

**REPUBLIC OF NAMIBIA**

## **MINISTRY OF LABOUR, INDUSTRIAL RELATIONS AND EMPLOYMENT CREATION**

### **NATIONAL OCCUPATIONAL SAFETY & HEALTH POLICY**

**NOVEMBER 2021**





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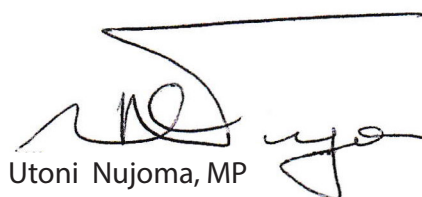
## FOREWORD

Since early 1990, the Government of the Republic of Namibia has been addressing various economic, political, and social challenges through a number of five-year national planning cycles, called National Development Plan (NDPs). During the drafting of this Policy, the cycle called NDP4 covering the period 2012/13 to 2016/17 financial years highlighted the introduction of more labour flexibility without infringing on the rights of the workers; and the strengthening and expansion of social protection systems, among others, as strategies to lead to attainment of some as yet to be defined desired outcomes.

The aspiration of the Republic of Namibia's Vision 2030 is to achieve a prosperous and industrialized Namibia, developed by her human resources, enjoying peace, harmony and political stability. Subsequently, the Republic of Namibia through the vision of the Ministry of Labour, Industrial Relations and Employment Creation strategized to attain a productive nation with its workforce, enjoying harmonious labour relations, decent work and full employment.

The Harambee Prosperity Plan (2016/17 to 2019/20) and NDP5 (2017/18 to 2021/22) have equally called for effective governance and service delivery. This Policy hence intends to provide an effective national Occupational Safety and Health (OSH) governance framework that entails legislations and other guiding instruments that will contribute to gradual paradigm shift towards a dynamic and systematic approach focusing on prevention of occupational accidents and diseases.

The situational analysis conducted during 2013-2014 on national OSH systems identified numerous challenges and gaps in both day-to-day practices and legal framework. This Policy intends to address such gaps and challenges by harmonizing and streamlining the management of OSH across all sectors of the economy including the facilitation of promoting a preventive safety and health culture framework, continuous improvement of national laws and practices, as well as the creation and management of a central OSH data system.



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The Ministry also wishes to express its sincere appreciation to its social partners and other stakeholders for their extensive participation and valuable contributions to the development of this Policy, which are, inter alia, the following:

- Government: Offices, Ministries and Agencies (O/M/As): Ministry of Health and Social Services (MoHSS), Ministry of Mines and Energy (MME), Ministry of Environment and Tourism (MET), Office of the Prime Minister (OPM), Ministry of Works and Transport (MWT) and National Planning Commission (NPC);
- Employers organizations and associations: Namibian Employers' Federation (NEF) and Construction Industries Federation of Namibia (CIF);
- Workers organizations: National Union Namibian Workers (NUNW) and Trade Union Congress of Namibia (TUCNA);
- State-owned enterprises: Social Security Commission (SSC), Namibia Institute of Pathology (NIP), National Training Authority (NTA), Namibia Standards Institution (NSI), Namibia Statistic Agency (NSA), and Telecom Namibia;
- Academia: University of Namibia (UNAM), Namibia University of Science and Technology (NUST),
- Private sector: Safety Risk Solution, D&M Rail Construction, NMC Construction;
- Professional bodies: Health Professions Councils of Namibia and Namibian Society of Occupational Medicine (NASOM); and
- Local Authorities: City of Windhoek, Okahandja Municipality.

We sincerely appreciate the support and expertise provided which contributed to the successful formulation of this document.



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## ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
CIS	Central Information System
CoP	Code of Practice
DWCP	Decent Work Country Program
EIA	Environmental Impact Assessment
HPP	Harambee Prosperity Plan
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
LAC	Labour Advisory Council
MLIREC	Ministry of Labour Industrial Relations and Employment Creation
MET	Ministry of Environment and Tourism
MoHSS	Ministry of Health and Social Services
MME	Ministry of Mines and Energy
MWT	Ministry of Works and Transport
NCS	Namibia Custom Smelters
NDP	National Development Plan
NIHL	Noise Induced Hearing Loss
NIP	Namibia Institute of Pathology
NPC	National Planning Commission
NSA	Namibia Statistics Agency
NSB	National Standards Body
NSI	Namibian Standards Institution
NTA	Namibia Training Authority
OHS	Occupational Health Services
OMAs	Offices, Ministries and Agencies
OPM	Office of the Prime Minister
OSH	Occupational Safety and Health
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SME	Small and Medium Enterprise
SSC	Social Security Commission
WTO	World Trade Organization
TBT	Technical Barriers to Trade



## GLOSSARY OF CONCEPTS AND TERMS

Glossary	Main Description
Competent Authorities	Any office, government ministry or agency entrusted with power to either administer national functions related to OSH, enforce OSH legislation or monitor compliance there with.
Decent Work Country Programme	The main vehicle for delivery of ILO support to its member states with the objective to promote decent work as a key component of national development strategies and organizing ILO knowledge, instruments, advocacy and cooperation at the service of tripartite constituents in a results-based framework to advance the Decent Work Agenda within the fields of comparative advantage of the Organization.
Occupational accident	An occurrence arising out of, or in the course of, work which results in fatal or non-fatal injury.
Occupational disease	Any disease contracted as a result of an exposure to risk factors arising from work activity.
Occupational Health Services	These are services entrusted with essentially preventive functions and responsible for advising the employer, the workers and their representatives in the undertaking on the requirements for establishing and maintaining a safe and healthy working environment which will facilitate optimal physical and mental health in relation to work and the adaptation of work to the capabilities of workers in the light of their state of physical and mental health.
Occupational Safety and Health	The protection and promotion of the safety and health of all employed persons and exposed people through prevention and control of work-related hazards and risks.
Occupational Safety and Health Commission	The Occupational Safety and Health Commission (OSH Commission) is a department within the MLIREC, responsible for the management of occupational safety and health (OSH) systems in Namibia.
Occupational Safety and Health Data	Statistic of occupational safety and health related information like inspections, compliance and non-compliance rates, accident rates, occupational diseases and dangerous occurrences at workplaces.
Occupational Safety and Health Programmes	National programmes that includes objectives to be achieved in a predetermined time frame-priorities and means of action formulated to improve occupational safety and health, and means to assess progress
Occupational Safety and Health System	National infrastructure which provides the main framework for implementing the national policy and national programmes on occupational safety and health
Preventative safety and health culture	A culture in which the right to a safe and healthy working environment is respected at all levels, where government, employers and workers actively participate in securing a safe and healthy working environment through a system of defined rights, responsibilities and duties, and where the principle of prevention is accorded the highest priority.
(ILO) Convention	A binding legal instrument drawn up by the International Labour Organization's constituents (governments, employers and workers), setting out basic principles and rights at work and open for ratification by member states.
(ILO) Recommendation	A non-binding legal instrument drawn up by the International Labour Organization's constituents (governments, employers and workers), setting out basic principles and rights at work and serve as guideline.
Social partners	A tripartite group made up of government, workers' and employers' organizations that cooperates for the purpose of negotiation, consultation or exchange of information on issues of common interest relating to economic and social policy.
Stakeholder	Specific to this document, an individual, organization or a group of individuals or organizations, who has a direct or indirect interest in development, implementation and evaluation of national OSH strategies and interventions.

