

Safety in French-speaking Africa – social security's role

Improving working conditions in Africa and reducing its workplace accident rates and occupational diseases must be a priority in the struggle for the continent's economic and social development. The rural sector and the informal sector are high-risk zones. But the biggest danger is the indifference shown in many countries towards occupational health and safety.

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In African countries, preventive measures have clearly been the Cinderella among the various measures put in place to ensure decent working conditions. In reality, most of the resources of the social security bodies have been swallowed up by compensation payments. Labour inspectorates, meanwhile, have been almost completely preoccupied with settling industrial disputes.

Studies of prevention in developing countries identify two types of problem: on the one hand, those due to the siting and running of enterprises that use hazardous technologies, and ultimately to general policy on technology imports; on the other hand, those linked to the lack of resources or the absence of staff specializing in the prevention of workplace accidents. What is certain is that, if money were invested in prevention, the social security bodies' spending on compensation payments would decrease noticeably.

Prevention and social security

Complete protection against occupational hazards – i.e. accidents at work and occupational diseases – entails three steps: prevention, compensation and rehabilitation. Studies already conducted on the action of African social security bodies have shown that they initially concentrated entirely on compensation.

However, prevention is now beginning to attract more interest. Indeed, the level of expenditure on compensation amply justifies attempts by the body concerned to get this spending under control, notably by means of prevention.

Prevention has two main facets. One is humanitarian, because this is all about saving human lives and keeping families safe. The other is undeniably economic, as it concerns the production levels and the productivity of enterprises and countries.

It is difficult to put a figure on the advantages of prevention. While very complete statistics can be established for the number of work accidents and of cases of occupational disease, it seems impossible to draw up comparable statistics for the number of accidents and illnesses avoided due to prevention. Nonetheless, it is a proven fact that prevention benefits all concerned.

Employees retain their capacity to work, their physical integrity and their morale, due to a decrease in the number of accidents. The social security funds see their pay-outs go down. For the State, preventing accidents at work is a way of protecting its human capital, developing its economic capacity and increasing its international competitiveness. And the enterprise, too, stands to win. Reductions in workplace accidents definitely have an impact on employees' overall productivity. Indeed, studies have shown that enterprises have a direct economic interest in combating accidents at work: the ratio between the real cost of an accident and the sum paid out by the insurers is four to one. In other words, the cost incurred by an enterprise when an accident happens is three times higher than the insurance payments that it can obtain.¹

From the social insurance point of view, an employer's contributions to occupational risk insurance may be linked, in the legislation, to the frequency of accidents on that employer's premises. Such measures also encourage efforts to prevent accidents (and are an economic incitement), since any reduction in the frequency of accidents brings with it a reduction in contribution rates.

Prevention of workplace accidents and occupational diseases is regulated by law in several French-speaking African countries. For example, legislation on prevention is

an integral part of workplace accident laws in Benin, Burundi, Cameroon, Ivory Coast, Guinea, Madagascar, Niger, Rwanda, Senegal, Togo and the Democratic Republic of the Congo. In these countries, provisions on the prevention of occupational hazards are integrated into the labour code and it is on this basis that the labour inspectorate shares responsibility for prevention with the social security bodies that manage the insurance coverage of workplace accidents and occupational diseases. Although it may vary from one country to another, the legislation on risk prevention generally shows great similarities throughout French-speaking Africa, in terms of its conception, methods and means, as well as its objectives.

Three main bodies are concerned with the monitoring and implementation of the legislation on the prevention of occupational hazards:

- the social security institutions
- the labour inspectorate
- the workplace medical inspectorate.

In several of the countries mentioned, preventative action is conducted by these three bodies simultaneously. Naturally, these public service bodies cooperate closely with the appropriate bodies inside the enterprises – for instance, the safety and health committees, where these exist. The types of action taken by the social security bodies are information and awareness-raising, technical assistance and advice. They also check and monitor the safety measures taken within the enterprise. Their safety inspectors can visit the enterprises at any time, without notice, since they generally have the status of a police officer.

In normal situations, safety inspectors check if all the requirements on working conditions in factories are being met. Inspectors who are unable to check certain technical aspects of production lines may be accompanied by specialists. Checks are also carried out after a workplace accident, in order to determine the exact circumstances of the occurrence. With the information obtained, the social security bodies raise workers' and employers' awareness, on the basis of actual experiences. The information collected during inspections is used to produce statistics. These are valuable indicators when deciding the direction of prevention activities. Concerning

workers' health, the social security schemes' own doctors may run health checks on employees within enterprises, particularly when they feel that workplace hygiene is not all it might be.

Intervention by social security bodies (or any other public or private service) remains indispensable in the African countries. A workplace accident is an event that happens when people, placed in a working environment, supply work, with the help of machines, according to a certain method. It therefore follows that the primary source of the accident should be sought in the method of working. Indeed, in any kind of work, an accident depends on the way in which choices have been made about the premises, the machines and their maintenance and people's training for the tasks to which they are assigned. That goes for mines, agriculture, construction, the chemical industries, textiles and many others.

