

Bulletin

Quarterly Newsletter



World Day for Safety and Health at Work: Africa Webinar

On World Day for Safety and Health at Work, which takes place each year on 28 April, the African Union Development Agency – NEPAD, the International Labour Organization (ILO) and partners hosted a webinar for Safety and Health at Work in Africa. The commemoration webinar was convened under the theme: “Stop the Pandemic: Occupational Safety and Health can Save Lives”. The webinar focused on saluting health workers in the fight against the COVID-19 pandemic.

The successful webinar attracted close to 200 participants from across the continent. Mr Amine Idris Adoum, AUDA-NEPAD Director of Programme Delivery and Coordination, in his opening remarks expressed gratitude to healthcare workers for the critical role they play in providing high quality care to our communities, especially now as the world is faced with COVID-19 pandemic. He reiterated the importance of a regional coordinated response and harmonisation of systems to ensure that even all member states benefit from the knowledge that exists in the continent. Mr Tibor Szana, Chief Inspector of Occupational Health and Safety, Department of Employment and Labour South Africa, stated that South Africa has improved the occupational health and safety management systems through a partnership with AU and ILO and engagement with member states through activities under several projects including the Southern Africa TB and Health Systems Support Project (SATBHSS).



The Department of Employment and Labour in South Africa in the current financial year has conducted approximately 2000 inspections. It is currently recruiting 500 inspectors to increase their capacity especially in the area of occupational health and hygiene. Dr. Ahmed Ogwel Ouma, Deputy Director of Africa Centres for Disease Control and Prevention (CDC); stated that the Africa CDC has provided capacity building on enhanced surveillance to 25 countries, and currently conducting weekly online training on clinical management of COVID-19. The CDC is also supporting countries in the procurement of medical supplies and equipment required in the response to COVID-19. “We are developing guidelines on how to protect workers and correctly utilise PPEs, as well as procuring and distributing PPEs across Africa, we have also engaged governments on the need to ensure a safe working space.” he concluded.

Mr Sabelo Mbokazi, Head of Labour, Employment and Migration Division, Department of Social Affairs, African Union; reiterated that strategic repositioning of workplaces to deal with the COVID-19 pandemic calls for the development of comprehensive and robust occupational safety and health management system. Ehi Iden, President of OSHAfrica, emphasized on the importance of building on existing OSH networks and institutions to mount a comprehensive response to COVID-19 in the workplace. He stated that they have developed key COVID-19 programmes such as conducting education and training on COVID-19. “We must acknowledge that the lockdown and isolation measures implemented by various country can cause mental health and psychological bruise to workers,” he said.

Ms Chimwemwe Chamdimba, AUDA-NEPAD Principal Policy Specialist gave the closing remarks and informed participants that AUDA-NEPAD in collaboration with partners has set up a team of experts to develop OSH/COVID-19 guidelines and a series of workplace response trainings aimed at responding to the COVID-19 pandemic and beyond the current pandemic to OSH. “We, therefore, would like to invite experts from Africa and beyond to hold hands with us,” she concluded.

The discussions during the commemorations highlighted the following key issues that countries need to prioritise:

- Development a robust risk management plan as member states are gearing towards the return to work.
- Review of national occupational disease compensation systems and list of occupational diseases.
- Review and strengthening of national OSH policies and programme towards the Integration of COVID-19 responses.
- Strengthening of interdisciplinary and international networks and collaboration.
- Strengthening of research capacity & data management
- Integration of public health and occupational safety and health data management.

In response to the COVID-19 pandemic, the ILO has prepared an action checklist for; “[Prevention and Mitigation of COVID-19 at Work](#)” and a report titled; “[In the face of a pandemic: Ensuring Safety and Health at Work](#)”. These are accessible on the ILO’s “[COVID-19 and the world of work](#)” portal.

The AU has published the “[Africa Joint Continental Strategy for COVID-19 Outbreak](#)”, and AUDA-NEPAD has published a white paper titled “[AUDA-NEPAD Response to COVID-19 and other Epidemics](#)”.

