



SAIEH

NHI BILL COMMENTS

PARLIAMENTARY PORTFOLIO COMMITTEE ON HEALTH



26 MAY 2021

Municipal Health Services can be seen as a sub-set of the bigger basket of environmental health services. The WHO describes Environmental Health as comprising those aspects of human health, including quality of life, that are determined by physical, chemical, biological, social and psychosocial factors in the environment. It also refers to the theory and practice of assessing, correcting, controlling and preventing those factors in the environment that can potentially adversely affect the health of present and future generations.

FIG 1: REALMS OF ENVIRONMENTAL HEALTH



ENVIRONMENTAL
HEALTH



The South African Institute of Environmental Health (SAIEH) is an organization for professions within the field of environmental health and is a non-profit organization (NGO), non-trade union organization and believes that a safe and healthy environment is a basic human right.

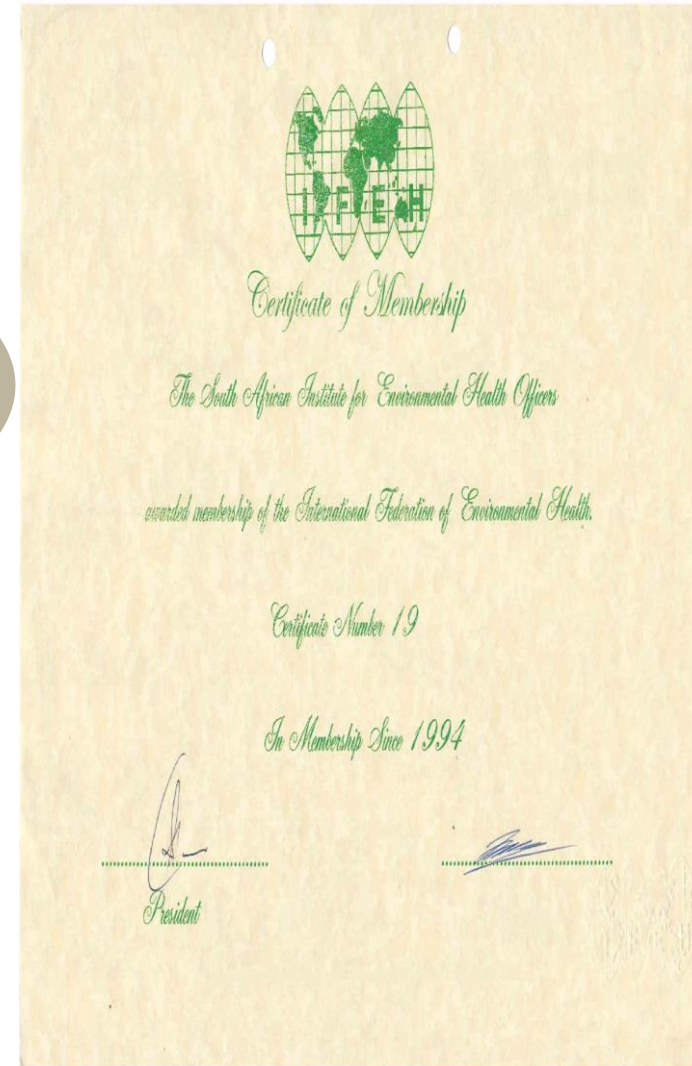
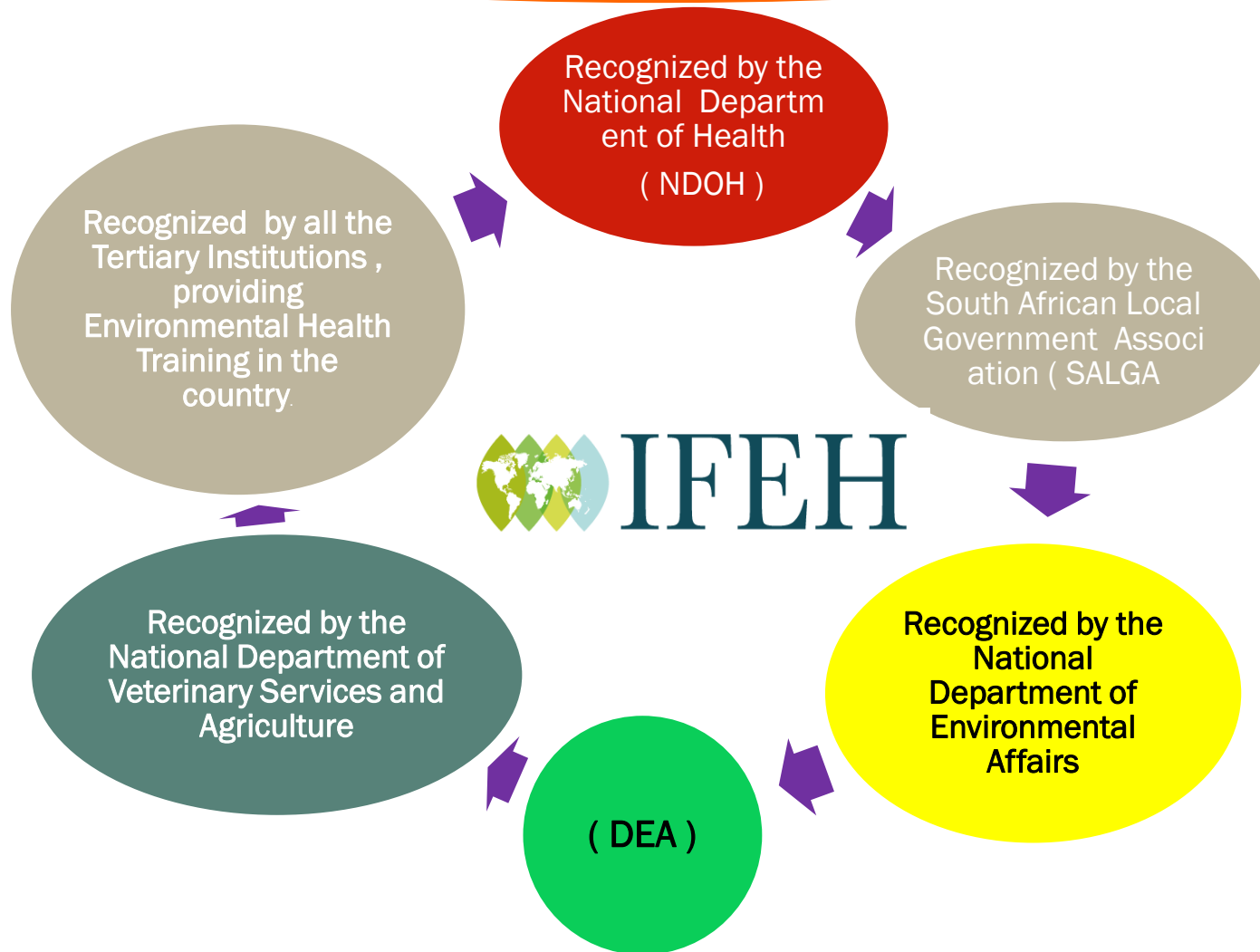
Properly constituted , democratically elected body representing Environmental Health Practitioners in South Africa

November 1995, after the ushering of a democratic government, saw the disestablishment of SAEHOA and EHOASA and the formation of an interim structure of SAIEH. November 1996 ushered a fully fledged SAIEH structure, truly representing all EHO's in RSA.

In 1996 the birth of SAIEH reunited all EHP's of all race groups from different formations, thus ensuring proper representations on all Environmental Health matter at all levels, nationally. The SAIEH was launched by the Director General of Health, Dr Olive Shisana.