Workplace	Any place where the employees of an employer work, and if an employer carries on or conducts two or more operations that are independent of one another by reason of their size, function or organization, each of those operations constitutes a separate workplace.
Work-related Incidents	Unsafe occurrence arising out of or in the course of work and has potential to cause injury, disease or death.
Employee Wellness Programme	Proactive and preventative programme designed to promote healthy life style and support healthy behavior in the workplace.



## 1. EXECUTIVE SUMMARY

The Government of the Republic of Namibia recognizes the benefit of a safe and healthy working environment for workers in Namibia as it enhances productivity and economic growth. Namibia's first generation of the Decent Work Country Program (DWCP) adopted in June 2010 advocates for the improvement and strengthening of occupational safety and health (OSH), and working conditions in Namibia. Healthy working environments minimize the risk of occupational accidents, diseases and disasters that contribute to huge socio-economic burdens at individual, enterprise and national level. Ensuring safety and health of the working population is a primary responsibility of the government.

The situational analysis conducted with the support of the ILO during 2013- 2014, identified numerous gaps and challenges within the OSH system at the national level. The identified gaps, which are legal, administrative and technocracy in nature, include: a fragmented OSH legal framework; the absence of central information system for OSH data; the narrow coverage of compensable occupational diseases and the absence of scientific research and training on OSH. Among other identified major challenges faced by the government in the enforcement of OSH is the lack of resources (human and financial) and uncoordinated activities.

This Policy serves as a framework with set objectives and strategies aimed at improving the current situation. It contains three specific objectives addressing pertinent issues related to these challenges, namely: strengthening the national OSH system; providing comprehensive employee compensation coverage by aligning the national compensation legal framework with the relevant international instrument; and integrating Employee Wellness into the occupational safety and health programme. It is an established fact that psycho-social factors and occupational related matters can interface at the workplace.

One of the strategies in strengthening the national OSH system is to harmonize OSH legislation through the enactment of an OSH Act. This Act will provide for the establishment of an Occupational Safety and Health Commission under the public service, build on the existing Occupational Health and Safety Division within the Ministry of Labour, Industrial Relations and Employment Creation (MLIREC), to administer and manage the OSH system. The Commission will, therefore, ensure effective collaboration and cooperation among Competent Authorities, through a Memorandum of Understanding.

There is a need to establish laboratories and facilities for research on occupational safety and health. The Policy takes cognizance of the Cabinet Directive (Cabinet decision No. 6th/24.04.12/005), issued to the Ministry of Environment and Tourism (MET) to lead the process of establishing an Institute of Research on Occupational Safety and Health. The Policy acknowledges the link and benefit of such an institute to the existing enforcement authorities, hence it supports such an essential resolution. This research service will provide the Competent Authorities with evidence on causal connection between suspected occupational diseases and work environment conditions, research and study matters relating to OSH, and promote and facilitate the training in OSH.

The Policy seeks to strengthen the existing fragmented national OSH data collection systems through establishing a national central reporting system for recording and notification of occupational diseases and accidents. It further provides for the development of guidelines and harmonized tools in line with the United Nations Sustainable Development Goals and ILO relevant conventions and recommendations.

This Policy caters for all sectors of the economy which include formal and informal employment. Its primary objective is to reduce the number of work-related accidents and diseases and reduce the cost of compensation and rehabilitation of both women and men injured in the course of work through promoting a culture of prevention and continuous improvement of OSH.

The successful implementation of this Policy depends on active involvement of all social partners: the government, the employers, workers and other stakeholders. The MLIREC as the custodian of this Policy, will develop a coordination and implementation mechanism where the responsibilities of key stakeholders are clearly defined to ensure that implementation of the proposed strategies and activities are successful for the benefit of the country.

## 2. INTRODUCTION

The development of the national OSH Policy has been informed by Vision 2030 which is the overall development agenda, with inspiration for Namibia to be a prosperous and industrialised nation, developed by her human resources, enjoying peace, harmony and political stability. The DWCP (2010 to 2014) which has a direct relevance to the achievement of Vision 2030, proposed for strengthening OSH systems and programs, in line with the ILO standards.

In 2006, following the adoption of the Convention concerning the Promotional Framework for Occupational Safety and Health (No. 187 of 2006) at the 95th Session of the International Labour Organization in Geneva, Switzerland, the MLIREC submitted a Memorandum to Cabinet, to take note of the new Convention. It was recommended that proper consultation and study on occupational safety and health be conducted prior to moving for ratification of the Convention.

In 2008 the Government together with the ILO, compiled the Decent Work Country Programme. As an outcome of the programme, the DWCP (2010 to 2014) prioritized social security through improving and strengthening occupational safety and health (OSH). Among other activities to be undertaken to achieve the strengthening of OSH, the programme proposed for the compilation of a national OSH Profile (situational analysis) and the development of a national OSH Policy and program. These activities are in line with ILO Convention No. 187 of 2006.

The OSH situational analysis has identified numerous gaps and challenges within the OSH system (legal framework, administrative and technocracy at the national level. Therefore, the Government, in collaboration with social partners and other key stakeholders, developed this Policy in order to harmonize and streamline the management of OSH.

This Policy was developed through tripartite consultation with the ILO's support through various workshops from 2015 to 2017. As an outcome of these workshops, the following specific objectives were recommended to be the implementation pillars of the Policy, namely: strengthening the national OSH System; provision of comprehensive employee compensation coverage and integration of Employee Wellness into Occupational Safety and Health. These objectives will be executed through time-bound and prioritized strategies. It is expected that the successful implementation of this Policy will promote desired OSH practices and standards that will contribute to improved social and economic development in Namibia.

Chapter 3 focuses on the background to the Policy which covers the problem statement and the situational analysis. Chapter 4 elaborates on the rationale for this Policy; while Chapter 5 discusses the alignment of the Policy to the national, regional and international context. Chapter 6 indicates numbers of guiding principles; while chapter 7 deals with Policy direction, with particular reference to the Policy's vision, mission and goal. Chapter 8 discusses Policy objectives and strategies. The implementation framework, particularly the institutional, legal and regulatory arrangements, as well as resource mobilization for the execution of the appended Implementation Plan, are outlined in Chapter 9 and 10 of the Policy. A road map for implementation and resource mobilization plan is separately attached to the Policy. Chapter 11 contains concluding remarks.

### 3. BACKGROUND

#### 3.1. Problem Statement

The rapid changes in economic growth, multiplication of new industries, employment patterns and job demands affect the world of work and poses safety and health challenges for workers. These challenges require a sound OSH system with informed preventative and enforcement strategies.

In general, basic occupational safety and health does exist in Namibia but efficiency levels can be improved by strengthening the national OSH system. Currently, OSH is administered by three Competent Authorities namely – the Ministry of Labour, Industrial Relations and Employment Creation; the Ministry of Health and Social Services and the Ministry of Mines and Energy. However, there is poor coordination among these Ministries which is negatively affecting the administration of OSH. Competent Authorities are challenged by lack of resources to enforce the law. There is a lack of skilled OSH professionals and experts and there is no capacity development plan within the OSH field. Most of the Divisions and Sections responsible for OSH at different Authorities are not sufficiently funded, and some do not have budgets to execute their functions.

The absence of a central national reporting system and inconsistent classification of occupational incidents (accidents and diseases) among Authorities lead to inaccurate statistics, thereby reflecting incorrect prevalence rates of occupational accidents and diseases in the country. Nevertheless, according to the statistics from the MLIREC, a total number of 242 occupational accidents were reported during 2010 to 2018, of which 28% (68) resulted in fatalities (Figure 1). A total of 22 occupational accidents were reported to the MME during 2010 to 2017, of which 77% (17) were fatalities (Figure 2). A substantial number of employers do not report accidents to the enforcement authorities, making these figures a significant underestimation of the full extent of work-related accidents. Poor reporting can be attributed to combination of factors like ignorance, lack of awareness and fear of prosecution.