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Interview with AUDA-NEPAD SATBHSS Project Manager Ms Chimwemwe Chamdimba on Capital FM discussing World Day for Safety and Health at Work



An estimated 2 million people around the world succumb to work-related accidents or diseases every year. This means that there are 6000 deaths or more every single day around the world. The International Labor Organization (ILO) indicates that there are around 340 million occupational accidents and 160 million victims of work-related illnesses annually. Recognizing the great challenge that governments, employers, workers and societies are facing worldwide to combat the COVID-19 pandemic, the World Day for Safety and Health at Work that was observed on Tuesday under the theme, Stop the Pandemic: Occupational Safety and Health can save lives, focused on addressing the outbreak of infectious diseases at work, in particular, the COVID-19 pandemic whose infections topped over 3 million by April 29, and over 210,000 deaths. In Kenya, there were 14 fatalities from the pandemic with 384 infections so far. According to Chimwemwe Chamdimba, Principal Policy Specialist for Health Programmes at the African Union Development Agency, adequate safety and health measures at work can play a crucial role in containing the spread of coronavirus, while protecting workers and society at large.

Chamdimba emphasized on the need to stimulate national tripartite dialogue on safety and health at work.

“Each stakeholder has its role to play, for instance, the government will set the regulations and policies when it comes to safety and health to work and ensure that they are adhered to. The employer is to ensure that they comply to these regulations but the most important and central part of this are the workers because they are the ones that work to ensure health and safety,” she told Capital FM News on telephone from South Africa after a Webinar for Safety and Health at workplaces organised by ILO and the African Union Development Agency-NEPAD. “Governments, employers, workers and their organizations face enormous challenges as they try to combat the COVID-19 pandemic and protect safety and health at work. Beyond the immediate crisis, there are also concerns about resuming activity in a manner that sustains progress made in suppressing transmission,” she said.

The ILO had approved convention number 144 and recommendation 162 on tripartite conversations when it comes to international labor standards and other ILO labor activities.

This was done to clearly articulate the need for structures and allow for important issues that touch on the safety and health at work, to be discussed amongst different stakeholders. Regardless of the recommendations put in place by ILO, Chamdimba said some countries have not set out the structures that are required for meaningful dialogue and discussion around health and safety at work.

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“Governments, employers, workers and their organizations face enormous challenges as they try to combat the COVID-19 pandemic and protect safety and health at work.” - Ms Chamdimba

Assessment of TB prevention and care measures in the mining industries in Malawi

Author: Andrew Dimba

Co-authors: James Mpunga, Knox Banda, Pilirani Banda, Ethel Rambiki, Levi Lwanda, Gershom Chongwe, Kathirvel Soundappan, Martin Matu, Pascalina Chanda-Kapala

Malawi conducted a study to determine the availability and utilization of TB preventive and care services in four of the fifteen selected districts of the country. This was a cross sectional study designed in two-phase explanatory and mixed methods. In phase one, the quantitative data was collected to assess the availability of TB preventive service measures and awareness of these services. This was followed by phase two where a one to one in-depth interviews with the stakeholders was conducted to allow for triangulation of results. Qualitative data was also collected using key informant interviews with officers from different sectors of the ministries. The qualitative data was then analysed using the content analysis and a thematic approach where frequencies proportions, median and interquartile range were calculated by using STATA.

Results

Of the 373 miners, 215 (58%) indicated that they were provided with annual TB screening while 43 (12%) had TB screened before being recruited in the mine, 176 (46%) were provided with masks and only 25 (7%) were aware of compensation after being sick while working in the Mine.

Of the 171 Miners that indicated that they were provided with the masks, 110 (64%) cited to have the N95, 55 (32%) had surgical mask and only 6 (4%) cited to have been provided with cotton wasters. The common occupational health safety measures at the mines were banning of smoking within the mining site, sensitization of the miners on tuberculosis and adequate ventilation. Most of the mines did not have the personal protective equipment (PPE) measures in place hence substandard PPE like face masks and inadequate watering to control dust particles.

Key informant interviews indicted that TB/HIV screening services, use of respirators like N95 were available to the miners. One upstream key informant said "TB screening is very important as it can inform the management at the mine whether improvement have to be made on the work processes. Most miners are not taken for periodic screening unless during the inspective visits which are frequently done to ensure compliance". One district health environmental officer stated that "there is need to have proper records of medical examinations done to miners through the development of a national database. The database should be accessed by the mining companies, Ministry of Mines and Energy and National Resources, Ministry of Health, and Ministry of Labour and Manpower".

There was limited knowledge on compensation and social protection of the miners amongst the miners due to minimal civic education. The key challenges were absence of the national occupational health safety policy (OHSP) at the sites, limited financial to consistently procure the PPE and poor coordination between the miners, labour and the health offices at the district level.

