Review of occupational health and safety legislation in Zambia

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Introduction

Occupational health and safety (OHS) are subfields of public health undertaken to improve the workplace's environment and health conditions.[1] People are compelled to work in hazardous workplaces because these are embedded in the economic system that sustains their society and drives its development. Examples of such workplaces are those where extraction of natural resources and industrial manufacturing occurs.[2] Under ideal circumstances envisioned in the International Labour Organization's (ILO's) *Encyclopaedia of Occupational Health and Safety*,[3] workplaces operate as part of national economic activity under national OHS legislation that protects workers from the health risks posed by a nation's occupational hazards.

The two categories of hazards that workers encounter at workplaces are occupational safety hazards, which typically cause occupational injuries,[4,5] and occupational health hazards, which typically cause occupational diseases.[6,7,8]

A fragmented, immature legal framework and deficits in national OHS policy have been identified as some of the challenges affecting the development of OHS in southern African countries.[9,10] Current OHS laws and regulations do not offer comprehensive protection of workers from occupational health hazards. Other challenges include inadequate human resources for OHS.[10,11] Access to occupational health services in Africa by the working population is less than 5%,[10] with the additional concern that a significant proportion of the workforce is in the informal economy and has little or no access to health services.[12]

Zambia, in its quest to increase access to occupational health services and improve the country's OHS profile, launched the National Safety and Health Policy in 2023 to realise the Decent Work Agenda set out in the 2022–2026 Ministry of Labour and Social Security's (MLSS's)[13] and Occupational Health and Safety Institute's (OHSI's) strategic plan.[14]

Building on these developments, the Occupational Health and Safety Act, 2010 (Act No. 36 of 2010)(ZambiaLII, 2010)[15] was repealed and replaced with the Occupational Health and Safety Act, 2025 (Act No. 16 of 2025)(ZambiaLII, 2025),[16] addressing findings that the national legal framework was, like others in the region, fragmented and not comprehensive.[17,18] The move was aimed at enhancing the Zambian occupational safety and health management systems in line with ILO Conventions 155 on Occupational Safety and Health[19] and 187 on Promotional Framework for Occupational Safety and Health,[20] which the country has ratified.

The Occupational Health and Safety Act of 2010 was also repealed in order to address both traditional hazards and emerging OHS challenges arising from new technologies, and extend the provision of OHS services to sectors such as construction, agriculture, and manufacturing, including the informal and gig economy, which were not effectively covered in it. The new Act of 2025 focuses on common occupational health hazards and risks affecting the workers in all hazardous sectors of the economy.

Purpose

The Occupational Health and Safety Institute (OHSI) was established under the Occupational Health and Safety Act of 2010. The amended Occupational Health and Safety Act of 2025 provides for the continuation of the Institute, but redefines its function.

As noted above, the purpose of repealing the Occupational Health and Safety Act of 2010 was to strengthen the regulatory framework so as to provide OHS services to all industrial sectors with hazards of concern (hereafter called hazardous sectors), in order to improve OHS performance in these sectors. As such, the Occupational Health and Safety Act of 2025 is aimed at addressing the following issues, amongst others:

- Strengthening the regulatory framework with clear OHS regulations and standards
- Conducting proactive risk management by identifying, evaluating, and controlling workplace hazards before they cause harm
- Improving enforcement mechanisms to strengthen compliance with the Act amongst employees and employers in all hazardous sectors
- Providing better coverage and protection for workers in the informal sectors and vulnerable groups, and ensuring sustainability in the provision of quality OHS services
- Aligning the functions of the Institute to make them more robust and responsive to modern OHS challenges in the workplace, and relevant to employees, employers, and the community, in line with international standards
- Extending protection to non-traditional work arrangements, such as gig economy jobs, with employer duties clearly classified
- Developing human capital for OHS

It is anticipated that, once fully operationalised and effectively implemented, the amended Act will narrow the gaps that have been identified in the national system for occupational safety and health and contribute to decent work and economic growth. Further, it must be noted that the Act will be accompanied by subsidiary legislation, yet to be enacted, and guidelines and standards as provided for in the principal Act.

