

# Kujenga



## IDEAL OCCUPATIONAL HEALTH SERVICE CENTRE (OHSC) SUSTAINABILITY WORKSHOP

28 MARCH – 1 APRIL 2022

CAPE TOWN, SOUTH AFRICA

Working together to create a **blueprint** for sustainable,  
innovative, comprehensive, and harmonised  
**occupational health services.**



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## ACRONYMS



## ToR List of Acronyms

<b>AIDS</b>	Acquired Immuno Deficiency Syndrome
<b>AU</b>	African Union
<b>COVID-19</b>	Coronavirus Disease of 2019
<b>CCOD</b>	Compensation Commissioner for Occupational Diseases
<b>CSOs</b>	Civil Society Organisations
<b>DSAs</b>	Daily Subsistence Allowances
<b>HIV</b>	Human Immunodeficiency Virus
<b>MBOD</b>	Medical Bureau of Occupational Diseases
<b>NGOs</b>	Non-governmental organisations
<b>OHC</b>	Occupational Health Centre
<b>OHSCs</b>	Occupational Health Service Centres
<b>OSH</b>	Occupational Safety and Health
<b>SADC</b>	Southern Africa Development Community
<b>SATBHSS</b>	Southern African Tuberculosis and Health System Strengthening
<b>SDGs</b>	Sustainable Development Goals
<b>TB</b>	Tuberculosis
<b>TIMS</b>	TB in the Mines

## PESTEL Analysis LIST OF ABBREVIATIONS/ACRONYMS

<b>AU</b>	African Union
<b>CBRS</b>	Cross Border Referral System
<b>COVID-19</b>	Coronavirus Disease of 2019
<b>MBOD</b>	Medical Bureau of Occupational Diseases
<b>OHC</b>	Occupational Health Centre
<b>OHSC</b>	Occupational Health Service Centre



## PESTEL Analysis LIST OF ABBREVIATIONS/ACRONYMS (ctd)

<b>RECs</b>	Regional Economic Communities
<b>SADC</b>	Southern Africa Development Community
<b>TB</b>	Tuberculosis
<b>TIMS</b>	TB in the Mines

## Needs Analysis LIST OF ABBREVIATIONS/ACRONYMS

<b>AU</b>	African Union
<b>AMIMO</b>	Association of Mozambican Mineworkers
<b>ASM</b>	Artisanal and Small Mining
<b>BME</b>	Benefits Medical Examinations
<b>BOLAMA</b>	Botswana Labour Migrants Association
<b>BONELA</b>	Botswana Network on Ethics, Law and HIV/AIDS
<b>CANGO</b>	Coordinating Assembly of Non-Governmental Organisations
<b>CHEP</b>	Copperbelt Health Education Project
<b>COVID-19</b>	Coronavirus Disease of 2019
<b>CSOs</b>	Civil Society Organisations
<b>DAPP</b>	Development Aid from People to People
<b>EMAM</b>	Ex-Miners Association in Malawi
<b>EXWENELA</b>	Ex-Wenela Miners Association of Zimbabwe
<b>HIV</b>	Human Immunodeficiency Virus
<b>HPP</b>	Humana People to People
<b>HR</b>	Human Resources
<b>KPO</b>	Key Population Organisation
<b>LENASO</b>	Lesotho Network of AIDS service Organisation
<b>MANASO</b>	Malawi Network of AIDS Service Organisations

## Needs Analysis LIST OF ABBREVIATIONS/ACRONYMS (ctd)

<b>MBOD</b>	Medical Bureau of Occupational Diseases
<b>MDA</b>	Mineworkers Development Agency/Association
<b>NGOs</b>	Non-governmental organisations
<b>OELs</b>	Occupational exposure limits
<b>OHC</b>	Occupational Health Centre
<b>OHSCs</b>	Occupational Health Service Centres
<b>OLDs</b>	Occupational lung diseases
<b>RFMH</b>	Raleigh Fitkin Memorial Hospital
<b>SADC</b>	Southern Africa Development Community
<b>SATBHSS</b>	Southern African Tuberculosis and Health System Strengthening
<b>SARCM</b>	Southern Africa Regional Coordinating Mechanism
<b>SWAMMIWA</b>	Swaziland Migrant Mineworkers Association
<b>TACOSODE</b>	Tanzania Council for Social Development
<b>TB</b>	Tuberculosis
<b>TIMS</b>	TB in the Mines
<b>VDP</b>	Voluntary Deferred Pay

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WORKING TOGETHER TO BUILD IDEAL  
OCCUPATIONAL HEALTH SERVICES IN OUR REGION



## TERMS OF REFERENCE



## Background

Health is an important priority for achieving the first aspiration of the African Union's Agenda 2063: *"A Prosperous Africa, based on Inclusive Growth and Sustainable Development."* In this regard, African leaders adopted the Africa Health Strategy and Catalytic Framework to end AIDS, TB, and Eliminate Malaria in Africa by 2030 as crucial policy framework for attaining this target. These priorities align with goal 3 of the Sustainable Development Goals (SDGs) to end the epidemics of AIDS, tuberculosis, malaria by 2030 and the Alma Ata Universal Health Coverage.

The sustainability of any developments in the region, including occupational safety and health (OSH), occupational health service centres (OHSCs), or tuberculosis investments, can only be realised when there is comprehensive and sound strategic direction, OSH policies, and guidelines, which employees, government, and employers can implement. A unified and harmonised language is important; therefore, harmonisation of these key policy instruments and approaches in the region is imperative. The African Union, its organs, and partners are currently collaborating to address this oversight in a quest to protect the African working population by eliminating accidents and incidents. The hypothesis is that a sound and healthy working population is an antidote to of the many problems plunging the continent into conflicts, poverty, and diseases.<sup>1</sup>

The ILO constitution preamble mentions *"... the protection of the worker against sickness, disease, and injury arising out of his/her employment"*. The preamble further states that *"... failure of any nation to adopt humane conditions of labour is an obstacle in the way of other nations which desire to improve the conditions in their own countries."* As a result, three institutions have come together under SADC secretariat leadership, these institutions are AUDA-NEPAD, Tshiamiso Trust, and Medical Bureau for Occupational Diseases (MBOD) / Compensation Commissioner for Occupational Diseases (CCOD) with support from the World Bank and the Global Fund through the two regional TB and occupational lung diseases projects. The plan is to present a united front in the fight against TB and occupational diseases to realise national, regional, and international targets.

