WHO-ILO Joint Effort on Occupational Health and Safety in Africa

Harare, March 2001
# Table of Content

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>3</td>
</tr>
<tr>
<td>Background</td>
<td>5</td>
</tr>
<tr>
<td>Meeting Objectives</td>
<td>5</td>
</tr>
<tr>
<td>Participants</td>
<td>6</td>
</tr>
<tr>
<td>Opening</td>
<td>6</td>
</tr>
<tr>
<td>Strategies for collaboration and areas</td>
<td>8</td>
</tr>
<tr>
<td>Development of the Action Plan</td>
<td>9</td>
</tr>
<tr>
<td>Short term Activities (Phase 1)</td>
<td>10</td>
</tr>
<tr>
<td>Fundraising</td>
<td>11</td>
</tr>
<tr>
<td>Coordination and Follow-up</td>
<td>12</td>
</tr>
<tr>
<td>Closure</td>
<td>12</td>
</tr>
<tr>
<td>Appendix 1 List of participants</td>
<td>13</td>
</tr>
<tr>
<td>Appendix 2 Program of work for meeting</td>
<td>16</td>
</tr>
<tr>
<td>Appendix 3 Activities per area</td>
<td>18</td>
</tr>
<tr>
<td>Appendix 4 Presentations</td>
<td>19</td>
</tr>
<tr>
<td>Appendix 5 Fundraising ideas</td>
<td>24</td>
</tr>
<tr>
<td>Appendix 6 List of Abbreviations</td>
<td>25</td>
</tr>
</tbody>
</table>

Report prepared by Dr. Gerry Eijkemans, World Health Organization
With input of WHO/ILO Joint Effort Taskforce

Harare, March 2001
SUMMARY

A WHO/ILO planning meeting on coordination of occupational health and safety for the African Region was held in Harare, March 7-8 2001. The meeting was organized by WHO and ILO, and included participants from Regional Offices and Headquarters of both organizations, and with experts from research centers in the region, as well as with experts from the host country Zimbabwe.

The background of this meeting is the urgent need for strengthening occupational health and safety in the African Region, responding to the hazardous work environments and the huge burden of occupational injuries and diseases. Coordination between WHO and ILO is necessary in order to be more effective and because workplace health and safety efforts take place under both Ministry of Health and Ministry of Labour in many countries. In a previous consultation meeting the idea of an African Initiative on Occupational Health was developed, to serve as an umbrella for actors and activities in the area, to develop a common framework and objectives, and to serve as a fundraising platform.

This follow-up meeting decided on the following:

The name for the coordination between WHO and ILO in the African region is:

The WHO/ILO Joint Effort on Occupational Health and Safety in Africa.

This replaces the former name: WHO/ILO African Initiative on Occupational Health.

The areas of collaboration that were identified were:

1. Human resource development focused on capacity building
2. National policies, programmes and legislation
3. Information, research and awareness raising
4. Promotion of occupational health and safety in particularly hazardous occupations, vulnerable groups (including informal sector workers and children) and in newly transferred technologies

The following development objective was accepted:

The WHO/ILO Joint Effort on Occupational Health and Safety in Africa will improve conditions and environment of work in Africa, thus reducing the burden of occupational diseases and injuries, through intensified co-ordination of occupational health and safety activities.

The workplan is divided in short (Joint Effort Phase 1 Workplan) and long term. The implementation of Phase 1 starts in June 2001, and has a duration of one year. Meanwhile, the long term action plan will be developed for presentation to donors. It is expected that the activities from Phase 1 will give tangible results in a short period of time, since they are based on ongoing activities. This will increase visibility and credibility of the Joint Effort.

The Activities that were selected for Phase 1 during the meeting are presented below. The final version of the Phase 1 Workplan will be agreed upon in the meeting in Ivory Coast, May 2001.

First approach of activities for Joint Effort Phase 1 Workplan

1. Human resource development focused on capacity building
   - skills audit/harmonization workshop
   - Training of Occupational Health and Safety Professionals
- basic
- specialized e.g. by distance education: occupational medicine and occupational hygiene (twinning of institutions)

2. National policies, programmes and legislation

- Develop guidelines on development and implementation of National Policies and Programmes
- Develop guidelines on updating legislation
- Establish technical support units

3. Information, research and awareness raising

Establishment of:

- Information centers
- A Web site and List server to improve circulation as information at national and international level
- A WHO/ILO Joint Effort Newsletter on the development and implementation of the effort

4. Promotion of occupational health and safety in particularly hazardous occupations, vulnerable groups (including informal sector workers and children) and in newly transferred technologies

- Implementation of Pilot project in the Informal Sector (vulnerable groups)
- Joint programme on OHS in Mining with a special focus on the elimination of silicosis

Coordination and Follow-up.

