

# Workplace COVID-19 response intervention in the Kingdom of Lesotho: the role of risk assessment

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## INTRODUCTION

The COVID-19 pandemic has caused safety, health and economic distress in many countries. Working populations, especially those at the frontline of the pandemic, have faced many uncertainties. Workers have been infected and affected by diseases in the workplace. A study in Zambia found that tuberculosis was the leading cause of death (31%) in people who died from COVID-19.<sup>1</sup> As of 18 May 2021, Lesotho had recorded 10 790 COVID-19 cases, 6 427 recoveries and 320 COVID-related deaths.<sup>2</sup> However, these statistics do not specify the numbers of affected healthcare and general workers.

The Government of Lesotho established the National COVID-19 Secretariat (NACOSEC) led by the Ministry of Health. The country has promulgated several COVID-19 guidelines to combat the scourge of COVID-19 in both public health and occupational health settings. The Ministry of Health established infection, prevention and control committees to coordinate COVID-19 training in healthcare facilities. Several countries requested the African Union Development Agency (AUDA-NEPAD) to provide technical assistance with the integration of COVID-19, tuberculosis and occupational lung diseases into existing occupational safety and health management systems (OSHMS), to find better ways of managing COVID-19 in the workplace. AUDA-NEPAD proposed comprehensive risk assessments, workplace preparedness, evaluation of existing interventions, and reporting.

Training took place from 13 to 23 April 2021, and sought to equip officials from different ministries, including security, defence, police, education, health, mining, and finance. Training organisers and facilitators, and their credentials, are listed in Table 1.

## WHAT IS RISK ASSESSMENT AND WHY IS IT IMPORTANT?

A risk assessment is a multi-disciplinary structured approach to identifying, evaluating, and controlling health risks at work that are associated with exposure to hazards (biological, physical, psychological, ergonomic, safety, etc.). The main purpose of a risk assessment is to recommend control measures to protect the worker, visitors, contractors, the environment, the public, and property, and to ensure business continuity. Risk assessment is an integral part of an OSHMS. The organisational OSHMS and occupational safety and health (OSH) policy of a workplace must state how risks will be assessed and managed in the context of the organisational/business strategic plan.<sup>3</sup>

A risk assessment creates awareness of hazards and risks at work, identifies employees who may be at risk, and determines if existing controls are adequate or if new ones are required. Risk assessment is a preventive strategy, especially when implemented at a design stage, as it helps organisations to meet legal requirements and guides the workplace risk management processes. Therefore, any OSH plan that is not informed by a comprehensive risk assessment is wasteful expenditure to employers

and denial of the right to health to workers. It informs all health-related programmes: health and safety, occupational hygiene, occupational health, compensation, and rehabilitation. It is, therefore, extremely critical that member states, employers and partners prioritise risk assessment to adequately protect the health of workers, and thereby safeguard the economy of the region.

The regional baseline study on occupational health services in southern Africa revealed that the project countries (Lesotho, Malawi, Mozambique and Zambia) did not have any risk assessment guidelines in their existing laws. Where a guideline was included as a requirement, it was not clear as to what should be done, by whom, and how the information should be used.<sup>4</sup> The risk assessments were not linked to medical surveillance and, as a result, occupational risk exposure profiles (OREPs) were not developed. This impeded linkage between primary, secondary and tertiary workplace interventions.

An OREP is a guiding document developed to classify employees' exposure profiles to prevent or detect early signs of exposure. The main objective of the OREP is to classify occupational categories or activities that are likely to be associated with the highest to lowest risks of exposure.<sup>5</sup> In that way, occupational health departments can use OREPs as tools to communicate between workplace departments, about who should present for medical surveillance and at what frequency.

## TRAINING OUTCOME

A total of 429 officials from Ministries of Health; Employment and Labour; Mines; Education and Training; Defence and National Security; Finance; Public Works and Transport; Tourism, Environment and Culture; Trade and Industry; Small Businesses; Social Development; Home Affairs; Communications, Science and Technology; and Finance and Development Planning were trained on issue-based risk assessment and management of COVID-19 in the workplace. The officials represented more than 100 work establishments, ranging from health to education, power utilities and working office environments. Only three establishments reported having conducted and recorded COVID-19 risk assessments; some reported having conducted risk assessments but not recording them. To date, two to three weeks after the training, 13 establishments have submitted their draft risk assessments to AUDA-NEPAD. The few risk assessment reports submitted revealed a gap in the controls, including i) lack of documented COVID-19 risk assessment, ii) no workplace COVID-19 management plan, iii) lack of a clear responsible/assigned compliance coordinator/officer, iv) control measures uninformed by a risk assessment, v) instituted controls, comprising hand sanitisation and provision of masks, vi) officials with limited knowledge on how to conduct a risk assessment, vii) officials with limited knowledge on how COVID-19 is transmitted, and viii) no COVID-19 reporting mechanism in the workplace.