When employers launch an enterprise, they should recruit prevention specialists, or at least call on their services when needed, so as to reduce hazards within the production process to a minimum. At present, only large enterprises seem to be able to hire experts of this type. Small and medium-scale enterprises, which employ most of a country's workers, lack the means, but could make good use of specialized technical assistance – that is, of a national prevention service that gave advice wherever employers or workers lacked experience of occupational safety and health.

The social security institutions are ideally placed to play this role. They have access to general statistical data and are in more or less permanent contact with enterprises. Their prevention work could be complemented by the organization of prevention services within the enterprises themselves. For, in a context where many workers are illiterate and unaware both of the hazards in their workplace and of how to protect themselves, prevention services should be led by specialists within the enterprise who speak the vernacular languages of the country and enjoy the confidence of the workers.

Awareness-building among rural people

In most developing countries, the problem of prevention is posed, with a few exceptions, in the same terms. Most of the workforce in these countries is in

agriculture, while a large proportion of the active population is underemployed or unemployed. The ratio of industrial to agricultural employment is often 1 to 5 or even sometimes 1 to 10.

The risks to which agricultural workers are exposed vary according to the type of agriculture practised. In most countries of Asia, Africa and Latin America, the population is made up mainly of small farmers engaged in mixed agriculture, often on a subsistence basis. This type of agriculture – raising a small number of farm animals on small fields under mixed cultivation – rules out the use of complicated machinery, the more so as electricity and financial resources will be lacking. Here, the often inappropriate use of pesticides, insecticides or other chemical products poses a risk that the relevant public authorities cannot ignore. The danger is reinforced by illiteracy among the workers. And even if they can read, the labelling is often inadequate. Either the label is in a foreign language (when the product is imported) or else it is illegible due to damp and handling.

Dangerous mechanization

Where the availability of electricity permits mechanization, accidents are more varied and, unfortunately, more frequent. The slogan “do it yourself” is a matter not just of saving money, but also of personal prestige. The inappropriate use of all kinds of equipment, often inadequately labelled, adds new risks to those already mentioned. Accidents due to the use of dangerous machines (tractors, seed-drills, saws, chainsaws) or to the misuse of equipment are the corollary of agricultural mechanization and of the lack of maintenance of such equipment by qualified staff.

The greatest problem facing the developing countries as they combat work accidents in the agricultural sector is one of contact. Communicating with small farmers is difficult, due to their isolation – or the isolation of the villages in which they live, to illiteracy and to a lack of specialized staff and educational materials. But the indifference of the relevant authorities to the need for better safety in the rural areas is also an obstacle in many countries.

In most developing countries, the proportion of waged workers to small “independent” farmers is relatively low. In fact, it is declining in a large number of

countries that have opted for agrarian reform and have split big land holdings up into small units. The risks run by wage-earners are, in principle, the same as those to which small farmers are exposed. However, workers can be more easily reached via their employers for all sorts of administrative procedures, as well as for promoting prevention. This is notably the case for plantation workers.

Other groups at risk

It may safely be said that there are no longer any countries without power stations and a power grid. The hazards posed by the very existence of this equipment do not differ from those in the industrialized countries, although the means of protection against them may vary considerably, according to the level of awareness about accident prevention in the country concerned.

Another sector that is relatively independent of the level of industrialization is the construction industry. Primitive scaffolding, insufficient training in the use of machinery and exposure to difficult climatic conditions are among the factors that play a part in the large number of accidents that occur - many of which are never reported, thus escaping inclusion in any of the official statistics (see article by Fiona Murie, page ??)

Mention should also be made of a particularly important population group in a number of African countries, namely small-scale artisans who use very ancient methods and the simplest of tools. Among all those working for themselves, these are the people the most prone to accidents. While it is easier to get into contact with them, for the purposes of prevention, than with their rural counterparts, this does not mean that it is any easier to get them to accept safety rules.

In most developing countries, there is a considerable gap between large enterprises and the small companies, which do not have access to any advice on safety. The big firms, which are often subsidiaries of multinationals, employ a relatively large number of workers, among whom they can afford to train safety specialists. In Africa, the promotion of accident prevention must be adapted to the environment and the conditions in which the worker operates. Experience shows, for example, that the mass media and films are more effective than poster campaigns, even if these should

not be neglected. Whenever possible, lectures or courses, accompanied by practical demonstrations, given by experts, should be organized. Refresher courses should be held from time to time, and newly hired workers should be informed of the risks inherent to their new job.

The prevention of occupational hazards in the rural areas remains a complex problem in Africa. Social security rarely covers the agricultural sector, and its contribution to preventing work accidents runs into significant difficulties there. The population is scattered, often illiterate and beyond the reach of the mass media. Given the paucity of practical means available to government and public authorities, effective coordination should be put in place, including the involvement of the social security bodies, which have decentralized structures across each nation.

By facilitating the task of the social security bodies, by giving them the powers needed to carry out their mission of preventing work accidents and occupational diseases, and by showing real interest in their work, governments will be making it possible to improve the situation of health and safety at work. They will also be contributing to the economic and social development of their countries.

¹ ILO: *Le coût des accidents du travail et des maladies professionnelles*, by Diego Andreoni: safety, health and occupational medicine series No. 54, Geneva 1985, page 10.