During 2010-2017, a total number of 30 169 occupational injuries, fatalities and diseases were reported to the Social Security Commission (SSC), of which 28 129 were reported from the private sector (Table 1), while 2 040 were reported from the government/public sector (Table 4). A total amount of N\$4, 126, 559,669.27 was paid out for medical expenses and compensation for cases from the private sector, while N\$3,087,564,327.89 was paid out for government cases. Confirmation of some apparent diseases is vague. A total number of 48 occupational disease notifications were received from the MoHSS during 2010-2018. These range from Noise Induced Hearing Loss (NIHL), contact dermatitis, skin arsenic, skin rash, asbestosis and pneumoconiosis.

The outdated and narrow national list of occupational diseases under the Employee Compensation Act, 1941 (Act No. 30 of 1941) compromises the compensation benefits of employees who have contracted unlisted occupational diseases. Some diseases that are internationally recognised as compensable and on the ILO list of occupational diseases, are not covered by the Namibian employee compensation list of scheduled industrial diseases. In addition to that, the assessment criteria used to qualify for compensation when an employee contracted occupational NIHL, is too high in Namibia, comparing to other countries compensation schemes such as South Africa.

The absence of OSH laboratories and research facilities that can provide scientifically proven OSH information creates a challenge for the Competent Authorities to apply informed enforcement and standard setting. In many instances the Authorities are probed by employers on the credibility of their findings due to the absence of quantified results.

Some employers, particularly those having unskilled and semi-skilled workforces, do not make provisions for OSH budgets. Workers are exposed to unsafe working conditions with minimal control measures including the personal protective equipment. Despite exposure to hazardous substances, most workers continue working and some leave their employment without being subjected to medical examination.

The implications of inadequate management of OSH are not confined to workplaces. It impacts negatively on public safety, public health, the environment and natural resources. The causes of major public disasters, such as environmental pollution and contamination of underground water are resulting from inadequate safety and health management systems and unacceptable disposal methods of harmful materials. Failure by some employers to effectively control hazardous substances used in work processes is a significant cause of environmental pollution. Namibia Customs Smelter incident is a high-profile and vivid reminder of the immense cost of the failure by employer to control occupational hazards. In 2011, Tsumeb local community complained to the Government, that the operations of the then Namibia Custom Smelter (NCS), was adversely affecting their health and the environment. The Government, through a Cabinet Directive responded in November 2011 by commissioning an investigation on the claims of the community, and an audit of the Smelter operations. Accordingly, an environmental, occupational and community health audit of the Smelter was undertaken between November 2011 and December 2012. The findings of the audit confirmed that the complaints of the community members were valid, and the operations of the Smelter were indeed adversely affecting the health and the environment of the workers and of the local community.

On the other hand, non-communicable diseases continue to be a long-term development challenge. Among non-communicable diseases, higher blood pressure contribute to high absenteeism and loss of lives. Similarly, communicable diseases like HIV and AIDS-related illnesses result in greater loss of working time and personnel. The loss of human capital due to non-communicable diseases and HIV and AIDS-related diseases have negative impact on skills and training levels, thereby reducing productivity levels.

In view of this context, the Policy seeks for an inclusive OSH system comprising all essential elements; a legal framework with a well-coordinated prevention and enforcement capacity, broader compensation coverage, research facilities and a well-crafted capacity development plan that will improve the OSH status in the country. The Policy recognizes the inter-linkage of occupational and psycho-social issues, hence seeking for integration of Employee Wellness into the OSH programme. Improved working conditions enhance employee morale, higher labour productivity, better quality of work and healthier labour relations, thereby enabling sustainable enterprises.

### **3.2. Situational Analysis**

The first DWCP adopted in 2010 highlighted the need to improve and strengthen occupational safety and health for the benefit of workers and enterprises. It prioritized the implementation of key areas and emphasised the establishment of a National Coordinating Taskforce on OSH which will be tripartite; compilation of the National OSH Profile after a situational analysis; establishment of the National Tripartite OSH programme, and the establishment of National OSH centre for information system (CIS) of reporting, recording and notification of occupational accidents and diseases.

The DWCP further prioritises mitigating the impact of HIV and AIDS at the workplace. It outlined the expected outputs from coordination and implementation of the HIV/AIDS workplace policy and programmes; as well as mainstreaming it into all sectors including informal economy. Furthermore, some workplaces have now broadened the scope of addressing not only HIV and AIDS but wellness and disease management as well, in order to address both communicable and non-communicable diseases in the workplace.

Namibia, as an active ILO member needs to ratify the ILO core Convention, C187 and its Recommendation, which provides for preparation and updating of the national OSH profile, the development and promotion of national OSH policies, national OSH systems and national OSH programs.

The situational analysis conducted during 2013/2014 has identified numerous gaps and limitations within the OSH system (legal framework, administrative and technocracy) at the national level. It therefore recommended the development of a national OSH Policy to address these challenges. Detailed findings of the situational analysis is presented in sub-section 3.2.1-3.2.6.

### 3.2.1 Legislations governing OSH

Chapter 4 of the Labour Act, 2007 (Act No. 11 of 2007) and Regulations Relating to the Health and Safety of Employees at Work, made under the Labour Act, 1992 (Act No. 6 of 1992) places legal duty upon employers to provide a healthy and safe working environment for the workers and any other person who might be affected by their operations.

Namibia has not yet promulgated a primary stand-alone OSH statute that can strengthen OSH enforcement in the country. The current OSH legislation is a chapter in the Labour Act, 2007 (Act No. 11 of 2007). The scope of specific OSH regulations regulating high risk classified sectors, services and dangerous machines (pressure vessels, lifting equipment, motorized equipment, earthmoving equipment, etc.) are very limited, which makes it difficult for authorities to regulate and enforce them.

The current OSH legislation provides for penalties for continuous violation, however, the punitive measures are too lenient to serve as a deterrent. These measures do not correlate with the value of the safety and health of workers.

The Employee Compensation Act, 1941 (Act No. 30 of 1941) makes provisions for payment of compensation to employees who have suffered occupational diseases or sustained injuries arising from accident at the workplace or in the course of employment. This Act is administered and enforced by Social Security Commission (SSC).

### 3.2.2 OSH Competent Authorities Institutional arrangement

The Regulations Relating to the Health and Safety of Employees at Work came in force by virtue of a Presidential Proclamation (No. 10 of 1997). This proclamation provides for synergies with regards to the administration and enforcement of these Regulations by the MLIREC, MME and MHSS. However, the absence of a framework to serve as a guiding tool in the execution of the proclamation leads to poor coordination of OSH activities and inconsistency in the administration of these regulations. Competent Authorities are not adequately staffed nor are they allocated sufficient financial and infrastructure resources to help ease their operations.

The following are the OSH Competent Authorities in Namibia:

**Ministry of Labour, Industrial Relations and Employment Creation :** This Ministry is the custodian of Occupational Safety and Health in Namibia. The Directorate of Labour Services has two divisions: the Division of Labour Inspectorate and the Division of Occupational Health and Safety. The Directorate is headed by the Director while Divisions are headed by the Deputy Directors. The Directorate is responsible for the enforcement of the Labour Act, which has the occupational health and safety provisions embedded in it. The Division of Occupational Health and Safety structure includes a Deputy Director: Occupational Health and Safety; a Chief Inspector: Occupational Health and Safety; twenty (20) OSH Inspectors (Industries), and four (4) OSH Inspectors for Machineries country-wide.

