

## Final Statement on Meeting with Unions

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Sunday, 23 AUGUST 2020

The Department of Health has met with Unions on Saturday, 22 August 2020, to ventilate issues that have caused tensions on matters relating to occupational safety of health care workers, infrastructure and remuneration.

The Department was represented by the Ministry, senior national officials and provincial Members of the Executive (MEC's) and their Heads of Department (HOD's), while Unions were well represented by leadership from the following organizations:

NEHAWU,  
DENOSA,  
NUPSAW,  
PSA,  
SAMATU,  
HOSPERSA.

From the outset, the Minister emphasized that the entire health sector has a responsibility to guarantee the best quality health services to our nation. The entire health sector, including the private and public sectors as well as the Unions, have a joint responsibility to ensure the safety and protection of all the health workers as a way of guaranteeing the best health services as well as the response to COVID-19 pandemic.

The Minister reiterated that no health care worker should be exposed to the risk of contracting COVID-19 through working in an environment without adequate training, protection and support, including the availability of PPE's.

There was clear common ground between government and the unions that a zero tolerance understanding be adopted regarding the availability of PPE to all health care workers. It was equally acknowledged that the role of trade unions as a partner in the health services is defined in the constitution.

Section 17 of the Constitution of the Republic of South Africa, 1996, recognizes the right, peacefully and unarmed, to assemble to demonstrate, to picket and to present petitions. We appreciate that Unions may exercise this right but wish to assure all health care workers and South Africans that the Department remains committed to engaging Unions in the best interest of our frontline workers.

There were 9 key issues identified during the meeting which required urgent attention and swift implementation of corrective measures:

1. The relationship between the Department of Health and Unions
2. The appointment and functionality of Occupational Health and Safety Committees
3. Psychosocial Support
4. Monitoring of PPE

5. Human Resources for Health
6. Health Infrastructure
7. Transport and Catering
9. Danger/ Risk Allowance (and other remuneration issues)
10. Demonstration of inclusivity in decision making

### Relationship and meetings with Unions

The department of health wishes to convey its deep gratitude to the leaders of Unions for their readiness to engage with government as a voice for the workforce, and for all the work that has gone into the various fact finding reports submitted to the department. We are bound by the primary concern for health care workers, and we therefore welcome the call to go forth with one voice that emphasizes that the protection of our frontline workers is non negotiable.

It was acknowledged that since the onset of the COVID-19 pandemic, several presentations were received by department and various engagements held with unions. It was jointly agreed that the work of strengthening the relationship with unions was beginning to bear fruit and that, therefore, the structures necessary to effect this needed to be reinforced.

The department committed to monthly, well structured meetings at national level with the Unions with information circulated ahead of time to afford all parties time to engage the material, as directed by the Minister. In terms of this directive provincial structures were further instructed to meet every fortnight and joint auditing and field visits are encouraged.

One of the key issues that emerged was that directives issued by the Minister of Health to establish OHS committees had not been implemented in the stipulated time. There was, therefore, a call for consequence management for those who are entrusted with ensuring compliance to occupational health and safety legislature. The Minister has issued a directive for all provinces to conclude and present a report on consequence management that has been instituted in their respective provinces no later than 10 days from the meeting date.

It is imperative for the relationship between unions and government to be re-calibrated into a mutually respectful relationship, acknowledging the role and need for labour as a voice for health care workers. Management is thus called upon to acknowledge that, whilst the relationship is defined in law, its purpose is to foster co-operation, participation and inclusivity, approaching issues as a united front. Openness, transparency and speedy resolution are key to building trust.

### Appointment and Functionality of Occupational Health and Safety Committees

For several months the Minister has investigated the outcry on PPE's and concluded that the country has moved away from the absolute shortage of PPE in the country. The availability of PPE's has been affected by a number of factors which need to be rectified such as, effective management of PPE's, distribution, transportation and appropriate utilization. It has also become evident that these weaknesses need to be corrected by properly mandated structures at provincial, district and facility level wherein the management and trade unions work together for ensuring adequate

protection of all health workers. The functionality of these OHS committees is critical to addressing the challenges of PPE's as raised by health workers in various institutions.