1 Khoza N, Chamdimba C, and Ng'andu B. 2021. The importance of an occupational safety and health legal framework and its progress in southern Africa. Occupational Health Southern Africa; Vol. 27 No. 2 March/April 2021

## Gap Analysis and Context:

The Southern African Development Community (SADC) lags in several occupational safety and health (OSH) areas, where attention is mainly focused on public health programmes.<sup>2</sup> Unfortunately, most OHSC technical activities are in the hands of unqualified professionals in occupational medicine. The lack of qualified occupational health practitioners is likely due to the lack of training institutions in the SADC region. Several studies have alluded to the fact that OHS is limited or virtually non-existent in some member states. The genesis of the problem starts with training capabilities on occupational medicine, which is only done in South Africa.<sup>3</sup> It is well recognised that South Africa has a well-established OHSC, and the coverage is commendable, but the same cannot be said about the rest of the region and the continent.<sup>4</sup>

In collaboration with the Global Fund and the World Bank, the SADC member states have invested significantly in strengthening OHSC systems in the region in the past five or so years. The Global Fund, through the TB in the Mines (TIMS) Project, established 11 occupational health service centres, and the World Bank through the Southern African Tuberculosis and Health System Strengthening (SATBHSS) Project has constructed one OHSC in Ressano Garcia and is in the process of adding one more while two more are underway in Malawi. The SATBHSS project is currently taking over two OHSCs in Mozambique. So far, the projects have managed to build 12 OHSCs in: Eswatini (2); Lesotho (2); Namibia (1); Zambia (1); Tanzania (1); Botswana (1); Zimbabwe (1) and Mozambique (3). However, there are still challenges sustaining existing efforts such as OHSCs due to gaps in policy frameworks, human capacity, multisectoral collaboration, and integration of existing occupational health and compensation systems. The MBOD/CCOD has experience with OHSCs in 4 provinces in South Africa and the provision of mobile services to ex-mineworkers working in collaboration with the provincial departments of health in South Africa. The MBOD/CCOD supported the OHSCs in neighbouring countries, as well as assisted with the SATBHSS project.

2 Masekameni DM, Moyo D, Khoza N and Chamdimba C. Accessing Occupational Health Services in the Southern African Development Community Region. Int. J. Environ. Res. Public Health 2020, 17, 6767; doi:10.3390/ijerph17186767

3 Moyo D. An overview of occupational medicine and health services and associated challenges in southern Africa. Occup Health Southern Afr. 2021; 27(2):51-54.

4 SATBHSS. Regional Baseline Study on the State of Mine Health Regulation and Occupational Health and Safety Service in Lesotho, Malawi, Mozambique, and Zambia. AUDA-NEPAD. [https://www.satbhss.org/resources?title=&field\\_ressection\\_tid=109&created=All](https://www.satbhss.org/resources?title=&field_ressection_tid=109&created=All)



These OHSCs were designed to provide TB and silicosis screening, diagnostic services, and wellness interventions such as screening for HIV, hypertension, and diabetes; linking ex-mineworkers to compensation funds, and referral of clients for treatment needed. Through linkage of OHSCs to compensation funds and tracking and tracing mineworkers, the OHSC is also meant to unlock substantive amounts of compensation funds for ex-mineworkers in South Africa, Lesotho, Malawi, Botswana, Mozambique, and Eswatini for TB and other lung diseases. Plans to hand them over to host Governments in 2019 were extended to December 2020 and finally to 30 July 2021. Therefore, the three institutions under the leadership of the SADC secretariat and member states and partners aim to generate a sustainability roadmap for the OHSCs in the region. MBOD/CCOD has been involved in both TIMS and SATBHSS projects since their inception and is responsible for the compensation of workers who previously worked in the mines. These ex-mineworkers are mainly from South Africa and several neighbouring countries such as Lesotho, Eswatini, Mozambique, Malawi, Zimbabwe, etc. The Tshiamiso Trust has been established to carry out the terms of the settlement agreement reached between six mining companies in the historic silicosis and TB class action. The Trust's responsibility is to ensure that all eligible current and former mineworkers across southern Africa with silicosis or work-related TB and their dependants are compensated.

The idea is to create an ideal OHSC blueprint that can be implemented and mobilised as a fully-fledged sustainable OHSCs in various African Union (AU) member states. The blueprint will contribute to sustainable, innovative, comprehensive, and harmonised occupational health services. Therefore, the workshop will bring together selected key ministries from selected countries such as ministries of labour, mines, and health; civil society organisations (CSOs) and key populations such as unions, ex-miners' associations, etc; the private sector (chambers of mines, etc); donors and academic institutions. The aim is to develop a sustainability roadmap and agree on the model that will see the current OHSCs, Tshiamiso Trust, and MBOD/CCOD working together to accelerate both the compensation of current and ex-mineworkers two organisations. The blueprint will guide the current compensation and the establishment of future in-country occupational health and compensation systems.

The following proposed work streams will be discussed, i.e., policy and legislation, knowledge management (data, research, and reporting), occupational health services including infrastructure and systems; human

resources, training, and development; codes of practice; scale-up strategies; social protection; communications and financing. The sustainability of interventions will be an essential consideration.

## Workshop Objectives

The workshop aims at reflecting on lessons learned in the conceptualisation and implementation of OHSCs and develop a country and regional blueprint for sustainable management. It will specifically address the following objectives:

- i. To create an occupational health services blueprint to enhance the centres' management.
- ii. To engage relevant key stakeholders for their contribution and approval.
- iii. To develop and approve a comprehensive regional OHSCs delivery plan and strategy for the OHSCs blueprint.
- iv. To foster government ownership and accountability for the sustainability of the OHSC's.

**Pic 1: Ressano Garcia OHSC (Image by IOM)**





## Expected Outcomes

The workshop will generate the following outcomes:

No	Primary Objectives	Focus	Key Deliverables
1	<b>Strategic Context</b>	To define the strategic context that will drive the requirements of the Ideal OHSCs.	<ul style="list-style-type: none"> <li>• Vision, mission, values,</li> <li>• SWOT, Goals, Strategy,</li> <li>• Objectives &amp; Key Performance indicators</li> </ul>
2	<b>OHSCs Services</b>	To define and design the primary service package and the related upstream, downstream, and contextual requirements for an ideal OHSC.	<ul style="list-style-type: none"> <li>• Municipal services – “keep the lights on”</li> <li>• Medicine if applicable</li> <li>• Minimum Benefit Design &amp; Package (MBDP)</li> <li>• Quality Assurance</li> <li>• Preventative Services - unpack and ascertain if these can be delivered at the OHSCs.</li> <li>• Address concern on where the integration with each country’s health system should work with or within the broader country-level health system.</li> </ul>
3	<b>Governance &amp; Accountability</b>	To define and design a conceptual framework, structure and rules that will determine how the ideal OHSCs should be managed and controlled including considerations for: accountability, transparency and openness, integrity, stewardship, efficiency, and leadership.	<ul style="list-style-type: none"> <li>• Stakeholder accountability and commitment in writing.</li> <li>• Special Needs Groups: Plan to address issues of alignment that will inform integration of these key groups as part of phase 2.</li> <li>• Inclusion of informal sectors: Plan to address issues of alignment that will inform integration of these key sectors as part of phase 2.</li> <li>• Address concern on where the integration with country health system should work with or within the broader country-level health system.</li> <li>• Emphasis on Government ownership.</li> </ul>