The Occupational Health and Safety Division is responsible for administering the application and enforcement of Chapter 4 of the Labour Act, 2007 (Act No. 11 of 2007) and the Regulations relating to the Health and Safety at Work, through compliance inspections and registration of factories and dangerous machineries, compliance inspections for any other workplace, registration of Approved Inspection Authorities, investigation of workplace accidents, OSH information dissemination and stakeholder consultations, as well as the development of legal instruments.

**Ministry of Health and Social Services:** This Ministry is responsible for the statutory control of the implementation and monitoring of the pertinent legislation relating to health issues at the workplace in all sectors. Occupational Health Services (OHS) is a sub-division under the Public and Environmental Health Services Division, which falls under Primary Healthcare Services Directorate. The staff structure makes provision for the Chief Medical Officer of Occupational Health, the Environmental Health Practitioner and the Senior Health Program Administrator; however, the sub-division is understaffed, with only the Chief Medical Officer of



Occupational Health position being occupied. Budgetary provisions are made up to the directorate level, with no sub-division allocations specified.

The specific functions of the OHS sub-division include: registration of Approved Inspection Authorities, investigation of workplace incidents, information dissemination and stakeholder consultations, as well as the development of legal instruments in collaboration with the MLIREC and other stakeholders. Furthermore, the subdivision is responsible for coordinating medical examinations for high risk workforce, administration of occupational diseases notifications, and advice the MLIREC with regards to occupational health matters.

**Ministry of Mines and Energy:** This Ministry, in collaboration with the MLIREC and the MoHSS is responsible for enforcing provisions of the Regulations Related to the Health and Safety of employees at Work in the Mining Sector. The Division of Mine Safety Inspectorate falls under the Directorate of Mines Safety and Services. The Division structure includes the Chief Inspector of Mines and 6 Inspectors serving all mines country-wide.

The core functions of the Mine Safety Division include: compliance inspection of mining operations, accident investigation in the mines and issuing of blasting certificates for both open cast and underground mining.

**Social Security Commission:** SCC administer the Employee Compensation Act, 1941 (Act No. 30 of 1941). This Act provides for compensation for occupational diseases and occupational injuries. Although all Authorities deal with occupational incidents (injuries, fatalities and occupational diseases), there is no central point for reporting and recording these incidents. Currently, the Authorities are administering work-related incidents in isolation with no inter-linked system.

**Ministry of Works and Transport:** The Directorate of Maritime Affairs is responsible for ensuring safety of life and property at sea, prevent and combat pollution of the marine environment. The core functions of the Directorate is to carry out surveys and inspections to ensure safety of vessels and workers, certify Namibian vessels by executing port state and flag state control; and registration and certification of Namibian seafarers.

### 3.2.3 OSH scientific research, training and OSH standards

Regulation 16 of the Regulations Relating to the Health and Safety of Employees at Work makes provision for incorporation of OSH standards into OSH regulations. Unfortunately, so far there is no Namibian OSH standards incorporated into the regulations.

The Namibian Standards Institution (NSI) was established in terms of the Standards Act, 2005 (Act No.18 of 2005) to serve as National Standards Body (NSB) for Namibia. One of the core mandate is to develop, adopt, publish and maintain Namibian standards in compliance with the Code of Good Practice for Preparation, Adoption and Applications of Standards as provided by the World Trade Organization (WTO) in its Agreement on Technical Barriers to Trade (TBT), for use and application by the stakeholders in various industries. NSI has a Technical Committee on OSH working on the development of OSH related standards. The NSI Standard Training Unit provides training on the application of standards to various industries in Namibia.

Although OSH is being offered as a module in some tertiary curricular, there is no designated OSH qualification at tertiary level, hence the scarcity of OSH professionals in the country. The Namibian Training Authority (NTA) developed OSH unit standards up to level five (5). Some of these unit standards are still to be registered on the Namibia Qualification Framework.

There is no institute to provide scientific research on occupational safety and health in the country. The research services can support the Competent Authorities with scientifically proven evidence that can inform standard setting and quantify working environment stressors. According to ILO Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187), a national system for occupational safety and health shall include research on occupational safety and health.

### 3.2.4 OSH Human Capacity

Competent Authorities are understaffed and unable to attract or retain suitable skilled and experienced OSH personnel. There are significant skills deficits at both, national and enterprise level.

The effective reduction of occupational accidents and diseases requires the development of human resources, both in enforcement agencies as well as within all levels of the workforce.

## 4. RATIONALE

This Policy has been necessitated by the need to address the legislative, administrative and technocratic gaps as identified by the situational analysis and the country obligation to comply with Article 95 of the Namibian Constitution that requires adoption of policies in adherence to international conventions and recommendations.

## 5. POLICY ALIGNMENT

### 5.1 Domestic Policy Framework

The Namibian Constitution is the supreme law of the country which guarantees the fundamental rights of all the legitimate citizens. Article 95 of the Namibian Constitution provides specifically for the adoption of policies aimed at:

- “ b) enactment of legislation to ensure that the health and strength of the workers, men and women, and the tender age of children are not abused and that citizen are not forced by economic necessity to enter vocations unsuited to their age and strength;*
- c) active encouragement of the formation of independent trade unions to protect workers' rights and interests, and to promote sound labour relations and fair employment practices;*
- d) membership of the International Labour Organization (ILO) and, where possible, adherence to and action in accordance with the international Conventions and Recommendations of the ILO”.*

**Labour Act, 2007 (Act No. 11 of 2007)**, provides for the safety, health and welfare of employees at work, by placing obligations on both employer and employee respectively. It also make provision for Health and Safety Representatives and Committees in the workplace, whereby Health and Safety Representatives are elected by co-workers.

**Regulations Relating to the Health and Safety of Employees at Work, made under Section 101** of the Labour Act, 1992 (Act No. 6 of 1992) provides for the safe, healthy and orderly regulation of work and working environments. The regulations contain specific reference to the safety, health and welfare of employees; for the inspection of certain plants and machineries; for the prevention and regulation of accidents, inspection of the workplace and for provision of medical examination and emergency arrangements.

**Employee Compensation Amendment Act, 1995 (Act No. 5 of 1995)**, provides for the compensation for disablement caused by occupational accidents and diseases. One of this Policy's objective is to provide adequate compensation and rehabilitation.

**Environmental Management Act, 2007 (Act No. 7 of 2007)**, promotes the sustainable management of the environment and the use of natural resources by establishing principles for decision making on matters affecting the environment. It provides for the establishment of the Sustainable Development Advisory Council and the appointment of the Environmental Commissioner and environmental officers. It regulates all processes of assessment and control of activities which may have significant effects on the environment. It also focuses on environmental safety management to prevent illnesses and diseases arising from deterioration of environmental conditions.



**Merchant Shipping Act, 1951 (Act No. 57 of 1951)**, provides for the control of merchant shipping and any matters incidental thereto. It provides for safety of life and property at sea; prevent and combat pollution of the marine environment and promotes Namibia's maritime interests. Namibia has ratified a number of maritime conventions relating to Safety and Health of employees at sea which have since become part of Namibian law i.e. SOLAS, STCW etc. Further, it will be of great help to seafarers if the MLIREC and MWT can push for the ratification of the Maritime Labour Convention (MLC)

**Road Traffic and Transport Act, 1999 (Act No. 22 of 1999) & Road Traffic and Transport Amendment Regulations 28 July 2015**, provides for the control of traffic on public roads, the licensing of drivers, the registration and licensing of vehicles, the control and regulation of road transport across Namibia's borders; resulting in safe transportation of workers. The Policy caters for both the formal and informal economies with the primary objective of reducing the number of work-related accidents.