Conclusion

The mining industries of Malawi have implemented an array of the expected care measures, however most of these are available at a sub-optimal level. The absence of the national OHS policy has provided a loophole for non-adherence of the mining industries to providing OHS to the miners. Malawi therefore will put in place OHS policy to safeguard the health and social protection as well as compensation of the miners and the ex-miners. Screening for TB will help the mining companies save money to be used to compensate the workers since they will easily distinguish the occupational TB from TB that was acquired before being recruited by the mining company.

The Ministry of Health, Ministry of Labour and Manpower, and the Ministry of Mines and Natural Resources should strengthen their coordination so that there is proper tracking of miners with TB as well as necessary compensation and social protection. This coordination could be improved through establishment of a database that should be accessed to these ministries.

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“There is need to have proper records of medical examinations done to miners through the development of a national database”

ECSA-HC Online Webinars - Responding to the COVID-19 Pandemic



The World Health Organization (WHO) on March 11, 2020, declared the novel coronavirus (COVID-19) outbreak a global pandemic. Following that, the African Union, through the Africa Centre for Disease Control and Prevention (Africa CDC) developed and endorsed in February 2020 the “Africa Joint Continental Strategy for COVID-19 Outbreak Strategy.” In line with this Africa Union endorsed strategy, the East Central and Southern Africa Health Community is partnering with WHO, Africa CDC, Private Organizations, Member States and other in-country partners to implement this strategy through training and capacity building of country teams in several areas of COVID-19 Response

As a response to controlling the pandemic, countries imposed different levels of restrictions that limited travel between and within countries. Given that COVID-19 is novel, there was limited knowledge about the virus and response to the pandemic hence, as the pandemic has evolved, the need for training and capacity building in preparedness and response to the pandemic became increasingly critical. In response, ECSA-HC, under its Southern Africa TB Health Systems Support (SATBHSS) project conducted a short consultation with its four project countries on areas of need. Given the current travel restrictions, from April 2020, ECSA-HC has organized and hosted a number of Online Webinar Sessions based on the needs expressed by the countries. Since these are online, the Webinar Sessions have also benefited countries beyond the four SATBHSS project countries to ECSA-HC Member States and beyond in the Africa Region.

On average, there were 45 participants from most regions of Africa; East Africa – Uganda, Kenya, Tanzania, Rwanda, Burundi; Southern Africa – Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia, Zimbabwe and West Africa – Cameroon, Burkina Faso.

During the interactive sessions, participants interacted with COVID-19 experts in the different areas of clinical management and diagnosis of COVID-19, infection prevention and control and continental strategies in expanding COVID-19 testing. Based on participant feedback, the sessions informed Member States response strategies and the development and implementation of their preparedness and response guidelines, procedures and plans. The sessions provided an opportunity for participants to remain up to date with the ever-changing information related to the novel virus.

The Webinar Sessions have also benefited countries beyond the four SATBHSS project countries to ECSA-HC Member States and beyond in the Africa Region.



Prevalence of PTB among Miners in Malawi

Author: Ethel Rambiki, Andrew Dimba

Co-authors: James Mpunga, Knox Banda, Pilirani Banda, Jaya Prasad Tripathy, Levi Lwanda, Mumbi Chola, Pascalina Chanda-Kapala

Malawi conducted a study to determine the prevalence of Pulmonary Tuberculosis (PTB), a cross sectional study was designed to calculate frequencies, proportions, odds ratios and their 95% confidence intervals, and chi-square using STATA v.15.1. both bivariate and multivariate logistic regression models for PTB and HSB were fitted. A statistical significance was set at $P < 0.05$. the study included individuals working in mining industries and engaged in mining activities (hereafter referred to as active miners) in the four selected high impact districts of Malawi. It was carried in both formal and informal mining industries.:

Results

Of the 2400 miners expected, 84% (2013) were interviewed. Of these, 71% (1435) were males and 1438 (71%) had their HIV status known, 272 (14%) had PTB. Multivariate analysis showed that the 50% involved in the informal mining activities were more likely to develop PTB as compared to those in the formal mining activities (AOR=1.50, 95%CI: 1.10-2.05, $P=0.01$). this attributed to the fact that most of the mines often operate without use of wet methods to reduce silica exposures or operating without proactive wear.

A total of 459/2013 (23%) miners had presumptive TB. Multivariate analysis showed the miners with night sweats were less likely to seek health care compared to those without night sweats (AOR=0.52, 95%CI: 0.30-0.90, $P=0.02$). The miners underwent an HIV testing and counselling in order to ascertain their HIV status.

