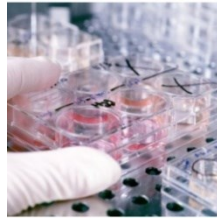




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Occupational Health and Decent Work in the Construction Industry: towards an inclusive tripartite dialogue

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Welcome, Acknowledgements and appreciation

- Warmest of welcomes and appreciation to each and everyone who has engaged with this process and have joined us on this journey towards common solutions in the construction industry
- Acknowledge the catalytic role of Dr Muzimkhulu Zungu in making this workshop possible
- Appreciation for all the staff of the HIV_TB Unit and the overall NIOH who ceaselessly worked to get us together today



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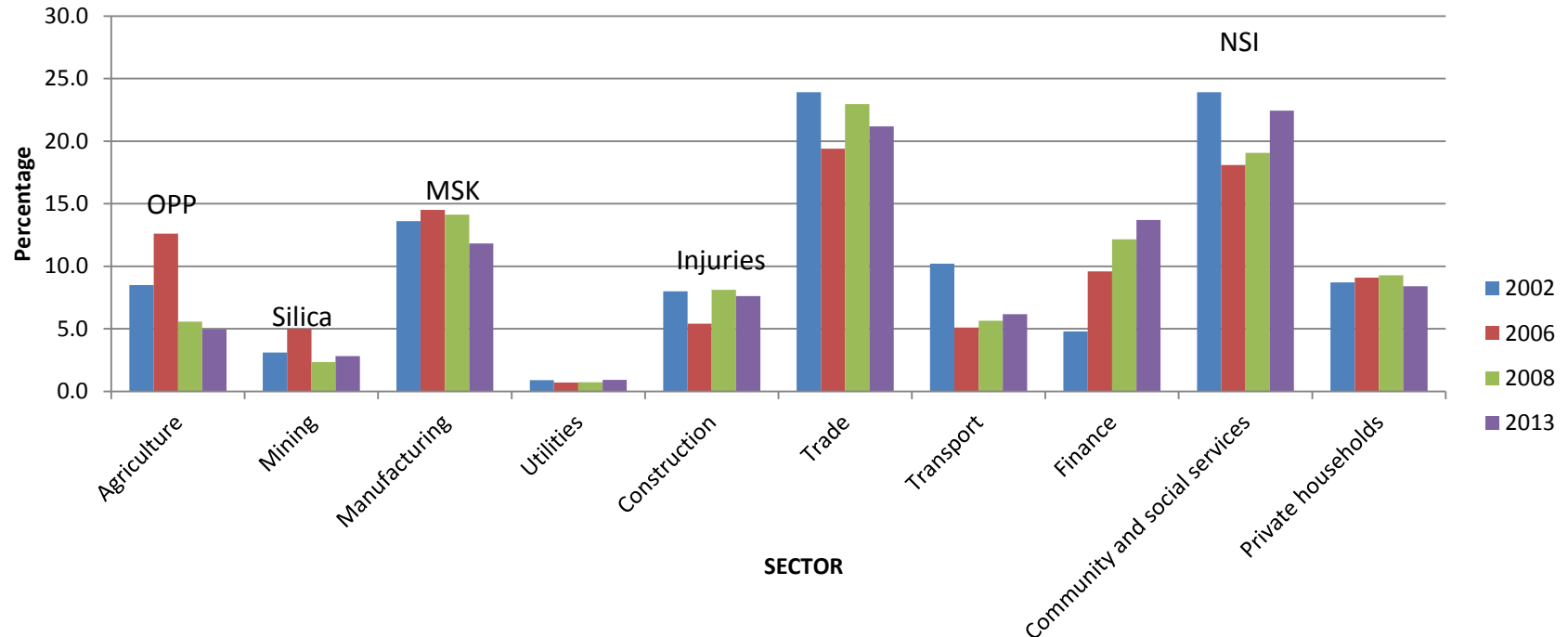
Occupational and Environmental Health (OEH)

- The work-place is recognized globally as a key social-determinant of health
- OEH integral part of Public Health and any separation is artificial
- Burden of OEH inadequately measured, under-reported, under-compensated and requires greater preventive interventions



A look across Economic Sectors

% of total employed by sector 2002 - 2013



- **15.3 million** people go to work everyday in SA in formal economy
- Occupational burden function of **exposure intensity and duration**
- **Economic benefits** to retain & strengthen productivity
- This requires **keeping workers healthy, working and out of poverty**



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What are Occupational Diseases?