**National Occupational Health (OH) Policy**, is the guiding framework for the planning, organizing implementing, monitoring and evaluation of OH in Namibia. The first objective of this Policy aims to strengthen occupational health systems and infrastructure in Namibia, including the provision of research which can establish the causal connections between diseases and work environmental conditions.

**Vision 2030**, a policy framework for long-term national development aspires to achieve a prosperous and industrialized Namibia, developed by her human resources, enjoying peace, harmony and political stability; calls for the promotion of harmonious labour relations and safe work environment. The Policy aims to establish a national OSH system and programmes that are geared towards the improvement of working environments where work-related accidents and diseases are prevented.

**Harambee Prosperity Plan (2016/17 to 2019/20)**, speaks of effective governance and service delivery. This Policy intends to provide an effective national OSH governance framework that entails legislation and other guiding instruments that will contribute to gradual paradigm shift towards a dynamic and systematic approach focusing on prevention of occupational incidents (injuries and diseases).

**5<sup>th</sup> National Development Plan (NDP5)**, seeks to provide a roadmap for rapid industrialization while adhering to four integrated pillars for sustainable development, namely: economic progression, social transformation, environmental sustainability and good governance. In the quest for rapid industrialization, it has become pertinent for countries to anticipate emerging occupational risks accompanying new technologies and vulnerability created by new employment forms. The preventive culture will require potential hazards to be determined in advance and for injury prevention measures to be devised on time.

In 2018 the ILO estimated that around 340 million occupational accidents happen annually, with 160 million falling victim to work-related illnesses. It further stated that around 2.3 million women and men around the world succumb to work-related accidents or diseases every year; with over 6000 deaths resulting at the workplace. This represents an alarming toll of suffering for workers and their families, with devastating effects on enterprises, communities, the environment and has negative impact on national productivity. This also has an enormous cost on public health budgets and social protection systems.

It is therefore an undeniable fact that OSH is an integral part of social protection and that it plays an important role in maintaining security, productivity and sustainability which are essential for social transformation.

## **5.2 International instruments and regional Instruments and standards**

**C081 - Labour Inspection Convention, 1947 (No. 81)**, requires countries to have in place labour inspection systems for the purpose of securing the enforcement of the legal provisions relating to conditions of work, effective co-operation between the inspection services and other government services and public or private institutions engaged in similar activities; collaboration between officials of the labour inspectorate and employers and workers or their organizations; and ensuring the availability of duly qualified technical experts and specialists in the inspection and workplace effective investigation systems.

**C121 - Employment Injury Benefits Convention, 1964 (No. 121)**, requires the prescription of a list of diseases which shall be regarded as occupational diseases under prescribed conditions; and provision of definition of occupational diseases in national legislation.

**C155 - Occupational Safety and Health Convention, 1981 (No. 155)**, concerning Occupational Safety and Health; provides for the adoption of a coherent national OSH policy, as well as action to be taken by governments and within enterprises to promote OSH and to improve working conditions. Article 11(c) of the Convention requires the establishment and application of procedures for the notification of occupational accidents and diseases and the production of annual statistics on occupational accidents and diseases.

**C161 - Occupational Health Services Convention, 1985 (No. 161)**, seeks for progressive development of occupational health services that are adequate and appropriate to specific risks and undertakings, for all workers, including those in the public sector and the members of production co-operatives, in all branches of economic activity,

**C187 - Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)**, provides a framework for coherent and systematic approach on OSH at national level, achieved by means of establishing and implementing coherent national policies through dialogue between government, workers' and employers' organizations; and promoting a national preventive safety and health culture. According to Article 4 of the Convention, the national system shall include, among others, a mechanism for the collection and analysis of data on occupational injuries and diseases, and the provision of research on occupational safety and health.

**Other provisions to which the Policy is aspiring include:**

C167 - Safety and Health in Construction Convention, 1988 (No. 167) C170 - Chemicals Convention, 1990 (No. 170)

C184 - Safety and Health in Agriculture Convention, 2001 (No. 184) C176 - Safety and Health in Mines Convention, 1995 (No. 176) C189 - Domestic Workers Convention, 2011 (No. 189)

MLC, 2006 - Maritime Labour Convention, 2006 (MLC, 2006); and other relevant Conventions.

**ILO Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200)** calls for a safe and healthy working environment in order to prevent transmission of HIV in the workplace, taking into account the Occupational Safety and Health Convention, 1981, and Recommendation, 1981, the Promotional Framework for Occupational Safety and Health Convention, 2006, and Recommendation, 2006, and other relevant international instruments, such as joint International Labour Office and WHO guidance documents. Safety and health measures to prevent workers' exposure to HIV at work should include universal precautions, accident and hazard prevention measures, such as organizational measures, engineering and work practice controls, personal protective equipment, as appropriate; environmental control measures and post-exposure prophylaxis (PEP) and other safety measures to minimize the risk of contracting HIV and tuberculosis, especially in occupations most at risk, including in the healthcare sector.

**ILO's List of Occupational Diseases Recommendation, 2002 (No. 194)** calls for a national list of occupational diseases for the purpose of prevention, recording, notification and, if applicable, compensation, to be established by the competent authority, in consultation with the most representative organizations of employers and workers. The national list should indicate the specific illnesses to be recognized as occupational diseases. This national list should be regularly reviewed and updated to take into account the up-to-date list of occupational diseases annexed to the ILO List of Occupational Diseases Recommendation, 2002 (No 194). This Policy seeks for harmonization of the national compensation and legal frameworks with the relevant international instruments

**ILO Code of Practice: Recording and notification of occupational accidents and diseases (1996)**, gives practical recommendations for improving the recording and notification of occupational accidents and diseases to develop preventive measures. Topics covered include legal and administrative arrangements, enterprise level recording, the extension of provisions to the self-employed, the compilation of statistics and the investigation of occupational accidents and diseases. One of the Policy's strategies is to strengthen the national mechanism for the reporting, collection and analysis of OSH data (injuries and diseases and their causes).

**The United Nations 2030 Agenda for Sustainable Development Goals (SDG) Target 8.8**, focuses on the duty to protect labour rights and promote safe and secure working environments for all workers by 2030. The primary objective of this Policy is to reduce the number of work-related accidents and diseases and reduce the costs of compensation and rehabilitation of workers injured in the course of work through promoting a culture of prevention and continuous improvement of occupational safety and health.

**SADC Protocol on Health**, Article 24 states that in order to cater for the cross-sectoral nature of occupational health, State Parties shall assist each other in the development and delivery of integrated occupational health services and co-operate in reducing the prevalence of occupational injuries and diseases.

**SADC Protocol on Labour and Employment**, Article 12 (2) requires State Parties to take all reasonable, practicable steps towards achieving progressively a safe and healthy working environment through a national system and national programmes on OSH, in accordance with ILO Conventions on occupational safety and health. The overall objective of the Policy is to establish a national OSH systems and programs that are geared towards the improvement of working environments where work-related accidents and diseases are prevented and reduced.

## **6. POLICY GUIDING PRINCIPLES**

While recognizing the importance of safety and health at work, the following principles guide the formulation and implementation of this Policy.

### **6.1 Effective national OSH governance**

To accomplish industrialization and socio-economic improvement, there is a need to establish an effective national OSH governance framework that entails legislation and other guiding instruments that will contribute to gradual paradigm shift towards a dynamic and systematic approach focusing on prevention.

### **6.2 Continual improvement of OSH systems**

The country strives to achieve conformity with international standards and other instruments through the strengthening of its OSH system based on a continual and integrated approach.