Knowledge of HIV status among persons at risk of developing TB is a prerequisite for subsequent care and management. HIV prevalence was 2% (29/1438) in for both formal and informal miners. Clients with HIV positive were three times more likely to have PTB. Clients with HIV positive test results were communicated and immediately linked to HIV care clinics.

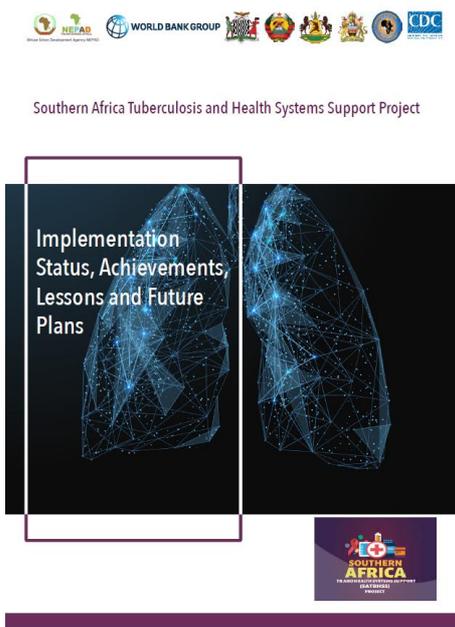
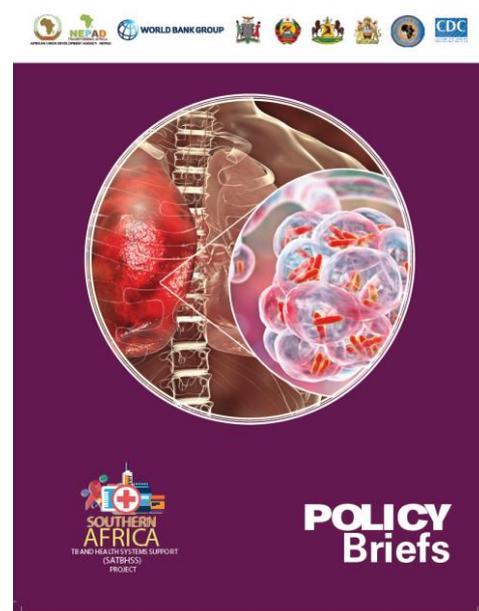
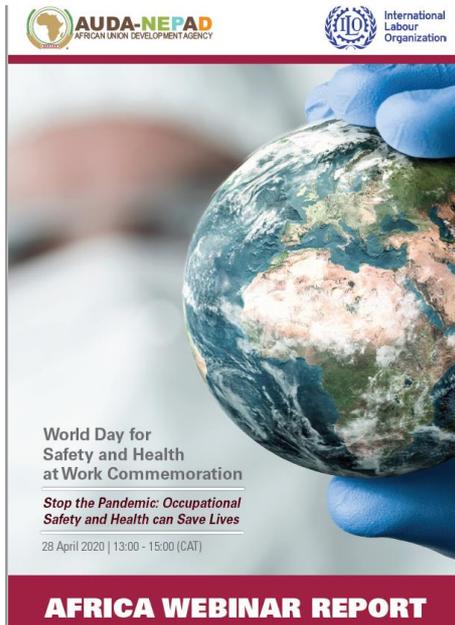
Conclusion

This was the first study in the country which looked at the factors associated with PTB and health seeking behaviour amongst the miners in Malawi. The prevalence of PTB amongst the miners was high however the prevalence of health seeking behaviour among these miners was low. The observed prevalence of PTB amongst the miners was higher than in the general population. Therefore, focusing on targeted TB screening of artisanal miners may be one of the strategies aimed at ending TB by 2030. The NTP need to understand the drivers and facilitators of health seeking behaviour amongst the miners with presumptive TB.

In some studies, the intensity of exposure to silicosis was measured where smoking and alcohol statuses were reported to have been strongly associated with PTB (P. Chanda-Kapala *et.al*; P. Gottesfeld *et.al*). However, in this study these variables were not captured because it only assessed the quantitative aspect of level of healthcare seeking among the miners.

Since most of the miners in the study were males often with poorer health seeking behaviour, there is need to target the miners with HIV testing and counselling services in order to ensure that all the miners have known HIV status. Future studies should be considered to conduct both qualitative and quantitative aspects of health seeking behaviour among the miners.

Key knowledge products



Publications found here: <https://www.satbhss.org/resources>

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