It was agreed to formulate an ad interim Taskforce, which will have the following terms of reference:

1. Prepare a draft Action Plan for the first year of activities
2. Circulate Action Plan for Comments to the members of the Taskforce
3. Include comments in Action Plan and prepare final Action Plan for the Phase 1
4. Present the Action Plan for Phase 1 in May 2001 in Ivory Coast, for adoption and implementation.

The Taskforce has an interim character, and the final coordination mechanism will be formalized in May, in Ivory Coast. It was proposed that the Taskforce has a rotating coordination mechanism. For the moment, WHO has assumed the responsibility of coordinating the taskforce until May 2001.
BACKGROUND

Hundreds of millions of people throughout the world are working today under circumstances that foster ill health and/or are unsafe. It is estimated that yearly over 1.1 million people worldwide die of occupational injuries and work-related diseases, a figure roughly equivalent to the global annual number of deaths from malaria. In developing countries, above-mentioned risk reaches a proportion that is estimated to be 10-20 times higher than in established market economies. An additional problem to the situation of workers in the African Region is the high prevalence and incidence of HIV/AIDS.

At present rapid changes in working life are affecting both the health of workers and the environment. Particularly in the African Region where the introduction of new technologies, new chemical substances and materials can lead to new epidemics of occupational and work-related diseases and injuries, while the traditional hazards, like high dust or noise levels at the workplace, have not been dealt with adequately. This leads to a double burden of occupational disease and injury.

Thus, this heavy burden due to the current neglect calls for urgent strengthening of the field of occupational hazard prevention and control in Africa. Safer and healthier work conditions can make an important contribution to poverty alleviation and sustainable development. Efficient application of available knowledge to develop practical solutions to overcome the “knowledge application gap” is more important than generating new theoretical knowledge.

In the field of occupational health and safety, activities are conducted in Africa by a number of actors, and at national and international level there has been a lack of coordination between the different actors, and the danger of overlap and duplication exists. It is with the view to address this situation that the concept of an African Initiative on Occupational Safety and Health was developed.

The first step in the development of the Initiative was a workshop of interested national and international institutions in Pretoria, South Africa in October 2000. This meeting, organised by WHO HQ and AFRO, concluded that the African Initiative in Occupational Health and Safety, with leadership from WHO and ILO is opportune as an umbrella for creating a common agenda on occupational health and to serve as a fundraising platform. The initiative, led by WHO and ILO, would aim at protecting the workforce and ensuring safety and health at work.

In order to set a common agenda on improving the health of workers in the African Region, WHO/AFRO organized, in collaboration with WHO/HQ and ILO, an expert meeting on the African Initiative on Occupational Safety and Health, 7-8 March 2001, in Harare, of which this report is one of the outcomes.

The meeting had the following objectives and expected outcomes:

OBJECTIVES

General objective

To define a strategic framework and determine area of collaboration and responsibilities for the implementation of the African Initiative on Occupational Safety and Health.
Specific objectives

- To review the activities that have been carried out in OHS in the African Region,
- To agree on the need and adopt a common approach for a joint WHO/ILO African Initiative on Occupational Safety and Health,
- To identify opportunities for collaboration, synergy and partnership,
- To formulate an action plan for the implementation of the Initiative.

Expected outcomes

- Shared knowledge of the status of occupational safety and health development in Africa
- Agreement on goal and common approach for the implementation of the initiative,
- Agreement on areas of collaboration and responsibilities,
- Formulation of an action plan for the mobilisation of resources in support of the initiative

PARTICIPANTS

- Representatives of ILO from Geneva and African Region
- WHO staff from HQ and AFRO
- Two representatives of research centres in OHS (Benin and South Africa)
- Participants from host country (Zimbabwe)
  (See appendix 1. List of Participants)

The meeting included participants from Francophone and Anglophone countries, who where assisted by simultaneous translation during the entire meeting. The meeting consisted of a first part of identifying current ongoing activities by different actors in the field of occupational health and safety. The next session was to determine the strategy for the collaboration and coordination between WHO and ILO, and other stakeholders. This was followed by the construction of an action plan. (See appendix 2. Programme of Work)

OPENING

In her opening remarks Mme. Anikpo, Director, Healthy Environments and Sustainable Development, introduced the context of occupational health and safety (OHS) in the Region, noting that poverty and the poor development of OHS within the health framework, are some of the important characteristics. She described the needs in the field of occupational health, and the various aspects of strengthening occupational health. She highlighted the need for intensifying the collaboration between WHO and ILO, for which the African Initiative is setting the stage. The existing framework document of collaboration between ILO and WHO was presented. She stressed that this meeting would be a challenge, and that the goals were ambitious. However, she expressed that she was confident that the goals will be met, because of the carefully selected, small expert group of high quality, and because of the quality of preparation of the meeting.