### **6.3 Workers and enterprises benefiting from improved safe and healthy conditions**

Creating a healthy and safe work environment helps the prevention of work-related incidents which may result in permanent disability and exclusion from work of both women and men. Improving OSH measures contributes to sustainable employment by means of quality, safe and productive jobs for both women and men.

### **6.4 Promotion of preventative culture**

A culture of prevention minimizes accidents and injuries arising from, linked with or occurring in the course of work, among both women and men. All accidents and health incidents are preventable, through an effective health and safety management system.

### **6.5 Effective response to the impact of HIV/AIDS and non-communicable diseases**

To fight HIV/AIDS pandemic and ensure a healthy working environment, workplace coordination strategies need to be strengthened through the effective implementation of HIV/AIDS and other Workplace Wellness programs.

## **7. POLICY DIRECTION**

### **7.1 Vision**

Namibia attain a high OSH standard for sustainable development, harmonious labour relations, decent work and the welfare of workers.

### **7.2 Mission**

To continuously improve the national OSH system and structures that will provide for OSH awareness creation, safe and healthy working environments in accordance with national legislation and international standards.

### **7.3 Goal**

The overall objective of this Policy is to strengthen national OSH system and programs that are geared towards the improvement of working environments where work-related accidents and diseases are significantly prevented and reduced for the benefit of working women and men, and enterprises.

## **8. POLICY OBJECTIVES AND STRATEGIES**

### **Objective 1: To strengthen the national OSH system and infrastructure:**

#### **Strategies:**

- a) Develop and implement the promotional and communication strategy and tools to enhance the coherent application and implementation of the OSH policy;
- b) Develop National OSH programmes;
- c) Harmonization of OSH related legislation and development of the OSH Act;
- d) Enhancement of prevention and compliance by strengthening inspection and compliance;
- e) Strengthen the national mechanism for the reporting, recording, collection and analysis of OSH data (injuries and diseases and their causes);
- f) Establishment of an OSH Commission, built on the existing Occupational Health and Safety Division within the MLIREC, to administer and manage the OSH system in the country; and
- g) Establishment of OSH Advisory Council, to be provided by the OSH Act.

### **Objective 2: To provide comprehensive Employee Compensation coverage:**

#### **Strategy:**

Harmonization of the national compensation (for occupational injuries and diseases) and related legal framework with relevant international instruments.

### **Objective 3: To integrate Employee Wellness into Occupational Safety and Health:**

#### **Strategies:**

- a) Development of Workplace Codes of Practice and Guidelines for Employee Wellness program, and for HIV and AIDS at work; and
- b) Development of workplace health promotion program to address psychosocial issues, communicable and non-communicable diseases, and enhance positive life styles.

## 9. IMPLEMENTATION FRAMEWORK

### 9.1. Institutional coordination framework

As a custodian of this policy, the Ministry of Labour, Industrial Relations and Employment Creation will provide OSH policy direction and coordination while maintaining a safe and healthy working environment will be the responsibility of each enterprise.

Stakeholders responsible for the implementation of the policy are presented in the table 1 below:

**TABLE 1: ROLES OF SOME KEY INSTITUTIONS**

Name of Institution	Roles
Ministry of Labour, Industrial Relations and Employment Creation	Mandated to enforce occupational safety and health. To provide adequate and effective enforcement of occupational safety and health. Provide overall directive and coordination of Policy implementation. Gather and avail OSH data. Consolidate data and produce national statistics. Monitoring and evaluation of the Policy.
Ministry of Health and Social Services	Mandated to enforce occupational health. To provide adequate and effective enforcement of occupational health. Gather and avail occupational health related data.
Ministry of Mines and Energy	Mandated to enforce occupational safety and health in the Mining Sector. To provide adequate and effective enforcement of occupational safety and health in mining sector. Gather and avail OSH data from Mining Sector. Gather and avail OSH data from Petroleum and Exploration Sectors.
National Planning Commission	Mandated to plan and spearhead the course of national development. To mobilize funds for Policy implementation, if necessary.
Namibia Statistic Agency	Mandated to constitute the central statistical authority for the State. The Agency will integrate OSH data into National Labour Force information system
Namibian Standards Institution	Mandated to develop, adopt, publish and maintain Namibian standards. It will be responsible to develop standards based on OSH Stakeholders needs
Social Security Commission	Mandated to administer, among others, an Employees' Compensation Fund (ECF). To avail occupational injuries and diseases as well as employee compensation and rehabilitation data
Employers Organizations and Workers Organizations	Participate and advocate for the implementation of the Policy among their members. Avail OSH data
Local Authorities	To promote OSH within areas of their jurisdictions. Gather and avail OSH data.
Ministry of Works and Transport	Mandated to enforce occupational safety and health in maritime sector. To provide adequate and effective enforcement. Gather and avail OSH data within its jurisdiction.
Ministry of Information, Communication and Technology	Mandated to lay the foundation for the accelerated use and development of ICT in Namibia, and Coordinate information management within Government. To disseminate the Policy
Ministry of Environment and Tourism	Mandated to ensure maintenance of ecosystems, essential ecological processes and biological diversity of Namibia and utilization of living natural resources on a sustainable basis. To consult Competent Authorities during Environmental Impact Assessment (EIA) process.

## **9.2 Legal and regulatory arrangements**

A national legislation should be enacted to establish an OSH Commission under the MLIREC. The Commission will administer the OSH system and programs. The Commission will manage the national OSH system.

## **9.3 Resources mobilization**

The implementation of the Policy will be financed through the State budget system. The Ministries, State-Owned Enterprises and other organizations shall mainstream OSH in their activity-based budgets and work plans. The National Planning Commission will mobilize the development budget. Financing of various strategies and activities are presented in the implementation plan, indicated as ANNEXURE A.

## **9.4 Monitoring and evaluation**

Ministry of Labour, Industrial Relations & Employment Creation will spearhead the implementation of the Policy, and monitor and evaluate the implementation plan. This policy implementation plan shall be reviewed in five years while the policy will be reviewed as deemed necessary.

## **9.5 Advocacy and dissemination**

The Policy will be officially launched by the Ministry of Labour, Industrial Relations and Employment Creation at Windhoek and at other Regions. The Policy will be disseminated on the Ministry website and through other platforms like TV, in conjunction with the Ministry of Information, Communication and Technology and other stakeholders. Social Partners shall increase National OSH Policy awareness among their members.

# **10. IMPLEMENTATION ACTION PLAN**

The overall objective of this policy is to establish national OSH system and programs that are geared towards the improvement of working environments. This shall be achieved through the implementation of various Policy objectives. The implementation plan is presented and indicated as ANNEXURE A.

# **11. CONCLUSION**

A sound OSH system is required to minimize occupational accidents and diseases and their potential impacts on the individual, the enterprise and the national economy. However, this requires a comprehensive OSH system with an effective legal framework, well-coordinated prevention strategies and enforcement capacity, broader compensation coverage, research facilities and the development of human resources covering all required skills. This will ensure a safe work environment for both women and men, and sustainable enterprises.

As provided by Article 95 (c) the Constitution, Namibia intends to ratify ILO Convention concerning the Promotional Framework for Occupational Safety and Health, 2006 (No. 187 of 2006). This Policy, therefore, provides for the system and programs that are in line with ILO Convention (187) and its Recommendations.

Most importantly, the Policy spells out essential features that a National OSH structure requires, to minimize the gaps identified by the situational analysis. There is therefore, need to review the positioning and strengthening of the existing OSH Division in the MLIREC to department level, for it to be considered as an OSH Commission so as to reinforce occupational safety and health system in the country.

