and disability:

**PAGE 6:**

* Section 5(c) (v) **occupational and environmental health and safety**

*#: Recommend representation from the private sector and worker representation on the Board.*

**Disqualification from membership of Board, vacation of office by member, removal of member from Board and dissolution of Board**

* 8(1)(c)has at any time been convicted of an offence involving dishonesty, whether in the Republic or elsewhere, sentenced to imprisonment without the option of a fine;

**Meetings of Board**

* 9(5) Minutes of the proceedings of every meeting of the Board must be prepared and entered in a book kept for that purpose.

*#: Is a “book” appropriate? Also, the minutes should be kept by whom and for what duration?*

**PAGE 8:**

**Functions of Chief Executive Officer**

* 12 (2)(g) the issuing of guidelines regarding the manner in which claims should be handled;

*#: it is unclear which claims are referred to here.*

**PAGE 9:**

**Intellectual property rights**

* How will Intellectual property be dealt with if the IP holder(s) is part of the transition to NAPHISA and some remain in other institutions?

**Finances of NAPHISA**

* The funding stream “(a)money appropriated by Parliament” should be lifted out of the list to indicate its dominance. Possibly: The NAPHISA will be funded by money appropriated from Parliament. Additional funds may be obtained from a) ……..e)………….(This in accordance with point 5. ANALYSIS OF BILL, PAGE 11.)

**PAGE 10:**

**Transfer of certain property belonging to State to NAPHISA**

* 19. Any immovable property belonging to the State may be transferred to the NAPHISA on such conditions as the Minister with the concurrence of the Minister of Finance may determine in order to enable the NAPHISA to perform its functions.

*#: Does the State include the NHLS? Most immovable property required by NAPHISA is owned by the NHLS. Also, this section states that immovable property* ***may*** *be transferred. If it is not this may have substantial financial consequences to the establishment of the NAPHISA as the summary budget (section 28) did not take leasing property into consideration.*

*#: How will property that was funded through grants be managed?*

*#: what about all the laboratory instruments and equipment, furniture, computers, etc etc? Is this provided for in 20 (6)?*

**Transfer of employees, assets and liabilities from National Health Laboratory Service to NAPHISA**

* 20 (6) When the employees referred to in subsection (1) are transferred to the NAPHISA, all assets and liabilities of the National Health Laboratory Service referred to in that subsection that were transferred to the National Health Laboratory Service in terms of item 2 of the Schedule to the National Health Laboratory Service Act, 2000 (Act No. 37 of 2000), must be transferred to and vest in the NAPHISA at the same date.

*#: This section or other section does not include potential future NAPHISA employees outside the National Health Laboratory Service (for example injuries and violence, non-communicable diseases) who may also migrate from other structures to the NAPHISA.*

*#: what about the transfer of assets (e.g. laboratory equipment, vehicles) that are held by the National Institute for Communicable Diseases (NICD), Cancer Registry and NIOH, prior to the transfer date to NAPHISA but post item 2 of the NHLS Act. This includes grant funded assets which will need to be managed through the grantor, where applicable.*

**PAGE 11:**

**Background**

* 2. There are pockets of excellence of communicable and non-communicable disease, **occupational health** surveillance systems in South Africa. These systems are managed by different institutions and there is a lack of unified institutional capacity for providing coordinated and integrated disease and injury surveillance data. The NAPHISA will be used as a vehicle to provide coordinated and integrated disease and injury surveillance data in the Republic and to enhance the effectiveness of health systems.

**ANALYSIS OF BILL**

* 4. **occupational and environmental health and safety**

**PAGE 12:**

* Section (8)

● seven members comprising one member each with special knowledge in—

\* communicable diseases;

\* non-communicable diseases;

\* cancer surveillance;

\* injury and violence prevention;

\* occupational health

\* field epidemiology; and

\* environmental health;

● one community representative.

**PAGE 14:**

**FINANCIAL IMPLICATIONS FOR STATE**

* 26. The full implementation of the Bill will have financial implications over the next three to five years. The implementation will be phased in over four financial years.

*#: The implementation should be phased over five financial years aligned to the five year mid term targets of the strategic plan of the NAPHISA once developed.*

* 27. The Bill makes provision for five divisions, namely the National Institute of Communicable Diseases (NICD), National Institute of Non-Communicable Diseases (NINCD), National Cancer Registry (NCR), injury and violence (NIVIP) and occupational health (NOIH). The Bill will initially focus on Communicable Diseases and Cancer Registry.
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* *#The Bill will initially focus on Communicable Diseases, Cancer Registry and Occupational and Environmental Health and Safety. Since the latter institute already exists within the NHLS and will migrate to the NAPHISA it is unclear why only two will be prioritised.*
* 28. A summary of the budget is presented below:

Financial year 2016/17

e) NOIH 108 182 633

*#: Should be NIOH*

Financial year 2017/18

e) NOIH 113 591 765

*#: Should be NIOH*

Financial year 2018/19

e) NOIH 119 271 353

*#: Should be NIOH*

Financial year 2019/2

e) NOIH 125 234 9210

*#: Should be NIOH*

#: The summary budget should be revised to a five year projection in keeping with a five year strategic plan and it should begin with the current financial year 2017/18; 2018/19; 2019/20; 2020/21; 2021/22

#: The budget for NIOH is an underestimation and covers only the Institutes operations costs. The budget amounts exclude costs of capital equipment, and immovable property which may or may not be transferred from the NHLS. It also does not include the cost of support currently received from the NHLS in terms of information technology (IT), human resources, and procurement, skills development. The inclusion of the above will provide a better estimate of the financial cost of NAPHISA. There are discussions regarding these shared corporate functions during the transition process which will reducing the finances required.

**RELEVANCE TO THE BILL / BENEFIT FOR THE DEPARTMENT:**

The multidisciplinary public health service which is evidence based, is a unique trait of the NAPHISA which will function to achieve an *effective and harmonised system* of health and safety protection and promotion of the South African population. The support of research and capacity development for addressing public health needs directed towards the major health challenges affecting the population will strengthen the health system. In addition, the health surveillance and health intelligence gathering; and dissemination of information will guide public health action. The focus on prevention as opposed to curative services is commendable.

**FINANCIAL IMPLICATIONS TO THE DEPARTMENT / SOURCE OF FUNDING:**

Funded through the fiscus.

**RECOMMENDATION**

The NIOH fully supports the establishment of the NAPHISA with minor edits to the amended Bill [B16-2017].

**Officials commenting:**

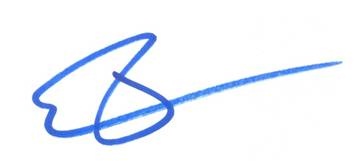
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Dr Tanusha Singh

Telephone: (011) 712 6475

DATE: 27 July 2017

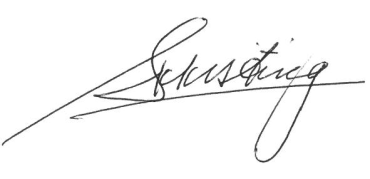


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Prof David Rees

Telephone: (011) 712 6502

DATE: 28 July 2017



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Dr Sophia Kisting

Executive Director

National Institute for Occupational Health

Telephone: (011) 712 6522

DATE: 28 July 2017