Dr. Sambo, Director of Programme Management, opened the meeting on behalf of the Regional Director, Dr. Samba. The main points of his speech were the following:

In line with their respective mandates, WHO and ILO are organising this meeting in response to the concerns of the millions of people, worldwide, who are potential victims of work-related injuries and diseases. It is important to note that these problems affect the most productive age group, which is also responsible for supporting and caring for others such as children, the elderly and members of the extended family. This means that apart from the increasing number of victims, millions of dependants are also affected whenever work-related diseases and accidents
occur. An additional problem for workers in Africa is the high prevalence and incidence of AIDS. At the same time, the focus of OHS has been mainly on the formal sector, while the majority of workers are to be found in the informal sector. Despite of the past efforts in the African Region by WHO and ILO, through Conventions and recommendations, much remains to be done. The integration of safety considerations in development objectives within national, regional and international strategies and plans, implies social behavior change, approach of which the success not exclusively rests on the activate participation of the key social partners, but also on the economic situation prevailing in the region. For this participation to be effective and efficient, the social partners require training and awareness of the problems, and opportunities for practical action. Intensified collaboration between ILO and WHO is more needed than ever before, particularly in the context of Africa.

Dr. Sambo wished the meeting participants a fruitful meeting, and expressed his interest in reaching an agreement on common approach and areas of collaboration, coming up with an action plan and apportion responsibilities for effective implementation of the Initiative under consideration. He concluded by saying that the improvement of working conditions is a key factor to sustainable development and can make a significant contribution to poverty alleviation. Hereby he declared the meeting opened.

After the opening of the meeting, Mme. Anikpo presented the selected meeting presidents and rapporteurs. The outcomes were as follows:

**Day 1**
President: Dr. M. Fingerhut
Rapporteurs: Mr. M. Ncube
Prof. B. Fayomi

**Day 2**
President: Mr. K. Novikov
Rapporteurs: Dr. M. Jeebhay
Mr. A. Chigumbu

The presentations given by the participants can be found in appendix 4.

After the series of very informative interventions, a brief discussion was held on the constraints and opportunities for occupational safety and health in the African Region. This led to our second part of the programme, the strategy development and the identification of the areas of collaboration.

**STRATEGIES FOR COLLABORATION AND AREAS OF COLLABORATION**

Chaired by Dr. Eijkemans

The strategy development was started with a discussion to agree upon the common ground between WHO and ILO in terms of focus of the project.

The report of the Committee on the Twelfth Session of the Joint ILO/WHO Committee on Occupational Health was taken as the basis for discussion. This document defines the needs and opportunities for collaboration. The main focus is on three different objectives:

1. the maintenance and promotion of workers’ health and working capacity
2. the improvement of working environment and work to become conducive to safety and health
3. the development of work organizations and working cultures in a direction which supports health and safety at work and in doing so also promotes positive social climate and smooth operation and may enhance productivity of the undertaking.
This focus was accepted as being the focus of the WHO and ILO collaboration in Africa.

Following, there was a discussion on the name of the cooperation between WHO and ILO. ILO representatives suggested that since they have a long history of ongoing activities in the African Region in occupational health and safety, the word Initiative is misleading, since it suggests that the collaboration and work in this field are completely new. Secondly, the meeting discussed the convenience of including safety in the name, and it was agreed that both WHO and ILO do activities related to occupational safety, so including it in the name would be appropriate.

The consultation agreed upon a new name:

**The WHO/ILO Joint Effort on Occupational Health and Safety in Africa.**

This replaces the former name: WHO/ILO African Initiative on Occupational Health

Consequently, areas for collaboration were discussed. The four areas that were identified were:

1. Human resource development focused on capacity building
2. National policies, programmes and legislation
3. Information, research and awareness raising
4. Promotion of occupational health and safety in particularly hazardous occupations, vulnerable groups (including informal sector workers and children) and in newly transferred technologies

There was a discussion on the general objective of the Joint Effort, and it was decided to leave it for the second day, after consultation of the UN framework and objectives.