To achieve these, a range of implementation interventions have been developed and suggested in this Policy. The Government believes that these are important objectives to address the current OSH challenges, and invites all Namibians to note this worthy call for action.



## 12. ANNEXURES

### ANNEXURE A: Policy Implementation Plan/OSH Program.

OBJECTIVE 1: To strengthen the National OSH System and infrastructure												
Strategies	Key activities	Output	Key performance Indicators	Indicator type	Time-Frame						Budget	Responsible institutions
					BL	Y 1	Y 2	Y 3	Y 4	Y 5		
1.1 Develop and implement promotional and communication strategy and tools to enhance the coherent application and implementation of the OSH policy	Appoint a tripartite technical taskforce under the national OSH system to guide the development, implementation, monitoring and evaluation of the OSH policy	Policy communication strategy;  Promotional tools;  Monitoring and evaluation tools	COMMUNICATION STRATEGY DEVELOPED  NO OF PROMOTIONAL TOOLS  MONITORING AND EVALUATION TOOL	ABSOLUTE	0	1	1				On operational budget	Tripartite Team representing key stakeholders
	Host a national Tripartite Conference to devise and adopt a national OSH program	National Tripartite Conference held	National OSH Program  National Tripartite Conference report	ABSOLUTE	0	1						MLIREC/ILO/ OSH task force
	Develop OSH preventative culture framework	Design relevant promotional materials  Workplace and public OSH awareness conducted	TO BE AGREED  NO OF AWARENESS CONDUCTED								On Operational budget	OSH Task force/ MLIREC
1.2 Develop National OSH Programme	Develop OSH supportive tools	Design Sectoral supporting tools	NO. OF DESIGNED SECTORAL SUPPORTIVE TOOLS	ABSOLUTE	0	1	2	2	3	5	N\$200 000	MLIREC,ILO
	Capacity Building	Trained OSH personnel	No of certified personnel	ABSOLUTE	5	5	10	10	10	10	N\$500 000	MLIREC,ILO



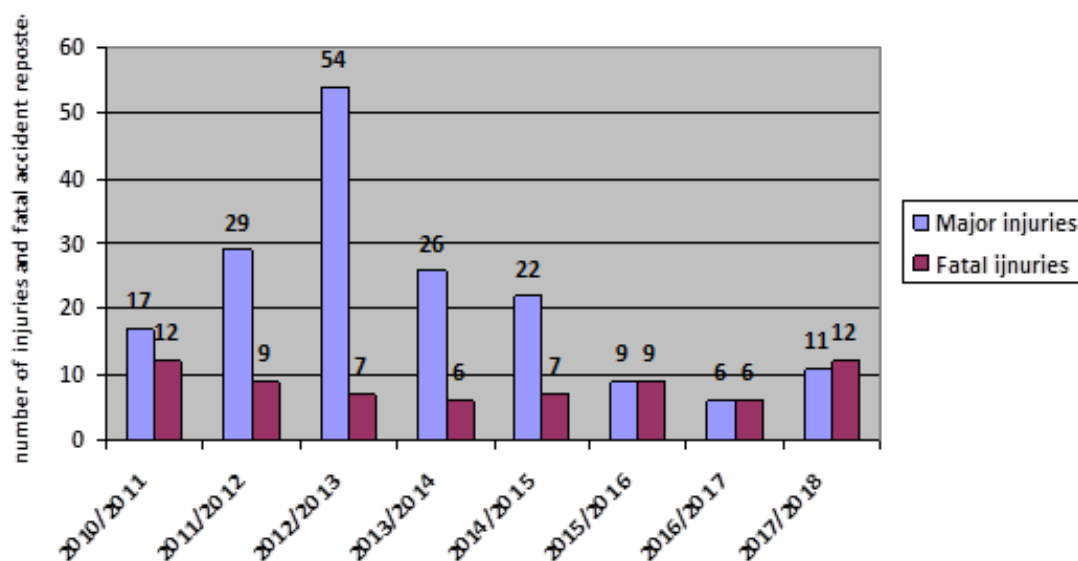
OBJECTIVE 1: To strengthen the National OSH System and infrastructure												
Strategies	Key activities	Output	Key performance Indicators	Indicator type	Time-Frame						Budget	Responsible institutions
					BL	Y 1	Y 2	Y 3	Y 4	Y 5		
1.3 Harmonization of OSH related Legislations and development of OSH Act	Review and draft consolidated OSH legislation	OSH Act gazetted	% of progress made toward the finalization of OSH ACT	INCREMENTAL	0%	20	50%	100%			N\$ 200,000	MLIREC,ILO
	Establish OSH Advisory Council	OSH Advisory Council functional	% of progress made toward the finalization of OSH ACT	INCREMENTAL	0%	20	50%	100%				MLIREC
	Develop high risk specific regulations	Regulations gazette	No of regulations gazetted	ABSOLUTE	0%			1		1	N\$500 000	MLIREC
1.4 ESTABLISHMENT OF OSH COMMISSION	Establish and operationalize OSH Commission	OSH Commission functional	% of progress made towards the establishment of Commission	INCREMENTAL	0			25	50%	100%	N\$4,400,000	MLIREC
1.5 Enhancement of prevention and compliance	Strengthen inspection and enforcement system including provision of advisory services to employers and workers particularly those in SMEs, high risk sectors, vulnerable workers including the informal economy and migrant and young workers.	Improved coverage and scope of inspections and mechanism for enforcement.	No of inspection conducted	INCREMENTAL	1170	1200	1500	2000	2000	2000	ON OPERATIONAL BUDGET	MLIREC, MME, MoHSS
1.6 Strengthening the national mechanism for the collection and analysis of data on occupational injuries and diseases and their causes.	Strengthen the national system for recording and notification of occupational accidents and diseases that interlink all Competent Authorities	Statistical data for, inspection, occupational injuries, diseases and deaths	Publication of annual national OSH statistics	ABSOLUTE	0		1	1	1	1	N\$2 000 000	MLIREC, MHSS, MME, SSC, NSA

Objective 2: To provide comprehensive Employee Compensation Coverage										
Strategies	Key activities	Output	Key performance Indicators	Indicator type	Time-Frame					Responsible institutions
					BL	Y 1	Y 2	Y 3	Y 4	Y 5
2.1 Harmonization of the national compensation and legal framework with the relevant international instruments	Update the list of compensable diseases according to ILO guideline	Up-dated list of compensable diseases	Report of compensated cases	ABSOLUTE	0	0	1	1	1	1
Objective 3: To Integrate Employees Wellness into occupational Safety and Health										
3.1 Development of workplace Codes of Practice and guidelines	Develop Employee Wellness code of practice to provide guidance on the implementation and management of wellness programmes	National Employee Wellness code of practice	% made toward the finalization of employee Wellness guideline	INCREMENTAL	0%	-	25%	45%	100%	
	Harmonize the National Code of practice on HIV and AIDS at work with the ILO's code of Practice on HIV and AIDS and the World of Work	HIV Code of Practice	% made toward the finalization of employee Wellness Policy	INCREMENTAL	25%	75%	100%			
3.2 Development of workplace health promotion program	Develop health promotion package.	HEALTH PROMOTION PACKAGE DEVELOPED	% MADE TOWARD FINALIZATION OF HEALTH PROMOTION PACKAGE	INCREMENTAL	0%	-	-	40%	60%	100%
TOTAL									N\$ 6,880,000	

