

Occupational health and safety in the Southern African Development

Community

Dingani Moyo

*Baines Occupational and Travel Medicine Centre, Harare, Zimbabwe Midlands State University, Gweru, Zimbabwe
e-mail: moyod@iwayafrica.co.zw*

Muzimkhulu Zungu

*National Institute for Occupational Health, Division of the National Health Laboratory Service, Johannesburg, South Africa
School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa*

Patience Erick

Department of Environmental Health, Faculty of Health Sciences, University of Botswana, Corner of Notwane and Mobuto Road, Gaborone, Botswana

Tshephang Tumoyagae

Department of Environmental Health, Faculty of Health Sciences, University of Botswana, Corner of Notwane and Mobuto Road, Gaborone, Botswana

Connard Mwansa

Occupational Health and Safety Institute, Lusaka, Zambia

Shamiso Muteti

University of Zimbabwe College of Health Sciences, Harare, Zimbabwe

Amelia Makhothi

Queen II Hospital, Maseru, Lesotho

Keletso Maribe

Debswana Diamond Mining Company, Jwaneng Occupational Health Centre, Jwaneng, Botswana

Occupational health and safety (OHS) practice in the Southern African Development Community (SADC) has been greatly constrained by inadequate integration with the political, economic and social environment of many SADC member states. SADC is a regional economic community comprising 15 member states: Angola, Botswana, Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe [1]. Even in the presence of global OHS instruments by the International Labour Organization (ILO) that guide all countries in the promotion of workplace health and safety and in managing OHS programmes, including No. 81 (Labour inspection), No. 155 (Occupational safety and health), No. 161 (Occupational health services), No. 170 (Chemical safety) and No. 174 (Prevention of major industrial accidents), many SADC member states lack a comprehensive OHS policy and the resources to implement it [2,3].

There is an enormous deficit of OHS professionals coupled with near absent access to OHS services in SADC member states. This situation has affected access of OHS services by workers in the informal economy, this being the diversified set of economic activities, enterprises, jobs and workers that are not regulated or protected by the state [4]. While there is an explosion of the informal economy, rampant child labour and entry of women and the elderly into the workplace present great challenges to the development of OHS in SADC member states [5,6]. The SADC is faced with a severe health workforce shortage that has resulted in weak health systems [7]. In Africa as a whole, it is estimated that <10% of workers have access to occupational health services with some countries like the United Republic of Tanzania registering significant lows of <5% [5,8]. Such limited

access pertains to large local corporates and multinational corporates while the informal economy is mostly unregulated and without any access to occupational health services [8].

The rapid industrialization of low- and middle-income countries in the SADC has led to increased occupational exposures resulting in an increase in occupational diseases and injuries [6,9]. In the SADC, ~40% of the population lives in abject poverty with unemployment rates exceeding 40% [10]. The global recession, increasing poverty levels and high unemployment rates in the SADC have seen the rapid growth of an unregulated and non-systematic informal economy that is faced by multiple OHS challenges such as uncontrolled occupational exposures, lack of OHS awareness of occupational hazards and accidents [5,11].

One of the major issues confronting the SADC is poor access to OHS services, lack of comprehensive national legislation and lack of OHS policies and procedures in some countries [3,6]. For instance, countries like Botswana and Lesotho are yet to establish national OHS policies. Despite the myriad of occupational exposures ranging from heavy metals, silica containing dust and physical hazards in the work place, very few workers in diverse working environments in the informal economy have access to OHS, including occupational medical surveillance where indicated. In most SADC member states, OHS services in the formal economy are limited to a few larger national and multinational corporates.

In the SADC, OHS exist to a very limited extent [11]. A review on OHS organization in the SADC revealed that OHS services are mostly limited to large national and multinational corporates with almost absent services in the informal economy in Zimbabwe, Zambia, Botswana and South Africa [12]. Even where such services exist, coverage is still constrained in terms of OHS practitioners as well as OHS policies and procedures [6].

Most SADC member states' economies are strongly dependent on agriculture. For instance, in the United Republic of Tanzania, the agricultural sector provides employment to ~70% of the country's population [8]. The lack of comprehensive OHS management systems results in indiscriminate exposures to pesticides and other associated chemicals.

