

OCCUPATIONAL MEDICINE AND HEALTH CHALLENGES IN SOUTHERN AFRICA

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OUTLINE

- Organization Of Occupational Medicine services
 - General Organization
 - OH Legal frameworks
 - Human Resources - OM
 - Education and Training in OM

OCCUPATIONAL MEDICINE & HEALTH IN SOUTHERN AFRICA

- Southern Africa: Mining, Agriculture, manufacturing, service industries, etc
- Huge mineral reserves
- Copper, cobalt, Diamonds, platinum, gold, diamonds, chrome, oil and Gas
- Multiplicity of hazards
- Need for comprehensive OH services

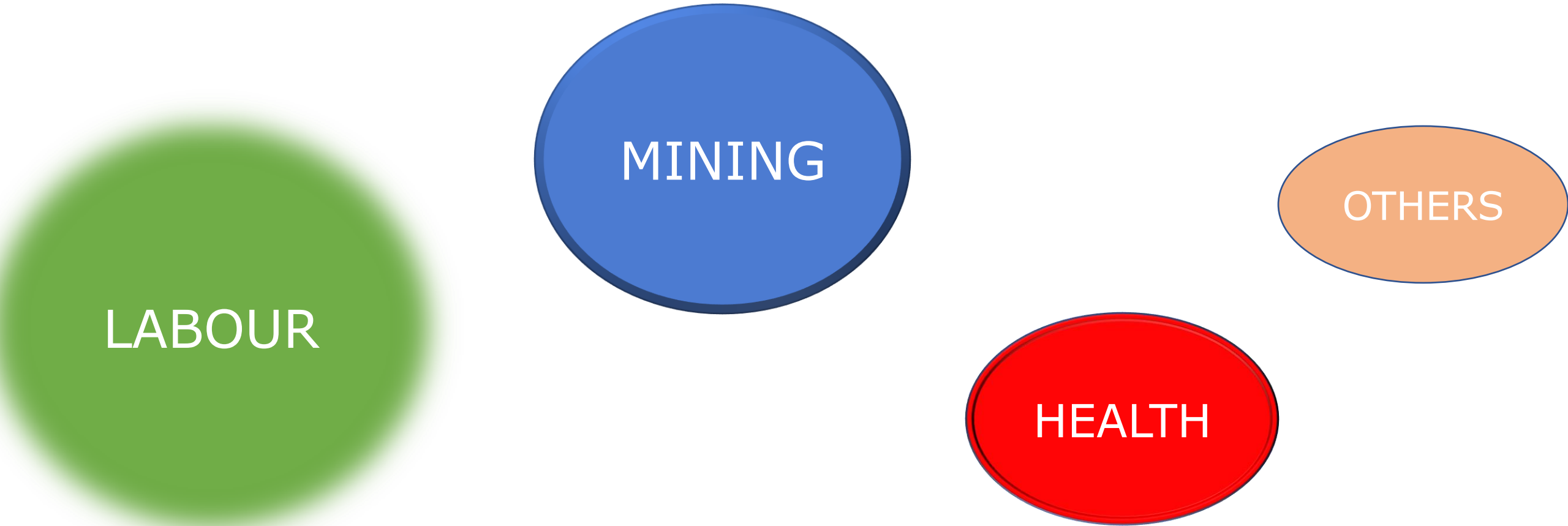
OCCUPATIONAL MEDICINE & HEALTH IN SOUTHERN AFRICA

- Protracted gestation & complicated delivery Process
- At infancy stage except for South Africa
- Access levels low:
 - Global Access < 15%
 - <5% TZ & SA <20% outside mining
- Basic occupational health services Model (BOHS) – Deficient

RATIFICATION OF ILO CONVENTIONS 155 & 161

COUNTRY	C 161 - OHS	C155 - OSH
Botswana	NO	NO
Eswatini	NO	NO
Lesotho	NO	YES
Malawi	NO	YES
Mozambique	NO	NO
Namibia	NO	NO
South Africa	NO	YES
Tanzania	NO	NO
Zambia	NO	YES
Zimbabwe	YES	YES
Angola	NO	NO

RESPONSIBLE MINISTRIES



ORGANIZATION AT NATIONAL LEVELS

- Key ministries responsible
- Ministries/Departments of Labour, Health & Mining
- Ministry of Labour:
 - OSH legislation, National Policy,
- Fragments of OH legislations in various ministries

NATIONAL ORGANIZATION

- Ministries of health – Poor embrace of OM
- Primary health services – lack OH services
 - Informal sector, ASMs etc
- Lack of organized & comprehensive OH services for HWs
- Informal sector and public service – Lack OM services
- Lack of occupational hygiene services

LEGISLATION GOVERNING OM/H PRACTICE

- Fragmentation & lack of coordination
- Mainly OSH focus but no OM – OSH Acts etc
 - Prevention
 - Risk management
- Occupational Medicine services - NIL
- The title OMP does not exist in most OSH legislation

CLINICAL PRACTICE

- Not viewed as a distinct specialty
- Main anchors: Generalists & public health
- Lack of Medical surveillance standards
- Near absent Occupational hygiene services
 - OREP & RBMEs – Poorly developed
- Price tag vs Quality of service

KEY PROGRAMS- LACKING

- Food handlers Medical Examinations
 - Lack of standards
 - Wrong focus on cost drivers vs Food & Personal Hygiene
- Hearing Conservation programs
 - OH Audiometry testing, standards
- Respiratory Conservation Programs
- Workplace mental health programs
- Risk based surveillance programs

HUMAN RESOURCES

COUNTRY	REGISTERED OM SPECIALIST	
SOUTH AFRICA	44	http://isystems.hpcsa.co.za/iregister/ .
Zimbabwe	1	http://www.mdpcz.co.zw/mdpcz_find/_find_practitioner.php .
Botswana	2	https://mosoclinics.com/profile.html .
Lesotho	1	http://www.lmc.org.ls/OnlineServices.aspx .
Eswatini	0	-
Namibia	1	https://www.hpcna.com/eregister/medical/#
Tanzania	2	http://mct.go.tz/oas/register/searchDoctors.php?key=vxn61cg4 .

TRAINING & EDUCATION

- Undergraduate curriculum – insufficient OM
- Training in OM
 - MMed - Occupational Medicine
 - Member/ Fellowship in OM
- Only RSA – offers specialist training in the region
- Non clinical training - occupational Safety & health
- Lack of training in Occupational hygiene

THE WHEELS ARE SLOWLY TURNING

LANDMARK DEVELOPMENTS: OM/OH CLINICS & CAPACITY DEVELOPMENT

COUNTRY	INITIATIVES			
	GLOBAL FUND TIMS PROJECT	WORLD BANK SATBHSS	USAID – TB LON KNTB PROJECT	NATIONAL INITIATIVES
Botswana	1			
Eswatini	2	√		
Lesotho	2	√		
Mozambique	2	√		1
Namibia	1			
Tanzania	1			
Zambia	1	√		OHSI
Zimbabwe	1		2	NSSA
	https://www.timssa.co.za/Whoweare/AboutTIMS.aspx	https://www.satbhss.org/	https://www.uzt.org.zw/kunda-nqobi-tb/	

KEY CHALLENGES

- Occupational Medicine and Occupational Hygiene capacity
- Fragmentation of OH Legislation
- Lack of basic Occupational Health Services
- Ministries of Health – Lack of embrace

THANK YOU

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