The discussion on the coordination structure for the Joint Effort concluded that coordination is necessary at different levels, i.e. at Regional/Subregional level, and at National level. The Regional level coordination will be between ILO and WHO, and the National level can have a tri-partite nature, including social partners. Ministries of Health and Labour will always be part of the National Coordination mechanism. The nature of the coordination will greatly depend on the activities that will be implemented, and the level of activities. It was decided to come back on this point on day two.

**DAY 2**

**DEVELOPMENT OF THE ACTION PLAN**

Chaired by Mr. Novikov, in coordination with Dr. Nitcheu and Dr. Kalhoulé

The discussion of day two built on the outcomes of day one. The objectives of day two were the construction of a general objective for the Joint Effort, a workplan and a concrete coordination mechanism at Regional level.

The following development objective was accepted:

**The WHO/ILO Joint Effort on Occupational Health and Safety in Africa will improve conditions and environment of work in Africa, thus reducing the burden of occupational diseases and injuries, through intensified co-ordination of occupational health and safety activities**

The Joint Effort takes place within the framework of the UN inter-agency cooperation through the ILO’s Global Occupational Safety and Health Technical Cooperation Programme and the WHO’s Global Strategy on Occupational Health.
The Joint Effort will create worldwide awareness of the dimensions and consequences of work-related accidents, injuries and diseases. In addition, it will also promote the goal of basic protection for all workers in conformity with international labour standards and enhance the capacity of both member states and industry to design and implement effective preventive and protective policies and programmes.

The Joint Effort also aims at reducing and eliminating major sources of social distress and instability for family and for society with the priority attention given to the fight against the worldwide conditions that pose severe threats to health, safety and well-being of the people.

The discussion on the Plan of Action introduced the concept of working in stages. It was agreed that the first stage would be a joint Phase 1 workplan, with a limited number of concrete activities, that build on existing and ongoing efforts of ILO and/or WHO. The implementation of Phase 1 will have a duration of one year, and will start in June 2001, after a follow-up meeting on the Joint Effort.

The activities were determined based on a brain-storming session, that permitted identification of activities for all 4 areas that were agreed upon on day 1. From those identified activities, a selection was made, based on current ongoing activities, on which activities should be included in the Phase 1.

The activities identified in the brainstorming session are presented in appendix 3. The activities that were initially chosen for Phase 1 are presented below. The final Phase 1 Workplan will be further developed and will be adopted in May 2001, in Ivory Coast.

**WHO/ILO JOINT EFFORT PHASE 1 ACTIVITIES**

1. Human resource development focused on capacity building
   - skills audit/harmonization workshop
   - Training of Occupational Health and Safety Professionals
     - basic
     - specialized e.g. by distance education: occupational medicine and occupational hygiene (twinning of institutions)

2. National policies, programmes and legislation
   - Develop guidelines on development and implementation of National Policies and Programmes
   - Develop guidelines on updating legislation
   - Establish technical support units

3. Information, research and awareness raising
   - Establishment of:
     - Information centers
     - A Web site and List server to improve circulation as information at national and international level
     - A WHO/ILO Joint Effort Newsletter on the development and implementation of the effort
4. Promotion of occupational health and safety in particularly hazardous occupations, vulnerable groups (including informal sector workers and children) and in newly transferred technologies

- Implementation of Pilot project in the Informal Sector (vulnerable groups)
- Joint programme on OHS in Mining with a special focus on the elimination of silicosis

**FUNDRAISING**

A presentation was made by Mr. Etukudo, chief of Interagency Resource Management, WHO AFRO. Mr. Etukudo began his presentation by stressing the fact that there is no one right way to mobilize resources, however, preparation and conviction are the necessary ingredients to the fundraising process.

In the partnership between WHO and ILO, it is important to differentiate between seeking resources for the Joint Effort as a whole and from seeking resources for the two partners to deliver according to their respective mandates.

A sound fundraising strategy is one that is data driven. Investing in data generation both in determining current levels of expenditure and in identifying realistic financial goals for the partnership should be a priority.

The following are some of the expressed points.