Occupational health and safety legislation and governance in Zambia

In Zambia, OHS laws include, amongst others, the Occupational Health and Safety Act, 2025 (Act No. 16 of 2025)(ZambiaLII),[16] Factories Act, 1966 Cap 441 (Act No. 2 of 1966)(ZambiaLII, 1966a),[21] Minerals Regulation Commission Act, 2024 (Act No. 14 of 2024)(ZambiaLII, 2024),[22] Industrial and Labour Relations Act, 1993 Cap 269 (Act No. 27 of 1993) (ZambiaLII, 1996b),[23] Workers' Compensation Act, 1999 (Act No. 10 of 1999)(ZambiaLII, 1999),[24] and Employment Code Act, 2019 (Act No. 3 of 2019)(ZambiaLII, 2019).[25]

These laws are administered by three different government ministries, some with OHS statutory bodies and some without:

- The MLSS (with two statutory bodies – the OHSI and Workers' Compensation Fund Control Board (WCFCB)) and the Occupational Safety and Health Services Department (OSHSD)
- Ministry of Mines and Mineral Development (MMMD) (with one statutory body – the Minerals Regulation Commission (MRC))
- Ministry of Health (MoH)

The MLSS is responsible for developing and implementing OHS policies , and for regulating labour and employment activities that support the country's sustainable social and economic development. The ministry is primarily responsible for OHS governance and leadership in the country, and enforces the OHS laws through its two OHS statutory bodies and the OSHSD.

The OHSI enforces occupational health programmes – including occupational hygiene, safety management, and medical screening and surveillance – through the Occupational Health and Safety Act of 2025[16] in all industrial sectors. The OSHSD enforces occupational safety management programmes through the Factories Act Cap 441[21] in the non-mining sector. The WCFCB compensates workers in all industrial sectors for occupational injuries and diseases, in accordance with the Workers' Compensation Act.[24]

The MMMD's new statutory body, the MRC, regulates and monitors the development and management of mineral resources in the country, as provided for in the Minerals Regulation Commission Act, as well as safety management in mine work places, which was being administered by the Mine Safety Department under the predecessor Act, namely, the Mines and Minerals Development Act, 2015 (Act No. 11 of 2015)(ZambiaLII, 2015).[26] Finally, the MoH's nationwide healthcare system is tasked with managing occupational injury and disease cases referred to it by enterprises and the OHSI, respectively.

Other OHS stakeholders include the private sector, the Zambia Chamber of Mines, trade unions, and employers' federations and associations. Academia plays a key role in OHS skills development, research, and promotion.

The Occupational Health and Safety Act of 2025[16] calls for the OHSI to collaborate with registered training institutions or scientific bodies on capacity building, focused on OHS human resource development, awareness, education, and research programmes.

Further, the Act provides for broadening the list of occupational diseases and improving the registration system for occupational accidents, diseases, and exposures – both key to developing preventive and curative strategies in workplaces. The Act aligns with the three pillars of the ILO Global Strategy on OHS 2024–2030:[27] improving national occupational safety and health frameworks, strengthening coordination, partnerships, and investment in OSH, and enhancing workplace OHS management systems.

Occupational Health and Safety Act, 2025 provisions

Part II of the Act provides for the functions of the Institute and the Institute's Board, while Part III provides for the establishment of health and safety committees. Duties of employers, employees, manufacturers, suppliers, and importers are stated in Part IV, while OHS services – including the conduct of health risk assessment and medical surveillance – are provided for in Part V. Part VI of the Act deals with enforcement. Section 52 provides for the issuance of guidelines to give better effect to the Act's provisions, while section 53 allows for OHS standards to be established for workplaces through subsidiary legislation.

Opportunities under the Occupational Health and Safety Act, 2025

Occupational diseases

Zambia, like other Southern African Development Community (SADC) members, is richly endowed with natural resources, including minerals.[28] This mineral wealth can become a liability when a country lacks the capacity to control OHS hazards that can lead to occupational injuries and diseases amongst its workers.