During the meeting it emerged that, although there were OHS committees in all provincial offices and most district offices, many facilities throughout the country were yet to establish their OHS committees. As mentioned, the period within which occupational and safety committees were to have been established has lapsed and therefore it has become necessary to embark on a consequence management exercise. All provinces have been instructed to report back on what has been done to enforce the establishment of these committees and to hold accountable those who have not complied to this directive.

To optimize functionality of the OHS committees, a standardised reporting template must be adopted detailing a clear schedule of meetings and ongoing training for committee members. This must equally apply to the private sector. From the national health department, the Director General along with the national OHS committee are expected to ensure the fulfillment of the mandate and role of the OHS committees as defined in the legislation including broader roles, such as risk assessment, beyond focusing on daily concerns.

Functional OHS committees are expected to focus on issues of PPE's and discuss them in relation to complaints that have been raised by members: such as availability (quantity), quality and sizes that do not fit. To alleviate the misunderstanding around the appropriate use of PPE in different work settings, training needs to be resuscitated and the approach needs to be as inclusive a possible. There are instances where health workers have demanded more PPE than considered appropriate in the protocol based on the exposure and risk. The committees are encouraged to

engage this discourse and recommend evidence based amendments to the protocols which can be considered in structures like the Ministerial Advisory Committee, Incident Management Team and Project Management Office. A proposal has also been made to avail data and analytics of health care workers infected by Coronavirus on a weekly basis to the Unions.

It is now understood that evidence of a functional OHS committee will be that there are no complaints from health care workers about the availability or quality of PPE. NDOH will now regard any complaint of this nature as valid until an OHS committee can prove that the expected protocol has been adhered to. MEC's and HOD's are similarly expected to enforce this provision.

### Psychosocial support

The resilience and effectiveness of our health system depends on a highly motivated workforce who are committed to fight the pandemic and continue to offer dedicated service to the public while continue to work diligently giving their best to each and every patient that has been placed under their care.

It was acknowledged that as the country has passed the surge of the pandemic, it is largely due to the commendable work of our health workers, their committed service and determination to defeat COVID-19. We acknowledge and thank all the health workers, some of whom have contracted and recovered from COVID-19. We wish those who are still infected speedy recovery. We salute them all, particularly those who laid down their lives in this tragic fight. These are our heroes- the frontline soldiers in the combat against an invisible enemy. We convey our condolences to the families, friends and colleagues for the sad loss.

The department takes this issue very seriously as the emotional aspects of being a frontline health care worker- fear and anxiety- can lead to exhaustion, burnout and irritability. This may result in neglect or poor attitude and create a less caring environment. The noticeable prevalence of this phenomenon amongst our workers during this testing time

compels us to focus on this issue as it ultimately compromises the quality of health services.

Whilst it is acknowledged that provinces have set up some structures with staff to support employee wellness programmes, it is not clear what categories of support staff there are and the breakdown thereof; how many; where they are distributed; if and where there is a shortage; and whether in fact the current programmes are reaching and being effective on the ground. Therefore, plans will be tabled by provinces in terms of what this support is at district, provincial and facility level and reports to national department must detail the agreements in this regard.

We aim to look beyond occupational psychologists and therapists and also involve spiritual support and all potential avenues of attaining wellness in the workplace. This includes management of grief and bereavement from the loss of patients, family and especially colleagues, which can lead to high levels of anxiety.

We acknowledge all of this and commit to a joint approach to ensure the undertakings we make are really happening on the ground.

Even upon introspection, we see that we have become so engrossed and hurried about resolving these problems that we may have been talking past each other. We commit to a departure from this phenomenon as we all agree that the protection of health care workers must come first.

### Monitoring of PPE

Based on all the above it should be clear to all that the primary protection of health workers is a matter on which we will all agree with no exception. Our approach must therefore be to support the simple ethos: no PPE no work. We believe that this should motivate management and labour to ensure there is not a situation where someone declines to work. It is unfair to put any worker in such an invidious position.