No	Primary Objectives	Focus	Key Deliverables
4	<b>Funding Model</b>	To define and design a reliable, sustainable and institutionalised revenue model that will fund the set-up, operation, and delivery of services of the Ideal OHSC in each country.	<ul style="list-style-type: none"> <li>• Primary funding sources.</li> <li>• Secondary funding sources.</li> <li>• Funding for OHSC set-up.</li> <li>• Funding for OHSC operations.</li> <li>• Funding for service delivery.</li> <li>• Motivation for funding.</li> </ul>
5	<b>Infrastructure &amp; Equipment</b>	To define and design the required infrastructure and equipment for the set-up, operation, maintenance, and delivery of services by the Ideal OHSC.	<ul style="list-style-type: none"> <li>• Minimum requirements at each OHC.</li> <li>• Facilities.</li> <li>• Minimum set of equipment required</li> <li>• Ongoing procurement of equipment.</li> <li>• Maintenance of equipment.</li> <li>• Appropriate facility standards compliant to OH legislation and best in class protocols.</li> <li>• Upgrading existing facilities where appropriate.</li> </ul>
6	<b>Processes, Systems &amp; Technologies</b>	<p>To define and design the processes, systems &amp; technologies for the set-up, operation, and delivery of the required services of the Ideal OHSCs. Processes developed to include:</p> <ul style="list-style-type: none"> <li>• OHC Value Chain</li> <li>• Level 1: Primary processes</li> <li>• Level 1: Enabling processes</li> </ul>	<ul style="list-style-type: none"> <li>• Proposed system to be utilised for implementation at the OHSCs.</li> <li>• A data management and protection plan.</li> <li>• Access methodology and security.</li> <li>• IT system.</li> <li>• Data management.</li> <li>• Data security.</li> <li>• Medical record management.</li> <li>• Knowledge management- Data, research, and reporting.</li> </ul>

No	Primary Objectives	Focus	Key Deliverables
7	<b>Human Resources &amp; Structure</b>	To define and design the structures & human resource requirements for the set-up, operation, and delivery of the required services by the Ideal OHSC, including hiring, training, appraisal, and compensation.	<ul style="list-style-type: none"> <li>● Ongoing availability, and access to trained and qualified resources.</li> <li>● Accredited training and development.</li> <li>● Minimum skill requirement per facility.</li> <li>● Capacity planning.</li> <li>● Access to trained and suitable qualified personnel.</li> <li>● Ongoing training.</li> </ul>
8	<b>Risk, Legal and Compliance</b>	<p>To define and design the risk, legal and compliance management requirements for the set-up, operation, and delivery of the required services by the Ideal OHSCs , including:</p> <ul style="list-style-type: none"> <li>● Risk management : Identify, Analyse, Prioritise, Treat and Monitor the risks.</li> <li>● Legal: Organisation, processes, sourcing, people, and technology.</li> <li>● Compliance: Legislation, medical, SHEQ.</li> <li>● Delineate what is applicable across all countries and what needs to be country specific.</li> </ul>	<ul style="list-style-type: none"> <li>● Code of Practice.</li> <li>● Standard Operating Procedures.</li> <li>● Compliance to best practice standards.</li> </ul>
9	<b>Communications &amp; Stakeholder Management</b>	<p>To define and design the Ideal OHSCs model and requirements for “Communications &amp; Stakeholder Management” that includes:</p> <ul style="list-style-type: none"> <li>● Communications: Target audiences, intended outcomes, types of messages communicated, and the medium used.</li> <li>● Stakeholder Management: to enhance the way the Ideal OHSCs will interact and engage with stakeholders, build trust, responsiveness, and inclusiveness.</li> </ul>	<ul style="list-style-type: none"> <li>● Public Relations.</li> <li>● Stakeholder accountability and commitment in writing.</li> <li>● Detailed communication and outreach plan at all levels of required engagement and across all relevant platforms.</li> <li>● Regional and country specific plans.</li> </ul>

No	Primary Objectives	Focus	Key Deliverables
10	<b>Implementation roadmap</b>	To develop an implementation roadmap for the Ideal OHSCs at a Programme and each participating country level.	<ul style="list-style-type: none"> <li>● Programme level roadmap determine: <ul style="list-style-type: none"> <li>○ Key activities/milestones for the Ideal OHSCs implementation over 3-5 years.</li> <li>○ Pre-requisites.</li> <li>○ Success drivers.</li> <li>○ Detailed plans are the key outputs.</li> </ul> </li> <li>● Country level roadmap: <ul style="list-style-type: none"> <li>○ Appoint country specific Programme Managers under the relevant country structures.</li> <li>○ Detailed plans are the key outputs.</li> <li>○ Determine each country's starting point per workstream.</li> <li>○ Document the reasoning for the selected starting point.</li> <li>○ Determine key the country-level success drivers for each workstream to achieve the next level.</li> <li>○ Determine key the country-level success drivers to achieve the Ideal OHSCs plan.</li> </ul> </li> </ul>

## Logistics

AUDA-NEPAD will organise and pay for the air tickets, conference venue, accommodation, meals, and daily subsistence allowances (DSAs) of the Government officials, CSOs, and key population groups, including AUDA-NEPAD officials and support staff.

Tshiamiso Trust will arrange a facilitator, air tickets, accommodation, and DSAs of its trustees, internal experts, facilitators, staff and the MBOD/CCOD participants.

## Date and Venue

The workshop will be convened from 28 March - 1 April 2022 in Cape Town, South Africa.

## Contact Details

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## PESTEL ANALYSIS



## INTRODUCTION

Kujenga aims to support countries to create an ideal Occupational Health Service Centre (OHSC) blueprint that can be implemented and mobilised as a fully-fledged sustainable OHSC in various African Union (AU) Member States. The intervention is in support of efforts being taken by countries to develop occupational health systems. This PESTEL analysis is aimed at analysing the current landscape for investment in occupational health service centres. The analysis in the following sections will inform the development of the blueprint, which is expected to contribute to sustainable, innovative, comprehensive, and harmonised occupational health services.

## POLITICAL

This section focuses on how regional and national policies may impact the delivery and sustainability of Occupational Health Service Centres. These include:

- **Regional economic integration:** Regional integration through Regional Economic Communities (RECs) provides an opportunity for cross-country collaboration and harmonisation of occupational health and safety guidelines. Furthermore economic integration facilitates labour movement across the region, translating into the movement of communicable diseases across borders requiring a regional response.
- **Domestication of regional policies and guidelines:** Countries across the region face several challenges in the domestication and implementation of regional policy frameworks due to bureaucratic process. This may impact services offered across borders.
- **Political stability:** There is political stability in most of the SADC Member States that have established OHSC. This presents an opportunity for expansion of services in the OHSC due to growth in different areas.
- **Political will to invest in the development of OHS at the regional and national level:** The African Union and SADC have adopted several policy frameworks that have prioritised OHS as a fundamental tool for socio-economic growth. These include the AU Agenda 2063, Africa Health Strategy, the SADC Health Protocol and the SADC Declaration on TB in the mining sector. The Declaration on TB in the mining sector specifically calls for a regional approach in tackling TB and Occupational Lung Diseases.

## ECONOMIC

This section looks at some of the economic factors that could impact the operations and sustainability of the occupational health centres. These include:

- **Economic growth rates:** Most of the countries in the SADC region have been registering positive economic growth rates in the past decade. This translates into the growth of several industries whose workers require coverage of occupational health services.
- **The impact of COVID-19 on economies in the past 1.5 years:** Despite the previous growth experienced in most countries, the past year has seen the economies of most countries stagnating. This negatively impacted employment rates. Furthermore, the pandemic has resulted in the diversion of resources from some interventions such as OHS to COVID-19 responses.
- **Unstable economic environment:** This potentially impacts the ability of countries to invest in occupational health service delivery.