Zambia has been mining copper and other minerals since the Northern Rhodesia era. Exposure to respirable crystalline silica can lead to silicosis, an incurable fibrotic lung disease.[29,30] Currently, the prevalence of silicosis in Zambia is below 9%,[31,32] lower than what has been reported in some studies on miners and ex-miners in southern Africa.[33-36] The amended Act provides an opportunity to reduce the prevalence even further if its Parts III-VI are applied effectively. This opportunity applies not only to silica dust, but also to other exposures in other workplaces that have not yet been investigated and documented. Therefore, health risk management, as provided for in section 23 of the amended Act, paired with established standards, is critical to occupational disease control and cannot be overemphasised.

Training of occupational health and safety professionals

Inadequate human resources for OHS are among the gaps identified in a number of studies in the region,[9-12,17,18] as explained in the introduction of this article, and these gaps tend to affect the implementation of OHS programmes in various workplaces.

Section 5 of the amended Act provides for OHS skills development, an opportunity that must be seized upon to improve OHS human capital, not only in the country but also in the region, for the effective implementation of OHS programmes by enterprises and regulatory authorities. Synergies need to be formed with registered training institutions within and outside the country to train certified OHS officers, with strict monitoring of the quality of the OHS professionals produced.

Stringent compliance officer training

There is a need for compliance officers to be trained by highly qualified, recognised OHS professionals who are members of internationally recognised OHS professional organisations. In the absence of a national OHS accreditation authority in the country, deliberate

national policies are needed to establish internationally reputable OHS training facilities at selected national universities. Further, the Occupational Health and Safety Act of 2010[15] was amended to provide for collaborations with internationally recognised OHS professional organisations in OHS skills development – an opportunity that must be harnessed. Suggested programmes are to train:

- Occupational health professionals – occupational hygienists, occupational medicine practitioners, occupational health nurses
- Occupational safety compliance officers
- Occupational hygiene compliance officers
- Occupational medicine compliance officers
- Occupational health nursing compliance officers

The Copperbelt University is collaborating with the Southern African Institute for Occupational Hygiene (SAIOH), various South African universities, and the African Union Development Agency (AUDA-NEPAD) to train postgraduate occupational hygiene officers and analysts,[17,37] an initiative that should be encouraged and supported by all OHS stakeholders.

Risk exposure management and health surveillance

The Occupational Health and Safety Act of 2025 provides for health risk exposure management and surveillance of workers' health to improve occupational health in workplaces. Occupational health and safety compliance officers ensure compliance with OHS laws and regulations. Health risk exposure management and health surveillance must be supported by a well-established, certified analytical laboratory that produces credible results and maintains a reliable database, in addition to compliance officers. Examples of requirements to support health risk exposure management and health surveillance are illustrated in Table 1 below.

The process of accrediting pathology and biomedical laboratories at the Institute has commenced, including the establishment of an occupational hygiene laboratory. However, more investment is required to modernise databases and equipment and to increase the number of compliance officers, who should be equipped with the necessary tools for effective monitoring of OHS programmes in all workplaces.

Conclusion

Occupational health and safety is a core element of the decent work agenda. The Occupational Health and Safety Act of 2025,[16] once effectively enforced, will contribute to reducing occupational accidents and diseases amongst workers in hazardous occupations, vulnerable groups, and the informal sector. Ultimately, this will improve productivity. The Act is expected to contribute to a preventive health and safety culture in the country, in line with ILO Convention 187[20] on the Promotional Framework for Occupational Safety and Health, and to a resilient, productive workforce and enterprise sector.

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Table 1. Foundational requirements for health risk exposure management and health surveillance

Requirement	Specifics
Legislation	1. Primary legislation 2. Regulations or Standards 3. Guidelines and Codes of Practice
Compliance officers	1. Risk assessment (occupational hygienists and analysts) 2. Health surveillance (health practitioners)
Equipment	1. Occupational hygiene laboratory 2. Pathology and biomedical laboratories 3. Screening facilities (includes spirometry, audiometry, vision screeners) 4. Radiological facilities (chest X-ray) 5. ICT hardware and software for capture/storage of cohort's medical records
Databases	1. Cohort's occupational electronic databases (includes exposure, PFT, and chest X-ray databases) 2. Health/support scientists (biostatistician, occupational epidemiologist, computer scientist)

ICT: information and communication technology, PFT: pulmonary function test

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