## CONCLUSION

COVID-19 interventions in Lesotho were not informed by a comprehensive risk assessment. Therefore, they lacked precision in managing the COVID-19 pandemic and were not comprehensive. This could be the case in the majority of the Southern African Development Community (SADC) member states. In general, most officials only recognised the fomite mode of transmission of the virus, without understanding the aerosol transmission route. Hence, the dominant control measures were the use of masks, gloves, sanitisation, disinfectants, and fumigation. Most of the officials mentioned vaccines as one of the means of solving the current pandemic.

It is recommended the Kingdom of Lesotho, through the Ministry of Health, the Ministry of Employment and Labour, and the Ministry of Mines should:

- Direct government and private establishments to conduct risk assessments and institute cost-effective control measures
- Encourage workplaces to promote ventilation, especially natural ventilation, to curb the pandemic, in conjunction with other control measures
- Encourage the appointment and training of workplace compliance officers or COVID-19 coordinators, as well as officers to oversee programmes for other infections, such as tuberculosis, influenza, etc.
- Compile and report on COVID-19 management in the workplace,

as the statistics will assist workplaces to evaluate the effectiveness of their controls

## ACKNOWLEDGEMENT

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**Table 1. Training facilitators, affiliations, and roles**

Facilitator/organiser	Affiliations and roles
Mrs Chimwemwe Chamdimba	<ul style="list-style-type: none"> <li>• AUDA-NEPAD OSH principal policy specialist and project lead</li> <li>• Overall management and supervision of the project</li> </ul>
Mr Norman Khoza	<ul style="list-style-type: none"> <li>• AUDA-NEPAD senior OSH specialist and project manager</li> <li>• Project or concept design; development of generic risk assessment slides; facilitation, training monitoring and evaluation, and continuous support</li> </ul>
Mr Sean Chester	<ul style="list-style-type: none"> <li>• Southern African Institute for Occupational Hygiene (SAIOH) registered occupational hygiene professional</li> <li>• GreenFlag Association co-founder and interim chair</li> <li>• Adapted risk assessment training slides for the mines and labour sectors, facilitated training and practical sessions</li> <li>• Southern African Institute for Occupational Hygiene (SAIOH) registered occupational hygienist</li> <li>• Member of the AU expert panel on OSH</li> </ul>
Mr Ehimare Iden	<ul style="list-style-type: none"> <li>• OSHAfrica president, Occupational Health and Safety Managers CEO</li> <li>• Facilitated both the training and the practical sessions of the risk assessment</li> <li>• Regional OSH and COVID-19 expert, and member of the AU expert panel on OSH</li> </ul>
Mrs Goitsewang Keretsetse	<ul style="list-style-type: none"> <li>• School of Public Health, University of the Witwatersrand (SA)</li> <li>• Adapted risk assessment training slides for the education sector, facilitated training and practical sessions</li> <li>• Southern African Institute for Occupational Hygiene (SAIOH) registered occupational hygienist</li> </ul>
Dr Dingani Moyo	<ul style="list-style-type: none"> <li>• Baines Occupational Health &amp; Safety Group executive director</li> <li>• School of Public Health, University of the Witwatersrand (SA); Midlands State University (Zimbabwe)</li> <li>• Adapted risk assessment training slides for the health sector, facilitated training and practical sessions</li> <li>• Occupational physician, OHS specialist</li> <li>• Member of AU expert panel on OSH</li> </ul>
Mr Ibrahim O Elimi	<ul style="list-style-type: none"> <li>• Infinity SHE director</li> <li>• Adapted risk assessment training slides for the informal sector and laboratory, facilitated training and practical sessions</li> <li>• Southern African Institute for Occupational Hygiene (SAIOH) registered occupational hygienist</li> </ul>
Mr Jaco Pieterse	<ul style="list-style-type: none"> <li>• Gijima EHS manager</li> <li>• Adapted the risk assessment training slides for the military sector, and facilitated the military training</li> <li>• Southern African Institute for Occupational Hygiene (SAIOH) registered occupational hygienist</li> </ul>
Ms Nthabiseng Moiloa	<ul style="list-style-type: none"> <li>• AUDA-NEPAD project assistant</li> <li>• Logistical support and coordination</li> </ul>