## SOCIAL

This section focuses on social factors such as culture, social norms and demographic trends of society that impact occupational health services, such as:

- **Health consciousness of the working population:** Lack of awareness of occupational health and safety issues may impact the health-seeking behaviour among the working population. This has a direct impact on the services offered by the occupational health service centres.
- **Perceptions on reporting accidents and diseases at work:** Employees may fear penalties by non-compliant employers to acknowledge and report work-related diseases and accidents. Employees may also under-report diseases and accidents for fear of loss of income.
- **Cross border migration of labour in the region:** The movement of workers across the region may affect their health-seeking behaviour. This may also impact their awareness of available services across the borders.
- **Knowledge gap on occupational health and safety:** Limited knowledge among employees on occupational health and safety may affect demand for services.

## TECHNOLOGICAL

- **Information Systems of Occupational Health:** Inadequate integration of OHS information systems among key sectors may impact information sharing system among critical stakeholders. However, countries are taking steps to adopt occupational health information systems, which can link with occupational health centres.
- **The electronic link between the occupational health centres with MBOD:** There is an electronic link between the services centres and the MBOD. This is an opportunity to create more regional links to share information at the regional level effectively.
- **Cross Border Referral System:** The roll-out of the CBRS under the TIMS project is an opportunity for the continuum of care for migrant workers. The CBRS has the potential to be linked with other existing electronic platforms in the countries.
- **Automation and digitisation of services:** Digitisation and automation of services at the centres and compensation bodies such as MBOD and Tshiamiso Trust improves efficiency and builds confidence in clients.

## ENVIRONMENTAL

- **Limited availability of trained experts on OHS:** Most countries have limited experts to provide quality services at the service centres. Furthermore, there are a limited number of training institutions providing specialised training in the different areas of OHS.
- **Lack of, or outdated standards and guidelines:** Most of the countries in the region have either outdated or lack different guidelines/protocols on OHS.

## LEGAL

- **Review of legal frameworks on occupational health and safety in most countries in the region:** Several countries have initiated processes for reviewing national policies and laws pertaining to OHS, which can be leveraged on. However, the pace is lagging in some countries while others have not started yet.



## NEEDS & SITUATION ANALYSIS





# 1. INTRODUCTION

This is a desktop Needs and Situation Analysis of the Kujenga Workshop. The main objectives of this paper (which will be completed in two parts) include to:

1. Part 1: Describe at a very high-level the Occupational Health Service Centres (OHSCs) in the SADC region.
2. Part 2: Explore the needs and quantify them to inform the development of a blueprint for an ideal Occupational Health Service Centre (OHSC) which can be implemented and mobilised as a fully-fledged sustainable OHSC in various African Union (AU) Member States. The blueprint will contribute to sustainable, innovative, comprehensive, and harmonised occupational health services.

For part 2, a data collection instrument will be developed and administered to subject matter experts (40-50 delegates) from AU governments, technical and funding partners, private sector, non-governmental organisation (NGO's), and miners and ex-mineworker forums who will be invited to participate in and lead specified high-profile workstreams<sup>1</sup>. The 5-day session (28 March – 1 April 2022) will be convened in Cape Town, South Africa.

## 2. SITUATION ANALYSIS

### 2.1 Context

Southern Africa Development Community (SADC) comprises of sixteen countries<sup>2,3</sup>. Member States are bound by the SADC Treaty and Protocols and work collaboratively to address common issues across sectors. Collaboration in SADC TB control is guided by the SADC Health Protocol<sup>4</sup>; the Declaration on TB in the Mining Sector<sup>5</sup>; and the SADC TB Strategic Plan 2020-2024<sup>6</sup>. The Global Fund (10) and the World Bank (4) have together been supporting 10 SADC countries to collaborate in TB control

1 Identified workstreams include: Services; Infrastructure; Systems/Technology; Equipment; Risk, Legal and Compliance; Human Resources (HR); Sustainability; Communications & Stakeholder Management; and Logistics & Facilitation

2 SADC Member Countries are Angola, Botswana, Comoros, Democratic Republic of Congo, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, United Republic of Tanzania, Zambia, and Zimbabwe. Comoros joined in 2018.

3 Consolidated text of the Treaty of Southern Africa Development Community, Page 1

4 Health Protocol of the Southern Africa Development Community, page 10

5 Declaration on Tuberculosis in the Mining Sector, 2012

6 SADC Strategic Plan for TB Control 2020-2024

in the mining sector since 2015. A new Funding Request<sup>7</sup> for TIMS 3 which will expand the geographical coverage of the programme to all SADC countries has submitted by the Regional Coordinating Mechanism for the TB in the Mining Sector to the Global Fund for the period 2021-2023. This however will not support the operational costs of Occupational Health Service Centres (OHSCs) built under phase 1 of the grant. The World Bank also provided additional financing to the four countries participating in the SATBHSS project for an extended period of implementation to 2023.

The SADC member states in collaboration with AUDA-NEPAD, ECSA-HC, WITS Health Consortium and partners, with funding from Global Fund and the World Bank, have invested significantly in strengthening OHS systems in the region in the past five or so years. Through the Global Fund support, countries have set up eleven (11) Occupational Health Service Centres (OHSCs) in: Eswatini (2); Lesotho (2); Namibia (1); Zambia (1); Tanzania (1); Botswana (1); Zimbabwe (1) and Mozambique (2). The Southern African Tuberculosis and Health System Strengthening (SATBHSS) Project funded by the World Bank has supported Mozambique to establish one OHSC in Ressano Garcia and is in the process of adding one more, and Malawi is also establishing two OHSC. There are plans for the SATBHSS project to take over the running of the two OHSCs established under the TIMS project in Mozambique.

The OHSCs were designed to provide TB screening and diagnosis services, HIV testing, silicosis screening and diagnosis; and linking ex-mineworkers to compensation funds. Since these centres are located at health facilities, they referred clients for treatment when needed. Through linkage of OHSCs to compensation funds and tracking and tracing of mineworkers, the OHSC were also meant to unlock millions of compensation funds for ex-mineworkers in Eswatini, South Africa, Lesotho, Malawi, Botswana, Mozambique, Namibia, Zimbabwe, Tanzania and Zambia for TB and other lung diseases. However, there are still challenges with sustaining existing efforts at the OHSCs due to gaps in policy frameworks, human capacity, multisectoral collaboration and integration of existing occupational health and compensation system.

7 The Funding Request is aimed at implementing the Declaration of TB in the Mines protocol. The Funding Request which is a continuation of TIMS 2 is response to the high incidence of TB amongst mineworkers, ex-mineworkers, their families, and communities around mines as well as in labour-sending areas.