- There is a difference between institution vs. Country level driven fundraising
- A sound strategy is data driven (Situational analysis and trends indicated by data)
- Funds and resources committed at country/regional/global levels
- ILO/WHO have to determine how funds will be treated/received
- Country level fundraising is an important option
- Well costed action plans are necessary (what will the joint effort cost in different stages)
- Link with ongoing existing resource mobilization (PRSP, roundtable discussion) are important

After the presentation, a round of suggestions and ideas was held. The outcomes are reflected in appendix 4.

The conclusion of this session on resource mobilisation is to work in phases. The first phase will construct and develop tangible products. The outcomes that will be derived from the first phase of the project will give more credibility to the Joint Effort. Meanwhile, a situation analysis will be done on the current status of occupational health and safety in Africa, including a needs assessment and identification of opportunities. This will serve as a basis for the development of fundraising document.

In a second stage different donor agencies will be studied and approached, and tailor made programmes will be presented to them. An advocacy and marketing strategy will be put in place for this purpose. A goal of the Joint Effort is to strengthen countries in their OHS capacity, with a focus on sustainability.

The funding for the short term plan can come from WHO and ILO existing resources, including funds from the next biennium, plus resources that are already available for occupational health from other actors.

**COORDINATION AND FOLLOW-UP**

It was agreed to formulate an ad interim Taskforce, which will have the following terms of reference:
1. Prepare a draft Action Plan for the first year of activities
2. Circulate Action Plan for Comments to the members of the Taskforce
3. Include comments in Action Plan and prepare final Action Plan for Phase 1
4. Present the Action Plan for Phase 1 in May 2001 in Ivory Coast, for adoption and implementation.

The Taskforce has an ad interim character, and the final coordination mechanism will be formalized in May, in Ivory Coast. It was proposed that the Taskforce has a rotating coordination mechanism. For the moment, WHO has assumed the responsibility of coordinating the taskforce until May.

**CLOSURE**

The meeting was concluded with a summary of the conclusions and follow-up activities. The summary is presented in the beginning of the document.

Mme Anikpo closed the meeting by thanking all participants and others that had made the meeting a success. She repeated her beginning statement, that obtaining the expected outcomes of the meeting had not been a simple task, but that due to the active participation of everyone the meeting had been a success, and that all expectations have been met.
Appendix 1

List of participants to the WHO/ILO meeting on OHS

7 – 8 March 2001, Harare, Zimbabwe

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Director, Healthy Environments and Sustainable Development Division

Mr. Akpan Etukudo
Chief of Interagency Resource Management

PHE/DES Staff: Dr. Nitcheu (OCH Focal Point),
Mr. Hounkpatin (STP/EIM),
Mr. Zawide (WSH),
Mr. Kabasha (RUE),
Dr. Tia (STP/ERA),
Ms Mwamakamba (STP/PHE-HSD),

- 4 Interpreters
Appendix 2

PROGRAM OF WORK

Day 1 Wednesday 7 March 2001

08.30 - 09.00 Registration

09.00 - 09.30 Opening ceremony
  - Remarks by Mrs E. Anikpo, Director of Healthy Environments and Sustainable Development, WHO/AFRO
  - Official opening by Dr. Sambo, Director of Program Management, WHO/AFRO

09.30 - 10.00 Introductory session by Mrs Anikpo
  - Presentation of Participants
  - Election of the bureau

10.00 - 10.15 Coffee Break

10.15 – 13.00 PRESENTATIONS ON OHS ACTIVITIES IN AFRICA
  - WHO (HQ and AFRO)
  - ILO (HQ and regional Advisors)
  - Prof B. Fayomi, Benin
  - Dr. Jeebhay Occupational and Environmental Health Research Unit, University of Cape Town
  - Country experience (Zimbabwe)
  Followed by discussions

13.00 – 14.00 Lunch Break

14.00 – 15.30 STRATEGY APPROACHES
  General discussion on strategy for the African Initiative development – Facilitator: WHO/HQ

15.30 – 15.45 Coffee Break

15.45 – 17.00 AREAS OF COLLABORATION AND RESPONSABILITIES
  Discussion on:
  - synergy of activities
  - role of each entity
  - collaboration with partners and other sectors
  Facilitator: WHO/HQ

Day 2 Thursday 8 March 2001

08.30 - 09.00 Wrap up of the discussions of the previous day

09.00 - 10.30 THE WAY FORWARD
Preparation of a joint Plan of Action to achieve the targets set in each of the issues discussed.
Facilitators: WHO/AFRO, ILO/Abidjan

10.30 - 10.45 Coffee Break

10.45 - 13.00 THE WAY FORWARD cont’d…
Planning for the launch of the Initiative
Facilitators: WHO/AFRO, ILO/Abidjan

