

# Occupational health and safety challenges in workplace improvement in Africa

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Africa is documented as the region with the largest youth population; almost 60% of the population is younger than 25 years.<sup>1</sup> This should be of benefit to the continent but many in this population group are not in education, employment or training (NEET).<sup>2</sup> In the midst of these challenges, a number of youths who are fortunate enough to find employment feel threatened in their workplaces; a high level of workplace risk, without adequate safety procedures, is compounded by the absence of a social safety net.<sup>3</sup>

While Africa has been at the centre of several global conversations on workplace safety and health improvement, these have not yielded significant results, due to lack of actionable commitment from stakeholders. Poor commitment to occupational health and safety (OHS) by leadership at regional, country, and enterprise levels is one of the challenges facing Africa. Heads of state have participated in several meetings where OHS was discussed, yet there have been no tangible results. These meetings include the World Health Organization-International Labour Organization (WHO-ILO) Joint Efforts on Occupational Health and Safety in Africa held in March 2001 in Harare, Zimbabwe; the Ouagadougou Convention of all African leaders held in Burkina Faso in 2004; and the Review of Occupational Health and Safety in Africa held in Benin Republic in 2005.<sup>4</sup> This lack of commitment has adversely affected both the growth of the workplace health and safety profession, and the implementation of health and safety interventions in African workplaces.

The African region is characterised by inadequate or non-existent workplace health and safety legislation and regulations. There is a limit to what can be achieved without these. The 2019 OSHAfrica Conference (Johannesburg, South Africa) highlighted lack of legislation as a key limitation to workplace health and safety growth in Africa. OSHAfrica announced its ongoing efforts to review all existing legislation with the aim of working with the African Union for a One-Africa Workplace Health and Safety Protocol. This project was significantly hampered by the COVID-19 pandemic but efforts are back on course, with legislation in more than 40 countries already reviewed. The legislation in several African countries was found to be obsolete and ineffective for the protection of worker health and safety. Such legislation needs to be amended to make it relevant to the current realities within each sovereign state.

Another issue of concern is the launch of the African Confederation Free Trade Agreement (AfCFTA) in May 2019 in a region with inadequate legal frameworks for workplace health and safety governance and regulation.<sup>5</sup> This Agreement enables, for example, a Nigerian to freely trade in Gabon or Zambia, or a Kenyan to freely trade in Egypt or Cameroon. However, there is no unified regional health and safety legislative framework that covers such workers. We need to rethink this process.

The amount of funding that OHS attracts in Africa is unknown. We can assume that it is grossly underfunded, based on the quality and outcomes of work done by government agencies across the continent. The Abuja Declaration of 2001 mandated all African heads of state to increase their national healthcare budgets to 15%.<sup>6</sup> Nineteen years later, only South Africa and Rwanda have fulfilled their commitments. The current state of healthcare in many countries suggests that workplace OHS continues to be underfunded in Africa,<sup>7</sup> which has handicapped regulatory government agencies. Of note is the insufficient number of workplace health and safety inspectors across the continent, leading to inadequate inspection coverage. In most countries, some workplaces have not been inspected in more than five years, making it difficult to know if these workplaces are adhering to OHS regulations. Other challenges include inadequate inspector training and lack of resources to perform inspections.<sup>8</sup>

The implementation of safe OHS processes is also hindered by the inadequate number of institutions providing health and safety training and standardisation of training. Some individuals have managed to access education in the West, which is prohibitively expensive for most families. Consequently, there are very few qualified OHS practitioners in Africa; many learn on the job, which is unsafe.

When a standard is not set, everything you see will look like a standard. The region needs to have defined standard training requirements. For example, what constitutes standard first aid training, what constitutes standard risk assessment training, what is the standard content that should be included in training modules, and how many learning hours are adequate? Currently, we do not have such standards in Africa, and training programmes apply whatever standards they deem fit. Hence, there is lack of coherence in workplace health and safety practice. Some training certificates have been rejected in other countries because the training was deemed to be substandard. What, though, is the standard and what certificates should be issued? Training programmes need to be well defined and standardised across the continent. If we do this, opportunities for institutions of learning to develop health and safety programmes will be created.

In addition to inadequate and, often, obsolete OHS legislation, where law does exist enforcement is poor. Health and safety inspectors, from national ministries responsible for labour, are responsible for enforcement, but they are either too few in number or not properly trained on their roles, making enforcement difficult. Many inspectors have qualifications that are not related to OHS, but get little or no on-the-job training and, consequently, do not have the requisite knowledge and skills to conduct effective inspections. The poor research capabilities of African OHS practitioners is another challenge. We need to scale up research capabilities in this field. While some research is done, improvement is required and more scientific

manuscripts need to be published in accredited, peer-reviewed journals, such as *Occupational Health Southern Africa*. Research helps to identify problems and provides evidence to support the development of interventions to address the challenges. Practitioners should be trained in research methods and writing funding proposals. With this local expertise, Africa will be able to develop the capacity to identify health and safety challenges and provide solutions, instead of waiting for experts from the West to do the research.

The National Institute for Occupational Health (NIOH) in South Africa is an ILO- and WHO-collaborating centre in Africa. This is good, but there is an urgent need to set up smaller research centres across all four subregions of Africa. These subregional centres, being close to health and safety issues, could conduct research locally, leaving the NIOH to assume the role of a flagship African occupational health research centre. All the research conducted in the smaller centres could be sent to the NIOH, which would maintain a regional repository of OHS resources for the continent.

While there are many OHS challenges in Africa, including the implementation of improvements in workplaces, these problems can be addressed if approached in a structured manner, with honesty and commitment from all stakeholders, and with mindful use of the available resources and expertise. If we achieve this, at the very least, employees' families will be assured that their loved ones work under safe conditions and will return home, healthy and uninjured, at the end of the day.

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