## 2.2 Legal framework and regulatory environment

The availability and comprehensiveness of the OSH legal framework in the region remains a challenge that needs urgent attention. Apart from the regional instruments, the region lacks systematic regulatory instruments that foster a systematic occupational health and safety management approaches. At country level, there is poor multi-sectoral collaboration between key OHS implementing ministries. In an effort to solve the challenge, the TIMS project developed risk assessment tools focusing on dust management for inspectors. The ILO and SATBHSS project worked with countries to revise their OHS laws and regulations. The aim of the OHS law development and/or review was to ensure that laws are up to date and incorporate international best practices. Some of the key instruments revised and approved are the Malawi Mines and Minerals Act, 2019, developing the mines safety regulations, and revising OSHWA and Compensation act; South Africa OHS Bill, 2021, ergonomics regulations, 2019, Artisanal Small-Scale Mines Policy, 2021; Namibia developing the OHS bill; Lesotho approved the OHS policy and developing the OHS Bill and revising the Mine Safety Act, 1981; and so forth. The challenge with the revision is the approval process, as it takes a long time to get an act approved by parliament. The region should endeavour to develop a regional, harmonised code of practice that can be easily customised and adopted by member states.

TIMS phase 2 of the grant, in collaboration with the SATBHSS is currently finalising a regional harmonized code of practice on occupational lung diseases (OLDs) which will be adopted through SADC processes to ensure adoption by SADC Member States. The other key code of practises and regional guiding laws that need to be considered include but are not limited to risk assessment guidelines, occupational exposure limits (OELs), inspection and enforcement guidelines, guidance documents of how to develop occupational exposure profiles, and so forth.

## 2.3 Mapping of OHSCs and Districts Where CSOs Provided Services

According to a draft report for the end of project evaluation for the second phase of the TIMS grant, OHSC reported several indicators reflecting their work outputs, namely TB screening, testing, initiation on treatment, HIV testing and BME assessments and compensation. The CSOs were responsible for integrated implementation of TB case finding, occupational health services among Artisanal and Small Mining (ASM), human rights and gender interventions, community response and systems and linking with policy, advocacy, and governance interventions<sup>8</sup>. The OHSCs provided TB screening and diagnostic services, HIV testing, silicosis screening and diagnosis; referrals for treatment, and linking ex-mineworkers to the South Africa Medical Bureau of Occupational Diseases (MBOD) for compensation funds<sup>9</sup>. Table 1 below shows a mapping of OHSCs in Districts where CSOs provided services in the region.

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<sup>8</sup> Ibid.

<sup>9</sup> Southern Africa Regional Coordinating Mechanism (SARCM), 2017. MCWHC TB Full Fund Request Narrative.

Table 1: OHSCs and CSOs by country, and district

	Country	OHSC Name	CSO	District
Cluster 1 – ECF (SR)	eSwatini	Raleigh Fitkin Memorial Hospital (RFMH) OHSC	Swaziland Migrant Mineworkers Association (SWAMMIWA)	Shiselweni Region
			Coordinating Assembly of Non-Governmental Organisations (CANGO)	Manzini Region
		Hlathikhulu OHSC	Kwakha Indvodza	Lubombo Region
	Lesotho	Mafeteng OHSC	MANTSOPA Initiative	Maseru
			Lesotho Network of AIDS service Organisation (LENASO)	Mohale's Hoek
		Botsabelo OHSC	Mineworkers Development Agency/Association (MDA)	Mafeteng
	Mozambique	Mandlakazi OHSC	The Association of Mozambican Mineworkers (AMIMO)	Chibuto
			Kulima	Mandlakazi & Xai-Xai
		Marien Ngouabi OHSC	Kenguelekeze	Chokwe & Guija
		Ressano Garcia OHSC		
	Namibia	Tamariskia OHSC	Catholic AIDS Action	Omaruru & Usakos
			Advanced Community Health Care Services Namibia (CoHeNa)	Otjiwarongo & Tsumeb
			Development Aid from People to People (DAPP)	Walvis Bay & Swakopmund
	South Africa		Show Me Your Number (SMYN)	Dr Kenneth Kaunda
			NONESI Community Development and Resource Centre	OR Tambo
Aurum			John Taolo	

Table 1: OHSCs and CSOs by country, and district (contd)

	Country	OHSC Name	CSO	District
Cluster 2 – ACHAP (SR)	Botswana	Boswelakoko OHSC	Botswana Labour Migrants Association (BOLAMA)	Ngamiland & Kweneng
			The Botswana Network on Ethics, Law and HIV/AIDS (BONELA)	Serowe & Palapye
			Humana People to People (HPP)	Selebi-Phikwe
	Malawi	Two OHSCs being established	Ex Miners Association in Malawi (EMAM)	Neno
			PARADISO	Phalombe
			Malawi Network of AIDS Service Organisations (MANASO)	Chiradzulu
	Tanzania	Kibong'oto OHSC	HAKIMADINI	Tarime
			Tanzania Council for Social Development (TACOSODE)	Siha and Simajiro
			MUKIKUTE	Geita & Kahama/Msalala
	Zambia	Kitwe OHSC	NEAWAZ Key Population Organisation (KPO)	Shibuyunji & Chingola
			CITAM Plus	Ndola & Chililabombwe
			Copperbelt Health Education Project (CHEP)	Kitwe & Solwezi
	Zimbabwe	Kadoma OHSC	Ex-Wenela Miners Association of Zimbabwe (EXWENELA)	Shurugwi & Mazowe
			BEKEZELA	Bubi & Hurungwe
			Jointed Hands	Kwekwe & Sanyati



A person wearing a white face mask is shown in profile, looking at a computer monitor. The monitor displays a chest X-ray image. The scene is dimly lit, with a blueish tint, suggesting a clinical or office environment.

## 2.4 Status of Occupational Health Service Centres

At the end of TIMS Phase 2 in December 2020 and the project closeout period in June 2021, it was envisaged that countries will fully take over the operations of the OHSC. However, transitioning of Occupational Health Service Centres in the eight countries supported by the TIMS project is still on-going and will be rolled over to TIMS 3 under the custodian of the AUDA-NEPAD as the RCM Secretariat. The status of OHSC is as follows:

- **Transitioned to government and still open:** Botswana, Tanzania (Mobile van does not function due to lack of operational funds), Namibia (now offering PHC services), Zambia.
- **Open with support from other partners:** Eswatini (government) grant), Lesotho (GF-CCM).
- **Closed due to lack of operational funds:** Mozambique, Zimbabwe (both static and mobile van).

A detailed report on the status of the OHSCs is provided in Table 2 below.