WHO Definition: Diseases contracted primarily due to exposure to work related risk factors

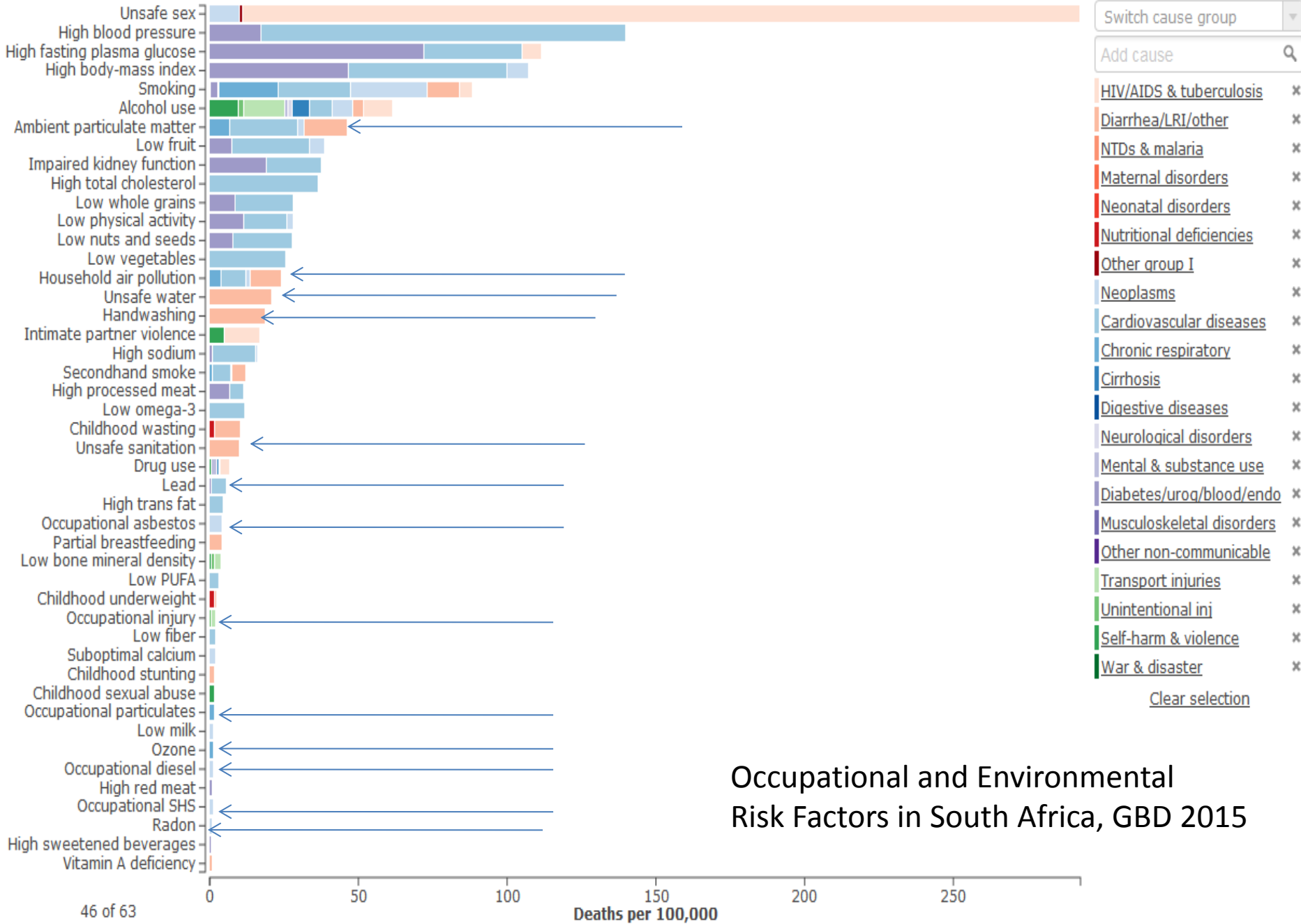
The WHO Global Plan of Action on Workers' Health:

1. Improving the diagnosis
2. Reporting and registration of occupational diseases
3. Building capacities for estimating the occupational burden of diseases
4. Occupational Diseases are preventable