13.00 - 14.00 Lunch Break

14.00 - 15.30 FUND-RAISING ACTIVITIES
Discussion on how to organize the Initiative as a fundraising platform
Facilitators: WHO/HQ and ILO/HQ

15.30 – 16.00 Coffee Break

16.00 – 17.00 Wrap up of the discussions

17.00 –17.30 Official closure of the consultation
Appendix 3

Activities for areas of collaboration (short and long term) from brainstorming session

Human Resources Development (Capacity Building)

- Harmonizing meeting – identify unaddressed needs
- Evaluation of present initiatives (nurses education)
- Worker education and training
- Training of employers
- Training of hygiene and safety (Committee)
- Training of health professionals

Information/research/education

- 2 Information Centers, based on strengthened CIS Centers
- electronic and hard copy distribution of material
- packages of training material
- CD-ROMs
- A half-yearly newsletter on the Joint Effort
- Library (Journals)
- Website (proposed name SHE-Africa (Safety, Health and Environment) with hotlinks to other institutions, e.g. NIOSH, NIWL, incl. Access to legislation
- List-server
- Development of the African Component of the Global Occupational Health Network, just launched by WHO
- Information focal point in WHO Offices

National legislation/policies/programme

- Review/Update existing laws
- Harmonise sector-related policies
- Development of Occupational health and Safety
- Develop Guidelines on OHS issues
- Specific Targets: SADC Region e.g. mines
- Development of instruments/approaches (package), Guidelines for policies, implementation and monitoring

- Technical expert support
- Collation of laws in countries

Promotion of ohs for vulnerable groups/hazardous work/new technologies

- Pilot Projects e.g. Informal Sector, leading to the development of models and guidelines
- Renewed effort of coordination of the Silicosis Elimination Programme, extended to other activities related to mining
Appendix 4

PRESENTATIONS

Chaired by Dr. Fingerhut

WHO Occupational Health Programme, HQ and AFRO
Dr. G. Eijkemans, WHO HQ
Dr. G. Nitcheu, WHO AFRO

Dr. Eijkemans spoke about the determinants and the magnitude of the occupational health problem world-wide, including the impact on the economy (4% of global GDP). She stressed the need to focus programmes not only on the traditional occupation and industries, but also to be innovative in the approach towards unprotected and vulnerable groups, including children, which carry the highest disease and injury burden. The need to strengthen activities, to develop common objectives and strategies, and the opportunities for collaboration between ILO and WHO are important in the African Region. Occupational health is a powerful tool against poverty. The WHO/ILO African Initiative, which provides a coordination and fundraising platform, can be considered as a model for other regions.

Dr. Nitcheu discussed the results of a survey that was undertaken by WHO in 46 countries, and to which 50% of countries have answered so far. The objectives of the survey were to make an inventory of the current situation, to identify needs, and to determine the type of support that can be supplied.

The following topics were assessed in the survey:

- Service delivery structures within Ministries of Health (MoH)
- Service and programme delivery
- Legislation and mandates for national occupational health and safety programmes
- Priorities for OHS in 2000-2001
- Human and financial resources
- Opportunities and constraints
- Improvement of services of MoH

The key findings of the survey are discussed here:

- Of the OHS services delivered by the MoH, the main activities are: surveillance, inspection, health promotion and human resource development
- In the countries the responsible authorities for OHS are the Ministry of Labour (MoL) (73%), and the Ministry of Health (MoH) 50%.
- Priorities for 2000-2001 are:
  - Development of Human Resources (HRD)
  - Standards, reinforcement, decentralisation of services
  - Data collection
  - Development and implementation of policy
  - Information, education, awareness raising
  - Inter-sectorial collaboration
  - Fight against AIDS in the workplace
  - Others
  - Most countries have specialists in occupational health, and a minority has Human resource development programmes in place, and has a budget for OHS
  - Facilitating factors for the development of OHS were: legislation and political will, awareness and will among employers and employees, a minimum of human resources, delivery of services through the public health system, decentralisation of services
• Constraints are the lack of trained human resources, lack of budget and materials and tools, weak legislative framework and lack of enforcement, lack of good data, lack of awareness and the weak involvement of employers
• Some comments on the strengthening of OHS services were: need to integrate OHS in the Public health services, coordination of activities, supply of tools and budget, formulation, implementation and enforcement of legislation, information network, HRD.