**Table 2: May 2021 Update: OHSC Transition to National Governments.**

No.	Country	Current transition status	Current transition plans	Comments
1	<b>Botswana</b>	The Botswana OHSC is open and functional.	The Botswana OHSC is currently being funded on a month-by-month basis from the fiscal budget. There are plans to permanently incorporate the OHSC budget into the fiscal budget.	There are plans to incorporate the OHSC budget into the fiscal budget, but this has not yet been finalised.
2	<b>Eswatini</b>	Both OHSC are open	The OHSCs were opened on 1 June 2021 with support from the internal Voluntary Deferred Pay (VDP) funds and possible Global Fund support through savings from the in-country CCM-NTP Grant. The Eswatini Ministry of Labour and Social Security is leading the endeavour with Ministry of Health support and is now gazetted but still lacks sustainable funding. New OHSC Staff induction training has been conducted.	Eswatini is exploring long-term government funding as it uses the current funding models for the OHSC. The centres have added medical fitness for military services and laboratory services as a long-term strategy
3	<b>Lesotho</b>	Both OHSC open and functioning	Lesotho's OHSCs are running on internal Global Fund support through savings from the NTP Grant for the next year. After that, government is expected to take over financing of the institutions.	The Lesotho government is still looking at long-term sustainable options for funding the OHSC as it used the current available resources.
4	<b>Mozambique</b>	The two OHSC funded through TIMS are closed. One OHSC funded through the SATBHSS Project is open.	Mozambique's OHSCs, funded through the TIMS project, are both closed. The Government is considering the option of financing the operations of the centres through existing project such as the SATBHSS.  For the OHSC in Ressano Garcia, the Government of Mozambique is working with the SATBHSS to fund the OHSCs, as it has contracted IOM to manage them.	Mozambican government considering options for funding the OHSCs using existing projects.
5	<b>Namibia</b>	OHSC is open and functional, but not as usual.	The Namibian OHSC is now being used to provide spill-over primary health care services from the nearby health service centre. There is a desire to continue providing occupational health services, but there are no funds for that, hence the switch to primary healthcare services.	No long-term sustainable OHSC funding has yet been secured by the government of Namibia to provide occupational health services as before.

6	<b>Tanzania</b>	The Tanzanian static OHSC is open and functional as usual. The mobile OHSC is closed and non-functional.	The static OHSC is still open and providing almost the same services as usual. However, lack of funds is a challenge which may limit capacity in the near future. The mobile OHSC is however not functional.	No long-term sustainable OHSC funding has yet been secured by the government of Tanzania to provide occupational health services to full capacity.
7	<b>Zambia</b>	OHSC is open and functional.	The Zambian OHSC is currently being funded on a month-by-month basis from the fiscal budget. There are plans to permanently incorporate the OHSC budget into the fiscal budget.	There are plans to incorporate the OHSC budget into the fiscal budget, but this has not been finalised yet.
8	<b>Zimbabwe</b>	Both OHSC are closed	Zimbabwe says that they are willing and planning to see their OHSCs open and functioning again. However, there are no funds currently to run them. The government is considering partnering with the private sector to run the centres with a shift in focus in one way or the other.	No long term sustainable OHSC funding has yet been secured by the Zimbabwean government.

## 2.5 Results from the OHSCs

### 2.5.1 TB screening Services:

A total of 58 146 clients, at an average of 19 382 clients per year were screened for TB via OHSCs in eight countries over a three-year period, 2018–2020. The rate of TB screening however decreased over time, from 26 953 in 2018, 20 688 in 2019 and 10 505 in 2020 (Figure 1). Of this total, the cumulative number of miners or ex-miners that were screened was 43 476 (75% of the total number of those screened for TB in the three-year grant period). The screened miners and ex-miners decreased as follows: 19 256, 15 621 and 8 599 in 2018, 2019 to 2020, respectively.

Of the 58 146 total persons screened, 3058 were diagnosed TB positive, generating a yield of 5.3%. Linkage to TB treatment care was very high at 98% and 99% in 2019 and 2020 (Table 3). respectively.

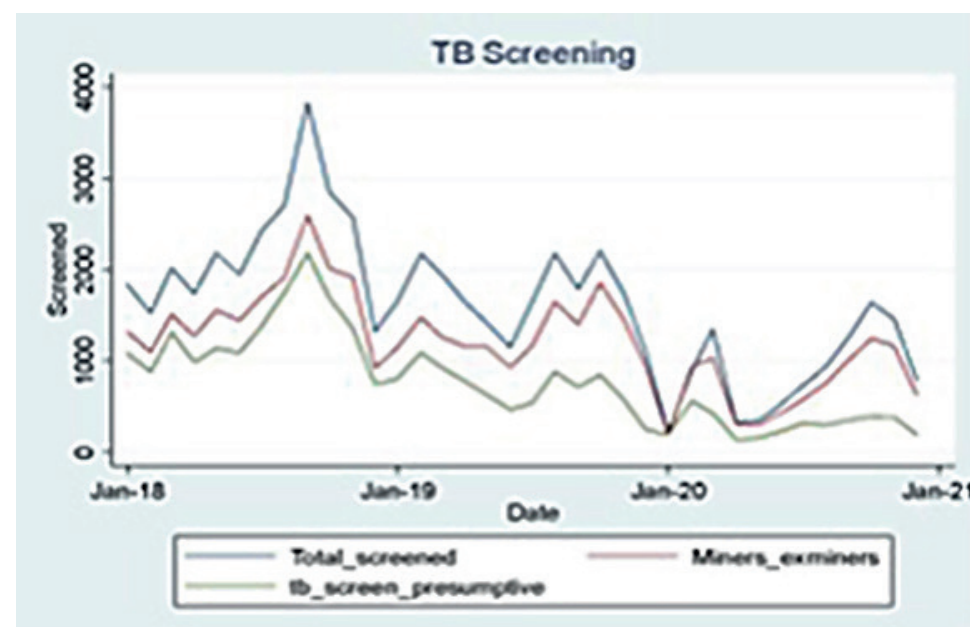


Figure 1: TB screening by OHSCs, 2018-2020

**Table 3: OHSC TB screening, yield, and linkage to care, 2018-2020**

Year	Total screened	TB patients diagnosed	TB yield	Initiated on TB treatment	Linkage to Care
2018	26,953	1,450	5,4%	--*	--
2019	20,688	990	4,8%	970	98,0%
2020	10,505	618	5,9%	611	98,9%
<b>Total</b>	<b>58146</b>	<b>3058</b>	<b>5,3%</b>	<b>1581</b>	<b>51,7%</b>

\* No TB treatment initiation data were provided for 2018.

### 2.5.2 HIV Testing

The OHSCs also tested and referred for HIV treatment. A total of 20 225 people were tested; of these, 1 191 were HIV positive, indicating a positivity yield of 6.7% over the three years. HIV testing trends correlated with TB screening and testing patterns, indicating a reduction in the number of people tested for HIV. In 2018, out of 10 118 that tested for HIV, 682 (6.7%) were positive; in 2019 out of 7 084 tested, 244 were HIV positive (3.4%), and in 2020, of the 3 023 who tested, 265 (8.8%) tested positive (Table 4).

**Table 4: OHSC HIV testing and positivity yield, 2018-2020**

Year	HIV tests conducted	HIV positive	HIV yield
2018	10,118	682	6,7%
2019	7,084	244	3,4%
2020	3,023	265	8,8%
<b>Total</b>	<b>20,225</b>	<b>1191</b>	<b>5,8%</b>

### 2.5.3 Worker's Compensation

The decentralised service of in-country lodging of compensation claims for ex-miners who worked in South Africa was hailed as a great achievement of TIMS Phase II. Prior to the establishment of the OHSCs, ex-miners had to travel to South Africa every two years for a medical assessment and for those who qualified, to lodge compensation claims. The OHSCs were able to assist clients with these administrative processes, send the documents to the Medical Bureau for Occupational Diseases (MBOD), the compensation body in South Africa; and enabled ex-miners and their families to track compensation claims.

The Compensation Commissioner reported at the time of data collection in February 2021, that USD13 532 90010 (ZAR250 000 000) was paid out in claims to neighbouring countries. The PR reported as of December 2019, that the TIMS grant supported the certification of 810 individuals with a compensable illness, of which 426 were compensated an estimated \$3 286 614.51.