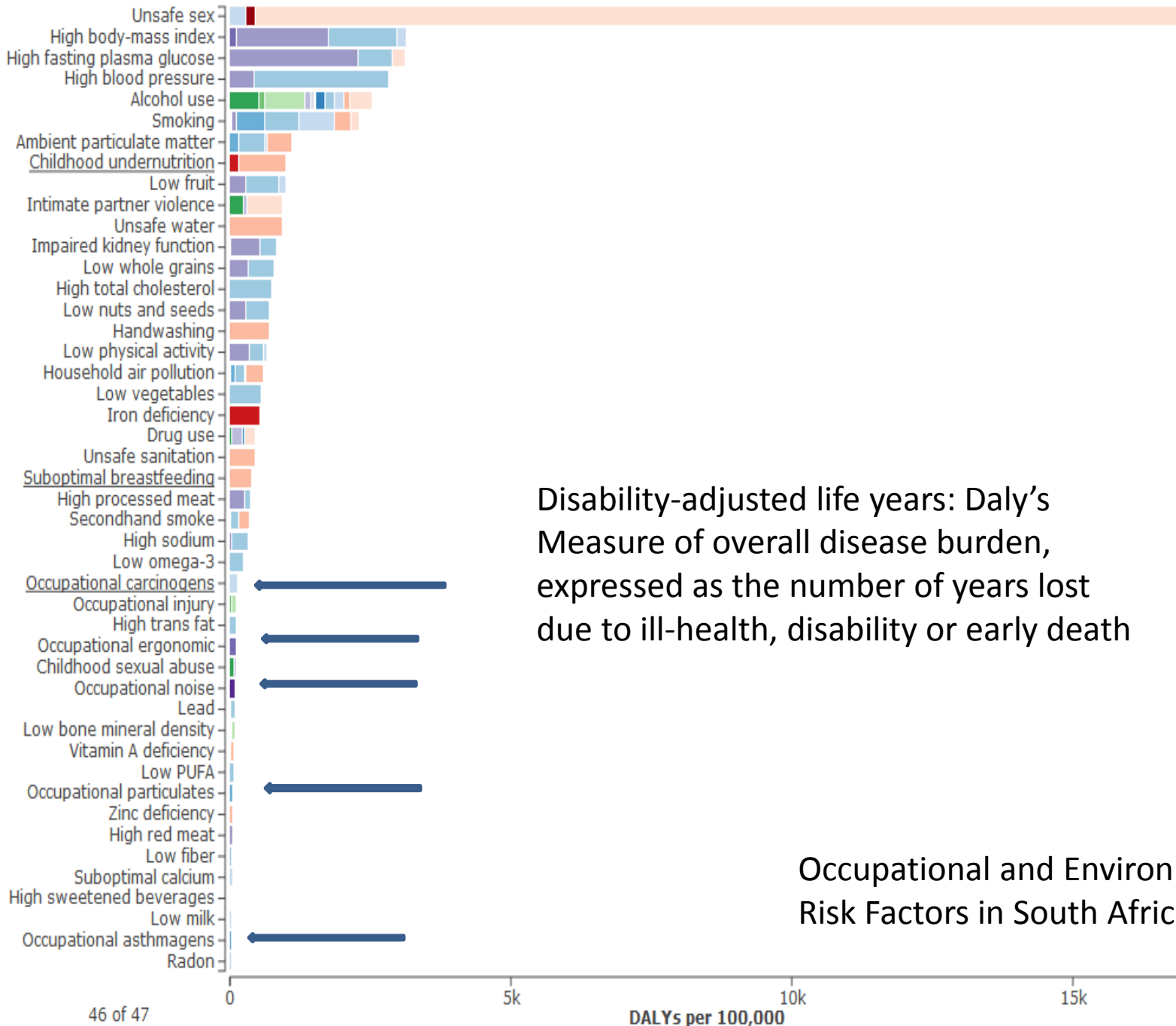


Social determinants of occupational diseases in SA include:

1. High unemployment and extreme wealth inequalities
2. Poor Conditions of Work and inadequate enforcement of OHS legislation
3. Wage inequalities and lack of income audits
4. Gender Inequalities
5. Greater numbers of the working poor. Linked for example to outsourcing
6. Decent Work Deficit
7. Work in the informal economy
8. Migrant Labour
9. Health inequalities and unequal access to health care
10. Education and skills level inequalities inadequately resourced and addressed