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We are the only recognized body representing
EHP's and EHA's in South Africa :



BACKGROUND OF MHS/EHS

- **HEALTH ACT 61 OF 2003 MHS DEFINITION**
- **SECTION 32(1) OF THE HEALTH ACT – DISTRICT MUNICIPALITIES AND METRO FUNCTION**
- **GOVT. GAZETTE NO. 826, 13/7/2003 – DEVOLUTION OF MHS TO MUNICIPALITIES A&B WITH EFFECT 1/7/2004**
- **PROCLAMATION, DATED 27/2/2012, GIVE EFFECT TO CERTAIN SECTION OF THE HEALTH, MUNICIPALITIES WORKLOAD INCREASE**
- **ACT 12 OF 2013: NATIONAL HEALTH AMENDMENT ACT 2013 DATED 24TH JULY 2013 G/NO. 529**
- **THE SCOPE OF THE PROFESSION OF ENVIRONMENTAL HEALTH AS DEFINED IN GOVT. GAZETTE NO. R698 - 26 JUNE 2009**

HEALTH ACT 61 OF 2003 – HEALTH SERVICES

DISTRICT AND METRO MUNICIPALITY FUNCTIONS:

- WATER QUALITY
- FOOD CONTROL
- WASTE MANAGEMENT
- HEALTH SURVEILLANCE OF PREMISES
- SURVEILLANCE AND PREVENTION OF COMMUNICABLE DISEASE, EXCLUDING IMMUNISATIONS
- VECTOR CONTROL
- ENVIRONMENTAL POLLUTION CONTROL
- DISPOSAL OF THE DEAD
- CHEMICAL SAFETY

PROVINCIAL AND NATIONAL FUNCTIONS:

- PORT HEALTH
- MALARIA CONTROL
- CONTROL OF HAZARDOUS SUBSTANCES

SECTION 32(1) OF THE HEALTH ACT – DISTRICT MUNICIPALITIES AND METRO FUNCTION

- 32. (1) Every metropolitan and district municipality must ensure that appropriate municipal health services are effectively provided in their respective areas.**
- (2) The relevant member of the Executive Council must assign such health services to a municipality in his or her province as are contemplated in section 156(4) of the Constitution.**
- (3) An agreement contemplated in section 156(4) of the constitution is known as a service level agreement and must provide for-**
- (a) the service to be rendered by the municipality;**
 - (b) the resources that the relevant member of the Executive Council must make available;**
 - (c) performance standards which must be used to monitor services rendered by the municipality; and**
 - (d) conditions under which the agreement may be terminated.**

GOVT. GAZETTE NO. 826, 13/7/2003 – DEVOLUTION OF MHS TO MUNICIPALITIES A&B WITH EFFECT 1/7/2004

The Minister of Local Government and Housing entrusted the delivery of MHS to metropolitan (category A) and district (category C) municipalities, meaning that these municipalities are responsible for managing, planning, financing and rendering these services. However, through an SLA or MOU, the DM can make use of the PDOH or the LM (category B) to render MHS in its geographic area. Effective date 1/7/2004.

The Constitution of the RSA (Act 108 of 1996), Section 154(1) determines that National and Provincial Governments by legislative and other measures must support and strengthen the capacity of municipalities to manage their own affairs, to exercise their powers and to perform their functions.

PROCLAMATION, DATED 27/2/2012, COMMENCEMENT OF THE HEALTH ACT 2003

On the 27th February 2012 the Minister ordered the commencement of certain sections of the Health Act, which in fact devolved these functions to Local Government, thus increasing the workload in this sphere of government tremendously.

ACT 12 OF 2013: NATIONAL HEALTH AMENDMENT ACT 2013 DATED 24TH JULY 2013 G/NO. 529

SECTION 83(5) ENVIRONMENTAL HEALTH INVESTIGATIONS:

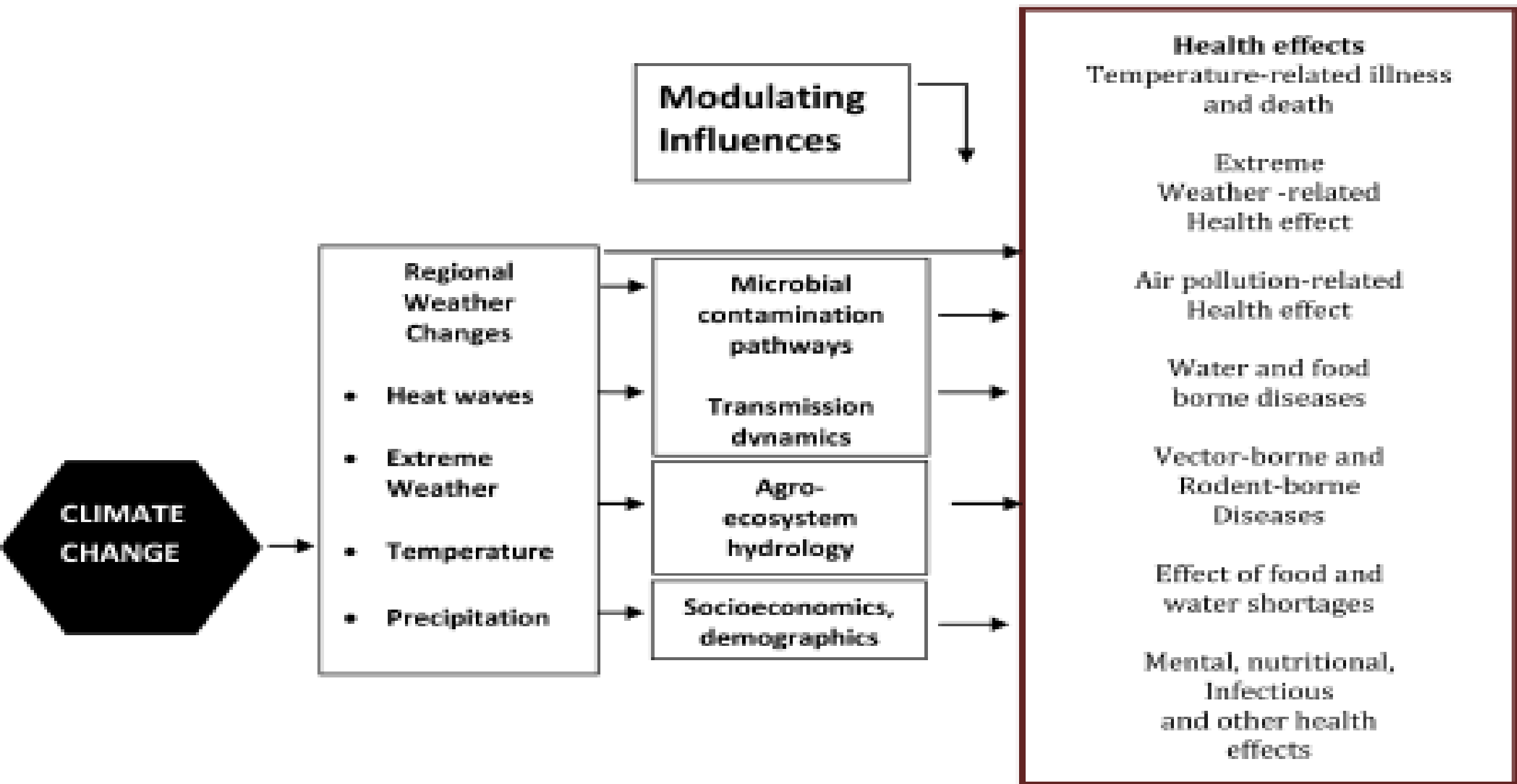
Can only be carried out by a Health Officer who is registered as an ENVIRONMENTAL HEALTH PRACTITIONER in terms of the Health Professions Act, 1974 (Act No. 56 of 1974). And may exercise any of the powers conferred under this section.