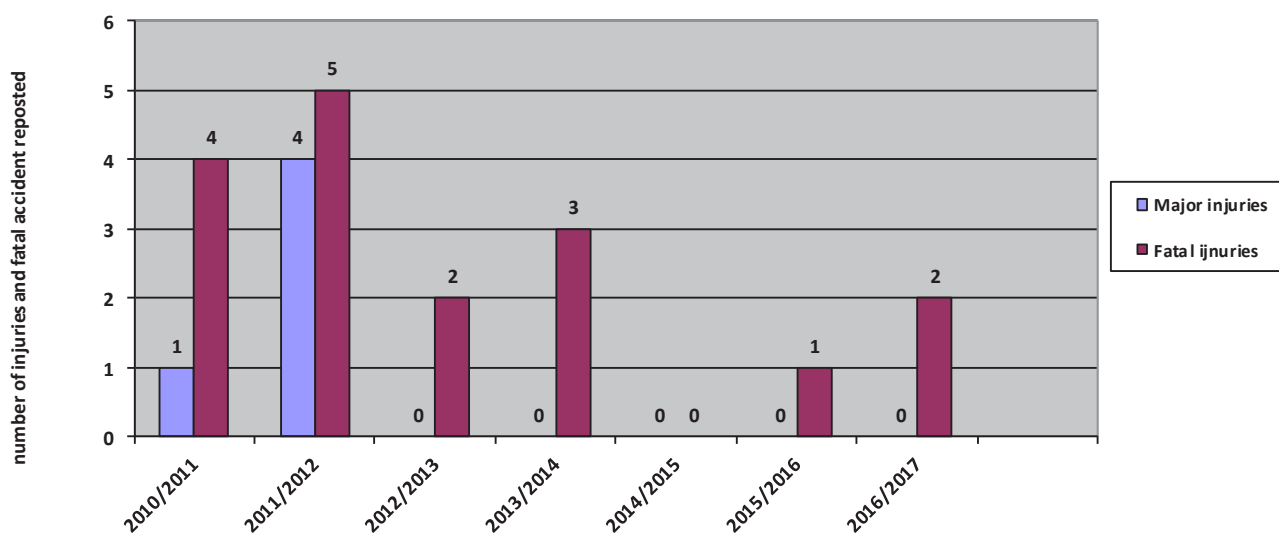
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18. ILO 1996. Code of Practice: Recording and notification of occupational accidents and diseases.
19. The United Nations 2030 Agenda for Sustainable Development Goals (SDG).
20. SADC Protocol on Labour and Employment, Article 12 (2).

**FIGURE 1: WORKPLACE ACCIDENTS REPORTED TO MLIREC DURING 2010/2011-2017/2018**



**FIGURE 2. WORKPLACE ACCIDENTS REPORTED TO MME DURING 2010/2011-2016/2017**



**TABLE 1: OCCUPATIONAL INJURIES AND DISEASES REPORTED TO SSCBY PRIVATE SECTOR DURING 2010-2017<sup>1</sup>**

PRIVATE SECTOR											
Medical Expenses		Permanent Disablement < 30% (Lump sum payments)		Permanent Disablement > 30% (Monthly pension payments)		Occupational Death Accidents					
Period (year)	Occupational injuries/ diseases registered	Amount Paid N\$		Amount Paid N\$		Amount Paid N\$		Amount Paid N\$		Total Number of Awards paid during the period/year	Total Amount Paid during the period/year
		Number of Awards paid	Number of Awards paid	Number of Awards paid	Number of Awards paid	Number of Awards paid	Number of Awards paid				
2010	4159	4953	N\$4 113923,24	189	N\$1689211,61	198	N\$175 883 710,00	208	N\$260 973 331,00	5548	N\$442 660 175,85
2011	3785	3889	N\$3 491583,22	193	N\$1 609115,52	212	N\$186 915 702,00	211	N\$261 635 574,00	4505	N\$453 651 974,74
2012	3603	4211	N\$4 381643,65	165	N\$1 800 586,83	223	N\$207 231 859,00	211	N\$248 538 953,00	4810	N\$461 953 042,48
2013	3717	3516	N\$3 994114,63	170	N\$1 498 616,22	228	N\$231 143 699,00	213	N\$269 883 158,00	4127	N\$506 519 587,85
2014	3647	3359	N\$4 073297,31	198	N\$2 198 899,87	240	N\$259 673 862,00	205	N\$268 767 517,00	4002	N\$534 713 576,18
2015	3389	3562	N\$5 555196,77	214	N\$2 393 694,02	250	N\$280 270 417,00	203	N\$272 238 822,00	4229	N\$560 458 129,79
2016	2923	3076	N\$5 248373,10	164	N\$2 010 138,02	260	N\$285 439 681,00	203	N\$290 632 406,00	3703	N\$583 330 598,12
2017	2906	2681	N\$1 019595,44	145	N\$4 987 964,82	265	N\$308 822 337,00	203	N\$268 442 687,00	3294	N\$583 272 584,26
Total	28129										N\$4 126 559 669,27

<sup>1</sup>Note: The number of fatal accidents pay outs represents the total dependants receiving pay outs on a monthly basis from the SSC in a given year. The total number of temporary disablements, or permanent disablements does not necessarily reflect the NEW cases recorded but the number of ACTIVE cases/claims in a given year.

**TABLE 4: OCCUPATIONAL INJURIES AND DISEASES REPORTED TO SSCBY GOVERNMENT SECTOR DURING 2010-2017<sup>2</sup>**

GOVERNMENT SECTOR											
Medical Expenses		Permanent Disablement < 30% (Lump sum payments)		Permanent Disablement > 30% (Monthly pension payments)		Occupational Death Accidents					
Period (year)	Occupational injuries/ diseases registered	Amount Paid N\$		Amount Paid N\$		Amount Paid N\$		Amount Paid N\$		Total Number of Awards paid during the period/year	Total Amount Paid during the period/year
		Number of Awards paid	Number of Awards paid	Number of Awards paid	Number of Awards paid	Number of Awards paid	Number of Awards paid				
2010	401	201	N\$577 731,83	19	N\$232 681,44	55	N\$80 175 592,00	145	N\$186 554 131,00	420	N\$267 540 136,27
2011	299	117	N\$460 567,31	36	N\$434 984,42	64	N\$143 868 654,00	149	N\$229 384 602,00	366	N\$374 148 807,73
2012	314	80	N\$259 973,35	33	N\$370 527,46	76	N\$217 897 573,00	149	N\$229 384 602,00	338	N\$447 912 675,81
2013	234	63	N\$117 660,80	29	N\$398 387,81	89	N\$191 917 724,00	175	N\$277 227 220,00	356	N\$469 660 992,61
2014	214	49	N\$381 733,29	21	N\$251 008,50	89	N\$157 895 680,00	175	N\$300 814 638,00	334	N\$459 343 059,79
2015	192	32	N\$107 585,80	29	N\$482 159,65	96	N\$214 751 703,00	166	N\$205 176 075,00	323	N\$420 517 523,45
2016	199	23	N\$358 789,25	28	N\$257 515,84	93	N\$146 496 747,00	165	N\$183 086 898,00	309	N\$330 199 950,09
2017	187	6	N\$81 622,14	8	N\$366 300,00	86	N\$131 389 994,00	152	N\$186 403 266,00	252	N\$318 241 182,14
Total	2040										N\$3 087 564 327,89

<sup>2</sup> Note: The number of fatal accidents payouts represents the total dependants receiving payouts on a monthly basis from the Government in a given year. The total number of temporary disabilities, or permanent disabilities does not necessarily reflect the NEW cases recorded but the number of ACTIVE cases/claims in a given year

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