Occupational and Environmental Risk Factors in South Africa, GBD 2015



Switch cause group

Add cause

- [HIV/AIDS & tuberculosis](#)
- [Diarrhea/LRI/other](#)
- [NTDs & malaria](#)
- [Maternal disorders](#)
- [Neonatal disorders](#)
- [Nutritional deficiencies](#)
- [Other group I](#)
- [Neoplasms](#)
- [Cardiovascular diseases](#)
- [Chronic respiratory](#)
- [Cirrhosis](#)
- [Digestive diseases](#)
- [Neurological disorders](#)
- [Mental & substance use](#)
- [Diabetes/uroq/blood/endo](#)
- [Musculoskeletal disorders](#)
- [Other non-communicable](#)
- [Transport injuries](#)
- [Unintentional ini](#)
- [Self-harm & violence](#)
- [War & disaster](#)

Clear selection

Disability-adjusted life years: Daly's Measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death

Occupational and Environmental Risk Factors in South Africa, GBD 2015



Global Occupational Health and Safety (OHS) Statistics - ILO

- Every 15 seconds, a worker dies from a work-related accident or disease. Every 15 seconds, 153 workers have a work-related accident
- Every day, 6,300 people die as a result of occupational accidents or work-related diseases – more than 2.3 million deaths per year
- 317 million accidents occur on the job annually; many of these resulting in extended absences from work
- The human cost is vast
- The economic burden of poor OHS practices is estimated at 4 per cent of the global Gross Domestic Product each year

Occupational Tuberculosis in South Africa

- TB is compensable for Health Workers at risk of exposure in workplace settings
- TB is compensable for workers exposed to silica dust in different industries eg mining, construction, road building, ceramics
- “There are 41,810 cases of active TB in South African mines every year. It is eight percent of the national total, and one percent of the population, very unfortunately.” **“It is the highest incidence of TB in any working population in the world.** It affects 500,000 mineworkers, their 230,000 partners, and 700,000 children.” (Minister of Health 2014)

Risk and Exposure Assessment and Risk Management

- **Starting point** in improving OEHS standards is rejection of the notion that work-related diseases and accidents are inevitable
- Human behaviour partly holds key to further improvements in OEHS and to the implementation of standards
- Greater effort to be directed towards promoting an understanding of **risk and exposure assessment, risk management and OEHS health audits** specifically based on the behavioural contribution to diseases and accidents
- Enabling education and training are the foundations for enabling improvement in OEHS
- Careful data collection and analysis through inclusive research enable risks to be identified and managed
- Enabling research and unity of purpose will improve positive impact on working lives



The need to nurture a culture for sustainable prevention

- What is the impact of our research on the conditions of working lives of the people of SA, the Africa region and the globe?
- The great need for curative care often confines public health to service delivery and curative medicine
- The burden of disease remains immense even though we spend nearly 9% of GDP on health
- There is immense inequality to universal access to health
- A complete mind-set change is needed to include **prevention** in our response to the burden of disease
- This is an achievable approach for the world of work



Sustainable Development Goals: opportunity for change?

- Adopted by the UN General Assembly in September 2015
- Informs Development Agenda till 2030
- Synergies between youth employment, decent work, health, gender equity and sustainable economies
- Provide opportunities to collaborate for safer, healthier, more equal and productive workplaces, sustainable economies and sustainable development
- Will require commitment to greater income equality to help make a positive impact



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Protection of Human Rights at workplaces?

“Where, after all, do universal human rights begin? In small places, close to home - so close and so small that they cannot be seen on any maps of the world. Yet they are the world of the individual person; the neighbourhood s/he lives in; the school or college s/he attends; **the factory, farm, or office where s/he works.** Such are the places where every man, woman, and child seeks equal justice, equal opportunity, equal dignity without discrimination. Unless these rights have meaning there, they have little meaning anywhere. Without concerted citizen action to uphold them close to home, we shall look in vain for progress in the larger world.”



In conclusion

1. The social determinants of occupational and environmental health can be addressed through well informed workplace interventions in the construction industry
2. Occupational and environmental diseases can be prevented through inclusive workplace research, risk and exposure assessments and medical surveillance
3. Workplaces can be utilized more optimally for gender and income equity and for the protection of human rights
4. If we seize the endless opportunities the world of work offers we can contribute more meaningfully to sustainable livelihoods, environments and economies
5. Above all we need to work together and find unity of purpose to reduce the burden of disease in the construction industry



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Thank you