The emergence of the informal economy poses notable OHS challenges in the SADC. The 2010 ILO report showed the rapid emergence and increase in the number of small and informal economy mining operations in the African region [13]. Surveys done in Tanzania revealed young boys aged 12-15 years who worked in small-scale mining for long hours and without proper sanitary and sleeping facilities [14]. The informal economy is riddled with precarious and hostile working conditions that pose a major threat to the OHS of exposed populations. Long working hours, excessive and indiscriminate occupational exposures in the absence of OHS policies and regulations, inadequate education and training in OHS, inadequate quantity and quality of OHS professionals and poor access to OHS services characterize the informal economy. Rampant pollution of the environment and water bodies with heavy metals such as mercury and cyanide used in gold extraction pose significant threats to both occupational and community health of exposed populations.

The high poverty levels, HIV and AIDS and unemployment rates in Africa have triggered the entry of children, women and the elderly into the labour force particularly in the informal economy [5,15]. These workers may be subjected to long working hours in hostile environments, uncontrolled workplace exposures and lack of access to OHS services thereby leading to negative health effects to the present and future generations. The potential occupational exposures in pregnancy and lactating mothers in the informal economy are of major concern to the development of the unborn child and infants. The uncontrolled exposures and the heavy manual work in the informal economy have far reaching health implications to these workers. The lack of awareness of workplace hazards and lack of any form of risk based occupational medical examination for workers is a cause for concern in the SADC.

Most SADC member states are confronted by the lack of suitably trained OHS practitioners with appropriate expertise in occupational health. Specialist occupational medicine services manned by specialist occupational health physicians are few to almost absent in some countries like Swaziland, Botswana, Lesotho, Zambia, Zimbabwe and Namibia [12]. Occupational health has not received attention in most countries and lags far behind compared with other public health initiatives such as HIV/AIDS and tuberculosis (TB) programmes.

Lucchini and Landrigan [6] asserts that a new generation of highly qualified independent and dedicated OHS professionals is a feasible objective that can be successfully achieved through coordinated international efforts. The existence of academic institutions of higher learning and polytechnic colleges in the SADC presents a major platform for the genesis of a robust OHS intellectual capital. A number of countries in the SADC such as Zimbabwe, Lesotho, Botswana and South Africa have recently introduced diploma courses and bachelor's degrees in OHS, a move that is envisaged to raise awareness of OHS issues in the region. Effective knowledge management skills can be harnessed to pool the existing critical occupational health human resource to start regional OHS training institutions.

Optimum utilization of current regional and international initiatives has the potential of developing a critical mass of the much needed human resource capital. In the SADC, the Global Fund has initiated the mycobacterium TB in mines project in 10 SADC member states aimed at reducing TB in miners, ex-mine workers and their families and communities [16]. The establishment of new occupational health service centres through this project presents a significant opportunity to the improvement of OHS services in the SADC. In some SADC member states, it is now a requirement for companies to demonstrate that safety, health and environment issues have been addressed prior to embarking on mining projects. This has on its own inculcated companies to have OHS management programmes in the early stages of the development of mining [17].

The latest efforts by the International Union Against Tuberculosis and lung disease in Zimbabwe focusing on TB in health care workers is another great opportunity for Zimbabwe that will see efforts being directed to the wellbeing of health care workers in both public and private sectors. The East African community regional programme on OHS that seeks to strengthen service infrastructures including Basic Occupational Health Services (BOHS) is an exciting and worthy initiative providing new opportunities in the quest to improve OHS services in the region [18].

The SADC currently faces varying challenges in OHS service provision. OHS human resource capital deficits, lack of comprehensive national OHS systems and the emergence of an unregulated informal economy present significant challenges. It is imperative that SADC member states adopt a pragmatic, practical and systematic approach to address these challenges. Optimization of existing OHS regional and international initiatives and investments in OHS education at national levels present good opportunities for the advancement of the OHS agenda. The emergence of the informal economy, with its associated occupational and environmental hazards, physical injuries and exposure to toxic materials, requires urgent and strategic management at national levels across Africa.

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