

Regional occupational safety and health and tuberculosis technical assistance to the Government of Malawi

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BACKGROUND

Employment is an essential way for citizens to share the country's wealth, through decent job creation and economic growth. However, this is associated with a heavy burden of lung diseases such as tuberculosis (TB) and silicosis, and the spread of COVID-19. This could be attributed to inadequate knowledge and awareness of the prevailing hazards and associated risk factors, which include poor working conditions, such as confined workspaces (in both workplaces and transportation), prolonged exposure to hazards, poor ventilation, and inadequate control of hazards. Adding to prevalent occupational lung diseases, the COVID-19 pandemic has had an unprecedented impact on workplaces in both mining and non-mining industries.

Frontline workers have experienced mental health issues, which have exacerbated already challenging workplace conditions. There has been insufficient integration of COVID-19 workplace responses, the implementation of controls without conducting risk assessments, and poor or no workplace reporting and data management. Interventions are more critical than ever to keep economies open, while controlling the spread of COVID-19, as countries continue to develop comprehensive prevention programmes to reduce tuberculosis among healthcare workers, and miners and other workers exposed to silica dust.

In the past 18 months or so, face-to-face technical assistance has been heavily affected by the COVID-19 pandemic, lockdowns, and travel restrictions as means to control the spread of the virus. With the easing of restrictions, the African Union Development Agency (AUDA-NEPAD) has planned a series of technical assistance interventions from September to December 2021. The first technical assistance activities focus on plans of action presented to the permanent secretaries of ministries in Malawi responsible for health, mines and labour; reviewing of the code of practice on occupational lung diseases; accelerating the establishment of occupational hygiene analysis laboratories and occupational health service centres (OHSCs) to strengthen the occupational health programme; and providing training on COVID-19 workplace responses and private sector engagement strategies in Malawi.

OBJECTIVES OF THE TECHNICAL ASSISTANCE

MISSIONS

The AUDA-NEPAD's technical assistance includes:

- To review and adapt the code of practice on the management of occupational lung diseases for Malawi
- To support the ministries responsible for health, labour and mining, and the Public Health Institute of Malawi (PHIM), to strengthen workplace responses to COVID-19 and develop resilient systems
- To initiate the process of adapting standard operating procedures (SOPs) for the OHSC
- To assess the occupational hygiene analysis laboratories and develop SOPs and quality systems
- To undertake a consultative meeting on private sector engagement in health, including presenting the regional private sector study on tuberculosis control strategy to the local experts
- To provide project progress updates and plans of action to the permanent secretaries of the ministries responsible for health, mines and labour in Malawi

SUMMARY OF THE TECHNICAL ASSISTANCE

OUTCOMES

Establishment of an occupational hygiene analysis laboratory

The intervention focused on the assessment of the current state of the occupational hygiene analysis laboratory under development. This included a pre-assessment of the newly constructed laboratory at the old offices of the Department of Mines. Gratitude goes to the National Institute for Occupational Health's (NIOH's) occupational hygiene analysis laboratory's technical manager, Jonas Shai. The Malawian Ministry of Natural Resources, Energy and Mining has procured both the occupational hygiene sampling equipment and occupational hygiene analysis instruments. The laboratory has a tabletop Bruker D2 Phaser XRD to analyse crystalline silica. However, the procured sampling filters (37 mm) are not compatible with the sampling holder (25 mm). The laboratory where the instruments are housed is small and not adequately ventilated to house analysis equipment, but will soon move to a refurbished building.



L-R: Dr James Mpunga, NTP manager; Chimwemwe Chamdimba, AUDA-NEPAD principal policy specialist; Dr Charles Mwansambo, Principal Secretary – Ministry of Health; Norman Khoza, AUDA-NEPAD OSH specialist; Brian Ng'andu, AUDA-NEPAD M&E specialist; Julia Kiguru, AUDA-NEPAD projects administrator; and Dr Kruger Kaswaswa, Malawi OSH&TB co-ordinator

Photograph: courtesy of AUDA-NEPAD



L-R: Mphatso Kapokosa, Malawi Inspector of Mines; Brian Ng'andu, AUDA-NEPAD M&E specialist; Norman Khoza, AUDA-NEPAD OSH specialist; Dr Joseph Mkandawire, Principal Secretary of the Ministry of Mines; Chimwemwe Chamdimba, AUDA-NEPAD principal policy specialist; and Burnett Msika, Acting Director of Mines

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Review of the code of practice on the management of occupational lung diseases

Regional guidelines need to be reviewed, adapted and ratified by member states and the people who are tasked with implementing them. The Southern Africa Tuberculosis and Health Systems Support (SATBHSS) and Tuberculosis in the Mining Sector (TIMS) projects developed a draft code of conduct on managing occupational lung diseases. Even before this process was completed, several Southern African Development Community (SADC) member states adapted the draft regional guideline document, including Lesotho, Malawi, Mozambique, Namibia, Zambia and Zimbabwe. The document was reviewed by ministries responsible for health, mines and labour, including Malawi's Workers' Compensation Board. The document is critical since Malawi is, for the first time, establishing OHSCs.

Establishment of occupational health service centres

The OHSCs meeting members reviewed the terms of reference for the establishment of the centres in Malawi. After the review, it was apparent that the establishment of the centres should have been preceded by the development of the occupational health services framework and governance documents. The following documents were therefore drafted: i) occupational health service delivery framework; ii) the layout, infrastructure, required equipment, and human resources, and iii) an action plan.

COVID-19 workplace responses

Approximately 20 officials from health, mines, labour, and the PHIM were trained, including inspectors, environmental health officials, and laboratory officials responsible for analysing COVID-19 test samples. The training covered the role of fomite and aerosol transmissions, generic and issue-based risk assessments, pharmaceutical and non-pharmaceutical control measures, and tabletop practical risk assessments. An on-site practical risk assessment was conducted at the TB offices and PHIM offices and laboratory. The risk assessment results were presented to the national TB control programme manager, Dr James Mpunga. He appreciated the risk assessments undertaken in the institutions, and reported that some of the recommendations had already been implemented by the following morning.

Private sector engagement in health and tuberculosis

The meeting members tackled the private sector engagement in tuberculosis control study findings and recommendations; synthesis of opportunities, challenges and risks in private sector engagement in tuberculosis control; private sector engagement in tuberculosis control strategic priorities; the monitoring and evaluation framework for the private sector engagement in tuberculosis control strategy; a framework for excellence award for private healthcare providers; and private sector engagement in health financing.

Update on projects

Three meetings were held with principal secretaries of health and mines, and the acting principal secretary of labour. The principal secretaries were provided with updates and progress on the SATBHSS and TIMS regional projects, the regional baseline study results on occupational health and safety, the code of conduct for managing occupational lung diseases, OHSCs, and the planned Kujenga workshop. The principal secretaries were requested to assist with the legislation review process, and to assist the AUDA-NEPAD to accelerate the implementation of the two projects.

CONCLUSION

The AUDA-NEPAD sincerely appreciates and acknowledges the regional experts who took responsibility for several activities. The mission was a success in positioning the occupational health and safety agenda on member states' agendas. Our gratitude goes to Dr Dingani Moyo, Dr Sibongiseni Myeni, Dr Dave Barnes, Ibrahim O Elim, and Jonas Shai. We would also like to thank the Government of Malawi, especially Dr James Mpunga, SATBHSS project co-ordinator; Arthur Ntandika, Worker's Compensation Commissioner; and Dr Ben Chilima, director of the PHIM.

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