All parties have noted improvement in the situation since the concerns around PPE were initially raised. However, it has been well noted that, debates and disagreements have to end considering that the outcry of PPE non availability or quality has not abated. The Minister has directed that the availability of PPE's needs to be jointly monitored on a daily basis in all facilities.

To gain deeper understanding of the issues on the ground, the Minister has sampled a number of institutions where there have been complaints and subjected those to investigations. What has emerged is that many of the issues that are arising out of these investigations are not different to the issues the unions have raised.

Therefore, a strict principle has been adopted that with immediate effect, only a report verified jointly by a functional OHS committee will be taken as the final resolution. As far as national department is now concerned, any unattended problems will automatically mean that the OHS committee is non-existent or non-functional, and as such there is non-compliance with legislation. This will invite decisive consequence management.

To ensure that parties engage on the same basis, unions will have direct access to information contained in the Department's web based dashboard and digital stock visibility system. This will enable unions, together with management, to conduct daily audits at facility level. It will easily allow for tracking of granular details such as sizes available, quantity and evidence of quality assurance. This will be very important as issues of monitoring PPE should best be managed on the ground. Similarly the issues of transportation and distribution of PPE should be managed by the same committees at facility and district level.

Common understanding needs to be brokered in regards to the use of PPE in various work settings. To this end it is recommended that the MAC on COVID-19 collate information from all stakeholders and issue an advisory that can be acceptable to all parties and applied across all provinces. This will also provide an opportunity for any revisions that

need to be considered based on feedback from health workers.

Finally, mechanisms to enhance support for health care workers that become infected need to be strengthened. It will be important to provide a service that encompasses pre-test counselling, post test counselling, quarantine/ isolation support and support for those who fall ill.

There has to be consistency in the implementation of these provisions to address the concerns of the Unions.

### Human Resources

Human resources for health remains a critical component, not just of the COVID-19 response, but also for the implementation of the National Health Insurance. The provinces provided a high level report of the efforts they had made to employ more staff and fill vacancies, but it was widely agreed that more granular detail was needed about the number of vacancies that have been filled, and a full breakdown of categories of workers that have been employed. This understanding is necessary to identify the reasons that are leading to chronic shortage of staff, particularly clinical staff, and what strategies are in place to optimize their distribution.

### Infrastructure

National Department of Health and all Provinces have resolved to revert resources for infrastructure back to refurbishing and expanding existing facilities, rather than building field hospitals. This is based on the Infrastructure Refurbishment Programme, which remains critical for the implementation of NHI. Moreover, on the back of the COVID-19 response, oxygen reticulation and the manufacturing and distribution of oxygen support devices, like ventilators, must continue.

Having learnt from experience, should the system come under pressure again from the COVID-19 pandemic, we now have the foresight and ability to build field hospitals on a needs basis within 4-6 weeks.

### Transport and Catering

Various provinces indicated their willingness to engage in discussions on transport and catering support for health care workers as these were projects that have been embarked on before. The unions called for all provinces to engage on this matter and the Minister agreed that these issues would be best placed at provincial level.

### Danger/ Risk allowance

Due to the cross cutting nature of negotiating remuneration dispensation, the various Ministers have been engaged in that regard and the Department remains guided by the appropriate processes and existing bargaining structures. The Unions are assured that this is receiving urgent attention and monitoring.

### Demonstration of inclusivity in various structures

In consideration of all the above matters, meaningful representation of unions in OHS committees at all levels is critical to oversee a number of issues. The dashboard will be an important enabling factor, to which we will provide access codes to designated Union representatives.

At national level, Unions have been integrated into the MAC on Social Behavioural Change and the Project Management Office will henceforth have representation of labour. These platforms provide opportunities for joint strategic decision making that supports the objectives of programmes on the ground.

Furthermore it was resolved that the Unions will also be involved as observers in the the Minister's investigation of the aforementioned facilities.

“We do want a new culture- a culture of openness and determination to resolve issues for the dignity and respect of health care workers, securing their health and well being. We have all been in the trenches trying to resolve problems. There may have been misunderstanding and tensions but ultimately we all want to protect our workers and therefore we all need to find mechanisms to do so,” said Minister Zweli Mkhize.

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