As a conclusion, the main activities have to be in the areas of:
• Information, awareness raising, promotion of OHS
• Development of a policy and a legal frameworks
• Capacity strengthening (education, training, research)
• Practical projects to make a difference at the workplace

Further discussions by the meeting participants highlighted that a next step in the needs assessment would be the inclusion of the employment and labour Ministries. WHO/ILO Collaboration will be helpful to broaden the range of contacts to health and labour ministries.

ILO Safe Work Programme

Mr. K. Novikov, ILO HQ
Mr. J. Nkurlu, ILO Zimbabwe
Dr. T. Kalhoulé, ILO Ivory Coast

Presentations included aspects from Headquarters and the Africa Regional offices.

Mr. Novikov introduced the ILO regional advisors, and gave an overview of the In focus safe work programme, with highlights on the new approach to operational activities.

The ILO encyclopaedia is now available on the ILO website, with translations in progress. It will be available free of charge for institutions in developing countries, through a password that will be provided through the CCOHS in Canada. Other decent work publications were introduced.

Mr. Nkurlu, ILO Zimbabwe

The Regional programme of Southern Africa was described, with the following points:
• Tripartite focus (government, employers and trade unions)
• Country objectives from tripartite consultations
• Capacity building focus
• Promote international labour standards to facilitate ratification of Conventions
• Key conventions
  • 155 on Working conditions and Environment
  • 161 on Occupational Health Services

Technical cooperation for implementation of International Labour Standards with focus on:
• Policy formulation
• Legislation
• Enforcement
• Information
• Training
• There is a regional focus on SADC core OHS conventions to achieve the following: harmonisation of labour standards, approved codes of practice, migrant labour, regional activities, legislation, training
• Country programmes have focused on specific programme elements such as the Zimbabwe project to enhance and improve occupational health services
• Procurement of OHS scientific equipment to improve resources for field activities.
Dr. Kalhoulé, ILO Regional Advisor, Francophone Africa

The Francophone ILO OHS Programme was described, with the following intervention pillars:

1. strengthening of the legal framework
2. strengthening of the capacity of the technical teams and technicians
3. strengthening of the intervention capacity of social partners
4. implement and strengthen the organizations and associations of OHS professionals
5. implement information and education programmes, and communication to actors
6. implement awareness raising programmes for the general public
7. develop training programmes, specialization programmes in Occupational Hygiene, Safety and Health
8. support fundamental and applied research
9. develop and implement sub regional, national and sectorial pilot projects
10. promotion of the exchange of experiences
11. promotion of joint actions and partnerships
12. promotion of twinning cooperation between different actors
13. identify internal and external funding sources for implementation of activities
14. promotion of creativity
15. promotion of private initiatives

The profile of activities conducted at the subregional level is as follows:
- install concertation and experience exchange framework
- forum for Initiatives, Invention and creativity for prevention
- forum of industrial hygiene committees in Cotonou
- symposium on audio visuals and prevention of occupational hazards
- Inter-African prevention of occupational hazards
- Round tables on prevention of OHS hazards
- activities of promotion and wide-spread dissemination
- FESPAC Price for health and safety at work
- African Day of Prevention (30 April)
- implement training models and programmes
  - nursing specialisation in OHS in the ENSP in Ouagadougou
  - Module of OHS for intermediary level OHS agents in Lomé
  - OHS module for high level OHS professionals in Cotonou
  - Special modules in Dakar and Cotonou
  - Training course for technicians of prevention, in Dakar
- studies and research
  - 12 Monographs
  - agriculture hazards in 4 countries

Some Recommendations that were presented in the intervention were the following:

- High priority for Capacity building/human resource development
- Development of guidelines
- Significant resource mobilization is necessary
- Grassroots focus is important
- Occupational health and safety statistics should be improved
- Pilot projects are important to show results and develop models

Prof. Fayomi

Faculty of Health Sciences
UER de santé au travail, Benin
The Francophone training programme (FORST) has been in place for several years, with support from Institutes and Universities in France and Canada. The FORST project, and its proposed follow-up training project have the following characteristics.

- In collaboration with IDRC and McGill
- Focus on training in OHS research
- Five country focus
- Objectives to address are inadequate OHS professionals at enterprise and at universities
- Distance education as a principle
- Collaborate with international financial support
- Strong focus on occupational health and safety research
- Targeted at both advanced and basic training

Collaborative efforts are required with organizations such as ILO and WHO.