STATISTICS

- 20% TO 28% OF DEATHS IN AFRICA (2.4 MILLION PEOPLE) ARE ATTRIBUTED TO AVOIDABLE ENVIRONMENTAL RISK FACTORS WITH PARTICULAR EFFECT ON THE POOREST AND MOST VULNERABLE GROUPS IN SOCIETY
- 70% OF CHILDHOOD DEATHS IN AFRICA ARE ATTRIBUTED TO ENVIRONMENTAL FACTORS (WHO)

ACCORDING TO THE MRC, THE HEALTH OF POOR URBAN PEOPLE IS THREATENED MORE BY ENVIRONMENTAL DEGRADATION CAUSED BY OTHERS, THAN IT IS BY THEIR OWN LIFESTYLE CHOICES. THE SIX MAJOR RISK AREAS ARE:

- ACCESS TO SAFE DRINKING WATER
- POOR HYGIENE AND SANITATION
- DISEASE VECTORS
- AIR POLLUTION AND CLIMATE CHANGE
- CHEMICAL HAZARDS
- UNINTENTIONAL INJURIES



SOURCE: adapted from Patz et al., 2000.

CHALLENGES OF CLIMATE CHANGE

- KNOWN AVOIDABLE ENVIRONMENTAL RISKS CAUSE ABOUT 25% OF ALL DEATH AND DISEASE BURDENS WORLD WIDE – 13 MILLION DEATHS PA
- AIR POLLUTION CAUSES 7 MILLION PREVENTABLE DEATHS PER YEAR – WITH MORE THAN 90% OF PEOPLE BREATHING POLLUTED AIR AND ALMOST 3000 MILLION PEOPLE STILL DEPENDING ON POLLUTING FUELS FOR COOKING AND EATING. MORE THAN HALF THE WORLD POPULATION IS STILL EXPOSED TO UNSAFELY MANAGED WATER, INADEQUATE SANITATION AND POOR HYGIENE RESULTING IN MORE THAN 800,000 PREVENTABLE DEATHS EACH YEAR

COMMENTS ON THE NHI BILL

- EVERYTHING FROM PAGES 2 & 3 OF THE PREAMBLE IN THE BILL REFERS TO HEALTH SERVICES BUT DOES NOT DEAL WITH ENVIRONMENTAL HEALTH / MUNICIPAL HEALTH SERVICES. THERE IS REFERENCE TO QUALITY PERSONAL HEALTH CARE SERVICES AND UNIVERSAL HEALTH COVERAGE.

SAIEH RESPONSE

- **THERE MUST BE REFERENCE TO ENVIRONMENTAL HEALTH / MUNICIPAL HEALTH SERVICES. UNIVERSAL HEALTH COVERAGE IS FOR ALL HEALTH SERVICES IN ALL SPHERES OF GOVERNMENT**

COMMENTS ON THE NHI BILL

- **DEFINITIONS IN THE BILL**
 - **COMPREHENSIVE HEALTH CARE SERVICES – DOES NOT INCLUDE ENVIRONMENTAL HEALTH/ MHS**

SAIEH RESPONSE

- **THE DEFINITION OF COMPREHENSIVE HEALTH CARE SERVICES MUST INCLUDE ENVIRONMENTAL HEALTH/ MUNICIPAL HEALTH SERVICES.**

COMMENTS ON THE NHI BILL

- THE BILL DEFINES HEALTH CARE SERVICES, BUT IN (d) REFERS TO MUNICIPAL HEALTH CARE SERVICES. IN THE HEALTH ACT 61 OF 2003, IT IS CLEARLY SPELT OUT IN (d) AS MUNICIPAL HEALTH SERVICES AND IS EXPANDED UNDER THE DEFINITION OF MUNICIPAL HEALTH SERVICES.
- THE WRITERS OF THE NHI BILL TOOK ALL IN THE DEFINITION OF HEALTH CARE SERVICES BUT ONLY CHANGED (d) TO READ DIFFERENTLY CALLING IT MUNICIPAL HEALTH CARE SERVICES.