A total of 37 331 Benefits Medical Examinations (BME) were conducted, 18 342, 12 341 and 6 648 in 2018, 2019 and 2020 respectively, (Table 5 and Figure 2). A total of 6 011 were submitted of which 325 (5%) were paid out. The variation in cases paid out each year were due to backlogs at the MBOD, as cases paid out in a year might have been from applications submitted in previous years (Figure 2). In 2020, the Global Fund did not fund the compensation administration position in the MBOD therefore the programme was unable to track how many claims from the OHSCs had been processed. In terms of the number certified as compensable, this is based on only the cases that were assessed (~2 500).

10 Historic Oanda rates for 1 Feb, 2021. [www1.oanda.com/currency/converter/](http://www1.oanda.com/currency/converter/)

Table 5: Summary of Benefits Medical Examinations by OHSCs, 2018-2020

Benefit Medical Examinations						
Year	Done	Old	Submitted	Certified as compensable	Compensated	Convention of submitted
2018	18342	7543	2665	0	138	0,05
2019	12341	3989	1771	456	185	0,10
2020	6648	2197	1575	2	2	0,00
<b>Total</b>	<b>37331</b>	<b>13729</b>	<b>6011</b>	<b>458*</b>	<b>325</b>	<b>0,05</b>

\*As of December 2019, based on available data which excludes claims processed in 2020.

Figure 2: Benefits Medical Examinations by completed and submitted, 2018-2020

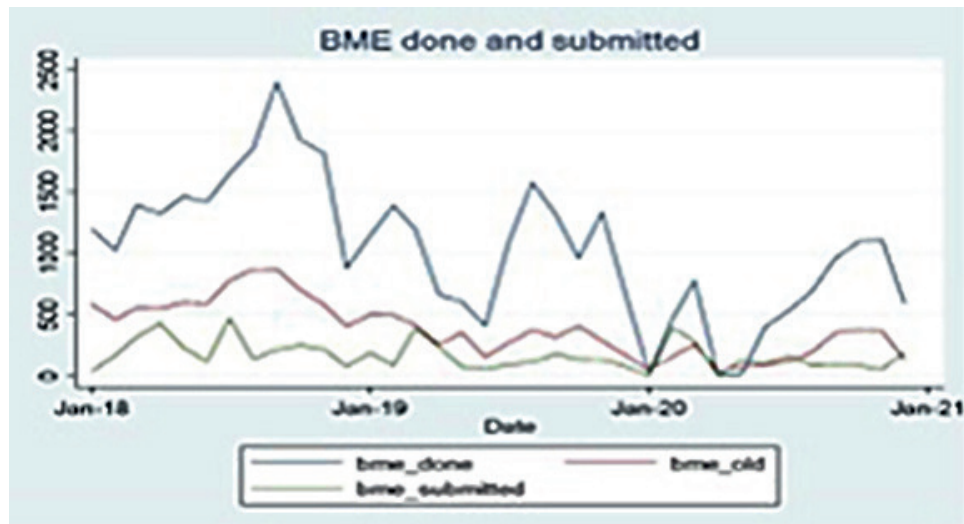
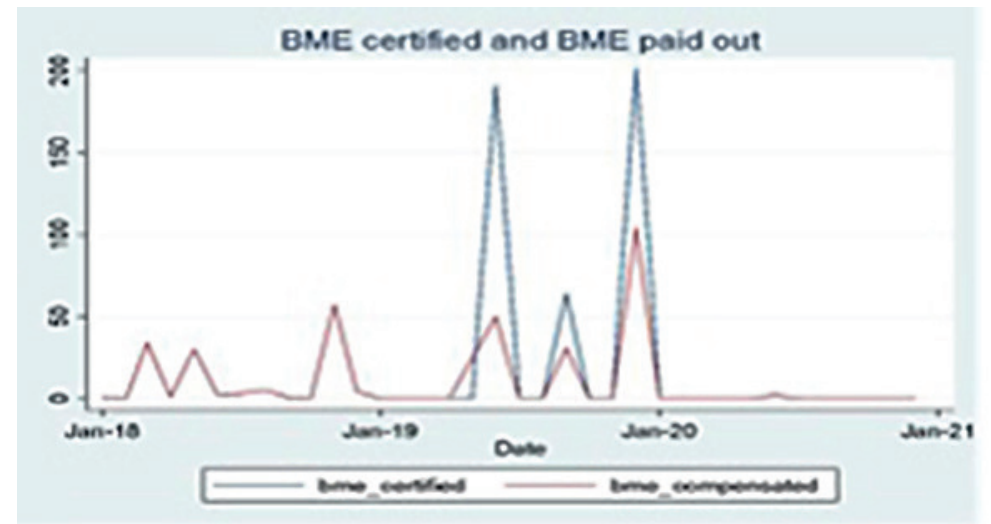


Figure 3: Benefits Medical Examinations by certified and paid out, 2018-2020

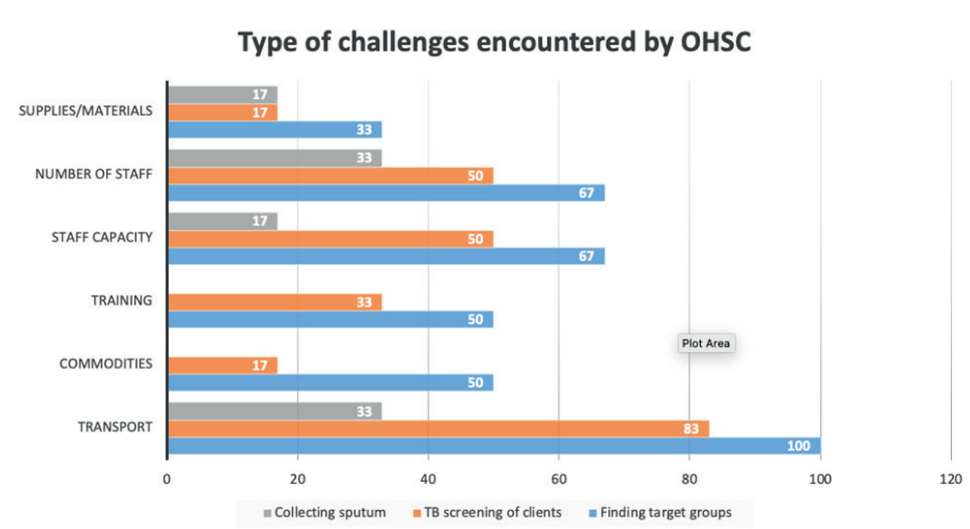


Regarding the mineworker's compensation programme, 67% (n=5) of OHSC survey respondents reported facility challenges with ex-miners/current miner's access, completion of MBOD responsiveness and compensation pay-outs. Thirty-three percent (n=2) reported challenges with the completion of documentation. The PR reported that their experience was such that processing at the MDOB was very slow, and even with a full-time person on board to push TIMS claims applications, only about 2500 out of ±6000 applications had reached the processing stage.