Main focus is to achieve the following:

- Promote OHS HRD
- Research
- Collaboration
- Service delivery
- Informal sector focus
- Structured implementation approach to effect change

**Dr. Jeebhay**, made a presentation on the activities of the Occupational and Environmental Health Research Unit (OEHRU), Dept. of Public Health and Primary Health Care, University of Cape Town

The objectives of the OEHRU are:

- To be a principal center for OHS at national and international level
- To conduct multidisciplinary research
- To develop means to maintain health of workers
- To conduct public policy research
- To foster inter-institutional research collaboration and capacity development

Some of the research themes are:

- Exposure and sector related (pesticides, mining, farm workers, food workers, asthma)
- System related themes (respiratory, nervous system, dermatological, allergic and reproductive system)
- Technology related themes (surveillance methodologies, incl. development of biomarkers, evaluation of interventions targeting HIV/AIDS) and other occupational disorders
- Policy related teams (Health status and OHS services, AIDS, Ethics, Occupational health service delivery)

There are national and international linkages between OEHRU and other institutions and programmes, such as the National Center for Occupational Health (NCOH, South Africa), Pentech University (Cape Town), NIOSH, Fogarty Programme (University of Michigan, School of Public Health, WHO, ILO, NiWL (Sweden), etc.

The capacity building strategy includes:

Undergraduate and post graduate teaching, supervision of masters and doctoral degrees, overseas training opportunity development, development of inter-institutional research capacity. Additionally it includes other development work (information resources, advocacy, policy guidelines).

All those activities will finally contribute to
• Industry and economic development
• Public sector development and participation
• Well-being of workers

Mathew Ncube, Ministry of Public Service Labour and Social Welfare, National Social Security Authority, Zimbabwe, gave an overview of the country experience of OHS in Zimbabwe

At the National level the Occupational health services were described in terms of
• Compliance
• Occupational health and safety training
• Research and development
• National liaison tripartite
• Information

The Challenges that are faced by Zimbabwe are:

• High fatal accidents
• Occupational injuries
• Occupational diseases
• Non-compliance
• Industrial development

The main constraint that was presented was the lack of trained professionals

After Mr. Ncube's intervention Mr. A. Chigumbu briefly explained the role of the Ministry of Health in the National System.
Appendix 5

Suggestions for fundraising (brainstorming)

1. The concept of working in various stages was introduced. A first stage will be the Joint Effort Phase 1 workplan (first year period)
2. Start the first phase to use existing resources WHO-AFRO/ILO
3. At the same time, a long-term action plan can be developed.
4. Meanwhile, the short-term action plan starts to have concrete results, which will facilitate the fundraising process. It is easier to get money for something existing, visible, and successful, than for a plan on paper.
5. Think of obtaining funding from the private sector, particularly important for this area
6. Concrete project exist to which donors have already committed, such as Waste management projects (EU Study) in the Informal Sector. Fundraising efforts for the Joint Effort can be linked to this.
7. Study the interests donors and tailor the programmes that require funding to their interests
8. Aspects of budget
   - budget for marketing product
   - institutional/individual contribution for training of health and safety professionals
9. guarantee Long-term sustainability of projects
10. Link this with other existing initiatives
11. UNDP used to be an important funder. Re-approach them for funding
12. Use of electronic Media e.g. Website to advertise the project
13. The document should include detailed situational analysis (data)
14. Introduce this effort as a programme with specific projects instead of a project
## Appendix 6

### List of abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AFRO</td>
<td>Regional Office for Africa</td>
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<tr>
<td>CCOHS</td>
<td>Canadian Center for Occupational Health and Safety</td>
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<tr>
<td>HHRR</td>
<td>Human Resources</td>
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<tr>
<td>HRD</td>
<td>Human Resource Development</td>
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<tr>
<td>HQ</td>
<td>Headquarters</td>
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<tr>
<td>ILO</td>
<td>International Labour Organization</td>
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<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>MoL</td>
<td>Ministry of Labour</td>
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<tr>
<td>NCOH</td>
<td>National Center for Occupational Health (South Africa)</td>
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<tr>
<td>NIWL</td>
<td>National Institute for Working Life (Sweden)</td>
</tr>
<tr>
<td>NIOSH</td>
<td>National Institute for Occupational Health and Safety (USA)</td>
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<tr>
<td>OCH</td>
<td>Occupational Health</td>
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<tr>
<td>OHS</td>
<td>Occupational Health and Safety</td>
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<tr>
<td>SADC</td>
<td>Southern African Development Community</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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