SAIEH RESPONSE

- **THE DEFINITION OF HEALTH CARE SERVICES IN (d) MUST USE THE RIGHT WORDING OF MUNICIPAL HEALTH SERVICES AS DEFINED IN SECTION (1) OF THE NATIONAL HEALTH ACT NO. 61 OF 2003, OR THE BILL MUST CLEARLY DEFINE WHAT MUNICIPAL HEALTH CARE SERVICES AS IS THE CASE WITH (a), (b) AND (c).**

COMMENTS ON THE NHI BILL

- THE DEFINITION OF PRIMARY HEALTH CARE DOES NOT DEAL WITH MUNICIPAL HEALTH SERVICES/ ENVIRONMENTAL HEALTH SERVICES AND IS VAGUE.

SAIEH RESPONSE

- **CLEARLY SPELL OUT WHAT PRIMARY HEALTH CARE IS. CORRECT (b) TO INCLUDE ALL HEALTH SERVICES**
- IN CHAPTER 3, FUNCTIONS OF THE FUND, THERE IS NO REFERENCE TO MHS/ EHS AND LOCAL GOVT. HEALTH SERVICES, YET THE HEALTH ACT 61 OF 2003, SECTION 3(2) CALLS ON ALL SPHERES OF GOVT. TO ENSURE THE PROVISION OF HEALTH SERVICES.

SAIEH RESPONSE

- **FUNDING MUST BE MADE AVAILABLE TO LOCAL GOVT. TO PROVIDE PROPER HEALTH SERVICES INCLUDING EHS/MHS AND MUST NOT BE EXCLUDED.**

COMMENTS ON THE NHI BILL

- IN SECTION 31 (2), CHAPTER 8, MUST CLEARLY DELINEATE IN APPROPRIATE LEGISLATION THE RESPECTIVE ROLES AND RESPONSIBILITIES OF THE FUND AND THE NATIONAL AND PROVINCIAL DEPARTMENTS, TAKING INTO CONSIDERATION THE CONSTITUTION, THIS ACT AND THE NATIONAL HEALTH ACT, IN ORDER TO PREVENT DUPLICATION OF SERVICES AND THE WASTING OF RESOURCES AND TO ENSURE EQUITABLE PROVISION AND FINANCING OF HEALTH SERVICES.
- WHY DOES THIS BILL LEAVE OUT LOCAL GOVERNMENT FOR FUNDING BUT YET IT IS EXPECTED OF L/G TO PROVIDE HEALTH SERVICES? IN SECTION 32(c), THERE IS HEALTH SERVICES IN MUNICIPALITIES.

SAIEH RESPONSE

- **ALL HEALTH SERVICES MUST BE FUNDED THROUGH THE NHI, WITH REGARDS TO LEGISLATION AND THE CONSTITUTION.**
- **THE BILL MUST CLEARLY SPELL OUT THE ROLE OF MUNICIPALITIES.**