## 2.6 Challenges to OHSC implementation

In terms of programme activities and inputs, Figure 4 highlights some of the challenges that OHSCs faced during the implementation of TIMS Phase II. All OHSCs indicated that they had problems with transport for finding the TB target populations, while 83% (n=6 of 7) faced problems with transport for screening of TB clients. The other major challenge was on staff capacity and shortage of staff for finding the target groups (67%, n=5 of 7).

**Figure 4: Implementation challenges experienced by OHSCs**



Two of the six OHSCs (33%), and 1 of the 6 (17%) who responded indicated that they had challenges with confirmatory testing/diagnostics and getting TB test results back, respectively. Thirty-three percent (n=2 of 7) reported that they also faced client resistance at health facilities. TB client non-compliance with treatment and TB client loss-to-follow up was reported as a major challenge by one (17%, n=1 of 7) OHSC.

Five of the seven OHSCs (83%) said there were significant delays in the implementation of activities, thus affecting the achievement of the desired results; with two-thirds (n=5 of 7) indicating that their organisation had not achieved the agreed outcome programme targets. Half (n=3 of 6) believed that the programme had achieved the activities in a way that was well worth the investment.

### 2.6.1 Funding issues

All interview respondents raised funding constraints as an issue. The lack of budget for mobilisation activities allocated to OHSCs and/or to the CSOs negatively impacted their ability to meet TB case finding targets as OHSCs “had to sit and wait for clients”. The biggest gap was money to provide transport for elderly and infirm patients to access the centres, which was impossible for some clients due to the vast catchment areas in rural districts the OHSCs served. A lack of funds for OHSC staff to attend civil society workshops to provide inputs and market their services was also a drawback.



*“Next time a project of this magnitude is planned there should be a proper budgetary assessment. For TIMS this was not done well... had to run the project with no car...sometimes had to use our own private cars just to keep the project going,”*  
(Implementation-level key informant)



Furthermore, budget cuts and implementation lags occurred due to fund disbursement delays. Since CSOs were meant to conduct awareness-raising and mobilisation among ex-mineworkers and create demand for OHSC services, however delays led to CSO activities commencing in 2020. Prior to CSO appointments, OHSCs conducted limited awareness-raising amongst ex-miners. The delay was reported to have had a great impact on OHSC delivery, as these service centres were new in the countries.

On the contrary, the SATBHSS project has been functioning reasonably optimal financially this can be attributed to the regional and in-country implementation structures. The project adopted a regional advisory committee comprising permanent secretaries of the ministries of health, mines, labour, and finance. It has also had in-country project implementation units, and at all these levels, there are clear and binding service level agreements that govern the disbursement, recording and reporting of funds. Through the permanent secretaries with technical assistance from the regional organisations’ government



## 2.6.2 Systems issues

Challenges with systems and processes within the MBOD itself caused bottlenecks and resulted in backlogs in the processing of claims filed. This was aggravated by industrial action within that unit and complaints regarding fraudulent pay outs. The subsequent closure of some OHSCs at the end of the grant while awaiting government takeover has raised the level of suspicion amongst clients because clients *“think that we have cheated them of their money”*.

The OHSCs were also not linked to national occupational and health, and compensation systems of the countries where they operated. This meant that they were not positioned to offer services to the national systems thereby impacting on sustainability.

## 2.7 Lessons learned

Lesson learnt from the TIMS and SATBHSS include the following:

1. The decentralised service of in-country lodging of compensation claims for ex-miners was hailed as a great achievement of TIMS Phase II. Prior to the establishment of the OHSCs, ex-miners had to travel to South Africa every two years for a medical assessment and for those who qualified, to lodge compensation claims. The OHSCs were able to assist clients with these administrative processes, send the documents to the Medical Bureau for Occupational Diseases (MBOD), the compensation body in South Africa; and enabled ex-miners and their families to track compensation claims.
2. Challenges with systems and processes within the MBOD itself caused bottlenecks and resulted in backlogs in the processing of claims filed.
3. COVID-19 was identified as a major factor that resulted in the underperformance of TIMS 2 by all entities implementing the project. As countries went into lockdowns access to HIV services from the OHSC for the poorest and most vulnerable key populations (Miners Associations, Labour Unions, ASM associations) was cut which affected normal service delivery. When lockdowns were lifted in the region, everyone's focus became consumed by COVID-19. It has also been evident that COVID-19 has made people less likely to seek HIV services because they are afraid of getting infected with the virus.

4. COVID-19 did not only affect HIV and TB service provision for key and vulnerable populations in the region but basic occupational health services and compensation including rendering social service for the identified groups. This was as a result due to shutting down of both public and private occupational health clinics that offered basic benefit medical surveillances for diagnosis and treatment of occupational lung diseases (OLDs).
5. There are still challenges with sustaining existing efforts such as OHSCs due to gaps in policy frameworks, human capacity, multisectoral collaboration and integration of existing occupational health and compensation system.

## 3. NEEDS FOR PROJECT KUJENGA

### 3.1 Data Collection Instrument Design

To complete this section, a questionnaire(s) will be designed to collect information about an ideal Occupational Health Centre (OHC) blueprint which can be implemented and mobilised as a fully-fledged sustainable OHC in various African Union (AU) Member States. The information will be collected from subject matter experts (40-50 delegates) from AU governments, technical and funding partners, private sector, non-governmental organisation (NGO's), and miners and ex-mine worker forums. Table 6 below shows key areas and topic focus from which questions will be developed.



**Table 6: Table showing key areas and topic focus for the questionnaire(s)**

Key Areas	Topic of Focus
<b>OHSCs Services &amp; Models</b>	To define and design the primary service package and the related upstream, downstream, and contextual requirements for an ideal OHSC.
<b>Governance &amp; Accountability</b>	To define and design a conceptual framework, structure and rules that will determine how the ideal OHSCs should be managed and controlled including considerations for: accountability, transparency and openness, integrity, stewardship, efficiency, and leadership.
<b>Infrastructure &amp; Equipment</b>	To define and design the required infrastructure and equipment for the set-up, operation, maintenance, and delivery of services by the Ideal OHSC.
<b>Processes, Systems &amp; Technologies</b>	<p>To define and design the processes, systems &amp; technologies for the set-up, operation, and delivery of the required services of the Ideal OHSCs. Processes developed to include:</p> <ul style="list-style-type: none"> <li>● OHC Value Chain</li> <li>● Level 1: Primary processes</li> <li>● Level 1: Enabling processes</li> </ul>
<b>Human Resources (HR) &amp; Structure</b>	To define and design the structures & human resource requirements for the set-up, operation, and delivery of the required services by the Ideal OHSC, including hiring, training, appraisal, and compensation.
<b>Risk, Legal and Compliance</b>	<p>To define and design the risk, legal and compliance management requirements for the set-up, operation, and delivery of the required services by the Ideal OHSCs, including:</p> <ul style="list-style-type: none"> <li>● Risk management: Identify, Analyse, Prioritise, Treat and Monitor the risks.</li> <li>● Legal: Organisation, processes, sourcing, people, and technology.</li> <li>● Compliance: Legislation, medical, SHEQ.</li> <li>● Delineate what is applicable across all countries and what needs to be country specific.</li> </ul>



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OCCUPATIONAL HEALTH SERVICES IN OUR REGION