COMMENTS ON THE NHI BILL

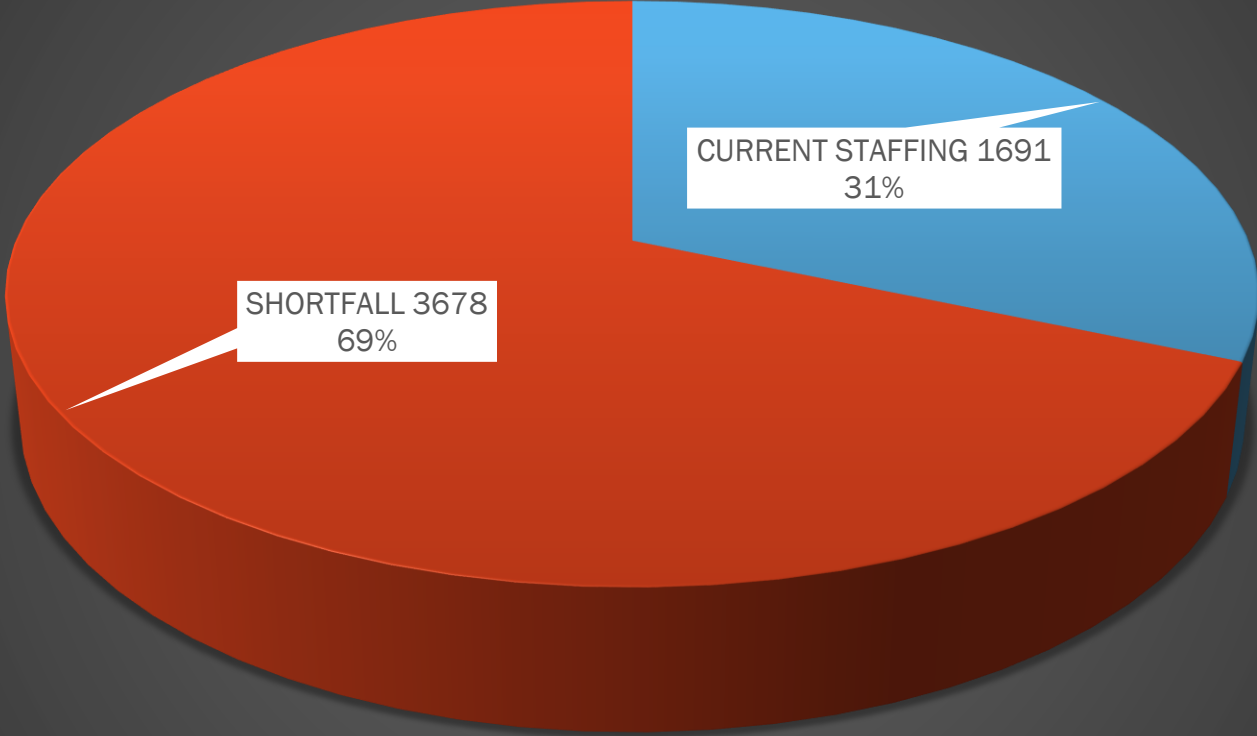
- SECTION 37(1), HAS OMITTED LOCAL GOVERNMENT IN THE IMPLEMENTATION OF THE NHI

SAIEH RESPONSE

- IT MUST BE NOTED THAT LOCAL GOVERNMENT PLAYED A CRITICAL ROLE DURING THE PILOTING OF THE NHI.
- ENVIRONMENTAL HEALTH PRACTITIONERS EMPLOYED BY LOCAL GOVERNMENT CONSTITUTED THE WARD-BASED OUTREACH TEAMS AND PLAYED A CRITICAL ROLE IN CASE INVESTIGATIONS AND IN ADDRESSING ENVIRONMENTAL HEALTH CONDITIONS IMPACTING ON THE HEALTH OF THE CITIZENS,
- THE NUMBER OF ENVIRONMENTAL HEALTH PRACTITIONERS CURRENTLY EMPLOYED BY NATIONAL, PROVINCIAL AND LOCAL GOVERNMENT IS FAR LESS THAN THE NUMBER RECOMMENDED BY WHO AND THE NORMS AND STANDARDS PRESCRIBED IN THE NATIONAL ENVIRONMENTAL HEALTH POLICY (1 EHP PER 10,000 POPULATION) AND WILL NOT BE ABLE TO SERVICE ALL WARDS AT FULL IMPLEMENTATION OF THE NHI.
- THE RECRUITMENT OF ENVIRONMENTAL HEALTH PRACTITIONERS SHOULD BE PRIORITISED TOGETHER WITH THE RECRUITMENT OF OTHER HEALTH PROFESSIONALS IN PREPARATION OF THE FULL IMPLEMENTATION OF THE NHI.
- THE BILL MUST CLEARLY DEFINE NON-PERSONAL HEALTH SERVICES TO BE MANAGED BY THE DISTRICT HEALTH MANAGEMENT OFFICES TO PREVENT FRAGMENTATION AND DUPLICATION OF NON-PERSONAL HEALTH SERVICES.

HUMAN RESOURCE NEEDS

TOTAL REQUIRED 5369



■ CURRENT STAFFING 1691

■ SHORTFALL 3678

THANK YOU



SOUTH AFRICAN INSTITUTE OF ENVIRONMENTAL HEALTH